

# Bewertung der Leistungsfähigkeit von Gesundheitssystemen in Europa

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European Observatory on Health Systems and Policies

Zi-Kongress Versorgungsforschung 2024

19. September 2024

European  
**Observatory**   
on Health Systems and Policies  
a partnership hosted by WHO

# Das Observatory: eine Partnerschaft getragen von der WHO

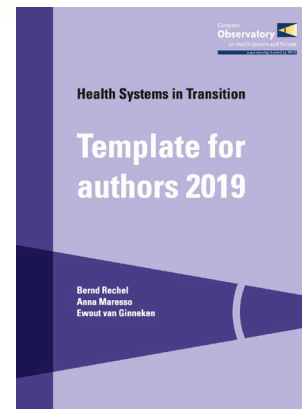


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Arbeit, Soziales, Gesundheit  
und Konsumentenschutz



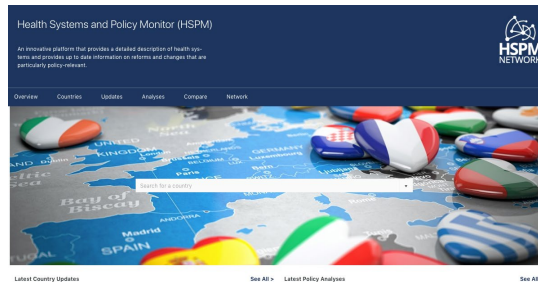
- WHO EURO
- Regierungen von
  - Belgien
  - Finnland
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  - Norwegen
  - Österreich
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  - Vereinigtes Königreich
  - Region Veneto, AGENAS
- Europäische Kommission
- UNCAM
- Health Foundation
- LSE
- LSHTM

# Das Fundament unserer Arbeit: Ländermonitoring



- **Konsistente, vergleichbare Berichte zu einzelnen Gesundheitssystemen: Health System Reviews (HiTs)**

- **Updates und Austausch von länderspezifischen Informationen: Health System and Policies Monitor (HSPM) & the COVID-19 Health System Response Monitor (HSRM)**



- **State of Health in the EU (Länderprofile und freiwilliger Austausch) and**
- **Neu: Health Systems in Action Insights**



# Der Klassiker: HiT-Berichte mit Evaluationskomponenten

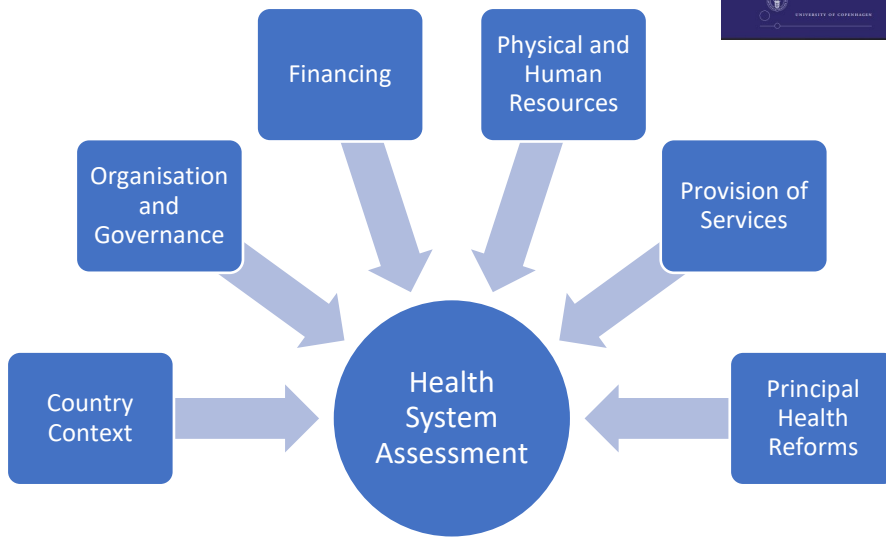
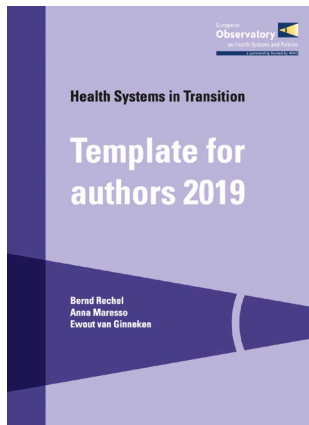
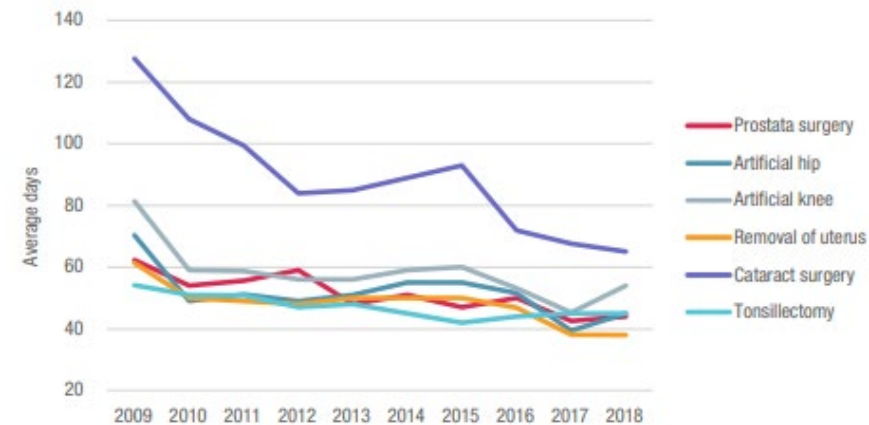
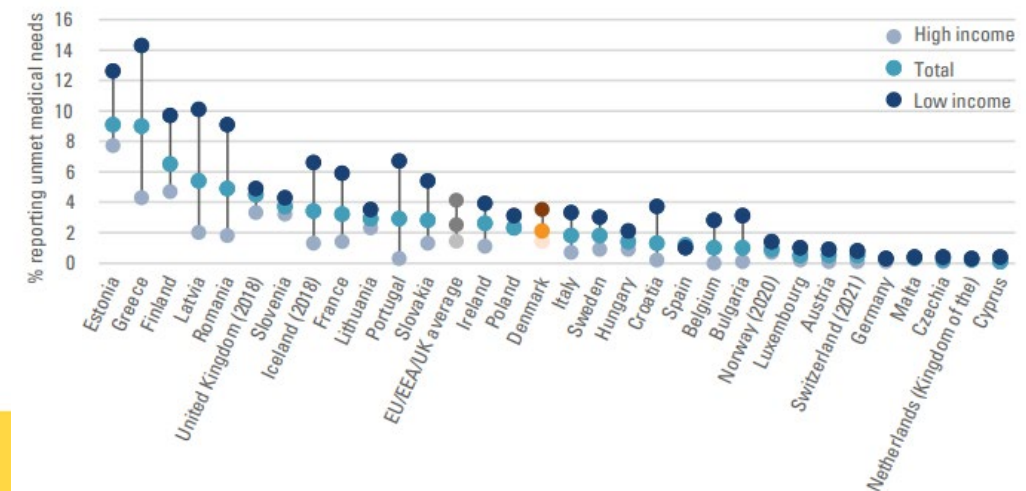


FIG. 7.1 Experienced waiting times for selected surgeries, 2009–2018



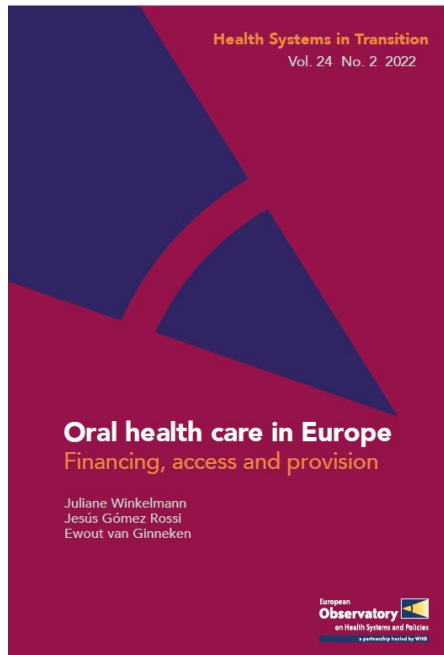
Source: eSundhed.dk, 2023.

FIG. 7.2 Unmet needs for a medical examination (due to cost, waiting time or travel distance), by income quintile, EU/EEA countries, 2022 (or latest available year)

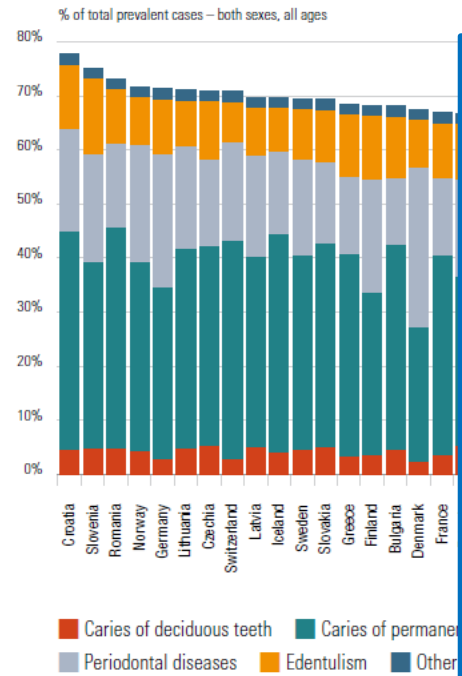




# Vergleichende HiTs fokussieren auf spezifische Fragestellungen

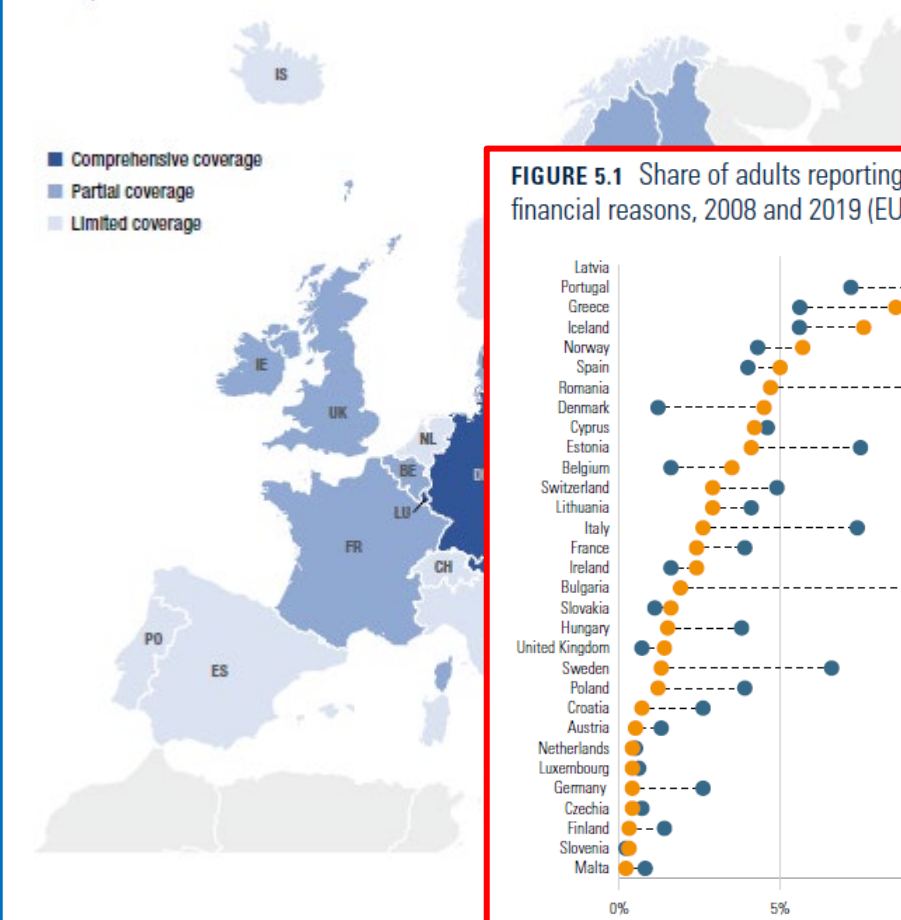


**FIGURE 2.2** Age-standardized prevalence of oral diseases in Europe in %, 2019

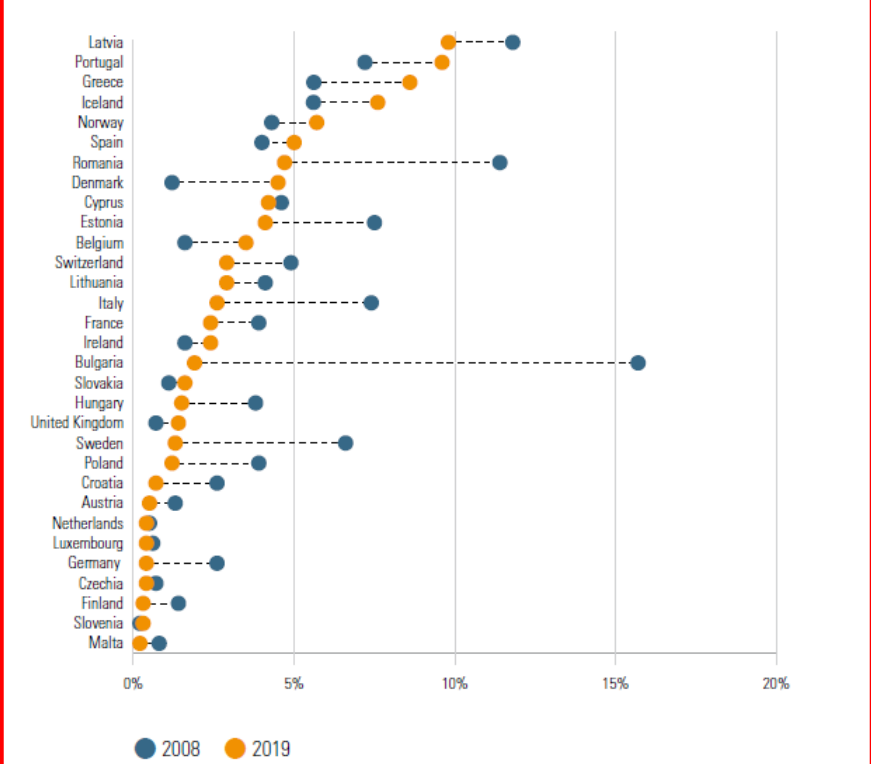


Note: The overall percentage of prevalence taken individually, because more

**FIGURE 4.2** Coverage of dental care by category for statutory dental care coverage in Europe



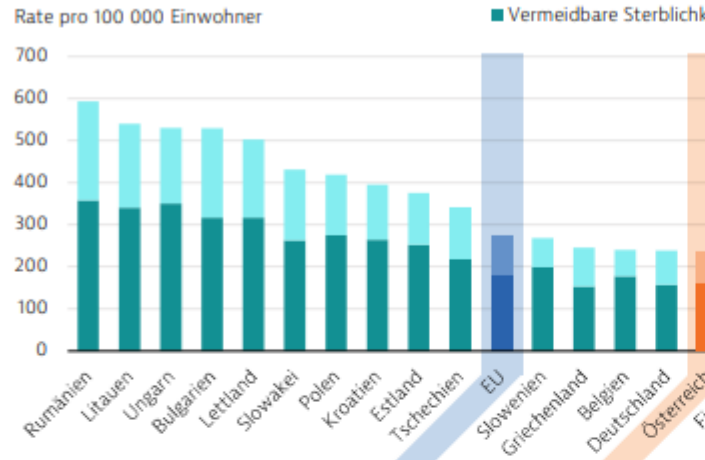
**FIGURE 5.1** Share of adults reporting unmet needs for dental examination for financial reasons, 2008 and 2019 (EU-SILC)



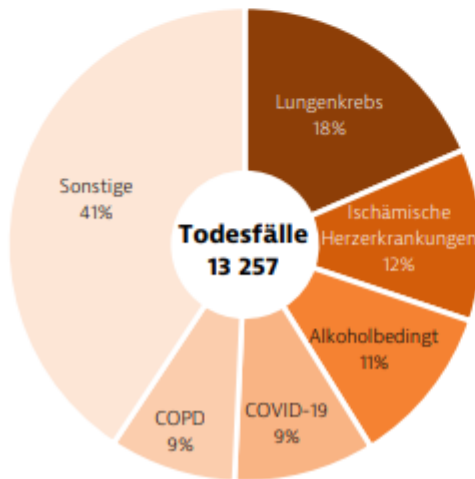
# SoHEU-Profile beleuchten ebenfalls Dimensionen der Leistungsfähigkeit



**Abbildung 13: Die behandelbare und vermeidbare Sterblichkeit liegt unter dem EU-Durchschnitt, aber höher als in den Ländern mit den besten Ergebnissen**

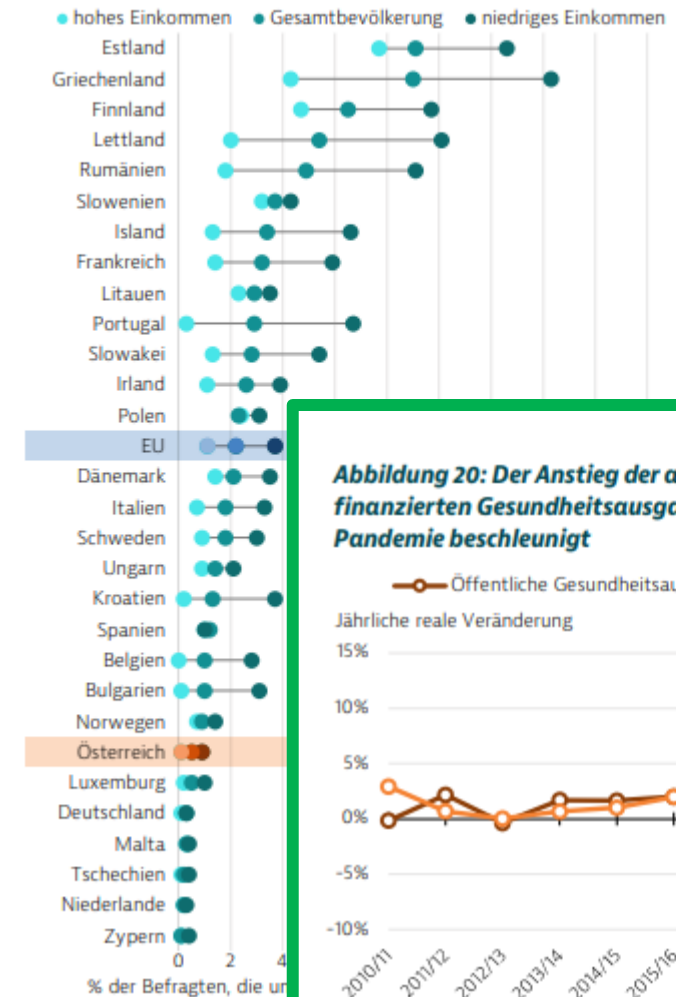


**Vermeidbare Sterblichkeit**

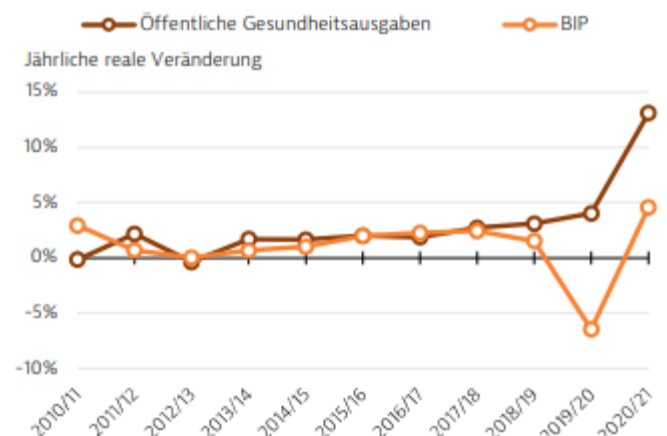


Österreich

**Abbildung 16: Der ungedeckte medizinische Bedarf nach eigenen Angaben liegt sogar in einkommensschwachen Gruppen bei nahezu null**

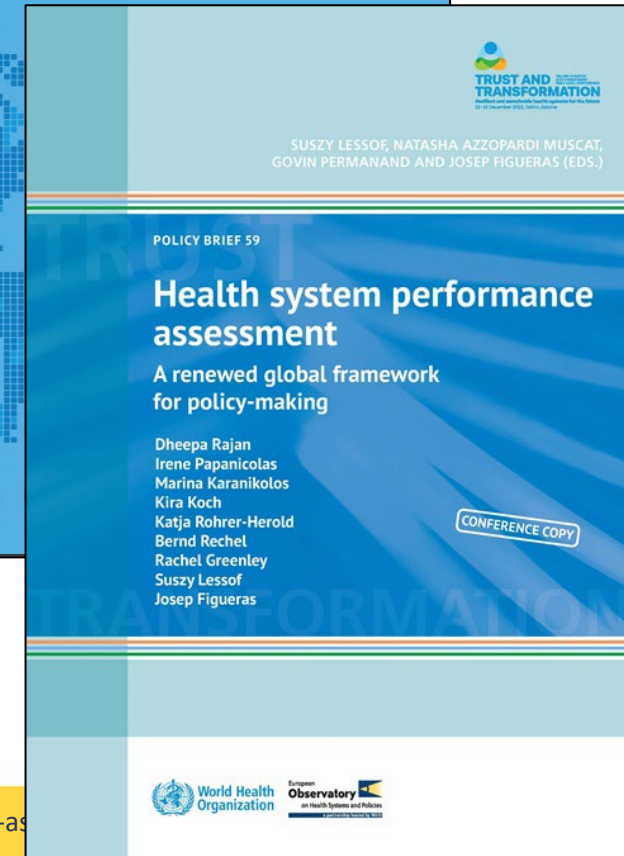
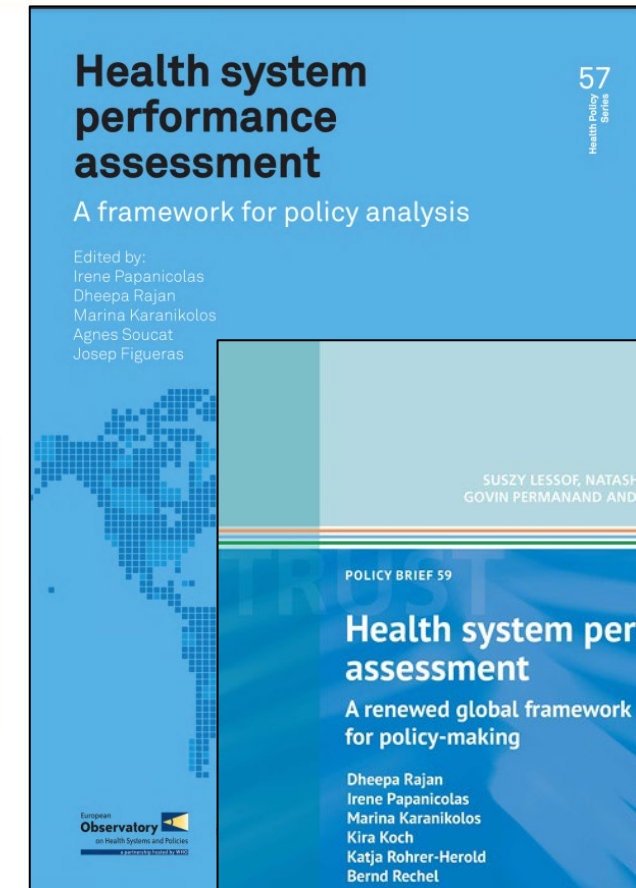
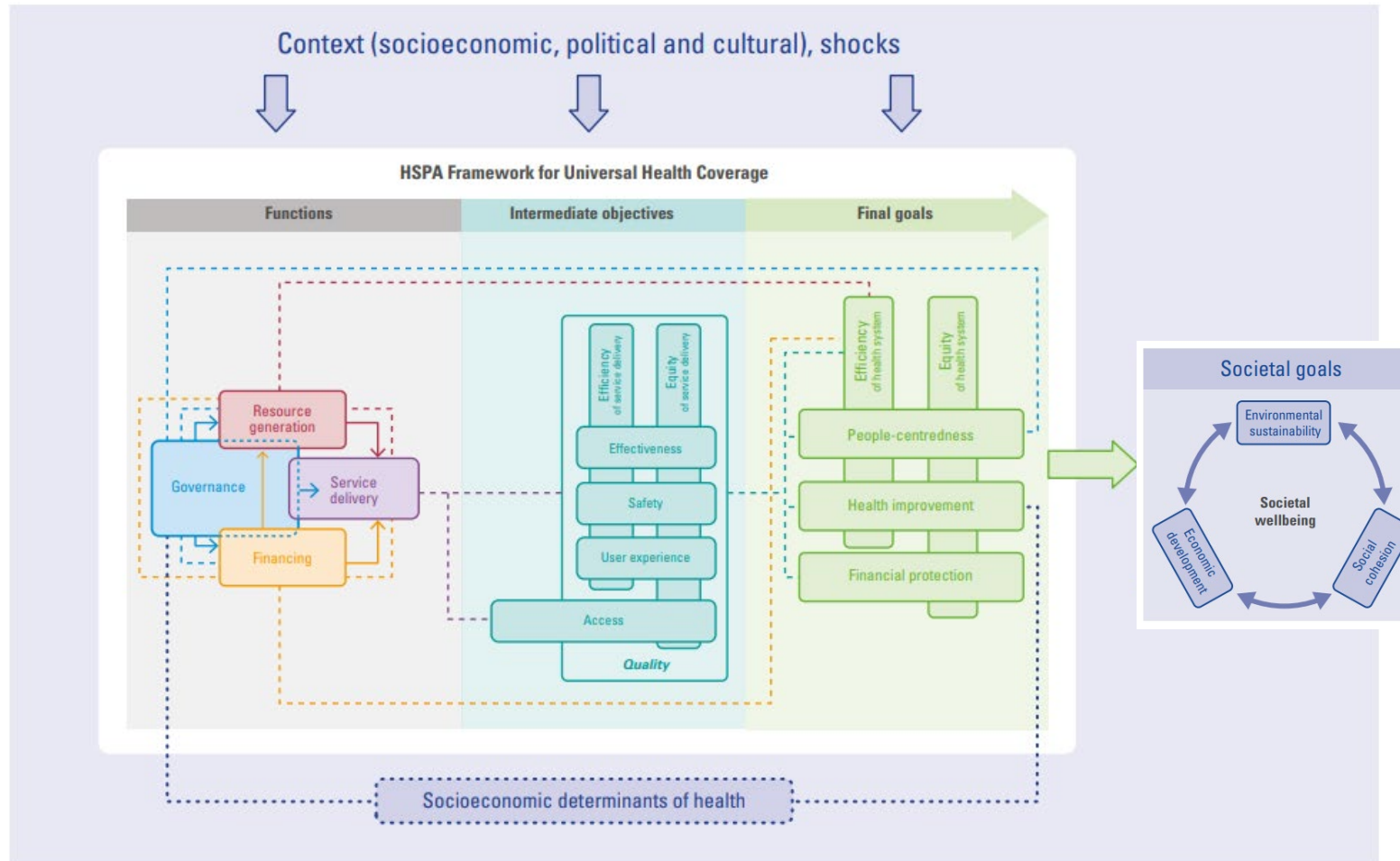


**Abbildung 20: Der Anstieg der aus öffentlichen Mitteln finanzierten Gesundheitsausgaben hat sich während der Pandemie beschleunigt**



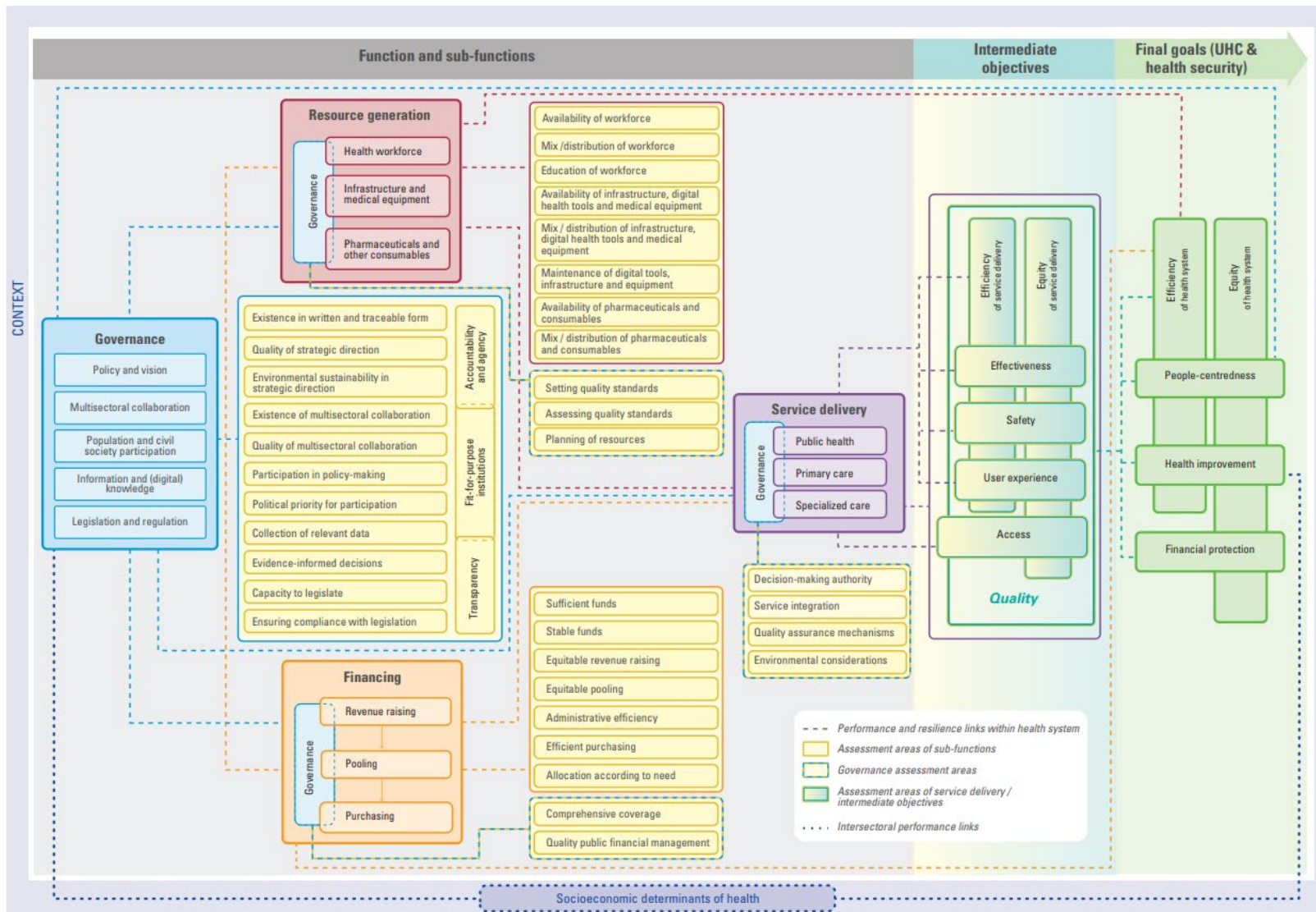
Quelle: OECD-Gesundheitsstatistik 2023.

# HSPA für UHC – globales Rahmenkonzept





# Die ausführliche Version...



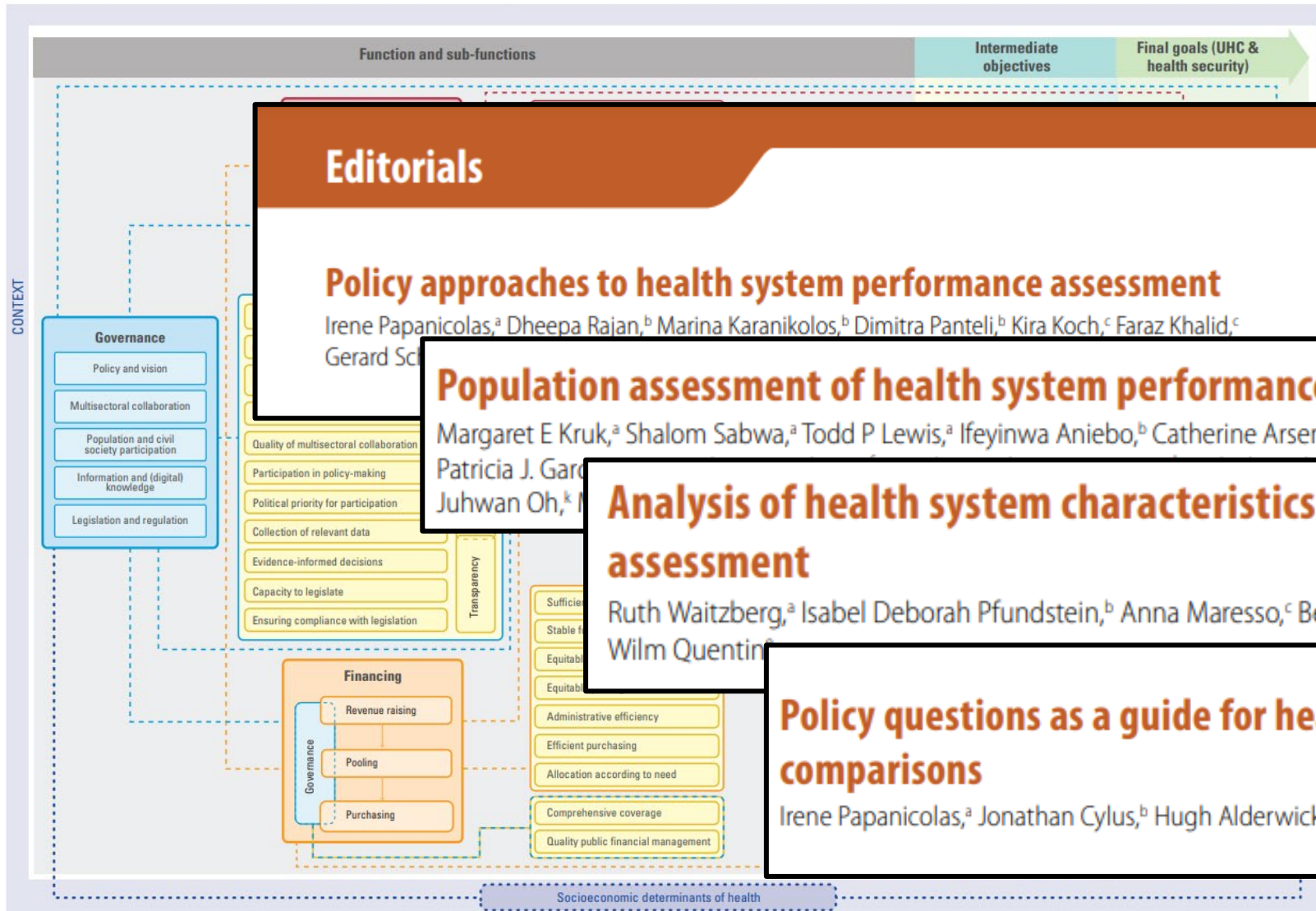
Vier Grundannahmen:

1. Das Erreichen der Ziele des Gesundheitssystems ist an leistungsfähige Funktionen des Gesundheitssystems gebunden
2. Die Leistung der Funktionen des Gesundheitssystems kann bewertet werden
3. Die Leistung des Gesundheitssystems kann bewertet werden
4. Es können Verbindungen zwischen einzelnen Funktionen sowie zwischen Funktionen und Zielen hergestellt werden





# Kann man das praktisch umsetzen?



## Editorials

### Policy approaches to health system performance assessment

Irene Papanicolas,<sup>a</sup> Dheepa Rajan,<sup>b</sup> Marina Karanikolos,<sup>b</sup> Dimitra Panteli,<sup>b</sup> Kira Koch,<sup>c</sup> Faraz Khalid,<sup>c</sup> Gerard Scallan,<sup>d</sup> and Gerardo Escobar,<sup>e</sup>

### Population assessment of health system performance in 16 countries

Margaret E Kruk,<sup>a</sup> Shalom Sabwa,<sup>a</sup> Todd P Lewis,<sup>a</sup> Ifeyinwa Aniebo,<sup>b</sup> Catherine Arsenault,<sup>c</sup> Susanne Carai,<sup>d</sup> Patricia J. Garcia,<sup>e</sup> and Juhwan Oh,<sup>k</sup>

### Analysis of health system characteristics needed before performance assessment

Ruth Waitzberg,<sup>a</sup> Isabel Deborah Pfundstein,<sup>b</sup> Anna Maresso,<sup>c</sup> Bernd Rechel,<sup>d</sup> Ewout van Ginneken<sup>c</sup> & Wilm Quentgen<sup>e</sup>

### Policy questions as a guide for health systems' performance comparisons

Irene Papanicolas,<sup>a</sup> Jonathan Cylus,<sup>b</sup> Hugh Alderwick<sup>c</sup> & Luca Lorenzoni<sup>d</sup>



Theme issue: approaches to health system performance assessment

Abstracts in 中文, Français, Русский and Español



# Exkurs - Beispiel eines etablierten HSPA-Programms: Belgien



- Alle 3-4 Jahre
- Starke Unterstützung durch die versch. Governance-Akteure
- Starke Verbindungen zu politischen Entscheidungsträgern
- Durchgeführt von einer unabhängigen wissenschaftlichen Gruppe, begleitet durch eine **verwaltungsübergreifende HSPA-Arbeitsgruppe**

## Neues im Bericht 2024

- Aktualisiertes Rahmenkonzept
- 3 neue Elemente → Anpassungsfähigkeit, ökologische Nachhaltigkeit, Governance

[Quelle](#)



# Exkurs – HSPA in Belgien

In Belgium, the following performance reports were published so far:

- **HSPA 2010:** conceptual framework and feasibility study for 54 indicators;<sup>2</sup>
- **HSPA 2012:** 74 indicators and first full evaluation;<sup>19</sup>
- **HSPA 2015:** 106 indicators;<sup>20</sup>
- **HSPA 2019:** 121 indicators<sup>21</sup> (most of the health status indicators have been moved to a distinct publication by Sciensano: the **Health Status Report**);

These reports are the result of a collaboration between the KCE, Sciensano, RIZIV – INAMI, and FPS Public Health. Since 2019, the following intermediate reports were also published:

- **Thematic report 2020:** on equity, with 27 indicators;<sup>22</sup>
- **Thematic report 2021:** on the use of projections to assess the sustainability of the health system, with three new projection-based indicators;<sup>23</sup>
- **Thematic report 2022:** on care for people living with a chronic condition, with 27 indicators.<sup>24</sup>
- **Thematic report 2023:** on the development of a new conceptual framework.<sup>10</sup>

## Ampelsystem für jeden Indikator

**Table 1 – Pictograms for the evaluation of indicators**

	Good results, and improving
	Good results, and trend not evaluated
	Good results, and globally stable
	Good results, but deteriorating
	Average results, but improving
	Average results, trend not evaluated
	Average results, and globally stable
	Average results, but deteriorating
	Poor results, but improving (warning signals)
	Poor results, and trend not evaluated (warning signals)
	Poor results, and globally stable (warning signals)
	Poor results, and deteriorating (warning signals)
	Contextual indicator: no trend (no evaluation is given)
	Contextual indicator: upwards trend (no evaluation is given)
	Contextual indicator: stable trend (no evaluation is given)
	Contextual indicator: downwards trend (no evaluation is given)





# Exkurs – HSPA in Belgien: Ergebnisse zur Versorgungskontinuität

Table 5 – Quality: Indicators on continuity of care

(ID)	Indicator	Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14 (mean)
<b>Informational continuity in general practice</b>									
QC-1	Coverage of global medical record (% of people who have a global medical record (GMR) with a general practitioner)	+	83.3	2021	87.8	79.6	67.8	IMA – AIM	-
<b>Relational continuity in general practice</b>									
QC-2	Usual Provider Continuity index $\geq 0.75$ (% of patients with 3 or more contacts with GP in last 2 years)	+	60.3	2021	56.4	68.0	60.3	IMA – AIM	-
<b>Management continuity between hospital and GP</b>									
QC-3	GP encounter within 7 days after hospital discharge (% patients 65+)	+	43.5	2021	45.2	42.7	29.8	IMA – AIM	-
<b>Coordination in ambulatory care</b>									
QC-4	Diabetes follow-up within a convention/passport/care trajectory (% of people 18+ living with diabetes and under insulin)	+	86.0	2021	88.2	84.2	81.1	IMA – AIM	-
QC-5	Diabetes follow-up within a convention/passport/care trajectory (% of people 18+ living with diabetes and receiving glucose-lowering drugs other than insulin)	ST	26.6	2021	32.8	17.7	24.0	IMA – AIM	-
QC-7	People with a reference pharmacist (% of people who should have a reference pharmacist)	+	38.7	2021	44.9	29.9	31.6	IMA – AIM	-
<b>Coordination in hospital care</b>									
QC-6	Patients with cancer discussed at the multidisciplinary team meeting (% of patients with cancer)	↗	90.4	2021	91.6	88.2	89.3	BCR	-

Good (●), average (●) or poor (●) results, globally stable (ST), improving (+) or trend not evaluated (empty).  
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).



# Exkurs – HSPA in Belgien: öffentliche Berichtserstattung

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Health status of the Belgian population



Health System Performance Assessment



Patterns of variations in medical practices



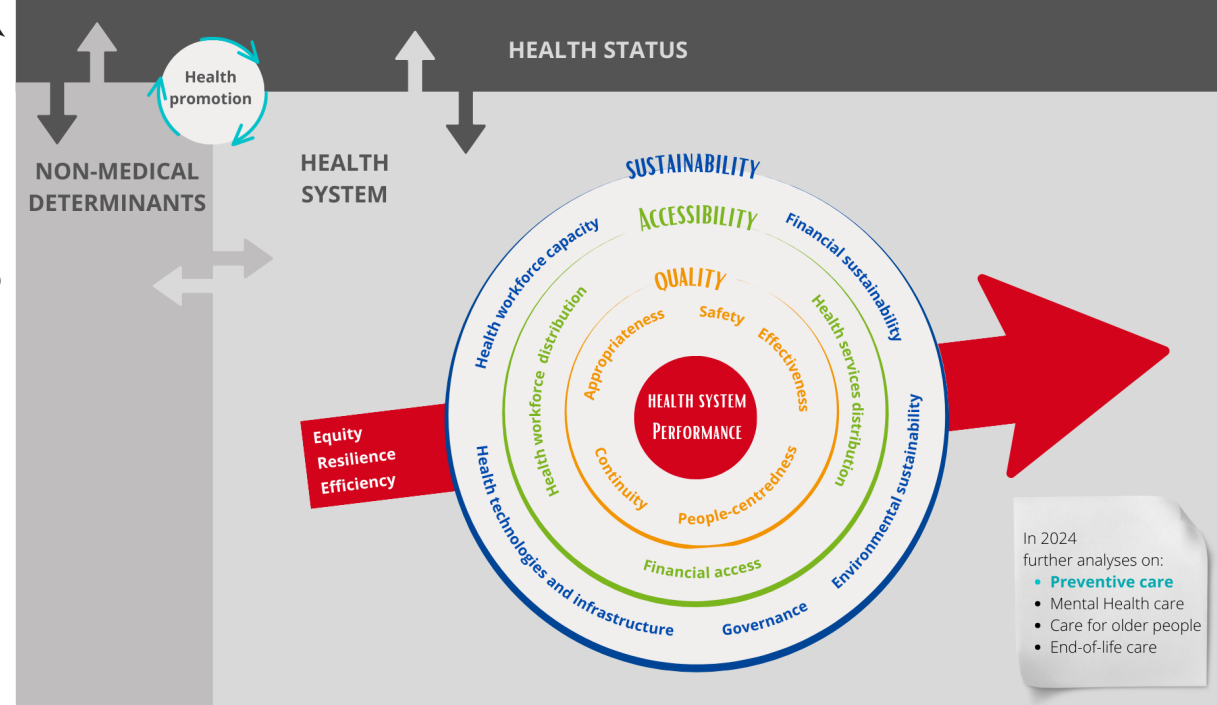
Key data in



Description of the Belgian health system

<https://www.healthybelgium.be/en/>

Health targets



In 2024 further analyses on:

- Preventive care
- Mental Health care
- Care for older people
- End-of-life care

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