Eurostat activities on non-monetary health care statistics

The way ahead for a Commission Regulation

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Outline

- Legal basis

- Health Policy Context

- Data so far

- CG CARE 2011

- The way ahead – TF on implementing Regulation (EC) 1338/2008 on non-monetary Health Care (TF IR HCARE)
  - Mandate
  - Objectives
  - Time frame
  - First results of the kick-off meeting

Legal basis

o Article 168 of the Treaty to encourage cooperation between Member States in the field of Public Health

o Framework Regulation (EC) no 1338/2008 to implement statistics for European Community Health indicators (ECHI) and other indicators with explicit focus on health care

- Commission Regulation on health care expenditure statistics is well advanced, adoption planned by end of this year
- Member States agreed to subsequently start on non-monetary health care statistics in 2014

Health Policy Context

- Growing importance of health for achieving Europe 2020 objectives

    Challenges:

    o Economic crisis and subsequent health systems reforms
    o Aging population
        ✓ Growing burden of chronic diseases
        ✓ Increasing patients´ expectations
        ✓ Growing costs of health care
    o Deminishing Member States` resources for improving cost effectiveness, accessibility and sustainability of health care systems

Health Policy Basis

o Council Working Party on Public Health on 8 October 2013 and

o Council Conclusions on the "Reflection process on modern, responsive and sustainable health systems" of 10 December 2013:

Encourage Member States and the Commission to enhanced economic policy coordination at national and EU level

Health Policy Instruments

The Social Protection Committee Indicators Sub-group (SPC-ISG) in November 2013:

First Joint Assessment Framework (JAF) for Health –

• Part of the Europe 2020 strategy and the European Semester

• Evidence-based tool for country specific recommendations

• 2014: Pilots in selected Member States

Major concern: Data gaps and data quality at EU-28 level

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Data availabilty from JQ 2013

34 countries (EU-28 Member States, EFTA countries, FYROM and Turkey)

Table 1a. Percentage of countries that provided recent data (2011-2012) on physicians

Practising physicians	74%
Professionally active physicians	65%
Physicians licensed to practice	47%
Physicians by gender	85%
Physicians by age	71%
Generalist medical practitioners	79%
of which general practitioners	71%
of which other generalist medical practitioners	56%

Table 1b. Percentage of countries that provided recent data (2011-2012) on physicians

Specialist medical practitioners	82%
of which general paediatricians	79%
of which obstetricians and gynaecologists	79%
of which psychiatrists	82%
of which *medical* group of specialists	82%
of which *surgical* group of specialists	82%
of which *other* specialists not elsewhere classified	74%
Medical doctors *not further defined*	53%

Table 2a. Percentage of countries that provided recent data (2011-2012) on midwives, nurses and caring personnel

Practising midwives	59%
Professionally active midwives	50%
Midwives licensed to practice	38%
Practising nurses (Total)	59%
Practising nurses (Professional nurses)	59%
Practising nurses (Associate professional nurses)	56%
Professionally active nurses (Total)	53%
Professionally active nurses (Professional nurses)	53%
Professionally active nurses (Associate professional nurses)	50%

Table 2b. Percentage of countries that provided recent data (2011-2012) on midwives, nurses and caring personnel

Nurses licensed to practice (Total)	35%
Nurses licensed to practice (Professional nurses)	29%
Nurses licensed to practice (Associate professional nurses)	26%
Practising caring personnel (personal care workers)	44%
Professionally active caring personnel (personal care workers)	35%

Table 3. Percentage of countries that provided recent data (2011-2012) on dentists, pharmacists and physiotherapists

Practising dentists	65%
Professionally active dentists	53%
Dentists licensed to practice	53%
Practising pharmacists	65%
Professionally active pharmacists	59%
Pharmacists licensed to practice	41%
Practising physiotherapists	82%

Table 4. Percentage of countries that provided recent data (2011-2012) on *hospital employment*

Total hospital employment	HC 65%/FTE 50%
Physicians	HC 68%/FTE 47%
Professional nurses and midwives	HC 68%/FTE 47%
Associate professional nurses	HC 56%/FTE 44%
Health care assistants	HC 50%/FTE 41%
Other health service providers	HC 59%/FTE 47%
Other staff employed	HC 56%/FTE 41%

Table 5. Percentage of countries that provided recent data (2011-2012) on graduates

Medical graduates	74%
Dentists graduates	71%
Pharmacists	65%
Midwives graduates	65%
Nursing graduates (Total)	71%
Professional nursing graduates	65%
Associate professional nursing graduates	62%

CG CARE 2011

Concepts for physicians/health employment

Keep the three concepts (practising, prof. active/licenced)

Go for estimates on practising professions

Split professional/associate prof. midwives

Failed in praxis – only few countries able to report

Definitions: More explanations with examples

ISCO codes - to be better specified/illustrated for each variable

Not all countries use ISCO – go for it!

Structured Meta data needed

Data source - Data coverage - Deviation from proposed definition

TF IR HCARE - the way ahead

Tasks: recommend

- ✓ Mandatory variables on subjects covered and their characteristics;
- ✓ Data and metadata to be transmitted, and
- ✓ Reference period and the transmission of results

Time Frame

- ✓ Kick off February 2014
- ✓ Outline for discussion with TG CARE, 22 May 2014
- ✓ First draft for discussion with WGPH in December 2014
- ✓ Final draft for discussion with WGPH in December 2015

TF IR HCARE - Focus

- Legal Framework Regulation no 1338/2008
- Current annual data collection:
  - JQNMHC together with OECD and WHO
  - Additional Eurostat module
- Main points for consideration:
  - **National and international data relevance**
  - **Data availability**
  - **Timetable**

TF IR HCARE – Kick-off meeting

- **In general**

  - The regulation should be very basic on major variables

  - Establishment of clear definitions will be crucial

  - No competition to the JQ: Collection of additional voluntary variables will remain

  - Quality will be an issue

  - Availability of data does not necessarily reflect relevance

  - Estimates should be included, with sources and methods well defined

TF IR HCARE – Kick-off meeting 2

- **More specific –**

essential variables on employment & education

Physicians (Head Count)

- Practising physicians
- Physicians by age group and by gender

Physicians by categories

- Generalist medical practitioners
  - General practitioners
- Specialist medical practitioners

TF IR HCARE – Kick-off meeting 3

essential variables on employment & education cont.

- o Practising midwives (total)

- o Practising nurses (total)

- o Medical graduates
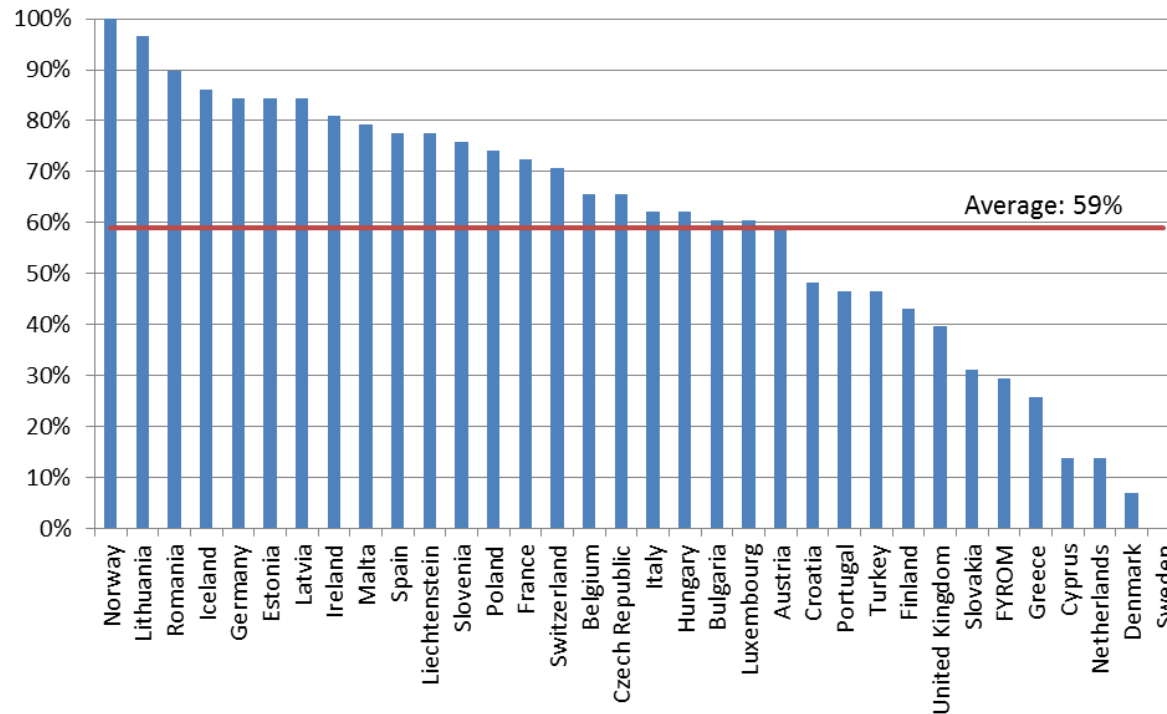
- o Midwives graduates

- o Nursing graduates

Availability of recent data (ref yr 2011-2012)
Percentage considering the total number of variables of the JQ + Eurostat module: 211
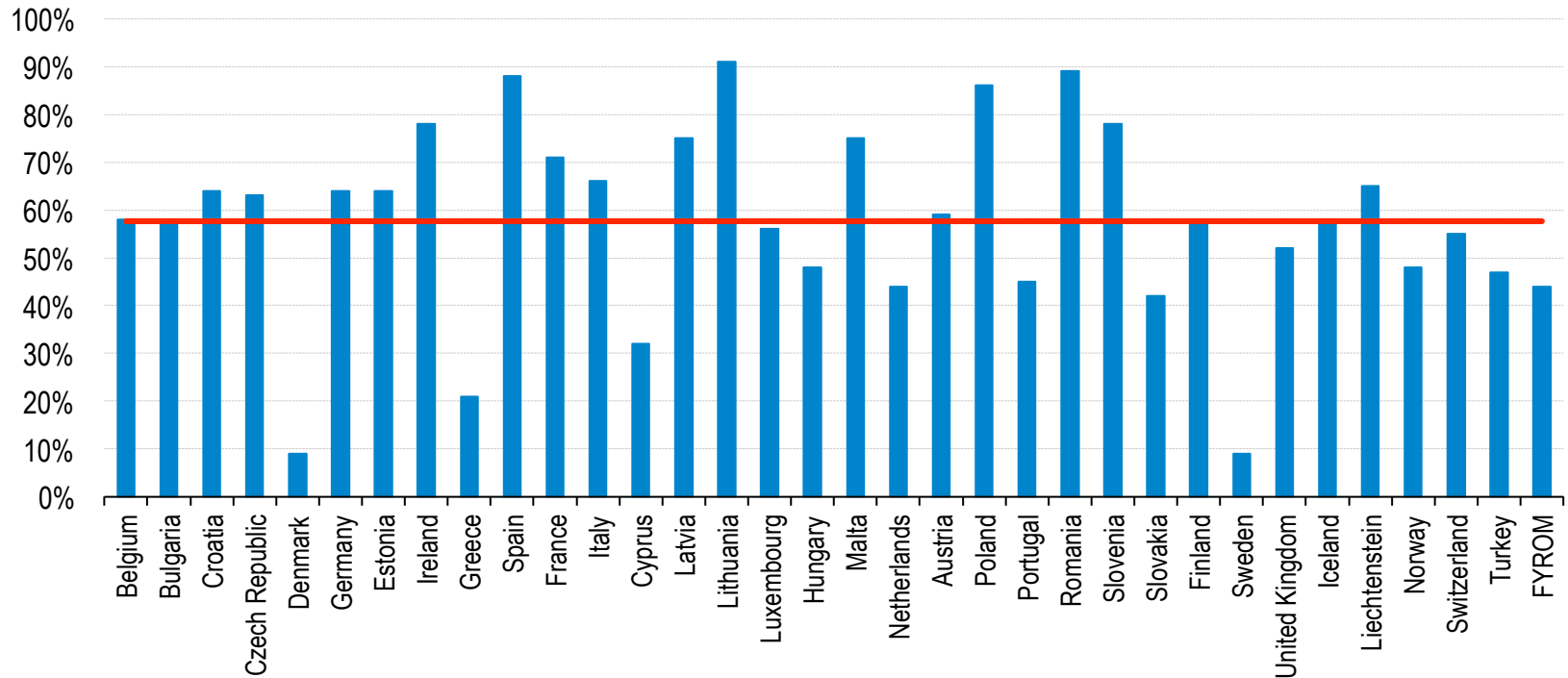
Availability of recent data (ref yr 2011-2012)

Percentage considering the variables of the JQ Health on employment and education: 58

TF IRHCARE – next steps

1. **Evaluation of all current variables on policy relevance**

   o International and national
   o In view of citizens and the health systems
   o In view of indicator requirements at EU level, e.g. on ECHI and SPC ISG JAF

   Conclusion: To keep/drop the single variable as a mandatory one

2. **Availability of the ones to go for – reasons for non-availability (last 5 yrs)**

   Check for

   o Definitions – clarity

   o Sources

   o Others

TF IRHCARE – next steps

3. Estimates

   o Basic criteria for accepting estimates – proposals by the TF

4. Quality

   o Coverage

   o Timeliness

   o Deviation from the definition

5. Potential for improvements within the given time frame

Thanks for your attention