

# **The “open method of coordination” in European health systems**



**Reinhard Busse, Prof. Dr. med. M.P.H.**

Professor of Health Care Management, Technische Universität Berlin  
Associate Research Director, European Observatory on Health Care  
Systems

„The European Union and Health Services –  
The impact of the Single European Market on  
Member States“ (editors: R. Busse, M. Wismar  
& P. Berman; Amsterdam: IOS Press, 2002)



At European level, health services have to adapt to market rules, while at national level, health services are seen as part of a social model.

To overcome this situation and to ensure the social status of health services, we need – possibly paradoxically – to develop a European health policy.

**If we accept that conclusion, the question is:**

**Should European health policy be based mainly on the “regular” instruments (regulations, directives etc.) or on the open method of coordination?**

How could the open method of coordination be applied to health care?

Which objectives and indicators are politically agreeable and methodologically sound?

Commission report 12/01:

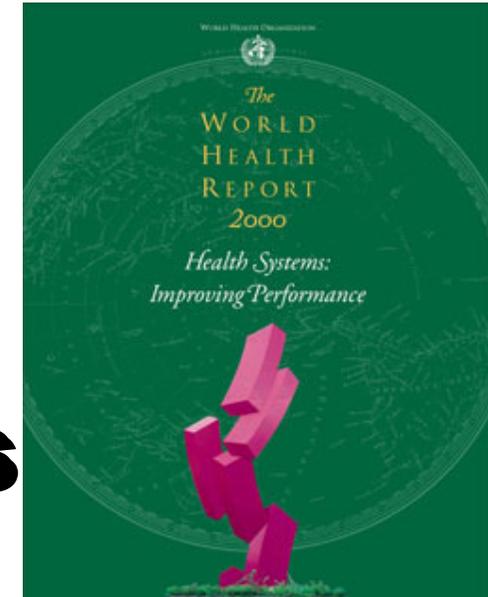
- General access to health care
- High quality of health services
- Financial sustainability of health care



*But: which indicators, how to quantify these objectives?*

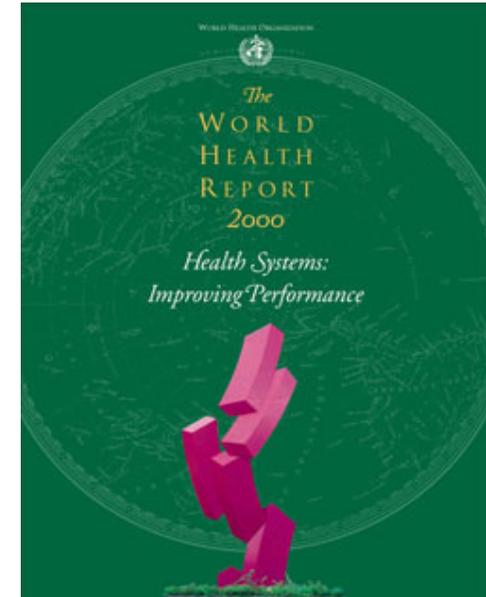
# A look at another experience: The World Health Report 2000

## Goals of health systems



- ◆ **Improving health**
- ◆ **Enhancing responsiveness to the legitimate expectations of the population**
- ◆ **Assuring fairness of financial contribution**

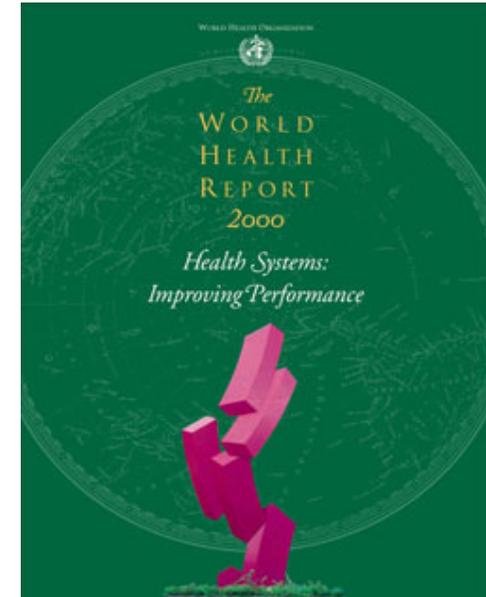
# Improving health



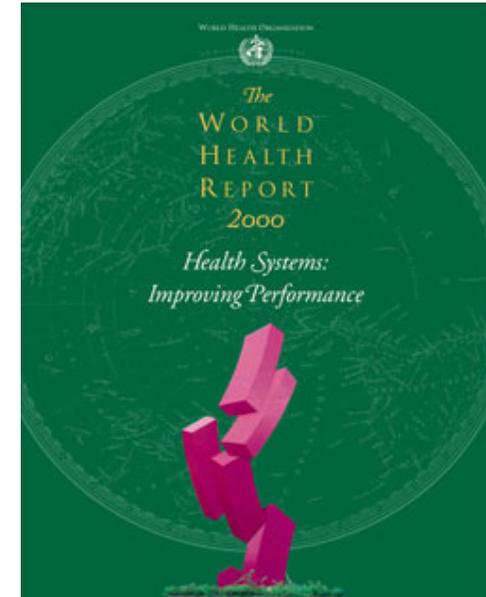
- ◆ Improving the average level of population health (including fatal and non-fatal components)
- ◆ Reducing health inequalities or improving the distribution of health

# Components of responsiveness

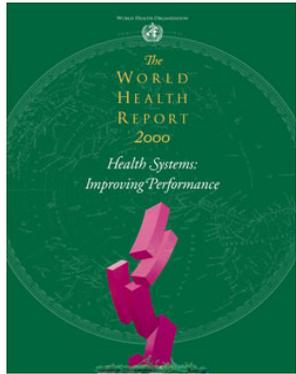
- ◆ ***Respect for persons***
  - ◆ **Dignity**
  - ◆ **Confidentiality**
  - ◆ **Autonomy**
  
- ◆ ***Client orientation***
  - ◆ **Prompt attention**
  - ◆ **Access to social support networks**
  - ◆ **Quality of basic amenities**
  - ◆ **Choice of provider**



# Fairness of financial contribution



- ◆ **Every household pays a fair share**
- ◆ **Fair share depends on conception of fairness**
- ◆ **Two components:**
  - ◆ **progressivity of payments**
  - ◆ **extent of prepayment**



# Can the WHR approach be used for the open method of coordination?

- WHR objectives and performance assessment interesting and in principle useful approach;
- Objectives are good basis, but need to be refined, e.g. by
  - including further indicators and
  - linking indicators to health system functions;
- “Performance“ assessment requires a methodologically sounder basis (index construction questionable).



# Which objectives are really relevant?

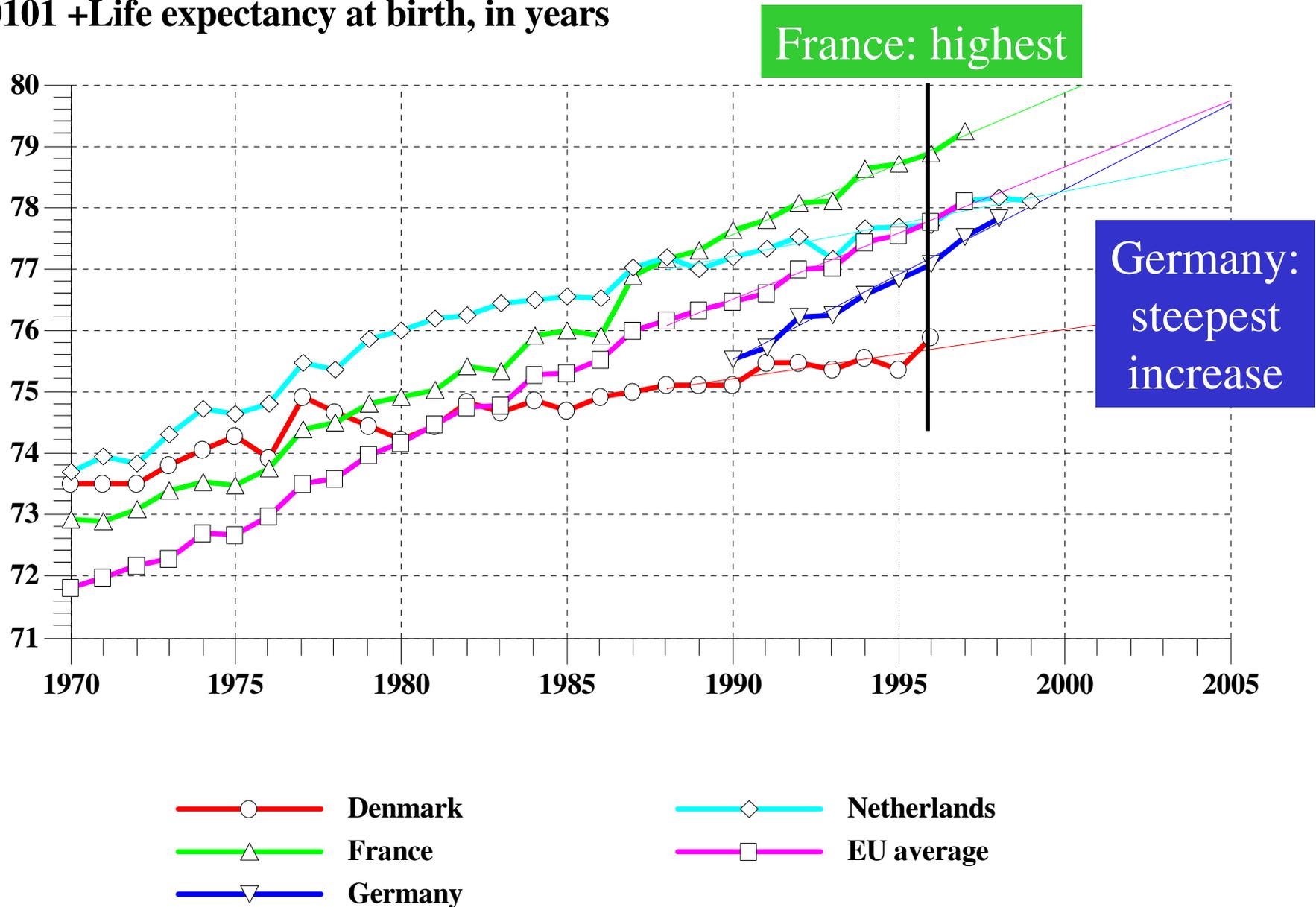
- to achieve a **high population health status** for the entire population (healthy life expectancy),
- to design health systems and make them function according to justified **population health needs and expectations**,
- to ensure **access to needs-based and effective health technologies** (initially, maybe 15 areas),
- assuring a **fair and sustainable financing** of health care.

# What needs to be considered methodologically?

- Indicators need to be 1. based on data which – in all Member States – are collected *objectively*, are available in *good quality* and *timely*, and 2. *valid*.
- Data must *transnationally comparable*, which is not always the case (e.g. health expenditure as % of GDP)
- *Context* is relevant for interpretation, e.g.:  
Did expenditure only drop because certain services have been removed from the benefit catalogue?
- Emphasis should be on *health care outcomes* not inputs (e.g. number of beds or professionals)!
- *Indices* should only be used cautiously – or not at all!

# Cross-sectional vs. longitudinal view

060101 +Life expectancy at birth, in years



# How could the application of such objectives/ indicators influence European health systems? (1)

Initially probably not directly, but

- *Comparability* of services, their access and quality *will increase*,

and thereby contribute to the *Europeanisation of health care systems*, already on the way through

- mobility of short- and long-term tourists,
- cross-border contracts/ Euregios,
- ECJ rulings on Kohll/ Decker, Peerbooms etc.,
- the planned EU-health insurance card.

# How could the application of such objectives/ indicators influence European health systems? (2)

This will in the medium-term probably lead to

- a European *benefit catalogue* (but not equal prices),
- Europe-wide rules/ standards for *accreditation* and *quality assurance*,
- Europe-wide diagnosis/ treatment *guidelines*.

This could make *Europe more concrete for its citizens* and help to *remove the conflict between markets and the social model*.

The open coordination would, however, be *negative*, if it would *directly standardize health care*.