

Input Document Unit 8

ICHA-HP classification of health care providers

Summary

In this input paper for unit 8 "ICHA-HP classification of health care providers", the Swedish focal point for SHA would like to emphasise:

- that the boundary lines of long-term care should be reflected in the classification of health care providers of ICHA-HP by using cross-classifications with NACE Rev.2 (i.e. ISIC Rev.4) presented in this input paper. Minor changes of ICHA-HP are needed and a new ICHA-HP group for "Social work activities without accommodation" should be added to the current ICHA-HP. With these cross-classifications the boundary lines of long-term care will be accurately reflected in SHA 2.0.
- that the primary activities should be the guiding principle for ICHA-HP classification.

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This input paper for unit 8 "ICHA-HP classification of health care providers" represents the view of the Swedish focal point for SHA.

The boundary lines of long-term care should be reflected in the classification of health care providers of ICHA-HP

The revision process of the SHA manual should focus on the revision processes of other classification systems such as NACE Rev. 2¹. What implications does the revision of NACE have on the ICHA-HP cross-classifications in the SHA 2.0 manual? One example of the changes in NACE Rev. 2 is that nursing care facilities will be re-classified, that is, the shift of the NACE group from health care to residential care. This restructuring of NACE Rev. 2 is an important aspect to consider when finding solutions to the long-term care borderline issues.

The current recommendation for cross-classifications between these two systems are presented in table 10.2 "Cross-classification of ICHA-HP with ISIC, Rev 3 classes" page 149 in the SHA 1.0

¹ NACE (Classification of Economic Activities in the European Community) is a derived classification from the UN and global reference classification ISIC (International Standard Industrial Classification of all Economic Activities). NACE Rev. 2 is equivalent to ISIC Rev. 4 at the digit-levels concerned in this input paper. Both these classification systems are in the process of being implemented.

manual². When reviewing these cross-classifications concerning HP.1-HP.3 and NACE in SHA 1.0 and then transforming them into the structure of NACE Rev.2, we arrive at the following new cross-classifications for SHA 2.0 shown in the table below:

SHA 1.0	NACE Rev.1.1 section NA: Health and social work	NACE Rev.2 section Q: Human health and social work activities	SHA 2.0
HP.1	85.11 - Hospital activities	86.1 Hospital activities	HP.1
HP.3.1 & 3.2	85.12 - Medical practice activities	86.2 Medical and dental practice activities	HP.3.1& 3.2
(not HP 3.2?)	85.13 - Dental practice activities		
HP.2, 3.3, 3.4, 3.5, 3.6 & 3.9	85.19 - Other human health activities	86.9 Other human health activities	HP.3.3, 3.4, 3.5, 3.6 & 3.9
		87.1 Residential nursing care activities	HP.2.1 Residential nursing care
HP.2, 3.4.5, 3.4.9 & 3.6	85.31 - Social work activities with accommodation	87.2 Residential care activities for mental retardation, mental health and substance abuse	HP.2.2 Residential mental retardation, mental health and substance abuse facilities
		87.3 Residential care activities for the elderly and disabled	HP.2.3 <i>Residential care activities for the elderly and disabled</i>
		87.9 Other residential care activities	HP.2.9 <i>Other residential care activities</i>
Not in SHA 1.0	85.32 - Social work activities without accommodation	88 Social work activities without accommodation	New HP!

A minor change is needed of the ICHA-HP classification because this new cross-classification with NACE Rev. 2, HP.2.3 & HP.2.9 should change names to clarify the connection to NACE (Rev. 2) 87.3 & 87.9:

SHA 1.0

HP.2.3 Community care facilities for the elderly

HP.2.9 All other residential care facilities

SHA 2.0

HP.2.3 Residential care activities for the elderly and disabled

HP.2.9 Other residential care activities

In order for the boundary lines of long-term care to become even more transparent, a new ICHA-HP-group needs to be added for the cross-classification with NACE 88 (Rev.2) "Social work activities without accommodation". The equivalent NACE 85.32 (Rev.1.1) is not specified as an

² The following reasoning presented below is based on the assumption that ISIC, Rev 3 is equivalent to NACE Rev.1

ICHA-HP in SHA 1.0. With these cross-classifications the boundary lines of long-term care will be accurately reflected in the classification of health care providers of ICHA-HP.

Primary activities are the guiding principle for ICHA-HP reporting

Using the primary activity as the guiding principle for ICHA-HP classification is a vital principle that will facilitate the work with ICHA-HP. This needs to be explained and described in more detail in SHA 2.0. SHA 1.0 is a bit ambiguous in how and when the primary activities should be used as the guiding principle or not. This principle will also facilitate the classification of long-term care as discussed above.