# ACTIVITY REPORT 2015

#### Patient Access Partnership

Stanimir Hasurdjiev, Secretary-General, PACT



#### Overview



- According to the main conclusions of the Partners' Assembly in 2014, the work of the Patient Access Partnership was divided into **3 priority workstreams**:
- 1. Mapping Exercise
- 2. Measurement Tool
- 3. Ensuring access is high on the agenda (formerly known as the "European Semester"





## Mapping Exercise Workstream





- PACT has developed a **questionnaire** to evaluate elements of a healthcare system, such as: primary care, hospital care, medicines, and so on
- To identify whether the **5As principle** evaluates *access* sufficiently
- Rolled out to the key stakeholders of PACT on national level (patients, HCP, industry and other organizations ) – to identify the differences in their perception between and within countries

## Mapping Exercise workstream



- Period: April 2015 November 2015
- Validation phase in three pilot countries Romania, France and Cyprus
- Next phase the survey was rolled out to all remaining EU Member States
- The questionnaire was developed with the support of **Prof. Kyriakos Souliotis from the Peloponnese University**, who contributed to the analysis of the results
- A total of **116 organizations** of different sectors participated:
  - Healthcare professionals,
  - Patient Organizations,
  - Pharmacy associations,
  - Generic associations and
  - Medical Technology Associations

#### \*Not all results were included in the analysis

## Aim and objectives of the study



- Is the "5As" concept sufficient to explain all aspects for healthcare access?
- Are there any differences among stakeholders for the same healthcare access element?
- Are there any best practices to be transferred?



## Different views for the same healthcare access element (i)



**ESTONIA**: Different views for the same element among pharmaceutical associations.

Is access to patented medicines in your country	Strongly disagree	disagree	neutral	agree	strongly agree
Adequate	-	25%	50%	25%	-
Accessible	-	-	75%	25%	-
Affordable	-	50%	50%	-	-
Appropriate	-	-	75%	25%	-
Available	-	50%	50%	-	-

## Different views for the same healthcare access element (ii)



**ESTONIA**: Different views for the same element among GP associations

Is access to secondary healthcare services in your country	Strongly disagree	disagree	neutral	agree	strongly agree
Adequate	-	25%	50%	25%	-
Accessible	-	50%	25%	-	25%
Affordable	-	50%	50%	-	-
Appropriate	-	25%	50%	25%	-
Available	-	25%	50%	25%	-

## Different views on the same element among stakeholders



**France:** different views among different stakeholders for each element

Is access to primary healthcare services in your country	Strongly disagree	disagre e	neutral	agree	strongly agree
Adequate	-	20%	20%	40%	20%
Accessible	20%	20%	-	40%	20%
Affordable	-	20%	20%	60%	-
Appropriate	-	40%	-	40%	20%
Available	-	-	40%	60%	-



- There are no best practices for every element of access in a country
- Some countries perform better in an element (e.g. access to GPs in Belgium) while others in another (access to pharmacists in Spain)
- The multi-stakeholders approach may facilitate the transfer of best practices from a country to another



#### Access to GPs in Belgium among different stakeholders



Is access to general practitioners in your country	Strongly disagree	disagree	neutral	agree	strongly agree
Adequate	-	-	-	25%	75%
Accessible	-	-	-	-	100%
Affordable	-	-	-	50%	50%
Appropriate	-	-	-	25%	75%
Available	-	-	-	-	100%

## Access to pharmacists in Spain among different stakeholders



Is access to pharmacists in your country	Strongly disagree	disagre e	neutral	agree	strongly agree
Adequate	-	17%	16%	17%	50%
Accessible	17%	-	-	33%	50%
Affordable	17%	16%	-	17%	50%
Appropriate	-	33%	-	17%	50%
Available	16%	-	17%	17%	50%

## Conclusions



- There are **differences within a country** for the various aspects of an element. For instance, GPs might be accessible but not affordable
- It seems that there are some best practices for various access elements but no country performed well in every element
- The **multi-stakeholder approach** is useful to explore the situation within and across countries and to facilitate the exchange of best practices
- The **5As concept seems to adequately explains** the healthcare access concept, but **further investigation is needed** to determine whether the 5As concept is sufficient to explain the core element of healthcare access



- Quantitative study in EU-28 to further explore the validity and reliability of the 5As tool
- Revision of the Questionnaire according to the participants feedback





## Measurement Tool Workstream





#### • EP adopted Pilot Project Proposal

*"Towards a fairer and more effective measurement of access to healthcare across the EU to enhance cooperation and transfer of know-how"* 

- Proposed by the MEP Interest Group on Access to Healthcare
- Developed in close cooperation with PACT





#### Key highlights of the Pilot Project

- It addresses the need for comparable and timely information on access in EU through the improvement of existing indicators and the piloting of a new set of measurements
- It reflects the key findings of the recently published preliminary report on access to healthcare by the Expert Panel on Effective Ways of Investing in Health, in which the importance of a credible and comparable tool was stressed



## Ensuring Access is High on the Agenda Workstream



### EU Agenda workstream



- PACT Workshop at the European Health Forum Gastein "Facing the challenge of multimorbidity... and how do we make it work for the patients" – 1 October 2015
  - The focus of the session was the presence of **patients with multimorbidity** who presented their story and experience with access to healthcare services



## MEP IG meetings 2015



- Launch of the MEP Interest Group on Access to Healthcare 27 January 2015
  - The event was hosted by MEP Andrey Kovatchev with a special opinion speech by Mr. Vytenis Andriukaitis, Commissioner of Health and Food Safety.







## MEP IG meetings 2015



- "Creating Synergies between the access to healthcare agendas at EU level" – 24 June 2015
  - The meeting gathered together co-chairing MEPs, EC representatives, APAs, Health attaches and different stakeholders in health
  - It aimed to promote synergies between disease specific and public health initiatives



## MEP IG meetings 2015



- EP Debate "Where are we and where do we need to go? 17 November 2015
  - **Main focus:** the recent publication of the Preliminary Opinion on access to health services by the Expert Panel on Effective Ways of Investing in Health

#### • Speakers:

- **Dr Sarah Thomson** (Senior Health Financing Specialist with the WHO Regional Office for Europe in Barcelona)
- **Prof. Jan De Maeseneer** (Head of the Department of Family Medicine and Primary Health Care at Ghent University) will present the main findings of the report
- Anne Calteux Senior Advisor to the Luxembourg Minister of Health, EU Coordination
- Maria Iglesia Gomez -EC, DG Santé



## High-level recognition in 2015





Latvian Presidency of the Council of the European Union

#### • The Patient Access Partnership was elected as the most tangible initiative

following the Vilnius Declaration during the Latvian Presidency conference in Riga "Universal Health: Investing in Health and Wellbeing for all" -**29-30 June 2015** 





- ➢EP meeting in Strasbourg "Romanian patients access to new innovative treatments. Is health budget a barrier to access for the Romanian patients?". PACT presentation at session "Good practices from Bulgaria and opportunities for EU MS from the perspective of the Patient Access Partnership" - February 2015
- ► EPF Access Working Group March and October 2015
- ELPA training session at EASL ILC 2015. PACT presentation: Access to treatment in the EU and beyond (Options at EU level) - April 2015
- ➢EPF Annual General Meeting, Presentation of the Patient Access Partnership - May 2015
- ➢Annual Conference of Pulmonary Hypertension Association Europe, September 2015
- ≻Health Collaboration Summit, October 2015



#### Website: <u>www.eupatientaccess.eu</u>

- **♦**Launched in June 2015
- ♦Unique visitors 2,016

#### **♦**Total number of visitors - 3,537

		Cou	ntries (Top	5 25) - Full	list
	Countries		Pages	Hits	Bancwidth
	Eulgaria	bg	12,172	32,824	887.80 MB
	Eelgium	be	6,513	20,071	1.31 GB
	Lnited States	us	1,940	5,564	326.09 MB
	Great Britain	gb	1,849	6,433	1.72 GB
	Luxembourg	lu	1,574	6,311	170.06 MB
	Lkraine	ua	887	964	21.62 MB
	Germany	de	503	1,117	62.78 MB
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•	China	cn	378	388	2.70 MB
	France	fr	347	1,045	60.63 MB
٩	Brazil	br	323	1,802	100.99 MB
	Austria	at	280	907	62.97 MB
	Italy	it	272	1,008	63.58 MB
¢.	Turkey	tr	245	883	67.93 MB
	Poland	pl	242	623	30.44 MB
	Spain	es	233	841	48.23 MB
	Netherlands	nl	230	843	56.60 MB
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8	Slovak Republic	sk	173	312	14.56 MB
Ť	Croatia	hr	152	585	42.20 MB
	Romania	ro	108	488	29.32 MB
	Russian Federation	ru	107	157	4.05 MB
	Lithuania	lt	95	370	24.57 MB

### Communication



- Twitter account: @PACT\_eu
  - Launched in October 2015
  - Followers: 104
  - Tweets: 56



#### Communication



#### • Quarterly **Newsletters**, distributed to all PACT partners

1.000	IN Access Partnership		
In this issue: • Latvian Presidency conference in Riga-29-30 June 2015 • MEPs Interest group on Access to Heattocan meeting at the EP-June 34th 2015 • Lipotes on the work of the PACT workstreams • Website launch eastern • Website launch European Heatth Forum Gastern • Akest Partners' Assembly in December MEPs Interest group on Ac- between the access to P The meeting was being	<section-header><section-header><section-header><text><text><text><text></text></text></text></text></section-header></section-header></section-header>	Issue 2, October 2015	In a MAA air MAA air

Cccess 21, 2015 NEWSLETTER Patient Access Partnership Editorial Dear readers, We are very pleased to send you this newsletter containing Information on Important positive developments related to the Patient Access Partnership. positive The multi-stakeholder approach has been of key value to our work so far in defining access and assessing patient and other stakeholders' experiences of access across the EU. More specifically, it has been used for designing and conducting a questionnaire based on the SAs principles of access to evaluate elements of healthcare systems such as primary care, hospital care, medicines, etc. and thereby provide practical tools for future policy action. Moreover, PACT received additional attention, recognition and support at the European Health Forum In Gastein during the session that we organised with a focus on multi-morbidity as one of the fundamental bases for the sustainability of heathcare systems across the EU. We also take pride and are grateful for the active engagement of the MEP Interest group on access whose members trainessity explore opportunities for expanding the support in the European Parliament. The MEP Interest Group will organise an event which will take place in November. We will be delighted to see you all there and will be in touch with more information soon. The Commission's Expert Panel on Access to Healthcare was published last month. It reiterates the importance of working in partnership to galvanise our common efforts and find solutions that will improve access to quality heathcare in Europe. The Patient Access Partnership will do what it can to support this process. With an exciting season ahead of us, I look forward to working with you all to ensure that equal access to quality healthcare is further mainstreamed in policies, programmes and practices across Europe.

> Stanimir Hasurillay Secretary-General Patient Access Partnership

#### HE DATE !

#### Partners' Assembly on 11 December

t Partners' Assembly of the Patient Access Partnership will take place ecember from 9.30 h = 12.30 in Brussels. It will be followed by a meeting of the new elected Steering committee until 16.00 h. Please save the date in your calendari

Forthcoming event organised by the MEP Interest group on Access to Healthcare

The MEP Interest Group on Access to healthcare will organise an event in November to discuss the findings of the preliminary opinion on access to health services in the EU by the Expert Panel. The main objective of the meeting will be to give all stakeholders the opportunity to share their views and discuss ideas

More information will follow soon.

#### Issue 1, **July 2015**



Many patients in Europe 'have limited or no access' to treatment-the Parliament Magazine article was published in April

### Accounts 2015

Birgit Beger, CPME Secretary-General





•PACT has secured funding for operational costs, but not for projects such as Gastein or Mapping access. For the Mapping survey, the partners will assume the cost

•To organise a meeting to discuss financial issues and set up a financial committee



- Financial agreement with EFPIA and EGA
- Pro bono collaboration from Burson Masteller
- Nomination of Birgit Beger (CPME) as PACT treasurer
- NPO contribution is estimated in the 20% of its human resources



## Profit and loss account of 07.12.2015 show a <u>positive</u> result: **38. 231,90 EUR**.

Main income in 2015 has been from EFPIA (funding of 120.000 EUR); the income budgeted from EGA of 20.000 EUR is outstanding.



**Expenditure** (travel, accommodation, subsistence allowance for NPO PACT-related costs mainly in 2014, PACT office costs, consultancy and accounting services) have been lower than budgeted (**81.761,43** versus 137.0372,50 EUR), financial charges were at 6,67 EUR.



- The financial situation developed not as budgeted, there was less income, yet through careful expenditure, a positive result could be achieved
- Costs of 2014 (NPO PACT-related costs in 2014) were also covered in this budget. Other income in kind (social media activities, meeting rooms, policy and consultancy advice by Steering group members) supported the PACT activities without having an impact on the PACT finances

"With an exciting season ahead of us, I look forward to working with you all to ensure that **equal access to quality healthcare** is further mainstreamed in policies, programmes and practices across Europe."

Stanimir Hasurdjiev, Secretary-General of PACT





THANK YOU FOR THE ATTENTION

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