

1.4 Health (OECD)

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. They have been reported regularly in a chapter in Health at a Glance publication since 2007.

Objectives and outputs

- The entire HCQI database was made available in OECD.Stat for the first time in 2011. The comparability and quality of data were improved and the database was also expanded, covering patient safety indicators.

Non-member countries involved in the activity

- Brazil, Cyprus, Indonesia, Latvia, Malta, Russian Federation, Singapore

Databases

- Health Care Quality Indicators

Main Developments for 2013

General aspects

- The HCQI project is embarking on further development work with respect to indicator improvement and interpretation of cross country variations.
- The main focus is on:
 - the development of patient safety and patient experience indicators, and
 - the inclusion of data from additional countries.
- The HCQI project will also expand work in the construction of more direct measures of primary care quality especially on pharmaceutical prescription indicators.

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 2012 in improving the availability and comparability of data on different categories of doctors and nurses that are collected through the joint OECD/Eurostat/WHO (Europe) questionnaire, and in collecting new data on the market share of generic pharmaceutical drugs.
- New editions of "Health at a Glance: Europe" and "Health at a Glance: Asia/Pacific" were released in November 2012.

Non-member countries involved in the activity

- Brazil, China, India, Indonesia, Russian Federation, South Africa

Databases

- OECD Health Data 2013

Main Developments for 2013

General aspects

- Improving the availability and comparability of data on health inequalities (new data collection on inequalities in life expectancy and perceived health status by educational level), and the collection of a minimum dataset on waiting times for elective surgery.
- Implement the extension of the joint OECD/Eurostat/WHO (Europe) questionnaire on non-monetary health care statistics to include health care activities (in addition to health care resources).

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 seventh Joint OECD, Eurostat and WHO System Health Accounts (SHA) data collection was successfully implemented in 2012. It has improved the availability and comparability of health expenditure data published in OECD Health Data. A Health Expenditure and Financing database has been developed as a component of the OECD Statistical Information System. National Health Accounts Experts and others interested in accessing health accounts data can now do so using OECD.Stat and SourceOECD.
- Methodological developmental work has continued over recent years on a number of projects: Improving the Comparability and Availability of Private Health Expenditure; Development of Output based Health-Specific Purchasing Power Parities; Estimating Expenditure by Disease, Age and Gender; Improving the Estimates of Imports and Exports of Health Goods and Services; and Improving the Comparability of Expenditure on Over-the-counter Drugs.
- OECD, EUROSTAT and WHO collaborated to revise the System of Health Accounts methodology. This process was concluded in October 2011 with the publication of the new manual A System of Health Accounts 2011. Pilot studies are currently undertaken to test the implementation of the new manual.

Non-member countries involved in the activity

- Albania, Bosnia and Herzegovina, Brazil, Bulgaria, China, Colombia, Costa Rica, Croatia, Cyprus, India, Indonesia, Latvia, Liechtenstein, Lithuania, Macedonia, Malta, Republic of Montenegro, Republic of Serbia, Romania, Russian Federation, Serbia and Montenegro, Slovenia Former, South Africa

Databases

- OECD Health Expenditure and Financing

Main Developments for 2013

General aspects

- In 2013, the eighth Joint OECD-Eurostat-WHO health accounts (SHA) data collection will take place. Previous improvements to the validation tools used both by the national compilers and the international organisations will continue to provide efficiency gains in the validation exercise and ultimately feed through to improved timeliness in dissemination of the data.
- A pilot test for the new version of the Joint Health Account Questionnaire (based on the 2011 version of the System of Health Account Manual) will be commenced in January.

Data collection

- No changes in questionnaire.