



Guiding principals in developing OP, evaluatic to define relevant aspects of quality

Rome, 12 May 2010

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HCN

Joint Report on health systems in the EU

54th ECONOMIC and FINANCIAL AFFAIRS
Council meeting Brussels, 7 December 2010

Health spending contributes to better health, which contributes to economic prosperity through higher labour market participation and productivity and will therefore be crucial in the context of an ageing society and longer working lives. Health spending absorbs a significant and growing share of resources and all EU Member States face strong and growing pressures on their health systems. The health sector in Europe is also a major employer and a source of innovation.

States include:

uring a sustainable financing basis, a high degree of pooling funds and a good resource allocation that ensures equity of access;

ouraging a cost-effective use of care, through adequate incentives including cost-sharing and provider payment schemes and as appropriate through the involvement of non-public providers while ensuring the protection of those more vulnerable;

ping supply-induced demand by considering the interaction between demand side factors and supply side factors, etc.;

uring the cost-effective use of medicines through better information, pricing and reimbursement practices and effectiveness assessment;

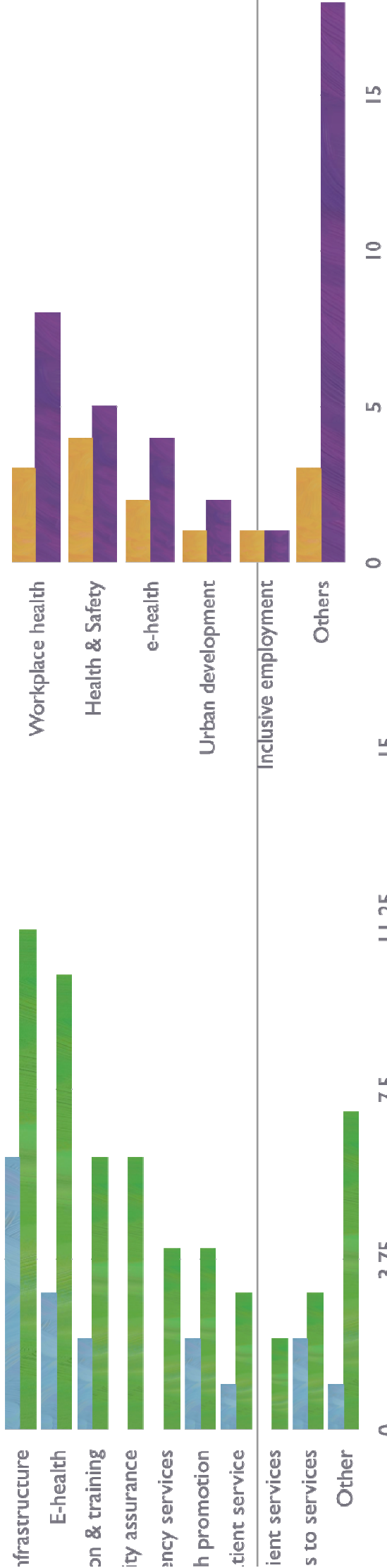
roving data collection and information channels and the use

conomies – some examples

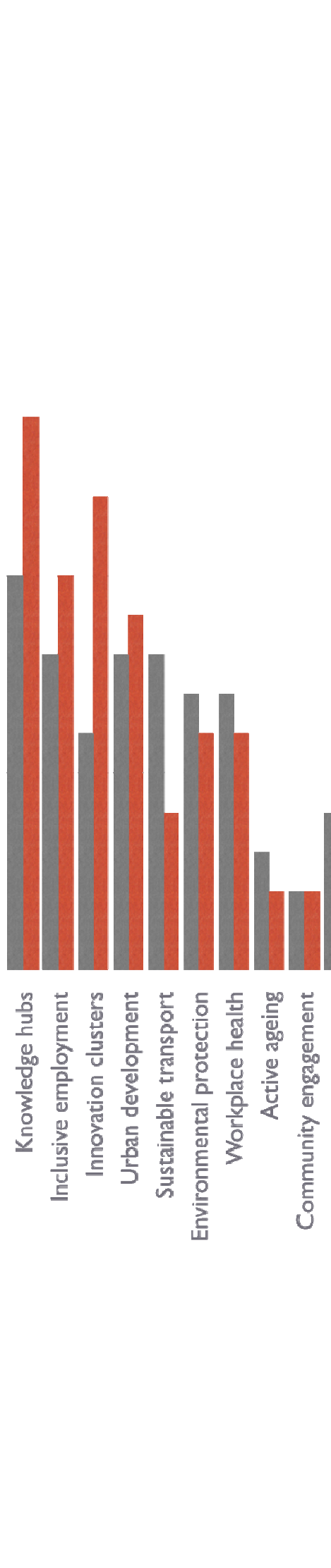


Current funding period (2007 – 2013)

■ EU15 ■ EU12 ■ EU15 ■ EU12



■ EU12 ■ EU15



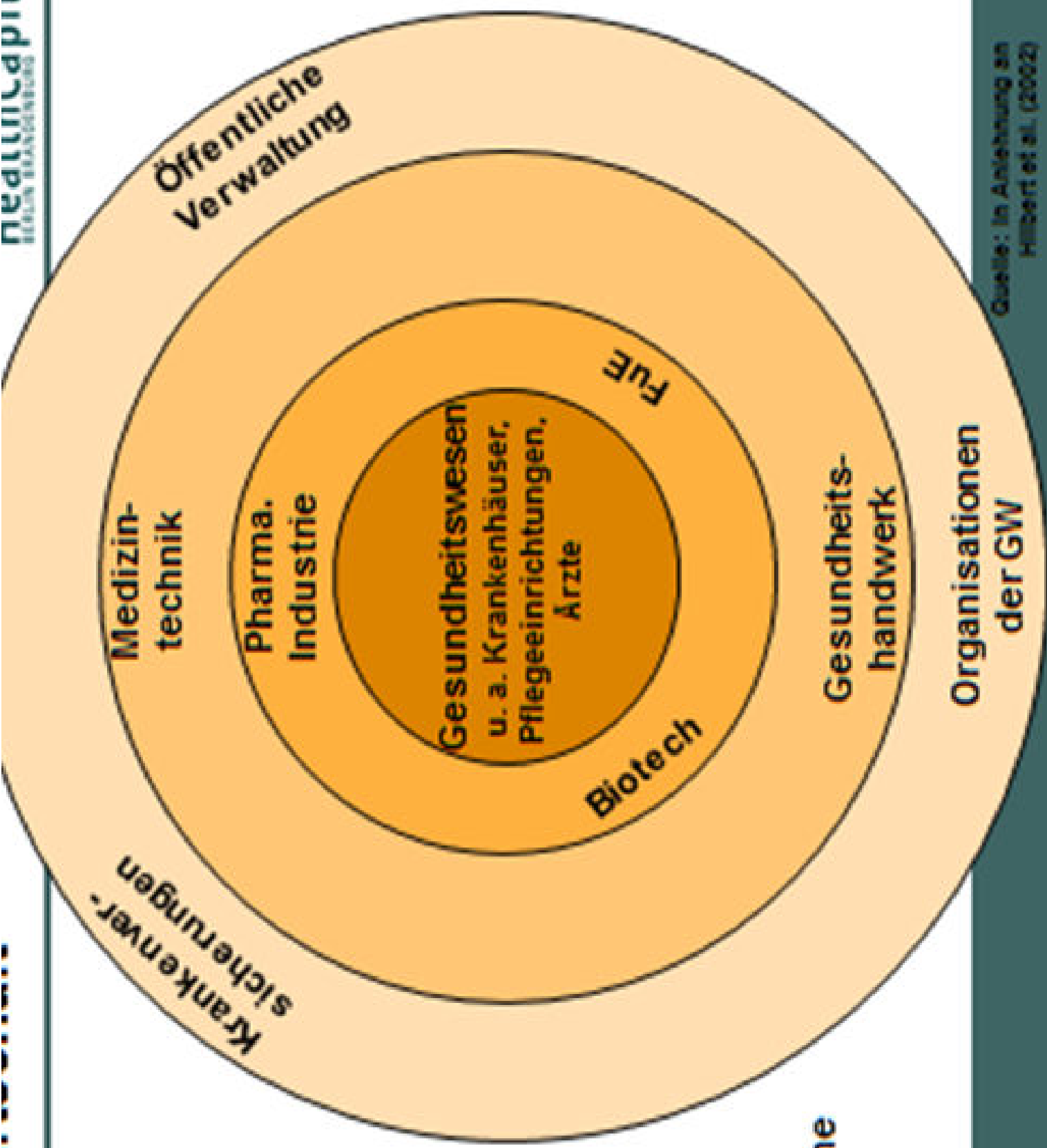
Systems can address health inequities through improve e of Structural Funds

SF-delivery level, there is a need to improve the design of comparable implementation processes across the EU27 for the 2014–2020 period. From a range of issues, the following are critical:

rior to their being assessed, project applications should be able to meet criteria that include: an evidence based rationale, relevance to equity-oriented objectives, regional master plans and/or national strategies, and financial sustainability of SF funding ends;

ated to this, health systems can work in their stewardship function in partnership with managing authorities of SF to facilitate health and/or integration impact assessments as part of the pre-assessment process for SF applications

ere is a real need for ongoing support to be available for regional public health systems and for intersectoral partners to make best use of SF for health



Die Untersuchung nimmt die Kernbereiche der GW in den Blick.

		SVB 2007	SVB 99 zu 07	Anteil an Gesamtbeschäftigung ´99	Anteil an Gesamtbeschäftigung
Kliniken	Berlin	50.174	- 22,8%	5,75%	
	Bbg.	33.949	+ 2,1%	4,00%	
Abteilungen des Betriebs	Berlin	43.764	+ 22,4%	3,16%	
	Bbg.	29.016	+ 17,3%	2,98%	
Kassen	Berlin	34.127	+ 25,2%	2,41%	
	Bbg.	18.233	+ 18,7%	1,85%	
Chem./pharma. Wissen	Berlin	10.467	+ 7,3%	0,86%	
	Bbg.	1.206	+ 39,4%	0,10%	
Bereich Medizin Inters./Berat.	Berlin	5.182	+ 107,2%	0,22%	
	Bbg.	690	+ 32,2%	0,06%	
Medizintechn. Wissen	Berlin	6.310	+ 42,7%	0,39%	
	Bbg.	4.282	+ 16,7%	0,44%	
Krankenkassenversicherungen, Organisationen des GW	Berlin	7.566	+ 0,3%	0,67%	
	Bbg.	6.491	+ 5,7%	0,74%	
Gesamt	Berlin	157.589	+ 3,5%	13,45%	
	Bbg.	93.865	+ 11,0%	10,17%	

Alter über 55-jährigen	1999	2001	2003	2005	2007	99 bis 07	Verrentung bis 2007
Arbeitslosenquote	10,3%	9,5%	9,3%	9,9%	11,2%	+ 0,9%	23
Wirtschaftswachstum, FuE	12,4%	10,7%	9,2%	9,3%	10,8%	- 1,6%	1
Medizintechn. Erzeugnissen	9,3%	8,7%	8,5%	8,7%	9,4%	+ 0,1%	1
Pflichtversicherungen, Org. GW	6,8%	7,3%	8,0%	9,7%	12,4%	+ 5,6%	1
Landwirtschaft insgesamt	10,3%	9,4%	9,0%	9,6%	11,0%	+ 0,7%	ca. 28
Deutschland insgesamt	10,2%	9,5%	9,8%	10,7%	11,8%	+ 1,6%	3.168
Brandenburg insgesamt	11,5%	10,7%	10,7%	11,3%	12,8%	+ 1,3%	227

Bei den befragten Betrieben

... ist jedes vierte von Überalterung betroffen (26,7%).

ist bei 28% der betroffenen Unternehmen offen, wie der Fachkräftebedarf befriedigt werden kann.

... stellen Neueinstellungen das wichtigste Instrument zur Befriedigung von Ersatzbedarf dar.

Die **Brisanz der Fachkräftesituation in der Gesundheitswirtschaft nimmt zu.** Beschäftigungswachstum (Erweiterungsbedarf) und Alterung (Ersatzbedarf) sind künftig nicht mehr mit bisherigen Verfahren der Fachkräftegewinnung und -entwicklung zu meistern. Ohne Veränderung schlittert die Gesundheitswirtschaft in einen **akuten Fachkräftemangel**.

Der (zeitliche) **Handlungsspielraum** kann genutzt werden, wenn auf allen Ebene Aktivitäten zur Bewältigung der sich abzeichnenden Herausforderungen ergriffen und miteinander vernetzt werden:

- Innovative **Betriebe**, die alle Register der Personalentwicklung ziehen.

Gezielte **Arbeitsmarktpolitik** auf Basis des breiten Spektrums der Instrumente der Arbeitsförderung
Konkrete Unterstützung der Berlin-Brandenburger Gesundheitswirtschaft durch das **Netzwerk**.

coming period - guiding principles (1)

ope 2020 - see session 1

ulations for the coming funding period – first draft expected for summer 011

of the general logic of the policy cycle – means: assessment, policy development, assurance and evaluation – and:

ge on national and regional level and operational programmes on both levels – and their interrelation with the National Reform Programmes (NRF) ve involvement of local/regional stakeholder from the health sector in the whole process – as part of capacity building on that level to active influence

coming period - guiding principles (2) – in deta

Relationship between public health systems and Europe 2020 overarching themes

re growth

health inequities

er citizens – health literacy and information to patients

rowth

n and telemedicine

iented health care

innovation – demand-side driven innovation of processes and technologies

able growth

ageing – focus on health promotion and diseases prevention; improve healthy life years

and sustainable health workforce

ormation of health systems to adapt to challenges and optimal use of resources

order health care

Planning period - guiding principles (3) – in detail

Assessment: Description of the status quo and trend prognosis: Which challenges do we have for whom? How do we assess the chances and challenges? Which consequences can be derived from the assessment? What are the needs to be answered? Which interrelation do we have to other sectors? Co-financing needs and chances?

Policy development: Options for action and possibilities of implementation Which alternative solutions are there in view of which objectives? How to inform and mobilise communities, build partnerships and capacities? How to define and choose relevant targets and target groups? Usage of global grant-approach for integrated policies and regional/local governance?

Assurance: Methods and ways of implementing chosen strategies in practice sustainably: Who will do what including management, implementation, evaluation and information? Which institutions and actors are involved? How can competent management and financing be assured in the future?

Planning period - evaluation

programme level: interrelation to assessment outcomes, targets and targets; evaluation of the implementation system; differentiation of financial and output figures monitoring and outcome/regional development related evaluation; feed back into yearly national reform programmes

project level: interrelation to monitoring of project implementation and project targets; feed back to programme level;

stakeholder involvement: How to involve the different stakeholders and target groups into the evaluation-process? Differentiation between programme and project level?

Classification and Definition of quality indicators: What about openness, participation, responsibility, efficiency – on project and programme level?
Methods: ongoing, ex-post, ex-ante, case-studies, quantitative, qualitative, participative

Planning period – evaluation (2)

Table 2. Conventional versus Participative Policy Evaluation

	<i>Conventional</i>	<i>Participative</i>
Who?	External experts.	Beneficiaries, business policy-makers, evaluation t
What?	Success criteria and information necessities are pre-determined. Evaluation by objectives.	Participants identify their information necessities determine their own success criteria.
How?	Distance from the evaluation team and other participants	Shared methods and resources from the involvement of participants
When?	In general, when the policy or programme is finished	Frequently, throughout the duration of the programme. Continuous evaluation.
Why?	Summative evaluation. Should the policy or programme be continued?	Formative evaluation generate actions for improvement. Continuous learning.

thank you

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