

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

The first Joint OECD, Eurostat and WHO Health Accounts (SHA) data collection was successfully implemented in 2006. It has improved availability and comparability of health expenditure data and also contributed to the improvement in OECD Health Data.

A high-quality Health Accounts database has been developed as a component of the OECD Statistical Information System. Based on the experience in terms of authorised access given to national Health Accounts Experts over the coming year, a decision regarding access to the detailed data for the general public will be made by the end of 2007.

Methodological developmental work has continued on the estimation of Long-term care expenditure; as well as on International comparisons of output and prices in health care. New progress has particularly been achieved in two projects: "Refinement of the SHA framework for health financing"; and "Strengthening the connection between the SHA and SNA".

In addition, OECD, Eurostat and WHO agreed on a common goal to produce a revised SHA Manual as a joint publication under the names of the three organisations.

Databases

OECD Health Data (Expenditure and Financing)

System of Health Accounts Database

Main Developments for 2007

General aspects:

2007 will see the 2nd Joint OECD-Eurostat-WHO health accounts (SHA) data collection. Significant improvements have been made to the collection and validation tools used both by the national compilers and the international organisations. This is expected to lead to efficiency gains in the validation exercise and feed through ultimately to improved timeliness in dissemination of the data.

In addition, an increased number of OECD and non-OECD countries are expected to submit data to the 2007 collection improving overall coverage and comparability data. Combined with improved linkages to the OECD Health Data database, this will also lead to an increase in the quality of the expenditure and financing data in OECD Health Data 2007 and in Health at a Glance, its sister publication, due to be released in November 2007.

In terms of dissemination, the OECD SHA country pages will carry standard SHA tables from the database and a country-specific note highlighting the main features and trends of health expenditure. In addition, a comparative analysis report based on the results of the 2006 collection will be released during 2007.

In terms of methodological development, the 2007-2008 OECD Programme of Work on Health plans to produce a draft of the SHA Manual Version 2.0 by the end of 2008, in co-operation with Eurostat and WHO. Key components of the health accounts developmental work are as follows:

- Refinement of the International Classification for Health Accounts (ICHA);
- Refinement of the SHA framework for health financing;
- Incorporating Input, Output and Productivity Measurement into the SHA Framework;
- Development of reliable health-specific Purchasing Power Parities (PPPs);
- Strengthening the connection between the SHA and the SNA.

Data collection:

The 2007 questionnaire is based closely on the format of the 2006 questionnaire, with only minor changes to the data tables. The main change in the data request is regarding the provision of preliminary aggregate data for 2006, in addition to the detailed tables for 2003-2005. From a technical point of view, the individual files from the 2006 questionnaire have been combined into a single multi-sheeted file with automatic procedures to aid in the validation of the data at the time of compiling the submission.

Health Statistics

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. Started in 2001, 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 2006 were twofold. The first goal was to update and expand the HCQI set of indicators. The second goal was to set up two separate expert subgroups in the framework of the HCQI experts group to develop methodological work in the areas of patient safety and mental health care quality. Both goals have been attained with the help of the Project's country Expert Group.

Non-member countries involved in the activity:

Cyprus, Latvia

Databases

Health Care Quality Indicators

Main Developments for 2007

General aspects:

In 2007, the HCQI Project will publish the update of its indicator set with the addition of 2 new indicators, bringing the total number of quality indicators being regularly collected to 19 indicators across a range of clinical conditions. Some sensitivity analysis will be performed for the 6 indicators that, though included in 2006 data collection, were not considered by the HCQI Expert Group as mature for their transition to the regular set of indicators. Eventually after the recommendations yielded this analysis the data collection and specifications will be refined to improve comparability of the indicators under scrutiny and reconsider their maturity stage.

Data collection:

New indicators will be added in the areas of patient safety, mental health and primary care and prevention and the 19 indicators included in the 2006 update report will be followed.

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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 2006 release of OECD Health Data include:

- The incorporation of the results of the first-ever Joint OECD, Eurostat and WHO collection of SHA-related data, thereby enhancing the completeness and comparability of health expenditure and financing data.
- The reporting of more information on hospital activities (including discharges and average length of stays for different conditions), following the adoption of a new extended International Shortlist for Hospital Morbidity Tabulation, which has also been adopted by WHO and Eurostat.
- The incorporation of some mature indicators from the Health Care Quality Indicators project in the area of cancer screenings.
- Improving the availability and comparability of data on long-term care beds and long-term care recipients at home and in institutions, while signalling persisting comparability limitations in this complex area for data collection.
- Improving the completeness of the "Sources and Methods".
- 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 2007

Main Developments for 2007

General aspects:

Improve the comparability of data, particularly for the "core" group of indicators which will be highlighted in the associated publication Health at a Glance – OECD Indicators 2007. Improve and

harmonise with other international organisations (e.g., Eurostat and WHO) the data collection on non-monetary health care statistics, with a focus on the health workforce.

Assess the availability and comparability of data on selected chronic diseases and mental health problems, with a view to enhance the part of the database related to health status. Continue to incorporate gradually in OECD Health Data indicators from the Health Care Quality Indicator project that are sufficiently available and comparable across countries.

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