



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 12-068
Title:	Presentation at the “First Conference on Health Inequalities in the New EU Member States” in Sofia 20-21 Sept. 2012
Author :	AEMH President Dr João de Deus
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	8 October 2012



National
PATIENTS' ORGANIZATION


AEMH view on Health inequalities in European Countries



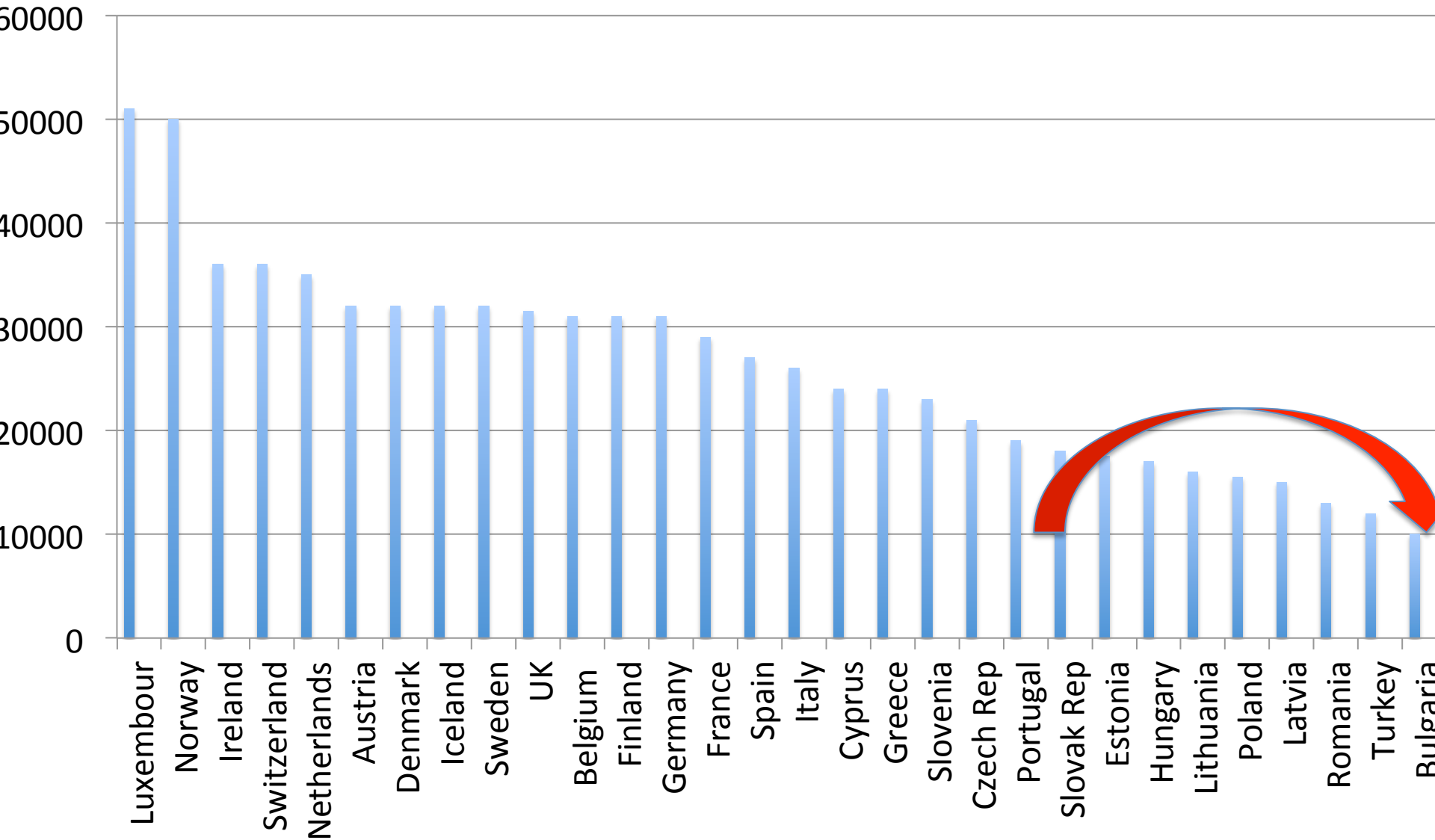
João de Deus, 20/9/2012

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- Traditionally health inequalities are seen as mainly caused by a higher exposure of lower socio-economic groups to a wide range of unfavourable material, psychosocial and behavioural risk factors.

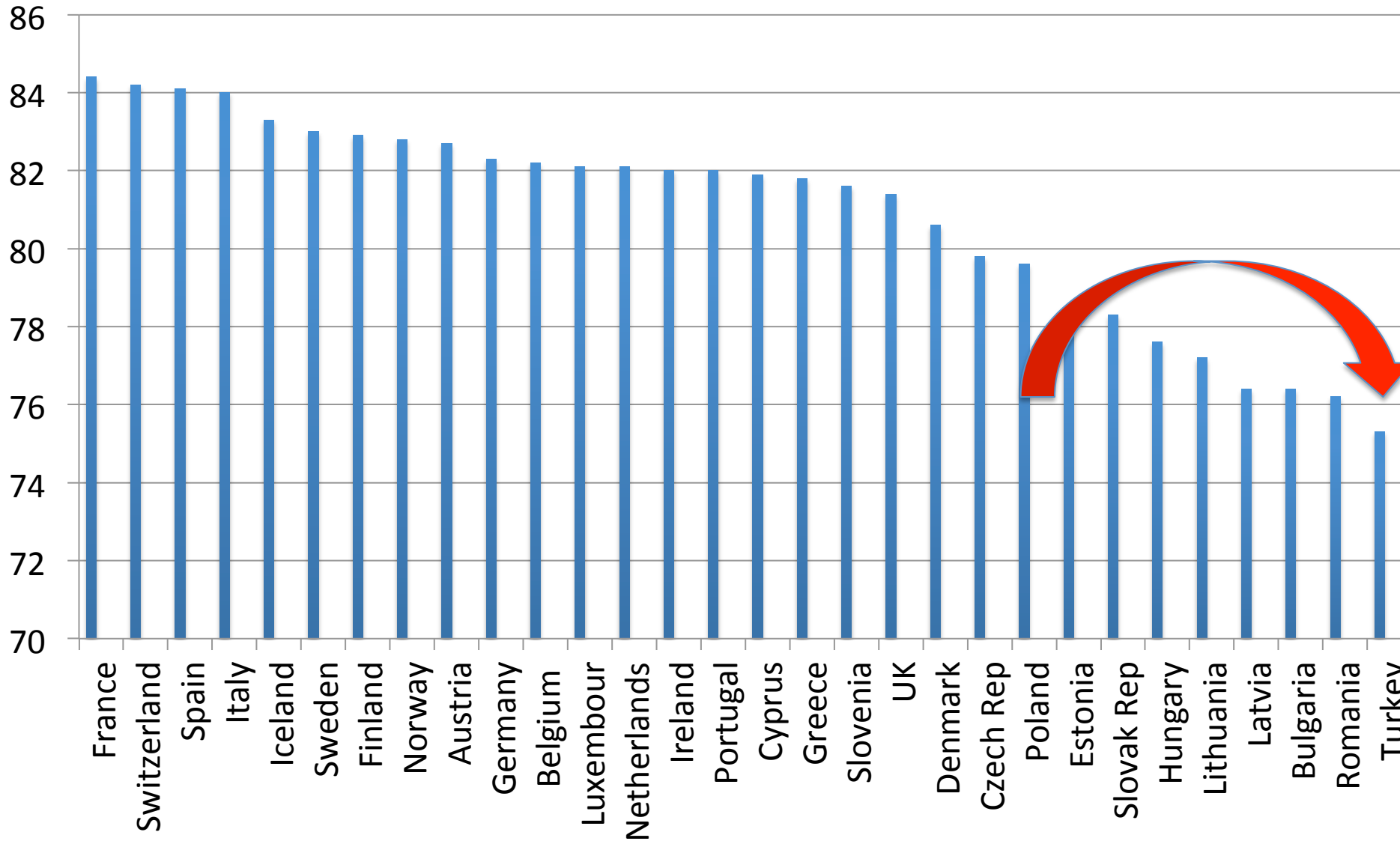
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- 🌍 In some European countries we can see a combination of (interlinked) factors: a rise in economic insecurity; a breakdown of protective social, public health and health care institutions; and a rise in risk factors for premature mortality.

 Is there a relationship between GDP and health indicators ?

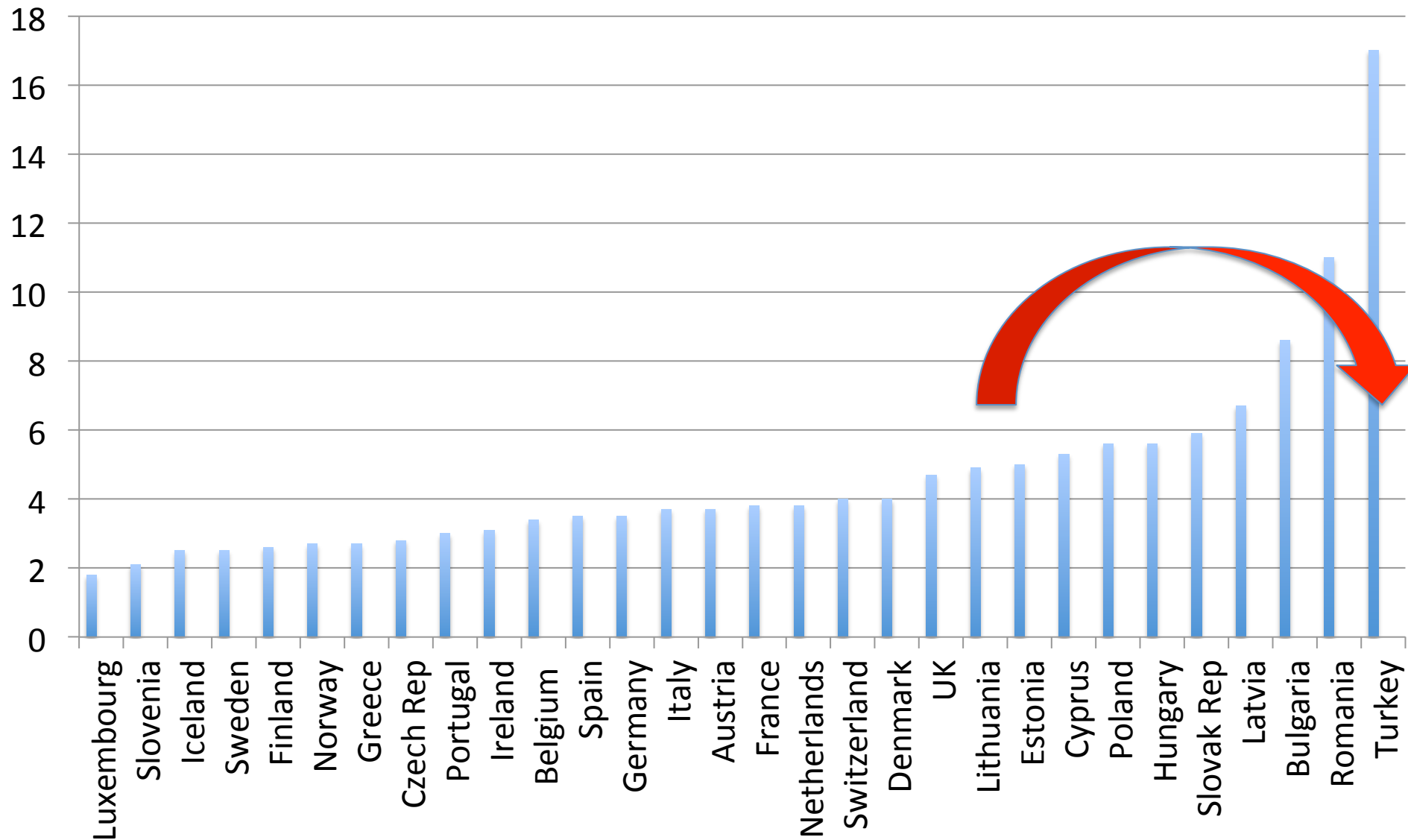
GDP per capita



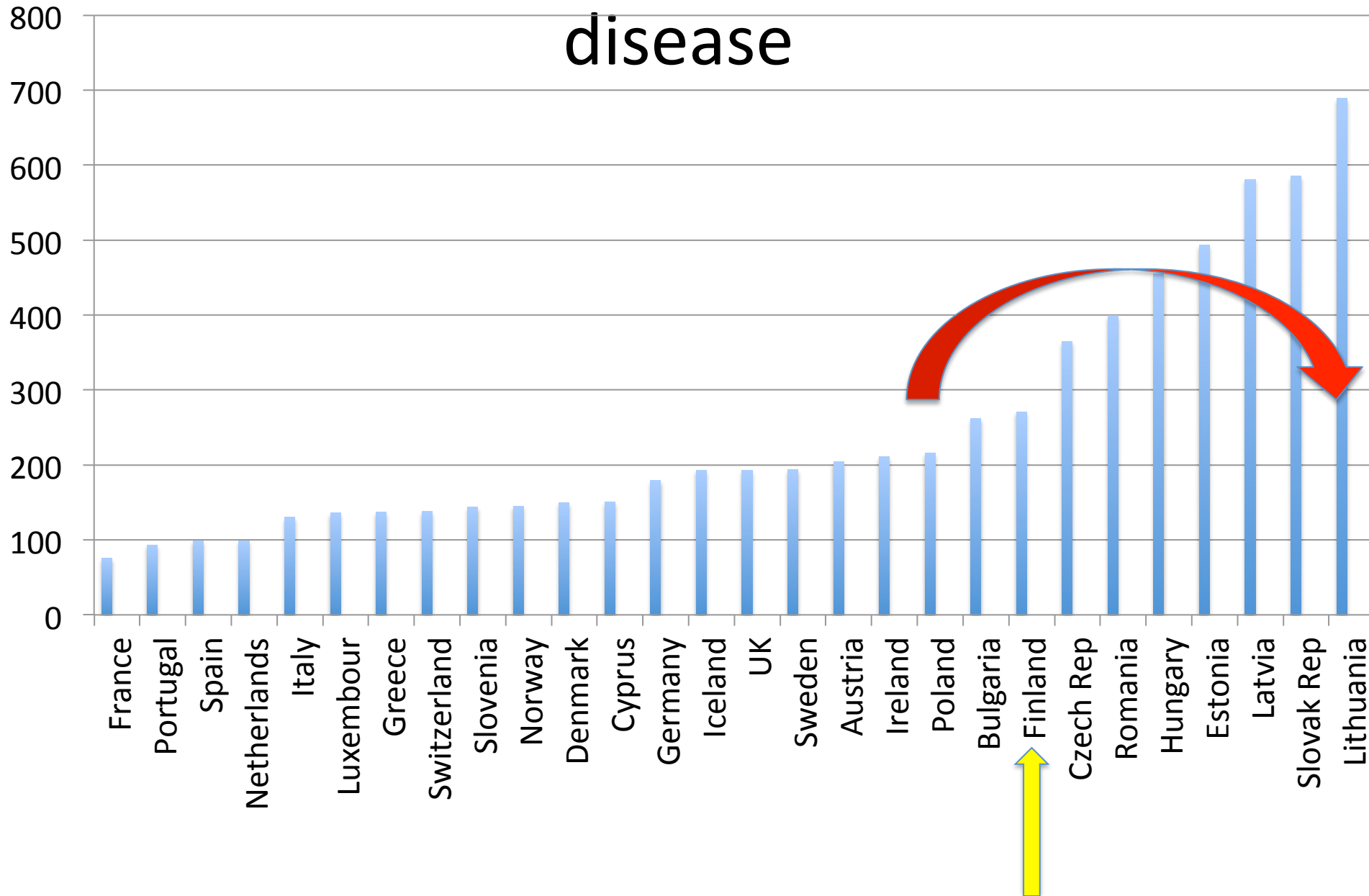
Life expectancy



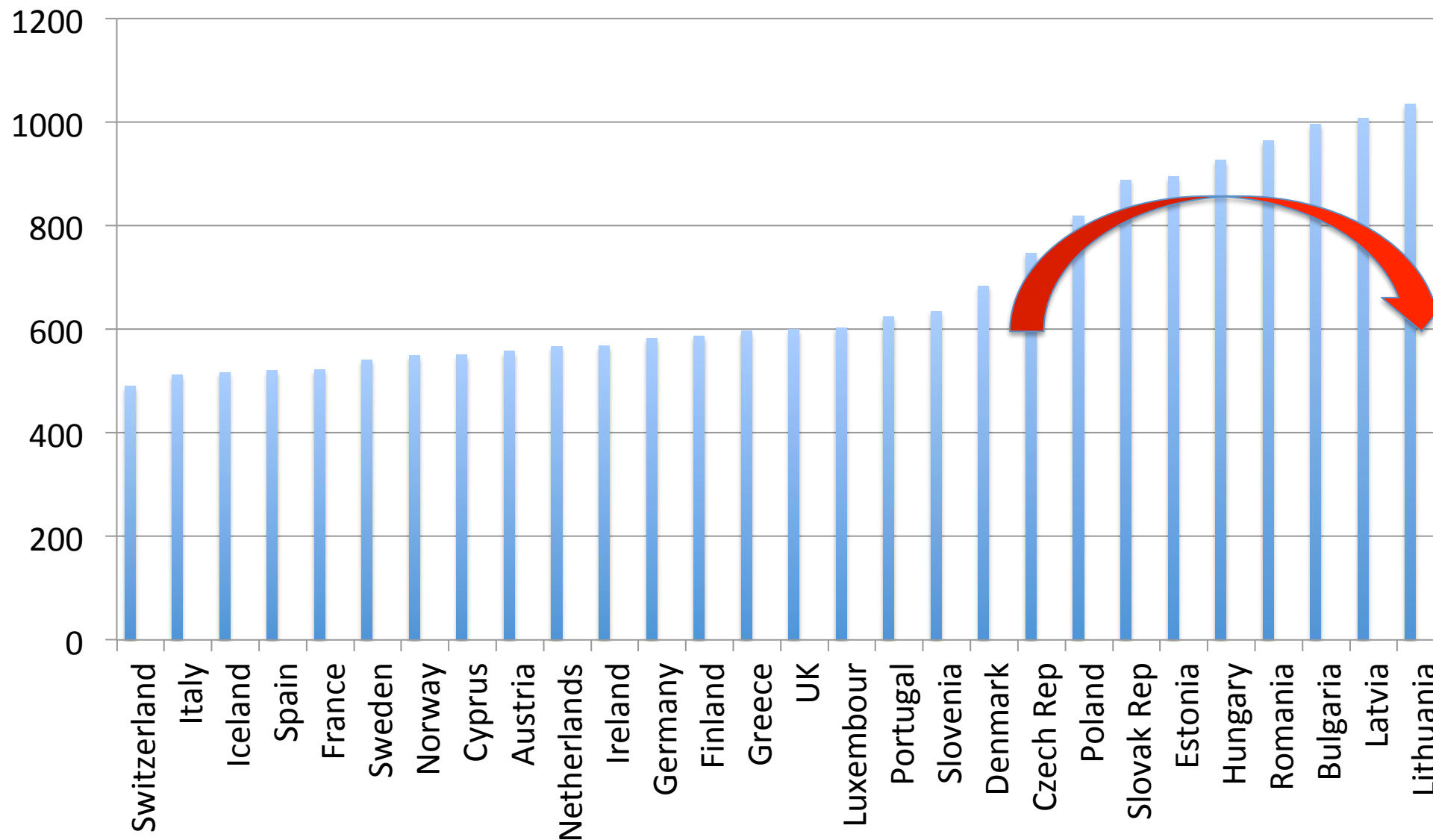
Infant mortality



Mortality rates from ischemic heart disease

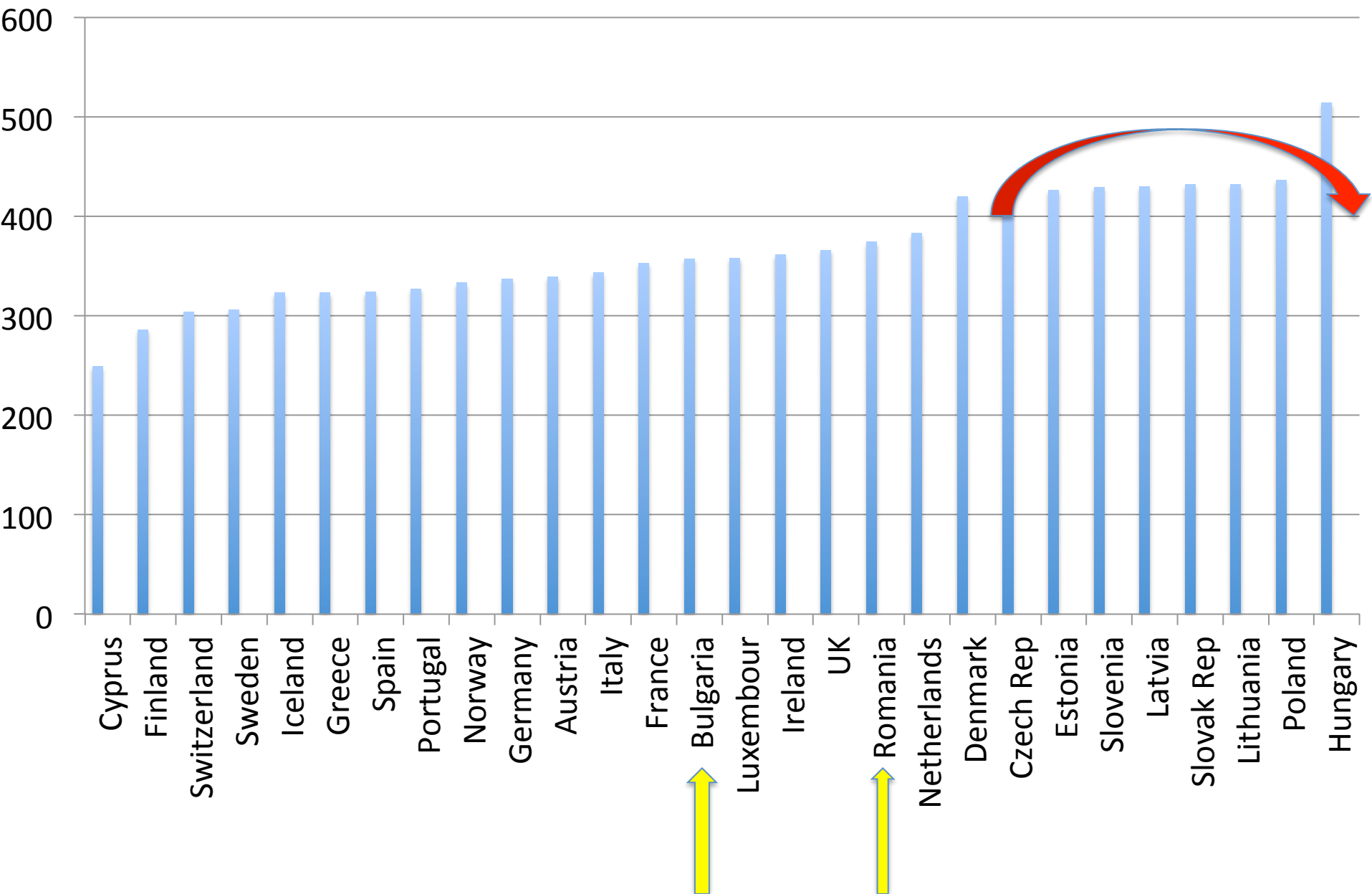


Mortality rates from all causes



 Does economic situation (GDP) justify everything ?

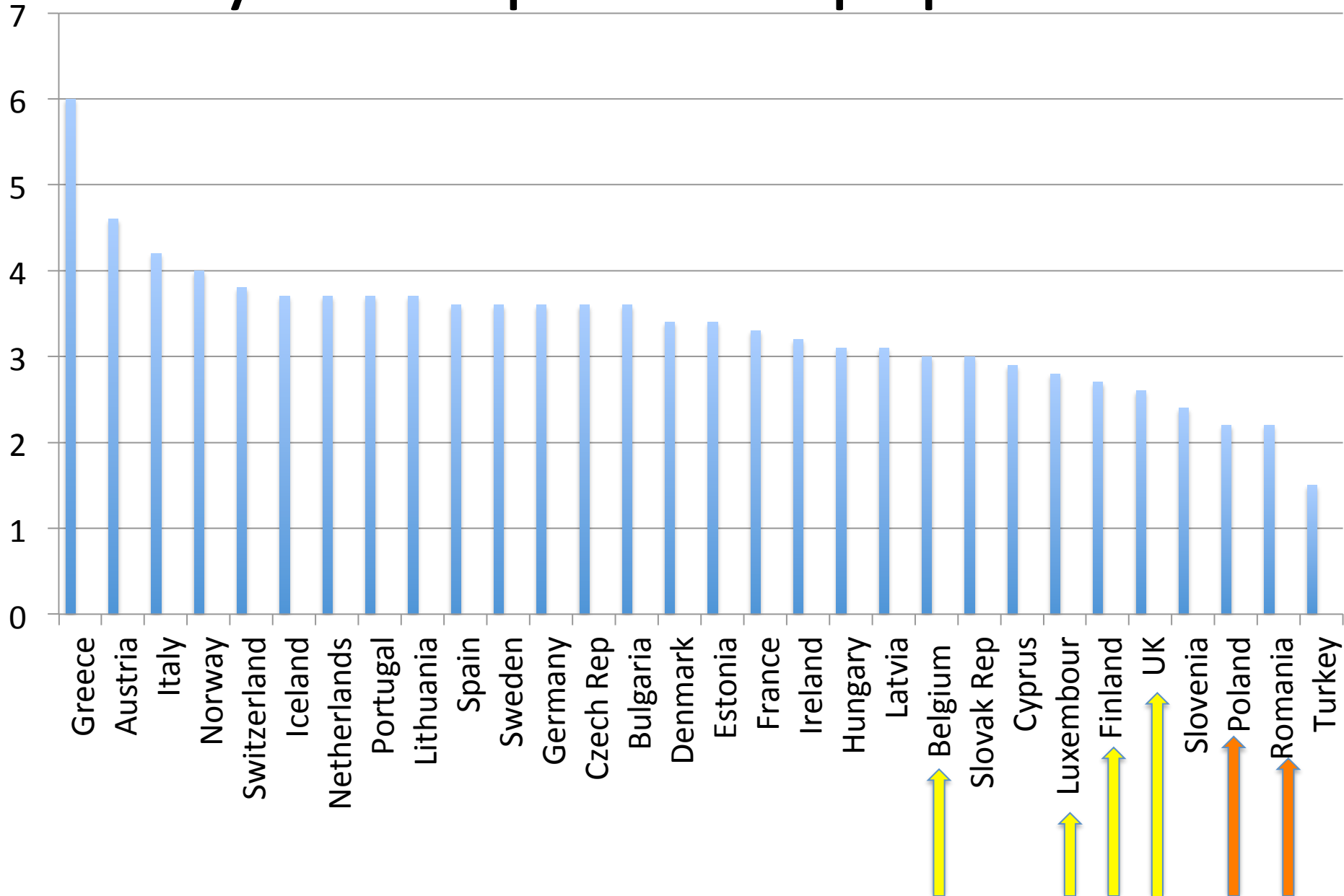
Mortality rates from cancer



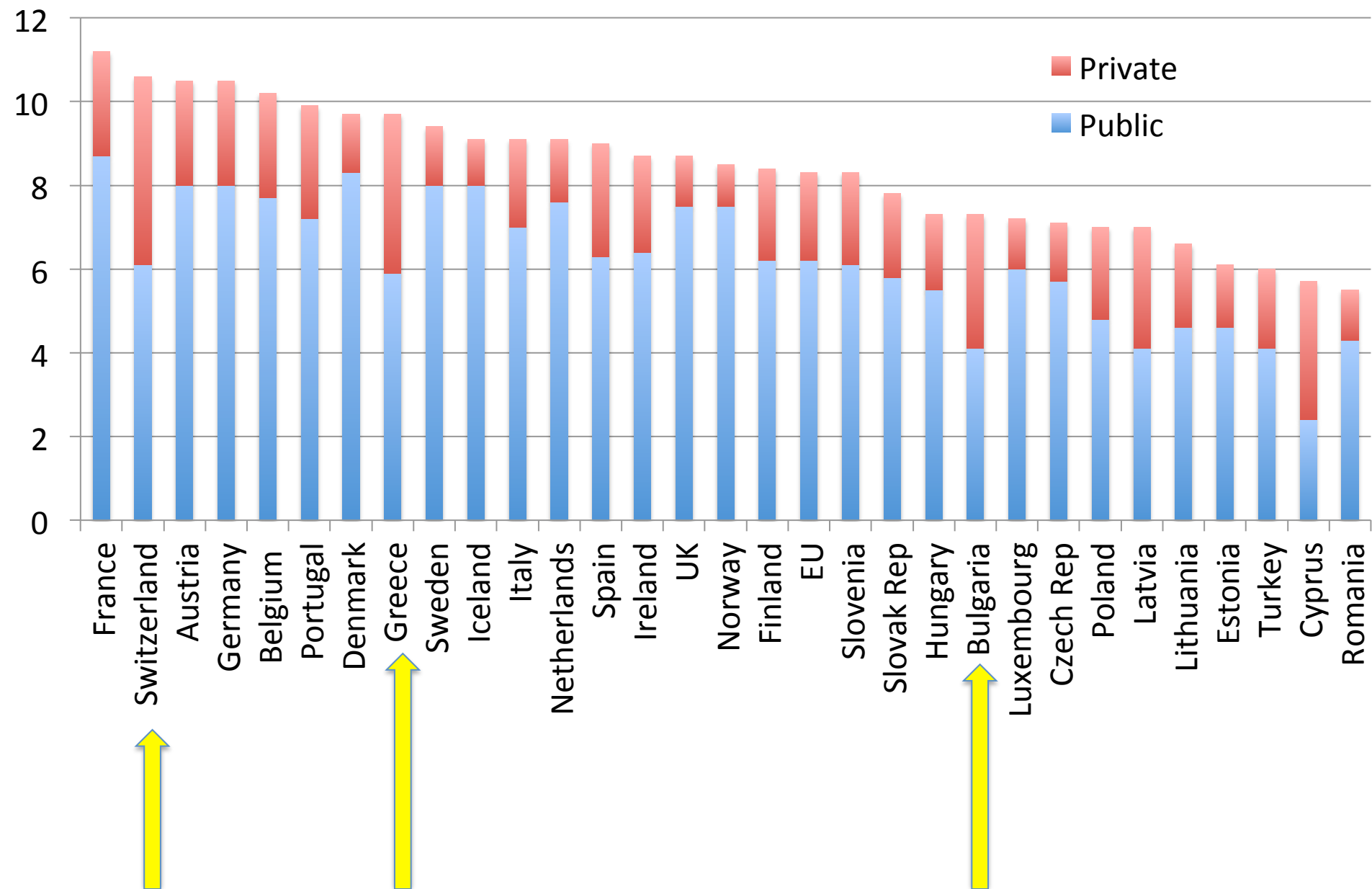
🌍 GDP by itself does not justify European health inequalities

🌍 Number of physicians ?

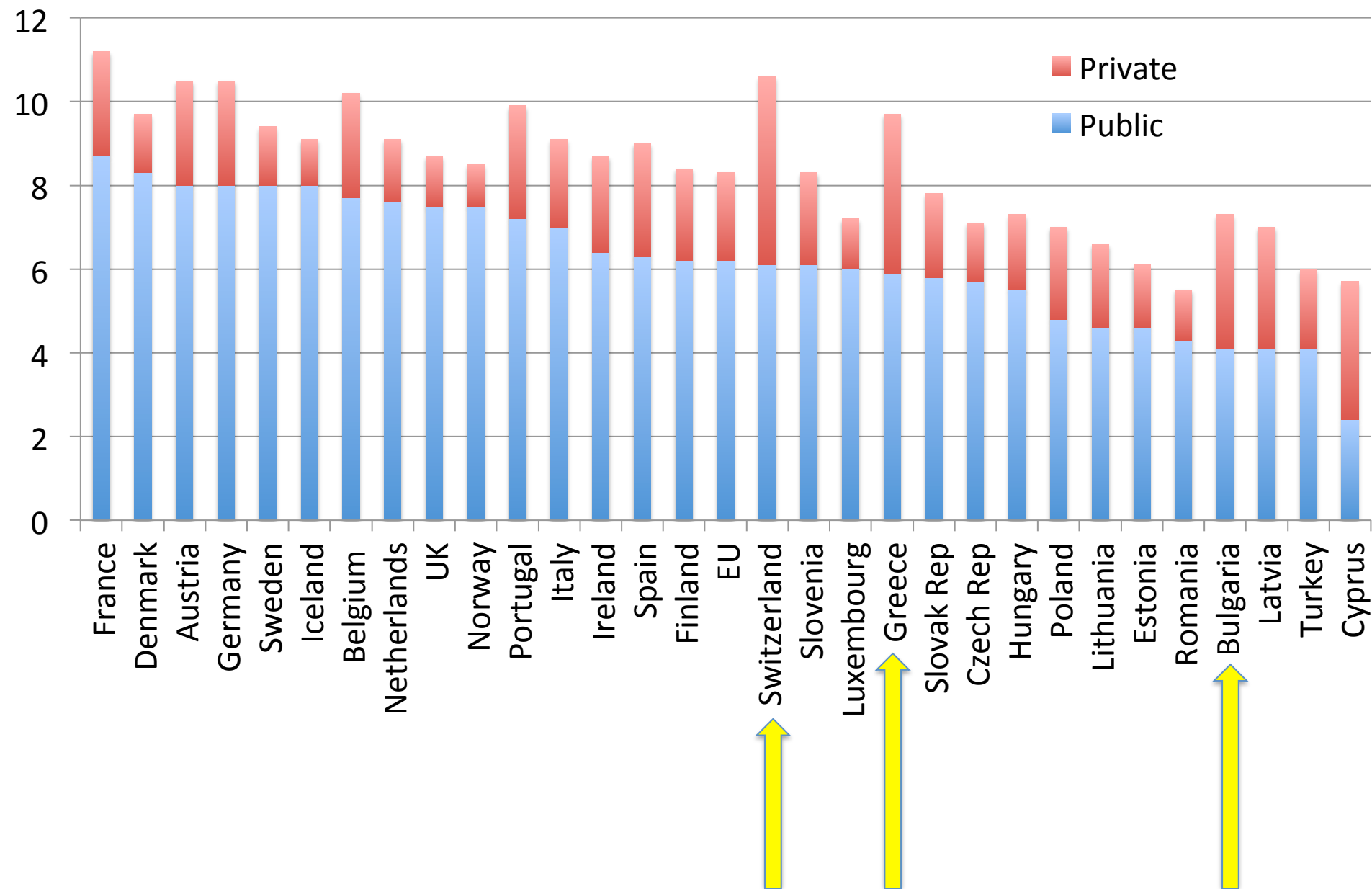
Physicians per 1000 population



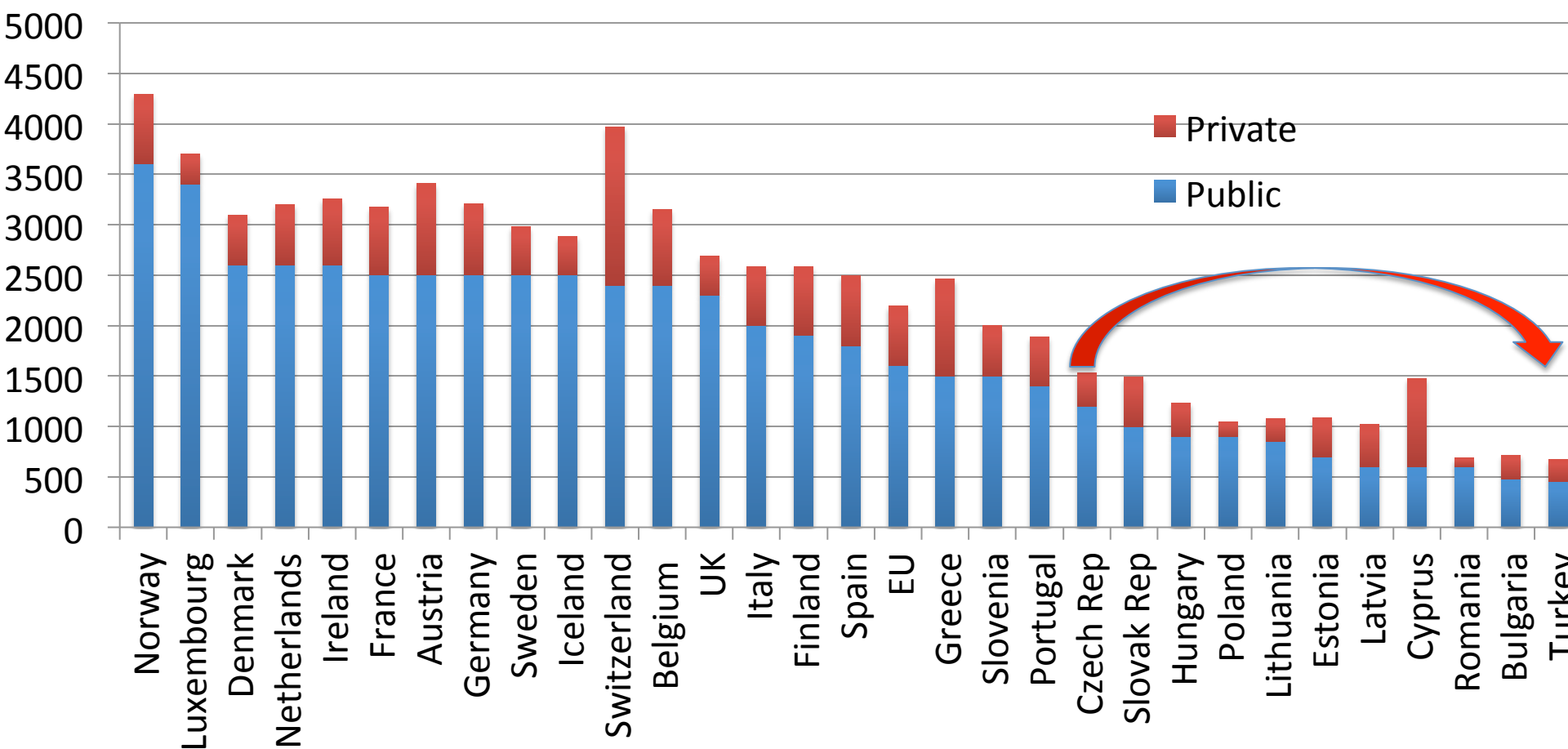
Total health expenditure as a share of GDP



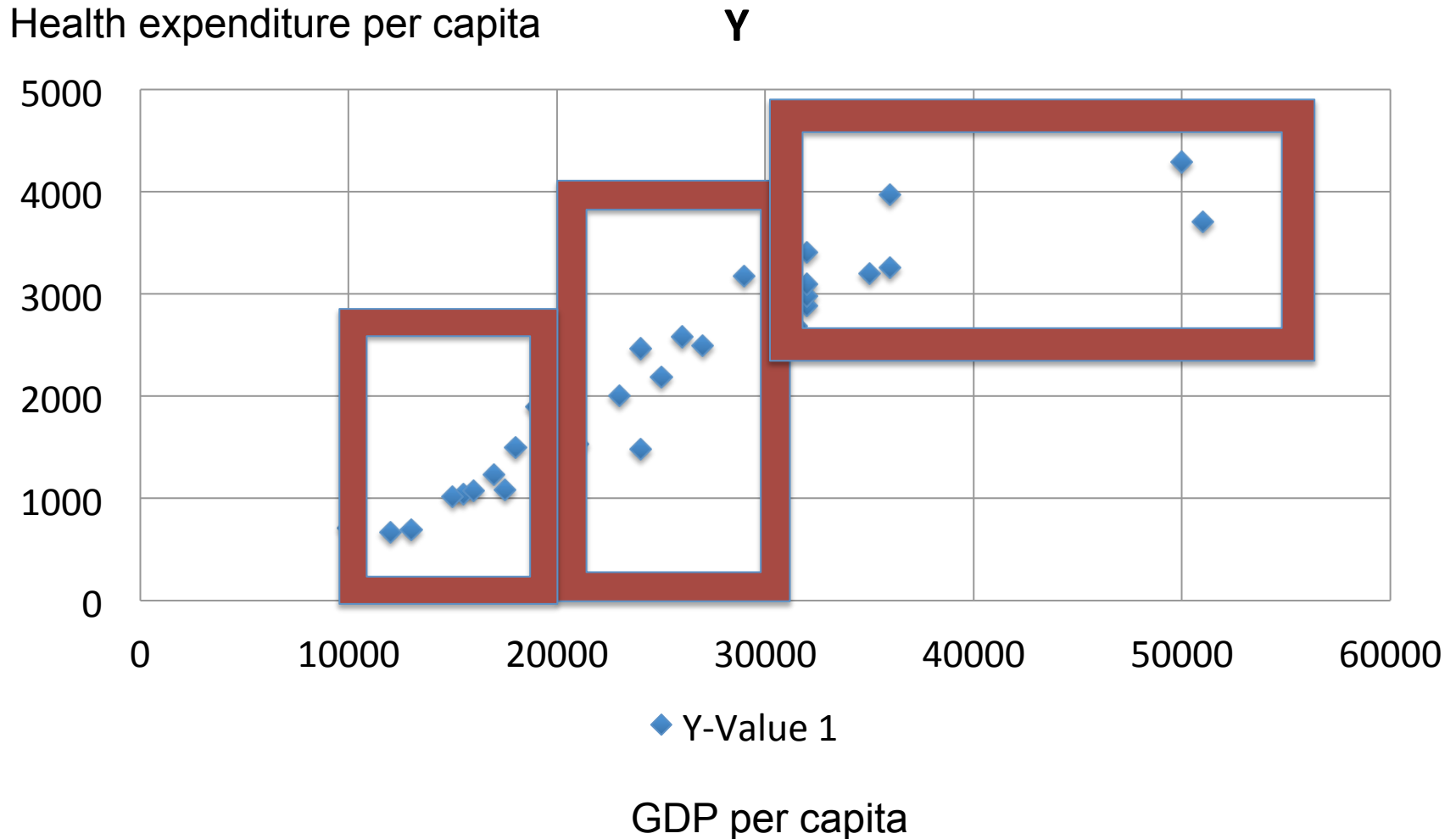
Total health expenditure as a share of GDP



Health expenditure per capita



Relation between health expenditure per capita and GDP per capita





Consequences

 Patients safety

 Quality of care

 Emigration



EUROPE

EUROPEAN UNION

- EU Member States
- EU New Members 2004
- EU New Members 2007
- EU Candidates
- EFTA Member States

© Nations Online Project

Atlantic Ocean

Norwegian Sea

North Sea

SVERIGE
SWEDEN

SUOMI
FINLAND

NORGE
NORWAY

DANMARK
DENMARK

RUSSIA

BELARUS

UKRAINE

FRANCE

Österreich
Austria

POLAND

HUNGARY

ROMANIA

BULGARIA

ASIA

TURKEY

PORTUGAL

ESPAÑA
SPAIN

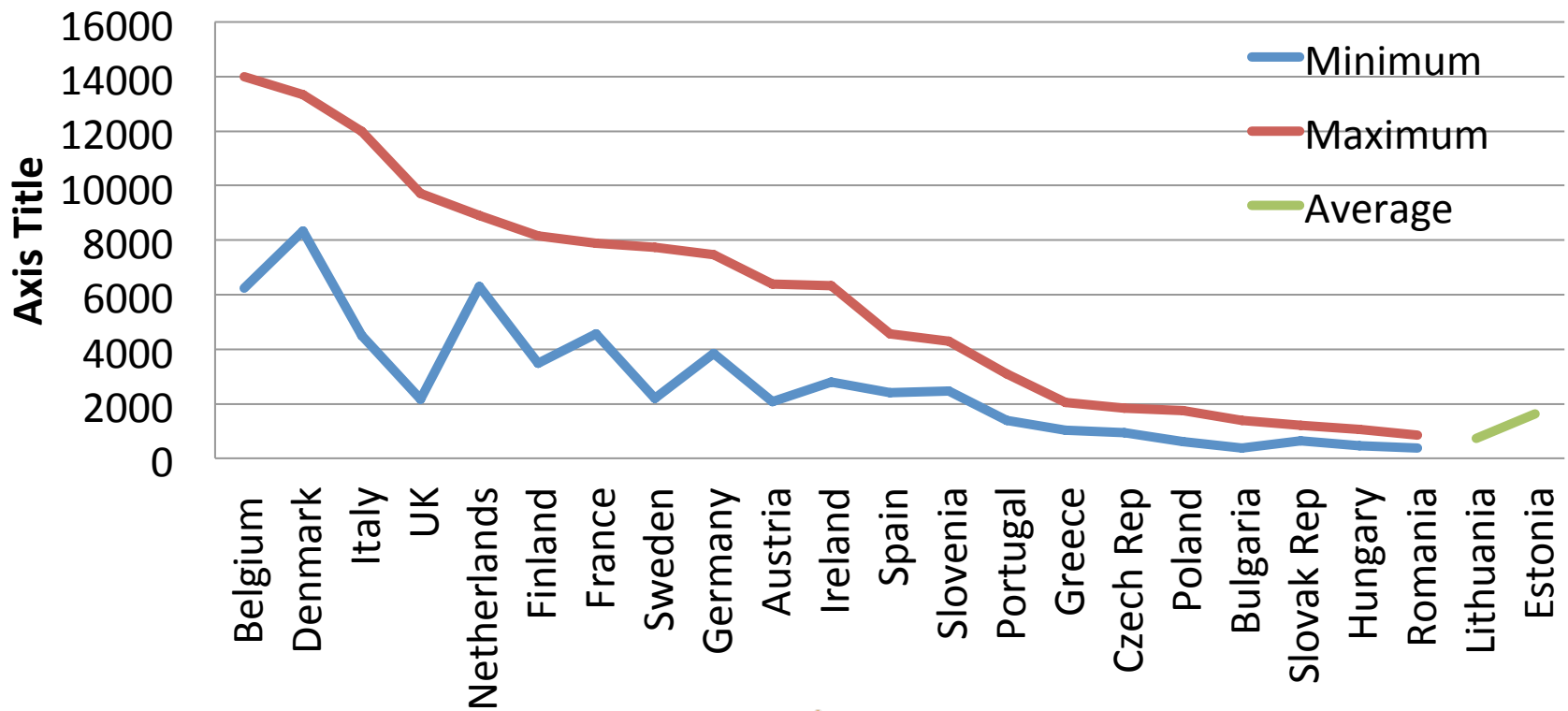
ITALY

ΕΛΛΑΣ
GREECE

AFRICA



Doctors Salaries



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- 🌍 socio-economic inequalities in health are unacceptable, and represent one of Europe's greatest challenges for public health.
 - 🌍 The main challenge is to develop new and effective policies to address the determinants involved in these inequalities.

 How to achieve this ?

EUROPE TODAY

GENERAL

SPECIFIC

Different countries

Different health systems

Different GDP

Different funding

Privatization of hospitals

High technology

Expensive treatments

Health always good target for cost saving measures

Patients safety and quality of care

1- RISK MANAGEMENT

- 🌍 “naming and blaming” culture
- 🌍 Health accidents

Involvement of managers, physicians, nurses and other stakeholders is essential to guarantee quality and patients safety

1- RISK MANAGEMENT

Changes in multiple organizational components

- Use of information technology to reduce errors.
- Use of a check control system
- Create a reporting culture

1- RISK MANAGEMENT

Developing quality measures

- Promote quality control evaluation
- Involve local groups

1- RISK MANAGEMENT

Reducing high-hazard risks

- Create a reporting system
- Identify changes

2- POSTGRADUATE MEDICAL TRAINING

- Programs
- Training periods

3- CPD (Continuous Professional Development)

- 🌈 CPD can be defined as the educational means by which doctors ensure that they maintain and improve their medical competence and clinical performance.
- 🌈 It is an ethical and professional responsibility of every practicing doctor to ensure that the medical care they provide for patients is safe and based on valid scientific evidence.

3- CPD

🌈 Doctors should be supported on assessment of their learning needs

– CPD is a huge concern for medical profession

– CPD is an ethical obligation

YOU DON'T TRUST
ME, DO YOU?



3- CPD

Health professionals education and training

- Improve quality of training and working conditions of junior doctors
- Encourage European doctors to plan for CPD actions implemented in the framework of the organization.

3- CPD

Health professionals education and training

- National Medical Associations should claim for medical careers
- Training of hospital staff should be a priority in quality management.

4- WORKING CONDITIONS OF HOSPITAL DOCTORS AND OTHER HOSPITAL STAFF

- 🌍 Labour conditions of doctors play a crucial role in patients' safety.
- 🌍 Poorly paid work, non-specialized doctors doing specialized tasks, cheap manpower in health services, quantity instead of quality indicators only leads to an increasing risk for patients' safety.

4- WORKING CONDITIONS OF HOSPITAL DOCTORS AND OTHER HOSPITAL STAFF

Improvement of working conditions of hospital doctors

- Provide health care workers with optimized working conditions.
- Limited working hours with obligatory rest time period.
- Stimulate teamwork training throughout each health care provider's career.

5- TASK SHIFTING / SHORTAGE OF DOCTORS

- Describes a situation where a task normally performed by a certain type of health professional is transferred to a health professional with a different or lower level of education and training, or to a person specifically trained to perform a limited task only, without having a formal health education. Task shifting occurs both in countries facing shortages of physicians and those not facing shortages. It carries with it significant risks.

5- TASK SHIFTING / SHORTAGE OF DOCTORS

- It should never be a cost saving strategy.
- Task shifting in poor countries may be used to justify a policy shift in rich countries.
- Shortage of doctors and more expensive manpower should never justify task shifting.
- It should not and must not be associated with second-rate services.

6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

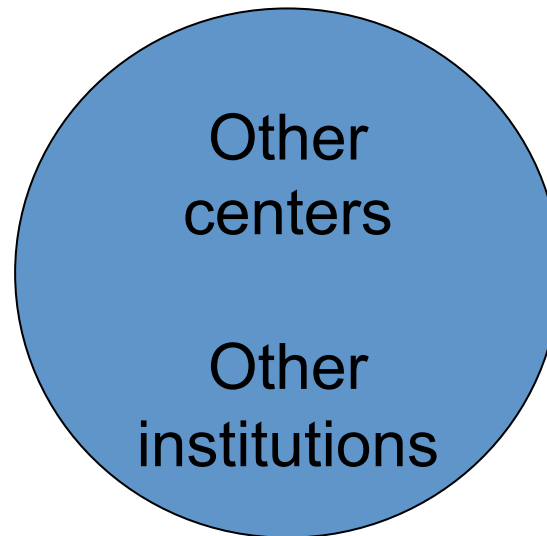
The citizen on the center of health system

- Satisfaction, participation and rights
- Accessibility and continuity of care
- Improvement of doctor-patient relationships on a trusty basis

6- HOSPITALS EVOLVING INTO CENTERS OF EXCELLENCE

Organization of the activity

- Promote
- Plan
- Co-operate

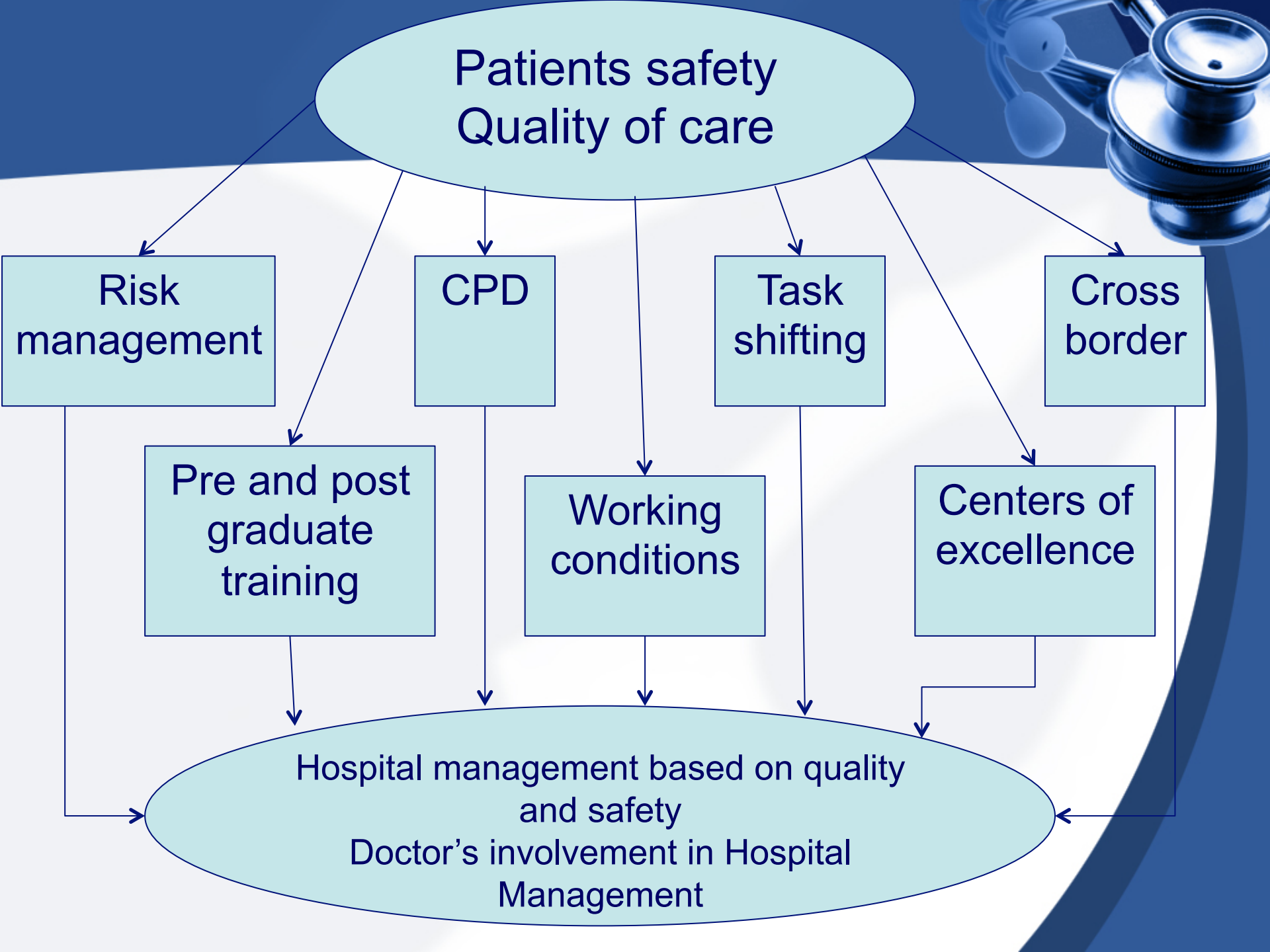


7- PATIENTS' RIGHTS IN CROSS-BORDER HEALTH CARE

PAYMENT

SPECIAL CARE

WAITING LISTS



Patients safety
Quality of care

Risk
management

CPD

Task
shifting

Cross
border

Pre and post
graduate
training

Working
conditions

Centers of
excellence

Hospital management based on quality
and safety
Doctor's involvement in Hospital
Management

-
- Decisions involving individual clinical judgment
 - Decisions involving larger organization-wide resource allocation
 - Decisions involving patients' safety

are highly interrelated

-
- The nature of physicians' involvement in management must be understood within this context.

LARGER INVOLVEMENT OF DOCTORS IN HOSPITAL MANAGEMENT

- Support doctor's involvement in hospital management and strategic decisions.
- Implement doctors' post-graduate education in management of health care units.

The Institute for the Study of Labor (IZA) in Bonn

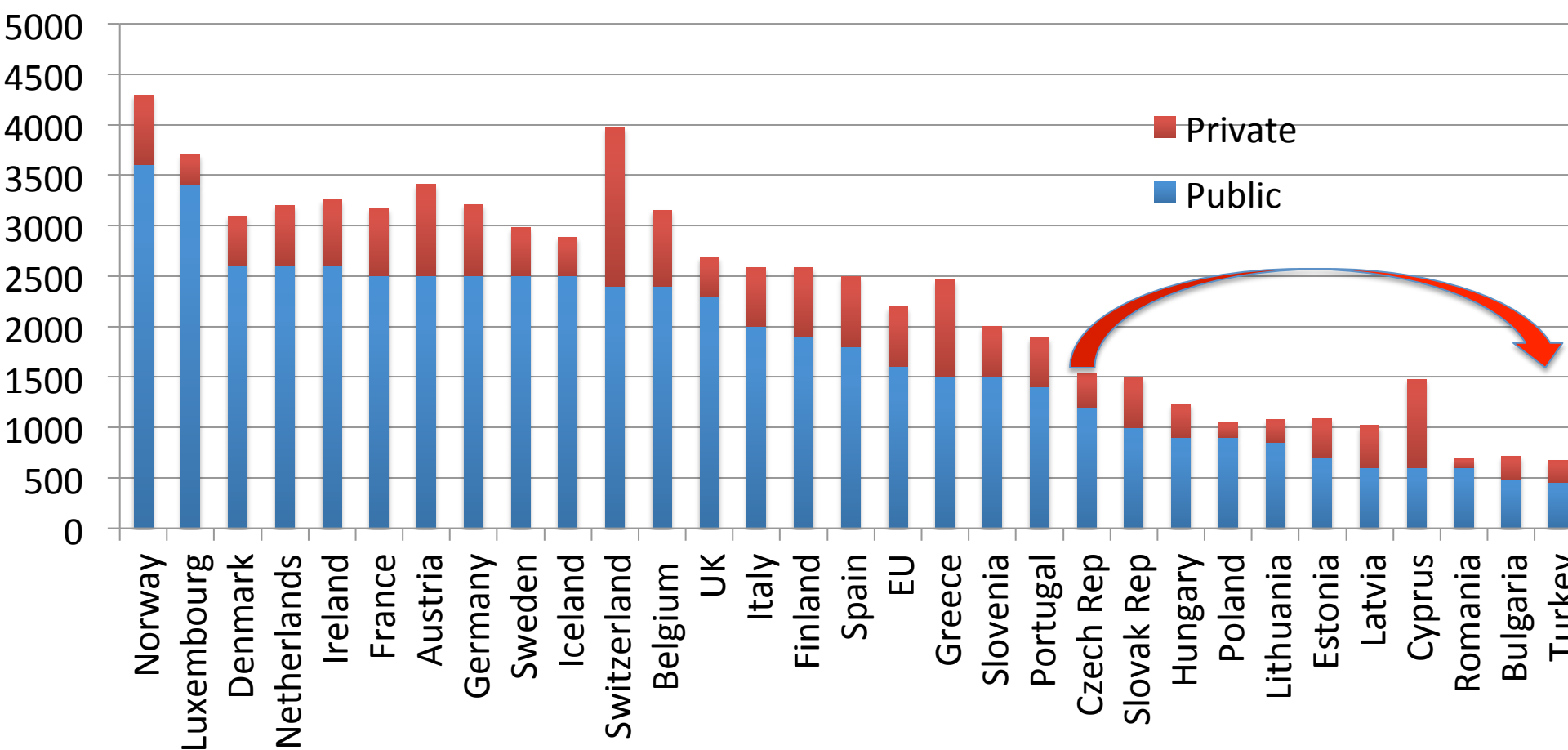
 Amanda H. Goodall

 July 2011

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- top-100 U.S. hospitals in 2009
 - widely-used media-generated ranking of quality
 - The personal histories of the 300 chief executive officers of these hospitals are then traced
 - The CEOs are classified into physicians and non-physician managers

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- 🌍 It finds -- in each of three disciplinary fields -- that hospitals positioned higher in the US News and World Report's —Best Hospitals ranking are led disproportionately by physicians
 - 🌍 The study shows that hospital quality scores are approximately 25% higher in physician-run hospitals than in the average hospital.

Health expenditure per capita

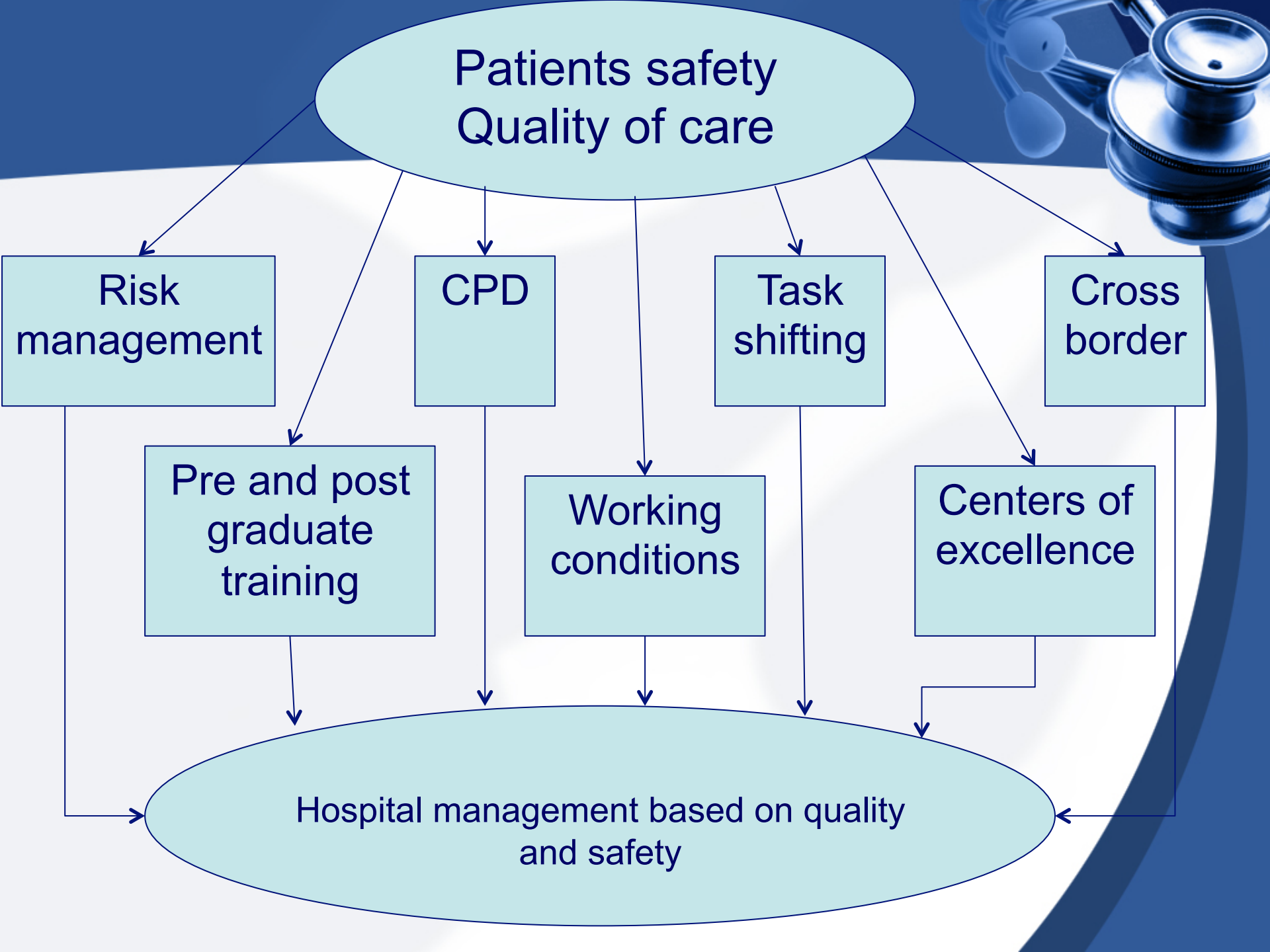


Underfunding



 In order to reduce health inequalities in Europe:

– Raise health expenditure as share of GDP



Patients safety
Quality of care

Risk
management

CPD

Task
shifting

Cross
border

Pre and post
graduate
training

Working
conditions

Centers of
excellence

Hospital management based on quality
and safety

-
- 🌐 Improve technology
 - 🌐 Improve salaries
 - 🌐 Improve working conditions
 - 🌐 Improve training and professional development
 - 🌐 Improve patients safety and quality of care**
 - 🌐 Improve outcomes**

**European Association of Senior Hospital Physicians
Association Européenne des Médecins des Hôpitaux**



Dr João de Deus, AEMH-President

THANK YOU