

Newsletter N° 156 – March 2018

In this issue:

[Click on one of the titles below to go directly to the related article]

HOPE activities

Migrants and Refugees: HOPE Survey published

HOPE Agora 2018: Registration open

Brexit4patients: Press release and key questions

MedEye, a bedside tool for medication administration errors

ICT4Life pilots launched in France

European Reference Networks

Bulgarian Presidency of the Council of the European Union

Informed access to medicines for patients - Conference in Sofia

EU institutions and policies

Public Health

Antimicrobial Resistance: EU Joint Action news

Protecting citizens against health threats: Commission roadmap

Primary Care and Health Systems: Expert group report

Vaccination: European Parliament Environment committee draft resolution

Cooperation in cross-border healthcare: New study maps

Communications Networks, Content and Technology

Cybersecurity: Proposal to create a competence network with a European Cybersecurity Research and Competence Centre

Artificial Intelligence: Call for a High-Level Expert Group

Justice and consumers

Liability and new technologies: Launch of call for experts

Research and Innovation

Renewable Energy Horizon Prizes

European programmes and projects

Multi-Annual Framework: opinion of the European Parliament and data gathering study

Medicinal products pricing – EURIPID Project

Reports and publications

Reports

➤ **World Health Organization (WHO)**

Meeting on child health redesign in the WHO European Region (2018)

➤ **European Observatory on Health Systems and Policies**

How to make sense of health system efficiency comparisons?

Articles

Does an early Primary Care follow-up after discharge reduce readmissions for heart failure patients?

Ten Years after the Creation of the Portuguese National Network for Long-Term Care in 2006: Achievements and Challenges

Cognitive determinants of healthcare evaluations – A comparison of Eastern and Western European countries

The role of the 2011 patients' rights in cross-border health care directive in shaping seven national health systems: Looking beyond patient mobility

Improving health care service provision by adapting to regional diversity: An efficiency analysis for the case of Germany

Disinvestment in healthcare: an overview of HTA agencies and organizations activities at European level

ECDC Rapid Risk Assessment highlights young adults and healthcare workers as groups that are susceptible to measles

Other news – Europe

Personalised Medicine Conference

Personalised Medicine and Research in Northern Ireland, Symposium

Brexit and the NHS

WHO and International Foundation Integrated Care (IFIC) sign Memorandum of Understanding

Primary Health Care – WHO Advisory Group

ILLUMINART device: a 'Virtual aquarium' and an app for hospital patients

Medicines shortages: the European Association of Hospital Pharmacists (EAHP) launches a Survey

Upcoming HOPE (and co-organised) conferences and events

HOPE Study Tour - The Danish Way in Quality and Health Care	Copenhagen, 10–11//04/2018
9th European Conference on Rare Diseases & Orphan Products (ECRD 2018)	Vienna, 10-12/05/2018
18th International Conference on Integrated Care - “Value for People and Populations: Investing in Integrated Care”	Utrecht, 23-25/05/2018
HOPE Agora 2018	Stockholm, 3-5/06/2018
26th International Conference on Health Promoting Hospitals and Health Services	Bologna, 6-8/06/2018
European Association of Hospital Managers Congress	Cascais, 26-28/09/2018
7th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service	Lisbon, 21-23/11/2018

Migrants and Refugees: HOPE Survey published

The increasing mobility and diversity of the population strongly affect healthcare services and hospitals: people on the move face greater health risks, suffer from conditions not commonly found in Europe and have different expectations about health services.

Access to adequate health care is further complicated by language barriers; and migrants often being socially disadvantaged. Although health services are used to accommodating cultural diversity, European hospitals are facing new challenges.

HOPE and its members have been discussing this topic for several years. In the recent context of intensified migratory pressure on some EU countries, it seemed essential to collaborate and share good practices as well as knowledge on the specific health needs of migrants. The HOPE Board of Governors asked members to review and list good practices. The survey "*Migrants and Refugee: good practices in hospitals and healthcare services*" is the result of this work.

Access the report



HOPE Agora
2018
Stockholm
3-5 June

"Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?"

HOPE Agora 2018: Registration open

From 3 to 5 June 2018, the Swedish Association of Local Authorities and Regions (SALAR) will welcome the HOPE Agora 2018 in Stockholm. The conference closes the 2018 HOPE Exchange Programme.

The focus of the conference will be on patient involvement as a tool for improving healthcare. The participants in the HOPE exchange programme will show how the quality and efficiency of healthcare can be improved by using the experiences and competencies of patients and their relatives. But the participants are also supposed to point at factors that stimulate or constrain patient involvement in healthcare.

In addition to these presentations made by the HOPE exchange programme participants, some invited speakers will also give their perspectives on the topic.

The HOPE Exchange Programme lasts for approximately one month. At the end of the programme, all participants are invited to share their results at the HOPE Agora. The theme of this year is "*Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?*" Participants will investigate how this topic is developed in their host country and present their findings at the event.

More information and registration

Brexit4patients: Press release and key questions

HOPE and the European health community have warned that time is running out to secure patients' interests in Brexit negotiations. With Phase 2 of the negotiations looming, health groups across Europe have drawn up a list of crucial unanswered questions that must be answered by the EU and UK negotiators to 'put patients first' in the negotiations.

These questions were set out at a meeting of a coalition of European health stakeholders on 21 February 2018 and have been released in advance of the European Council meeting on 22 March 2018, where the guidelines for the negotiation of phase 2 were agreed. These focus on how to prioritise patient safety and public health in the Article 50 negotiations on the future relationship between the UK and the EU. Each speaker posed three questions of importance, which will need resolving for patients.

The coalition has now published this document in light of the discussions by the EU27 on the draft guidelines for the future relationship between the UK and EU in the weeks to come. Some of the key questions the coalition sets out are:

- How will a trade agreement ensure sufficient and timely supply of medicines and medical devices for both EU and UK patients?
- In the event of a 'no deal' Brexit, how would EU27 national governments avoid that public health be affected across the EU?
- How will the UK and the EU come to an agreement to ensure the future drug licensing system does not exacerbate delays in access to the most innovative treatments for patients, both in the UK and across the EU?
- How can EU and UK patients benefit from the pooling of scarce expertise in rare and complex diseases under European Reference Networks?

List of questions & Press release

European Council (Art. 50) guidelines on the framework for the future EU-UK relationship, 23 March 2018

MedEye, a bedside tool for medication administration errors

Since February 2017, HOPE is part of MedEye project, funded from the European Union Horizon 2020 FTI programme under grant agreement N° 730731.

MedEye is a tool that helps nurses to stop and prevent medication administration errors at the bedside. The system scans medication just before the nurse hands the medication to the patient and makes sure those are the correct ones. If something is not correct, the nurse is alerted and given instructions on how to fix the problem. As a last step, MedEye documents that medication in the patient electronic record.

MedEye has already been tested and validated in several Dutch hospitals and in nine Belgian long-term care facilities with excellent results. The system is now in the process of being further validated at Newcastle Upon Tyne Hospitals NHS Foundation Trust in United Kingdom. The

system has been well received by patient and nurses across multiple geographies and healthcare settings.

Administering the right medication, in the right quantity and at the right time has proven to be a challenge for hospitals. The medication process is complex and nurses are tasked with catching all types of errors that happen somewhere in the medication management chain. With MedEye, nurses have a tool that can help reduce time for medications administration, registration and reporting of errors and allows nurses to dedicate more time for patients.

The system is improving with every installation and functionality is expanding to handling high-risk medications, double verification and other complex nursing tasks. The interests shown by end-users is a good starting point for the tool acceptance throughout Europe. HOPE is committed in the dissemination process, especially for what concerns the identification of relevant stakeholders at the national level, to be potentially involved in the process.

ICT4Life pilots launched in France

9 March 2018 was a milestone date for ICT4Life project in which HOPE is involved: the pilots were launched in France under E-Seniors' supervision.

The Day Care Centre Renée Ortin in Sarcelles (suburbs of Paris) is welcoming ICT4Life. The team is very helpful and passionate about discovering new technological developments in health care.

The pilots' process started with some interviews: patients and staff were asked to answer several questions that will allow E-Seniors to monitor various parameters to validate the technology. E-Seniors' team will go to the Day Care Centre every 15 days in order to conduct observation sessions.

Participants in the field trial will be asked every month to fill in a questionnaire allowing E-Seniors' team to collect a regular feedback on organizational, physical and psychological aspects, such as non-verbal interactions with the technology or the other seniors.

Four patients diagnosed with Alzheimer disease or any other kind of dementia and three health professionals will test ICT4Life in real conditions for three months.

More about ICT4Life



European Reference Networks

HOPE was invited to speak on 27 February 2018 in the European Parliament during the meeting of the European Parliament interest group on European Patients' Right and Cross-Border Healthcare.

Chaired by Stephen McMahon, President of the Irish Patients' Associations, it was welcomed by MEP Patrizia Toia (Italy).

The concept of European Reference Networks was presented by the European Commission Cross-Border Healthcare & eHealth Unit and illustrated by Maurizio Scarpa, Coordinator European Reference Network for Hereditary Metabolic Diseases (MetabERN) and Luca Sangiorgi, Coordinator, European Reference Network on Rare Bone Diseases (ERN BOND).

An example of the contribution of patients to ERN was provided by Beatrice De Schepper of the European Huntington Association, as a patient representative in the ERN RND (Rare Neurological Diseases).

Pascal Garel, the Chief executive of the European Hospital and Healthcare Federation (HOPE) shared the work of HOPE in setting up the first seminar gathering chief executives of hospitals leaders and partners of ENRs.





Informed access to medicines for patients - Conference in Sofia

The Bulgarian Presidency of the Council of the EU organised in Sofia on 6 March 2018a conference on topics related to the accessibility of medicinal products, their therapeutic effects and the effectiveness of the use of public resources.

Participants discussed the need to apply the principle of proportionality in drug delivery, the need to take into account the specificities of EU Member States' drug policies and the possibility of finding a common national and European solution. One of the key messages was that medicinal products are specific commodities and their trade as well as the control over shortages of such products should be regulated through sustainable solutions.

Emphasis was placed on finding a balance between the speed of regulatory approval and safety data for new drug therapies with reliable data on the effectiveness of therapies.

The conference was attended by experts from the Member States of the European Union, the World Health Organisation, the Organisation for Economic Cooperation and Development, the European Commission, the European Medicines Agency, the academic community, the industry and non-governmental organisations involved in the healthcare field.

[Read more](#)



Antimicrobial Resistance : EU Joint Action news



HOPE is contributing to the Joint Action on Antimicrobial Resistance and Healthcare Associated Infections (JAMRAI), which was launched on 1 September 2017. JAMRAI is a collaborative project built on existing works and initiatives by Member States as well as international organizations (OECD, ECDC, WHO Europe, OIE and FAO).

The Joint Action will look over the best programmes in each country and propose concrete steps to implement best practices to tackle AMR and HCAI, so that good intentions lead to practical actions shared by the Member States. EU-JAMRAI aims at joining forces to define European common policies to fight Antimicrobial Resistance (AMR) and control Healthcare-associated Infections (HCAI) in line with the One Health approach and ongoing EU and international policies.

On 9 November 2018 in Vienna, European policy-makers, key international organizations, industry representatives, civil society and healthcare professionals are invited to gather for the **1st EU-JAMRAI Stakeholders Forum** to discuss the global challenges and developments in the AMR field. EU-JAMRAI first Annual Meeting is scheduled for 7-8 November 2018 in Vienna, Austria.

EU-JAMRAI [website](#)

Protecting citizens against health threats: Commission roadmap

The European Commission published on 26 March 2018 a roadmap “on Improving Health Security in the EU – a one health approach to counteracting the threat from infectious diseases”. Feedback on this roadmap is open for four weeks.

In a globalised world, infectious diseases can move quickly across borders, carried by humans, animals, food, plants or water. The recent outbreaks of Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome coronavirus (MERS-coV), Ebola and Zika virus have shown how vulnerable and poorly prepared the world was to respond effectively. Effective preparedness and response measures are essential to address outbreaks of infectious diseases, which often have a dramatic socio-economic impact, cost lives, threaten global security and affect food safety and food security.

This Communication will address these calls by outlining a comprehensive preparedness and response strategy for the EU and its Member States, with relevant actions, including research and innovation, taking a One Health approach linking human and animal health, and enhancing the EU’s role as a partner for global health security

Roadmap

Primary Care and Health Systems: Expert group report

The EU Expert Group on Health Systems Performance Assessment (HSPA) has published on 23 February 2018 its report "*A new drive for primary care in Europe: rethinking the assessment tools and methodologies*" to help policy makers and health practitioners to set objectives and measure progress towards improving primary care services for the benefit of patients.

The report examines core aspects of well-performing primary care systems, focusing on their key functions such as access, coordination of care and continuity of care. The analysis confirms that performance assessment in primary care paves the way for better health outcomes and improves the overall health system but that there is significant scope to advance primary care performance assessment in Europe.

The report puts into focus three main challenges which should be addressed to advance in performance assessment in primary care: the complexity of the performance aspects of primary care; the difficulty in integrating assessments into policies; and pitfalls associated with a culture of excellence.

To ensure that performance assessment maximises its potential, the report recommends the following seven essential elements for building primary care performance assessment:

- Improve primary care information systems
- Embed performance assessment in policy processes
- Institutionalise performance systems
- Ensure accountability
- Consider patients' experience and values

- Take advantage of adaptability, which performance assessment can support in the moment of change for primary care
- Support a goal-oriented approach through the better use of professional and contextual evidence

The EU Expert Group on HSPA is a Member State-driven group supported by the Commission. It was established in 2014 to provide a framework for exchanging national HSPA experience and for promoting mutual learning.

[Access the report](#)

Vaccination: European Parliament Environment committee draft resolution

On 20 March 2018, the European Parliament environment committee adopted a draft resolution expressing concerns about Europe's insufficient coverage rates and its impact on public health.

Considering that the difference in immunisation rates between EU countries are due to different national policies on vaccination, increasing prices of vaccines and the refusal of vaccines, the MEPs call on the European Commission to facilitate a more harmonised schedule for vaccination across the EU and to increase its support to national vaccination initiatives. They also welcomed plans for EU countries to buy vaccines together, which should make them cheaper.

People avoid or refuse vaccines due to perceptions that vaccines are not important as decades of widespread vaccination have made its benefits invisible in Europe, that they are not safe or they have dangerous side effects. Although multiple scientific studies have found no link between the MMR vaccine and autism, these false claims are still repeated on websites, forums and social media.

In the draft resolution, MEPs welcomed the Joint Action Plan on Vaccination to fight people's reluctance to be vaccinated. They also proposed several measures to make the evaluation of safety of vaccines more transparent and called for more communication and awareness campaigns to fight false information on vaccination, especially online.

The issue will now be debated by MEPs during an upcoming plenary, probably in April or May 2018, followed by a vote on the draft resolution. The European Commission is expected to present measures for cooperation on diseases that can be prevented by vaccination before the summer.

[Draft resolution](#)

[Joint Action Plan on Vaccination](#)

Cooperation in cross-border healthcare: New study maps

HOPE was part of the advisory board of the study "Cross-border cooperation: capitalising on existing initiatives for cooperation in cross-border regions" published on 27 March 2018 by the European Commission.

The study maps EU-funded cooperation projects for the period 2007 to 2017 in EU and EEA countries and Switzerland; provides insight into opportunities and challenges for cross-border cooperation in healthcare; and offers guidance to local and regional authorities and other parties who are interested in starting a health-related cooperation project. The study findings will provide input into the report on the operation of the Cross-border Healthcare (CBHC) Directive due to be published later in the year.

For the purpose of the study, cross-border projects were identified using online databases and then clustered into the following categories: health workforce and training, emergency care, high-cost capital investment, knowledge production, sharing and management and treatment & diagnostics. The contractor developed a practical guide and toolkit, and put forward the following seven key lessons for those interested in starting a health-related cooperation project:

1. CBHC initiatives are more effective in regions where ease of cooperation is already established, e.g. due to similar welfare traditions or close historical ties.
2. Support should be given to key players such as regional policy-makers or hospital managers to reduce transaction costs of CBHC. The practical guide and toolkit developed in this study can provide a helping hand.
3. There are several scenarios for future CBHC, one of the most realistic ones being one, which builds regional networks oriented towards addressing local and regional needs.
4. Regional networks are likely to represent a low-cost option, but the downsides are that they are likely to remain small-scale and they may create inequities by not benefiting all regions equally.
5. Top categories of CBHC initiatives to receive EU-funding over the past ten years are 1) knowledge sharing and management, and 2) shared treatment & diagnosis of patients.
6. Collaborations such as high-cost capital investments and emergency care tend to have more discernible economic and social benefits but require more formalised terms of cooperation.
7. Although information on the effectiveness and sustainability of current CBHC initiatives is scarce, funding of CBHC projects could help achieve these aims.

Read more





Cybersecurity: Proposal to create a competence network with a European Cybersecurity Research and Competence Centre

On 26 March 2018, the Commission published an impact assessment to consult stakeholders on a proposal to create a cybersecurity competence network with a European Cybersecurity Research and Competence Centre.

In its Cybersecurity Communication of 13 September 2017, the European Commission announced the intention to set up a network of cybersecurity centres of expertise with a European Research and Competence Centre at its heart with the aim to pool resources, overcome fragmentation of efforts across the EU and stimulate development and deployment of technology in cybersecurity. The Council Conclusions following the Communication adopted in November 2017 called on the Commission to provide rapidly an impact assessment on possible options and propose by mid-2018 the relevant legal instrument for the implementation of the initiative establishing a Network of Cybersecurity Competence Centres and a European Cybersecurity Research and Competence Centre.

Depending on the stakeholder group identified, different tools and methods will be used in order to conduct the consultation:

- During a 4-week period, all interested stakeholders will be able to provide feedback on this Inception Impact Assessment.
- Public Consultations: several online public consultations for the future Multiannual Financial Framework.
- A self-registration survey for the cybersecurity competence centres across the EU was launched on 09 January 2018 allowing them to register their expertise in the field of cybersecurity; until 8 March more than 660 entities registered;
- Two Stakeholder workshops (23 February and 22 March 2018) with the representatives of the competence centres across the EU, national authorities and the industry;
- Regular consultations with the Member States through the Council Horizontal Working Party on cybersecurity, the Network and Information Security Directive Cooperation Group;
- Targeted consultations of the main EU bodies concerned by the initiative - European Network and Information Security Agency, European Defence Agency;
- Targeted consultation with the European Cybersecurity Organisation and cybersecurity contractual Public-Private Partnership.

Access the impact assessment

Artificial Intelligence: Call for a High-Level Expert Group

From 9 March to 9 April 2018, the European Commission will engage in a dialogue with all actors on the future of artificial intelligence (AI) in Europe, to allow for an open discussion of all aspects of AI development and its impact on the economy and society. A high-level expert group on AI will be selected as a result of this call, to interact with other initiatives, help stimulate a multi-stakeholder dialogue, gather participants' views and reflect them in its analysis and reports.

The general objective of the group shall be to support the implementation of the European strategy on AI. This will include the elaboration of recommendations on future AI-related policy development and on ethical, legal and societal issues related to AI, including socio-economic challenges.

In particular, the group will be tasked to:

1. Advise the Commission on next steps addressing AI-related mid to long-term challenges and opportunities through recommendations, which will feed into the policy development process, the legislative evaluation process and the development of a next-generation digital strategy.
2. Support the Commission on further engagement and outreach mechanisms to interact with a broader set of stakeholders in the context of the AI Alliance, share information and gather their input on the group's and the Commission's work.

Propose to the Commission AI ethics guidelines, covering issues such as fairness, safety, transparency, the future of work, democracy and more broadly the impact on the application of the Charter of Fundamental Rights, including privacy and personal data protection, dignity, consumer protection and non-discrimination. These guidelines will build on the work of the European Group on Ethics in Science and New Technologies (EGE) and of the EU Fundamental Rights Agency in this area (the Fundamental Rights Agency is carrying out an assessment of the current challenges faced by producers and users of new technology with respect to fundamental rights compliance (project "Big Data and Fundamental Rights").



Research and Innovation

Renewable Energy Horizon Prizes

A workshop on Renewable Energy Horizon 2020 Prizes was held on 14 March 2018 in Brussels. The objective of the workshop was to discuss and address the challenges faced by the contestants during the last phases of these competitions, in particular the operation period and the submission of the application.

Horizon Prizes are aimed at encouraging innovation and find solutions to challenges in the area of energy. Funded under Horizon 2020, the two prizes will reward innovative approaches to integrating solar energy into historical buildings and using renewable energy in hospitals.

The €1 million Horizon Prize Low carbon hospital will contribute to finding solutions for using 100% renewable energy sources for heat and power generation in hospital buildings. The award will go to an innovative solution integrating several technologies into one energy system, which can guarantee uninterrupted energy supply.

The prizes in the area of energy contribute to the objectives of both the Energy Union and the Strategic Energy Technology (SET) Plan. They can generate breakthroughs and boost innovation in low carbon energy technologies, leading to greater sustainability and efficiency, while increasing our energy security and supporting the decarbonisation of the European economy.

More information on prizes and application



Justice and Consumers

Liability and new technologies: Launch of call for experts

On 9 March 2018, the European Commission launched a call for experts for a group on liability and new technologies.

The Expert Group will work in two formations: a Product Liability Directive formation managed by DG Internal Market, Industry, Entrepreneurship and SMEs (GROW) and a New Technologies formation managed by DG GROW, DG Communications Networks, Content and Technology (CNECT) and DG Justice and Consumers (JUST).

New technologies such as artificial intelligence, advanced robotics and the Internet of Things bring enormous opportunities in various fields - transport, healthcare, agriculture, manufacturing to name but a few. At the same time, they could raise challenges related to liability, which is why the Commission wants to initiate a discussion on the way forward.

The main tasks of the Expert Group will be to provide the Commission with expertise on the applicability of the Product Liability Directive to traditional products, new technologies and new societal challenges (Product Liability Directive formation) and, in light of an assessment of the existing liability schemes, assist the Commission in developing principles that can serve as guidelines for possible adaptations of applicable laws at EU and national level relating to new technologies (New Technologies formation). The deadline for application is 30 April 2018.

Call for experts

Product Liability Directive

European programmes and projects

Multi-Annual Financial Framework: opinion of the European Parliament and data-gathering study

European Parliament vote

On 14 March 2018 the European Parliament voted in favour of the report on the next long-term EU budget – the Multiannual Financial Framework (MFF) - presented by the Committee on Budgets.

The EU Parliament calls for the next MFF to reflect the EU responsibility to implement the Sustainable Development Goals on public health, health systems and environment-related health problems. The next MFF should also support Member States in eliminating growing health inequalities.

In May 2018, the European Commission will publish its proposal on the EU post-2020 funding strategy. The European Parliament voted on two joint reports, one on its vision for the next MFF and one calling for new means of raising genuine own resources for the EU budget, instead of relying on annual contributions from member states.

The Commission, which is expected to issue its proposal on 2 May 2018, foresees spending between 2021 and 2027 to be between 1.1% and 1.2% of EU gross national income, compared to the current 1%.

Commission launches a data gathering study

Within the framework of preparatory work for the next Multi-Annual Financial Framework, a consortium consisting of Ernst & Young and Open Evidence has recently been contracted by the European Commission to carry out a data gathering study in relation to a future Health Programme for after 2020.

Under the terms of the contract, the European Commission has specifically asked the study team to provide assistance and guidance to identify the expected impacts from the Health Programme and translate them into impact indicators. This will help to better monitor and evaluate the current and future Health Programmes.

As part of this assignment, the study team would like to consult a wide range of health stakeholders (Member States representatives, grant beneficiaries, other health organisations and Agencies and EU officials from different Commission Services closely working with Directorate General on Health and Food safety). An e-survey will take place until 6 April 2018.

[Read more](#)

[Link to the e-survey](#)

Medicinal products pricing – EURIPID Project

HOPE was invited on 23 March 2018 to the Euripid Project Stakeholder workshop to discuss the draft External Reference Pricing Guidance Document.

The comparison of the prices of medicinal products (i.e. medicines or pharmaceuticals) is an important element of a popular pharmaceutical policy in Europe, known as ‘External Reference Pricing’ (ERP).

The Euripid Collaboration, with the support of the European Commission (EC) services, jointly developed twelve “Guiding Principles” which are meant to guide a coordinated approach of national competent authorities regarding the use of ERP to avoid/mitigate negative impact for patient access to medicines. This project is financed through a Grant Agreement No 664317 – Statistical Data on Medicinal Products Pricing. Information on the objectives, members and activities of the Euripid collaboration are available on the homepage of the non-public website.

The Guidance Document consists of: a concise overview of the proposed principles in form of an Executive Summary and a more detailed technical background report also explaining the method how the principles were developed. The latter version including the references used is for internal use of the collaboration and EC Services only and will be published on the Euripid website. The Executive Summary may also be considered as the laymen version of the Technical Report. All principles follow the structure: ‘Framing the issue – Things to consider – Recommendations’.

The main authors are from the Austrian Public Health Institute (GÖG), the Czech Medicines Agency (SUKL) and the Hungarian National Institute of Health Insurance Fund Management (NEAK) with contributions from Members of the Euripid Collaboration.

The authors intend to reach the best possible consensus among the national competent authorities and stakeholders on how to best perform ERP in a coordinated way within the European Union with the aim of avoiding/mitigating potential negative effects of ERP on patients’ access to medicines. The target is that at least 50% of Euripid members actively endorse the use of the principles.

Besides consultations within the Euripid Collaboration, national authorities and stakeholders are invited to actively contribute to the Guidance Document. So far two face-to-face meetings and a few bilateral exchanges took place since the beginning of the exercise in autumn 2015. The next F2F with stakeholders is planned for 23 March 2018 in EC premises in Brussels, Belgium– the current version of the document will be discussed there.

The final stakeholder workshop will take place on 27 June 2018 in GÖG premises in Vienna, Austria. It will be followed on 28 June by the annual meeting of the members of the Euripid Collaboration.

[Read more](#)

Reports

➤ *World Health Organization (WHO)*

Meeting on child health redesign in the WHO European Region (2018)

The WHO European Region organised a meeting in Copenhagen (Denmark) from 31 October to 2 November 2017 on child health.

Global child mortality fell by half to less than 6 million deaths annually by the end of the Millennium Development Goal period. The WHO guidelines, such as the Integrated Management of Childhood Illness (IMCI), are assumed to have contributed to this. The transition to the Sustainable Development Goals framework provides an opportunity to reconsider and revise the global child health response to redesign programming on child health. As part of this process, the WHO headquarters is jointly conducting consultations with its regional offices, key stakeholders and end-users.

The main conclusions and recommendations emerging from the meeting were that the revisited child health approach will need to build on the results and lessons learnt from regional and global IMCI reviews. This will mean ending non evidence-based practices, counteracting inappropriate medicalization and ending unnecessary treatment and hospitalization. Other recommendations focus on standards and competencies for primary care providers. The follow-up of recommendations and proposed work plan should be part of the 40th anniversary of the Alma-Ata Declaration in 2018.

Link

➤ *European Observatory on Health Systems and Policies*

How to make sense of health system efficiency comparisons?

The European Observatory on Health Systems and Policies published on 1 March 2018 the POLICY BRIEF 27 called “How to make sense of health system efficiency comparisons?”.

According to this policy brief, there is ample evidence to suggest that inefficiency is a major problem in all health systems. Identifying variability in efficiency is therefore of great importance and becomes increasingly relevant to health systems grappling with significant or sudden resource constraints. But how exactly can we understand and evaluate efficiency in health systems? Although the core idea of efficiency is easy to understand in principle – maximising valued outputs relative to inputs, or vice versa – in practice it can be challenging to measure and interpret metrics, as well as to identify a course of action to remedy any observed

inefficiencies. In this policy brief the authors propose and apply an analytic framework that seeks to facilitate the interpretation of health system efficiency measures. They recommend that for any efficiency indicator, five aspects should be explicitly considered:

- the entity to be assessed;
- the outputs (or outcomes) under consideration;
- the inputs under consideration;
- the external influences on attainment;
- the links with the rest of the health system.

By thinking through each of these in detail, the authors argue that it becomes easier to understand, interpret and respond to variability in health system efficiency measures.

[Link](#)

Articles

Does an early Primary Care follow-up after discharge reduce readmissions for heart failure patients?

Damien Bricard, Zeynep Or - IRDES

Better monitoring of patients in primary care setting is often considered to be a solution for reducing avoidable hospitalisations and readmissions. In this paper the authors test the hypothesis that the risk of readmission is associated with the timing and intensity of primary care follow-up, with a focus on consultations with a generalist (GP) after discharge by patients hospitalised for heart failure in France.

The authors propose a discrete-time model, which takes into account that primary care treatments have a lagged and cumulative effect on readmission risk measured on a weekly basis, using an instrumental variable strategy (IV). The results from IV regressions suggest that a consultation with a GP in the first weeks after discharge can reduce the readmission risk by almost 50%, and that patients with higher ambulatory care utilisation have smaller odds of readmission. Furthermore, geographical disparities in primary care affect directly primary care utilization and hence indirectly the readmission risk.

These results suggest that interventions, which strengthen communication between hospitals and generalists are elemental for reducing readmissions and improving system-wide cost efficiency. In order to encourage better care transition and to improve patient outcomes after discharge, financial incentives for hospitals should be aligned with the objective of avoiding repeated hospitalisations. However, the current hospital funding system in France, based on patient volumes, does not provide any incentive for investments to improve patient follow-up after discharge.

[Link](#)

Ten Years after the Creation of the Portuguese National Network for Long-Term Care in 2006: Achievements and Challenges

Health Policy - Volume 122, Issue 3, March 2018, Pages 210-216

The Portuguese National Network for Long-Term Integrated Care (*Rede Nacional de Cuidados Continuados*, RNCCI) was created in 2006 as a partnership between the Ministry of Health and the Ministry of Labour and Social Solidarity. The formal provision of care within the RNCCI is made up of non-profit and non-public institutions called Private Institutions of Social Solidarity, public institutions belonging to the National Health Service and for-profit-institutions.

These institutions are organized by type of care in two main settings: home and community-based services and four types of nursing homes to account for different care needs. This is the first study that assesses the RNCCI reform in Portugal since 2006 and takes into account several core dimensions: coordination, ownership, organizational structure, financing system and main features, as well as the challenges ahead. Evidence suggests that despite providing universal access, Portuguese policy-makers face the following challenges: multiple sources of financing, the existence of several care settings and the sustained increase of admissions at the RNCCI, the dominance of institutionalisation, the existence of waiting lists, regional asymmetries, the absence of a financing model based on dependence levels, or the difficulty to use the instrument of needs assessment for international comparison.

[Link](#)

Cognitive determinants of healthcare evaluations – A comparison of Eastern and Western European countries

Health Policy - Volume 122, Issue 3, March 2018, Pages 269-278

Knowing the public opinion on healthcare is essential when assessing healthcare system performance; but little research has focused on the links between the public's general attitude to the healthcare system and its perceptions and expectations of specific healthcare-related aspects.

Using data from the fourth round of the European Social Survey 2008/09, the authors explored the cognitive determinants of global evaluations of the healthcare system in 12 Eastern and 16 Western European countries. They found that evaluations follow a coherent cognitive reasoning. They are associated with perceptions of the performance of healthcare systems (i.e. efficiency, equality of treatment, health outcomes); expectations of the government's role in providing healthcare and reflections on demographic pressures (i.e. aging populations). Contrary to the general assumption that normative expectations are responsible for differences in healthcare evaluations between Eastern and Western Europe, the results suggest that regional differences are largely due to a more negative perception of the performance of healthcare systems within Eastern Europe. To enhance the public opinion of healthcare, policy makers should improve the efficiency of healthcare systems and take measures to assure equality in health treatment.

[Link](#)

The role of the 2011 patients' rights in cross-border health care directive in shaping seven national health systems: Looking beyond patient mobility

Health Policy - Volume 122, Issue 3, March 2018, Pages 279-283

Reports on the implementation of the Directive on the application of Patients' Rights in Cross-border Healthcare indicate that it had little impact on the numbers of patients seeking care abroad. Authors set out to explore the effects of this directive on health systems in seven EU Member States. Key informants in Belgium, Estonia, Finland, Germany, Malta, Poland and The Netherlands filled out a structured questionnaire. Findings indicate that the impact of the directive varied between countries and was smaller in countries where a large degree of adaptation had already taken place in response to the European Court of Justice Rulings. The main reforms reported include a heightened emphasis on patient rights and the adoption of explicit benefits packages and tariffs. Countries may be facing increased pressure to treat patients within a medically justifiable time limit. The implementation of professional liability insurance, in countries where this did not previously exist, may also bring benefits for patients. Lowering of reimbursement tariffs to dissuade patients from seeking treatment abroad has been reported in Poland. The issue of discrimination against non-contracted domestic private providers in Estonia, Finland, Malta and The Netherlands remains largely unresolved. Authors conclude that evidence showing that patients using domestic health systems have actually benefitted from the directive remains scarce and further monitoring over a longer period of time is recommended.

[Link](#)

Improving health care service provision by adapting to regional diversity: An efficiency analysis for the case of Germany

Health Policy - Volume 122, Issue 3, March 2018, Pages 293-300

The provision of healthcare services in Germany exhibits sizeable geographic variation with a heterogeneous allocation of medical services in rural and urban areas. Furthermore, distinct utilisation patterns and access barriers due to the socio-economic environment might cause inefficiencies in the provision of health care services. Accordingly, an improved understanding of factors governing inefficiencies in health care provision is likely to benefit an efficient spatial allocation of health care infrastructure. We analyse how socio-economic factors influence the regional distribution of (in)efficiencies in the provision of health care services by means of a stochastic frontier analysis. Our results highlight that regional deprivation relates to inefficient provision of health care services. As a consequence, policies should also consider socio-economic conditions to improve the allocation of medical services and overall health.

[Link](#)

Disinvestment in healthcare: an overview of HTA agencies and organizations activities at European level

BMC Health Services Research

In an era of a growing economic pressure for all health systems, the interest for “disinvestment” in healthcare increased. In this context, evidence-based approaches such as Health Technology Assessment (HTA) are needed both to invest and to disinvest in health technologies. In order to investigate the extent of application of HTA in this field, methodological projects/frameworks, case studies, dissemination initiatives on disinvestment released by HTA agencies and organizations located in Europe were searched. 62 HTA agencies/organizations were accessed and eight methodological projects/frameworks, one case study and one dissemination initiative were found starting from 2007. With respect to methodological projects/frameworks, two were delivered in Austria, one in Italy, two in Spain and three in U.K. As for the case study and the dissemination initiative, both came from U.K. The majority of deliverables were aimed at making an overview of existing disinvestment approaches and at identifying challenges in their introduction.

According to the authors, today, in a healthcare context characterised by resource scarcity and increasing service demand, “disinvestment” from low-value services and reinvestment in high-value ones is a key strategy that may be supported by HTA. The lack of evaluation of technologies in use, in particular at the end of their lifecycle, may be due to the scant availability of frameworks and guidelines for identification and assessment of obsolete technologies that was shown by the present work. Although several projects were carried out in different countries, most remain constrained to the field of research. Disinvestment is a relatively new concept in HTA that could pose challenges also from a methodological point of view. To tackle these challenges, it is necessary to construct experiences at international level with the aim to develop new methodological approaches to produce and grow evidence on disinvestment policies and practices.

Link

ECDC Rapid Risk Assessment highlights young adults and healthcare workers as groups that are susceptible to measles

ECDC, 21 March 2018

The latest ECDC rapid risk assessment on the risk of measles transmission in the EU/EEA highlights that vaccination coverage and occurrence of cases vary within countries and population groups. It points to the need for systems to identify and vaccinate young adults, who are increasingly affected and therefore increase measles circulation, but who may not be aware of their vaccination status. Finally, ECDC signals the frequency of cases amongst healthcare workers as a matter of concern and suggests that Member States may consider specific interventions to ensure this group is vaccinated.

Read more & ECDC rapid risk assessment

Personalised Medicine Conference

HOPE attended the European Alliance for Personalised Medicine annual conference in Brussels on 27 and 28 March 2018: 'Personalised Medicine and the Big Data Challenge'.

As ever at the conference, high-level speakers and attendees came from a wide range of stakeholder groups including patients, healthcare professionals, academics, industry representatives, politicians and legislators, the media and more. The conference came on the back of EAPM involvement in two sets of Council Conclusions in the health arena: the first of these was the Luxembourg conclusions on access to personalised medicine two years ago; the Council Conclusions on Health in the Digital Society - making progress in data-driven innovation in the field of health end of 2017.

Among the opportunities identified are those arising from Big Data and improved data analytics capabilities, as well as from personalised medicine, use of clinical decision support systems by health professionals and use of mobile health tools for individuals to manage their own health and chronic conditions. Medical research, clinical trials and more are generating unprecedented amounts of Big Data that is moving treatments forward in many disease areas. However, rare diseases present their own challenges, and in this sense the need for cross-border, pan-European collaboration is greater than anywhere.

Big Data can also be put to excellent use by providing the evidence base for other treatments, not least in neurology, which will be discussed at the conference, alongside public health genomics.

[Read more](#)

Personalised Medicine and research in Northern Ireland, Symposium

HOPE was invited on 27 March 2018 to a symposium to discuss research priorities for Personalised Medicine.

The symposium discussed innovation needs and capabilities for Personalised Medicine, with reference to the Horizon 2020 funding programme and a keynote speech from Dr Elmar Nimmegern, Deputy Head of Unit, Innovative and Personalised Medicine, DG RTD. Northern Ireland capabilities for Personalised Medicine were presented by Professor Tony Bjourson, Director of the Northern Ireland Centre for Stratified Medicine, Ulster University; Dr Maurice O'Kane, Western HSC Trust and Director of the NI Clinical Research Network and Dr Niamh Buckley, Queen's University Belfast (QUB). They were followed by Dr Andriana Margariti, Centre for Experimental Medicine, QUB, Dr Fiona Furlong, School of Pharmacy, QUB, Dr Guillermo Lopez Campos, Centre for Experimental Medicine, QUB and Dr Wafa Al-Jamal, School of Pharmacy, QUB.

Brexit and the NHS

On 6 March 2018, HOPE took part in the “Brexit and the NHS” event, organized by MEP Rory Palmer (United-Kingdom, Group of the Progressive Alliance of Socialists and Democrats) with the UK Shadow Health Secretary Jonathan Ashworth, member of the UK House of Commons.

During this speech, Jonathan Ashworth expressed the Labour Party views on how to handle the impact of Brexit on the healthcare sector. He underlined the importance of the collaborative process between UK and Europe, which in the past led to fundamental medical breakthroughs, and that the Labour Party wish to carry on this fruitful relationship.

Many important issues were raised, such as the management of the previously free flow of patients to the only paediatric cardiology structure (Dublin) in the whole Irish island; the challenge of foreign doctors leaving for other EU countries whereas they represent a major asset for the NHS; or the importance of quick access to key resources in cases of life-or-death.

[Read more](#)

WHO and International Foundation Integrated Care (IFIC) sign Memorandum of Understanding

On 22 March 2018 the International Foundation for Integrated Care (IFIC) and the World Health Organization (WHO) announced the signature of a formal memorandum of understanding to further advance the implementation of the WHO Framework on integrated people-centred health services.

Where possible and appropriate, WHO and IFIC will collaborate on the following activities:

- Collaboration in the development and nurturing of the “Integratedcare4people” web platform that supports the implementation of the Framework. This web platform is conceived as a global network that promotes information exchange and interaction among policy makers, programme managers, implementing organizations and practitioners to foster the dissemination of practices, lessons learnt and tools. It aims at contributing to health systems’ transformation towards the provision of integrated and people-centred care by promoting the translation of knowledge into action. It is made up of three main components: resources, practices and communities. WHO contributes to content of the web platform hosted by the School of Public Health of Andalucía (EASP). The International Health sector of EASP serves currently also as a WHO Collaborating Centre on Integrated Health services based on Primary Care.
- Drawing from its experience in the realm of integrated care, IFIC will contribute with content (practices and resources) to the web platform according to the criteria established by the web’s Editorial Committee constituted by WHO And EASP.
- As part of the collaboration, IFIC will contribute to facilitate the exchange and generation of knowledge through the moderation of “communities” or discussion for an among key stakeholders in areas of special interest related to the Framework according to WHO guidance.

- “Communities” may be used as a vehicle to hold discussions and share information in relation to key topics relevant to integrated and people-centred care.
- IFIC will support WHO efforts in promoting and developing engagements that can help collaborate on advocacy and dialogue to promote the implementation of the Framework.
- IFIC will support WHO efforts in implementing models of care based on people-centred, integrated care and population health approaches, expanding the boundaries of current knowledge and adding value to the current evidence base in line with the Framework.

[Read more on the framework](#)

[Read more on the agreement and access resources](#)

Primary Health Care – WHO Advisory Group

On 20 and 21 June 2017, the WHO European Centre for Primary Health Care hosted the first meeting of the Primary Health Care Advisory Group in Almaty, Kazakhstan. The report of this meeting was published in March 2018.

The event convened appointed members of the Primary Health Care Advisory Group, including HOPE Chief executive, as well as temporary advisers and guests with the aim of reflecting on two critical considerations: what should primary health care look like in 2030? What do health systems need to do to get there?

This reflection was guided by the WHO European Framework for Action on Integrated Health Services Delivery exploring changing demands for acute and chronic care needs in primary health care and then priority avenues as gateways for transforming services in practice: primary health care and hospitals, long-term care and public health services. Primary Health Care Advisory Group members and moderators delivered presentations as champions on the sessions’ topics. This report provides an overview of the meeting proceedings and discussions. The themes of these discussions are consolidated in a summary statement providing guidance towards a renewed vision for primary health care in the WHO European Region and will inform themes for the international conference celebrating the 40th anniversary of the Declaration of Alma-Ata in 2018.

[Read more](#)

ILLUMINART device: a 'Virtual aquarium' and an app for hospital patients

As part of the activities of *Art dans la Cité*, an association that HOPE helped on several occasions, two new creations, an animated movie -Virtual Aquarium- and an application -Walk in the seabed- have been realized by the animated film Director Louise Mercadier for the device ILLUMINART. It is an original project with therapeutic, entertaining and educational aims which has for backdrop the sea, the flora and fauna of the coral reefs, vectors of peace, serenity and well-being.



The patients of three European hospitals: Armand Trousseau in Paris, Bonifacio in Corsica, and Aglaia Kyriakou in Greece, participated to populate the virtual aquarium with marine creatures of their choice, during workshops with the artist. She involved them in marine-creatures making, using various materials and suggesting shaping and personalizing them according to their mood of the moment. Louise animated them frame by frame according to the technique of stop motion, to realize The Virtual Aquarium, with calm and soothing aquatic sounds.

She created also a new app in which the patients must go discovering the marine world looking for other fishes. The project suggests a pleasant immersive experiment for the patients, susceptible to lower pain, anxiety or stress episodes and to increase well-being.

It is in *Armand Trousseau* Hospital of Paris, in the orthopaedic surgery department that was born the idea of the virtual aquarium: a huge tropical aquarium is already installed and has shown healing influences. Developed and tested by the association *Art dans la Cité*, ILLUMINART is an innovative device, which projects visual and sound interactive contents in patients' rooms. It offers a multi-sensory experience. It allows the patient to contemplate or to interact according to his mood, his physical and psychic state, with the various applications that he can choose.

Broadcasted on walls or ceiling, it changes the environment with colours, sounds, movement and rhythms. It allows forgetting the walls of the hospital, the medical environment and the disease.

ILLUMINART & VIRTUAL AQUARIUM was officially delivered on 16 March 2018 at P&A Kyriarou, in Athens, Greece. As well, an exhibition was presented to a wider audience, at Hellenic Pasteur Institute in Athens. This programme is supported by the Stavros Niarchos Foundation.

[Read more](#)

[Art dans la cité website](#)

Medicines shortages: the European Association of Hospital Pharmacists (EAHP) launches a Survey

The European Association of Hospital Pharmacists (EAHP) launched on 19 March 2018 a survey on medicines shortages.

EAHP has been advocating on the issue of medicines shortages and its threat to patient care in hospitals and overall patient safety for a number of years. In 2014, EAHP released a report on Medicines Shortages in European Hospitals, the first European-wide survey conducted to address the issue of medicines shortages.

Since data on the prevalence, nature and impact for patient care of medicines supply shortages is still lacking, EAHP saw a need to launch a follow-up investigation. The survey aims at providing a clearer picture on the impact that medicines shortages have had on the work carried out by hospital pharmacists. To this end the survey will gather data on:

- The current nature of medicines shortages problems in Europe, including their prevalence;
- The most common types of shortages;
- Their impact on patient care and hospital pharmacy services;
- Existing national mechanisms for dealing with or monitoring shortages;
- How hospital pharmacists typically manage the problems shortages cause; and,
- Hospital pharmacist views on proposed policy solutions.

Through the collection of data on the prevalence of shortages, types of shortages and length of shortages, EAHP aspires to contribute to charting the current challenges hospital pharmacists face due to medicines shortages with an updated analytical report.

The survey will be open from 19 March 2018 to 11 June 2018 to collect information from European hospital pharmacists on the shortage situation in their respective countries. Interested hospital pharmacists can participate via the following link:

[Link to the survey](#)

HOPE Study Tour: The Danish Way in Quality and Health Care

Copenhagen (Denmark), 10 – 11 April 2018

HOPE organises a study tour in Copenhagen (Denmark) on 10 and 11 April 2018 to present the Danish way in quality and health care to senior healthcare professionals, managers and policy makers.

In 2016, Denmark abolished mandatory hospital accreditation and replaced it with a National Quality Programme. The overall aim of the program is to build a nationwide improvement culture and to focus the improvement work on the results and experience of health care for the patients.

Denmark is facing the same challenges as the rest of Europe: An ageing population, a dramatic increase in chronic diseases, and a rise in health expenditure. The Quality Programme is there for only a part of a wider vision and work towards a system change in Danish Health Care: Population health management, value-based health care, Big Data, Personalized Medicine and a political obligation to not only deliver health care services but Health to all citizens.

The HOPE Study Tour will provide the participant with an understanding of the current work and visions for changes in Denmark, and the possibility to discuss the developments with peers. We will focus on experts exchanging knowledge and experiences in this particular field. Through the introduction to national programs, challenges and field studies, we expect the 20 to 25 participants to share their own experiences in order to make it a lively and fruitful study tour.

Registration is now closed.

9th European Conference on Rare Diseases & Orphan products (ECDR) 2018

Vienna (Austria), 10-12 May 2018

The European Hospital and Healthcare Federation (HOPE) will be an official partner of the 9th European Conference on Rare Diseases & Orphan Products (ECDR 2018) to be held at the Wien Messe Exhibition & Congress Centre in Vienna, Austria from 10 to 12 May 2018.

The ninth edition of this important conference for the rare disease community will be organised by EURORDIS-Rare Diseases Europe, a non-profit alliance of over 700 rare disease patient organisations from more than 60 countries that work together to improve the lives of the 30 million people living with a rare disease in Europe.

ECRD 2018 will be supported by the EU Public Health Programme and AFM-Telethon. The conference is estimated to gather over 800 participants: patient representatives, academics, health care professionals, industry, payers, regulators and policy makers.

The overarching theme of ECRD 2018 is: Rare Diseases 360° - Collaborative strategies to leave no one behind. This theme symbolises the global scope of the topics to be discussed during the conference (research, diagnosis, product pathways to patients, impact of the digital environment, quality of life, sustainability of health care systems and international policy).

[Read more](#)

18th International Conference on Integrated Care - “Value for People and Populations: Investing in Integrated Care”

Utrecht (Netherlands), 23 – 25 May 2018

HOPE joins the organisation of the 18th International conference on Integrated Care “**Value for People and Populations: Investing in Integrated Care**”. The event is organised by the International Foundation of Integrated Care (IFIC) in partnership with RIVM and Vilans and will take place in Utrecht from 23 to 25 May 2018.

The conference will bring together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. They shared experience and the latest evidence about integrating Public Health, Health and Social Care and the New roles and Possibilities for Hospitals, producing Positive and Curative Integrated Mental and Physical Care, mobilising key enablers like policy making and Mobile and Digital Health Solutions, and investment in an Integrated Care Workforce, clinical leadership and coproduction with individuals, careers, communities and populations.

The Integrated Care Academy© Award for Best Paper and Posters will be presented at the conference. All papers presented as oral presentations or posters at the conference will be published in the International Journal of Integrated Care (IJIC).

[Read more](#)

26th International Conference on Health Promoting Hospitals and Health Services

Bologna (Italy), 6-8 June 2018

The annual International Conference on Health Promoting hospitals and Health Services (HPH) is the main event of the international HPH network. It is a forum of learning and exchange on health promotion in and by health services for health practitioners, consultants, scientists and politicians and hosts 500 delegates on average every year.

The 2018 edition will be held in Bologna, Italy, on 6 - 8 June and will focus on the main theme “Health promotion strategies to achieve change: evidence-based policies and practices”.

[Read more](#)

European Association of Hospital Managers Congress

Cascais (Portugal), 26 - 28 September 2018

In September 2018 the Portuguese Association of Hospital Managers (APAH) and the European Association of Hospital Managers (EAHM) will organize the 27th edition of the EAHM Congress in Cascais, Portugal.

The congress theme ‘Redefining the Role of Hospitals – Innovating in Population Health’ will explore the possibility of integrating innovation and technology to positively change how we can deliver our services and define the role of hospitals into the future. Aligned with the theme of the event, the following key topics will be discussed: People centeredness; Integration of care; Innovative provision models; Financial sustainability; and Population Health Management.

For European hospital managers and indeed hospital managers worldwide, the EAHM congress is an excellent forum to discuss issues that impact hospitals and public health and also an opportunity to network, share good practices and expertise with colleagues.

[Read more](#)

7th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service

Lisbon (Portugal), 21-23 November 2018

APDH is organizing the “7th International Congress of Hospitals – Citizen Involvement and accountability in the National Health Service”, on the 21 - 23 November in Lisbon, Portugal.

The Portuguese Association for Hospital Development - APDH is a non-profit association, and it has collective (hospitals) and individual members from all over the country. Being the representative of HOPE - European Hospital and Healthcare Federation and IHF - International Hospital Federation in Portugal, its basic goals are to encourage cooperation between the Portuguese hospital institutions and the foreign ones, in order to promote and develop innovation in the hospital management sector.

[Read more](#)