

Francis MALHERBE, Eurostat, unit C1 : methodology of national accounts [Francis.Malherbe@ec.europa.eu](mailto:Francis.Malherbe@ec.europa.eu)  
Alain GALLAIS, OECD, Statistics Directorate, National Accounts and Financial Statistics division  
[alain.gallais@oecd.org](mailto:alain.gallais@oecd.org)

## **Review of European and OECD countries experiences from questionnaires on health services launched in June 2006**

The European “handbook on price and volume measures in national accounts”, published in 2001, was supposed to enter into force in 2006 for European countries, at least for the “old” Member States of EU-15, according to the European regulation 2002/990/EC.

For non market health, this was meaning that traditional input methods had to be removed and replaced by output methods.

The European handbook defines the number of complete treatments as the output *quantity* measure. This should be defined at a very high level of detail (cost-weighted) and of course suitably adjusted for quality. In practice, complete treatments are defined per type of health service according to the activity of the economic unit, the “providers” in the language of SHA, i.e. hospital services, general practitioners etc. For hospital services, numbers of treatments (at least in acute care) can be derived from DRG (Diagnosis Related Groups) systems, which are increasingly used in the countries. In this system, hospital stays are classified into medically meaningful groups that are as homogeneous as possible with regard to resource use. Concerning quality adjustments, the Handbook notes that very detailed DRGs can capture changes in the treatment mix (for example new treatments) but changes in the *quality* of individual treatments remain difficult to measure. Apart the fine detail of DRGs or treatments, no recommendation was made on quality adjustment, only to warn that QALY were inadequate for they measure outcome, but that however some outcome aspects could be used...

Eurostat launched a questionnaire to European countries in early June 2006 to know more about what was used in practice, so recently. This questionnaire had the aspect of an Excel table, crossing the main ISIC/CPC activities and a partition of hospital services (in-patients curative care, psychiatric, rehabilitative care, nursing care) in columns and questions about quantity indicators, quality adjustment, weights and sources in rows.

The OECD, which was planning such a questionnaire for its “non market project”, launched a similar questionnaire to OECD non-European countries in mid-June 2006, but under a Word format with more numerous questions (consistent with Eurostat’s), for it was of course less obvious that non-European countries had undertaken output methods.

At the time being, even if some questionnaires are still missing and some clarifications would be useful, it can be seen that at least 14 OECD and European countries will have applied output methods in non-market health services by the end of 2006, and that they will become a majority in short term.