

COUNCIL OF
EUROPEAN DENTISTS



MAY 2010

// CED RESOLUTION

REFLECTION PAPER ON “QUALITY OF HEALTHCARE: POLICY ACTIONS AT EU LEVEL”



COUNCIL OF EUROPEAN DENTISTS (formerly EU Dental Liaison Committee)

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// INTRODUCTION

The European Commission (DG SANCO) presented at a meeting of Working Group Patient Safety and Quality of Care on 2 February 2010 a reflection paper on possible future action at EU level on quality of care. All participants of the meeting, including the CED, were given the opportunity to comment on the paper by 19 February 2010. CED Working Group Patient Safety, supported by the CED Office, prepared a response which was approved by the CED Board and transmitted to DG SANCO. The following document summarizes the reflection paper and CED's position on the issue.

// SUMMARY OF THE COMMISSION'S REFLECTION PAPER

Commission's reflection paper defined the state of play in the area of quality, listing past current initiatives at EU level. It further defined common challenges for European health systems and problems in addressing them. The Commission stated that the ultimate goal of a possible EU action would be to improve the quality of healthcare for all EU citizens and listed 4 different policy options to achieve this:

1. Using existing programmes, mechanisms and structures
2. Enhanced collaboration mechanism between Member States and the EU
3. Council recommendation on healthcare quality
4. Common quality standards for EU Member States (4A: indicative, 4B: mandatory)

// CED'S POSITION

The paper ascertains that quality of health care is also an important issue for the EU and a range of EU initiatives and projects already exist relating to quality of health care. The paper raises the general question of how highly professional health care, i.e. effective and safe health care that caters to the needs of the patient, can be achieved for all EU citizens.

This definition of quality of health care, i.e. safety, focusing on results and including patients, has been simplified, as not only results but also structures and processes play a key role in the overall debate on quality and many measures come into play when improving quality, especially when it comes to processes. It is true that patient expectations and patient behaviour are important aspects and therefore must be taken into account and that patient-centred care and patient empowerment are key approaches in a modern health system.

It is evident that there are many different quality assurance measures in the Member States and that quality strategies are also being applied on a very different scale of intensity in the EU countries, e.g. incident reporting systems, guidelines, accreditation/certification of health care providers or institutions. However, an evaluation of the various quality assurance strategies is lacking and insufficient information is being exchanged between the EU states on successful measures or best practices. We fully agree with these observations, as obtaining a similar level of understanding of quality and quality assurance between different countries is often difficult enough. While one simply understands strategies for quality assurance or improvement of health care to mean adhering to hygiene measures or safety and transparency in terms of medical products, others think of applying evidence-based guidelines, critical incidence reporting systems or public reporting of quality indicators.

Overall, problems related to improving the quality of health care are thus appropriately defined in the reflection paper.

As regards aims, we agree with **the first aim** of achieving a common understanding of quality in the Member States.

The second aim, of promoting continuous improvement in the quality of health care by introducing various measures with the active involvement of health care professionals and patient representatives, should also be highlighted, even if the requirement that all proposed quality assurance measures must be based on evidence restricts the choice of measures. It is therefore right to demand a close cooperation between decision makers and scientists – or more precisely, health care research.

The third aim, of improving the comparability of data collected, may sound plausible in theory, but still holds many problems, especially if the data is then going to be used in external comparisons and benchmarking. The debate on which data actually portrays quality, which quality indicators are valid or how other important aspects are neglected by concentrating on certain quality criteria is already surrounded by controversy domestically and by no means resolved internationally. Comparative data collection will be rejected until these issues of methodology and public health are discussed in more detail.

The fourth aim, of establishing a culture of mutual learning between the Member States, is certainly a positive thing but, according to the reflection paper, can only be achieved if the three other aims mentioned have already been successfully realised.

In the paper, the EU lays claim to a coordinating role regarding measures relating to the quality of health care. However, measures relating to the quality of health care naturally lie in the hands of the Member States and depend on the respective health system. Thus, out of the policy options listed, only **Option 1** – continuation and further development of existing options – comes into consideration. The existing programmes and projects to be further developed will create opportunities for exchanging information on best practices. If insufficient information gets through to the states, decision makers or experts, information channels must be improved.

Option 2, of creating an information platform at EU level, can only be approved if participation is voluntary and quality assurance measures are not developed and evaluated which the Member States shall then be obliged to adopt at a later date. This can, at best, be an exchange of best practices on a technical level.

Options 3 and 4 encroach upon the health systems of the Member States and are therefore unacceptable and not in accordance with Article 168 of the EU Treaty.

Adopted unanimously at the CED General Meeting on 28 May 2010.