SUMMARY OF THE PROJECT "BENCHMARKING REGIONAL HEALTH MANAGEMENT II"

1.   Subject area: Cross-Cutting Themes
"Benchmarking Regional Health Management 2" to identify best practice and support co-operation between member states

2.   Aim – What are the objectives against which project's success or failure can be assessed?
The project aims to achieve more transparency amongst the different regional health systems in Europe as well as to offer a platform on which regions can learn from each other using the variations of regional health care regulations and activities to improve health governance and public health. Regions which took part in the first part of the Benchmarking project will form the core project group and will work together with an institute experienced in benchmarking and health policy (systems) research.

3.   Methods – How will the objective(s) be achieved?
Three tracers (measles, breast cancer and diabetes) have been chosen to look at the following aspects of the regional health systems: prevention, screening, and health care services.
Based on current scientific literature and research results, structured instruments will be developed and used to collect information on the organisation and governance of processes in the different regional health care and prevention programmes. The collected information will be used to construct diagrammatic illustrations (organigraphs) showing not only the organisational structure, but also the flow of action in the health programmes. Visits to the regions including in-depth interviews with persons at strategic points in the health systems will be used to substantiate and check the reality of the processes described in the organigraphs. To be able to get an idea of the effectiveness of the governance of the processes, detailed epidemiological data will be collected from the regions using existing surveillance systems.
A reference framework for the analysis of management procedures will be developed. This will include different stages of intervention, e.g. early or late intervention, action levels aimed at e.g. from individual settings to social systems, financial sustainability and quality assurance.
The construction of gold-standards for health strategies and policies will allow identification of good practice modules within the regional health systems.
To enable the building of clusters of different regions according to their political and socio-demographic backgrounds as well as their epidemiological development, as many European regions as possible will be involved.

4.   Deliverable(s) – What are the expected outputs of the project and how will they be disseminated?
The development of a set of performance indicators will not only be used to analyse governance and processes within the regional health systems, their policies and structures, but could also be utilised for health policy research on national and European level. The collection of data regarding the epidemiology of measles, breast cancer and diabetes in relation to programme performance and effectiveness of implementation will support other EU-projects dealing with indicators and data collection and give an input to the European Public Health Information Network (EUPHIN).
Putting the different regions into clusters enables them to learn from regions similar to their own in structure and development. The project will also help to identify key contact persons or organisations and their responsibilities for various aspects of the health systems at different levels.
A European Regional Network on health governance of prevention and health programs will be set up. The results will be made available to Member States and other EU projects and services following approval by appropriate Commission's services.

LIST OF ACTIONS

PRIORITY AREA: CROSS-CUTTING THEMES (GHP/2003)
[ ]   2.1.1   *Health Impact Assessment*
[ ]   2.1.2   *Health in the applicant countries*
[ ]   2.1.3   *Tackling inequalities in health*
[x]   2.1.4   *Co-operation between Member States on health services*
[x]   2.1.5   *Promoting best practice and effectiveness*
[ ]   2.1.6   *Ageing and health*

DELIVERABLES

[x]   Development of methodologies and models, including simulations
Specify: benchmarking methodology for health management………………….

[x]   Evaluation and assessments of specific issues carried out
Specify:…identification of best-practice modules for health management processes......

[x]   Preparation of reports and publications
Specify:…interim and final report, publications in scientific
journals…………………….

[x]   Organising a conference(s) or a meeting(s)
Specify:…in addition to 5 project meetings for partners,1 international conference (for participating regions, interested organisations and persons) with workshops to achieve/promote transparency …………………

[x]   Development of quality measures and standards in specific areas
Specify: construction of gold-standards for health management processes and programmes…………………………

Is the project complementary to a project
previously supported by the Commission? YES [X] NO [ ]

Is it a new project? YES [X] NO [ ]

Which Member States are involved?

[x]	B (Belgium)	[ ] L (Luxembourg)
[ ]	DK (Denmark)	[ ] NL (Netherlands)
[x]	D (Germany)	[x] A (Austria)
[x]	EL (Greece)	[x] P (Portugal)
[x]	E (Spain)	[ ] FIN (Finland)
[ ]	F (France)	[x] S (Sweden)
[x]	IRL (Ireland)	[x] UK (United Kingdom)
[x]	I (Italy)	

Which applicant countries are involved?[1]

[x]	BG (Bulgaria)	[ ] MT (Malta)
[ ]	CY (Cyprus)	[x] PL (Poland)
[x]	CZ (the Czech Republic)	[ ] RO (Romania)
[ ]	EE (Estonia)	[ ] SK (the Slovak Republic)
[x]	HU (Hungary)	[ ] SI (Slovenia)
[ ]	LV (Latvia)	[ ] TR (Turkey)

Which EFTA-EEA countries are involved?

[ ]	(IS) Iceland
[ ]	(LI) Liechtenstein
[x]	(NO) Norway

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[1] Lithuania is not participating in the public health programme in 2003.

PROJECT DESCRIPTION
Technical description of the project: objectives, methodology, expected results

Statement of project aim(s) and objectives

The project aims to encourage openness and co-operation at regional level amongst European countries and at the same time provide an opportunity for the regions to learn from each other. Focus will be on the structure and organisation of the regional health management systems: the different decision making levels and bodies, their respective responsibilities, the extent to which they can influence policy making, the degree of autonomy they possess, the co-ordination of events within the regional health system as well as the processes involved in the implementation of health programmes. Organigraphs depicting the relationship of the different decision making bodies/levels to each other as well as the flow of actions within the health management system will be constructed for each region participating in the project. Three tracers, measles immunisation programmes, breast cancer and diabetes screening and care programmes will be used to demonstrate the mechanism and functioning of each system. Using the concept of benchmarking, a gold-standard will be constructed to identify good practice models for different modules such as programme co-ordination or promotion campaigns. Relevant data will also be collected, thereby giving an insight into the operation of existing surveillance systems and their quality.

As the politic-cultural and epidemiological development of regions in the European countries differ, it is the aim of this project to involve many European countries such that they can be grouped according to their backgrounds and developmental stage. Good practice models will thus be identified for each group enabling regions to implement changes according to procedures most similar to theirs.

Building on the work of other EU projects such as ECHI and ISARE, the results will help Regions and the Member States and Applicant Countries to improve the potentials of performance based governance.

Description of tasks/sequence of work/timetable

Phase 1:
- development of benchmarking methodology
- training for project partners at a highly renown benchmarking centre
- construction of a gold-standard for the organisation and functioning of regional health management systems by a European expert panel
- literature research on health management including and up to date information
- development of health performance indicators to assess the effectiveness of regional health management systems (this will be done under the guidance of WHO-ECHP).

Phase 2:
- construction of a short questionnaire to be completed by European regions to get an overview of the relevant organisations for further contacts
- in-depth interviews with decision makers and other key personnel in different European regions will be conducted covering the different aspects and spheres of health management
- collection of statistical data which give an insight of the effectiveness or outcome of the three tracer disease programmes (this will be done in co-operation with the regional representatives)

Project meetings with all participants will be held twice a year to offer a platform for discussion (reality check) and to support the dissemination of results. Possible problems, e.g. bureaucratic, data collection will also be discussed and ways to counter them suggested.

The core group (project partners of BEN 1) as well as the partners will function as the steering group.

Phase 3:
Analysis of questionnaires and interview information:
- construction of organigraphs for each region
- stratification of regions according to their political-cultural and also to their epidemiological background
- identification good practice models for each strata
- three or four dimensional framework of health programme performance

Phase 4
- International conference with different workshops to present and discuss results
- Final report

Expected results of the project

The information from the questionnaires as well as that from the on site visits/in-depth interviews will provide an insight into the regional health management performance of the participating regions. The project will also help to identify key contact persons or organisations and their responsibilities for various aspects of the health systems at different levels.
The organisation of each system will be made transparent for all, and each region will be able to compare its own system with those of the other regions and openly discuss issues of importance to them.
The organigraphs will provide an overview of the organisation of the regional health management systems at a glance.
The setting of a gold-standard will offer a neutral structure against which all regions can compare themselves without judging any of them.
The developed benchmarking methodology for health governance could be used as a reference for other research and projects in this field.
The regions will be put into clusters according to their public health background and experience.
Good practice models in modular form (i.e. organisation of invitation systems for measles immunisation or mammography screening programmes, or nutritional advice programmes for diabetic patients) as opposed to the health management system as a whole will be identified.
Statistical data will be used as a measure of the effectiveness of the organisation of the health systems and will supplement the information collected from the questionnaires and interviews.
The data will then be forwarded for use in the setting up of the public health portal.
The final report will be published as a book in the scientific series of the lögd.

EVALUATION CRITERIA

Conformity with the Commission's predefined objectives

The project will contribute in various ways to the Commission's objectives. Firstly, by involving many regions from different European countries, it will fulfil the Commission's objective to encourage co-operation between Regions and Member States. Regions of different demographic, geographical and public health experience will be involved, allowing the exchange of information and knowledge on a wide spectrum. The project will also cover other aspects mentioned in the Work Plan 2003 such as looking at surveillance systems with the aim to improve them, determining ways/methods used by regions to address questions of social inequality. Good practice models will also be identified.

Community added value

The project will build on experiences gained from the conduction of the first benchmarking project run by the applicant. By looking at the structure, organisation and functioning of the regional health systems, the project will contribute to comparability of data as well as processes leading to its collection between member states.

The construction of a gold-standard for the processes involved in running an effective regional health system will also contribute to consensus between regions in different member states. Identifying good practice models from which other regions can learn will enhance the exchange of knowledge and methods between regions in Member States and those in Applicant Countries.

In looking at the organisation of regional health governance and management the project will relate to work already done in other EU projects under the framework of HMP such as ISARE, EUCOMP, and will also benefit from the information provided in the country HiT's from WHO Observatory.

The project will be done in partnership with experienced institutions such as the LOEGD – NRW (Germany) WHO – Office for the RHN and the regions which participated in the benchmarking project 1.

The project is of a large scale, involving 23 regions from 12 countries and different organisations.

Dissemination of results and visibility of the Community action

A project report describing the whole course of the project, the methodology used to collect information, the construction of the gold-standard, the analysis of the gathered information as well as the identification of the good model practices will be published by the end of the project.

Following approval by the appropriate Commission services, the results will be made available to Member States at national and regional level, other EU projects and services and International Organisations such as OECD, WHO, ILO.

The results will also be made available on the Internet and will be published in the relevant scientific journals.

Meetings will be held with participating regions where the results will be presented and discussed.

Each region will identify areas in their regional health management system requiring optimising and the regional representatives will be required to keep the different operating organs/persons in their respective health systems informed about the project so that a smooth incorporation of new ideas can take place.

Results likely to be taken into consideration

At the project's end, each region should be aware of how other regional health systems are managed according to the processes involved and the tracers applied. They should be able to identify areas requiring optimisation in their own systems.

Participants will be requested to complete a feedback questionnaire.

The project will provide an overview of the running of prevention and care programmes in the participating regions and their regional health systems, publish a benchmarking methodology and supply data for use for the public health portal. Interim reports stating the progress of the project will be made available to all partners.

Effectiveness of partnerships

The Institute of Public Health NRW (loegd) has proved to be a competent partner during the course of our first benchmarking project, Ben RHM 1. The personnel concerned is well versed about the project's aims and objectives, a fact which is advantageous for the running of this project.

The WHO Regions for Health Network (RHN) offers contacts to other organisations and to its own members.

The steering group also includes regions from countries which participated in Ben RHM 1 and are thus aware of the project's expectations.

Consistency of the funding plan

The project leader and manager will supervise the implementation and running of the project.

The Project co-ordinator is the contact person for the Commission and partners. The project finances fall within his responsibilities. He will ensure that the project runs according to the set plan, that the different working groups keep to the deadlines and will organise the meetings with the partners, the conference and the expert panel meeting.

The Scientist will conduct the literature search, be involved in the development of health policy indicators, write interim reports and plan project meetings and conference with the project co-ordinator. He/she will also be involved in the construction of the short questionnaire for the regions and in the conduction the in-depth interviews. The person will also be responsible for the writing of the final report.

The Health Policy Expert will assist in the development of health performance indicators.

The Steering group includes the co-ordinator of the RHN, who will be responsible for the distribution of finances to the regions and will serve as a link between the project co-ordinator and the regions. The group itself will work hand in hand with the project co-ordinator and assist in the running of the project.