C1: International governance for quality strategies

Reinhard Busse
Department of Health Care Management
Berlin University of Technology

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International level (and institutions such as EU, WHO, OECD)

- Treaties / regulation
- Support & facilitate cooperation
- Benchmarking
- Defining rights of individuals

National level

- Policy-making formulation
- Regulation (laws, incentives ...)
- Supervision / enforcement
- Performance assessment / reporting
- Direct managerial action

Local (institutional) level
The institutional level (from yesterday): Leadership and management practices

A one point increase in management practice is associated with:

**UK Hospitals**
- 6.5% reduction in risk adjusted 30 days AMI mortality rates
- 33% increase in income per bed
- 20% increase in the probability that the hospital is above average in terms of patients satisfaction

**UK heart attack mortality rates**

On Thursday, the Care Quality Commission sent a task force into Basildon and Thurrock NHS Trust in Essex after it uncovered major lapses in hygiene and unusually high death rates

“Just 24 hours later, the chairman of Colchester Hospital University NHS Foundation Trust was sacked after inspectors found it had consistently failed to improve waiting times and had death rates 12% higher than expected”
Growth in international attention for quality

• Variation in national quality (policies)

• Variation in medical practice & safety issues

• Increased attention for patients’ rights and preferences

• International mobility

Target 31, Ensuring quality of care

By 1990, all Member States should have built effective mechanisms for ensuring quality of patient care within their health care systems. This could be achieved by establishing methods and procedures for systematically monitoring the quality of care given to patients and making assessment and regulation a permanent component of health professionals’ regular activities; and providing all health personnel with training in quality assurance.
Growth in international attention for quality

- Variation in national quality (policies)
- Variation in medical practice & safety issues
- Increased attention for patients’ rights and preferences
- International mobility
• Variation in national quality (policies)

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• International mobility
Growth in international attention for quality

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- Increased attention for patients’ rights and preferences
- International mobility

Common values and operating principles in EU Health Systems (2006 EU Council Conclusions)

All EU health systems strive to provide good quality care. An important part of this agenda also relates to the principle of safety. (...) **Patients can expect each EU health system to secure a systematic approach to ensuring patient safety,** including the monitoring of risk factors and adequate, training for health professionals, and protection against misleading advertising of health products and treatments.
(Perceived) quality differences as a driver and obstacle for patient mobility

Source: Eurobarometer 2015 and 2007
(Perceived) quality differences as a driver and obstacle for patient mobility

<table>
<thead>
<tr>
<th>Reason</th>
<th>2015</th>
<th>2007</th>
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<tbody>
<tr>
<td>I'm not sure if I will be reimbursed</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>I have no information on patient safety and quality of care abroad</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>I can’t afford it</td>
<td>20</td>
<td>47</td>
</tr>
<tr>
<td>I don’t have enough information about the availability and quality of medical treatment abroad</td>
<td>23</td>
<td>61</td>
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<tr>
<td>I’m not aware of my rights when something goes wrong</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>I would have language problems</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>It is more convenient to be treated in my home country</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>I’m satisfied with health care I receive in my home country</td>
<td>55</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>83</td>
<td>83</td>
</tr>
</tbody>
</table>

Source: Eurobarometer 2015 and 2007
How can international frameworks support quality strategies in countries?

- Raising political awareness
- Sharing experience and practice
- Providing standards and models
- Strengthening measurement and assessment
Health policy *per se* is **not** a shared competence between the EU and Member states (Article 168 of the TFEU or 2009 Lisbon Treaty)

- the only relevant area of shared competence is “**common safety concerns in public health matters**”
- And there are only limited financial resources to do so.

Source: Greer et al. (2014) *Everything you always wanted to know about European Union health policies but were afraid to ask.* Copenhagen: WHO Regional Office for Europe
Impact of EU legislation on national health systems has come through many channels ...

- principles of the internal market (e.g. freedom of labour, goods);
- legislation that impacts determinants of health (e.g. tobacco control; Working Time Directive);
- overarching values of universality, access to good quality care, equity, and solidarity;
- few explicit relevant laws, such as the 2011 Directive on the application of patients’ rights in cross-border healthcare

→ But combined they pose a meaningful influence!
EU impact on national health system governance

3. “... and with the financial crisis, its locus and effects are changing.”

Fiscal governance by the EU has been strengthened since 2008/2009

For instance:
- European Semester;
- Country Specific Recommendations on their health systems (beyond the bail-out of e.g. Greece);
- Efforts to benchmark national health systems (e.g. through 2017 Country Profiles);
- Expert Groups;
- Specific report.
Towards a more integrated EU approach on quality?

- Direct supportive and incentive EU action: broad scope of activities covering wide range of topics

- Overarching approach?
  - Initial focus on patient safety (Council Recommendation 2009)
  - Quality and safety projects funded under the EU research and health programme
  - Joint Actions on HTA
  - EU Patient Safety & Quality of Care Expert Group closed in 2015
  - HSPA
  - European Semester
Towards modern, responsive and sustainable health systems (Council conclusions 2011)

EU agenda for effective, accessible and resilient health systems

- Strengthening effectiveness
  - Health systems performance assessment
    - Patient safety and quality of care
    - Integration of care

- Increasing accessibility
  - Planning of EU health workforce
  - Cost-effective use of medicines
  - Optimal implementation of Directive 2011/24

- Improving resilience
  - HTA
  - Health information system
  - eHealth

Source: Commission Communication on effective, accessible and resilient health systems COM (2014) 215 final, 4 April 2014