

## Comment Unit 8

# French comments on Eurostat proposal for the Unit 8 of the SHA manual Health care providers

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**French comments on Eurostat proposal for the unit 8 of the SHA manual**  
**Health care providers**

We have no objection with the overall architecture of the proposed classification and the distinction between health care providers / households / health and financial administration / provision related producers. But there are several problems we want to point out.

**Comparability**

The wording in paragraph 4 might not be adequate, especially in the sentence “Comparability is not the main intention of the HP-classification.”

As it is explained in paragraph 29, “The boundary of SHA is defined by the functional classification”. In that sense, we support the priority given to the HC classification for the definition of the boundaries.

But it should be clear that there is also a need for comparability for data on expenditure by health providers, otherwise it will not be possible make comparisons between countries.

**Codes of the items in HP\***

At the 2-digit level, the first item begins by zero (e.g. hospitals=HP\*10). It would be more convenient and less confusing to begin with 1 (e.g. hospitals=HP\*1.1). In the present classification, it is not easy to understand if HP\*10, for instance, is for hospitals or for all health care providers. As an example, at paragraph 37, in the sentence “*Medical and diagnostic laboratories are only included in this class when services are directly delivered to patients, otherwise laboratories are a part of the group HP\*.40*”, it should actually be HP\*4. The same occurs in annex 2, in the paragraph concerning HP\*15.2.

**Link between HP and HC classifications**

In the current HC classification, there is a strong distinction between health care activities (which are part of the current expenditure on health) and health care related activities (HCR); in the proposed HP\* classification there is a distinction between health care providers (HP\*1) and provision related providers (HP\*3). HP\* classification should be independent of the HC

classification, but it would more homogenous that HP\*1 provides mainly health care and HP\*3 provides mainly health care related activities.

It does work for education and training and for research, which are considered as “related” in both classifications.

On the contrary, clinical laboratory and diagnostic imaging are considered as health care in the present HC classification but the corresponding providers are considered as related producers in the HP\* classification (HP\*42 laboratories). From our point of view, these providers are “real” health care providers (HP\*1). As said at the beginning of page 10, “A precondition for these units is the direct contact with patients”: for diagnostic imaging centres, for instance, there is clearly a contact with the patient.

So, it would more consistent to include the laboratories in HP\*1, as in the present HP classification<sup>1</sup>.

Another important question is the content of the HC\*HP table in the JHAQ (Joint health accounts questionnaire) with the new classifications. In the present questionnaire, the consumption in each item of the HC classification is split between the HP-item according to who provides directly the product or service to the patient. As an example, HC.5.1\*HP.4.1 is the total expenditures on Pharmaceutical and other medical non-durables in Pharmacies<sup>2</sup>, and we consider this is the right way to fill the questionnaire.

So in the next HC\*HP tables, what should be put, for instance, in the HP\*43 column “industries”? For pharmaceutical industries, one can consider they provide research. But for manufacture of denture or installation of medical equipment, it is not easy to find what kind of health care or health care related activity they provide.

The names of the items should be more clearly related to providers, and not to type of care or activities. For instance, HP\*12.1 is called “General medical practice” in figure 2, which might be misleading (such a name could correspond to a type of care). The same occurs for HP\*15 “patient transportation” which should be “providers of transport”.

### Other problems

- The names of the different items in figure 2 are not the same as in Annex 2. For instance:
  - HP\*10.3 is “mental hospitals” in figure 2, and “mental health and substance abuse hospitals” in annex 2.
  - HP\*12.1 is “general medical practice” in figure 2 and “offices of medical practitioners” in annex 2 (we prefer the latter expression, because the former could be interpreted as “GP” whereas it also includes specialists).
- Paragraph 21, last sentence: “If there is no item for their principal activity then it is proposed that these secondary providers are classified as HP\*30 Other institutions (rest in the economy).” It should probably be HP\*50.
- The treatment of taxis is not clear:
  - Paragraph 43: HP\*15 “also includes transportation in conventional vehicles, such as taxi, when the latter is authorised and the costs are reimbursed to the patient (e.g. for patients undergoing renal dialysis or chemotherapy).”
  - Annex 2 “Establishments primarily engaged in providing transportation of the disabled or elderly (without providing health care, such as taxi drivers) are classified under HP\*.40, All other industries.”

We propose that taxi are included in HP\*49 or HP\*50.

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<sup>1</sup> The sentence at page 14 “Medical and diagnostic laboratories are only included in this class [HP\*12] when services are directly delivered to patients, otherwise laboratories are a part of the group HP\*.40” is not very satisfactory. First: for diagnostic imaging, the service is delivered to patient. Second: at the 3<sup>rd</sup> digit level, there is no indication where to put these providers.

<sup>2</sup> From the beginning of the implementation of SHA, there is an agreement on the fact that there is an error in paragraph 5.26 of the SHA Manual (“*The output of retailers is measured by the total value of the trade margins realised on the goods they purchase for resale*”): the output of retailers is indeed measured by the turnover.

(By the way, at paragraph 43, it should be HP\*15 and not HP\*16).

- Paragraph 40, last sentence: "Therefore it is proposed to create an own subclass for this category, e.g. HP.\*2.4 Integrated care providers." It is probably HP\*13.4.
- HP\*13.5 "social care providers": this item should be explained in annex 2.
- HP\*41.2 Market research: the second bullet point "investigation into collective opinions of the public about political, economic and social issues and statistical analysis thereof" seems very large.
- Public/private: we agree that the criteria public / private ownership should be applied only on a voluntary basis.