

**Ministry for Energy and Health
Parliamentary Secretary for Health**

Report on the Performance of the Maltese Health System

Executive Summary



2015

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Introduction

This is the first ever national health system performance review undertaken in Malta. Health system performance assessment (HSPA) is an important tool in measuring, in as an objective manner as possible, how a health system is faring, when compared to the past and in comparison with international benchmarks.

HSPA is fast becoming a key standard in performance measurement and is increasingly being used by many countries as a means to monitor a country's health status in terms of quality of care, access to adequate health care, efficiency in the provision of health services, cost-effectiveness and other important areas of performance. The World Health Organisation promotes and encourages the formulation and use of HSAs whilst the European Union is now focusing upon assisting all EU member states in developing their own HSPA and in sharing the results and experiences from such an exercise. The development and implementation of a Maltese HSPA will bring Malta in line with many other European states in creating systems and frameworks that measure and assess the performance of their health system.

Malta's first HSPA was developed subsequent to the creation of Malta's National Health System Strategy (NHSS) as a means to monitor the implementation of this strategy. Hence the HSPA Framework serves as a monitoring system to regularly monitor and review the indicators linked to the implementation of the NHSS and the performance of the Maltese health system as a whole. As with the rest of Europe, Malta's health care system is facing various challenges. Hence the introduction of a solid framework to assess our health system performance needs to be considered as an integral monitoring tool for all those actively contributing in the delivery of health care and for effectively determining future policy direction.

The main aim for Malta's first HSPA is to serve as an adjuvant to Malta's National Health System Strategy in terms of monitoring the implementation of this strategy and the attainment of the targets outlined in the NHSS. The HSPA should serve as a tool to enhance and

consolidate transparency and accountability in the decision making process and to ensure timely and effective delivery of care to Malta's population.

Method

The Ministry for Energy and Health tasked a Working Group with the development of Malta's first HSPA. The procedure adopted for this task was derived from international experience and consisted of three main stages. The first stage saw the Working Group develop the appropriate model or framework for Malta's HSPA. The second stage consisted of the extraction, identification and population of the model with key system performance indicators. The final stage comprised the measurement of the performance indicators and presentation of the final results. This task commenced in December 2013 and took the best part of 2014 to complete. The early months of 2015 were taken up with the write up, review and finalisation of this report.

Results

Several HSPA frameworks and models were analysed in order to develop a model for Malta. These included frameworks pertaining to the Organisation of Economic Cooperation and Development, the World Health Organisation, the Commonwealth Fund in the United States, the Ontario model of Canada and the framework used in some states in Australia, and a number of EU member states including Estonia, Portugal and the Netherlands. Each framework was scrutinised for congruence to the local context, for its conceptual outline and for its content, in particular its domains or dimensions. These dimensions provide the building blocks of each framework, upon which the indicators would be mapped. Those dimensions most relevant to the Maltese health system were discussed in detail and chosen for inclusion into the draft framework for Malta.

Following several iterations, the final HSPA framework for Malta can be seen below. It follows the Donabedian model of structure (Drivers), process (Intermediate Goals) and outcomes (Goals) and incorporates a combination of the HSPA dimensions as well as the strategic objectives of Malta National Health System Strategy.



Final HSPA Framework

350 performance indicators were extracted from the 17 national strategies and an iterative deductive process was employed to reduce the number to the final set of 57 performance indicators. These were mapped and distributed amongst the dimensions of the HSPA framework as shown below.

	Dimension	Total - Main Indicators	Total - Main and Sub-Indicators
Drivers	Stewardship	6	6
	Resources	4	5
	Financing	3	5
Intermediate Goals	Efficiency	4	4
	Access	6	7
	Responsiveness	5	5
	Quality	10	12
Goals	Health Status	11	17
	Determinants of Health	5	5
Socio-demographic		3	3
Total		57	69

Mapping of final list of indicators with dimensions

Data pertaining to the final set of 57 indicators was then collated and analysed and the results presented using a classification system linked to each indicator and finally to each dimension. The table below provides a pictorial representation of the performance of Malta's health system for each dimension, also showing the classification of individual indicators represented by their number. Although most of the data was taken from 2012, some indicators were also derived from data covering the years 2013-2014, where 2012 data was not available.

None of the dimensions were classified at the extreme ends, namely either as Very Good or Very Poor. Three dimensions (Efficiency, Resources and Determinants of Health) were classified as Poor, whilst four dimensions (Financing, Quality, Access and Health Status) have been classified as Fair. One dimension (Responsiveness) scored above average. It was not possible to classify the dimension for Stewardship due to lack of data. Socio-demographic factors, which provide a context within which the Maltese Health System must function and operate, has not been scored for the purposes of this exercise but the task to improve certain aspects of the health system would be more challenging due to a detrimental environment and the absence of enablers.

This is the first time that Malta embarked upon the development of a HSPA. Whilst performance measurement was always an inherent feature of Malta's health system, its performance was never measured in such a structured, defined and standardised manner. This exercise allowed for the development of a formal framework with clear and unambiguous dimensions that were linked to the values and priorities of the Maltese health system.

The collection and analysis of the performance indicators clearly presented the biggest challenge since much data was not readily available and the concept of 'ownership' of performance information was alien to some service managers. The report identified various gaps in the availability of data that should be routinely collected. The reasons for such discrepancies are mainly due to the absence of robust management, operational and clinical information systems in the various areas of interest. Investment in these systems is sorely required to ensure that Malta is in a position to measure the performance of its operational and clinical services and of its health system as a whole. Although such an investment is costly, its return over time would be overwhelmingly beneficial and Government should strive to plan a long term investment programme in developing such information systems. Malta will not be in a position to improve and reform its systems and compete with more mature health systems abroad if this is not prompted by a substantial investment in health IT systems.

One of the main reasons for producing this HSPA report is to create the correct impetus to strive to improve upon the performance of the Maltese health system. Performance improvement and change are the hallmarks of any HSPA and at the core of its results. The results of this report show that there is room for improvement and change in several areas, whilst consolidation of those areas faring relatively well is also important to build upon past accomplishments.

Many indicators fall within the 'goal' oriented dimensions. This was deemed important to emphasis outcome driven results. Health status indicators are generally positive although focus needs to be placed on a few indicators that require attention. People in Malta perceive their health to be generally good, whilst our mortality indices compare very favourably internationally. The infant mortality rate remains poor and does not seem to be improving. This, coupled with the increased probability of dying before 5 years of age when compared to the European Union, merits further scrutiny and research. Whilst cancer incidence rates for the more common cancers are favourable, those for breast cancer remain high when compared to EU 28 and OECD. This could be due to an increased detection rate as a result of the introduction of Malta's national breast cancer screening programme.

Predictably, indicators pertaining to the determinants of health show a generally poor outlook. The main challenge, as expected, is the proportion of the population who are overweight and obese. This is very high when compared to our international peers, and combined with the

relatively low physical exercise rates, accounts for much of the mortality and morbidity in later life. Another new area that requires attention is binge drinking which seems to be relatively high and is regressing. Public health and other initiatives are required to curb this relatively new phenomenon.

Efficiency indicators show a mixed picture, where whilst average length of stay compares well with international norms, day case surgery rates remain stubbornly low. These coupled with high bed occupancy rates, places increasing demand upon acute in-patient services.

The Access dimension is classified as fair. However three indicators are not measured. Whilst unmet need and waiting times for admission to a rehabilitation facility were positive, self-referrals and waiting times for admission to a long term facility were both classified as very poor. On the other hand, due to unavailable data in 2012, it was not possible to comment on three other important indicators (waiting times for out-patient appointments and investigations and GP contacts per capita). Data on these indicators needs to be collated for the next review.

The quality of our health services remain one of the more important dimensions to measure. This is reflected in the number of quality indicators in this report. Although Malta's five year cancer survival rates are still not at par with the EU, a steady improvement is being registered. A similar picture is seen with MRSA infection rates which have improved significantly over the last few years, although we still lag behind our European peers. In-hospital mortality rates all show a positive trend whilst the all important indicator on potential years of life lost fares very well. On the other hand, potentially avoidable hospital admission rates for the main diagnosis are poor and need to be improved considerably.

The final 'intermediate goal' dimension, Responsiveness, presents an overall positive result, showing that the Maltese health system responds adequately to the need of the population it serves, in spite of problems of access and resources.

The lack of resources remains one of the main challenges for the health service in Malta. Bed capacity and the lack of adequate human resources in certain areas remains a perennial structural problem which needs to be tackled in the long run. These problems, coupled with pockets of inefficiencies in the system and Malta's growing elderly population, create the capacity problems that have plagued the health service in Malta over the last few years. Financial resources also need to be consolidated. This report shows that whilst Government expenditure on health care has increased steadily over the last decade, this increase is outstripped by private out of pocket expenditure. Whilst some view this as a reflection of

Malta's improving prosperity, this may create serious sustainability problems in the near future, requiring important reforms in the financing model for Malta's public and private health system.

Way Forward

The production of Malta's first HSPA report is an important milestone towards creating a more accountable and transparent health system, whilst allowing us to focus on those areas that require more attention and improvement. This is primarily a technical report, the purpose of which is not to garner any political mileage but to set the agenda for continuous improvement and change. In fact, based upon the experience of other countries, the main benefit of these reports is to repeat this exercise in 2-3 years to monitor progress and set the correct direction for reform. The setting of policy based on the evidence promulgated by the HSPA is an important step towards a more robust and advanced health system in Malta.