1. Introduction
The Euro Health Consumer Index (EHCI) aims to empower European healthcare consumers by providing them with valuable information about healthcare services, allowing them to make informed decisions. The EHCI does this by assessing the “user-friendliness” of the different national public healthcare systems, comparing them to the other European countries. Using a selection of 27 important indicators, the EHCI creates the platform to compare the different standards of national systems and provides a European ranking of national public healthcare.

2. Findings of 2007 Index
This year, for the first time, Austria emerges as the top performer in the Euro Health Consumer Index. The Austrian system combines a generous healthcare system with good access for patients and high standard of outcome. The winner scored 806 points out of a maximum of 1000, by providing a balance between focus on customers and healthcare outcomes. Austria were closely followed by 2005 and 2006 winners respectively, the Netherlands and France. Switzerland and Germany also put in notable performances. Overall, standards of European healthcare continue to improve; however, medical outcomes statistics remain appallingly poor in many countries. It is also the case for the leading cause of death, cardiovascular diseases. In a growing number of European countries, healthcare legislation explicitly based on patient rights and functional access to one’s own medical record are both becoming standard. Very few countries have hospital / clinic catalogues with quality ranking.

In other respects, progress is not merely slow but decidedly lacking. In particular, hospital acquired MRSA infections now represent a significant health threat in around half of the countries measured by the EHCI. Furthermore, 50% of European governments systematically delay consumer access to new medicines, not simply on the grounds of affordability.

The EHCI does take into account the quality of service measured as well as outcomes. Thus, a country such as Belgium, which scores highly on issues of consumer-friendliness, has a surprisingly low overall score due to the relatively poor performance in clinical outcomes. Sweden presents the opposite scenario, being the "leader" of medical quality, but missing a place in the top ranking mainly because of poor accessibility to medical treatments.

In southern Europe, Spain and Italy provide a good standard of healthcare services. However, real excellence in Southern European healthcare seems to be overly dependent on the consumers' ability to afford private healthcare as a supplement to public healthcare. This has hindered these countries’ opportunity to achieve the highest scores. The UK has a mixed performance; their overall score is dragged down by long waiting lists and uneven levels of quality performance.

Some Eastern EU member states are performing surprisingly well, taking into consideration their much lower healthcare expenditure, as measured in Purchasing Power Adjusted Dollars per Capita. However, this is a “work in progress”, as readjusting from centrally planned economies to consumer-driven ones will take time.
There is clearly an opportunity for learning and applying the best practices. If only healthcare officials and politicians looked across borders and borrowed ideas for improvement from their colleagues. For example, if Sweden could match the German or Austrian waiting list situation, it would exceed the score of the 2007 winner, Austria, by a margin of 75 points.

3. Discussion
Clearly, there is a pronounced need for improvement. The high media impact of the Index all over Europe has confirmed that the image of healthcare is rapidly moving from rationed public goods to consumer-related services. Meanwhile, there is a general acceptance on the fact that quality and delivery of healthcare are measurable by common quality standards.

The aim of the EHCI has been to select a limited number of indicators, within a finite number of evaluation areas. These indicators, taken together, can draw a tale of how well the healthcare consumer is being served by the respective systems.

4. Methodology and parameters
The Index takes no account of whether a national healthcare system is publicly or privately funded and operated. The purpose of the EHCI is health consumer empowerment. Thus we do not consider public health criteria such as the average life expectancy. Nor do we believe in measuring resource input figures such as the amount of hospital beds per capita. Instead, all our indexes measure the performance and output of the healthcare systems.

We always use the most up-to-date data available to us. On occasions, this may mean that we have to compare figures from 2006 for one country with figures from 2003 for another. Whilst scientific comparability of data would clearly be desirable, we believe that the current situation can stimulate countries to increase transparency and improve internal knowledge about healthcare performance and output.

The EHCI now includes all the 27 EU members as well as Switzerland and Norway.

Three former index indicators have been taken out, and the 2007 index has four new indicators.

These new indicators are:
In the sub-discipline “Patients’ rights and information”: “Is there a registry of legitimate doctors readily accessible by the public?”, and as an “e-Health” indicator: “Electronic Patient Record penetration in primary care”.

“Waiting time for Magnetic Resonance Imaging (MRI) examination” is new to the “Waiting times” sub-discipline.

The sub-discipline “Generosity” has the new indicator “Kidney donations per million inhabitants”.

There are some additional changes:
For the “Waiting times” sub-discipline, the indicators “Waiting time for heart bypass / PTCA” and “Waiting time for knee / hip joint operation” have been merged into a single indicator entitled “Waiting time for major non-acute operations”,
“Breast cancer mortality” and “Colorectal cancer mortality” have been replaced by the single indicator “5-year cancer survival” for all types of cancer except skin cancer.
The indicator for “Infant poliomyelitis vaccination percentage” has been changed to “Infant 4-disease vaccination %”; this indicator measures vaccination rates for diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis.

Austria, The Netherlands, France, Germany and Switzerland are really difficult to separate; very subtle changes in single scores modify the internal order of these five top countries.
Conveniently, the maximum score for the “perfect” EHCI healthcare system would be 1 000 points. This means one can quickly determine that no country exceeds 81% of the potential maximum.

5. About the Health Consumer Powerhouse
The Health Consumer Powerhouse is the leading European provider of consumer information on health care. The Health Consumer Powerhouse dedicates its time, efforts and resources to the tools for consumer empowerment. We analyse health care and compare its outcomes, designing consumer information tools like indexes of health care systems and illnesses, consumer press and education. We are a registered Swedish entity working from Stockholm and Brussels.

6. Our Services
At this time, we work on and develop health consumer information services designed to address two major audiences:

Government & Policy Makers
Our Health Consumer Indexes help encourage politicians and other policy makers to understand the importance of consumer friendly information to help consumers in taking better decisions. Currently we work both on a national and pan-European health care systems level, through analysis and information services like:
- Canadian Health Consumer Index (launching 2007)
- Cardiovascular Care Index (launching 2008)
- Diabetes Index (launching 2008)
- HIV Index (launching 2008)

Service Providers & Patient / Consumer organisations
The Health Consumer Powerhouse also develops Diagnosis Indexes that analyse and compare the conditions for different illnesses.

7. Our partners
The production of HCP indexes is funded by stakeholders both within and close to the healthcare industry. The support received is routinely in the form of unrestricted development / educational grants.

The Health Consumer Powerhouse decides independently of the content and design of each index and maintains the intellectual property rights on their indexes. However, we are happy to share the outcome of our work with stakeholders and consumers. Our corporate policy states that we cannot enter into business relations that could bring our independence and credibility into question.

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