

Health Statistics

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Health Accounts 2011

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 fifth Joint OECD, Eurostat and WHO System Health Accounts (SHA) data collection was successfully implemented in 2010. 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 System of Health Accounts database has been developed as a component of the OECD Statistical Information System. National Health Accounts Experts and others interested in accessing health accounts data can now do so using OECD.Stat and SourceOECD.

Methodological developmental work has continued over recent years on a number of projects: 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 Improving Estimates of Imports and Exports of Health Goods and Services. The consultation process for the revision of the SHA manual has continued. The revision is a collaborative activity of the OECD, Eurostat and WHO.

Non-member countries involved in the activity:

Bosnia and Herzegovina, Brazil, Bulgaria, China, Croatia, Cyprus, India, Indonesia, Latvia, Lithuania, Macedonia, Malta, Republic of Montenegro, Republic of Serbia, Romania, Russian Federation, South Africa

Databases

OECD Health Data (Expenditure and Financing)

System of Health Accounts Database

Main Developments for 2011

General aspects:

In 2011, the sixth Joint OECD-Eurostat-WHO health accounts (SHA) data collection will take place. Previous improvements to the validation tools used both by the national compilers and the international organisations will continue to provide efficiency gains in the validation exercise and ultimately feed through to improved timeliness in dissemination of the data.

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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. They are reported as a regular chapter in Health at a Glance since 2007.

Objectives and outputs

The HCQI Project goals in 2010 are: to review and refine existing quality of care indicators in preparation for the 2010-11 HCQI Data Collection to commence in November 2010; and to undertake data analysis to support research work in relation to the Health Ministerial Meeting in October 2010 and the ongoing priorities of the HCQI Project.

Non-member countries involved in the activity:

Cyprus, Latvia, Malta, Singapore

Databases

HCQI Data Collection

Main Developments for 2011

General aspects:

The HCQI project is embarking on further development work with respect to indicator improvement and interpretation of cross country variations. The main focus is on:

- the development of new patient safety indicators,
- the prospects of getting good information on patient experience, and
- the inclusion of data from additional countries.

The HCQI project will also expand work in the cross-national analysis of the quality of cancer care performance and the construction of more direct measures of primary care quality for understanding observed differences.

Data management:

Ongoing consideration of StatWorks during 2010-11.

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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, health expenditure and financing. This is complemented by data on health status and lifestyle factors affecting health. Developmental work is also under way to obtain comparable data on disparities in health status and health care access and use. Some of these data will be gradually included in OECD Health Data to fill important gaps in measuring this dimension of the performance of health systems.

Objectives and outputs

Progress was achieved in 2010 in improving the availability and comparability of data on certain health-related lifestyle factors, including nutrition and obesity.

Two new editions of "Health at a Glance" were released in December 2010: "Health at a Glance: Europe 2010" (in cooperation with the European Commission) and "Health at a Glance: Asia-Pacific 2010" (in cooperation with the OECD/Korea Policy Centre).

The activity is co-ordinated with Eurostat, WHO Geneva and WHO Europe, notably through a new joint data collection on non-monetary health care statistics which was successfully launched in 2010 to reduce the duplication of work and promote the harmonisation of international data collection and reporting.

Non-member countries involved in the activity:

Brazil, China, India, Indonesia, Russian Federation, South Africa

Databases

OECD Health Data 2011

Main Developments for 2011

General aspects:

Improving the availability and comparability of data on health status (morbidity) and health care interventions (surgical procedures). Exploring the possibility to extend the joint data collection between the OECD/Eurostat/WHO Europe to include health care activities (in addition to health care resources).

Developing data and indicators on disparities in health status and health care access and use, working in collaboration with Eurostat and WHO.

Data management:

Migration of OECD Health Data from the IRDES-based system to StatWorks and MetaStore, and full dissemination in OECD.Stat in 2011.