Health system governance in Europe

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Valorisation Addendum
Valorisation

This dissertation was finalised when the EU started to reflect after a period of crises (financial and sovereign debt crisis, migration crisis, Euroscepticism and Brexit) to give contours to the shared future of European societies. In order to pave the way for the next decade and to address the challenges ahead the European Commission has proposed the Future of Europe scenarios (European Commission, 2017a; 2017b). On the one hand, the Europe 2020 agenda and the Juncker Commission have placed economic goals as the sole priority as a reaction to the financial and sovereign debt crisis above social and other end points (European Commission 2014a; Bongardt & Torres, 2010). On the other hand, the Commission continues to aim for the realisation (as well in a self-interested way) of practical benefits of its work to the European citizens. Recently (spring 2017), the end of roaming charges and the establishment of European Reference Networks for Rare Disease treatment have been hailed as such practical successes. We may easily have forgotten that above all red tape produced by the EU, the quality of our drinking water, limits to the exposure to carcinogens and safe medicinal products are regulated by the EU, as well.

At the very start of this dissertation healthcare was sketched as being perceived as a very local phenomenon. The results of the studies provide evidence that this is slightly different regarding the domain of governance to health systems. The results of this dissertation are of relevance to Member States’ governments, since it raises the awareness of the role of the EU. Thereby, national governments are encouraged to continue or expand even further the horizon scanning of EU initiatives regarding the impact for hospitals and health systems and to broaden existing lobby activities for hospitals and health system positions. The examples of the amended Professional Qualifications Directive\(^1\) and the exceptions for hospitals to the Radiation Directive\(^2\) and EU Emission Trading System (EU ETS) demonstrate that it is possible to bargain for the recognition of health system specificities at EU level. At the same time, the results are an invitation to national decision makers to overcome the hesitation and explore the European route – not for the sake of European collaboration – but in order to solve their domestic problems and challenges in a smart way in Brussels when EU involvement is beneficial to sole national actions and European added value can be easily grasped.

For the European Commission the results are of relevance in the design of their health policies towards its goals of effective, accessible and resilient health systems (European Commission, 2014b). The results suggest that the Commission needs to make a delicate compromise between

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\(^1\) Directive 2013/55/EU amending Directive 2005/36/EC on the recognition of professional qualifications

\(^2\) Directive 2013/35/EU on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields)
stronger tools to demonstrate effects of their policies within Member States and returning to
only providing the overall policy direction with the practical design and implementation being
left largely to Member States. In addition, the findings indicate that the European Commission is
using other reference frameworks in the formulation of their health system policies compared to
Member States which hampers the level of implementation. Ex-ante evaluation performed by
the Commission should place more emphasis on the value or policy context in which new EU
legislation is likely to evolve within Member States.

Moreover, the research results of this dissertation are of prime interest to various stakeholders
involved in health systems and hospital policy making. One of the published articles included in
the dissertation (chapter 3) is co-authored by representatives of relevant advocacy and interest
representation organisations based in Brussels. The co-authors are staff members of the
European Hospital and Healthcare Federation (HOPE) and the European Centre for Health Assets
and Architecture (ECHAA) indicating the relevance for their work and member organisations. The
work on this chapter and chapter 2 prepared the ground for an editorial in the British Medical
Journal (BMJ) on “Austerity policies in Europe – bad for health”. Departing from an assessment
of the immediate health effects in Spain and Greece the editorial argued that “health protection
within the EU mandate is more relevant than ever” (Brand, Rosenkötter, Clemens & Michelsen,
2013, p. f3716).

The research on the assessment of National Contact Points of cross-border healthcare (chapter
5) has caught the attention and received the support by European Patients Empowerment for
Customised Solutions (EPECS), a network of regional patient organisations. EPECS has provided
manpower and logistics to the study as to understand how the patient information portal and
support structures are organised in various countries and how collaboration among National
Contact Points is emerging. It contributed to EPECS’s aims of empowering patients, to know
their rights and actively engage in the clinical decision making process. The results have been
further presented at a symposium of the Active Citizenship Network, an Italian Patient
organisation in March 2016 and at the master class at the European Institute of Public
Administration (EIPA). Furthermore, the research has informed the application for a European
Commission funded tender on mapping patients’ rights in 30 countries in Europe which has been
granted to the Department of International Health as lead partner. The work on the mapping
exercise throughout 2015 added insights to the patients’ rights’ situation in all 28 Member
States, Norway and Iceland in regard to basic patients’ rights, consumer-oriented rights and
procedural and information rights.

Furthermore, a number of the policy advisors and hospital managers included in the interview
study (chapter 6) demonstrated interest in the expected results and requested to receive a copy
of the article once published. The European Association of Hospital Mangers (EAHM) offered to
include a contribution in their organisation’s magazine E-hospital to bring the findings to the attention of their members. The same study has received support by euPrevent, a regional public health actor with the aim of facilitating cross-border collaboration between professionals and organisations in the Euregio Meuse-Rhine, because they regarded the work to support their patient empowerment programme.

With regard to future possibilities for valorisation the following section outlines three practical approaches for developing a better understanding of how health system governance is taking place between the European Union and Member States and how this knowledge could be further disseminated among different users.

**A virtual reader on European Public Health**

University students often find it difficult to grasp what European Public Health actually is or entails. Parts of the dissertation are intended to be used to establish a (virtual) reader on European Public Health. The reader could follow the logic of the Department of International Health’s conceptualisation of European Public Health into Public Health in Europe, European Public Health and Global Health Europe and could cover contributions spanning from public health, healthcare to health policy related topics. Chapters from this dissertation qualify as contributions for either Public Health in Europe or European Public Health, on the topics of the healthcare and health policy. The virtual reader could mainly be offered to Maastricht students by incorporating the material in the curriculum of the Bachelor programme European Public Health and Master programme Governance and Leadership in European Public Health and it could be accessible to other interested educational institutes and persons as well.

**Short courses on Health governance in Europe at the UM Brussels campus**

University based public health and health management programmes increasingly include and teach the European aspects to the organisation of healthcare. However, not only students should have an understanding of the interplay between the EU and Member States. Especially, civil servants, policy advisors and assistants working in Brussels-based institutions that deal with European health policy making on a day-to-day basis, should have a basic understanding of the rationale, structures and pressures within healthcare systems in Europe and the potential effects EU governance on them. Many policy makers that deal with health are initially trained in public administration, law or European studies where health as domain for policy making is often not considered in the context of the EU because of its incomplete mandate. Based on the research

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3 Public Health in Europe describes the different Health Systems in Europe, analyses their performance and tries to find best practice solutions.

4 European Public Health concentrates on European solutions of health problems which involve several Member States or are cross cutting issues.

5 Global Health Europe looks at Europe as a zone that has to interact with the outside world.
of the dissertation and the education principles of Maastricht University a modular short-course focusing on health policy making could be offered including modules such as

- data sources and use of evidence in medicine and health service planning
- pressures and reform trends in European health systems
- role and function of healthcare actors
- knowledge translation in health and implementation of health innovations
- intersectoral governance for health (at EU level).

This could be offered at the UM Brussels campus in combination with a practical project to apply the acquired knowledge and skills within the participants’ organisations.

**A European or Euregional Expertise Centre for healthcare**

This dissertation has provided evidence that not only patients but also healthcare institutions such as hospitals are not aware of the European influences that play in their daily operations either due to their activities covered by European law or because of cross-border activities. The European or Euregional Expertise Centre for healthcare could act as a contact point for knowledge generation and exchange advising and/or training healthcare institutions and individual persons on cross-border patients and service provision and the application of EU law in practical matters. The Expertise Centre could collaborate with internal and external partners to establish the needed expertise. Within Maastricht University, this could include expertise from the Faculty of Health, Medicine and Life Sciences and the Faculty of Law. External collaboration could involve the National Contact Points for cross-border healthcare, European and domestic healthcare associations, national competent authorities (such as on health professional qualifications) and existing cross-border information points on social security issues.
References


