

6.3. Workshop: Future policy developments for health services at a European level

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Organizer: Co-organizers EUPHA section on Public health practice and policy and the EUPHA section on Health services Research

In principle the EU Member States have the competence to organize and deliver health services. Nevertheless, the overall policies on the four dimensions of freedom increasingly affect the framework in which health services are organized at the national level. Moreover, recent policy developments, including the Commission's consultation on health services, have intensified the need for exchange on national health service development within the context of EU level involvement. This workshop will inform participants on the latest developments in this area of activity and will analyse the outcome from the consultation process. It will seek to questions and analyse the possible effects of policy developments at a European level on common objectives for health systems such as equity, quality and sustainability using the health systems impact assessment framework. It will provide a forum for discussion on the anticipated effects on social insurance and taxation types of health systems both of which have been defined as being subject to internal market rules with a particular emphasis on smaller Member States. It will enable researchers and practitioners to discuss ways in which evidence from research across Europe can be combined with policy imperatives in order to identify realistic options for future policy developments on health services, particularly but not only in the area of patient mobility. It will also discuss the likely practical impact on health services at a local level for patients, providers and funders.

Community action on health services: the challenges and the opportunities

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Background

Following rulings of the Court of Justice on the application of Community law to health systems, the Commission is preparing proposals for Community action on health services.

Issue

Health systems are primarily the responsibility of the Member States. However, Community law has a significant impact on those systems, including providing specific free movement rights for patients and professionals and European cooperation has the potential to help health systems in meeting the challenges they face. The issue is therefore what is the appropriate action for the Community to take with regard to health services?

Discussion

European action on health services will necessarily also contribute to the wider challenges facing health systems, beyond the specific case of cross-border healthcare itself. These challenges include rising costs and changing patterns of need due to demographic ageing; making best use of innovations in medical technology and techniques, disparities in access, quality and outcomes within and between Member States; and rising expectations and engagement from citizens.

Conclusion

Community action should help Member States meet these challenges, perhaps through providing more legal certainty regarding cross-border healthcare; helping national health systems to better address common challenges and to improve overall efficiency of healthcare systems in the EU;

and helping to reduce regional healthcare disparities within the Union.

The impact of future European policy on health services

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Background

The Observatory has developed for the European Commission a project supporting the assessment of different policy options derived from the stakeholder responses of the consultation on Community action on health services.

Methods

Based on the health systems impact assessment methodology and the Commission's internal impact assessment (a) the status quo of cross-border healthcare was described by a comprehensive scientific report and (b) the potential effectiveness, feasibility and impacts of policy options were assessed by four expert panels. The two methodologies were employed between Dec 2006 and April 2007.

Results

The experts, supported by the report, recommended a nuanced, detail oriented and context sensitive approach which requires choosing different regulatory approaches for different policy options. Balancing between effectiveness and feasibility some issues, such as the European DRGs were not recommended. With regards to many of the policy options under discussion a complementary, small role was envisaged for the Commission. This was termed as 'bottom up' approach. For some issue such as the reform of the prior authorization procedure a strong role was recommended. Some of the proposed policy options will have positive effects with regards to health systems functions and systems. Most will produce complex trade offs. Balancing between inaction and action the experts recommended for most policy issues rather some activity.

Conclusions

European policy will have impacts on health services. The question, however, is which policy will impact? The internal market policies or the now emerging health services policy.

The effects of European policy developments on health services for small Member States and remote communities

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Background

The European Commission has launched an initiative on the future framework for health services aimed at increasing legal certainty and improving collaboration between Member States. The specific needs of small Member States (SMS) and remote communities (RC) have been highlighted.

Issue

It is important to understand what contributes added value and what give rise to added burden in SMS and RC when considering future EU developments in health services.

Discussion

SMS and RC are potentially the largest beneficiaries of any initiative on health services at EU level. These areas already

experience comparatively larger proportions of patients moving away for treatment. Collaborative initiatives such as networking centres of expertise, provision of remote expertise through telemedicine and joint health technology assessment will provide valuable support. A clear framework for patients rights for treatment in another MS may also prove helpful.

A cautionary approach is however required to ensure that SMS and RC do not end up with very high proportions of patients seeking care elsewhere. The flow of funds to pay for care in other regions/Member States could eventually negatively impinge on investment in their health sector. These regions already face difficulties in recruiting and retaining qualified health care professionals. Failure to innovate in care provision will further push professionals to leave the areas.

Conclusion

Special attention must be given to the specific needs of small Member States and remote communities to ensure that equity, quality and sustainability of their health sectors can be appropriately safeguarded.

Equity, quality and sustainability of health services in an emerging open market for health services in border regions

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Background

Border regions are in a diversity of situations across Europe. As far as health is concerned, often they are underserved

due to unequal development or due to difficulties of geographical position. In either of these cases, seeking options to provide health care 'on the other side' has often provided efficient solutions to people on both sides of the border.

Problem

Opening of the market for health services may provide additional opportunities for the development of health care for these areas. In cases, where these may prove less attractive, market approaches may jeopardize the already achieved level of services and put a doubt on sustainability. On the other hand, successful co-ordination and joint development may provide an opportunity for improved access and delivery of health services in border regions.

Discussion

One of the issues, which raise concern with the development of markets, is the issue of equity. Strangely enough, successful arrangements in border regions could bring them into a privileged position with respect to other regions of the country. Also the issue of rational planning and managing the delivery of services at a regional and national level should be taken in consideration. Mechanisms to assure quality of services comparable to the home country and adequate information about the availability and limitations of services should be made widely available.

Conclusions

Recent developments in the opening of markets for health services offer different solutions but put forward also a number of challenges, which are to be dealt with in order to provide equitable and sustainable health care delivery to the neighbouring regions, where quality of health care has to occupy an important place.

6.4. Workshop: Psychosocial determinants of health and quality of life in the elderly

Chair: Iveta Rajnicova-Nagyova

Organizer: Dr Iveta Rajnicova-Nagyova, EUPHA section on chronic diseases

Rapid increase in longevity is dramatically changing the burden of chronic disease throughout the world. In Europe as well as in other regions about four fifths of the disease burden represents chronic conditions. Yet health care policy and health care governance have not been adequately adapted to this change. An overwhelming body of evidence clearly indicates that a narrow approach to public health based on the medical model is largely inadequate to cope with the 'chronic disease epidemic'. The aim of this workshop is to raise awareness of the health consequences of the increasing elderly population with special emphasis on preventing chronic diseases and chronic conditions as well as managing physical disability, depression and social isolation. The workshop discusses (i) the necessity to shift from 'disease care' system towards 'health-focused' research and practice and (ii) the shift from the risk factor-based paradigm (identification of causal factors for a single disease) to the identification of common pathways to health for people in their communities and in the full context of their lives. Within this workshop three multicentre projects that aim to prevent chronic disease, promote health and improve quality of life in elderly will be presented. These projects raise awareness of those pathways to health that have the potential to initiate useful strategies for community interventions and could contribute to sustainable improvements in health.

Chronic disease and healthy lifestyle transitions

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Background

Knowing whether certain patients are inclined more than others to make healthy lifestyle transitions (HLTs) is important to help target health promotion strategies more effectively and to enhance efficiency of chronic disease self-management programmes. This study explored unhealthy lifestyles—smoking, excessive alcohol use, being sedentary—and HLTs over a 6-year period across prevalent and incident chronic disease categories and examined whether HLTs co-occurred with changes in disease-related symptoms.

Methods

Respondents ($N=2184$) aged 55 years and over from the population-based Longitudinal Aging Study Amsterdam (LASA) provided data on chronic disease status and related symptomatology and lifestyle variables at baseline and 6 year hereafter. These were analysed using non-parametric statistics, t -tests, MANOVA's and regression analyses.

Results

Over 75% of the respondents reported at least one chronic disease. Proportions of respondents who smoked decreased, while proportions of respondents who were sedentary increased. Respondents with incident cardiovascular disease showed more HLTs than respondents from other disease categories. Respondents showing HLTs did not differ from