

Postprint Version	1.0
Journal website	http://eurpub.oxfordjournals.org/content/21/2/139.long
Pubmed link	http://www.ncbi.nlm.nih.gov/pubmed/21427189
DOI	10.1093/eurpub/ckr020

This is a NIVEL certified Post Print, more info at <http://www.nivel.eu>

Health services research in Europe: what about an open marriage?

PETER P. GROENEWEGEN¹, REINHARD BUSSE^{2,3}, STEFANIE ETTILT⁴, JOHAN HANSEN¹, NIEK KLAZINGA^{5,6}, NICHOLAS MAYS⁴ WILLEMIJN SCHÄFER¹.

¹NIVEL, Netherlands Institute for Health Services Research, Utrecht, The Netherlands ²Technical University Berlin, Berlin, Germany ³European Observatory on Health Systems and Policies, Berlin, Germany ⁴London School of Hygiene and Tropical Medicine, London, United Kingdom ⁵Academic Medical Center, University of Amsterdam, Department of Social Medicine, Amsterdam, The Netherlands and ⁶OECD, Paris, France

To start with the question in Diana Delnoij's viewpoint title: we want to stay married, we do not file for divorce, but we go for an open marriage. Delnoij raises an important issue, and her views are very close to ours. It also gives us the opportunity to describe the context of her question, by providing the readership of the *European Journal of Public Health* with some of the main results of our project HSREPP (Health Services Research into European Policy and Practice), and to disclose our plans for the future.

THE CONTEXT

In contrast to public health and health protection, health systems and services are not directly part of the policy domain of the European Union (EU).

They enter it as a result of policies in other areas, such as harmonization of education, mobility of labour and services, and competition, and as a result of rulings of European Court of Justice. The 7th Framework Programme of the EU for the first time defined health systems and services as a research area under its Pillar 3, 'Optimising the delivery of health care to citizens', aimed to provide the necessary evidence basis for informed policy decisions on health systems. In light of this increased attention, DG Research placed a call to organize a conference dedicated to health services research (HSR) and to receive inputs for priority setting of research in the area of health systems and services. A consortium consisting of main players in this field made a proposal for such a supportive action. The first aim of this project, HSREPP, was to elicit priorities for HSR in the following areas: health systems, health-care organizations and service delivery, HTA and benchmarking. The second aim was to analyse the relationships between research and policy in Europe and the third aim was to contribute to capacity and community building for HSR in Europe.

At the background of especially the third aim (but also the other aims) was the finding that there was no natural point of contact for the European Commission (EC) in the area of HSR.

Only few Member States have a special organization devoted to HSR and there is no European organization, solely devoted to HSR.

HSREPP

The main activity of our project was the organization of a 2-day meeting of health services researchers to discuss priorities, research—policy relationships, community building and capacity building. Prior to the meeting (in April 2010 in The Hague, the Netherlands), the project built a network of contacts for each country within the EU and nine other European countries. Through these contacts, the members of the Section on HSR of EUPHA (here the marriage came in handy), and authors of recent papers on HSR in

international journals we got a broad pool of health services researchers in Europe. They were asked to participate in an online questionnaire about priorities for HSR and they were invited to come to The Hague. The meeting was attended by about 350 people, both researchers and (to a lesser extent) policy makers from a little less than 40 countries, both European and from other regions. The atmosphere at the meeting in The Hague was one of being among colleagues at a real working conference—the emphasis was not on presentations but on discussion of topics of shared interest. It was a mix of plenary sessions and decentralized debate sessions. The debate sessions were informed by the background overviews of past and current research prepared by the partners in the project and by the results of the online priority setting. The results of the meeting were further refined during workshops and presentations at other conferences later in 2010, most notably the European Health Management Association (EHMA) conference and the European Forum for Primary Care (EFPC) conference.

[TABLE 1].

SOME RESULTS FROM THE PROJECT

The project has resulted in a policy brief that addresses the EC and that highlights the priorities that resulted from the project activities. The policy brief is available from the web site (www.healthservicesresearch.eu). The preparatory reports will be published as a supplement issue of the *Journal of Health Services Research and Policy* in June 2011.

We summarize the research priorities in Table 1.

THE FUTURE

During the April conference there was consensus that it would be important to try to continue building a community of European health services researchers.

Two views were put forward: _ linking up with EUPHA and its Section on Health Services Research; and _ starting a separate HSR community with its own conferences.

As the partnership that is responsible for the HSREPP project does not have a clear constituency to ask for directions, we have to come up with a proposal ourselves. To build on the momentum of the April conference, we decided for a number of reasons that it would be good to organize a follow-up conference and to build a European HSR community close to EUPHA: _ As there is no clear HSR organization in many countries, HSR is often part of departments of public health or epidemiology. Researchers in these departments might already have a link to EUPHA.

- The costs and time investment in starting a new organization are huge.
- The link with the EC is very important.

EUPHA has this link with the EC always being well represented at EUPHA conferences. Moreover, EC representatives—as well as policy makers at national level—do not seem to make a clear distinction between public health research and HSR. So it would be difficult to get them to attend separate HSR conferences.

- We hope and have the impression that EUPHA is willing to open up (more than in the past few years) to HSR. Moreover, there is a strong potential within EUPHA to build on, with the Section Health Services Research being one of the two largest sections in EUPHA and other sections addressing themes that relate strongly to HSR, e.g. chronic illnesses or migrant health. Apart from EUPHA also the EHMA is an important organization for HSR (here the open marriage comes in). EHMA unites health-care managers and researchers.

The EHMA office is in Brussels and they have frequent contacts with the EC. Their yearly conference is more policy/management oriented than research oriented.

However, EHMA is positive about joining forces in stimulating and strengthening the organization of HSR in Europe.

We therefore decided:

- To organize a second European HSR working conference as a preconference day before the start of EUPHA 2012 in Malta. We plan to make this again a working conference; that was at least part of the success of the April conference.

Appealing themes are the added value of European comparative HSR; partner selection in European projects; more concrete ideas on capacity building; etc. If this works and attracts enough health services researchers, we may propose a third conference on the same formula in 2014.

- To involve EHMA; EHMA is willing to have a role, together with EUPHA, in facilitating the conference.

- To have more plenary visibility of HSR during the EUPHA 2012 conference.

- To contribute to the revitalization of the section on HSR within EUPHA, in order to attract as many as possible presenters of HSR to EUPHA.

STEPS TOWARDS ORGANIZATION

Apart from these actions, the partners in the HSREPP project will have to develop a standing committee (or something like that) to give HSR a voice, e.g. for the EC. This could be organized from the HSREPP partners and its Scientific Advisory Committee, the EUPHA section on HSR and the country consultants of HSREPP. Moreover, it is felt important to start contributing to capacity building in HSR on a European level; e.g. by organizing a course for PhD students in HSR as a pre-conference to the 2011 EUPHA conference.

And to come back to the ‘open marriage or divorce’ issue: we firmly believe that finding a good balance between public health research and health services research can be beneficial to both.

It will then contribute to providing organizational and health system conditions for more effective and efficient evidence-based policies. Like any good marriage, we look to the future with confidence and propose to jointly evaluate these plans on a regular basis and readjust them if necessary.

FUNDING

The research leading to these results has received funding from the European Commission’s Seventh Framework Programme (FP7/2007-2013) under grant agreement n=223248. Sole responsibility lies with the authors and the European Commission is not responsible for any use that may be made of the information contained therein.

TABLES

Table 1 Research priorities for HSR in Europe

Health systems research	<ul style="list-style-type: none"> ● Evaluation of healthcare reforms and health system performance. ● Public vs. private funding and privatization/commercialization.
Research on health-care organizations	<ul style="list-style-type: none"> ● Workforce management and workforce migration. ● Integration of care across organizations. ● Patient-centred care and patient involvement. ● Skill-mix, organization and delivery of care.
HTA	<ul style="list-style-type: none"> ● Research into the broader consequences of health technologies, including organizational aspects. ● Development of HTA as a tool, including broadening assessments, especially on public health or organizational interventions. ● The relation between policy and HTA, including ways of optimizing the utilization and impact of HTA.
Performance indicators and their use for benchmarking	<ul style="list-style-type: none"> ● Focus on the development and use of indicators. ● Improve data availability. ● Strengthening the clearinghouse function on research findings.
Linkage between research and policy	<ul style="list-style-type: none"> ● Improved knowledge of how HSR is undertaken and used in different countries. ● In-depth study of the politics of health-care policymaking processes. ● Identifying best practice in knowledge transfer.