

<i>ECHIM Indicator name</i>	<b>D) Health interventions: health services</b> 71(b). General practitioner (GP) utilisation; registered visits
<i>Definition</i>	Mean number of registered visits to general practitioner per inhabitant per year.
<i>Calculation</i>	National best estimate of number of registered visits to general practitioner per inhabitant per year. 'Visit' refers to visits of the patient to his/her doctor's practice, home visits as well as consultations by telephone. Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➤ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➤ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	Preferred data type: administrative sources (GP records, insurance data) Preferred source: national data
<i>Data availability</i>	To be established in a data collection pilot which ECHIM will carry out for this indicator in 2010. In the pilot data will be collected by sex and age group, not by socio-economic status and region. The ISARE project on regional data has collected data for the indicator 'number of visits to the general practitioners'.
<i>Data periodicity</i>	Currently no regular data collection for this indicator exists.
<i>Rationale</i>	A basic indicator for the use of medical services. The differences by sex, age and socio-economic status provide information that can be used in assessment of the cost and (equity of) access to health services.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- In the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 71a).</li> <li>- Comparability of this indicator will be further hampered by the fact that the concept GP will not be uniform across countries; what is regarded a GP or family doctor depends on the organisation of a health care system and the division of tasks between different types of physicians within that health care system. This is also a problem in the interpretation of the EHIS-based estimate for this indicator, by the way.</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&amp;vm=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	- Develop recommendations for (work to be done to ensure) regular data collection for this indicator based on the outcomes of the ECHIM data collection pilot.