



European Health Award 2009

- **Short list completed, six projects in the final selection**
- **Distinction for international health initiatives in Europe**
- **Significant potential for quality improvement and increase in efficiency**

With the creation of a short list of candidates, the presentation of the “European Health Award 2009” has entered its critical phase. The annual award presented at the European Health Forum Gastein, the most important health policy event in the European Union, distinguishes scientific projects and initiatives for their improvement of healthcare. Important criteria for the presentation of the award are participation in several countries, the transferability of results to other countries and the immediate benefits for important segments of the population and patient groups.

“Even if most international health policy programmes are supported by large institutions, they are generally developed at the initiative of highly committed experts,” says Günther Leiner, president of the European Health Forum Gastein and chairman of the jury of experts. “With the European Health Award we want to honour the commitment of these people and at the same time to raise awareness of the fact that international cooperation in healthcare has very concrete positive effects on individual patients and that there is still enormous potential for further improvements.”

Of the projects submitted, six have been included in the short list. A jury of leading European health experts will select this year’s winner from these.

The six projects on the short list are:

Diabetes: “Best Information through Regional Outcomes” (BIRO)

Diabetes is one of the serious diseases with the strongest growth rates and for hardly any other disease is the efficient organisation of patient care as important for the quality of care as with diabetes. The aim of this project is a European health information system with uniform parameters and indicators, data protection regulations and, to the extent it is reasonable, a harmonisation of organisational processes. The critical difference to earlier initiatives is the direct link of the regional level (on which care is generally based) with the European level. This allows substantially better practical orientation and more rapid implementation of opportunities for improvement than the exchange of information and knowledge at the national level.

Participating countries (or regions from these countries):

Austrian, Cyprus, Italy, Malta, Norway, Romania, Scotland



Primary Care: “European Patient Assessment” (EPA)

While the cross-border exchange of knowledge and experience has become virtually standard in the area of specialised medical care, particularly in hospitals, this is hardly the case in the equally important sphere of primary care. The highly variable quality and degree of efficiency in the European countries (even in those of similar economic strength and otherwise comparably good healthcare) is largely attributed to the fact that there is deficient international benchmarking in this area and consequently that the adoption of successful models from abroad (best practice) is highly dissatisfactory. The present project aims at closing this gap. Worth particular mention regarding the EPA: financing largely originates from private sources (Bertelsmann Foundation) and was organised by the members of the international project team even at the national level.

Participating countries (or regions from these countries):

Belgium, Germany, England, France, Israel, Netherlands, Austria, Switzerland, Slovenia, Wales

The WHO Health in Prisons Project (HIPP)

Frequently the optimisation of prisoners’ healthcare not accorded the necessary importance despite the massive health problems appearing within this population group. This is not only a problematic situation for the prisoners themselves, but a potential threat to the general health situation due to the considerable share of contagious diseases, especially HIV and tuberculosis. The WHO’s long-term project has made an essential contribution to strengthening awareness of the problem at the national level. WHO guidelines on the prevention of HIV and tuberculosis as well as on handling mental disease have also been developed. An international exchange of experience in this specific area of medical care was first facilitated by the WHO initiative as well.

Participating countries: 37 countries of the WHO region Europe

Patient Safety Information System (PaSIS)

Errors in medical practice are among the most important problems of modern healthcare systems and ensure that medical-scientific progress for patients fails to yield actual improvements to the desired and possible extent. PaSIS aims at the rapid detection of the source of errors through a well-functioning reporting system as well as at the development and implementation of efficient counterstrategies through the evaluation of error statistics. In practice, this leads to an improvement of internal processes in hospitals, an improvement in equipment and an improvement in the employment conditions of medical personnel, for example through the optimisation of shifts in order to restrict phases in which concentration is weaker and the errors resulting from this.

Participating countries: Germany, Austria



Pharmaceutical Pricing and Reimbursement Scheme

The costs for medications are an essential factor in the overall costs of healthcare. The negotiating power of national health insurance schemes and public health officials is largely dependent upon the availability of international data that is simple to compare. This project addresses this objective. This includes measures such as a general glossary, the systematic production of country profiles, the development of reference indicators and the institutionalisation of possibilities for the cross-border exchange of information. In view of the tense financial situation of nearly every healthcare system, this primarily cost optimisation-oriented initiative plays a significant role in safeguarding legitimate access to medications in the participating countries

Participating countries: EU-27, Albania, Canada, Iceland, Norway, South Africa, Switzerland, Turkey

Rare Diseases: Rhapsody Project

Viewed on an individual basis, for rare diseases there are naturally only very few patients, but considered as a whole remarkable segments of the overall population are affected by one of the many rare diseases. Due to the low number of cases per illness in the individual countries, intensive international cooperation is especially important. In the participating countries competence centres are to be developed for 16 rare diseases. The aim is a Europe-wide exchange of information concerning methods and services for patients afflicted with a rare disease, to compare services in various countries, to identify the best methods and to support and initiate the development of new services (for example through websites, databases, care facilities and programmes).

Participating countries:

Czech Republic, France, Germany, Hungary, Italy, Luxembourg, Spain, Sweden, Netherlands, Portugal, Great Britain

Press Service:

EHFG-Press Office

c/o MB Dialog

Thomas Brey

Tel.: +43 1 917 51 18-15

E-Mail: ehfg@mbdialog.at