

Which European country has the best healthcare system?

The last 20 years, healthcare reforms in various European countries seem to converge, but a single healthcare system in Europe is not realistic. Healthcare is a national matter, because a healthcare system highly dependent and embedded in the history of a country, national culture, political circumstances, economic context, social system and other circumstances. However, legislation and reforms are increasingly looking beyond their own national borders.

Four studies (1997, 2007, 2018 and 2019)¹ describe the healthcare system of 11 and 22 European countries. The series of articles² will discuss trends in the past 20 years:

1. Decrease growth healthcare expenditure in the USA and Europe
 2. Reform trends: from (macro) cost-control to market elements
 3. Towards a stronger primary care
 4. From financing healthcare providers to clients
 5. Out-of-pocket payments in European countries studies
 6. Which country has the best healthcare system?
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According to the Euro Health Consumer Index (EHCI), Dutch healthcare is among the best in Europe. With regard to the countries with the most efficient healthcare system (Bloomberg rankings) and the performance of a healthcare system in the treatment of those diseases (HAQ), the Netherlands scores worse. Are these rankings comparable and what do they say about who has the best healthcare system in Europe?

Different international rankings, measure different performances:

- The **EHCI** measures the performance of a healthcare system from the consumer perspective (satisfaction), based on a random list of 40 indicators.
- The **HAQ score**: measures the performance of a healthcare system in the treatment of those diseases, based on 32 causes of death that are either preventable or can be treated effectively with medical care.
- The **Bloomberg rankings**: is based on the efficiency of health care systems, ranked according to three criteria: life expectancy (weighted 60%), the relative costs per capita of the health care population (30%); and absolute costs per capita of the health care population (10%).

Comparability rankings

The international rankings that compare healthcare systems with each other are based on different:

- assessment criteria (health, accessibility, quality of care, efficiency, demand orientation) and their mutual weightings;
- norms and values, for example views on solidarity in a country;
- perspectives: for example, of the taxpayer (collective care expenditure), insured person (level of the premium), patient (the best care, including free choice of doctors, accessibility, waiting times / lists).

The interpretation of various rankings must take into account the methodology and reliability of the data used. There is, for example, the problem of: clarity of data, the different ways in which data are collected, differ in the quality of the data and in its availability. The level of healthcare costs is one of the few data that can be measured fairly unambiguously.

What is the best healthcare system?

You could expect that countries with high healthcare expenditures (and therefore a broad basic package and coverage) generally have low out-of-pocket payments. If we look at the quality of care (for example, life expectancy and perceived health), you would expect that higher healthcare expenditures would lead to a higher life expectancy, for example.

¹ Healthcare in Europe 1997, 2007, 2018 en 2019. The finance and reimbursement systems of 11/22 European countries: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, , Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland ,Turkey, UK.

² All articles, see: www.yvonnevankemenade.nl or www.healthcareconsultancy.eu

Healthcare expenditure (% GDP) and the level of out-of-pocket payments don't seem to be directly related. The countries with the highest healthcare expenditure (Switzerland, France, Germany, Sweden and Denmark) are not all the same countries as those with the lowest out-of-pocket payments (France, Luxembourg, the Netherlands, Ireland, Germany). And the countries with the lowest healthcare expenditures (Turkey, Romania, Luxembourg, Poland, Slovakia) are not all the same as the countries with the highest out-of-pocket payments (Greece, Switzerland, Portugal, Spain, Poland).

If we look at life expectancy from birth, life expectancy is highest in Switzerland, Norway, Sweden and Italy. Countries with lowest life expectancy are Slovakia, Poland, Turkey and the Czech Republic. From age of 65, life expectancy is highest in France, Spain, Switzerland, Italy and lowest in Slovakia, Turkey, the Czech Republic and Poland.

Based on OECD figures, there seems to be a link between the level of healthcare expenditure and life expectancy, but many other factors also play a role. Lifestyle plays a significant role in life expectancy. The Dutch live relatively healthily in terms of drinks and smoking, but there are indications that the way of life in Mediterranean countries (less meat, less butter, more olive oil, more fresh vegetables) is a lot healthier and produces better results.

Those who get cancer in the Netherlands have lower chances of survival than in many other countries. What is the explanation for that? Worse care? Is it the cancer type? Differences in diagnosis and/or registration?

If we look at any other indicator, for example freedom of choice of the citizen for insurer/care buyer, there is no connection with life expectancy. Countries with a high life expectancy (France, Spain and Italy) score low on freedom of choice of "insurer / care buyer".

The perspective from which you look also colours the way in which you rate the rankings. As taxpayer you will mainly look at the collective healthcare expenditure, as an insured person at the level of the premium, as a patient at the best care (life expectancy, death rates etc.).

As described above, different rankings measure different things (system characteristics and the quality of care), there is (still) no connection to be demonstrated. Current international rankings do not offer solutions for improving healthcare systems for the benefit of the quality of care. It is therefore not possible to make statements based on these comparisons about how "good" or "bad" a healthcare system is. However, something can be said about the underlying relationships and about the relationship with current policy, in order to subsequently determine whether differences between countries can be traced back to differences in policy on specific assessment criteria. Peeking at the neighbours can certainly be useful!

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