

Experts Group on Health Information

Updates on ongoing health information work

Eurostat F5

Hartmut Buchow



Data dissemination

Eurostat website:

Update of the dedicated website on health:

<http://epp.eurostat.ec.europa.eu/portal/page/portal/health/introduction>

New format - Statistics explained:

http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Main_Page

Public Health Statistics: Main Achievements 2010

- Legal basis for Causes of death statistics (COD)
- First joint questionnaire with WHO & OECD on health care non-expenditure data
- Joint (OECD, ESTAT, WHO) revision of the System of Health Accounts (SHA) manuals
- Development of a first set of tables for data on EHIS
- Launch of a LFS ad-hoc module on employment of disabled people for 2011
- Preparation of a European survey on health and social integration (ESHSI) for 2012

Commission Regulation on COD statistics implementing Regulation (EC) no. 1338/2008

- Replacement of the current gentlemen's agreement with Member States
- Improvement of data comparability, in particular by separating information on residents and non-residents
- Inclusion of data on stillbirths
- ESSC meeting 18 Nov 2010:
 - Endorsement of the proposed regulation by all Member States
- Adoption of the Regulation in early 2011
- Publication of first set of data following that Regulation in 2013

Commission Regulation on COD statistics implementing Regulation (EC) no. 1338/2008 (2)

Three tables will be published:

- By country of residence: All residents' deaths incl. those who died abroad (also outside the EU)
- By country of residence: All residents who died abroad, but inside Europe (in order to inform on the causes of death of those who died abroad)
- By country of occurrence: All deaths occurring in the country.

Health Care non-expenditure statistics

- First Joint questionnaire with OECD & WHO on human and physical resources 2010
 - Discussion of future inclusion of hospital activities (discharges, procedures) and workforce migration
- Data publication up to reference year 2008 (2009) on the website
 - *Current tables on*
 - Staff (physicians, nurses, dentists, pharmacists and physiotherapists)
 - Hospital beds
 - Hospital discharges by ISHMT
 - Regional data at NUTS 2 level (staff, beds and hospital discharges)
 - High-tech equipment
 - *Planned additional tables by beginning of 2011 on*
 - Physicians by medical speciality following the new list of specialties
 - Procedures following HDP2 list
 - Health personnel employed in hospital
 - Patient migration

Health Care expenditure statistics

SHA Joint (OECD, ESTAT, WHO) Questionnaire (SHA JQ)

Content of 2010 SHA JQ:

- 3 core classifications (functions, providers and financing agents)
- classification on financing source and resources costs
- **Evaluation & dissemination:**

By mid September 31 OECD /EU countries submitted data (24 EU MS)

October 2010: Data dissemination

Calendar for the 2011 SHA JQ

- Mid December 2010: SHA JQ to be sent out to EU MS
- End of March 2011: due date for data submission (ref. yr. 2009)
- March/November 2011: data evaluation process
- November/December 2011: data dissemination (Eurostat db)

Health Care expenditure statistics (2)

SHA 2.0 revision: state of play

- **Draft manual:** <http://www.oecd.org/health/sha/revision>
 - Part I: overview of purposes, principals and health care boundary plus 3 core classifications
 - Part II: additional dimensions and for further analysis of health care expenditure
- **Final version:**
 - Request for comments to the draft by 17 December 2010
 - Final SHA 2.0 version planned for end of January 2011
- **Endorsement process EUROSTAT:**
 - March 2011: CG CARE recommendation based on mapping exercise
 - 7–8 April 2011: TG CARE discussion and recommendation
 - 28-29 June 2011: WGPH decision /approval
- **Implementing measure:** various scenarios to be verified/ decided by WGPH

European Health Interview Survey, EHIS

■ EHIS wave I (2007-2009)

- **4 Modules:** Health determinants; Health status; Health care; socio-economic background variables
- **17 MS + TR, CH, NO**
- Micro data file transmission: 16 MS + TR
- DE, CH, NO aggregated data (24 indicators)
- **Data transmission:**
 - 13 files transmitted (AT,BG,CY,CZ,EE,FR,LV,HU,MT,PL,RO,SI,SK)
 - 4 files to come by the end of 2010 (BE,EL,ES,TR)

European Health Interview Survey, EHIS (2)

■ EHIS wave I – dissemination

– 24 Indicators, e.g. based on ECHI:

- By November 2010 for the 9 countries for which data are validated (AT, BG, CY, CZ, EE, FR, HU, LV, RO)
- By April 2011 for the remaining countries

– Micro data files

- By December 2011 procedure closed to grant access for the research community

European Health Interview Survey, EHIS (3)

■ Preparation of EHIS wave II (2014)

- Revise/streamline questionnaire following analysis of wave I
 - Berlin workshop 30 September 2010
 - Problems encountered & needs for improvement
 - Cor Group EHIS to propose updates and improvements for questionnaire and guidelines, conceptual cards etc.
- Develop legal basis for implementing Regulation (EC) no 1338/2008 on EHIS

European Health Interview Survey, EHIS (4)

Implementing Regulation – planned timetable

- **28-29 March 2011**

 - TG EHIS – Discussion of 1st draft

- **28-29 June 2011**

 - WG PH Statistics to further discuss and agree on next steps

- **Early 2012**

 - Written consultation of the Directors of Social Statistics (DSS)

- **Mid 2012**

 - Presentation at the European Statistical System Committee (ESSC)

- **End of 2012**

 - Adoption by the Commission

Database in development: Morbidity statistics

■ Non-survey Morbidity statistics

- Aim: An EU-wide system of official disease-specific morbidity statistics
- Morbidity Statistics Development Group develop detailed principles and guidelines
- European short list – 65 diseases

■ Current status

- 9 pilot projects in new EU-MS by 2008
- 6 additional pilot studies (BE, DE, FI, NL, PL, RO) will be finished by 2011
- Moratorium during 2010

■ Next steps

- Specific project/ESSnet for MORB planned for late 2011 to assist in preparing a regular data collection within the ESS

Surveys on disabled people

- LFS ad-hoc module on employment of disabled people 2011
 - Commission Regulation (EU) No 317/2010 of 16 April 2010
 - Goal:
 - Information on the situation of disabled as compared to non-disabled people on the labour market
 - NOT: Prevalence of disability in the population
 - Constraints for a LFS AHM: max 11 variables and multiple answers not allowed ⇒ Concept of disability: compromise between the medical and biopsychosocial model of the UN Convention on the Rights of Persons with Disabilities

Surveys on disabled people (2)

■ European Survey on Health & Social Integration, ESHSI

- Policy background: European Disability Action Plan 2010-2020 following the concept of the UN Convention
- Stand-alone survey on disabled people based on:
 - Analysis of cognitive/field testing of the EDSIM module in 10 MS, and
 - in line with recommendations of the Eurostat Task Force on survey based disability statistics
- 10 major areas of activity are covered: Mobility; Transport; Accessibility to buildings; Education and training; Employment; Internet use; Social contact and support; Leisure pursuits; Economic life; Attitudes and Behaviour
- Goal: Prevalence of disabled people = those who face barriers to participation in any of the ten life activity areas, associated with a health condition or basic activity limitation
- Planned data collection: 2012

Planned Projects 2011

- Launch of a follow up project on Causes of Death Statistics - automated coding (IRIS)
- Launch of the European Survey on Health & Social Integration 2012
- Launch of a project on morbidity statistics, e.g. as an ESS network

Eurostat WG and TG meeting 2011

TG on EHIS	28 – 29 March 2011
TG on Health Care statistics	07 – 08 April 2011
Workshop on improving information on multiple causes of death	03 - 04 May 2011
TG on Causes of Death statistics	05 – 06 May 2011
WG on Public Health statistics	28 – 29 June 2011

This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.