

Health Statistics

Health Care Quality and Outcome Indicators

Purpose

To carry out pilot data collection activities in relation to health care quality and outcome indicators.

Objectives and outputs

Establish pilot data collection on primary care prescribing and acute care patient safety indicators.
Develop SAS code to conduct pilot data collection on existing indicators generated from hospital administrative data bases.

Main Developments for 2018

General aspects:

Pilot data to be presented to OECD Working Party of Health Care Quality and Outcomes in May 2018.

Piloted indicators and data collection methods to be integrated into routine HCQO data collection for 2019, as deemed appropriate.

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 database includes data on health status and risk factors to health, health care resources and activities, long-term care resources and activities, pharmaceutical consumption, health expenditure and financing, and health care quality. The data come from four questionnaires: 1) the OECD Health Data Questionnaire; 2) the Joint OECD/Eurostat/WHO (Europe) Questionnaire on Non-Monetary Health Care Statistics; 3) the Joint OECD/Eurostat/WHO Health Accounts Questionnaire; and 4) the OECD Health Care Quality Indicators questionnaire.

Objectives and outputs

Progress was achieved in 2017 in improving the overall quality and comparability of data, as well as improving the timeliness of data. More specifically, progress was made in filling in data gaps for the lower-skilled category of caring personnel.

The new edition of "Health at a Glance 2017: OECD Indicators" was released in November 2017.

Non-member countries involved in the activity:

Brazil, China, Colombia, Costa Rica, India, Indonesia, Lithuania, Russian Federation, South Africa.

Main Developments for 2018

General aspects:

The priority in 2018 will be to improve the timeliness of data for key indicators in the OECD Health Data questionnaire.

Regarding the OECD/Eurostat/WHO-Europe Joint Questionnaire on Non-Monetary Health Care statistics, the priorities in 2018 will be:

- To fill key gaps for the practicing (or at least professionally-active) workforce data, for the health workforce migration data, and for doctors' consultations data;
- Provide the most up-to-date data for the overall dataset, including 2017;
- Address the breaks in time series when possible.

Health Expenditure and Financing

Purpose

To provide policy relevant, comparative data and analysis on health expenditure and financing, and to facilitate harmonisation across national health accounting practices. To provide data sources for research and to make country-specific health accounts data and analysis more widely available.

Objectives and outputs

The Health Expenditure and Financing database contains internationally comparable health spending data compiled on the basis of the System of Health Accounts (SHA 2011). This includes information on current health expenditure (i.e. final consumption expenditure on health care goods and services) by health care functions, providers and financing schemes as well as information on the revenues of health care financing schemes, the cost structures of health care provision and capital formation in the health care system. The database contains data for OECD member countries from 1970 whenever possible as well as data for OECD accession and key partner countries. The data presented stem from the Joint OECD, Eurostat and WHO Health Accounts data collection which has continued to make progress towards achieving its main aims: the reduction in the burden of data collection for the national authorities, the increase in the use of international standards and the harmonization of national health accounting practices. The vast majority of OECD and EU countries now provide harmonised and comparable health expenditure and financing data, with more than 40 countries participating in the 2017 round of the joint data collection.

Non-member countries involved in the activity:

Brazil, China, Colombia, Costa Rica, India, Indonesia, Lithuania, Russian Federation, South Africa.

Main Developments for 2018

General aspects:

In 2017, the number of countries providing preliminary estimates for the most recent year (t-1) increased compared to the 2016 data collection round, with around half of OECD countries providing this information. In an effort to further improve the timeliness of health spending estimates and to fill any remaining data gaps for t-1, the Secretariat made its own estimates for the second time in 2017. Further improving the timeliness of health spending data remains a high priority in 2018. Further, building on the results of a joint OECD/WHO workshop on tracking health financing under the System of Health Accounts, additional work will be undertaken in 2018 to improve the reporting of information on the revenues of health care financing schemes. Such information is vital for a comprehensive understanding of a country's health financing arrangements and the fiscal sustainability of financing schemes.

Patient-Reported Indicators Survey (PaRIS)

Purpose

A proposal for an international survey will be set up. Estimates for sample size requirements will be made and decisions for statistical analysis. For condition-specific work, data algorithms are being developed.

Objectives and outputs

- To fill in gaps in the measuring of healthcare performance in high-burden and high-cost conditions, and build countries' capacity to systematically collect these important data.
- Develop a new survey to:
 - 1) Report internationally comparable health care outcomes and experiences of patients with chronic conditions using risk-adjusted indicators that can be repeatedly measured over time;
 - 2) Support the analysis of variation in the outcomes and experiences of patients across providers and health systems and the explanation of this variation by the characteristics and behaviours of patients, providers and health systems.

Main Developments for 2018

General aspects:

Selection of indicators and development of data algorithm for work stream 1 (condition specific). Estimates of sample size and provisional list of background indicators and instruments for work stream 2 (new survey).