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ECHIM	D) Health interventions: health services
Indicator name	72(b). Selected outpatient visits: registered visits
Definition	 Mean number of registered visits to a dentist or orthodontist per inhabitant per year. Mean number of registered visits to a medical or surgical specialist per inhabitant per year. Mean number of registered visits to a psychologist or psychotherapist per inhabitant per year.
Calculation	 National best estimates of mean number of registered visits to: 1) a dentist or orthodontist, 2) a medical specialist 3) psychologist or psychotherapist per inhabitant per year. Visits to a medical or surgical specialist include outpatient and emergency department visits, and visits to doctors at the workplace or school. While general dentists are covered by (1), dental surgeons should be considered medical/surgical specialists and should therefore be included under (2). 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)).
Relevant dimensions and subgroups	 Country. Calendar year. Sex. Age group: for age standardization data must be collected by 5 year age groups (see calculation) for data presentations it is required to present the following age groups; 15-64, 65+ Socio-economic status (see data availability). Region (according to ISARE recommendations; see data availability)
Preferred data type and data source	Preferred data type:administrative sources (clinical records, insurance data) Preferred source: national data
Data availability	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 not collected data on outpatient visits.
Data periodicity	Currently no regular data collection for this indicator exists.
Rationale	Indicator used in assessment of cost and (equity of) access.
Remarks	- In the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating a 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 72a).
References	 Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <u>http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&vm=detailed&sb=Title</u> Health Indicators in the European Regions (ISARE) project: <u>http://www.isare.org/</u>
Work to do	- 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.