

**Major Tasks for Improving the Availability
and Comparability of Health Expenditure in
*OECD Health Data 2004***

Meeting of Experts in National Health Accounts
27-28 October 2003

Overview

- Harmonisation of *OECD Health Data* with SHA/ICHA
- Data availability in *OECD Health Data 2003*
- Future tasks

Harmonisation of *OECD Health Data* with ICHA

Structure

- Harmonisation of total health expenditure definition
- Introduction of mode of production categories (day-care, home care and ancillary services)
- Introduction of sub-categories
 - curative-rehabilitative and long-term care
- Introduction of provider categories in 2003

Harmonisation of *OECD Health Data* with ICHA

Data reporting

- Detailed description of departures from SHA in national reporting
- Distinctions between expenditure on hospital services and expenditure on in-patient care
- Separation of day care, home care and ancillary services from in-patient/out-patient care
- Data on long-term care (and split of medical services by C&R and LTC)

Harmonisation of *OECD Health Data* with ICHA

Current status

● SHA-based NHA

- Comparable total health expenditure – *LTC?*
- Considerable differences exist at sub-aggregate level

● Locally produced NHA

- Considerable departures from OECD/SHA health care boundary
- Sub-aggregates treated differently

● National accounts based

- Not well suited for detailed health expenditure estimates

Table 1: Sources of Health Expenditure and Finance Data in *OECD Health Data 2003*

Health expenditure and finance data presented in *OECD Health Data 2003* are based on

SHA tables available to the Secretariat as of October 2003

	A System of Health Accounts (SHA)	Locally produced national health accounts	National accounts estimates	OECD Secretariat estimates	
Australia	1998-2000	1960-1998			1999-2001
Austria			1960-2002		
Belgium				Based on NA data	1998
Canada	1975-2002	1960-1975			1996; 1999
Czech Republic			1970,75,80,85, 89-01		
Denmark	1971-2001				1999
Finland		1960-2001			2000
France	1990-2001				
Germany	1992-2001	1970-1990			1992-2001
Greece			1987-2001	1970, 1980	
Hungary	1998-2001	1991-1998			1998-2001
Iceland			1960-2001		
Ireland			1960-2001		
Italy			1960-2002		
Japan	1995-2001		1960-1994		1999-2000
Korea	1995-2000				1998-2001
Luxembourg			1970-2000		
Mexico		1990-2001			1999-2001
Netherlands	1998-2001	1972-1998			1998-2001
New Zealand		1970-2002			
Norway			1960-2001		
Poland		1991-2001			1999
Portugal			1995-2001	1970-1994	
Slovak Republic			1997-2001		1999-2001 (preliminary)
Spain		1960-2001 (public exp.)	1960-2001 (private exp.)		1999
Sweden			1960-2001		
Switzerland	1995-2001	1960-1994			1999-2001
Turkey		1998		1970-1997	
United Kingdom	1997-2001		1960-1996		1999-2000
USA	1999-2001		1960-1998		1997

Data availability in *OECD Health Data 2003*

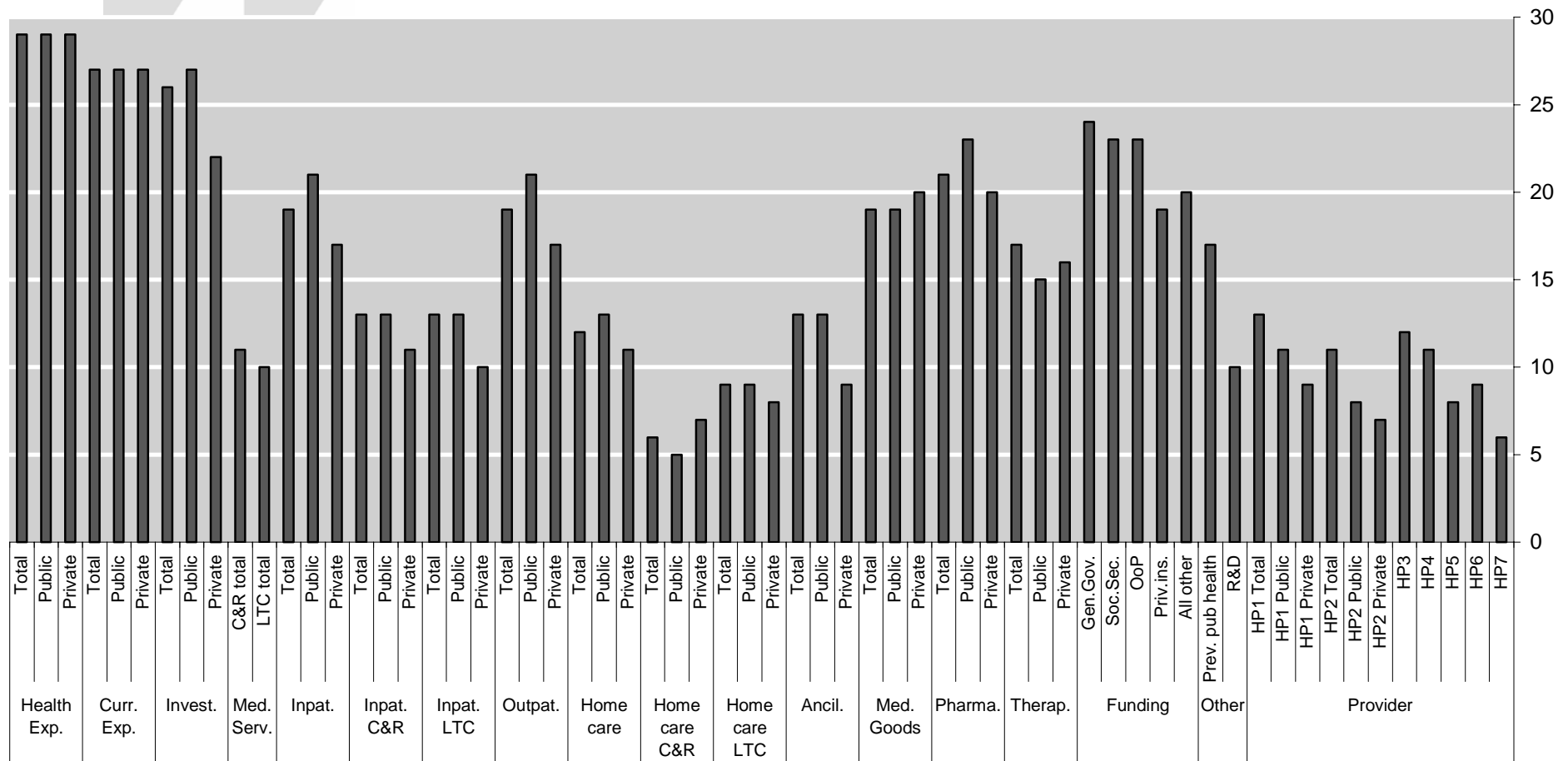
- Improvement in overall availability

Core variables

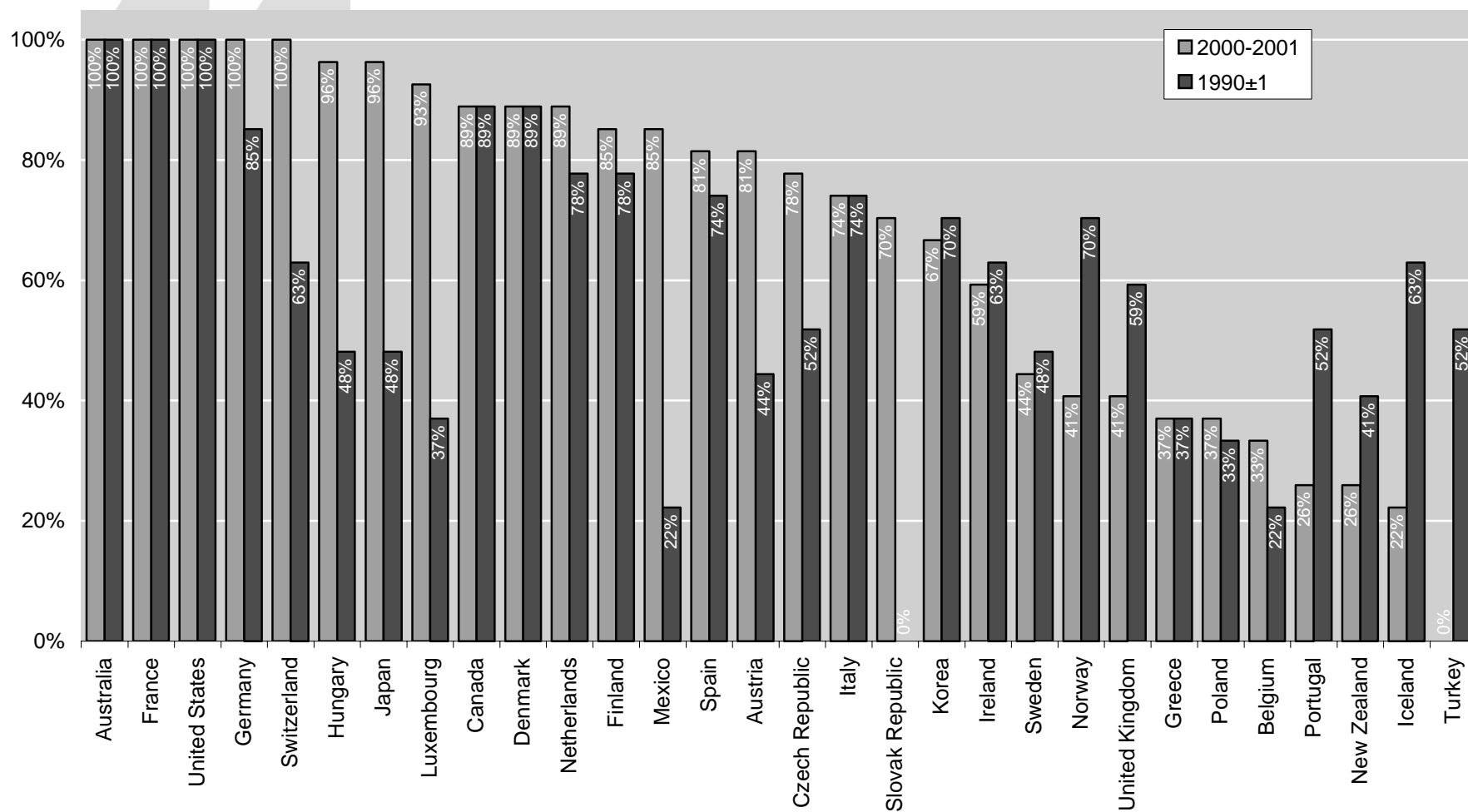
- 15 countries reporting more than 80%
- 5 countries reporting 50-80%
- 10 countries report less than 50%

Number of countries reporting variables 2000-2001

OECD Health Data 2003



Availability of Core Variables OECD Health Data 2003



Data availability in *OECD Health Data 2003*

Less than half OECD countries report the following core variables:

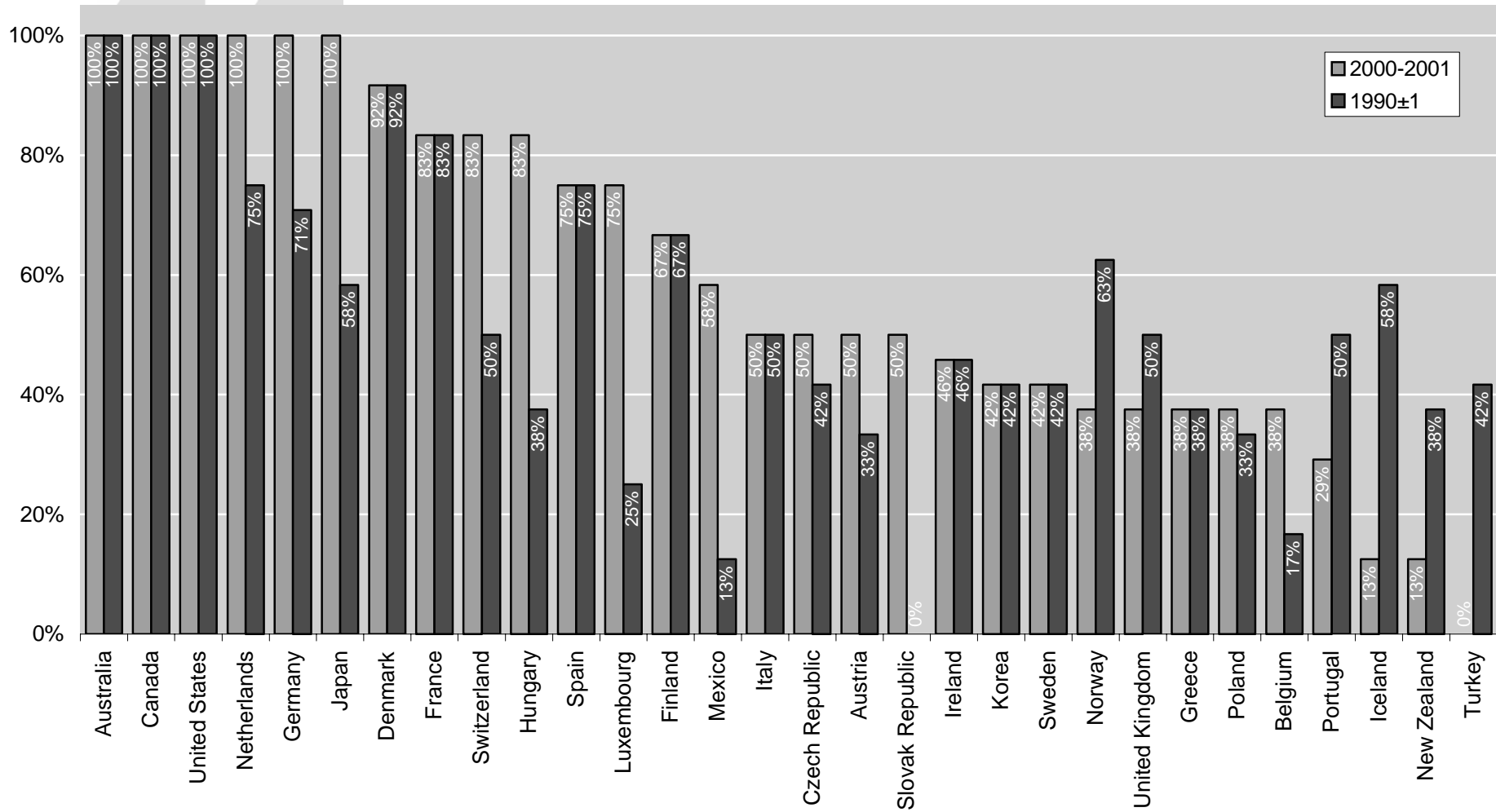
- Expenditure on health R & D
- Total expenditure on Curative and Rehabilitative care
- Total expenditure on long-term nursing care
- Total expenditure on hospitals' services
- Total expenditure on services of nursing and residential care facilities
- Total expenditure on services of ambulatory health care providers

Data availability in *OECD Health Data 2003*

Priority variables

- Areas requiring improvement in availability or comparability
- Requirement of further documentation or methodological work
- Introduction of expenditure by provider in 2003 reached required level to be included
- Expenditure by age-group and expenditure on day-care temporarily removed

Chart 2. Availability of Priority Variables Health Data 2003



Future Tasks

- More detailed guidelines in specific areas
- Working Paper on “SHA-based National Accounts in OECD countries”
- Agreement on sub-set of core variables for OECD Health Data 2004
- Improvement in availability of currently “hidden variables” (Day care, age breakdown)
- Improvement in comparability:
 - Breakdown of C&R and LTC
 - Distinction between hospital expenditure and in-patient expenditure
 - Separation of day-care, home care and ancillary services

Sub-set of core variables for OECD Health Data 2004

Part 4

- Total, public, private health expenditure
- Total, public, private current expenditure on health
- Total, public, private investment on medical facilities
- Total expenditure on prevention and public health
- Total, public, private expenditure on in-patient care
- Total, public, private expenditure on out-patient care
- Total, public, private expenditure on pharmaceuticals and other medical non-durables
- Total expenditure on hospitals' services
- Total expenditure on services of ambulatory health care providers

Part 5

- Health expenditure by general government, excluding social security
- Health expenditure by social security schemes
- Out-of-pocket payments (households)

Future Tasks

Proposals

- Presentation of first results of SHA-based NHAs in *OECD Health Data 2004*
- Network of health accounts experts and correspondents for health expenditure data
 - Merger of overlapping networks
 - Oct meeting to discuss Parts 4 & 5 of *OECD Health Data* and SHA work

Points for discussion

- Progress on harmonisation of health expenditure with SHA-ICHA
- Strategies to expand reporting and questions of timeliness
- Proposals to improve comparability and availability
 - agreed sub-set of core variables
 - guidelines for OECD Health Data 2004
- Proposal regarding the establishment of a common network