



# NEWSLETTER

N° 114 – April 2014

## CONTENT

### EU INSTITUTIONS AND POLICIES

#### Public Health

*DELEGATED ACT ON THE SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE – STAKEHOLDER WORKSHOP*

*EFFECTIVE, ACCESSIBLE AND RESILIENT HEALTH SYSTEMS – COMMISSION COMMUNICATION*

*CLINICAL TRIALS – ADOPTION BY PARLIAMENT AND COUNCIL*

*MOBILE HEALTH – GREEN PAPER AND PUBLIC CONSULTATION*

*eHEALTH STAKEHOLDER GROUP – REPORTS PUBLISHED*

*EU HEALTH PRIZE FOR JOURNALISTS – FIFTH EDITION'S WINNERS*

*PROCUREMENT OF MEDICAL COUNTERMEASURES – JOINT AGREEMENT*

#### Internal market

*eINVOICING IN PUBLIC PROCUREMENT – COUNCIL ADOPTION*

#### Taxation

*VAT – HOPE RESPONSE TO CONSULTATION*

### EUROPEAN PROGRAMMES AND PROJECTS

*HEALTH INVESTMENTS UNDER EUROPEAN STRUCTURAL AND INVESTMENT FUNDS 2014-2020 – COMMISSION GUIDE*

*HEALTH C – THIRD PARTNER MEETING AND PILOT TRAINING COURSE*

*HONCAB – SECOND NEWSLETTER*

*eHGI – WORKSHOP ON CONNECTING EUROPE FACILITY*

*INTERQUALITY PROJECT – FINAL CONFERENCE*

## **REPORTS AND PUBLICATIONS**

*EUROPEAN HOSPITAL REFORMS IN TIMES OF CRISIS – STUDY*

*HEALTH SPENDING CONTINUES TO STAGNATE IN MANY OECD COUNTRIES –  
OECD WORKING PAPER*

*GEOGRAPHIC IMBALANCES IN DOCTOR SUPPLY AND POLICY RESPONSES –  
OECD WORKING PAPER*

*STRENGTHENING CHILD HEALTH AND HEALTH SERVICES – WHO EUROHEALTH OBSERVER*

*REGULATING LONG-TERM CARE QUALITY – WHO/CAMBRIDGE UNIVERSITY BOOK*

*GUIDANCE FOR ADDRESSING INEQUITIES IN HEALTH – WHO PUBLICATION*

*ELIMINATING MEASLES AND RUBELLA – WHO PUBLICATION*

*PANDEMIC AND ALL-HAZARD PREPAREDNESS – JOINT ECDC/WHO REPORT*

*STAKEHOLDERS' PERCEPTION ON THE ORGANISATION OF CHRONIC CARE –  
A SWOT ANALYSIS TO DRAFT AVENUES FOR HEALTH CARE REFORMS*

*MULTIDISCIPLINARY AND INTEGRATED SERVICES DELIVERY FOR THE ELDERLY IN FRANCE –  
STUDY*

*FEEDBACK ABOUT PATIENTS' EXPERIENCES – A SECONDARY ANALYSIS OF NATIONAL  
INPATIENT SURVEY DATA*

*NURSES' AND COMMUNITY SUPPORT WORKERS' EXPERIENCE OF TELEHEALTH –  
A LONGITUDINAL CASE STUDY*

*INTRODUCING OUT-OF-POCKET PAYMENT FOR GENERAL PRACTICE IN DENMARK –  
FEASIBILITY AND SUPPORT*

*PROMOTING HEALTH EQUITY IN EUROPEAN CHILDREN – DESIGN AND METHODOLOGY OF  
THE PROSPECTIVE EPHE EVALUATION STUDY*

*PATIENT SAFETY AND SURGICAL INNOVATION: COMPLEMENTARY OR MUTUALLY  
EXCLUSIVE? – ARTICLE*

*GOALS OF TELEPHONE NURSING WORK – A QUALITATIVE STUDY ON SWEDISH  
HEALTHCARE DIRECT*

## **OTHER NEWS – EUROPE**

*PUBLIC HEALTH AND AUSTERITY POLICIES – GRANADA DECLARATION*

*ACCESS TO HEALTHCARE SERVICES IN TIMES OF CRISIS – EXPERT WORKSHOP*

*MEDICAL DEVICES – IMDRF PUBLIC CONSULTATIONS*

*GASTEIN EUROPEAN HEALTH AWARD 2014 – CALL FOR APPLICATIONS OPEN*

*MOBILE HEALTH – SEMINAR*

## UPCOMING CONFERENCES

*26-28 May 2014 – Amsterdam (The Netherlands)*

*HOPE AGORA 2014*

*QUALITY FIRST!*

*CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT*

**REGISTRATION OPEN UNTIL 12 MAY**

[www.hope-agra.eu](http://www.hope-agra.eu)

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Agora 2014



**Amsterdam, 26-28 May**



### ***DELEGATED ACT ON THE SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE – STAKEHOLDER WORKSHOP***

On 28 April 2014, HOPE attended the stakeholder workshop on the delegated act on the safety features for medicinal products for human use.

Article 54a of the Directive 2011/62/EU on the community code relating to medicinal products for human use, puts the Commission under the obligation to adopt delegated acts regarding various aspects of the “safety features” for medicinal products for human use. The Commission carried out an impact assessment to identify the most cost-effective options to be proposed in the delegated act.

The aim of the workshop was to inform the stakeholders and open the discussion on the outcome of the impact assessment of the options for the technical characteristics of the unique identifier, the modalities for verifying the authenticity of the safety features and the set up and management of the repository system containing the unique identifiers.

The impact assessment identified the following most cost-effective options, which will be proposed by the Commission in the delegated Regulation.

- The composition, format and carrier of the unique identifier will be fully harmonised across the EU. The unique identifier will be placed in a 2D barcode and contain the manufacturer code, a serialisation number, a national reimbursement number, the batch number and the expiry date.
- Medicine authenticity will be guaranteed by an end-to-end verification system supplemented by risk-based verifications by wholesale distributors. Medicines will be systematically verified before being dispensed to patients. Medicines at higher risk of falsification (returns or medicines not being distributed directly by the holder of the manufacturing authorization or by the holder of the marketing authorisation) will be additionally checked at wholesaler level.
- The repository containing the unique identifiers will be set up and managed by stakeholders. National competent authorities will be able to access and supervise the database.

Several questions were raised by the stakeholders, in particular about the composition of the unique identifier, liability and the verification to be performed at the point of dispensation, including how the dispensing point will have to be organised in hospitals. In regards to the issue of verification in

hospitals, discussions are still going on between Member States and the Commission. The Commission might consider the possibility to introduce some flexibility in the delegated act to take into account special situations existing in Member States and to ensure there will be no disruption in the daily work of hospitals.

Questions remain also open about how the verification will be performed for medicines coming from third countries, or imported in a country where the medicine has not been authorised for marketing. Finally, another important issue is the possibility to re-insert medicines into the repository system in particular circumstances, such as for example when these have been “checked-out” by mistake. This is a very important issue in order to avoid wastage of medicines.

## ***EFFECTIVE, ACCESSIBLE AND RESILIENT HEALTH SYSTEMS – COMMISSION COMMUNICATION***

On 4 April 2014, the European Commission published a communication on effective, accessible and resilient health systems.

In the communication, the Commission lays out an EU agenda for making Europe’s health systems fit for facing current challenges and pressures and highlights a number of initiatives the EU can develop and build upon. In particular, the communication focuses on actions to:

- *Strengthen the effectiveness of health systems.* This can be done by using Health Systems Performance Assessment (HSPA), focusing more on issues such integration of care and patient safety, including quality of care. In this latter area, the Commission will release soon a second report on the implementation of the Council recommendation on patient safety as well as the results of a recent public consultation.
- *Increase the accessibility of healthcare.* Actions in this area include ensuring an optimal implementation of the Directive 2011/24 on patients’ rights in cross-border healthcare, strengthening EU support to Member States’ planning for future health workforce resource requirements, and ensuring cost-effective use of medicines.
- *Improve the resilience of health system,* where areas for further collaboration have been identified in Health Technology Assessment (HTA), eHealth and establishing a sustainable and integrated health information system.

**More information:** [http://ec.europa.eu/health/healthcare/docs/com2014\\_215\\_final\\_en.pdf](http://ec.europa.eu/health/healthcare/docs/com2014_215_final_en.pdf)

## ***CLINICAL TRIALS – ADOPTION BY PARLIAMENT AND COUNCIL***

On 14 April 2014, the Council of the European Union adopted the clinical trials Regulation which aims at boosting clinical research in Europe by simplifying the rules for conducting clinical trials, while maintaining high standards of patient safety.

The adoption follows the plenary vote by the European Parliament on 2 April, where the report by Rapporteur Glenis Willmott (S&D, United Kingdom) was adopted with 594 votes in favour, 17 against and 13 abstentions.

The new Regulation sets the timeline for authorisation of clinical trials at 60 days, with a tacit approval when no decision is taken within this timeline. Furthermore, in the future, one single application will be sufficient for conducting clinical trials in several Member States, instead of an application in each Member State as required by the current legislation.

The Regulation will enter into force 20 days following its publication in the Official Journal of the European Union and apply six months after a EU portal for the submission of data on clinical trials and a EU database identifying each clinical trial have become fully functional.

## ***MOBILE HEALTH – GREEN PAPER AND PUBLIC CONSULTATION***

On 15 April 2014, the European Commission adopted the Green Paper on mHealth (Mobile Health). mHealth covers “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices”. It also includes applications (“apps”) such as lifestyle and wellbeing apps that may connect to medical devices or sensors (e.g. bracelets or watches) as well as personal guidance systems, health information and medication reminders provided by sms and telemedicine provided wirelessly.

The Green Paper considers the potential of mHealth and its technological aspects and presents the issues where stakeholder input is sought. It also analyses mHealth potential to maintain and improve patients' health and well-being and encourage their empowerment.

The objective of the Green Paper is to launch a broad stakeholder consultation on existing barriers and issues related to mHealth deployment and help identify the right way forward to unlock the mHealth potential.

On the basis of the input received, the Commission may take steps at EU level to support mHealth deployment.

The deadline to reply to the public consultation is 3 July 2014.

*The Green Paper is available at: <http://ec.europa.eu/digital-agenda/en/news/green-paper-mobile-health-mhealth>*

*More information on the public consultation: <https://ec.europa.eu/digital-agenda/en/node/69592>*

## ***eHEALTH STAKEHOLDER GROUP – REPORTS PUBLISHED***

The eHealth Stakeholder Group is composed of representatives from the most important European organisations active in the eHealth field, covering a wide range of stakeholders: from patients, consumers, healthcare professionals to the industry. HOPE is a member of this stakeholder group which was created at the end of 2011, following a call for expression of interest.

On 11 April 2014, the European Commission published four reports produced by the eHealth Stakeholder Group on the following topics:

- Interoperability
- Patient's access to Electronic Health Records
- Telemedicine deployment
- eHealth inequalities

The reports provide the stakeholders' input and views on the here above mentioned topics, as well as recommendations to move forward eHealth in the EU.

The reports will be shared with the eHealth Governance Initiative, which gives technical support to the eHealth Network, a network of Member States' representatives expert in the field of eHealth.

*The reports are available at: <http://ec.europa.eu/digital-agenda/en/news/commission-publishes-four-reports-ehealth-stakeholder-group>*

## ***EU HEALTH PRIZE FOR JOURNALISTS – FIFTH EDITION'S WINNERS***

The European Commission announced in April the winners of the fifth edition of the EU Health Prize for Journalists.

The prize aims to stimulate and award high quality journalism that raises awareness about good health, healthcare and patients' rights. It rewards journalists who have contributed in a significant way to help citizens understand health issues, and through their work reflect the thoughts and expectations of patients and healthcare workers. In particular, the themes of this edition's prize were preventing illness, healthcare, health systems and patients' rights.

The first prize has been assigned to the article "Carel's head" by Henk Blanken (Dagblad van het Noorden, The Netherlands), which highlights a forty year-old man's surgery effort to combat Parkinson's disease.

The second prize has been awarded to Christiane Hawranek and Marco Maurer (Die Zeit, Germany) for the article "The Patient Trafficker", which focuses on the relationship between dubious medical tourism agencies and German hospitals.

Finally, the third prize went to the article "Am I killing someone?" by Mette Dahlgard (Berlingske, Denmark), which tells the story of a sperm donor that is liable to pass on a serious form of cancer to half of his children.

*More information:* [http://ec.europa.eu/health-eu/journalist\\_prize/index\\_en.htm](http://ec.europa.eu/health-eu/journalist_prize/index_en.htm)

## ***PROCUREMENT OF MEDICAL COUNTERMEASURES – JOINT AGREEMENT***

On 10 April 2014, the European Commission adopted a Joint Procurement Agreement to procure medical countermeasures.

Preparedness and rapid response are crucial in case of an outbreak of a serious cross-border disease. In order to ensure an effective response at EU level, EU institutions and Member States may now engage in a joint procurement procedure with a view to purchase medical countermeasures. This will allow ensuring that pandemic vaccines and other medical countermeasures are available in sufficient quantities and for all participating Member States.

The Joint Procurement Agreement precedes the joint procurement procedure and defines the following elements:

- the practical arrangements governing the procurement procedure;
- the decision-making process with regard to the choice of the procedure;
- the assessment of the tenders and the award of the contract.

The Joint Procurement Agreement enters into force once one third of the participating Member States have signed it.

*More information:*

[http://ec.europa.eu/health/preparedness\\_response/docs/jpa\\_agreement\\_medicalcountermeasures\\_en.pdf](http://ec.europa.eu/health/preparedness_response/docs/jpa_agreement_medicalcountermeasures_en.pdf)





### ***eINVOICING IN PUBLIC PROCUREMENT – COUNCIL ADOPTION***

On 14 April 2014, the Council of the EU adopted the Directive on electronic invoicing in public procurement, which aims to facilitate interoperability of electronic invoicing in public procurement. This adoption follows the vote by the European Parliament during the Strasbourg plenary session on 11 March.

The Directive establishes a European standard for e-invoicing and precises the criteria to be met by the standard's content as well as core elements of an electronic invoice. The draft standard will be developed by the European standardisation organisation. The deadline for the elaboration and adoption of such a standard is set at 36 months after the entry into force of the Directive.

With regard to the transposition period, this is set to 18 months after the publication of the reference of the European standard for the central authorities and to 30 months for local governments.



### ***VAT – HOPE RESPONSE TO CONSULTATION***

On 14 October 2013, the European Commission launched a consultation on the review of existing VAT legislation on public bodies and tax exemptions in the public interest. The Commission's aim was to gather stakeholders' feedback to prepare the ground for a possible future legislative initiative in this area.

HOPE replied to the public consultation advocating the necessity to maintain the current exemption for hospital medical care and closely related activities contained in the current VAT Directive 2006/112/EC. This is crucial in order to keep hospital and healthcare services affordable and accessible for patients.

HOPE also expressed its views on several reform options put forward by the European Commission and which could have a major impact on the financing of hospital and healthcare services, ultimately affecting citizens benefiting from them.



### ***HEALTH INVESTMENTS UNDER EUROPEAN STRUCTURAL AND INVESTMENT FUNDS 2014-2020 – COMMISSION GUIDE***

The European Commission has recently published a Guide for health investments under the European Structural and Investment Funds (ESIF) 2014-2020.

Health investments under ESIF 2014-2020 should support Member States in achieving EU goals in the health area. ESIF funding can contribute strategically to health goals and health actions can contribute to ESIF objectives aiming at boosting competitiveness and growth and improving quality of life, while ensuring social and territorial cohesion.

This Guide provides policy guidance for key priority areas of investment in health, pointing at suggested lines of intervention. It is intended as a tool to inform recommendations to Member States on health investments under structural funds.

*More information:*

[http://ec.europa.eu/regional\\_policy/sources/docgener/informat/2014/thematic\\_guidance\\_fiche\\_health\\_investments.pdf](http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf)

### ***HONCAB – SECOND NEWSLETTER***

The project to support the creation of a pilot network of hospitals related to payment of care for cross border patients (HoNCAB) has recently released its second newsletter issue.

Co-financed by the European Commission (Executive Agency for Health and Consumers) under the Second Programme of Community Action in the Field of Health (2008-2013), the projects aims to set up a pilot network of hospitals allowing members to exchange information and experiences on cross-border care and cross-border patients' flows, especially on issues related to reimbursement. Through this activity, the project aims to help hospitals preparing for the new conditions that need to be applied after the transposition of the European Union Directive 2011/24/EU on the application of patients' rights in cross border healthcare.

The second issue of the newsletter highlights recent activities carried out within the consortium such as:

- the organisation of seminars in seven countries with the objective of training participating hospitals ahead of the data collection's start;

- the release of the Network of Hospitals Protocol, which outlines the objectives, founding members of the Network and functioning procedures;
- inform about the availability of translated versions of the project leaflet, which contains information about the project, its expected outcomes, division of work and partners involved. The leaflet is now available for download in seven different languages (English, French, German, Greek, Hungarian, Italian and Slovenian).

*The second issue of HoNCAB newsletter is available at:*

[http://honcab.eu/cms/wp-content/uploads/HoNCAB-Newsletter\\_Issue2\\_Spring2014.pdf](http://honcab.eu/cms/wp-content/uploads/HoNCAB-Newsletter_Issue2_Spring2014.pdf)

## **HEALTH C – THIRD PARTNER MEETING AND PILOT TRAINING COURSE**

On 10 and 11 April 2014, HOPE attended the third partner meeting of Health C in Aarhus, Denmark.

HEALTH C is a two-year initiative co-funded by the European Commission through the Lifelong Learning programme – Leonardo da Vinci – Development of Innovation sub-programme. The project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health crisis in a scenario of transnational emergencies. To this end, the main result of the project will include the development of a training course in communication in emergency situations and the respective training material, including a tool-kit.

The objective of the meeting was to discuss the content of the training course and the toolkit, for which the finalisation is almost completed.

The course addresses health managers, communication managers and technical staff involved in the daily communication activities. An estimated duration of 18 hours is expected to complete the training course, which has been developed in blended learning mixing in-class sessions with distance training. The e-learning component of the course and the toolkit will be available in English, German, Italian, French, Portuguese, Danish, and Spanish languages.

The structure of the course has been developed as follows:

- introduction to the course;
- module 1: communication competences and processes;
- module 2: use of traditional media;
- module 3: use of social media;
- final assessment.

In-class sessions to introduce the training course will be organised in four different countries at the end of June-beginning of July:

- Munich, Germany (in-class session will be provided in German language)
- Madrid, Spain (in-class session will be provided in Spanish language)

- Venue to be confirmed, Portugal (in-class session will be provided in Portuguese language)
- Brescia, Italy (in-class session will be provided in Italian language)

If you are interested in attending one of these sessions, please contact: [sg@hope.be](mailto:sg@hope.be)

*More information:* <http://healthc-project.eu/en/>

### ***eHGI – WORKSHOP ON CONNECTING EUROPE FACILITY***

On the 1<sup>st</sup> of April, HOPE attended the workshop on Connecting Europe Facility (CEF) organised by the eHealth Governance Initiative (eHGI).

The eHGI ultimately aims at improving the health status of European citizens, quality and continuity of care and sustainability of European health systems. It is achieving this through the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way.

Connecting Europe Facility (CEF) is the principal funding instrument for trans-European networks in the field of telecommunications. It is an important instrument for the deployment of eHealth services. The workshop aimed to discuss some eHealth services and deployment of assets for potential funding through the CEF.

The services discussed during the workshop were:

- Exchange of Medical Data;
- ePrescription services;
- Infrastructure services for European Patient Registries;
- eHealth services for European Reference Networks.

For each of the services, a template was filled in during the workshop. The template aimed at describing the service in a more detailed way and in the form of a business plan.

The information gathered through the workshop and the templates will be compiled in a discussion paper. This paper will therefore serve as a basis for discussions during the next meeting of the eHealth Network, to be held in Athens on 13 May.

Members of the eHealth Network will discuss their willingness to share certain services at EU level and deploy on national level, their availability to make investments and whether these four services are those really needed and that should be further deployed.

*More information on the eHGI:* <http://www.ehgi.eu>

## ***INTERQUALITY PROJECT – FINAL CONFERENCE***

The 24<sup>th</sup> of April, HOPE participated to InterQuality project final conference. The event showcased the main findings of the International Research on Financing Quality in Healthcare and their policy implications, with a focus on the recommended financing models and best-practices in different area of healthcare, such as hospital, pharmaceutical, outpatient and integrated care.

The conference provided an excellent opportunity to capture feedback from stakeholder and stimulate discussion on key issues in healthcare financing.

***More information: <http://www.interqualityproject.eu/>***

## REPORTS AND PUBLICATIONS

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### ***EUROPEAN HOSPITAL REFORMS IN TIMES OF CRISIS – STUDY***

HOPE Chief Executive Pascal Garel is one of the authors of the recently published study “European hospital reforms in times of crisis: Aligning cost containment needs with plans for structural redesign?”.

Hospitals have become a focal point for health care reform strategies in many European countries during the current financial crisis. It has been called for both, short-term reforms to reduce costs and long-term changes to improve the performance in the long run.

On the basis of a literature and document analysis this study analyses how EU Member States align short-term and long-term pressures for hospital reforms in times of financial crisis and assesses the EU's influence on the national reform agenda. The results reveal that there has been an emphasis on cost containment measures rather than embarking on structural redesign of the hospital sector and its position within the broader health care system. The EU influences hospital reform efforts through its enhanced economic framework governance which determines key aspects of the financial context for hospitals in some countries. In addition, the EU health policy agenda which increasingly addresses health system questions stimulates the process of structural hospital reforms by knowledge generation, policy advice and financial incentives.

The authors conclude that successful reforms in such a period would arguably need to address both the organisational and financing sides to hospital care. Moreover, critical to structural reform is a widely held acknowledgement of shortfalls in the current system and belief that new models of hospital care can deliver solutions to overcome these deficits. Advancing the structural redesign of the hospital sector while pressured to contain cost in the short-term is not an easy task and only slowly emerging in Europe.

***More information:***

***[http://www.healthpolicyjrn.com/article/So168-8510\(14\)00081-5/abstract](http://www.healthpolicyjrn.com/article/So168-8510(14)00081-5/abstract)***

## ***HEALTH SPENDING CONTINUES TO STAGNATE IN MANY OECD COUNTRIES – OECD WORKING PAPER***

The global economic crisis which began in 2008 has had a dramatic effect on health spending across OECD countries. Estimates of expenditure on health released back in 2012 showed that, for the first time, health spending had slowed markedly or fallen across many OECD countries after years of continuous growth.

As a result, close to zero growth in health expenditure was recorded on average in 2010. Preliminary estimates suggested that the low or negative growth in health spending was set to continue in many OECD countries in following years.

This report updates a previous one which was released in 2013, to cover the most recent trends in health spending based on the 2013 Health Accounts joint data collection. An increasing number of countries were also able to provide preliminary estimates of more recent health spending to give an initial insight into the likely spending patterns that occurred in 2012 ahead of the 2014 collection.

*More information:*

[http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-spending-continues-to-stagnate-in-many-oecd-countries\\_5jz5sq5qnwf5-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-spending-continues-to-stagnate-in-many-oecd-countries_5jz5sq5qnwf5-en#page1)

## ***GEOGRAPHIC IMBALANCES IN DOCTOR SUPPLY AND POLICY RESPONSES – OECD WORKING PAPER***

Doctors are distributed unequally across different regions in virtually all OECD countries, and this causes concern about how to continue to ensure access to health services everywhere. In particular access to services in rural regions is the focus of attention of policymakers, although in some countries, poor urban and sub-urban regions pose a challenge as well. Despite numerous efforts this mal-distribution of physician supply persists.

This working paper first examines the drivers of the location choice of physicians, and second, it examines policy responses in a number of OECD countries.

*More information:* [http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/geographic-imbances-in-doctor-supply-and-policy-responses\\_5jz5sq5ls1wl-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/geographic-imbances-in-doctor-supply-and-policy-responses_5jz5sq5ls1wl-en#page1)



## **STRENGTHENING CHILD HEALTH AND HEALTH SERVICES – WHO EUROHEALTH OBSERVER**

This issue's Eurohealth Observer section looks at children's health in Europe. The overview article discusses the state of child health and puts forward recommendations for strengthening child health services and systems.

Four articles follow on primary care, public health, mental health, and prescribing for children. Other articles include: Improving men's use of primary care services across Europe; the European Patient Summary Dataset; Alleviating high out-of-pocket spending on drugs in Estonia; and Eurohealth Monitor.

**More information:**

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/244863/EuroHealth-v20-n1.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/244863/EuroHealth-v20-n1.pdf)



## **REGULATING LONG-TERM CARE QUALITY – WHO/CAMBRIDGE UNIVERSITY BOOK**

This new book is part of the Observatory's series with Cambridge University Press and provides a comprehensive international survey of long-term care provision and regulation built around a series of case studies from Europe, North America and Asia.

The analytical framework allows the different approaches that countries have adopted to be compared side-by-side while also discussing the wider issues underpinning the need to regulate the quality of long-term care. With the number of elderly people relying on formal long-term care services rising dramatically year by year, this timely book presents a wealth of evidence on how governments are meeting the challenge of ensuring quality and financial stability of care provision for elderly and often vulnerable citizens.

**More information:**

<http://www.cambridge.org/dk/academic/subjects/economics/public-economics-and-public-policy/regulating-long-term-care-quality-international-comparison?format=PB>



## **GUIDANCE FOR ADDRESSING INEQUITIES IN HEALTH – WHO PUBLICATION**



While population health indicators have improved across Europe overall, that improvement has not been experienced equally everywhere, or by all.

This is one of a series of policy briefs that describe practical actions to address health inequities, especially in relation to tobacco, alcohol, obesity and injury, the priority public health challenges facing Europe.

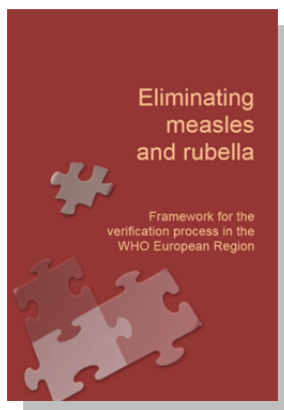
It offers policy-makers and public health professionals the tools and guidance to implement the Health 2020 vision – the new health policy framework for Europe developed by WHO/Europe - and the recommendations of the review of social determinants of health and the health divide led by Sir Michael Marmot and his team.

This policy brief provides a framework that policy-makers at national, regional and local levels can apply to their own unique context, to help them consider the processes by which inequities occur and suggest policy interventions to address them.

### **More information:**

[http://www.euro.who.int/data/assets/pdf\\_file/0005/247631/equity-action-150414.pdf](http://www.euro.who.int/data/assets/pdf_file/0005/247631/equity-action-150414.pdf)

## **ELIMINATING MEASLES AND RUBELLA – WHO PUBLICATION**



This document describes the steps to be taken to document and verify that elimination of measles and rubella has been achieved in the WHO European Region. Annual assessments per country will be based on information about measles and rubella epidemiology, virologic surveillance supported by molecular epidemiology, analyses of vaccinated population cohorts, quality surveillance and the sustainability of the national immunisation programme.

Review and evaluation of annual national reports will continue in each Member State for at least three years after the Regional Verification Commission for Measles and Rubella Elimination confirms that endemic measles and rubella transmission has been interrupted in all Member States of the Region.

### **More information:**

[http://www.euro.who.int/data/assets/pdf\\_file/0009/247356/Eliminating-measles-and-rubella-Framework-for-the-verification-process-in-the-WHO-European-Region.pdf](http://www.euro.who.int/data/assets/pdf_file/0009/247356/Eliminating-measles-and-rubella-Framework-for-the-verification-process-in-the-WHO-European-Region.pdf)

## ***PANDEMIC AND ALL-HAZARD PREPAREDNESS – JOINT ECDC/WHO REPORT***

This report illustrates the findings from the joint ECDC and WHO Regional Office for Europe consultation on pandemic and all-hazard preparedness, which was held on 20-21 November 2013 in Bratislava, Slovakia. Participants included 80 national focal points for pandemic influenza planning, preparedness and response, and International Health Regulations (IHR) from the EU, EEA, south-eastern Europe, Israel, Switzerland and Turkey.

The meeting focussed on cross-cutting issues related to pandemic and all-hazards preparedness in light of the implementation of the IHR and the recently adopted EU decision 1082/2013/EU.

*More information:*

<http://www.ecdc.europa.eu/en/publications/Publications/Joint-ECDC-WHO-Europe-Consultation-on-pandemic-and-all-hazard-preparedness-meeting-report.pdf>

## ***STAKEHOLDERS' PERCEPTION ON THE ORGANISATION OF CHRONIC CARE – A SWOT ANALYSIS TO DRAFT AVENUES FOR HEALTH CARE REFORMS***

Adequate care for individuals living with chronic illnesses calls for a healthcare system redesign, moving from acute, disease-centred to patient-centred models.

The aim of this study was to identify Belgian stakeholder perceptions on the strengths, weaknesses, opportunities and threats of the healthcare system for people with chronic diseases in Belgium.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-179.pdf>

## ***MULTIDISCIPLINARY AND INTEGRATED SERVICES DELIVERY FOR THE ELDERLY IN FRANCE – STUDY***

The case management process is now well defined, and teams of case managers have been implemented in integrated services delivery. However, little is known about the role played by the team of case managers and the value in having multidisciplinary case management teams.

The objectives of this study were to develop a fuller understanding of the role played by the case manager team and identify the value of inter-professional collaboration in multidisciplinary teams during the implementation of an innovative integrated service in France.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-159.pdf>

## ***FEEDBACK ABOUT PATIENTS' EXPERIENCES – A SECONDARY ANALYSIS OF NATIONAL INPATIENT SURVEY DATA***

Patient experience surveys are increasingly used to gain information about the quality of healthcare. This paper investigates whether patients who respond before and after reminders to a large national survey of inpatient experience differ in systematic ways in how they evaluate the care they received.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-153.pdf>

## ***NURSES' AND COMMUNITY SUPPORT WORKERS' EXPERIENCE OF TELEHEALTH – A LONGITUDINAL CASE STUDY***

Introduction of telehealth into the healthcare setting has been recognised as a service that might be experienced as disruptive.

This paper explores how this disruption is experienced. In a longitudinal qualitative study, authors conducted focus group discussions prior to and semi structured interviews post introduction of a telehealth service in Nottingham, U.K. with the community matrons, congestive heart failure nurses, chronic obstructive pulmonary disease nurses and community support workers that would be involved in order to elicit their preconceptions and reactions to the implementation.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-164.pdf>

## ***INTRODUCING OUT-OF-POCKET PAYMENT FOR GENERAL PRACTICE IN DENMARK – FEASIBILITY AND SUPPORT***

The financing of General Practice (GP) is a much-debated topic. In spite of out-of-pocket (OOP) payment for other primary health care provided by self-employed professionals, there is no OOP payment for the use of GP in Denmark.

This article aims to explore the arguments, the actors and the decision-making context.

*More information:*

[http://ac.els-cdn.com/S016885101400102X/1-s2.0-S016885101400102X-main.pdf?\\_tid=a7387536-cee3-11e3-b706-00000aacb361&acdnat=1398696471\\_e71ac3dd562ed4075bd1e9de886coco](http://ac.els-cdn.com/S016885101400102X/1-s2.0-S016885101400102X-main.pdf?_tid=a7387536-cee3-11e3-b706-00000aacb361&acdnat=1398696471_e71ac3dd562ed4075bd1e9de886coco)

## ***PROMOTING HEALTH EQUITY IN EUROPEAN CHILDREN – DESIGN AND METHODOLOGY OF THE PROSPECTIVE EPHE EVALUATION STUDY***

Reducing health inequalities is a top priority of the public health agendas in Europe. The EPHE project aims to analyse the added value of a community-based interventional programme based on EPODE methodology, adapted for the reduction of socio-economic inequalities in childhood obesity.

The interventions that will be implemented by this project focus on four energy balance-related behaviours (fruit and vegetable consumption, tap water intake, physical inactivity, sleep duration) and their determinants. This article presents the design of the effect evaluation of the EPHE project.

*More information:*

<http://www.biomedcentral.com/content/pdf/1471-2458-14-303.pdf>

## ***PATIENT SAFETY AND SURGICAL INNOVATION: COMPLEMENTARY OR MUTUALLY EXCLUSIVE? – ARTICLE***

Safety and innovation are not and need not be antagonists, but synonyms. If innovation is driven by safety, the rate of innovation needed in medicine could be accelerated. In the surgical microcosm, it is not infrequent to hear the voices of surgical conservatism question innovation: why change the current device or method?

It is proven to work, it is vetted by years of clinical research, and should therefore be chosen—because it's safer. However, caution and prudence should not be deterrents for innovation. On the contrary, if younger surgeons or trainees have the luxury of being attracted to innovation, it is only because their mentors use established methods and strategies. This creates a setting of safety and security in which younger surgeons are rooted. The established surgical practice needs to be one of absolute focus on safety; only then can the younger generation be comfortable enough with the current technologies to look into its shortcomings.

*More information:*

<http://www.pssjournal.com/content/pdf/1754-9493-8-17.pdf>

## ***GOALS OF TELEPHONE NURSING WORK – A QUALITATIVE STUDY ON SWEDISH HEALTHCARE DIRECT***

Swedish Healthcare Direct (SHD) receives 6 million calls yearly and aims at increased public sense of security and healthcare efficiency. Little is known about what SHD managers perceive as the primary goals of telephone nursing (TN) work and how the organisation matches goals of health promotion and equitable healthcare, so important in Swedish healthcare legislation.

The aim of the study was to explore and describe what the SHD managers perceive as the goals of TN work and how the managers view health promotion and implementation of equitable healthcare with gender as example at SHD.

***More information:***

***<http://www.biomedcentral.com/content/pdf/1472-6963-14-188.pdf>***

## OTHER NEWS – EUROPE

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### ***PUBLIC HEALTH AND AUSTERITY POLICIES – GRANADA DECLARATION***

The economic crisis that affects Europe, and particularly the southern countries, has produced important changes in social policies. The analysis of changes in health policies aimed at migrants and ethnic minorities and their effects on the welfare state in Europe was one of the objectives of the 5<sup>th</sup> EUPHA conference on Migrant and Ethnic Minority Health, which took place from 9 to 12 April 2014 in Granada, Spain.

The participants of the conference produced a common declaration (the Granada Declaration) which calls on governments to take concrete steps to protect the health of migrants and ethnic minorities in Europe, by ensuring the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and by refraining from denying or limiting equal access to healthcare for all persons, including undocumented migrants and minorities.

*The Granada Declaration is available at:*

[http://www.eupha-migranthealthconference.com/?page\\_id=1766](http://www.eupha-migranthealthconference.com/?page_id=1766)

### ***ACCESS TO HEALTHCARE SERVICES IN TIMES OF CRISIS – EXPERT WORKSHOP***

The 25<sup>th</sup> of April, HOPE participated to an expert workshop on “Access to healthcare in times of crisis”, hosted by Eurofund. The purpose of this workshop was to exchange information and to discuss Eurofound’s draft Research Report.

In the wake of the crisis many EU governments have cut spending on healthcare services. Simultaneously, unemployment and reduced prevention have contributed to increase need for certain healthcare services. Furthermore, disposable income has decreased for many households in the EU, often making access to healthcare more difficult. It is a challenge for policy makers and service providers to guarantee access to healthcare services in this context.

The report explores which groups in vulnerable situations have experienced reduced access because of the crisis. It further presents examples of measures taken by governments and service providers to maintain access. It builds on an earlier working paper with evidence from data analysis and literature review, on nine in-depth country studies, and on case studies of healthcare service providers impacted by the crisis in twelve Member States.

## ***MEDICAL DEVICES – IMDRF PUBLIC CONSULTATIONS***

The International Medical Device Regulators Forum (IMDRF) is a voluntary group of medical device regulators from around the world who aims to accelerate international medical device regulatory harmonisation and convergence.

The IMDRF has recently launched two public consultations on the Medical Device Single Audit Program and on the Software as a Medical Device.

The purpose of the consultations is to gather feedback from the relevant stakeholders on two proposed documents that have been released by the Working Groups on Standalone Medical Device Software Harmonisation (SaMD) and on a Medical Device Single Audit Program.

The deadline to submit contributions is 31 May 2014.

*More information:* <http://www.imdrf.org/consultations/consultations.asp>

## ***GASTEIN EUROPEAN HEALTH AWARD 2014 – CALL FOR APPLICATIONS OPEN***

The European Health Award is assigned to initiatives aiming to improve public health or healthcare in Europe. It was established in 2007 to promote cross-border cooperation, multi-country working and the development of sustainable, innovative and transferable initiatives which address current challenges such as disparities in health status, access to services and the provision of treatment within Europe.

The call for applications for the European Health Award 2014 is now open. Initiatives being nominated for the European Health Award must comply with some selection criteria in order to be considered eligible.

- The initiative must already be in its implementation phase, although it does not have to be completed at the time of application.
- Applicants should be able to provide some initial results from their initiative.
- The initiative must be implemented in at least two European countries.
- The initiative should focus on public health or health care delivery and address an important threat to the health of the population in terms of prevention or health promotion, improving quality of care or access to care or through increased efficiency or cost-effectiveness.
- The initiative should be innovative and/or demonstrate how it improves on similar projects.
- The initiative should be sustainable and have the potential to be transferable to other countries.

The winner of the 2014 prize will be selected by a European jury panel in September 2014 and the European Health Award, which includes prize money of 10,000 Euros, will be presented at the 17<sup>th</sup> European Health Forum Gastein in October 2014.

*More information:* <http://www.ehfg.org/award.html>



## **MOBILE HEALTH – SEMINAR**

On 24 April, HOPE attended in Brussels the seminar “Mobile Health: how mobile technology can change healthcare”.

The seminar, organised by the Permanent Representation of the Netherlands to the EU, gathered key stakeholders in the healthcare and healthcare technology sectors. Opening the discussion, Marianne Vaes, Health Counsellor at the Permanent Representation of the Netherlands to the EU, highlighted the fact that eHealth and mHealth are a priority for the Netherlands. Yet, some issue need to be addressed such as patient safety, interoperability, reimbursement and transparency.

Following this introduction, the European Commission presented the Green Paper on mHealth, whose main objective is to launch a broad stakeholder consultation on existing barriers and issues related to mHealth deployment and to help identifying the right way forward to unlock the mHealth potential.

The Green Paper identifies key issues such as:

- data protection;
- big data;
- legal framework;
- patient safety and transparency;
- mHealth and role in healthcare systems and equal access;
- interoperability;
- reimbursement;
- liability;
- research and innovation.

Based on the replies to the consultation, the Commission will consider the launch of an action plan in 2015.

After the Commission’s presentation, the experiences of three countries (Denmark, the Netherlands and Sweden) in mHealth were showcased. This was then followed by a panel discussion, where participants highlighted some possible solutions to move forward and the potential involvement of the EU. In particular, it was stressed that the EU has an important role to play in the clarification of the existing legal framework through the review of the data protection and medical devices regulations. Exchange of best practices is also a key element in order to learn from each other and share experiences.

## AGENDA

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## UPCOMING CONFERENCES

### *HOPE AGORA 2014*

### ***QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT***

*26-28 May 2014 – Amsterdam (The Netherlands)*

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33<sup>rd</sup> time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from 26 to 28 May 2014 around the topic "Quality first! Challenges in the changing hospital and healthcare environment".



***REGISTRATION OPEN UNTIL 12 MAY***

<http://www.hope-agora.eu/>