

Cutting Edge Healthcare Quality for a Competitive Europe



Summary report

Cutting Edge Healthcare Quality for a Competitive Europe Committee of the Regions, 29th October 2009



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Region Västra Götaland and West Sweden arranged on the 29th of October the conference "Cutting Edge Healthcare Quality for a Competitive Europe". The aim of the conference was to discuss how Europe can take a lead in healthcare quality and patient safety. The conference brought together European, national and regional stakeholders and decision makers involved in health and health care policy.

The summary report, provided by Region Västra Götaland, shall be seen as a contribution to establish a sustainable, long-term dialogue between the EU institutions and European organisations dedicated to different aspects of health and medical care together with national and not least regional stakeholders within this for prosperous development fundamental area.

The conference moderator, Professor [Nina Rehnqvist](#) from the Karolinska Institute welcomed the participants and highlighted the importance of the topic especially in relation to the work of the regions. It is hoped that this conference will accelerate a deeper debate regarding the concepts of quality and safety in European healthcare.

Good healthcare ought to be regarded as a valuable asset rather than a costly burden and this conference is a valuable forum for such discussions and a catalyst for further exchange of good practices.

[Johan Sauwens](#), member of the Committee of Regions (COR) conference outlined the work of the COR in the field of healthcare delivery with special emphasis on patient safety. The COR views health as an important indicator of regional performance particularly because in many countries, regional authorities have full responsibility for administering healthcare. Furthermore, COR is particularly interested in reducing inequalities in healthcare among European citizens.

As healthcare technology advances and care delivery becomes more complex, patient safety is more than just an ethical and social issue. It has rapidly increasing economic consequences which partially result from the higher cost of insurance policies. Better cross border cooperation can result in better use of available resources contributing to lower costs and improved effectiveness.

[Maria Åsenius](#), State Secretary to the Swedish Minister for EU Affairs, Cecilia Malmström, highlighted the crucial importance of this event and emphasised that national and European aspects of healthcare mutually reinforce one other. Even though healthcare is a Member state competency, they can benefit from exchange of good practices and dialogue of all stakeholders (patients, healthcare professionals and the private operators).

The benefits of cooperation would assist:

- tackling common challenges such as antibiotic resistance, infectious diseases
- specialisation of the market; it could support the creation of centres of expertise and divide the burden of specialisation between various countries as some Members States (particularly small ones) might not have the resources necessary for tackling rare diseases.

Sweden already produces yearly open comparison studies based on common indicators that are addressed at both patients and professionals. This allows patients to compare various providers and choose the one which would offer the best quality. Equivalent indicators at the European level would help to compare outcomes across Europe in order to make an informed choice. During its Presidency of the European Union (July – December 2009), Sweden focuses on the following areas:

E-Health

The goal of the Swedish Presidency in terms of health care is to place E-Health high on the European agenda, accelerate discussions and create mandates to progress the subject further. This is one of the crucial tools to improve quality of care, for example through electronic records.

Cross border healthcare

The Swedish Presidency hopes to conclude the legislative passage of the proposed Directive on the application of patients' rights in cross-border healthcare. This addresses mobility of patients and of healthcare providers. The Swedish example could serve as a good model: since 2004 patients can choose to be treated outside Sweden and then apply for reimbursement of their costs. However, it is estimated that so far only 1,500 people (out of 9 million citizens) have exercised this option, therefore it did not have the major impact on the healthcare system that had been feared.

Written copies of the speech from [Jo Leinen](#), Chairman of the European Parliament's Committee on the Environment, Public Health and Food Safety were circulated. In his speech he highlighted the importance of the cross border healthcare as a visible and practical evidence of the benefits of cooperation on the European level. Furthermore, this would be an area where Europe could achieve 'cutting edge' quality and be the world leader. In order to achieve better standards of healthcare quality in Europe it is crucial that local authorities take the initiative and establish international contacts to exchange their views and build knowledge.

Professor Emeritus at the University of Gothenburg and a Nobel Prize laureate [Arvid Carlsson](#) highlighted the enormous progress that has been achieved in the quality of patient care and security in recent years. However, problems with communication can stem from language differences but also differences of discipline and approach which can potentially impact negatively on the quality and safety of service for patients. The increasing complexities of healthcare needs to be addressed especially in relation to how the general level of education correlates with good health of people across various regions. Health inequalities can only be tackled by understanding the root causes of ill health and education can play a role in improving health awareness and understanding.

[Jonas Andersson](#), President of the Regional Subcommittee of Health, Region Västra Götaland sketched a brief profile of his region. Healthcare is their largest budget item and Region Västra Götaland puts great emphasis on the quality of care from the patients perspective and ease of access. Looking at the long term view, investing in better quality healthcare is cost effective. Good care aims to be:

- safe and reliable
- patient centred
- equal
- accessible
- efficient
- evidence based.

[Andrzej Rys](#), Director of Public Health and Risk Assessment in DG SANCO (EU Commission) emphasised the importance of cooperation with regions as one of the key objectives for Commission's work. Core objectives in public health such as fostering good health in an ageing Europe; protecting citizens from health threats; supporting dynamic health systems and new technologies are very closely linked to the work of the regions. The new challenges of the movement of healthcare professionals and ageing demographic are areas where cooperation between regions could be fruitful. This will be magnified by the fact that the economic crisis will inevitably mean a squeeze on budgets. In the near future, the Commission will focus its efforts on diminishing health inequalities and cooperation with the regions to share good practices is vital. The innovative campaign '*Europe for Patients*' aims to see how the Commission can help patients and make coherent vision.

[Mats Olsson](#) from Kairos Future International presented the future of the healthcare in a global interactive society from a consumer orientated perspective. The definition of health and what is classified as such is growing in Western Europe and covers more and more personal states such as TATT (Tired All The Time) syndrome, etc. Patients are becoming more proactive, they seek information, share it and select the best healthcare choices available.

They are looking for not only reputable health information but also dynamic user experience and web-based dialogue about their conditions. It is believed consumerism in health will continue to grow as people will take on more responsibility for improving their own health, gain increased awareness of treatment options and also price and quality differences between various providers. Today, health and healthcare are largely designed for what we could call the 'grateful generation', which to a large extent consists of the elderly. The younger generation will not accept today's preventative care and treatment without complaints. Younger healthcare consumers are more difficult to satisfy, we are moving from satisfying needs to satisfying desires. Some companies have already recognised this potentially growing market and are responding by offering new products, information and E-Health online services.

Health consumerism means that patients are going online and that they are actively making health choices. And with more and more freedom of choice, including freedom of national borders, it is up to the European health care providers to develop communication channels and attract health consumers. The journey to a consumer-centric health care system will not be easy and creates potentially even more issues around equity of access.

Professor [Kieran Walsh](#) from University of Manchester Business School presented an overview of future directions in development of quality of health care in Europe with an emphasis on the salience of the collection of data. The quality and safety in healthcare involves three key aspects:

- People; health professions regulation is well established, at least for major professional groups, and long-standing EU directives on mutual recognition of qualifications.
- Technologies; regulation of pharmaceuticals, blood and tissues, medicines, laboratories and equipment and European level harmonisation, this area is well advanced.
- Organisations; the healthcare system itself, processes of care, clinical guidelines - these are widespread at the national level but so far little at the EU/ international level.

The Quality Maturity Improvement Index is a tool based on data from 389 hospitals in 8 EU Member States which looks at policy, planning and documentation, leadership structures, general quality improvement activities, specific quality improvement activities, patient involvement and accountability. It was found that once the assessment was done externally it tended to correlate with better performance on the quality improvement index. There is also a strong correlation between good quality improvement strategies and good clinical care. However, it must be noted that this does not entirely reflect the everyday reality and the hospitals which participated were self selecting. There is a great variation across Member States in relation to healthcare quality and quality improvement. To some extent some natural slow convergence can be observed however greater convergence comes from cross-border healthcare flows. Consequently this creates a number of risks for the patients themselves such as differences in practice and precedent, accountability and communication issues (language).

In terms of future steps at the European level, gradual convergence will occur however this is likely to create variations and complexities. Greater collaboration through a network of European organisations which would collate and share information would allow for more effective measures and would certainly produce more accurate data. There is a need for a common quality standards for healthcare services in EU Member States, either indicative or mandatory (e.g. as for blood, tissues, laboratories etc.) to support, complement and coordinate existing quality improvement actions at national level.

Workshop 1: Patient involvement and patient centered care

Anders Olausson from the European Patient's Forum (EPF) presented an organisational overview of EPF and its activities on the European level. EPF is an umbrella organisation of 40 disease specific patient and national patient's organisations. It advocates for high quality patient centred and equitable healthcare in Europe to ensure that the voice of patients is represented and heard in the EU health policy debates. It focuses its activities on:

- Patient safety and quality of care
- Patients Rights in Cross border health care
- E-health and Telemedicine
- Health Literacy and information to patients
- Health Technology Assessment

For improved patient safety, strong reporting and learning systems are needed which do not blame individuals but assist the learning process and adequately respond to any failures in the systems.

Patients organisations should be seen as a crucial actor in achieving high quality, patient-centred equitable healthcare across all EU countries. A cross border cooperation between patient organisations in Member States and regions is crucial to develop high quality healthcare strategies across Europe.

Katja Neubauer, from DG SANCO (Health Strategy and Health Systems Unit) presented the subject of patient involvement in EU policy making with special emphasis on patient safety and healthcare quality. Patient empowerment is recognised and seen as beneficial for all patients in all health systems. Patients are involved through: provision of information, gaining feedback from citizens, involvement in policy making through public consultations, participation in working groups which impact the policy itself and its implementation.

'Europe for Patients' aims at creating a transparent communication framework for policies and actions related to EU healthcare and hopes to encourage citizens to share information. The recent initiatives include: cross-border healthcare, rare diseases, health workforce, patient safety, organ donation and transplantation, cancer screening, flu vaccination, prudent use of antibiotics, mental health, childhood vaccination, Alzheimer's disease and other dementias.

Since 2005 there has been a Patient Safety Working Group composed of: 27 Member States, EFTA, European organisations representation health professional, patients (EPF), healthcare institutions; it has substantially contributed to shaping the EU Recommendations on patient safety.

Ann Britt Sandvin Olsson from the Norwegian Centre for Patient Education gave an overview of the project to create 'Learning and Mastery Centres'. These are located in hospitals and are a space where healthcare professionals and experienced users can cooperate in developing, implementing and evaluating group-based patient education. Participants at all levels gain new knowledge and understanding of each others' perspectives. This allows for new contacts and partnerships to be established. Moreover, courses become more relevant in both their format and content. Through systematic user involvement, patients and their next of kin are trained to take an active role in their own rehabilitation process. Furthermore, user involvement helps hospitals' practices to develop and improve.

Workshop 2: Transparency and benchmarking

Josep Figueras from European Observatory on Health Systems and Policies presented a comprehensive overview of benchmarking systems highlighting the potential threats and gaps associated with any benchmarking regime. While conducting quality assessment, it is crucial to answer for whom and what purposes it is being done. Furthermore, depending on whether it is the performance or applicability that is being measured, appropriate methods and measures need to be used. Consequently, this creates a number of methodological hurdles such as:

- usage of standardised definitions
- controlling for differences in populations across countries
- adjusting for differences in the ability to track individual patients across the system
- controlling variability of data sources
- national representativeness of data

An increase in public reporting corresponds with a trend towards greater transparency. It should be noted that the quality of data has improved over the years however there are still some risks associated with selection of the most relevant data. Public reporting tends to motivate providers to perform better on the measures reported and therefore indicators need to be chosen very carefully. As such, measures must be meaningful and relevant. As happened at times with NHS 'star ratings', measuring by the wrong target can mean 'Hitting the target but missing the point'.

Paolo Tedeschi from Scuola Superiore San'Anna in Pisa provided a case study of the performance evaluation system developed in Tuscany. This system is based on benchmarking and consists of 50 measures made up of various layers. Six areas of performance evaluation have been identified capable of highlighting the core results of the regional healthcare system, based on international experience:

- capacity to pursue regional strategies
- population health status
- efficiency and financial performance
- employee satisfaction
- patient satisfaction
- clinical performance

The performance evaluation system has introduced a 'rhythm' to the change process as it measure the effectiveness of the system. However, it needs to be noted that it is only one of the tools that can be helpful to accelerate change in an organisation. This system was not intended to create a league table but to help create a balance between regional politicians and senior managers for better governance of the system. It introduced a performance-related bonus system starting with CEOs followed by health practitioners. Over time it has also attracted investment by international pharmaceutical companies.

Dr Soffia Gudbjornsdottir from Sahlgrenska University Hospital presented the case study of National Quality Registers in Sweden. There are currently 69 registers which are developed and managed by the professional groups who are using them. All registers contain individual data on problems or diagnosis, they also include treatment interventions and outcomes.

In terms of data protection they are covered by the same standards as medical records regarding confidentiality and data handling. Registers are particularly useful for quality control at both local and national level, comparisons, strategic health planning and clinical research (especially for long term studies of large population). Furthermore, they meet the public demand for greater transparency and freedom of choice. The patient's profile provides an overview of historical data for the patient, an agreement of future care and patient effort. It also give easy access to patient trends and provides a platform for patient-care discussions.

Workshop 3: Healthcare management, design and delivery

Martin Andréasson from the Regional Subcommittee of Health, Region Västra Götaland stated that political decisions in the health care sector make a significant difference. Good governance and good cooperation between various stakeholders is crucial to raise healthcare quality at a time when we meet challenges in the form of ageing populations, new and expensive techniques. There is a need for a new management culture that does not solely focus on budget control, but also on what is good for society as a whole, and how equity in healthcare can be achieved.

Pascal Garel from the European Hospital and Healthcare Federation (HOPE) reflected on various indicators and it was noted that the number of hospitals in Europe is slightly decreasing, as well as the average number of beds per hospital. There is a major decrease in the number of acute beds. Significant differences between European countries in indicators are visible such as:

- doctors/capita, nurses/doctor
- percentage of doctors who work in hospitals
- overall costs
- distribution of costs
- average length of stay in hospital

Even if statistics are not always comparable, countries can certainly learn from each other. Management in healthcare often means managing change: new diseases, changed delivery of services, settings, training and generation of medical knowledge.

Dr Francois Decaillet from the Brussels office of the WHO highlighted the following challenges in the coming years:

- need for greater health security
- more prevention and action on lifestyles
- tackling inequalities in health (more action on social determinants)
- more diversified and customised patient services; especially in times of limited economic growth
- high levels of unemployment
- high levels of public deficits
- an ever increasing sophistication (and costs) of medical technologies.

In terms of solutions to these questions there are three obvious strategies – increasing revenues; rationing care (de-listing, waiting lists etc.); rationalising health spending by getting more value for money. In order to sustain the current system some work will have to be done on reducing and reorienting the demand which can be achieved through promotion of more responsible health care consumption.

Conference Conclusions

- There is a scope for activities at European level to support, complement and coordinate existing improvements in quality that are being undertaken on a national and regional level.
- Improvements in quality and safety require political and organisational engagement and leadership at regional, national and European levels.
- Full stakeholder commitment is necessary in order to improve healthcare provision although initial reluctance by some groups to engage should be respected. This might be especially visible while introducing new regulations and performance measurements. Continuous dialogue and cooperation will, over time, build the necessary foundations to improve for quality and safety.
- Implementation of new technology solutions in healthcare risks creating a group of disempowered patients without the literacy, skills and knowledge to use and benefit

from the technology. These needs should not be overlooked. It is the responsibility of the system to ensure that people have the skills necessary in order to allow them to be fully integrated in the healthcare system.

- Growth in the market of 'patient consumers' for whom good health is interchangeable with the concept of wellbeing, their aim is to feel better rather than a more objective status of good health. This creates a platform for variation and a trigger for further medical developments. However, at the same time it generates questions about equity in healthcare and the level of minimum provisions of care.
- One of the crucial question that emerges while discussing healthcare provision is whether the goal should be a competitive Europe or a healthy Europe and whether it is possible to have both concepts. It appears clear that further exchange of good practices and experiences would facilitate such a discussion.
- Patient involvement should continue to be a crucial part of public health policy and decision making processes.
- European cooperation and exchange of good practices is a crucial tool in establishing 'European standards' especially because political agreement on a mandatory European standardisation does not appear to be currently feasible.
- Long term planning and continuity in the healthcare sector should prevail, especially in some countries where the political interference in health systems has been disruptive (frequent changes in senior positions followed by changes of priorities and strategies).
- Healthcare quality improvement may be a tool in global competition as well as for fighting inequalities in Europe and the rest of the world.
- Measuring outcomes is one of the most important drivers for improved quality. However, great attention should be paid to selection of the appropriate indicators. Efforts to hit the target must not mean missing the point of healthcare !
- Regional authorities have a common interest in sharing experience and much to gain from closer collaboration in healthcare. There needs to be opportunities and frameworks at EU level to facilitate exchange between regions and a commitment to engage regional authorities more in EU policy-making.

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