



EUROPEAN COMMISSION
 DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY
 Health systems, medical products and innovation
Performance of national health systems

Brussels, 31 October 2016

MISSION REPORT

OM-16-1289068	OM-16-1289068
CHARGÉ DE MISSION	
UNIT	B1
TO	MONACO MONTE CARLO - MONACO
WHEN	27/10/2016 to 28/10/2016
SUBJECT	To present the study "Cost of unsafe care and cost-effectiveness of patient safety programmes" (Health Programme 2014) in the Council Meeting of the European Union of Private Hospitals.
COUNTERPART(S)	<ul style="list-style-type: none"> • European Union of Private Hospitals, a non-profit, independent Federation representing and defending private hospitals in Europe. • Countries' delegates. • Eurofound
OBJECTIVE OF THE MISSION:	To present the study "Cost of unsafe care and cost-effectiveness of patient safety programmes"

MAIN ISSUES DISCUSSED AND WHAT HAS BEEN ACHIEVED IN VIEW OF THE OBJECTIVE

Following the planned agenda:



The study "Cost of unsafe care and cost-effectiveness of patient safety programmes" was presented highlighting the following elements: i) Context; ii) Objectives; iii) Methodology; iv) Summary of results; v) Selected recommendations; vi) Conclusions; vii) Follow up. Further details can be found in the presentation:



Questions:

1. Reasons for the high variability of the estimates of the cost of unsafe care.
2. Follow up of the project and the likelihood of a Directive to support Member States' cooperation in this field.

Replies:

1. Regarding the first questions: the main reasons for this high variability are two: i) scarcity of published figures that leads to small samples as the basis for estimation and ii) existence of significant variability in the clinical practice (further evidence of this variability can be found in

the results of the ECHO project).

2. As for the second question: a Directive is a strong piece of legislation and at that moment nothing could be anticipated in this regards. Nonetheless, there is no need of a Directive to promote EU added by sharing information and best practices. The presentation of the study in the Council Meeting of the European Union of Private Hospitals is an example as well as the two projects in DG SANTE pointed out in the presentation:
 - a. Expert Group in HSPA
 - b. Cooperation with the OECD on patient safety indicators

OTHER ACHIEVEMENTS: LEARNING FROM THE FOLLOWING PRESENTATIONS

Panel on: Quality in Europe at a Glance: Experiences in European Private Hospitals

France:

presented the case of France's accreditation system and its procedures to assess the performance of the hospitals. According to the presentation and the discussions with the participants, France has strong accreditation and quality monitoring systems for hospitals. This could be a best practice.

Spain:

presented the model they have developed to implement quality (excellence) standards: SEP, built on the basis of big quality models such as ISO, EFQM and the JCAC. Aliad has a project (Programa Confianza) on patient safety. Some findings related to the study on "Cost of unsafe care and cost-effectiveness of patient safety programmes": they found a rate of 2.7% of adverse events in private hospitals in Spain against the rate of 9% found by the ENEAS project for public ones. For the implementation of patient safety programmes there is a strong issue of personal data protection that they solved by cooperating with the National Agency for Personal Data Protection.

presented the accreditation system (indeed recognition, not official) that they have developed to acknowledge excellence in providing quality services in the health sector at any level. In addition to this "quality seal", they have developed a synthetic indicator on quality based on 69 attributes.

Germany

provided a brief description of the approach to quality in Germany where it is an important element of the debate and it is linked to financing and efficiency. He noticed that there is scope to increase quality in Germany (i.e. addressing preventable adverse events) but it is costly. He also described the work done by the Institute for Quality Management in Health Care (IQMG), under BDPK. Since 2005, hospitals in Germany have been legally obliged to provide information on their work in quality reports. In addition, there is an institute providing methodological guidance

(AEZQ) for around 300 indicators grouped in five dimensions. According to the speaker, the analysis of these indicators has financial consequences and there are no problems in Germany to close down a hospital if needed (i.e. recent case in Frankfurt). Some further information provided on the hospital sector: [REDACTED] acknowledged that there are too many hospitals and too many beds in Germany and it is deemed that around 300 hospitals would need to be closed.

Italy

[REDACTED] reported that a new Decree on quality standards has been recently adopted in April 2016 with the aim of modernising the NHS. The standards of quality are organised in five dimensions and quality indicators are linked to volume, financing, efficiency and performance. Regarding the position of the private hospitals in Italy, on the one hand, they acknowledge that it is positive having a new legislation but, on the other hand, some limitations were highlighted: i) the approach of the Decree is top-down, which has never worked in Italy; ii) the criteria set in the Decree would need to be also applied to public hospitals; iii) setting thresholds has always been controversial as it is linked to the challenge of closing hospitals; iv) linking quality with volume would need further international evidence (literature based).

Eurofound [REDACTED] presented an ongoing study addressing the comparison of public versus private hospitals in the EU regarding efficiency, accessibility and quality. It includes also case studies for Austria, Germany, Ireland, Romania and the United Kingdom. Main findings: overall lack of data; huge diversity of situations; in some cases no differences are identified between public and private hospitals (i.e. UK); most studies raised concerns on accessibility to private hospitals; some cases identified of up-coding.

Finally I attended the session on “Economic and Sustainable Development” with presentations of the project EU-HCWM and two cases in France regarding healthcare waste management, hospital energy efficiency and related ways of addressing economic and sustainable development.

POSSIBLE OTHER CONTACTS IN MARGIN OF THE EVENT

FOLLOW UP TO BE GIVEN

OTHER REMARKS