IS THE EU READY FOR A GENERIC SET OF INDICATORS FOR HEALTH SYSTEM PERFORMANCE? A QUALITATIVE STUDY

Natasa Peric1, Thorsten Ullmann1, Maria M. Hofmacher-Holzhacker1,2, Zeynep Or3, Judit Simon1

1 Department of Health Economics, Center for Public Health, Medical University of Vienna, Kinderspitalgasse 15/1, 1090 Vienna, Austria, 2 HealthSystemIntelligence, Josephstädterstraße 14, 1080 Vienna, Austria, 3 Institut de Recherche et Documentation en Economie de la Santé – IRDES, 117 bis Rue Manin, 75019 Paris, France

1, Thorsten Ullmann1, Maria M. Hofmacher-Holzhacker1,2, Zeynep Or3, Judit Simon1

1 Department of Health Economics, Center for Public Health, Medical University of Vienna, Kinderspitalgasse 15/1, 1090 Vienna, Austria, 2 HealthSystemIntelligence, Josephstädterstraße 14, 1080 Vienna, Austria, 3 Institut de Recherche et Documentation en Economie de la Santé – IRDES, 117 bis Rue Manin, 75019 Paris, France

1, Thorsten Ullmann1, Maria M. Hofmacher-Holzhacker1,2, Zeynep Or3, Judit Simon1

1 Department of Health Economics, Center for Public Health, Medical University of Vienna, Kinderspitalgasse 15/1, 1090 Vienna, Austria, 2 HealthSystemIntelligence, Josephstädterstraße 14, 1080 Vienna, Austria, 3 Institut de Recherche et Documentation en Economie de la Santé – IRDES, 117 bis Rue Manin, 75019 Paris, France

Key Messages

The acceptance of an agreed core set of headline HSPA indicators across the EU is driven by:

- existence of appropriately defined benchmarks
- potential application in the ‘European Semester’
- improvement in building knowledge capacity
- flexibility in the adaptation to the national context

Background

Aims

We aimed at exploring the core sets’ perceived usefulness, validity and general factors identified as affecting the potential uptake of an HSPA indicator hierarchy (headline, operational & explanatory levels) at MSs and EU levels among health policy makers and advisors.

Methods

Semi-structured interviews were conducted with a purposive sample of 27 national-level policy makers (n=11) and policy advisors (n=16) from 15 EU MSs and one candidate country between Jul 2018 and Jan 2019.

Transcribed and coded interviews were analyzed using directed content analysis in MAXQDA based on a coding framework to identify major themes and sub themes. 17 interviews were undertaken over skype, 6 over the phone and 3 face-to-face. One expert contributed in a written form without prior verbal communication.

Results


Fig 1: How is the pyramid concept (PYR), the headline concept (HL) and the core set of 23 headline HSPA indicators (core set) perceived?

Strengths:
- HL are useful for policy makers in high level decision making
- PYR provides a base for guidance & training on production & usage of indicators
- HL have high communicative value & are important for accountability

Limitations:
- HL pose a risk of misuse for sensationalism/political marketing
- Core set lacks context with clear narrative to the indicators

Strengths:
- PYR is an understandable and familiar concept for prioritisation
- Core set is sufficient only as a diagnostic signal
- Core set is useful for cross-country comparison to benchmark and reflect

Limitations:
- HL lack a steering mechanism
- Core set lacks clarity on mechanism of policy making and indicator use
- Core set lacks level of innovation and flexibility
- Core set lacks clarity of measurement validity issues

Acknowledgements

We thank the participation of all 27 policy makers and advisors who invested their time and shared their valuable opinions in the interviews this study is based on.

REFERENCES: 1) The BRIDGE Health project: https://www.bridge-health.eu/

natasa.peric@muv.ac.at
@nat_peric