The “open method of coordination” in European health systems

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„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?

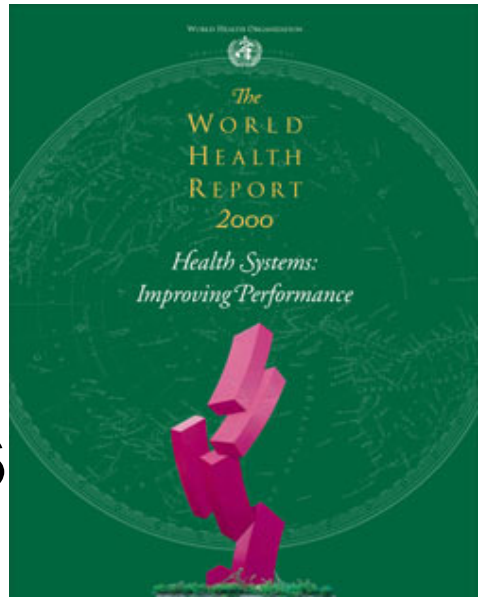
How could the open method of coordination be applied to health care?
Which objectives and indicators are politically agreeable and methodologically sound?

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?

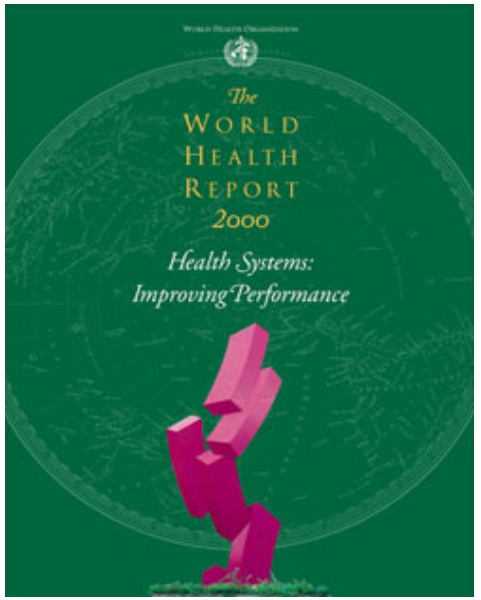
A look at another experience: The World Health Report 2000



Goals of health systems

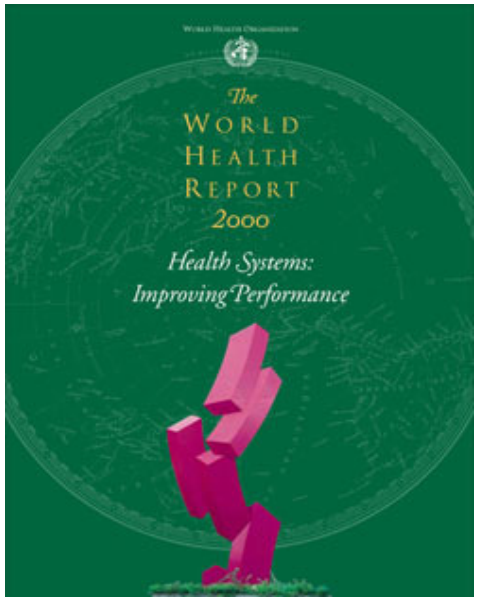
- Improving health
- Enhancing responsiveness to the legitimate expectations of the population
- Assuring fairness of financial contribution

Improving health



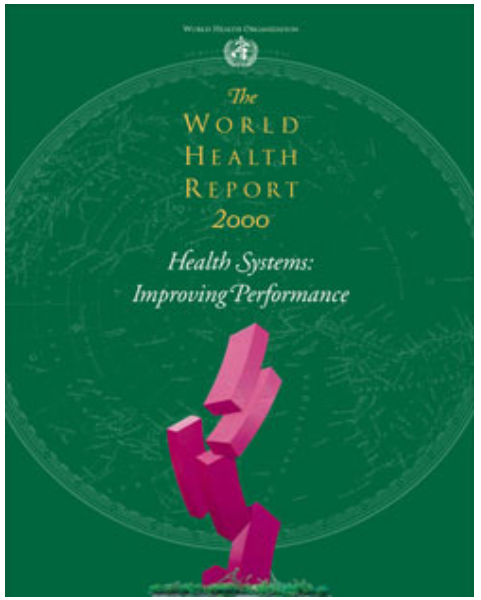
- Improving the average level of population health (including fatal and non-fatal components)
- Reducing health inequalities or improving the distribution of health

Components of responsiveness

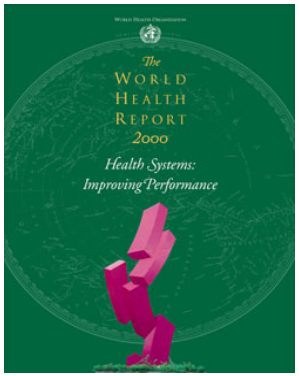


- ***Respect for persons***
  - **Dignity**
  - **Confidentiality**
  - **Autonomy**
- ***Client orientation***
  - **Prompt attention**
  - **Access to social support networks**
  - **Quality of basic amenities**
  - **Choice of provider**

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).

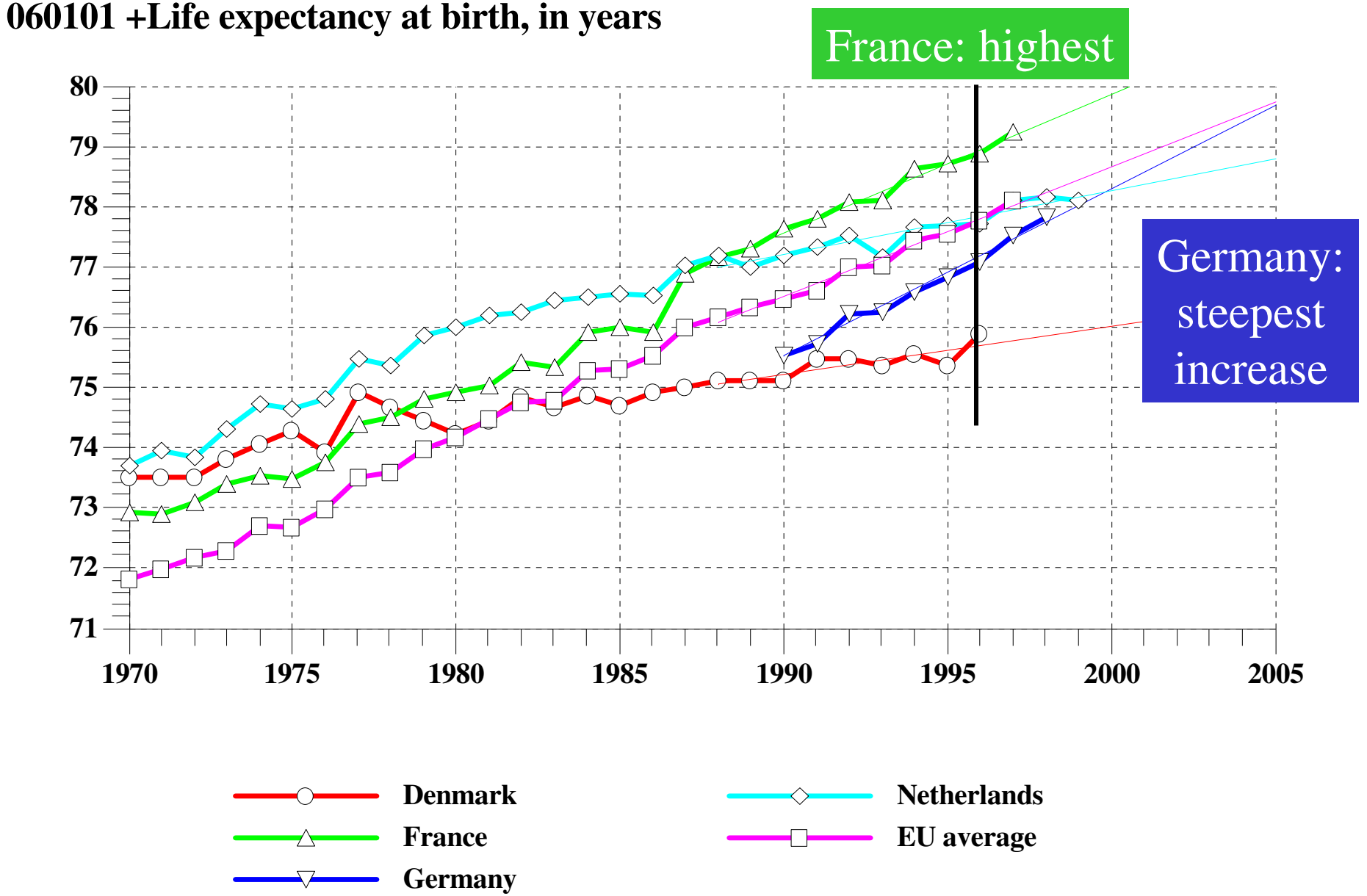
Which objectives are really relevant?

- 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



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*.