



# NEWSLETTER

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## UPCOMING CONFERENCES

*7 October 2014 – Brussels (Belgium)*

**COCIR-HOPE-AER DEBATE AT THE OPEN DAYS 2014**  
*THE IMPORTANCE OF USING EUROPEAN STRUCTURAL AND INVESTMENT FUNDS TO DRIVE SUSTAINABLE HEALTHCARE SYSTEMS*

**REGISTRATION OPEN**

**With code of debate 07B03**

**[http://ec.europa.eu/regional\\_policy/conferences/od2014/register.cfm](http://ec.europa.eu/regional_policy/conferences/od2014/register.cfm)**

*20-22 November 2014 – Lisbon (Portugal)*

**APDH 5TH INTERNATIONAL HOSPITAL CONGRESS**  
*THE NATIONAL HEALTH SERVICE - (RE)COGNISE THE CHANGES*

*31 May-2 June 2015 – Warsaw (Poland)*

**HOPE AGORA 2015**  
*HOSPITALS 2020: HOSPITALS OF THE FUTURE, HEALTHCARE OF THE FUTURE*

## HOPE ACTIVITIES

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### ***UPCOMING HOPE STUDY TOUR – 30-31 OCTOBER 2014, BERLIN***

#### ***QUALITY ASSURANCE IN GERMAN HOSPITAL CARE***

The German Hospital Federation is organising in Berlin from Thursday 30 to Friday 31 October 2014 a HOPE study visit, dedicated to the topic "Quality assurance in German hospital care". During the two-day study visit, the participants will cover the major tools for quality assurance in the German hospital care: legal framework, quality settings of the partners in the self-government system, accreditation options as well as innovations at local level. Participants will meet key-players from the Federal Ministry for Health of Germany, from the Federal Joint Committee, from the Federal Association of statutory health insurance funds, from accreditation institutes as well as from the hospital sector. There will be opportunity for intensive discussion and networking.

The participation fee is 300 Euro. Travel expenses and accommodation will have to be covered by the participants additionally.

***Application: by email to Mrs Anke Schultz [a.schultz@dkgev.de](mailto:a.schultz@dkgev.de) by indicating your full name and address, the organisation you are working for as well as your contact details (email and telephone number).***

***Mrs Schultz will be happy to answer all your questions on the Berlin study tour by email or by phone +49 30 39801 1014.***

#### ***HOPE STUDY TOUR IN OULU, FINLAND: HEALTHCARE ECOSYSTEM***

From 10 to 13 June 2014, HOPE organised a study tour in Oulu University Hospital in Finland. Coordinated by The Association of Finnish Local and Regional Authorities, the programme hosted nine professionals coming from various European countries.

The aim of the study tour was to present the features of the Healthcare Ecosystem, which represents a unique living lab developing advanced tools and technologies where people with different backgrounds and experience collaborate. Participants had the possibility to understand the way the Healthcare Ecosystem was designed in order to meet the needs and challenges of the future, how the testing laboratory is connected to serve the university hospital activity and how the Oulu University Hospital will be renovated by 2030. The study tour achieved great results, according to the feedback provided by the professionals involved.

***More information on HOPE study tours:***

***<http://www.hope.be/o4exchange/studytours/studytoursfirstpagehtml.html>***

## **HEALTH PRIORITIES**

The Italian Presidency of the Council of the EU started on 1<sup>st</sup> June 2014 and will last until the end of the year.

Legislative priorities in the field of health will include the review of the Regulations on medical devices and in-vitro diagnostic medical devices. The Presidency will also explore whether and how to take forward the review of the Directive 89/105/EEC on the transparency of measures regulating the prices of medicinal products for human use and their inclusion within the scope of public health insurance systems.

The Presidency will also work on the following non-legislative priorities in the health area:

- vaccines as an effective tool in public health;
- safety in healthcare and care-related infections;
- therapeutic innovation for the benefit of patients.

A number of conferences will also take place throughout the six months:

- Conference on Women's Health: a life-course approach, Rome, 2-3 October 2014
- Ministerial Conference on Health in the Mediterranean Area, Rome, 27-28 October 2014
- Conference on Quality, Safety and Costs of Care, Rome, 3 November 2014
- Technical Conference on Dementias, Rome, 14 November 2014
- Conference on the topic "Fighting HIV/AIDS ten years after Dublin Declaration", Rome, 27-28 November 2014
- European Conference on Youth Mental Health: from continuity of psychopathology to continuity of care, Venice, 16-18 December 2014
- Technical Conference on Anti-Microbial Resistance, Rome, 22 – 23 December 2014

*More information:* <http://italia2014.eu/>



### ***NEW EUROPEAN PARLIAMENT, COMMISSION AND TOP EU POSITIONS***

In July 2014, the newly elected European Parliament held its first plenary session in Strasbourg. On this occasion, Martin Schulz (S&D, Germany) was re-elected President of the European Parliament for a mandate of two and a half years. The new Committees have been formed and Chair and Vice-Chair elected.

In July the European Parliament also elected the new President of the European Commission, Jean-Claude Juncker from Luxembourg. Each EU Member States proposed a candidate for the position of Commissioner by submitting these names to the incoming President, who is responsible for the distribution of portfolios. The list of Commissioners needs now to be approved by the Council and the Parliament. The new Commission will take office in November 2014.

Two other top EU positions have been assigned. During a special meeting of the European Council on 30 August, the Italian Federica Mogherini was appointed High Representative of the Union for Foreign Affairs and Security Policy and the Polish Donald Tusk was appointed President of the European Council. Both mandates will start on December 1<sup>st</sup> 2014.



### ***PATIENT SAFETY – PUBLIC CONSULTATION ON COMMISSION EXPERT PANEL'S PRELIMINARY OPINION***

The Expert Panel on Effective Ways of Investing in Health is a panel of independent scientists set up to provide the European Commission with sound and timely scientific advice on effective ways of investing in health.

The Expert Panel has recently released a preliminary opinion on the "Future EU Agenda on quality of health care with a special emphasis on patient safety" which outlines the EU agenda on patient safety and quality of care.

A public consultation on this preliminary opinion has been launched with a view to gather feedback from the scientific community and stakeholders. The feedback received will help the Expert Panel in consolidating its final opinion. All interested parties are therefore invited to submit in writing, specific comments, suggestions, explanations or contributions on the scientific basis of the opinion, as well as any other scientific information regarding the questions addressed.

The deadline to submit contributions is **21 September 2014**.

*The Expert Panel's preliminary opinion is available at:*

[http://ec.europa.eu/health/expert\\_panel/opinions/docs/005\\_safety\\_quality\\_of\\_care\\_en.pdf](http://ec.europa.eu/health/expert_panel/opinions/docs/005_safety_quality_of_care_en.pdf)

*More information on the public consultation is available at:*

[http://ec.europa.eu/health/expert\\_panel/consultations/quality\\_of\\_care\\_en.htm](http://ec.europa.eu/health/expert_panel/consultations/quality_of_care_en.htm)

### ***PRIMARY CARE – COMMISSION EXPERT PANEL'S FINAL OPINION***

The Expert Panel on Effective Ways of Investing in Health is a panel of independent scientists set up to provide the European Commission with sound and timely scientific advice on effective ways of investing in health.

The Expert Panel has recently released its final opinion on the "Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems". It provides a core definition of primary care, examines the role of referral systems in strengthening health system performance and discusses issues in financing primary care.

The final opinion took into account the results of a public consultation which ran from March to May 2014: the 286 contributions agreed with the opinion overall and provided additional elements when necessary.

The Expert Panel highlights the importance of using primary care as the preferred entry point into the health system. In relation to the first theme of investigation -referral system for specialist consultation- the Expert Panel concludes that the referral system (including gatekeeping, where primary care controls the access of patients to specialist care) can have strong advantages. These advantages include a more efficient care by avoiding duplication and minimising inappropriate care and might contribute to lower overall health system costs. The opinion identifies also some factors contributing to the effectiveness of the referral system.

The second part of the opinion examines the issue of financing primary care. It concludes that it is essential to ensure that EU Member States guarantee an adequate level of financing for primary care, promote equitable access to primary care and provide incentives for efficiency and quality in primary care delivery, including care coordination. It also stresses that user charges should not undermine access to care, in particular for vulnerable people.

*More information:*

[http://ec.europa.eu/health/expert\\_panel/opinions/docs/004\\_definitionprimarycare\\_en.pdf](http://ec.europa.eu/health/expert_panel/opinions/docs/004_definitionprimarycare_en.pdf)

## ***NANOMATERIALS USED IN MEDICAL DEVICES – PUBLIC CONSULTATION***

On 18 July, a public consultation on the [preliminary opinion](#) "Guidance on the Determination of Potential Health Effects of Nanomaterials Used in Medical Devices" was launched by the European Commission and its SCENIHR (Scientific Committee on Emerging and Newly Identified Health Risks).

This opinion aims at dealing with the use of nanomaterials in medical devices and providing information for the safety evaluation of nanomaterials. A nanomaterial is any particulate substance with at least one dimension in the size range between 1 and 100 nm. These particles have specific characteristics that differ from those of larger sized particles. Thus, the Guidance emphasises the need for special considerations, in order to identify different properties, interactions or effects during the assessment.

The consultation will run **until 3 October 2014**. Interested parties are invited to submit online comments to this preliminary opinion.

*More information:*

[http://ec.europa.eu/health/scientific\\_committees/consultations/public\\_consultations/scenihir\\_consultation\\_22\\_en.htm](http://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scenihir_consultation_22_en.htm)



### **HEALTH PROGRAMME – FIVE NEW CALLS FOR TENDER LAUNCHED**

The Consumer, Health and Food Executive Agency (CHAFEA) has recently launched five calls for tender. They concern services to be provided in the frame of implementing the 3<sup>rd</sup> Health Programme. More specifically, the calls relate to the following topics:

- **Mapping of patients' rights in all Member States of the European Union.** The objective is to map patients' rights initiatives in the EU Member States, Norway and Iceland. The focus shall not only be on patients' rights derived from legal provisions, but also patients' rights derived from national recommendations and guidelines (soft-law) etc. Draft legislation and legislation under adoption shall be included.
- **Support for the definition of core competences of healthcare assistants.** The objective is to carry out a study which will explore the feasibility and prepare for a future suggestion for the establishment of a Common Training Framework (CTF) for healthcare assistants (HCA) in the European Union.
- **Development of a manual and toolbox for the assessment of European Reference Networks.** The objective is to prepare and organise the assessment process of European Reference Network proposals and healthcare provider applications and to develop, in consultation with Member States and interested parties, a detailed manual regarding the content of, documentation and procedure for the assessment referred in the Implementing Decision 2014/287/ EU.
- **"EU Compass for Action on Mental Health and Well-being".** The objective is to develop the EU Compass for Action on Mental Health and Well-being into a mechanism, supported by a website, to collect, exchange and analyse information on policy and non-governmental stakeholder activities in the field of mental health and well-being.
- **Cost-benefit of reference laboratories for human pathogens.** The objective is to produce a study which provides a cost benefit analysis and analysis of regulatory options to strengthen the existing coordination of reference microbiology provision in the EU in order to support the European response coordination to outbreaks of highly pathogenic infectious agents. The key results expected are one report on technical and economic issues related to the establishment of European reference laboratories for human pathogens and the organisation of two expert review workshops.

The deadline for all online submissions is **12 September 2014**.

*The calls for tender are available at: <http://ec.europa.eu/chafea/health/tenders.html>*

## **HEALTH PROGRAMME 2008-2013 – ANNUAL REPORT 2012**

The European Commission has recently published the Annual Report 2012 for the EU Health Programme 2008-2013. The report provides an overview of the actions funded mainly under the annual work programmes of 2008 and 2009, which delivered their main results in 2012. It also contains detailed information on the budget for 2012 and its execution.

The EURHOBOP project (European Hospital Benchmarking by Outcomes in Acute Coronary Syndrome and Orthopaedic Procedures) is one of the actions presented in the report. EURHOBOP, in which HOPE was involved as a partner, aimed to set up a validated methodology to benchmark the quality of care of patients suffering from coronary heart disease in Europe.

The report stresses the important role played by HOPE for the achievement of the project's main goal. The participation of HOPE ensured that a large number of hospitals across Europe took part in the study. The patient sample came from 200 hospitals across seven European countries.

*The report is available at:*

[http://ec.europa.eu/health/programme/docs/implementation\\_2012\\_en.pdf](http://ec.europa.eu/health/programme/docs/implementation_2012_en.pdf)

## **HEALTH C – FINAL CONFERENCE ON 30 SEPTEMBER AND FREE TRAINING COURSE ON HEALTH CRISIS COMMUNICATION AVAILABLE**

The final conference of the Health C project will take place in Brescia (Italy) on 30 September 2014. It will address the role of communication in health crisis management and will provide an overview of the training course produced and the results of the piloting. Furthermore, the conference will represent a networking opportunity for all those who are interested in working on this topic across Europe.

Over the summer, the Health C project delivered its final results which consist in a training course on communication in health emergency situations and the respective training materials. The self-study materials are available for free after registration at the project e-learning platform: <http://healthcmoodle.eu/>. Through the platform it is possible to access the e-learning materials in seven different languages: English, German, Portuguese, Spanish, Italian, French and Danish. The enrolment key for the English course is: ENHealthC2014.

The self-study at distance is supposed to have an estimated duration of 18 hours, however the exact time needed to learn the materials and complete the exercises will depend on your own learning style. The course targets health communication managers who wish to become more actively engaged in the communication activities within their organisation. The course "*Communication in health emergency: all you need to know*" is composed of the following three core modules:

Module 1: Communication competences and processes;

Module 2: Use of the traditional media: interacting and communicating with traditional media;

Module 3: Use of the social media.

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.

*More information on the Health C project: <http://healthc-project.eu/en/>*

## **HONCAB – SECOND INTERIM MEETING**

On 9 and 10 July 2014, the HoNCAB project consortium held its Second Interim meeting in Lyon, France. HoNCAB is a project co-funded under the Health Programme of the EU which aims to facilitate among hospitals exchange of experiences and information on cross-border care and cross-border patients' flows, with a focus on issues related to reimbursement. Started in September 2012, it will run until August 2015.



*The HoNCAB consortium, Second Interim Meeting, 9 July 2014, Lyon (France)*

The meeting was an opportunity to present the results already achieved by the consortium and to agree on the activities to be undertaken during the last year of the project. Some of the results achieved include the activation of a database in all hospitals of the Network, which allows them to collect and exchange information. Data collected through the database are socio-demographic, economic and treatment related variables. Two questionnaires are also currently being administered to elective foreign patients enrolled in the study. The two questionnaires respectively investigate the following issues: patients' perception about the quality of care received and the reason for the decision to seek treatment abroad and patients' satisfaction with the reimbursement procedure and the outcome of this.

Future activities within the project consist in the analysis of the data collected through the database and the questionnaires as well as the publication of the second edition of the book *Diagnosis-Related Groups in Europe*. The project will also investigate the financial aspects related to tourism and the cross-border care phenomenon.

During the meeting, a framework has also been developed with the aim to interconnect all the findings the project will produce until its end under main thematic areas such as patient flow, financial dimension of patient mobility and administrative issues like prior authorisation and reimbursement. By linking all its results, the project will come up with some considerations about

the implementation of the Directive 2011/24/EU on patients' rights in cross-border healthcare and will formulate recommendations.

On 11 July, partners also attended a training session on good practices led by the University Hospital of Lyon. The good practices aim to identify the activities, processes and organisational methods which give the best answer to cross-border patients' specific needs and demands. A good practice guide was produced and will be finalised at the beginning of 2015, once further inputs are collected from the Network's members.

*More information:* [www.honcab.eu](http://www.honcab.eu)

## ***NETWORK OF NURSE EDUCATORS AND REGULATORS – FINAL REPORT***

The three year project "Development and Coordination of a Network of Nurse Educators and Regulators" (SANCO/1/2009) has come to an end and has compiled its findings in a final report.

Throughout the course of the project, 15 participating countries and around 25 experts in nursing education and regulation worked together on providing information of the status quo of Healthcare Assistant (HCA) education and training within their countries. Furthermore best practice examples from each country were gathered, so that in a next step, recommendations on the future of the HCA education and training within Europe have been drafted by the project team.

The final report of the project not only gives an overview of the main similarities and differences of Healthcare Assistant education and training within the 15 participating countries, it also describes the drafted recommendations in thorough detail.

Especially when considering the newly implemented Directive 2013/55/EU on the recognition of professional qualifications, the recommendations of the project "Development and Coordination of a Network of Nurse Educators and Regulators" constitute a first step towards a Europe-wide accepted comprehension for this particular occupational group. A Europe-wide accepted education concept for HCAs would encourage the comparability of the training as well as the labour mobility within Europe.

*More information about the project:* <http://www.hca-network.eu/>

*The report is available at:*

<http://www.hca-network.eu/downloads/SANCO%201%202009%20Final%20Report%202014.pdf>

## ***INDEPENDENT LIVING – GUIDELINES FOR THE DESIGN AND IMPLEMENTATION OF ICT TECHNOLOGIES***

On 17 July 2014, FARSEEING has published guidelines on designing and implementing ICT solutions in the field of fall prevention and promotion of independent living amongst older people. FARSEEING is an EC co-funded research project aiming at promoting healthy and independent living for older adults and supporting them in using ICT devices.

The guidelines were created after the review of older peoples' opinion on ICT. They underline the fact that technologies must be easy to use. They are composed of three sections with recommendations on usability and design, personal motivations and promotion.



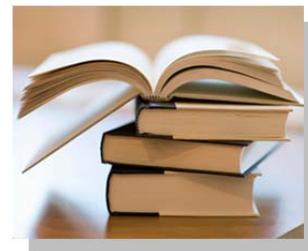
***More information on the FARSEEING project:***

***<http://farseeingresearch.eu/>***

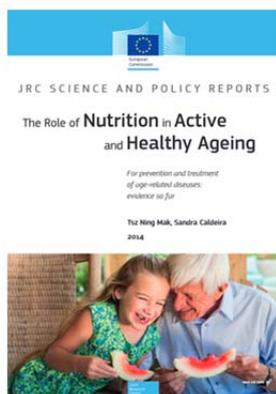
***The guidelines are available at:***

***<http://farseeingresearch.eu/wp-content/uploads/2014/07/Preliminary-Guidelines-V1.0-Public.pdf>***

## REPORTS AND PUBLICATIONS



### **THE ROLE OF NUTRITION IN ACTIVE AND HEALTHY AGEING – COMMISSION REPORT**



This report aims to support the European Innovation Partnership on Active and Healthy Ageing and to review the contribution of diet and nutrition in increasing healthy life years and promoting active healthy ageing (AHA).

The report gives a description of the key determinants of AHA including economic, social and behavioural aspects and how they can relate to diet. It focuses on the issue of undernutrition in older people, both a cause and consequence of functional decline. Given the importance of undernutrition and that micronutrient deficiency is a common problem in older adults, this report summarises the evidence on key micronutrient supplementations on prevention and treatment of age-related diseases and conditions.

A number of research gaps are also highlighted in this report. Further research is needed on the wider determinants of AHA e.g. social, economic and environmental aspects and their interrelationships with dietary behaviours in older people; to identify the most effective strategies to promote public health messages to the older population; further evidence on life-course approach to ageing; and to develop a set of validated, agreeable, cost-effective and non-invasive measures and tools to quantify AHA outcomes including the quality of diet, fitness, and well-being in older people. Above all, there is a need to provide better guidance on diet and nutrition for older population and a set of age-specific, up-to-date dietary recommendations is essential to achieve this.

**More information:** <https://ec.europa.eu/jrc/sites/default/files/lbnaz666enn.pdf>

### **OECD HEALTH STATISTICS 2014**

OECD Health Statistics 2014 (the new name of the online database OECD Health Data) was released on 30 June 2014, showing that health spending has started to rise again after stagnating or even falling in many OECD countries during the crisis. But the pace of growth remains well below pre-crisis rates, especially in Europe. Overall health spending accounted for 9.3% of GDP on average across OECD countries in 2012, little changed from 9.2% in 2011.

The OECD Health Database offers the most comprehensive source of comparable statistics on health and health systems across OECD countries. It is an essential tool to carry out comparative analyses and draw lessons from international comparisons of diverse health systems.

**More information:** [http://stats.oecd.org/index.aspx?DataSetCode=HEALTH\\_STAT](http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT)

## **OECD HEALTH CARE QUALITY REVIEW OF CZECH REPUBLIC**



Strengthening primary health care and prevention programmes would help stem the growing tide of diabetes and other chronic health conditions in the Czech Republic, according the Health Care Quality Review recently published by OECD.

Czech Republic is the only country in the OECD in which reported smoking rates are rising. Daily adult tobacco consumption increased by 5% between 2000 and 2011 (OECD average reduction- 21%). The prevalence of diabetes is about 8% in the Czech Republic (OECD average - 6.9%). Rates of adult obesity rose from 14% in 2000 to 21% in 2011 (OECD average of 17.2%). Self-reported overweight or obesity among Czech 15-year-olds increased from 9% to 15%. Czech Republic also has some of the worst mortality figures for heart disease and stroke.

However, there has also been some good progress. The prevalence of chronic heart disease among type 2 diabetes patients has fallen, from 40% in 2001 to below 30% in 2008. The country also has lower hospital admission rates for asthma and chronic obstructive pulmonary disease than the OECD average. The Czech Republic needs to engage more people in cancer screening: just over half of women aged 20-69 participate in cervical screening. The Czech Republic has initiated screening of blood pressure, cholesterol and other cardiovascular risk factors but the cost-effectiveness of this programme needs to be evaluated.

The report also says that the current system of one-time mandatory hospital accreditation places the quality and safety of the health system at risk. The Czech Republic should continuously monitor hospitals to give them incentives to meet high standards. All health services should participate in a national reporting system for adverse events, but only 20% of hospitals currently do. A barrier to improving quality is the nation's weak data collection system.

**More information:**

[http://www.oecd.org/els/health-systems/ReviewofHealthCareQualityCZECH\\_REPUBLIC\\_ExecutiveSummary.pdf](http://www.oecd.org/els/health-systems/ReviewofHealthCareQualityCZECH_REPUBLIC_ExecutiveSummary.pdf)

## **MAKING MENTAL HEALTH COUNT – OECD REPORT**

Despite the enormous burden that mental ill-health imposes on individuals, their families, society, health systems and the economy, mental health care remains a neglected area of health policy in too many countries. Mental disorders represent a considerable disease burden, and have a significant impact on the lives of the OECD population, and account for considerable direct and indirect costs.

This report argues that even in those OECD countries with a long history of deinstitutionalisation, there is still a long way to go to make community-based mental health care that achieves good outcomes for people with severe mental illness a reality. The disproportionate focus on severe mental illness has meant that mild-to-moderate mental illnesses, which makes up the largest burden of disease, have remained overwhelmingly neglected.

This book addresses the high cost of mental illness, weaknesses and innovative developments in the organisation of care, changes and future directions for the mental health workforce, the need to develop better indicators for mental health care and quality, and tools for better governance of the mental health system. The high burden of mental ill health and the accompanying costs in terms of reduced quality of life, loss of productivity, and premature mortality, mean that making mental health count for all OECD countries is a priority.

*More information:* [http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/making-mental-health-count\\_9789264208445-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/making-mental-health-count_9789264208445-en#page1)



## **COMPARING HOSPITAL AND HEALTH PRICES AND VOLUMES INTERNATIONALLY – OECD/EUROSTAT WORKING PAPER**

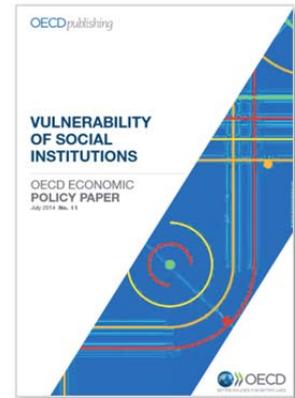
Health services account for a large and increasing share of production and expenditure in OECD and Eurostat countries but there are also noticeable differences between countries in expenditure per capita. Whether such differences are due to more services being consumed or whether they reflect differences in the price of services is a question of significant policy relevance. Yet, cross-country comparisons of health services have typically not disentangled these effects.

This paper presents the results of a joint effort between OECD and Eurostat in developing price comparisons for health goods and services. The main novel feature is the collection of comparable and output-based prices for hospital services that can then be applied to matching national accounts expenditure data so as to derive consistent price and volume comparisons of health products. The data is novel in that it reflects "quasi prices" (negotiated or administrative prices or tariffs) of the output of hospital services, instead of prices of inputs such as wages of medical personnel. The new methodology moves away from the traditional input perspective, thereby relaxing the assumption that hospital productivity is the same across countries.

More information: [http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/comparing-hospital-and-health-prices-and-volumes-internationally\\_5jxznwrj32mp-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/comparing-hospital-and-health-prices-and-volumes-internationally_5jxznwrj32mp-en#page1)

## **VULNERABILITY OF SOCIAL INSTITUTIONS – OECD POLICY PAPER**

Social institutions face many challenges. The recent economic crisis has provided a stress test as it has left a legacy of high unemployment and high government debt in many countries. It also lowered potential output and thus the revenue base for social protection schemes. At the same time, ageing and other secular trends raise long-term sustainability issues. The design of social institutions determines their capacity to deal with shocks and trend changes and the way risks are shared between the institutions and their stakeholders. They also circumscribe the scope for automatic or discretionary adjustments, when trade-offs between sustainability, adequacy and efficiency arise.



This report examines the sustainability of social institutions and their ability to absorb and cope with short-term shocks and longer-term trends by providing risk sharing and expenditure smoothing, focusing on pension, health care and unemployment insurance schemes.

More information: [http://www.keepeek.com/Digital-Asset-Management/oecd/economics/vulnerability-of-social-institutions\\_5jz158r4qozn-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/economics/vulnerability-of-social-institutions_5jz158r4qozn-en#page1)

## **OVERCOMING VULNERABILITIES OF HEALTH CARE SYSTEMS – OECD WORKING PAPER**

This paper investigates the vulnerabilities of health care systems in OECD and BRIICS countries to adverse secular trends and large macroeconomic shocks.

It identifies policies that can ally vulnerabilities considering the institutional setting of health care systems, such as the public-private mix and the main sources of revenues, and the need to balance economic sustainability with the adequacy of services.

More information: [http://www.keepeek.com/Digital-Asset-Management/oecd/economics/overcoming-vulnerabilities-of-health-care-systems\\_5jz159228n6j-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/economics/overcoming-vulnerabilities-of-health-care-systems_5jz159228n6j-en#page1)

## **NONCOMMUNICABLE DISEASES – WHO COUNTRY PROFILES 2014**

WHO has published profiles on non-communicable diseases (NCDs) for all Member States, including the 53 countries in the WHO European Region. Where data are available, the profiles estimate for each country the current burden of and recent trends in NCD mortality, the prevalence of selected major risk factors and the national health system's capacity to respond. They update the profiles produced in 2011.

Global mortality from NCDs remains unacceptably high and is increasing. NCDs -mainly cardiovascular diseases, cancer, chronic respiratory diseases and diabetes- kill 38 million people each year. The report illustrates that progress in countries has been insufficient and very uneven, although many countries have started to work towards the 9 global targets on NCDs and implement WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. WHO launched the profiles on the occasion of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs, held in New York, United States of America on 10–11 July 2014.

*More information:*

<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ncd-background-information/noncommunicable-diseases-country-profiles-2014>

## **HIT GERMANY – EUROPEAN OBSERVATORY PUBLICATION**

The European Observatory on Health Systems and Policies has recently published a health system review on Germany as part of the series "Health Systems in Transition" (HiTs).

The Health Systems in Transition (HiT) profiles are reports that provide a detailed description of a health system, reforms and policy initiatives under development in a specific country. Main chapters focus on organisation and governance of the health system, financing, physical and human resources, provision of services, principal health care reforms and assessment of the health system.

Since reunification various governments have implemented a number of important reforms in the German health sector, including changes in self-governing structures, financing the statutory health insurance system, paying providers and assessing and reimbursing pharmaceuticals. Today the German health care system has a generous benefit basket, one of the highest levels of capacity as well as modest cost-sharing. Expenditure per capita is high and access is good.

However, the system also shows areas in need of improvement when compared to other countries and has low satisfaction figures with the health system in general and issues around quality of care, if the outcomes of individual illnesses are analysed. This new health system review (HiT) on



Germany examines changes and reforms that have taken place and discusses challenges for the new government that came to power at the end of 2013.

*More information:*

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/255932/HiT-Germany.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0008/255932/HiT-Germany.pdf?ua=1)

## ***PAYING FOR PERFORMANCE IN HEALTH CARE – EUROPEAN OBSERVATORY PUBLICATION***

Health spending continues to outstrip the economic growth of most member countries of the Organisation for Economic Cooperation and Development (OECD). Pay for performance (P4P) has been identified as an innovative tool to improve the efficiency of health systems but evidence that it increases value for money, boosts quality or improves health outcomes is limited.

Using a set of case studies from 12 OECD countries (including Estonia, France, Germany, Turkey and the United Kingdom), this book explores whether the potential power of P4P has been over-sold, or whether the disappointing results to date are more likely to be rooted in problems of design and implementation or inadequate monitoring and evaluation.

Each case study analyses the design and implementation of decisions, including the role of stakeholders; critically assesses objectives versus results; and examines the “net” impacts, including positive spillover effects and unintended consequences.

With experiences from both high and middle-income countries, in primary and acute care settings, and both national and pilot programmes, these studies provide health finance policy-makers in diverse settings with a nuanced assessment of P4P programmes and their potential impact on the performance of health systems.

*More information:* <http://www.mheducation.co.uk/html/0335264387.html>

## ***FACETS OF PUBLIC HEALTH IN EUROPE – EUROPEAN OBSERVATORY PUBLICATION***

In the last two centuries, public health has reduced the impact and prevalence of infectious diseases, but much remains to be done to reduce noncommunicable diseases, such as heart disease and cancer, which comprise the bulk of the disease burden on the WHO European Region. This book takes a broad but detailed approach to public health in Europe and offers the most comprehensive analysis of the Region available. It considers a huge range of key topics in public health and includes chapters on:

- screening;
- health promotion;
- tackling of the social determinants of health;
- health impact assessment;
- the public health workforce;
- public health research.

In addition, the authors consider the existing public health structures, capacities and services in a range of European countries, identifying what needs to be done to strengthen action and improve outcomes for public health.

Reflecting the broad geographical scope of the entire WHO European Region, this book uses examples from a diverse range of countries to illustrate different approaches to public health. It is essential reading for anyone studying or working in the field of public health, especially those with an interest in European practice.

*More information:*

<http://www.mheducation.co.uk/html/0335264204.html>

### ***STATE OF THE ART OF RARE DISEASE ACTIVITIES IN EUROPE – 2014 REPORT***

The 2014 report on the state of the art of rare disease activities in Europe has recently been published. It provides an informative and descriptive overview of rare disease activities at European Union and Member State level in the field of rare diseases and orphan medicinal products up to the end of 2013. The report has been produced by the Scientific Secretariat of the European Union Committee of Experts on Rare Diseases (EUCERD) through the EUCERD Joint Action which covers a three year period from March 2012 to February 2015. The EUCERD was established in 2009 and its mandate ended in 2013. It is replaced from 2014 by the Commission Expert Group on Rare Diseases.

The report is composed of five volumes:

- an overview of rare disease activities in Europe;
- key developments in the field of rare diseases in Europe in 2013;
- European Commission activities in the field of rare diseases;
- European Medicines Agency activities and other European activities in the field of rare diseases;
- activities of Member States and other European countries in the field of rare diseases.

Each part contains a description of the methodology, sources and validation process used and concludes with a selected bibliography and list of person having contributed to the report.

*More information:*

[http://ec.europa.eu/health/rare\\_diseases/publications/index\\_en.htm#anchor1](http://ec.europa.eu/health/rare_diseases/publications/index_en.htm#anchor1)

## ***ANTIBIOTICS AND THEIR ALTERNATIVES – WORKSHOP REPORT***

The urgent need to develop new antibiotics is driving a new form of cooperation among European researchers. Only two new classes of these life-saving medicines have reached the market in the last three decades, while many older ones are losing their effectiveness in the face of growing drug-resistance. The science is becoming increasingly challenging, and soaring development costs often exceed the potential returns, leading most pharma firms to disengage from the field.

At a meeting in Brussels on 4 April 2014, representatives of academia, industry and the European Commission came together to explore how their work could benefit from closer collaboration, and how they can speed their own research by learning from one another's successes and failures.

This report summarises the content of the meeting and its findings. The meeting examined the results of recently completed projects on novel targets and drugs against Gram-negative bacteria funded under the 7<sup>th</sup> EU Framework Programme for Research (FP7). It looked at the development and discovery platforms within the Innovative Medicines Initiative public-private partnership (IMI). And it offered a showcase for smaller firms running collaborative research projects on new drugs, vaccines and alternative methods also funded under FP7.

***More information:***

***[http://ec.europa.eu/research/health/pdf/amr-workshop-report042014\\_en.pdf](http://ec.europa.eu/research/health/pdf/amr-workshop-report042014_en.pdf)***

## ***CONSTRUCT AND CONCURRENT VALIDITY OF A PATIENT-REPORTED ADVERSE DRUG EVENT QUESTIONNAIRE – CROSS-SECTIONAL STUDY***

Direct patient-reported information about adverse drug events (ADEs) is important since it adds to healthcare professional-reported information about the safety of drugs. The aim of this study is to assess the construct and concurrent validity of a patient-reported adverse drug event questionnaire.

The number of 135 patients was included in the study and those who reported an ADE (37) had a lower general quality of life and physical health than those not reporting an ADE. The construct validity of the patient-reported ADE questionnaire was sufficient for reporting any versus no ADE, but the concurrent validity was only partly demonstrated. Therefore, the questionnaire needs to be adapted before it can be used.

***More information:*** ***<http://www.hqlo.com/content/12/1/103>***

## ***MANAGING CUSTOMISATION IN HEALTH CARE – ARTICLE***

Organisations that provide health services are increasingly in need of systems and approaches that will enable them to be more responsive to the needs and wishes of their clients. Two recent trends, namely, patient-centered care (PCC) and personalised medicine, are first steps in the customisation of care. PCC shifts the focus away from the disease to the patient. Personalised medicine, which relies heavily on genetics, promises significant improvements in the quality of healthcare through the development of tailored and targeted drugs. We need to understand how these two trends can be related to customisation in healthcare delivery and, because customisation often entails extra costs, to define new business models.

This article analyses how customisation of the care process can be developed and managed in healthcare. Drawing on relevant literature from various services sectors, authors have developed a framework for the implementation of customisation by the hospital managers and caregivers involved in care pathways.

*More information:*

<http://www.healthpolicyjrnl.com/article/So168-8510%2814%2900104-3/pdf>

## ***IMPLEMENTATION OF DRG PAYMENT IN FRANCE – PAPER***

In France, a DRG-based payment system was introduced in 2004/2005 for funding acute services in all hospitals with the objectives of improving hospital efficiency, transparency and fairness in payments to public and private hospitals. Despite the initial consensus on the necessity of the reform, providers have become increasingly critical of the system because of the problems encountered during the implementation. In 2012 the government announced its intention to modify the payment model to better deal with its adverse effects.

The paper reports on the issues raised by the DRG-based payment in the French hospital sector and provides an overview of the main problems with the French DRG payment model. It also summarises the evidence on its impact and presents recent developments for reforming the current model. DRG-based payment addressed some of the chronic problems inherent in the French hospital market and improved accountability and productivity of health-care facilities. However, it has also created new problems for controlling hospital activity and ensuring that care provided is medically appropriate. In order to alter its adverse effects the French DRG model needs to better align greater efficiency with the objectives of better quality and effectiveness of care.

*More information:*

[http://ac.els-cdn.com/S0168851014001353/1-s2.0-S0168851014001353-main.pdf?\\_tid=183cf22c-335a-11e4-b99b-00000a0b0f6b&acdnat=1409742457\\_5d5ca35c802122ef3fa4077d7a581683](http://ac.els-cdn.com/S0168851014001353/1-s2.0-S0168851014001353-main.pdf?_tid=183cf22c-335a-11e4-b99b-00000a0b0f6b&acdnat=1409742457_5d5ca35c802122ef3fa4077d7a581683)

## ***TASK REALLOCATION FROM THE DOMAIN OF MEDICINE TO THE NURSING DOMAIN – SYSTEMATIC REVIEW***

One of the innovative approaches to dealing with the anticipated shortage of physicians is to reallocate tasks from the professional domain of medicine to the nursing domain. Various (cost-) effectiveness studies demonstrate that nurse practitioners can deliver as high quality care as physicians and can achieve as good outcomes. However, these studies do not examine what factors may facilitate or hinder such task reallocation.

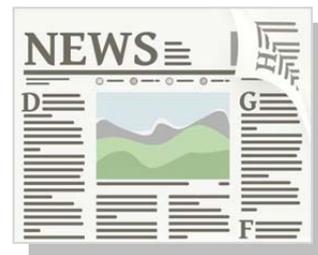
The 13 identified relevant papers address a broad spectrum of task reallocation (delegation, substitution and complementary care). Thematic analysis revealed four categories of facilitators and barriers: knowledge and capabilities, professional boundaries, organisational environment, and institutional environment. Introducing nurse practitioners in healthcare requires organisational redesign and the reframing of professional boundaries. Especially the facilitators and barriers in the analytical themes of “professional boundaries” and “organisational environment” should be considered when reallocating tasks. If not, these factors might hamper the cost-effectiveness of task reallocation in practice.

*More information:*

[http://ac.els-cdn.com/S0168851014001158/1-s2.0-S0168851014001158-main.pdf?\\_tid=103dcee6-335c-11e4-9c65-00000aab0f01&acdnat=1409743303\\_aadce99c48188abdc8ead88749746438](http://ac.els-cdn.com/S0168851014001158/1-s2.0-S0168851014001158-main.pdf?_tid=103dcee6-335c-11e4-9c65-00000aab0f01&acdnat=1409743303_aadce99c48188abdc8ead88749746438)

## OTHER NEWS – EUROPE

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### ***FRAILITY IN OLD AGE – SECOND INTERNATIONAL CONFERENCE***

On 18 June was held the second international conference on frailty in old age, gathering 120 experts. The aim of this second conference was to identify priorities for a European policy. The conference was divided into three different workshops, and some general priorities came out:

- the need for an integrated approach to prevent and treat frailty;
- the need for further work to understand better the differences between frailty and ageing;
- the need to prevent problems associated with old age, to prevent the onset of frailty;
- the need to help people maintain their independence and avoid hospitalisation.

Participants concluded that both professionals and patients should cooperate and urgently join their efforts to make some progress in this field, which is becoming an important health issue.

*Presentations and materials are available at:*

[http://ec.europa.eu/health/ageing/events/ev\\_20140618\\_en.htm](http://ec.europa.eu/health/ageing/events/ev_20140618_en.htm)

### ***PHARMACEUTICAL INNOVATION – ROUNDTABLE***

On 25 June, HOPE attended a roundtable discussion hosted by Transformations, a joint initiative of the European Policy Centre and the Shire aimed at promoting multi-stakeholder discussions about the impact of pharmaceutical innovation on healthcare systems. The discussed topic was the following: "Fostering pharmaceutical innovation: What role for regulation?".



Pharmaceutical regulation aims to protect public safety and at the same time to support innovation. Everybody agreed to say that European-level regulatory system for drugs was effective. However, there were disagreements on whether EU-level pricing agreements would be preferable to national agreements. Many predicted a necessary decline in the use of large clinical trials, especially as the number of personalised and rare-disease treatments being developed (where large-scale trials may not be possible) increases. There was also some discussion on harmonisation as part of the broader Transatlantic Trade and Investment Partnership (TTIP) trade deal, and such work was seen as challenging, but potentially rewarding.

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

## ***WHO HEALTH 2020 – EIGHT SMALL COUNTRIES JOIN FORCES TO IMPROVE HEALTH***

In 2012, WHO established the small countries project so that countries in the WHO European Region with a population of less than 1 million people can share their knowledge on implementing Health 2020. This include methods, common challenges and successful policies and practices.

Small countries have unique needs, challenges and assets in adapting their policies to the complex global environment. Even if they are mire exposed to economic changes, they are also better equipped to set and implement policy quickly and achieve social and political cohesion, than their larger neighbours.

On July the 3<sup>rd</sup>, eight European countries have committed themselves to cooperate on a new project to improve their citizens' health and well-being, and implement the European policy framework, Health 2020. Health ministers from the countries participating in the project (Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino) met in San Marino to launch the project and put their plans into action.

## AGENDA

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## UPCOMING CONFERENCES

### *COCIR-HOPE-AER DEBATE AT THE OPEN DAYS 2014*

#### *THE IMPORTANCE OF USING EUROPEAN STRUCTURAL AND INVESTMENT FUNDS TO DRIVE SUSTAINABLE HEALTHCARE SYSTEMS*

*7 October 2014 – Brussels (Belgium)*

Good health is recognised as an important asset for regional development and competitiveness. Yet health inequalities are increasing across Europe's regions, as shown by the WHO. The European Association COCIR and its partners, the Assembly of European Regions (AER) and the European Hospital and Healthcare Federation (HOPE) offer a debate demonstrating the critical role European Structural and Investment Funds can play in achieving sustainable healthcare models, with better access for and inclusion of patients. Under the new EU Structural and Investment Funds rules, these can still support Member States and their regions in transforming and modernising their healthcare systems. The debate will discuss how investment in health infrastructure and eHealth, in innovative care delivery models and in qualitative training of health professionals represent an effective use of EU Structural and Investment Funds.

**Invited panellists:** Speakers from the European Commission (DG SANCO and DG REGIO), European Member States and Regions, Hospitals, Industry.

**Who should attend?** European, national, regional and local policy makers, Managing Authorities, Hospital decision makers, and other key stakeholders.

**Why should you attend?** An opportunity to learn more and openly exchange on:

- how to leverage the use of EU Structural and Investment Funds to invest in medical and health ICT technologies as well as in healthcare professionals training and education;
- past experiences and best practices from beneficiaries of EU Structural and Investment Funds in healthcare projects;
- the potential of medical and health ICT technologies to help improve quality, drive efficiencies in healthcare delivery and tackle health inequalities.

### **REGISTRATION OPEN**

**With code of debate 07B03**

[http://ec.europa.eu/regional\\_policy/conferences/od2014/register.cfm](http://ec.europa.eu/regional_policy/conferences/od2014/register.cfm)

## **APDH 5<sup>TH</sup> INTERNATIONAL HOSPITAL CONGRESS**

### **THE NATIONAL HEALTH SERVICE - (RE)COGNISE THE CHANGES**

**20- 22 November 2014 – Lisbon (Portugal)**

The Portuguese Association for Hospital Development (APDH) is preparing its "5th International Hospital Congress", this year under the theme "*The National Health Service - (Re)Cognise the Changes*" taking place on 20, 21 and 22 November 2014 in Lisbon.

On 20 November, the 8th edition of the Best Practices for Health Award will take place. At the same time, participants will be invited to participate to roundtables and workshops.

On 21 November, the conference will be opened by eminent speakers, representatives of Portuguese Institutions and European Organisations. One of them will be Mrs.Dr. Sara Pupato Ferrari, HOPE President. The topics presented during the day will be: reforms of the National Health System: different perspectives; 40 years history of the public hospitals in Portugal and the evaluation of the Patient Safety culture in the health organisations.

On 22 November, the discussion will be on the role of hospital in the society and the acknowledgement of changes in the NHS. At the end of the conference the winner for the Best Practices for Health and the Scientific Poster of the 5th International Congress of Hospital will be nominated.

**More information: [www.apdh.pt](http://www.apdh.pt)**

## HOPE AGORA 2015



*HOSPITALS 2020:*

*HOSPITALS OF THE FUTURE, HEALTHCARE OF THE FUTURE*

*31 May-2 June 2015 – Warsaw (Poland)*

In 2015, HOPE organises its exchange programme for the 34th 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.

The HOPE Exchange Programme 2015 starts on 4 May and ends on 30 May, followed by the closing conference "HOPE Agora" in Warsaw (Poland) from 31 May to 2 June 2015. The closing conference is considered as part of the training and all professionals should attend it.

Each year a different topic is associated to the programme. "**Hospitals 2020: hospitals of the future, healthcare of the future**" will be the topic for 2015.

**Submission of applications for the 2015 programme will be open from 1 July to 31 October 2014.**

*More information and application forms for the HOPE Exchange Programme are available on:*  
<http://www.hope.be/o4exchange/exchangefirstpage.html>



**Warsaw, 31 May - 2 June**

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