

Recommendations



Health Consumer Powerhouse
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The Euro Health Consumer Index 2008 Policy Recommendations

These are the policy recommendations issued by the Health Consumer Powerhouse following the release of the Euro Health Consumer Index (EHCI), published November 13th, 2008. Here we highlight a few measures for improvement at the pan-European level as well as for each individual country.

Overall European recommendations:

- Better performance transparency needed – the current lack of data restrains improvement! Here we have high expectations from the information centres proposed in the Directive for patient rights at cross border care and the modernisations of the directive for patient information.
- As there is a European tendency of building waiting times, we would suggest that the access issue is taken into account at an early stage – primary care gatekeepers should be abandoned, particularly as there is no evidence supporting the theory that gate-keeping saves money!
- As a general recommendation, e-Health is a field to be further explored to increase efficiency and safety.

Recommendations per country in the EHCI 2008:

Austria

Austria should improve the efficiency with regards to prevention and outcomes (e.g. no wonder the diabetes situation is bad if the blood sugar monitoring practice is inefficient) Further to ensure best possible care:

- e-Health solutions should be used more in order to raise safety and efficiency;
- A provider catalogue with quality ranking should be introduced.

Belgium

Belgian outcomes are not really as good as would be expected from a Western European country. On the other hand, Belgium “respected” last year’s EHCI recommendation and improved the involvement of the patients in the decision making process. In order to improve outcomes:

- Belgium is still remarkably slow at offering access to new medicines. This systematic delay, often larger than a year, seems to affect quality of care and has an impact on the survival of Belgian patients;
- Belgium should (re)start reporting healthcare data to international bodies such as the WHO. “Latest available” data for Belgium in many cases is still 1997!

Bulgaria

Bulgaria suffers from severe life-style-related problems (obesity, drinking and smoking). There are two ways to deal with this: either prevention, which is the cheaper tackle, or urgent improvement of healthcare outcomes. Bulgaria can choose one method, but action is needed.

- Bulgaria should abolish the gatekeeper role of primary care doctors in order to cut waiting times;
- The generosity and provision of medicines needs to be improved in order to improve outcomes.

Croatia

Croatia does have a problem with healthcare data availability in general. Unfortunately, data which is not monitored and fed back to responsible persons generally turns out to be sub-standard once reporting is needed. When transparency exists, things frequently start improving almost magically (“Pearson’s Law”).

- Croatia should make an effort to become part of the international healthcare data gathering systems.

Cyprus

Cyprus could improve by

- Subsidising medicines to a higher degree and including more of them, as well as dental care, in the public offering;
- Allowing patients to have the access to a second opinion.

Czech Republic

Information to patients is a weak point that the Czechs should strengthen and we hope that the upcoming work on quality measurements and e-Health will address this problem. Further:

- We look forward to the day when the upcoming reforms allow a more generous medicine usage.

Denmark

Danish outcomes are still not ideal, despite the remarkable climb in the Index and this country's excellence in patient information and diabetes care.

- Denmark should carry on with the dedicated effort to raise medical outcomes to world class standards and its healthcare system would be almost perfect.

Estonia

Estonia has improved the overall access significantly, both by reducing waiting times and proliferating access to new drugs:

- Now a middle income country, Estonia ought to afford an increase in the overall subsidy of medicines;
- In order for care consumers to make the most of the system, a service provider catalogue with quality ranking should be introduced.

Finland

The HCP recommendation is:

- In order for care consumers to make the most of the system, a service provider catalogue with quality ranking should be introduced;
- A more rapid entry of new medicines into the reimbursement system is also suitable, as well as a general improvement on the low subsidy;
- Finnish patients should have the same degree of choice as other EU citizens regarding which hospital treats them.

France

France, dropping significantly in the EHCI ranking from champion to number 3 to number 10, is building a waiting times problem. The HCP recommendation is:

- The new restriction on direct access to specialists should be abandoned while there is still time to do so;
- France should speed up the implementation of electronic medical records; e-Health standard, as a general rule, should be better;
- France is also one of the six Western European states where the issue of informal payments ought to be addressed.

FYROM

FYROM does have a problem with healthcare data availability in general. Unfortunately, data which is not monitored and fed back to responsible persons generally turns out to be sub-standard once reporting is needed. When transparency exists, things frequently start improving almost magically ("Pearson's Law").

FYROM should make an effort to become part of the international healthcare data gathering systems.

- Address the problem of having limited or no health coverage for one-third of the population (ethnic minorities).

Germany

Germany should give priority to patients' rights and information like the Netherlands and Denmark. The HCP recommendations are:

- Patient rights law now needs to be introduced and communicated;
- E.g. Germany has a problem with mammography, which is usually attributed to Eastern European states. The problem might be rather at the level of information than performance; the opportunity to have this type of service is probably not sufficiently known or reminded.
- As we see a full political acceptance of cross-border care (with the law from 2004) we find it surprising that the information around these rights by law established is so poorly communicated.
- The healthcare structure with many small-size non-specialised hospitals seems to be the main reason for Germany's rather mediocre medical outcomes. Re-structure?

Greece

Greece has to some extent improved its outcomes but needs to get better. Therefore, the HCP recommendation is:

- The range of services provided and the provision of medicines should be extended;
- The issue of informal payments must be addressed;
- Greece should speed up the implementation of electronic medical records; e-Health standard, as a general rule, should be better.

Hungary

There is some promising improvement in Hungary with regards to patient rights and information as well as technology, which show the efforts of a system to become more modern. Nevertheless, when it comes to outcomes, Hungary shares the bottom ranking. The HCP recommendation is:

- A general improvement of provision of medicines is needed to help outcomes to advance.

Ireland

First and foremost, the Irish should cut the waiting times for most treatments. The solution proposed by HCP would be:

- Allow direct access to specialists;
- Implement a patient rights law;
- Make the most of the new possibilities that e-Health offers in order to increase safety and efficiency.

Italy

The Italian healthcare system is a generally mediocre one that needs improvement in all subcategories. In order to get better score next year we would recommend:

- Make the most of the new possibilities that e-Health offers in order to increase safety and efficiency;
- Italy is still remarkably slow at offering access to new medicines. This systematic delay seems to affect quality of care.

Latvia

Latvia, the “loser” of healthcare ranking this year, should urgently improve the weak performance of public healthcare. Latvian patients should be helped to take the related healthcare decisions. The system needs consumer pressure! HCP believes Latvia needs to:

- Establish a patient rights law;
- Introduce a service provider catalogue with quality ranking;
- Make the most of the new possibilities that e-Health offers in order to increase safety and efficiency.

Lithuania

The patient rights situation is on the right track, but access, outcomes and medicines provision require urgent action. HCP recommendation is:

- Make the most of the new possibilities that e-Health offers in order to increase safety and efficiency;
- The generosity and provision of medicines needs to be improved in order to improve outcomes.

Luxembourg

The question is how come the access to new medicines is so poor in such a well-funded system? Luxembourg should:

- Shift to a more efficient Medical Products Agency instead of relying on one of the slowest in Western Europe – the Belgian MPA!
- The issue of informal payments also be addressed, which is also a sign that patient rights need immediate improvement.

Malta

Malta needs outcomes improvement. There are ways to achieve this:

- New medicines should enter more rapidly the public subsidy scheme;
- Patient rights should be established on the national level.

Netherlands

Constantly placed in the top of our rankings ever since we started measuring healthcare in Europe, there is still room for improvement even for this year's champion:

- Eliminate waiting times / give patients a choice, by allowing direct access to specialists.

Norway

Introduction of new cancer drugs is remarkably slow and access in general lacks speed, placing Norway in a general waiting times problem trend. Given their expenditure level, this country should be able to provide better.

- Norway have to start admitting that modern healthcare needs innovative medicines;
- Direct access to specialists should be allowed in order to cut waiting times.

Poland

Prevention is an un-costly way of improving the general state of healthcare which Poland seems to be ignoring when one looks at their mammography or blood sugar control.

- To ensure the best for Polish citizens, the government must address the brain drain among its medical staff;
- More use of e-Health solutions are needed in order to raise safety and efficiency;
- More generous use of medicines is recommended.

Portugal

Portuguese healthcare continues to deteriorate, building a dramatic problem.

- An increased transparency in the system by the introduction of a provider catalogue with quality ranking, allowing access to one's medical record and a web or 24h telephone healthcare information;
- There should be an extended use of e-Health solutions in order to raise safety and efficiency;
- Portuguese should be more generous when it comes to subsidy of medicines.

Romania

The healthcare system urgently needs to improve in every area, especially outcomes. A good and cheap start would be:

- More use of e-Health solutions in order to raise safety and efficiency;
- An increased transparency in the system by the introduction of a provider catalogue with quality ranking, allowing access to own medical records and a web or 24h telephone healthcare information.

Slovakia

We are happy to notice the introduction of a layman adapted pharmacopeia. Next step would be to raise the quality of outcomes. This is our main recommendation but there is more potential action:

- A better use of e-Health solutions in order to raise safety and efficiency;
- More rapid introduction of new medicines.

Slovenia

We are still looking forward to the full impact from the good work done in Slovenia with regards to prevention and information. But:

- Slovenia needs to increase access to new medicines, something the government should be able to afford today;
- Direct access to specialists should be allowed in order to cut waiting times.

Spain

Spain has not managed to solve its access and waiting time problem, which has serious implications for patients and the ability of the system to deliver.

- Ensure that patients diagnosed with a disease are given adequate and treatment to prevent further complications;
- In order to put pressure on access and outcomes, establish a provider catalogue with quality ranking;
- Allow patient access to their medical records to facilitate patient responsibility.

Sweden

There is a Swedish culture which favours advanced hi-tech treatments, meaning illnesses that require active daily management get less attention. That needs to be changed.

- The Swedish government should take action to establish patient rights!
- A provider catalogue with quality ranking needs to be established in order to facilitate the newly proposed free choice of care giver;
- In order to cut waiting times, direct access to specialist needs to be guaranteed.

Switzerland

It is strange that a highly developed country still lacks basic data on MRSA, blood sugar levels or dental care. The HCP recommendation is:

- Give the Bundesamt für Statistik the task of collecting healthcare outcomes data on the federal level;
- That a provider catalogue with quality ranking is immediately initiated;
- That MRSA infection rates are monitored and reported to the EARSS.

United Kingdom

Access, both regarding waiting time to treatment and penetration of cancer drugs, is still a problem in the UK. Further outcomes are still surprisingly poor. Our recommendation is that:

- NHS allows for direct access to specialist;
- That the government starts to inform the citizens about the rights they have according to the European Court of Justice to go abroad, for example in the case of long waiting times. This might put the appropriate pressure on the NHS to shape up.