

'Trust' key to reforming EU's national healthcare systems, says Clemens Martin Auer

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Event Coverage

Bad Hofgastein, Austria: Strengthening the way decisions are made and implemented is crucial to improving performance, argues Gastein Health Forum president.



Christoph Schwierz (left), Laura Casey (right) |Photo credit: European Health Forum Gastein (EHFG)

European governments' best intentions in the field of healthcare reform all too often do not translate into good policy "let alone effective implementation."

This is one of the key messages to emerge from the opening day at this year's European Health Forum Gastein in Austria.

Lack of money or human resources are not the only factors that can frustrate reform efforts as even well-resourced health systems can be held back by disappointing reform, the event was told.

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One way to address this is to strengthen governance, in other words, the way decisions are made and implemented.

The question of strengthening governance for health system performance was addressed in a two-hour session called “Steering, not rowing”, organised by the Austrian ministry of Labour, Social Affairs, Health and Consumer Protection and the European Observatory on Health Systems and Policies.

Speaking on Wednesday, Clemens Martin Auer, president of the European Health Forum Gastein, explained how Austria has improved its healthcare system in recent years.

“This is the Austrian situation and the situation in, say Germany, will be very different, of course. But, I stress, the only way of reforming healthcare systems is by building trust”
Gastein Health Forum president Clemens Martin Auer

He started working in the Austrian health ministry in 2003 and, he recalled, the ministry soon found itself having to slash €3bn from the country’s health budget.

In a keynote speech he conceded that the country had found itself in a “totally unsatisfactory” situation when it came to financing primary healthcare.

Auer, also a special representative for health in Austria, argued that in order to deal with healthcare costs it is necessary first to agree on a set of targets.

As part of the radical changes it pushed through, Austria formalised shared targets for health reform.

He said, “We had to overcome a lot of hurdles but in the end we prevailed.”

Looking back, he said, “The lesson is that if you don’t find solutions for the population you are betraying the citizens. We have done this, and healthcare costs are now below the set targets.”

He added, “To achieve such things I believe you have to give up sovereignty and, yes, some rights. This needs trust and you must do it voluntarily - that’s the trick. It means a lot of work, but I think we in Austria have achieved this.”

He told a 100-strong audience of healthcare professionals and experts, “This is the Austrian situation and the situation in, say Germany, will be very different, of course. But, I stress, the only way of reforming healthcare systems is by building trust.”

Another speaker was Professor Scott L Greer, of Health Management and Policy at the University of Michigan and the European Observatory on Health Systems and Policies.

He said, “When you have a governance problem there are certain steps you should take, including focusing on the exact governance problem, what domain it is in and what can be learned in order to improve things.”

“Managing expectations and showing some sign of success is hard not least as no-one wants to wait ten years. It is also not always easy finding the ‘space’ for reform and delivering on reform” **Laura Casey, health systems and structures unit at the Irish health department**

Noora Heinone, a ministerial adviser at the department for insurance and social security in the Finnish ministry of social affairs and health, said the people of her country were getting older and this was putting its healthcare system “under real stress.”

While Finland had been successful under previous governments in “costs containment” she said the “primary” aim of the current government is now healthcare reform.

She told the packed session, “We learned a lot from the previous reform process, including the lack of parliamentary consensus and law drafting and an unwillingness to renew and distribute decision-making powers.”

Speakers also included Laura Casey, of the health systems and structures unit at the Irish health department, who said that in 2016 a new ten-year “vision” for healthcare was drafted by the Irish government.

The programme, she said, is multi-faceted with one main prong involving moving the system to one which is more “population-based”.

Casey said, “Managing expectations and showing some sign of success is hard not least as no-one wants to wait ten years. It is also not always easy finding the ‘space’ for reform and delivering on reform. We are conscious of all this, but this is a challenge for the health ministry.”

She added, “We are also looking to introduce a more de-centralised system in Ireland. This will still need some central steering but also local and regional innovation. We will therefore put in place six new regional bodies responsible for delivering healthcare.”

“Ireland is a small country and does not have some of the challenges facing other countries, but we still have to grapple with how to deal with such healthcare issues.”

Christoph Schwierz, another speaker, explained the work of the Structural Reform Support Service (SRSS) at the European Commission.

This, he noted, provides “technical support” for Member States wanting to speed up implementation of structural healthcare reforms.

“Member states and health systems are so different that it has been very difficult to find a formula suitable for all countries” **Christoph Schwierz, deputy head of unit Labour Market, Health and Social Services Structural Reform Support Service (SRSS) at**

the European Commission

He said, "Member States and health systems are so different that it has been very difficult to find a formula suitable for all countries. It has been what you might call a surprise journey."

The service has a "relatively small" budget of €230m for two years and he stressed, "You cannot impose reform on a Member State: they must want it."

He added, "My experience of this so far is good and there has been huge demand for our services. We are working with 21 Member States, including Ireland and Austria, and address very many different areas of healthcare reform. But all these cases are very different."

He cited the case of Romania which, he said, has a "very ambitious" programme for seven new regional emergency hospitals, the first in 40 years.

He said, "This was a completely new challenge for Romania because building just one new hospital is a big challenge."

"In Romania, we were asked to help and mobilised experts from other countries such as France. What was difficult, though, was a lack of decision making. The Romanian government wanted these hospitals, but some things were missing such as public participation and transparency in the process."

"Even so, Romania has made huge advances on this and is now ready go. The main lesson, though, is to realise that all administrations work very differently."

The lively workshop was moderated by Matthias Wismar, a senior health policy analyst at the European Observatory on Health Systems and Policies, and Ilana Ventura, of Austria's labour, social affairs and health ministry.

The European Health Forum Gastein is an independent, non-partisan organisation, founded in 1998 which aims is to provide a platform for discussion on health policy in the EU and beyond.

An estimated 500 leading experts are participating in its annual policy conference held in the Gastein Valley in the Austrian Alps. The three-day event concludes on Friday.

About the author

Martin Banks is a senior reporter at The Parliament Magazine.

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