JOINT ACTION HEALTH INFORMATION

WP9

Santé publique France

WP9

INNOVATION IN HEALTH INFORMATION FOR PUBLIC HEALTH POLICY DEVELOPMENT

OUR VISION FOR WP9

- **Work on new indicators using traditional or new sources for health monitoring**
  - **Lack of resources in many countries to develop surveys, registries, vital statistics**
  - **Use efficiently data that exist – take the benefits of health records and HCU data**
- **Build on experience of MS to maximising the use of existing health and administrative data for health monitoring - Share and support others.**
- **Take the opportunities to link the JA with the GBD project/WHO (WHO Euro Level), work on different composite health indicators and to develop indicators usable for SDGs reporting.**
- **Assess and compare evolving trends over time and space for disease incidence thanks to a multi-country approach in order to develop better policies**
- **Develop guidelines and best practices to build and validate health monitoring indicators and HSPA**
- **Link with existing work : JA Health inequalities, JA Frailty, BoD/ WHO Euro, /EuroREACH, Europeristat; EHELEIS (European Life and health expectancy information system),**
- **Explore uptake/integration into the EU and international health data collections**

TASKS

- **Task 9.1 Review emerging (e.g. recently developed or planned to be shortly developed) indicators on morbidity, health risk factors and health care quality, different from those already compiled in existing health information databases (OECD, WHO, Estat…), NPHIs and collaborating academic research teams use.**

- **Task 9.2 Review and identify emerging and promising sources of data to develop relevant indicators on morbidity, health risk factors, and health care quality, at different geographical scale (e-data…), with special attention to the utilization of data from different sources (primary care, drug prescription, health care reimbursement and hospital discharge). …).**

TASKS

Task 9.3 Develop and propose generic and shared methods, best practices and standards to define, construct, validate, relevant and reliable emerging indicators from new data sources

9.3 a Health status monitoring

- **Develop and propose generic and shared methods, best practices and standards to define, construct, validate, and disseminate relevant and reliable emerging indicators from new data sources (primary care, drug prescription, health care reimbursement and hospital discharge) and assess their public health value in relation to more classic sources of data, such as morbidity registries, mortality data and surveys (WP4*).***
- **Investigate the potential of modelling techniques to enhance the scope of existing indicators by extending to areas where data are sparse (e.g. synthetic estimates of cancer or diabetes incidence and prevalence for populations not covered by registers).**

TASKS

Task 9.3 Develop and propose generic and shared methods, best practices and standards to define, construct, validate, relevant and reliable emerging indicators from new data sources

9.3.b Health system performance

- **Develop guidelines for developing and testing specific new indicators to assess both degree of integration and performance (in terms of equity of access, quality and efficiency) of health care systems by building on the previous research at the European level (EuroReach project, report of the Health System Performance Assessment-HSPA Expert Group of European Commission, etc.).**
- **Provide methods for linking different sources of data and for assessing availability of new indicators at European level.**

TASKS

Task 9.4 Apply these best practices to health indicators to several priority public health targets that are of interest to demonstrate the value of the infrastructure for MS and potentials users of the infrastructure (such as different DGs from the EC, OCDE, WHO…) of indicators for public health/prevention/health systems governance purposes at multi-country level.

- **This would allow to have multi-country results and trends at different geographical levels. Examples may include frailty indicators in relations to the JA Frailty, interest of DG SANTE and EMPL and SOCIAL INCLUSION, the link of pesticides with Parkinson disease (DG AGRI, DG EMPL , DG ENV, DG SANTE) health inequalities indicators in relation to JA Health inequalities (DG EMPL and SOCIAL INCLUSION, DG SANTE), CVD and Stroke for preventive actions, many other examples to choose.**

TASKS

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Task 9.5

- **Propose further development of composite health indicators, including Burden of Diseases outcomes (Disability Adjusted Life Years), population attributable fractions due to potentially preventable risk factors (behavioural, metabolic and environmental…), mortality amenable to health care, preventable death (articulation with ESTAT project), based on morbidity indicators, indicator sets that track the Sustainable Development Goals**
- **Test the feasibility of merging mortality and morbidity information (from hospital discharge records, primary care electronic records, and vital statistics reports) among different geographical regions in different MS. Regional or local differences may be then used to explore both the quality of health information systems and inequalities in access to health care**

TASKS

- **Task 9.6 Exploring mechanisms for the uptake/integration of indicators into the regular EU data collection system (Eurostat regulations), WHO and OECD data collections. Link with WP Coordination, WP dissemination, WPs 1,3,7.**