

Health Statistics

Health Statistics

Health Accounts

Purpose

To provide policy relevant, comparative data and analysis on health expenditure and financing and to facilitate harmonisation across national health accounting practice.

To provide data sources for research and to make country-specific health accounts data and analysis more widely available.

Objectives and outputs

In addition to the regular update of health expenditure and finance data in OECD Health Data, two other data collections were also carried out: a pilot SHA data collection; and a complementary data collection on expenditure on health and social care for the elderly and people with physical and mental impairments. Both served as valuable inputs to one of the main achievements - the launch of the first joint OECD-Eurostat-WHO Health Accounts data collection.

As far as analysis is concerned, besides the working and technical papers, a web-page presenting information on SHA-based health accounts in OECD countries was further developed. It presents: country studies, SHA tables with short methodological notes, links to relevant country web-pages, materials of from the Meetings of Health Accounts Experts, and other relevant information. In addition the development of the OECD SHA database, using the OECD Statistical Information System, was started in 2005.

SHA developmental work has been progressing with the preparation of guidelines for estimating long-term care expenditure have been prepared, the review of the current categories of ICHA (in connection to the preparatory work for the joint OECD – EUROSTAT- WHO SHA data collection) was carried out and a concept paper has been prepared on international comparison of volumes and prices in health care.

Databases

OECD Health Data (Expenditure and Financing)

System of Health Accounts Database

Main Developments for 2006

General aspects:

Main change will be the implementation of the joint SHA data collection with Eurostat and WHO leading to an improvement in the use of international standards and definitions in health accounts.

The main emphasis on data collection for OECD Health Data will be to continue to improve the coverage and harmonisation of health expenditure data.

The development of the SHA Database should lead to increased dissemination and availability of SHA data.

Data collection:

Following the pilot collection of SHA data in 2005, the 2006 collection (for 2003 and 2004) will be the first joint SHA data collection in collaboration with EUROSTAT and WHO Geneva. All three organisations will be involved in the verification of the data for their member countries.

The questionnaire collects a fully detailed breakdown of health expenditure and financing with a number of variables and memorandum items in addition to the ICHA classification and the inclusion of the dimensions of Source of funding and Human Resources.

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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. The Project was developed to meet the mandate of the Group on Health for development work on measuring quality of care across the OECD.

Objectives and outputs

The HCQI Project goals in 2005 were twofold. The first goal was to bring to closure the OECD's multi-year work on two initial project reports: a) the HCQI Conceptual Framework Paper and b) the HCQI Initial Indicators Report. The second goal was to map out a specific plan of work for the Expert Group for the immediate term on additional indicators to improve the initial indicator set and for the medium term on future quality measurement efforts. Both goals have been attained with the help of the Project's country Expert Group.

Main Developments for 2006

General aspects:

In 2006, the HCQI Project will greatly improve its initial indicator set with the addition of 5-12 new indicators, bringing the total number of quality indicators being developed to 18-25 total indicators across a range of clinical conditions. In addition, the Project will test a new method of conducting its work by developing an initial set of "country networks" modelled on the OECD's Education networks (INES). These networks will lead future quality indicator development and refinement. The initial work in 2006 will concentrate on indicators of patient safety.

Data collection:

Between 5 and 12 additional indicators will be added in the areas of diabetes care, patient safety and primary care and prevention and the original 13 indicators will be updated.

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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, 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 main achievements of the 2005 release of OECD Health Data include:

- improving the comparability of data, particularly for the "core" group of indicators which were highlighted in the associated publication Health at a Glance – OECD Indicators 2005;
- increasing the number of countries that are reporting their health expenditure and financing data according to the System of Health Accounts (SHA), thereby enhancing the completeness and comparability of these data;
- including expenditure indicators to cover the enlarged European Union. Using data from the World Health Organization (WHO) for those EU countries which are not currently members of the OECD, average total and public expenditures for the EU-25, as well as for the individual countries were presented under the "Get more data" section of OECD Health Data;
- reporting new data on the remuneration of certain categories of health professionals along with appropriate metadata information to signal comparability limitations;
- adding new data on the coverage of populations by private health insurance schemes (in addition to existing data on coverage for public insurance schemes);
- improving the structure for "Sources and Methods" and the completeness of metadata information.
- on-going co-operation with Eurostat, WHO Geneva and WHO Europe to reduce the duplication of work and promote the harmonisation of international data collection and reporting.

Databases

OECD Health Data 2006

Main Developments for 2006

General aspects:

Pursue the systematic implementation of the System of Health Accounts (SHA), in collaboration with Eurostat, WHO and other international organisations, to improve the availability and comparability of data on health spending.

Improve the scope and value of OECD Health Data by gradually adding indicators from the OECD Health Care Quality Indicators project that are sufficiently available and comparable across countries (see the separate item on the Health Care Quality Indicators project);

Implement more harmonised data collection with other international organisations (e.g. in the area of hospital statistics), in order to reduce the data collection burden on national correspondents;

Improve the features of the online version of OECD Health Data, so that it eventually becomes the main route to accessing all functionalities of the database.