

April 2012

Additional information for indicators for which EHIS is preferred (interim) source

This documentation sheet is designed to match the questionnaire of the European Health Interview Survey (EHIS) as it was used in EHIS wave I. For EHIS wave II, which is envisaged to take place in 2014, the questionnaire is being revised. Therefore, questions underlying ECHI indicators may have changed in wave II compared to wave I, with possible consequences for the adequacy of the current documentation sheet. The ECHIM Core Group recommends that the consequences of this revision, once finalized, will be processed in the documentation sheets for the affected ECHI indicators. Subsequent changes in the documentation sheets will relate to the indicators' definition and calculation.

Most of the ECHI shortlist indicators, for which EHIS data have been appointed as preferred (interim) source, have been placed in the implementation section of the 2012 version of the shortlist. This does not apply to indicators 37. General musculoskeletal pain, 38. Psychological distress and 39. Psychological well-being, however. These indicators are placed in the development section. The reason for this is that in preliminary versions of the revised EHIS questionnaire the questions underlying these indicators were removed. Hence, EHIS wave II will not result in data for these indicators.

The outcomes of the assessment of the results of EHIS wave II may have consequences for assigned status of the ECHI indicators (implementation section, work-in-progress section, development section). This relates for example to the performance of the new instruments applied in wave II for alcohol use, physical activity and mental health; if they do not perform adequately, shifting the related indicators to the work-in-progress section needs to be considered. Like the changes in definitions and calculations due to the revised questionnaire, such changes in indicator status also need to be processed in the relevant documentation sheets.

Date last modification documentation sheet: 14-05-2012

Compared to previous version documentation sheet (03-06-2010) the following issues were adapted:

- Prior there was an A) and B) operationalization for this indicator (self-reported and register-based), with two separate documentation sheets. This has been adapted: there is one documentation sheet now, and self-reported data (EHIS) were chosen as preferred interim source (see remarks and work-to-do sections)
- New section on relevant policy areas added to the documentation sheet
- Link to Eurostat/Circa information on EHIS wave I methods replaced

<i>ECHIM Indicator name</i>	D) Health interventions: health services 72. Selected outpatient visits
<i>Relevant policy areas</i>	- Health inequalities (including accessibility of care) - (Planning of) health care resources - Health care costs & utilisation
<i>Definition</i>	1. Mean number of self-reported visits to a dentist or orthodontist per person per year. 2. Mean number of self-reported visits to a medical or surgical specialist per person per year. 3. Proportion of population reporting to have had a contact with a psychologist or psychotherapist during the past 12 months.

<i>Calculation</i>	<p>1. Mean number of self-reported visits to a dentist or orthodontist per person per year, derived from EHIS questions HC08 and HC09. HC08: When was the last time you visited a dentist or orthodontist on your own behalf (that is not while only accompanying a child, spouse etc)? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC08 is 1): → HC09: During the past four weeks ending yesterday, that is since (date), how many times did you consult a dentist or orthodontist on your own behalf? (number of times). Total number of contacts reported under HC09 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample.</p> <p>2. Mean number of self-reported visits to a medical or surgical specialist per person per year, derived from EHIS questions HC12 and HC13. HC12: When was the last time you consulted a medical or surgical specialist on your own behalf? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC12 is 1): → HC13: During the past four weeks ending yesterday, that is since (date), how many times did you consult a specialist on your own behalf? (number of times). Total number of contacts reported under HC13 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample.</p> <p>3. Percentage of respondents reporting to have had a contact with a psychologist or psychotherapist during the past 12 months, derived from EHIS question HC.16 During the past 12 months, that is since (date on year ago), have you visited on your own behalf a ...? (different types of health care providers are listed among which 'psychologist or psychotherapist'). Numerator = number of respondents answering yes to the question whether they visited a psychologist or psychotherapist. Denominator = total number of respondents in sample. EHIS data will not be age standardized.</p>
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> - Country - Calendar year - Sex - Age group (15-64, 65+) - SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)
<i>Preferred data type and data source</i>	<p>Preferred data type: HIS</p> <p>Preferred source: Eurostat (EHIS) (interim source, see remarks)</p>
<i>Data availability</i>	<p>BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, HU, MT, AT, PL, RO, SI, SK, CH, NO and TR conducted a first wave of EHIS between 2006 and 2010. It is noted that not in all of these countries a full scale survey was carried out; in some only specific modules were applied, in others the full questionnaire was applied in a small pilot sample. It is expected that all EU Member States will conduct EHIS in the second wave, which is planned for 2014. The results of the first wave are expected to be published in two stages, 11 countries in October 2010, the remaining countries in April 2011. EHIS data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+) and ISCED groups.</p>
<i>Data periodicity</i>	<p>EHIS will be conducted once every 5 years. The first wave took place in 2007/2010 (with some derogations in 2006) and the second wave is planned for 2014.</p>
<i>Rationale</i>	<p>Indicator used in assessment of cost and (equity of) access.</p>
<i>Remarks</i>	<ul style="list-style-type: none"> - ECHIM would prefer data based on administrative sources/registers for this indicator. The data collection pilot that was conducted during the Joint Action for ECHIM, however, made clear that significant problems related to availability and quality of register-based data still exist in EU Member States. Therefore, ECHIM decided to use self-reported data (EHIS) as an interim source until register-based data will be adequately available. A specific problem related to these data is that (financial) administrative registers are usually based on interventions rather than on visits per capita. - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The EHIS instructions for question HC13 reads: this question is about consultations with medical or surgical specialists. Include visits to doctors as outpatient or emergency departments only, but do not include contact while in hospital as an in-patient or day-patient. Also include visits to doctors at the workplace or school. Visits to dental surgeons should be included. Do not include visits to general dentists. - For dentists and specialists (definitions 1 and 2), EHIS asks respondents to report visits to health care providers that took place during the past four weeks, as using a relatively short

	<p>time frame will prevent recall biases. A downside of using a short recall period however is that seasonal influences may bias the estimates. This should be taken into account in the design of the fieldwork, i.e. spreading the data collection over the entire year.</p> <ul style="list-style-type: none"> - Extrapolating the estimate from 4 weeks to one year will enlarge the statistical error surrounding the estimate. This will in particular be a problem in case of insufficient sample sizes. - Currently EHIS does not allow calculation of the mean number of visits to mental health care providers per capita per year. Given the public health impact of mental health problems, it was decided to include the 'proportion of population reporting contact past 12 months' as the second best proxy. It would be preferable if the EHIS questionnaire would be adapted to make possible the derivation of the 'mean number of visits...' indicator. - The above definition and calculation are based on the first version of the EHIS questionnaire, as used in the first EHIS wave (2007/2010). The EHIS questionnaire will be revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014). - The legal basis for EHIS is regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. This is an umbrella regulation. Specific implementing acts will define the details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014.
<i>References</i>	<ul style="list-style-type: none"> - EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?!=/methodologiessandsdatasc/healthsinterviewsurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title - Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf
<i>Work to do</i>	<ul style="list-style-type: none"> - Monitor EHIS/Eurostat developments - Discuss with Eurostat/technical HIS which recall period/extrapolation methods are best to apply considering the (limits to the) organization of the fieldwork in the countries - Advise Eurostat/technical HIS group to also ask respondents to report the number of visits to mental health care providers - Stimulate improvement availability and quality register-based data for this indicator