

# ACTIVITY REPORT

# 2015

Patient Access Partnership

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- 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



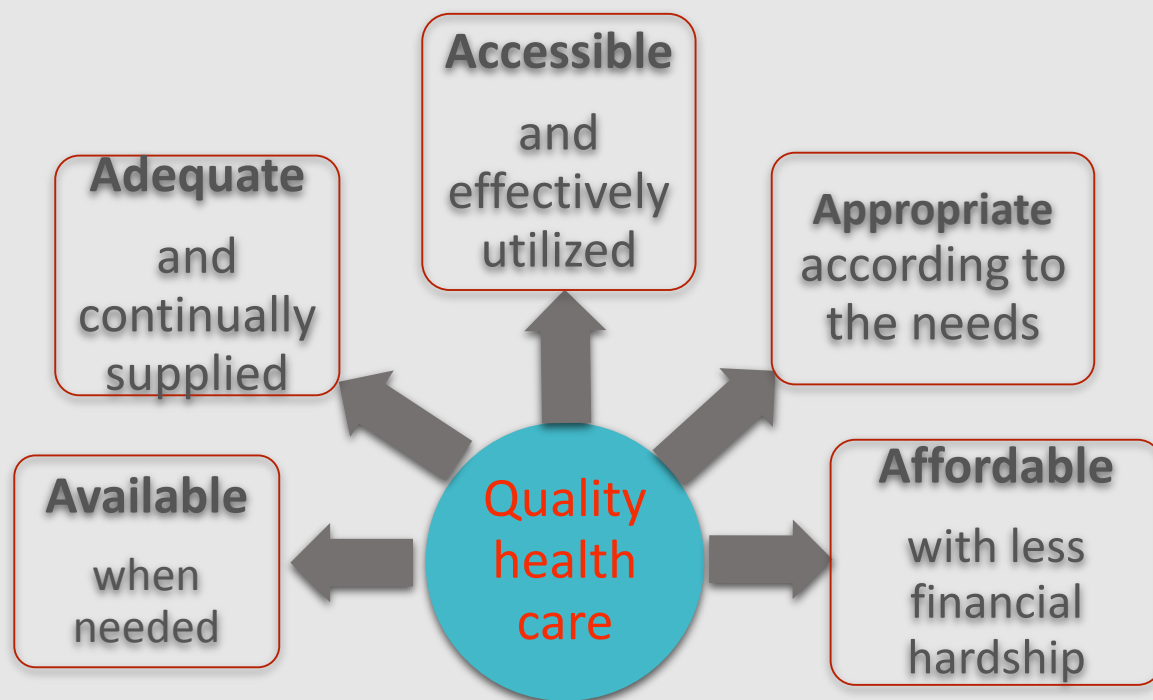
- PACT has developed a **questionnaire** to evaluate elements of a healthcare system, such as: primary care, hospital care, medicines, and so on
- To identify whether the **5As principle** evaluates *access* sufficiently
- Rolled out to the **key stakeholders of PACT** on national level (patients, HCP,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

- **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

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



# Different views on the same element among stakeholders

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

| <b>Is access to primary healthcare services in your country</b> | <b>Strongly disagree</b> | <b>disagree</b> | <b>neutral</b> | <b>agree</b> | <b>strongly agree</b> |
|---|--------------------------|-----------------|----------------|--------------|-----------------------|
| <b>Adequate</b>   | -                        | <b>20%</b>      | <b>20%</b>     | <b>40%</b>   | <b>20%</b>            |
| <b>Accessible</b>   | <b>20%</b>               | <b>20%</b>      | -              | <b>40%</b>   | <b>20%</b>            |
| <b>Affordable</b>   | -                        | <b>20%</b>      | <b>20%</b>     | <b>60%</b>   | -                     |
| <b>Appropriate</b>  | -                        | <b>40%</b>      | -              | <b>40%</b>   | <b>20%</b>            |
| <b>Available</b>  | -                        | -               | 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

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

# Access to pharmacists in Spain among different stakeholders

| Is access to pharmacists in your country | Strongly disagree | disagree | neutral | agree      | strongly agree |
|--|-------------------|----------|---------|------------|----------------|
| <b>Adequate</b>                          | -                 | 17%      | 16%     | <b>17%</b> | <b>50%</b>     |
| <b>Accessible</b>                        | 17%               | -        | -       | <b>33%</b> | <b>50%</b>     |
| <b>Affordable</b>                        | 17%               | 16%      | -       | <b>17%</b> | <b>50%</b>     |
| <b>Appropriate</b>                       | -                 | 33%      | -       | <b>17%</b> | <b>50%</b>     |
| <b>Available</b>                         | 16%               | -        | 17%     | <b>17%</b> | <b>50%</b>     |

- 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

# Next steps

- 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



- 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.



- "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



- 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**



























# Communication

❖ Website: [www.eupatientaccess.eu](http://www.eupatientaccess.eu)

❖ Launched in June 2015

❖ Unique visitors - 2,016

❖ Total number of visitors - 3,537

| Countries  | Pages | Hits   | Bandwidth |           |
|--|-------|--------|-----------|-----------|
|  Bulgaria             | bg    | 12,172 | 32,824    | 887.80 MB |
|  Belgium              | be    | 6,513  | 20,071    | 1.31 GB   |
|  United 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 |
|  Ukraine              | ua    | 887    | 964       | 21.€2 MB  |
|  Germany              | de    | 503    | 1,117     | 62.78 MB  |
|  Switzerland          | ch    | 471    | 1,319     | 72.66 MB  |
|  Ireland              | ie    | 401    | 1,341     | 77.08 MB  |
|  China                | cn    | 378    | 388       | 2.70 MB   |
|  France               | fr    | 347    | 1,045     | 60.€3 MB  |
|  Brazil               | br    | 323    | 1,802     | 100.99 MB |
|  Austria              | at    | 280    | 907       | 62.57 MB  |
|  Italy                | it    | 272    | 1,008     | 63.58 MB  |
|  Turkey              | tr    | 245    | 883       | 67.53 MB  |
|  Poland             | pl    | 242    | 623       | 30.44 MB  |
|  Spain              | es    | 233    | 841       | 48.23 MB  |
|  Netherlands        | nl    | 230    | 843       | 56.€0 MB  |
|  Greece             | gr    | 182    | 765       | 212.20 MB |
|  Slovak Republic    | sk    | 173    | 312       | 14.56 MB  |
|  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



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**Access Partnership**  
@PACT\_eu  
The Patient Access Partnership (PACT) is a multi-stakeholder platform for finding innovative solutions that will improve access to quality healthcare in Europe.

TWEETS 56 FOLLOWING 174 FOLLOWERS 104 LIKES 20 [Edit profile](#)

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Access Partnership Retweeted  
 **MedTech Europe** @medtecheurope · Dec 3  
@eurorainmaker: Value is the only thing that is going to matter #mtf2015

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 **ESMO - Eur. Oncology** @m...  
Followed by EAPM and oth...

- Quarterly Newsletters, distributed to all PACT partners

Issue 1,  
July 2015

July 31, 2015 

## NEWSLETTER

Patient Access Partnership

**LAST EVENTS**

**Latvian Presidency conference in Riga**

**The Patient Access Partnership was elected as the most tangible initiative following the Vilnius Declaration during the Latvian Presidency conference in Riga.**

The Universal Health Conference which was held on 29-30 June 2015, was built on the core principles of the Vilnius Declaration and scoped out common ground where Member States can work together and support each other in the design and implementation of robust and resilient 'all of life' health and care services.

You can see more information at the [Riga conference website](#).

**MEPs Interest group on Access to Healthcare meeting in the EP**

On June 24th, 2015, took place the meeting organised by the **MEPs Interest Group on Access to Healthcare "Creating Synergies between the access to healthcare agendas at EU level"**.

The meeting was held in the European Parliament and gathered together co-chairing MEPs, EC representatives, APAs, Health attaches and healthcare stakeholders.

Click [here to find the report](#).



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

Issue 2,  
October 2015

October 21, 2015  
Issue 2 

## 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.

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 5th 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 Gastein during the session that we organised with a focus on multi-morbidity as one of the fundamental issues for the sustainability of healthcare systems across the EU.

We also take pride and are grateful for the active engagement of the MEP Interest group on access whose members tirelessly 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 Commissioner's Expert Panel on Access to Healthcare** was published last month. It reiterated the importance of working in partnership to galvanise our common efforts and find solutions that will improve access to quality healthcare 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 Hasudjiev  
Secretary-General  
Patient Access Partnership

**SAVE THE DATE !**

- **Next Partners' Assembly on 11 December**

The next Partners' Assembly of the Patient Access Partnership will take place on **11 December** 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 calendar!

- **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.

# Accounts 2015

Birgit Beger, CPME Secretary-General



# Minutes of Interim Steering Committee of 29 April 2015 (Financial issues)

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- 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

# Minutes of Interim Steering group meeting of 15 July 2015(Financial issues)

- 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 positive 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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