

# Health Statistics

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## Health Accounts

### Purpose

To provide policy relevant, comparative data and analysis on health expenditure and financing, and to facilitate harmonisation across national health accounting practices. To provide data sources for research and to make country-specific health accounts data and analysis more widely available.

### Objectives and outputs

The second Joint OECD, Eurostat and WHO System Health Accounts (SHA) data collection was successfully implemented in 2007. It has improved the availability and comparability of health expenditure data and also contributed to the improvement in health expenditure data published in OECD Health Data. A high-quality Health Accounts database has been developed as a component of the OECD Statistical Information System. National Health Accounts Experts and other interested in accessing health accounts data can now do so using OECD.Stat and SourceOECD.

Methodological developmental work has continued on the estimation of long-term care expenditure. Progress has been made on a number of new methodological development projects including: Improving the Comparability and Availability of Private Health Expenditure; Development of Output based Health-Specific Purchasing Power Parities; Estimating Expenditure by Disease, Age and Gender; and Measurement of Health Volume Output. The consultation process for the revision of the SHA manual has commenced. The revision is a collaborative activity of the OECD, Eurostat and WHO.

### Non-member countries involved in the activity:

Croatia, Cyprus, Estonia, Latvia, Lithuania, Malta, Romania, Slovenia

### Databases

OECD Health Data (Expenditure and Financing)

System of Health Accounts Database

### Main Developments for 2008

#### General aspects:

In 2008, the third Joint OECD-Eurostat-WHO health accounts (SHA) data collection will take place. Significant improvements have been made to the new validation tools used both by the national compilers and the international organisations. This is expected to lead to efficiency gains in the validation exercise and feed through ultimately to improved timeliness in dissemination of the data.

The 2008 questionnaire is basically unchanged from the previous year and it is envisaged that the questionnaire will continue to be based on the current version for at least the next few years with any changes kept to a minimum. As much as it is possible it is the aim to collect SHA Tables for preceding years (that is, from 2000 onwards).

## OECD Statistical Programme of Work 2008, Part II

In addition, an increasing number of OECD and non-OECD countries are expected to submit data to the 2008 collection which will improve overall coverage and data comparability. Combined with improved linkages to the OECD Health Data database, this will also lead to an increase in the quality of the expenditure and financing data in OECD Health Data 2008.

The main developments in the OECD Health Data collection in relation to expenditure and financing (Parts 5 & 6) are improvements in the consistency between the 3 tables for total, public and private health expenditure and increased consistency with the Joint SHA data collection so that data are fully comparable.

The consultation process for the revision of the SHA manual will continue in 2008. A draft of the SHA Manual Version 2.0 will be produced by the end of 2009, as a collaborative project of the OECD, Eurostat and WHO. The projects which commenced in 2007 such as Improving the Comparability and Availability of Private Health Expenditure; Development of Output based Health-Specific Purchasing Power Parities; Estimating Expenditure by Disease, Age and Gender; and Measurement of Health Volume Output will be further developed in 2008. These projects as well as methodological work undertaken in the past such as Refinement of the SHA framework for health financing; Definitions and estimation of long-term care expenditure; and Incorporating Input, Output and Productivity Measurement into the SHA Framework will feed into the revision of the SHA manual.

# Health Statistics

## Health Care Quality Indicators

### Purpose

The purpose of the Health Care Quality Indicators (HCQI) Project is to develop a set of indicators that can be used to raise questions regarding quality of care across countries.

### Objectives and outputs

The HCQI Project goals in 2007 were to finalise and publish the results from the 2006 data update on the existing HCQI set of indicators, contribute to the 2007 publication of 'Health at a Glance' through the development of a new chapter on quality of care and undertake further development work on patient safety and mental health care quality to expand the HCQI set of indicators. These goals have been attained.

### Non-member countries involved in the activity:

Cyprus, Latvia

### Databases

Health Care Quality Indicators

### Main Developments for 2008

#### General aspects:

In 2008, the HCQI Project will extend the pilot data collection of the twelve patient safety indicators commenced in 2007 to ten additional countries and two additional indicators, initiate a pilot collection of four new mental health care indicators, continue to address methodological issues with the existing set of indicators to further improve the comparability of the data and undertake data development work in the areas of responsiveness/patient experiences and health promotion, prevention and primary care.

#### Data collection:

Pilot data collection of fourteen patient safety and four mental health care indicators, and baseline data and information collection to explore the feasibility of new health promotion, prevention and primary care indicators.

#### Data management:

Plan 2008 - planning for any changes to the management of data for the Health Care Quality Indicators Project will be finalised by February 2008.

# Health Statistics

## Health Data

### Purpose

To provide policy makers and health researchers with a wide range of statistics on health and health systems to allow comparative analysis of different aspects of the performance of health systems. The central parts of the database include data on health care resources, their utilisation, expenditure and financing. This is complemented by a broader range of data on health status, lifestyle, and other data on the socio-economic environment of health systems in OECD countries, in order to provide data on the context of health systems for policy analysis. Developmental work is also under way to obtain comparable data on quality of health care indicators; some of these data are gradually included in OECD Health Data to fill an important gap in measuring the performance of health systems.

### Objectives and outputs

The activity is co-ordinated with Eurostat, WHO Geneva and WHO Europe to reduce the duplication of work and promote the harmonisation of international data collection and reporting.

The main achievements of the 2007 release of OECD Health Data include: new information on medical and nursing education in OECD countries, in a context of growing concerns about shortages of health professionals in many OECD countries; more detailed information on doctors by type of specialties.

Progress was achieved in the collection of data and metadata on the remuneration of different categories of doctors and nurses, along with a better identification of persisting comparability issues that need to be addressed. An internationally harmonised data collection on hospital beds and nursing home beds, and on hospital discharges was implemented.

A greater number of countries reporting data on pharmaceutical consumption by type of drugs, both in terms of sales and the volume of consumption and the completeness of the "Sources and Methods" was improved.

### Databases

OECD Health Data 2008

### Main Developments for 2008

#### General aspects:

Improving and harmonising with other international organisations the data collection on non-monetary health care statistics, with a focus on the health workforce, including the provision of more detailed information on the types of skills and qualifications of health professionals.

Extending the OECD data collection in relation to the migration of health professionals, with an initial focus on foreign-trained doctors.

Assessing the availability and comparability of data on selected chronic diseases and mental health problems, with a view to enhance the part of the database related to health status.

## OECD Statistical Programme of Work 2008, Part II

Continuing to incorporate gradually in OECD Health Data indicators from the HCQI project that are sufficiently available and comparable across countries.

Introducing a module on people receiving long-term care at home or in institutions.