Benchmarking Regional Health Management II

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No 2003106 (SI2.378429)
Duration period: June 1st, 2004 – August 31st, 2007

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Background
Europe is growing together – but does this also apply to its health care systems? Under the project: “Benchmarking Regional Health Management II (Ben RHM II)” (06/2004 – 08/2007) the health management systems of 20 European regions will be compared with regard to their structures, processes and results.

The three tracers measles, breast cancer and diabetes (type II) have been chosen to look at the following aspects of the regional health systems: prevention, screening and care programmes.

Aims
The aim of the project is to get a deeper insight into the health systems, to identify good practice models, to support co-operation between Member States and to offer a platform on which regions can learn from each other to improve health governance and public health.

Conceptual Model of Ben RHM II
The regional health systems of the participating regions are being analysed along the three tracers of measles, breast cancer and diabetes (type II). This happens along two complementary strands.

The first was to construct organisographs to show at a glance how the health management systems are organised and to identify key contacts of the health systems.

Parallel to this strand, the approach of rapid appraisal method is followed. Based on literature reviews and expert opinions, policies, interventions and health performance indicators are being identified. The evidence-based policies, interventions and indicators are listed in the models of reference framework containing a time and an intervention dimension.

Additionally, in-depth interviews are being conducted with experts of public health organisations in the participating regions about the public health management of the three tracers.

Benchmarking
The benchmarking process will identify where structures and methods in reaching the envisaged target can be improved. As the benchmarking process is also aimed at a comparison between participating systems, it has a beneficial effect on furthering transparency and enables mutual learning.

First Results
First analyses of the data show an immense variety in the organisation, implementation and evaluation of different immunisation programmes for measles and in view of breast cancer and diabetes (type II) care and screening programmes in the European regions.

Breast Cancer
In addition to the number of specialised “breast centres”, the specific prevention, treatment and follow-up services for breast cancer reveal great discrepancies in the European regions.

- Integrated care programmes for breast cancer exist in every second region.
- A little more than 50% of the participating regions have a specific invitation register for mammography screening.

Diabetes (type II)
European regions clearly differ with regard to screening and treatment programmes for type II diabetes.

- Specific education programmes to prevent diabetes (type II) are implemented in half of the participating regions.
- A diabetes surveillance system is established in one third of the regions.

Measles
According to recommendations of the World Health Organization (WHO), children should receive their first immunization against measles at the age of 12 months.

The project results show how big the time frame for the first measles immunization is in the European regions involved in the project.

Regions involved
Chuvash Republic (Russian Federation), Dublin/ Mid-Leinster and Dublin/North-East (Ireland), Emilia-Romagna (Italy), England (United Kingdom), Flemish Community (Belgium), Györ-Moson-Sopron County (Hungary), Kaunas (Lithuania), Madeira (Portugal), Moravia-Silesian (Czech Republic), North-Rhine-Westphalia (Germany), Saxony-Anhalt (Germany), Sicily (Italy), Szabolcs-Szatmár (Hungary), Ticino (Switzerland), Upper Austria (Austria), Varna Oblast (Bulgaria), Västra Götaland (Sweden), Veneto (Italy), Vologda (Russian Federation), Western Greece (Greece)