

OECD questionnaire on volume and price in non market education and health

COUNTRY :.....

RESPONDENT :.....

This questionnaire, designed in close cooperation with Eurostat, is mainly dedicated to non market activities provided by General Government (S13), but covers also Non Profit Institutions Serving Households (S15) if they provide these services. Please explicit when appropriate if your methods apply to GG and/or NPISH.

The objectives of the questionnaire are two-fold : (1) assess the extent to which OECD countries have or will implement output methods (output methods are those that try to measure volume output directly using quantity relatives produced as outputs), (2) if they have implemented or are in the process of implementing output methods, which detailed methodology has been used.

If you still use input methods (input methods are those that estimate the volume output on the basis of the deflated total costs incurred in their production) and have no project to implement output methods, most questions become irrelevant.

I. Non market education

I.1 General overview

I.1.a) Classification in General Government or in Non Profit Institutions Serving Households.

How do you classify government-dependant private schools (receiving more than 50% of their income from public subsidies) : in GG (S13), in NPISH (S15), or do you split them in two parts ?

I.1.b) Inclusion or exclusion of catering and accommodation (canteen, cafeteria, boarding school)

Does the definition of educational output include or exclude the cost of all the complementary services like canteens, cafeterias, boarding schools?

I.1.c) Main nature of the sources

Are your main sources administrative data? Surveys? Other?

Are your sources and models available each year, or do you extrapolate between some years?

I.1.d) Input or output methods

Do you still use input methods in non-market education? Even residually?

Are output methods already implemented? For which reference years?

If output methods are not yet in place but are in construction, when do you think you will disseminate figures calculated with output methods?

THE FOLLOWING PART OF THE QUESTIONNAIRE IS ONLY TO BE FILLED IF YOU ARE USING OR INTEND TO USE IN THE SHORT TERM AN OUTPUT METHOD ; IF NOT **GO TO II.**

I.2 In case of output methods : stratification

I.2.a) Stratification by educational level

Do you use the ISCED-97 classification :

- ISCED 0 : pre-school ;
- ISCED 1 : primary ;
- ISCED 2 : lower secondary ;
- ISCED 3 : upper secondary ;
- ISCED 4 : post-secondary non tertiary
- ISCED 5 and 6 : tertiary ?

Do you use a finer stratification (for instance do you isolate special classes in primary and lower secondary schools, do you split upper secondary level into general and vocational courses, do you use several strata in tertiary education)? Please, explicit which finer strata you use. Do you use a less detailed stratification?

I.2.b) Territory

Are your quantity indicators (in case of output methods) collected for all the national territory or do you stratify by region?

I.3 In case of output methods: weightings

I.3.a) Are the weightings of each stratum relying on:

- non market output of GG (and or NPISH) ?
- final consumption expenditure of GG (and or NPISH)? ?
- another aggregate ? please describe.

I.4 In case of output methods: quantity indicators

I.4.a) Are your elementary quantity indicators based on:

- enrolled pupils ?
- pupil x hours of teaching ?
- flows of pupils succeeding at exams or moving up to the next grade?
- another quantitative indicator ? Please describe.

I.5 In case of output methods : quality adjustment

I.5.a) Do you use quality indicators to adjust the result of the weighted quantity index? For each stratum or for the total?

I.5.b) If so, which quality adjustment(s) do you use?

- ratio promotions / enrollments ? (taking into account ratio of pupils not getting graduate or doubling the same course)
- evaluation (scoring) of pupils at a given age or cycle with a « constant in time » examination ? (in this case, explain if and how you standardize the score into « years of teaching equivalent »)
- by taking into account the standard deviation of this scoring, not only the average ?
- by taking into account the class size ? or a ratio teachers / pupils ?
- by taking into account employment rate for young adults, or level of wages one year after being graduate ?
- by an "official" indicator, used for evaluating the performance of the ministry of Education and/or of each scholar establishment ?
- by another quality indicator ?

II. Non Market Health

II.1 General overview

II.1.a) Can you give a global share of health services in terms of output between :
(1) market output (of corporations --S11-- and households --S14--); (2) non market output (of General Government --S13--); (3) non market output (NPISH --S15--)?

II.1.b) Inclusion or exclusion of complementary services

Does the definition of non market health output include all complementary services like laboratory and radiological services, provision of food and accommodation?

II.1.c) Main nature of the sources

Are your main sources administrative data? Surveys? Other?

Are your sources and models available each year, or do you extrapolate between some years?

II.1.d) Input or output methods

Do you still use input methods in non-market health? Even residually?

Are output methods already implemented? For which reference years?

If output methods are not yet in place but are in construction, when do you think you will disseminate figures calculated with output methods?

THE FOLLOWING PART OF THE QUESTIONNAIRE IS ONLY TO BE FILLED IF YOU ARE USING OR INTEND TO USE IN THE SHORT TERM AN OUTPUT METHOD ; IF NOT, THE QUESTIONNAIRE IS FINISHED !

II.2 In case of output methods : stratification

II.2.a) Stratification by activity

Do you use this classification by activity based on the CPC (Central Product Classification) :

- CPC 93.11 - hospital services: inpatient treatment in general and specialized hospitals, psychiatric hospitals, rehabilitation centers / hospitals and nursing homes ;
- CPC 93.121 – medical practice services by general practitioners;
- CPC 93.122 – medical practice services by specialists;
- CPC 93.123 – dental practice services;
- CPC 93.19 – other human health services.

Do you use a finer stratification (for instance do you isolate: inpatients / psychiatric / rehabilitation / nursing services among CPC 93.11)?

Do you use a classification such as “Diagnosis Related Groups (DRG)” inside inpatient activities?

Please, explicit which finer strata you use and join a complete set of DRG if they are used in the stratification.

Do you use a different stratification? For instance relying on the “International Classification of Diseases” ?

II.2.b) Territory

Are your quantity indicators (in case of output methods) collected on all the national territory?

Do you stratify by region?

II.3 In case of output methods: weightings

- II.3.a) Are the weightings of each stratum relying on :
- non market output of GG (and or NPISH) ?
 - final consumption expenditure of GG (and or NPISH)? ?
 - another aggregate ? please describe.

II.4 In case of output methods : quantity indicators

- II.4.a) Are your elementary quantity indicators based on:
- a number of occupant days (days of hospitalization) by level of care for hospital services ?
 - a simple number of occupant days for hospital services ?
 - a number of visits for general practitioners ?
 - a number of first visits for specialists ?
 - a number of consultations / prescriptions / treatments ?
- Please, explicit by stratum.

II.5 In case of output methods: quality adjustment

II.5.a) Do you use quality indicators to adjust the result of the weighted quantity index? For each stratum or for the total?

- II.5.b) If so, how is calculated your quality adjustment(s)?
- by taking into account Quality Adjusted Life Years imputable to a specific treatment ?
 - or by taking into account other kinds of survival rates, health effects and life expectancy, including infections caught in hospitals ?
 - by taking into account waiting time ?
 - by taking into account patient experience ?
 - or do you use another method ?
 - by an "official" indicator, used for evaluating the performance of the ministry of Health and/or of each health establishment ?
- Please detail the formula you apply.

Thank you for your patience and **please send the answer before the 13th of July 2006 to alain.gallais@oecd.org**