General Assembly III

Breakout session for decision makers/investors
Tools and guidelines & capacity building

Moderator Thomas Ziese
Presenter Neville Calleja & Stefanie Seeling for InfAct

Virtual Meeting
January 22, 2021

- Prioritization in Health Information development and recommendations

- Application of best practices with topic specific reports

- Health Information System assessment and benefits for capacity building in a peer review format

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Aim & Research Question

Health information shall support public health policy action (agenda-keeping) and point to emerging public health issues (agenda-setting).

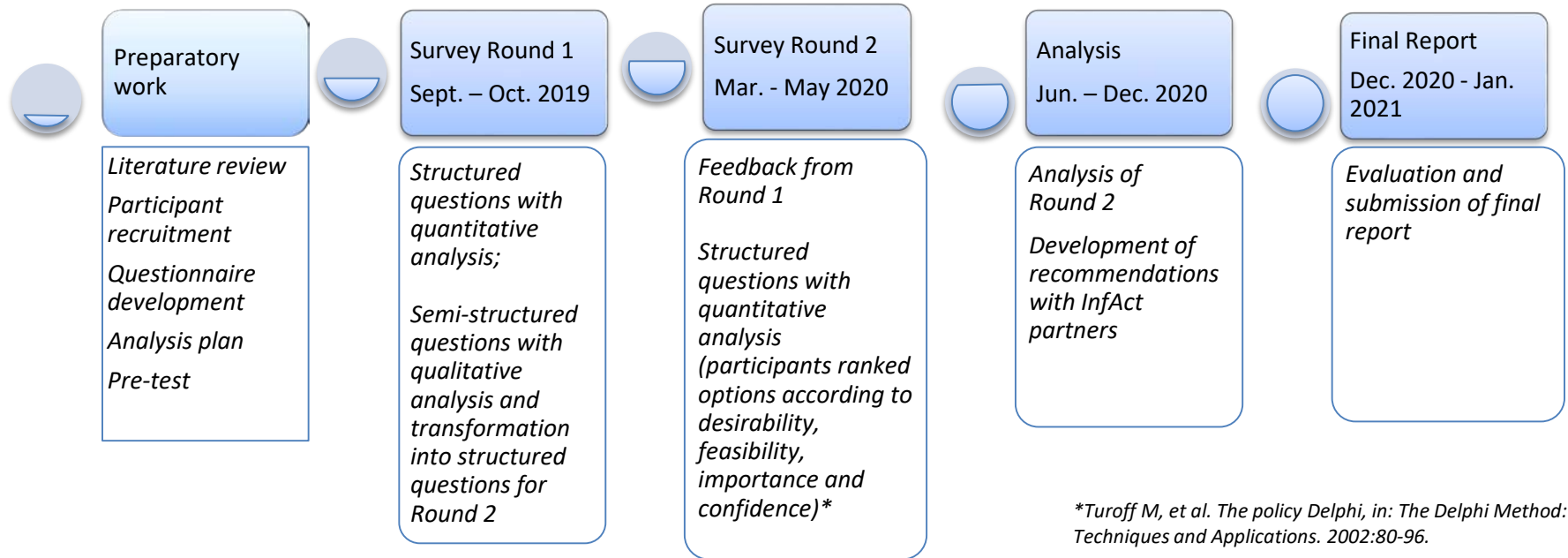This brings up the following questions:

➤ **How is health information for national health reporting prioritized?**

➤ **Are there „good-practice"-approaches to prioritizing health information?**

Method: Policy Delphi Survey

Timeline

Preparatory work

Literature review

Participant recruitment

Questionnaire development

Analysis plan

Pre-test

Survey Round 1
Sept. – Oct. 2019

Structured questions with quantitative analysis;

Semi-structured questions with qualitative analysis and transformation into structured questions for Round 2

Survey Round 2
Mar. - May 2020

Feedback from Round 1

Structured questions with quantitative analysis (participants ranked options according to desirability, feasibility, importance and confidence)*

Analysis
Jun. – Dec. 2020

Analysis of Round 2

Development of recommendations with InfAct partners

Final Report
Dec. 2020 - Jan. 2021

Evaluation and submission of final report

*Turoff M, et al. The policy Delphi, in: The Delphi Method: Techniques and Applications. 2002:80-96.

Topics — Round 1 and 2

Round 1

Round 2
Ranking of:

Round 1	Round 2
Structured prioritization processes?	• Approaches to national health information development
Stakeholder involvement in prioritization of Health Information?	• Potential stakeholders • Preferences for stakeholder coordination
Criteria used in prioritization of Health Information?	• Options for actors, methods and guiding frameworks
Good practice approaches?	• Approaches to good practices of Health Information prioritization • Approaches for promoting good practices

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Selected Results - Structured Processes

Round 1
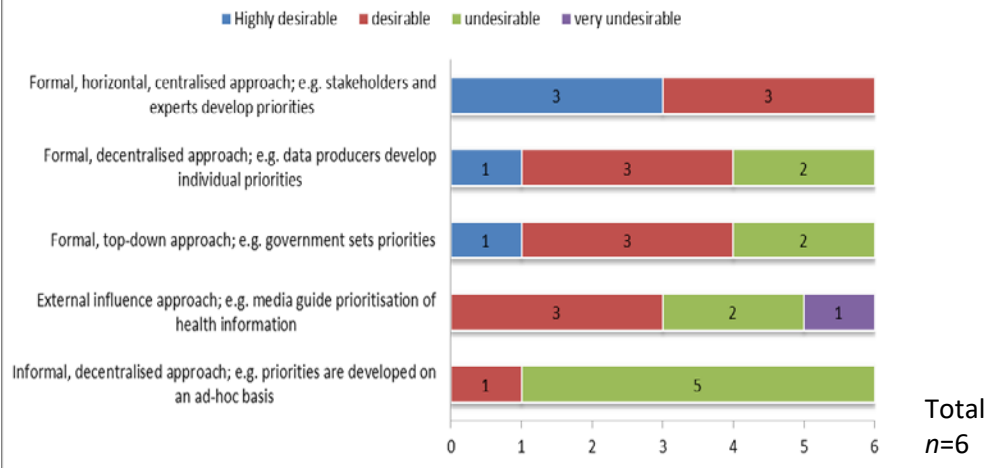
In your country, are structured processes used to prioritize health information topics for national health reporting?

Yes
No

11, 42%
15, 58%

Total
n=26

Round 2

Ranking according to Desirability

■ Highly desirable ■ desirable ■ undesirable ■ very undesirable

Formal, horizontal, centralised approach; e.g. stakeholders and experts develop priorities	3	3
Formal, decentralised approach; e.g. data producers develop individual priorities	1	3	2
Formal, top-down approach; e.g. government sets priorities	1	3	2
External influence approach; e.g. media guide prioritisation of health information	3	2	1
Informal, decentralised approach; e.g. priorities are developed on an ad-hoc basis	1	5

Total
n=6

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Selected Results - Stakeholder Involvement

Round 1

Are stakeholders involved in health information prioritization processes in your country?

- ■ Yes
- ■ No

9, 35%

17, 65%

Total
n=26
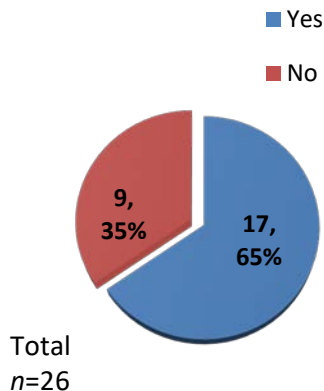
Round 2

Ranking according to Desirability and Feasibility

National Public Health Institutes were ranked as

- very desirable (n=6/6)
- definitely feasible (n=5/6)

stakeholders in Health information prioritization.

National Public Health Institutes were ranked as

- very desirable (n=5/6)
- definitely feasible (n=4/6)

coordinators of stakeholders.

Selected Results - Criteria Development

Round 1

In your country, are criteria applied to prioritize health information topics for national health reporting?

Total
n=26

Legend: ■ Yes ■ No
12; 46% / 14; 54%
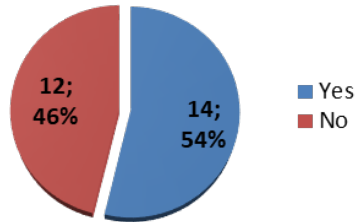
Round 2

Ranking according to Desirability and Feasibility

National health targets and national health strategies were ranked as

- very desirable (n=6/6)
- definitely feasible (n=4/6)

frameworks to guide prioritization.

Mixed meetings (researchers, policy makers, etc.) were ranked as
- very desirable (n=6/6)
- definitely feasible (n=3/6)

approach to criteria development.

Selected Results - Good Practice-Approaches

Round 2

Ranking according to Desirability and Feasibility

Implementation of a National Health Information strategy was ranked as

- very desirable (n=4/5)
- definitely feasible (n=4/6)

approach to good practice in Health Information prioritization.

Other approaches include, e.g.
- implementation of national health targets
- implementation of a national legal act on Health Information
- set up a national catalogue on Health Information

Conclusions & Recommendations

Conclusions

- More than half of the respondents confirm existence of structured HI prioritization processes
- The respondents give preference to a formal, horizontal process for HI prioritization which includes different experts and stakeholders
- National health targets and strategies are desired guiding instruments for HI prioritization
- NPHIs are desired and feasible stakeholders in all HI prioritization processes

Recommendations

- Continue to promote science-base, transparency and comprehension in HI prioritization
- Develop a guidance for 'Good Practice HI Prioritization' and use project results as starting point for joint efforts among EU MS

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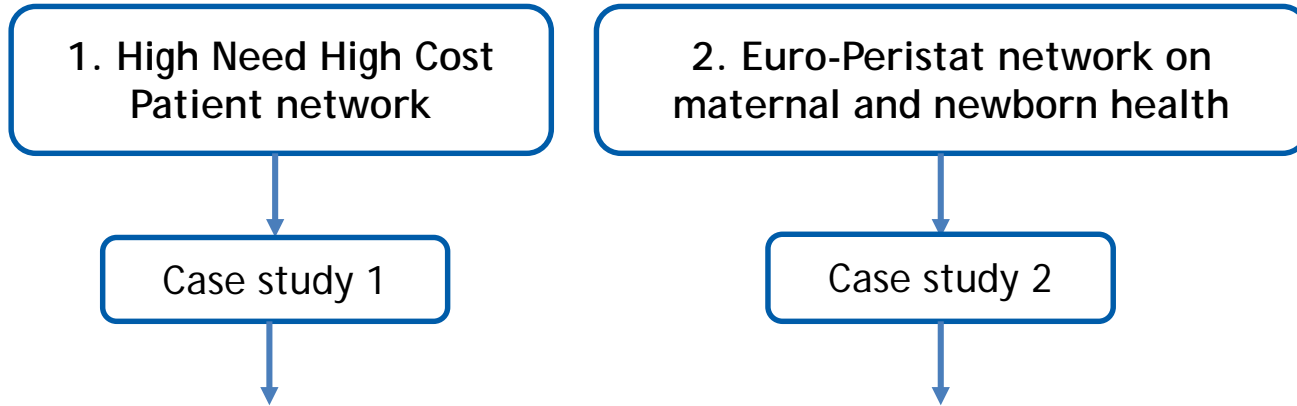
To **highlight the best practices for innovative use of health information:**

- in order to demonstrate the value of health information infrastructure as data exchange networks

- ➤ for public health policy process across the Member States

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EU-Data Networks

| 1. High Need High Cost Patient network | 2. Euro-Peristat network on maternal and newborn health |

Case study 1

Case study 2

Objectives:
- To identify a set of homogenous HNHC patient groups (vignettes)
- To examine variations in care delivery and outcomes across the entire patient pathway across a group of European and other high-income countries

Objective:
- to describe the use of data linkage and advanced statistics in the reporting of perinatal indicators in Europe

Policy implications of results (I)

- The majority of the countries have the **capacity to link data** on a routine basis.
  - Fewer countries routinely link health data to other databases, such as **socioeconomic data**, which make it possible to report on social inequalities in relation to various health outcomes

- The data linkage has the potential to **improve the comprehensiveness and the quality of health information** across European countries for:
  - patient care
  - public health monitoring

- The networks can provide **high-quality data** that can be used to inform future research and policy.

Policy implications of results (II)

- Data linkage helps to evaluate the **patients care trajectories and outcomes** and **the impact of various factors** on health system performance.

- **Investing in data linkage** that enables to make informed decisions about care for patients.

- Linkage also improves possibilities for **measuring the impact of population risk factors**, including social disadvantage on health outcomes.

Why Health information system assessment?

- From assessment to change
  - Leaving no one behind
  - Decreasing inequalities
  - Leadership of health authorities

Uncovering European HIS nuggets

- Comprehensive legal framework (NO)
- Citizen driven health information R&D (BE)
- Citizen access to own health information (EE)
- Partnering with arts for HI dissemination (LT)
- Target based interagency governance agreement (AT)

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HIS assessment = HIS awareness = HIS investment (1)

National:

- Additional funding for HIS (SRB)

- Launch of eHealth records & eHealth strategy dev.(RO)

- Legal amendments taken forward (NO)

- Better understanding of HI possibilities by policy-makers; restart of several collaborative projects (LT)

HIS assessment = HIS awareness = HIS investment (2)

International:

- Increased demand to WHO (Euro) for formal HIS assessments from Western European countries

- First European training in Health Information (PT)

- Population Health Information Infrastructure for COVID-19 (PHIRI) (first use case)

- Longterm support: Distributed Infrastructure on Population Health (DIPoH)

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Thank you!

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