

# Rethinking Healthcare Systems

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**Full Title:** Rethinking Healthcare Systems in Europe: A Call for Urgent, Europe-Wide and EU-Funded Research and Collaboration.

The content of this paper is based on a series of plenary online sessions between March and May 2024 of the members of the “Rethinking Healthcare Systems” (RHCS) Advisory Board. The members of the Advisory Board are international experts in different fields of healthcare convened at the invitation of the European University Hospital Alliance (EUHA). Experts participated in a personal capacity. The preparation of these sessions and the writing of the paper were conducted by Johan Van Eldere and Lynn Seveke. Additional input and comments were provided by the EUHA Steering Committee, the Members’ Assembly, and participants of the symposium “Rethinking Healthcare Systems” and the high-level round table discussion on the same topic, held on June 13th and 14th, 2024, at the Karolinska University Hospital in Stockholm. The final document was proofread by Joseph Casey and Anna van Santen and approved by the CEOs of the EUHA member hospitals.

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# Introduction: “Rethinking Healthcare Systems” - EUHA Position Paper

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The European University Hospital Alliance (EUHA) brings together 10 of the leading European university hospitals or hospital networks. EUHA is concerned about the sustainability and resilience of the European healthcare systems. Like healthcare organisations and systems across Europe, all EUHA members are confronted with multiple challenges both from the supply side, especially increasing workforce shortages, and from the demand side, including the ever-growing need and cost of care. These challenges are affecting the entire healthcare system and are already threatening the ability of hospitals to provide timely, high-quality and safe care.<sup>1,2</sup> To preserve and improve public health and promote the well-being of our citizens and patients, it is urgent to ensure the sustainability of the healthcare systems. To do this, we should not only address health sector workforce shortages but take a comprehensive approach.

1. Catania, Gianluca, Milko Zanini, Marzia A. Cremona, Paolo Landa, Maria Emma Musio, Roger Watson, Giuseppe Aleo, Linda H. Aiken, Loredana Sasso, and Annamaria Bagnasco. “Nurses’ Intention to Leave, Nurse Workload and In-hospital Patient Mortality in Italy: A Descriptive and Regression Study.” *Health Policy* 143 (May 1, 2024): 105032. <https://doi.org/10.1016/j.healthpol.2024.105032>.

2. Kleja, Monica, and Vasiliki Angouridi. “Sweden’s Declining Critical Care Beds Worry ICU Personnel.” *www.Euractiv.Com*, April 3, 2024. <https://www.euractiv.com/section/health-consumers/news/swedens-declining-critical-care-beds-worry-icu-personnel/>.

# The Challenges Facing European Healthcare Systems

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Of the multitude of challenges healthcare systems are facing, **the workforce shortage is considered most urgent**. Shortages exist in most European countries, not only in hospitals but across the whole healthcare sector and related sectors including social care. A study by EURES identified a shortage of specialist medical practitioners in 16 out of 31 countries investigated, as well as shortages of nursing professionals, healthcare assistants, and general medical practitioners in 15 countries and of home-based care workers in 11 countries. In around half of the countries, the shortages were identified as severe. Similar results were observed by the WHO which estimates a shortage of 1.8 million healthcare workers in the European region.<sup>3,4</sup> These shortages are leading to an increase in waiting times, and suboptimal care for patients.

The workforce shortage has been increasing for several years, notwithstanding the rise in the number of doctors, nurses, and other health professions in most countries. Several factors are now accelerating this shortage.

- **High rates of workforce leaving due to retirement and low retainment. The post-World War II 'baby boom' generation started retiring already more than 10 years ago but the effects of this retirement wave are a talent gap and brain drain that is also affecting healthcare.** In 13 countries in the European region, more than 40% of doctors are over 55<sup>4</sup>, making loss of workforce due to retirement a rapidly approaching problem. Since there are not enough trainees to replace them, the workforce shortage will continue to increase. This is exacerbated by challenges in retention. In our hospitals, we see an increasing imbalance between people leaving and those entering.
- **The healthcare sector has become less attractive to work in.** Economic motives and the search for a better work-life balance mean healthcare workers are leaving the sector. Adding to this, is the mental health crisis among those working in healthcare, following the COVID-19 pandemic. Just over 70% of healthcare workers in Europe report symptoms of poor mental health and nearly 40% report depression and anxiety.<sup>4</sup>

3. European Labour Authority, 2022. "EURES Report on Labour Shortages and Surpluses 2022." <https://euresmobility.anpal.gov.it/eures-report-labour-shortages-surpluses-2022/>.

4. WHO Regional Office for Europe. 2022. "Health and Care Workforce in Europe: Time to Act," 1–205.

- **High absence rates compound the staff shortage.** Staff being absent due to chronic work overload, burnout or sickness further increases the imbalance between the overall staff and the actual staff available to work, in turn increasing the pressure on the remaining staff.<sup>5,6,7</sup>

These challenges cannot be addressed only through increasing numbers of people in the healthcare workforce. For example, in the Netherlands, it was estimated that one in three people would need to be working in healthcare in 2060 to meet the projected demand.<sup>8</sup> This cannot lead to a sustainable healthcare system. Therefore, improving productivity and changing the organisation of the healthcare system also need to be addressed. Authorities and providers cannot focus only on the number of staff available, but also must address the overall population health needs, technical solutions in healthcare and the necessary competencies and skill mix of the whole health workforce, including beyond healthcare providers. Improving healthcare is not just about increasing the workforce or funding, but even more so about enhancing the value, performance and flexibility of healthcare services. A clear definition of what "better" means in healthcare innovation and explicitly incorporating value, what matters to the patient and performance are essential. Incorporating new ways of working and skill development will also be crucial, but training professionals for these new roles will take around 15 years.

On the demand side, **healthcare systems in Europe and worldwide are confronted with a rising demand for health and care** without adequate emphasis on prevention or other demand-side initiatives such as health education or health literacy. The demand for care has grown at a high rate, commonly attributed to an ageing population and the increasing prevalence of chronic diseases and multi-morbidity.<sup>9</sup> It is not just the total care need but also the shift in the burden and complexity of disease that puts pressure on the system and the people who work within it. For example, data from France shows an increasing disease burden across several disease groups.<sup>10</sup> **Hospitals must also look at supply-led demand by investing in developing and delivering quality care pathways and focusing on prevention and on what matters to the patient.**

5. Morgan, Bill. 2022. "NHS Staffing Shortages Why Do Politicians Struggle to Give the NHS the Staff It Needs?" [https://assets.kingsfund.org.uk/f/256914/x/151509726c/nhs\\_staffing\\_shortages\\_engage\\_britain\\_2022.pdf](https://assets.kingsfund.org.uk/f/256914/x/151509726c/nhs_staffing_shortages_engage_britain_2022.pdf).

6. Tamata, Adel Tutuo, and Masoud Mohammadnezhad. 2023. "A Systematic Review Study on the Factors Affecting Shortage of Nursing Workforce in the Hospitals." *Nursing Open* 10 (3): 1247–57. <https://doi.org/10.1002/nop2.1434>

7. CBS. 2022. "Verschillen in Werkdruk En Arbeidstevredenheid Tussen Branches in de Zorg En Welzijn | CBS." 2022. <https://www.cbs.nl/nl-nl/longread/statistische-trends/2022/werkdruk-en-arbeidstevredenheid-in-de-zorg>.

8. Scientific Council for Government Policy, Netherlands. 2021. "Sustainable Healthcare, a Matter of Choice. People, Resources, and Public Support." <https://english.wrr.nl/binaries/wrr-eng/documenten/reports/2022/05/03/sustainable-healthcare-a-matter-of-choice.-people-resources-and-public-support/Summary+Sustainable+healthcare+a+matter+of+choice+nr+104.pdf>

9. The Global Ageing Network. 2023. "AGEING AND LONG-TERM CARE CALL TO GOVERNMENTS 2023."

10. "Vue d'ensemble – Data Ameli." n.d. Accessed June 3, 2024. <https://data.ameli.fr/pages/data-pathologies/>.

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**The increasing demands on the healthcare systems in a situation of decreasing human and financial possibilities are threatening the sustainability and equity of the European healthcare model with its overarching values of universality, access to good quality care, equity, and solidarity.**

On top of this, there are **demands on healthcare systems to decrease their dependence on out-of-Europe sources of essential medical products and increase preparedness for external threats** such as viral pandemics, antimicrobial resistance, major armed conflicts, cyber threats, and the impact of climate change.

Healthcare expenditure has grown more than that of other public sectors during COVID-19. A continued rise of healthcare budgets is less likely, given the need for increased spending in other areas such as defence, green transition, or climate change, and as long as efficiency opportunities in the healthcare sector remain unexploited. The increasing demands on the healthcare systems in a situation of decreasing human and financial possibilities are threatening the sustainability and equity of the European healthcare model with its overarching values of universality, access to good quality care, equity, and solidarity.<sup>11,12</sup> In addition to the increasing discrepancy between available staff and healthcare needs, the urgency of finding solutions is underlined by the possibility of one or more external threats becoming a reality, or the aforementioned factors leading to a breakdown in the system. This urgency is reinforced by the fact that the necessary health systems reforms will take between 10 and 30 years from initiation to full effect.<sup>13</sup>

11. United Nations (General Assembly). 1966. "International Covenant on Economic, Social and Cultural Rights." Article 12 – The Right to Health.

12. Council of the European Union. n.d. "Council Conclusions on Common Values and Principles in European Union Health Systems(2006/C 146/01)." Official Journal of the European Union.

13. Dixon, Anna, and Emmi Poteliakhoff. "Back to the Future: 10 Years of European Health Reforms." Health Economics, Policy and Law 7, no. 1 (2012): 1–10. <https://doi.org/10.1017/S1744133111000247>.





# The Role of University Hospitals and of the European Union

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## The Role of University Hospitals in the Healthcare Reform

EUHA agrees that to address these challenges whilst guaranteeing the sustainability and resilience of European healthcare systems, **governments and the health sector should also focus on redesigning healthcare delivery, considering the type and quality of care provided to patients, and not only optimising productivity.** This emphasises the importance of innovation and health system transformation rather than relying on increasing recruitment and retention or increased funding. It highlights the importance of thoroughly analysing healthcare system challenges to lay the groundwork for effective solutions. These analyses should focus on financing, technology, and systemic factors as well as on sharing and rapidly disseminating evidence of health care providers performance and best practices. EUHA also suggests integrating themes of innovation and technology into education and training programmes to enhance healthcare efficiency. We call for an increased research focus and support for projects focusing on system redesign and implementation including in public health, epidemiology, and health services research, and especially including collaboration at the European level. **To ensure timely implementation of different aspects of system reform, we must close the gap between research and health professionals.**

While we agree that a formal leadership role will need to be assumed by the appropriate national, regional or local healthcare authority, we believe that **university hospitals need to be a proactive driving force advocating for change and providing innovative solutions in the healthcare transformation process focusing on redesign.** In doing so, university hospitals will need to collaborate with all stakeholders to ensure a holistic approach to reform that acknowledges the expertise and perspectives of the various actors in the healthcare ecosystem and addresses potential conflicts of interest. Stakeholders include hospitals, community health providers, insurers, payers, social care providers, citizens and patients, and industry to ensure comprehensive and inclusive reform efforts. We particularly recognise the importance of primary care, long-term care, public health and preventive care alongside hospital care and caution against solely focusing on hospitals in research and reform discussions.

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**University hospitals need to be a proactive driving force advocating for change and providing innovative solutions in the healthcare transformation process focusing on redesign.**

The importance of the role of university hospitals in healthcare system transformation is strengthened through the close – and often unique - links to relevant non-health faculties within universities, facilitating the interdisciplinary collaboration needed to drive innovative solutions to healthcare challenges. Additionally, there is the multifaceted role of university hospitals, including through clinical research, their role in training healthcare professionals, as well as providing both specialised and primary care services. In addition, we advocate for an increased emphasis on health services research within university hospitals.

## **The Role of the European Union: Opportunities for a Europe-Wide Collaboration**

**The extent and cross-border nature of the systemic healthcare challenges necessitates collaboration among all stakeholders at a Europe-wide level.** The scale and potential consequences of not preparing for these challenges also require a more extensive and active involvement of the EU in system reform implementation. This effort must complement the efforts made by the competent local, regional or national health authorities in the member states. There is a need for technical expertise-based discussions between university hospitals and European authorities to align with national policies. These initiatives involve collaboration between different organisations, most importantly DG Research and Innovation and DG SANTE, to address common healthcare goals. **It is also evident that not all problems facing healthcare can be solved within the healthcare systems, but that other actors including in education, the community and economic policy need to be involved.**

**University hospitals with their affiliated universities should leverage their unique strengths and positively impact the development of a European healthcare policy as well as the development of national policy and local solutions. Particularly when collaborating in networks across borders, we can share research and outcomes and accelerate and drive healthcare system transformation.**



As an example, the planned reorganisation in Germany of university hospitals' roles to include coordination of care within regional networks, emphasises the need for collaboration and a shift away from competition. The Dutch Federation of University Hospitals (NFU) has been calling for a greater role of university hospitals in prevention and integrated care since 2021. In England, where integrated care was formalised as the model for regional health systems in 2022, university hospitals play an important role by collaborating with primary care providers to develop and evaluate new early intervention and prevention services.<sup>14</sup> In Belgium, the government mandated hospitals, including university hospitals, to constitute networks and define strategic integrated planning at a loco-regional level.<sup>15</sup> At the European level, the European Reference Networks for rare diseases and the European Beating Cancer Plan are pioneering models for collaborative reform efforts across member states, emphasising the need to identify areas for improvement and recognise successful practices within hospitals and research institutions. These examples demonstrate the importance of a coordinated approach to addressing healthcare challenges, including the adoption of new technologies and the recognition of professional competencies across European countries.

14. E.g. Vital 5 Programme. Programme from King's Health Partners on health and wellbeing coaching. <https://www.kingshealthpartners.org/our-work/value/vital-5>

15. Macq, J. 2022. "Belgium Plans an Important Hospital Reform as Part of a Larger 'Whole System' Transformation.," ESPN Flash Report 2022/14, European Social Policy Network (ESPN). <https://ec.europa.eu/social/BlobServlet?docId=25639&langId=en>.

# Characteristics of a Reformed Healthcare System and How to Prepare for It

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## Characteristics of a Reformed Healthcare System

**We argue for a future-proof healthcare system that puts people at the heart of healthcare and will have an increased level of clinical and operational integration** that works seamlessly from the patient's perspective, based on cutting-edge research into health system organisation. This integration self-evidently includes vertical integration across primary, secondary, and tertiary care. It must, however, be complemented by a horizontal integration between the health system and other sectors including social and community care as well as informal care from voluntary groups, and by longitudinal integration across the life course, from maternal and childcare to elderly care. Social determinants of health will need to be addressed and healthcare systems should work with other sectors to tackle these determinants collectively, much like the approach taken by climate change initiatives. **Healthcare systems will have to focus more on population health, healthy lifestyle and prevention of disease.** This calls for improved citizen education and responsibility, and healthcare systems should advocate for supporting broader societal measures like the sugar tax. All of this will necessitate changes at the organisational and financial level as well as cultural changes. **Hospital-at-home initiatives have been around for many years. That they have not been more widely implemented is a healthcare systems problem that is, to a large extent, the result of organisational and financial barriers.**

Because of their roles in healthcare, including health services and public health research, in education and training of healthcare professionals, **university hospitals have a crucial role in defining the characteristics of this integrated preventive healthcare, as well as in setting up pilot experiments enabling the assessment of these characteristics and actively participate in these pilots.** To do so, they must address social determinants of health, help define strategies and act as public health advocates to strengthen health literacy and a healthy lifestyle, particularly focusing on high-risk populations. University hospitals should focus on secondary and tertiary prevention, while supporting primary prevention through research and advocacy, thus reducing the demand for secondary and tertiary care. The current dominant financial model in secondary care, which is based on the volume of procedures rather than value, is a barrier to reorganising care towards more integrated and preventative models. This payment structure does not incentivise hospitals to engage in necessary reforms. Integrated healthcare models will also necessitate new competencies, increased flexibility and adapted skill mixes of the workforce. These changes will have to be accompanied by an increased emphasis on workforce retention.



## Healthcare systems will have to focus more on population health, healthy lifestyle and prevention of disease.

**Additional important aspects of the future-proof healthcare systems are sustainability, resilience and continuous innovation.** Innovation, both technical and organisational, including economic, social and environmental perspectives, will be crucial for the sustainability of health systems. We believe in the importance of innovation, and that, for healthcare innovation, universities and university hospitals are indispensable. We strongly argue for an EU regulatory framework that facilitates innovation in the specific setting of a university hospital context. The key to sustainability is not just innovation itself, but the ability to identify, assess, adopt, and disseminate it effectively. Implementation and financing are critical. Digitalisation including AI will be an important factor in changing patient care, in prevention, in alleviating staff shortages and **in reducing the administrative burden**, but comes with many challenges. Several regulations such as the AI-Act, EHDS, GDPR and the Data acts have begun to provide a European framework for specific aspects of digitalisation, but lack of standardisation and different levels of implementation still hinder taking advantage of the benefits of digitalisation. It is equally important to address concerns among healthcare professionals about negative consequences of innovation such as job displacement. Innovation in general should be perceived as tools to transform jobs and save time, not as a complete solution to workforce shortages.

Regarding the resilience of healthcare systems, university hospitals should prepare for new roles in health security, offering expertise to address emerging threats like climate change, new epidemics including antimicrobial resistance, large-scale accidents, natural or man-made disasters, and other catastrophes in all their forms. This should include European autonomy for critical medicines or other essential medical countermeasures. It will require comprehensive and forward-thinking strategies and a Europe-wide collaboration that includes research initiatives both in defining plans and in the practical execution. We are concerned about the long-term impacts of events like climate change and emphasise the need for comprehensive planning and long-term solutions. An example is the building of a new hospital in Paris and considering future climate conditions for infrastructure decisions like air conditioning installations. University hospitals should offer their expertise and cooperation to address emerging health security challenges at both the EU and national levels and, they could be central points for coordinating such plans, in collaboration with other healthcare organisations. Sharing and harmonising emergency plans across healthcare organisations could enhance resilience and improve overall emergency response. The recently published handbook on resilience testing of healthcare systems could present a useful starting point.<sup>16</sup> Another example is the involvement of university hospitals-affiliated members in a new committee on Health and Resilience at the Chancellor's Office in Germany.

16. Zimmermann, Julia, Charlotte Mckee, Marina Karanikolos, and Jonathan Cylus. 2024. "A PRACTICAL HANDBOOK FOR RESILIENCE TESTING Strengthening Health Systems." <https://iris.who.int/bitstream/handle/10665/376809/9789289059596-eng.pdf?sequence=1>.

## An Action Plan for a Future-Proof Healthcare System

**University hospitals will need to reassess their role and more specifically broaden their roles beyond specialised care and engage more deeply with other care providers.** It remains the task of university hospitals to constantly push the boundaries of medicine and seek cures for what cannot be cured today. However, they should also engage more deeply in population health to facilitate early intervention and reduce inequalities, requiring a shift in roles, responsibilities and incentives. This engagement will likely vary based on context, from purely research-based and advisory roles to active coordination and involvement in upstream healthcare areas. There exist already different examples of a more active engagement of tertiary care hospitals in upstream healthcare (for example, King's Health Partners in London with specialised units such as the lifestyle medicine service at the liver unit or the 'Child Health Integrated Learning and Delivery System' that integrate public health and prevention in hospital settings, demonstrating the innovative potential of academic institutions). Another example is the rainbow model developed at the University of Tilburg, the Netherlands, which distinguishes between clinical, functional, and normative integration. Integration involves organisational and cultural changes among professionals, institutions, and systems, suggesting that a system approach is crucial. The actual approach might vary by country and university. University hospitals should seamlessly cooperate with their affiliated faculties or universities and assume broader roles in prevention and public health. However, there is currently a lack of skills, experience, funds and incentives in hospitals to effectively engage in population health. Hospitals should act as advocates for addressing social and commercial determinants of health, directing efforts towards political institutions to achieve efficient system changes in public policy, focusing on coherent interventions in unhealthy environments and behaviours. For example, the role of hospitals in primary and secondary prevention, such as vaccination of chronic patients to prevent complications and screening tests.

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**University hospitals will need to reassess their role and more specifically broaden their roles beyond specialised care and engage more deeply with other care providers.**

University hospitals' expanded roles could include the coordination of this integrated healthcare, but it needs to focus on enhancing cooperation rather than competition. Other models are also possible, in which university hospitals focus on secondary and/or tertiary prevention, particularly for chronic diseases where care pathways are often poorly managed, with secondary and/or primary prevention left to community and primary care, and university hospitals providing support and research rather than direct intervention. While university hospitals can play a role in high-risk population health management, broader public health efforts might be beyond their primary mission. They can, however, act as advocates and conduct relevant research.

**On a practical level, we believe in using multi-country, context-sensitive designs for health services research to generate robust, generalisable results and combining ambition with pragmatism in selecting and evaluating healthcare improvements, using quasi-experimental designs for practical evidence.** We also need to clearly define success metrics for pilot tests and ensure they are feasible and fundable, involving stakeholders from the outset. While care integration is generally seen as positive, its implementation details are crucial. A clear set of criteria to judge reforms, aiming to improve population health as well as efficiency is essential. While acknowledging the incompleteness of indicators like treatable mortality in attributing population-based health outcomes to the health system, these imperfect indicators remain essential to guide system improvements. The further development and validation of indicators should be a subject of research, recognising their importance in measuring and guiding healthcare reforms. The WHO and the European Observatory on Health Systems and Policies have provided a useful framework for health systems performance assessment (HSPA), including indicators and pathways connecting various aspects of the health system.<sup>17</sup> This framework (as well as national HSPA frameworks) highlights the importance of interfaces outside the health system and how they intersect. Evaluation of current performance and of its change through innovations should be explicitly considered alongside research on technical innovations. There is a need to push for such evaluation from the academic side. There exists a misalignment between health system stakeholder financial and organisational incentives and health system needs. This disconnect poses a significant barrier to developing and testing new models of care. There is also a requirement to fund studies that explore the effectiveness of doing less in certain medical interventions, such as reducing unnecessary ventilator use or de-escalating or stopping oncological treatments inspired by therapeutic persistence rather than by the patients' needs. This approach could reveal areas where less intensive treatment might lead to better outcomes, challenging current practices and potentially improving value in healthcare.

17. Rajan, Dheepa, Irene Papanicolas, Marina Karanikolos, Kira Koch, Katja Rohrer-Herold, and Josep Figueras. 2022. "Health System Performance Assessment A Primer for Policy-Makers POLICY BRIEF 49 HEALTH SYSTEMS AND POLICY ANALYSIS." <https://iris.who.int/bitstream/handle/10665/364198/Policy-brief-49-1997-8073-eng.pdf?sequence=1>.

The challenges in evaluating health services research are due to its complexity and context-specific nature. **Using a network context across different countries will help and accelerate the development of more efficient and robust evaluation designs.** We suggest selecting specific countries and areas for comparative studies, using quasi-experimental designs to generate practical and realistic evidence. This would involve setting baseline measurements, conducting structured and continuous performance measurement and value improvement evaluations. It should also include qualitative insights of governance, healthcare models, and financing across different settings.

**In summary, EUHA believes that a transformation of the healthcare systems is urgent. This transformation should be comprehensive and include the entire health and care system. Cornerstones of this transformation are integration, public health and prevention, innovation and resilience. In collaboration with all stakeholders, university hospitals and their affiliated universities can be a driving force in this transformation. To be successful they should focus more on defining the characteristics and necessary conditions for implementation of a future-proof healthcare system. We strongly believe in a Europe-wide collaboration with multi-country, context-sensitive designs for health services research to generate robust, generalizable results. EUHA calls upon the EU and the relevant national and regional health authorities to support this initiative.**