

Revision of the

System of Health Accounts

ORGANISATION
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World Health
Organization

Comment
Units 7, 8, 9 and 10

Estonian comments on units 7, 8, 9 & 10

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Estonian comments on units 7, 8, 9 & 10

Unfortunately Estonia was not able to look at all revisions done until now.

However we would like to share our thoughts with Eurostat, OECD and WHO.

The new SHA.2 looks very NA oriented. Therefore a question why we just do not do satellite accounts rises.

There is extremely much new in proposed SHA.2 version. We have expected the revised version to contain more improvements and examples to make the countries implement SHA more easily. The proposed version makes the implementation of health accounts more difficult and the consistency of data might suffer. However we look very positive to the revision and support that.

From revised SHA we expected more improvements and supplements of the existing version instead of elaboration of the new one. Here we meet a problem with sustainability of the data. Health expenditure is at the centre of political attention. Therefore we should be very careful with any time breaks due change of methodology.

Some specific topics:

- 1) The proposed new HF/IS/R classification instead of HF/FS: this classification is too complicated. The implementation of HF/FS classification is still not elaborated enough in Estonia and in many other countries. Introduction of new principles will cause even more problems.
- 2) The proposed new classification of ICHA-HP:
 - Small remark - Explanatory notes do not match with classifications numeration.
 - Estonia is not able to distribute the health expenditure by most of new provider types.
 - Examples of all categories under the name "other" should be provided for better understanding.
 - We like that general medical practice (HP12.1) are distinguished. Now it is possible to single out practices of family doctors.
 - Difference between All other medical providers (HP12.9) and Other health care providers (HP13) is not comprehensible. Examples should be provided.
 - Difference between Medical care centres (HP12.4) and Integrated care providers (HP13.4) is not understandable. As we understood Integrated care providers (HP13.4) are former HP.3.4.5 and HP.3.4.9. What are Medical care centres (HP12.4) in this case?
 - Other education and training (HP.40.2) needs more explanation.
 - Provision related producers (such as education, research and especially industries and reinsurance) will definitely lead to double-counting of expenditure. Services/goods have already been produced once in research institution, insurance or industries will then be sold once again by health care

provider, reinsurance or pharmacies. We presume here a danger of intermediate consumption.

3) The proposed new classification of ICHA-HC:

- First of all we were expected to see the functional deviation on primary, secondary etc health care types in the revised SHA. Our regret that we do not have it.
- Very detailed and descriptive crosswalk from ICHA-HC version 1 to version 2 should be provided. It is in particular crucial for functions with partly coverage (like new HC.1.1 versus old HC.1.1 (part)).
- The proposed classification will be particularly difficult for categorization of private health care expenditure (included households expenditure).
- A precise definition of Home based care (HC.4) should be presented. It is vital to understand e.g. what it means that person uses pharmaceuticals at home versus out-patiently. Does deviation depend on place where medicine was prescribed (doctor's home visit or out-patient visit)? Is it important that medicine was bought at pharmacy or via Internet at home? When it is home based, when out-patient care?
- Basic consultation at home: Can this type of service be provided through Internet when physician is in the office and patient is at home? Or is it out-patient service?
- How will Total health Expenditure be counted if no capital formation is presented?
- There is no HCxHP matrix proposed anymore. Is it dismissed? We think that this table is very important.
- Moreover HC categories and HP categories do not match anymore. There are no functions as research etc which can be provided by Provision related producers.

The key points:

- 1) How to deal with time breaks that occur when introducing new classifications?
- 2) How do make switch to the new classification i.e. how do compare the data that are produced by using SHA 1 and SHA 2?
- 3) What is the timeframe for introducing a new classification and further development of it?
- 4) What are the links between SHA and Health Satellite Account?
- 5) Will any training be prepared for NHA specialist around the globe? The reason is common understanding of the new methodology.