

Date last modification of documentation sheet: 17-04-2012

Compared to previous version documentation sheet (05-12-2011) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet

<i>ECHIM Indicator name</i>	D) Health interventions: health services 75. Patient mobility
<i>Relevant policy areas</i>	<ul style="list-style-type: none"> - Sustainable health care systems - Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - (Planning of) health care resources - Health care costs and utilization
<i>Definition</i>	Absolute number and percentage of non-resident people among all people being discharged from hospital.
<i>Calculation</i>	Absolute number and percentage of non-resident people among all people being discharged from hospital (both day-cases and in-patients) in a country and in a given calendar year. The definition of hospitals (HP.1) follows the International Classification for Health Accounts–Providers of health care (ICHA-HP) of the System of Health Accounts. For definitions of residents, an in-patient, day-case and a hospital discharge see remarks.
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> - Country - Year - Region (according to ISARE recommendations)
<i>Preferred data type and data source</i>	Preferred data type: Registers (administrative data sources, national hospital discharge registers) Preferred data source: Eurostat
<i>Data availability</i>	No (regular) data available at the moment. Eurostat is regularly collecting data on patient migration in its own data collection (not part of the joint OECD/Eurostat/WHO questionnaire), but is not yet publishing these. Up to now 17 MS provided data for at least one year. These data concern non-resident patients who had been discharged in a country.
<i>Data periodicity</i>	Possibilities for regular publication of the Eurostat data have to be discussed with Eurostat.
<i>Rationale</i>	Meets the increasingly important EU-health policy issue of cross-border care. Increased patient mobility raises a number of issues and concerns in MS in respect of e.g. health care availability and utilisation, health infrastructure development, cost sharing and patient safety.
<i>Remarks</i>	<ul style="list-style-type: none"> - Originally the indicator was defined as the number and proportion of patients seeking care in other than their (permanent) resident country. Eurostat collects data for the absolute number and percentage of non-resident people for all hospital discharges in a country. This is a different perspective, but both perspectives are interesting for policy makers. Data for the original indicator definition are not available, also not from EHIS, but probably from some national HIS (e.g. for the Netherlands). Therefore, ECHIM follows the Eurostat definition. - Both absolute numbers and percentages are interesting for policy maker, especially in small countries. - Depending on countries, data is available on country of origin of discharged patients but some countries can only separate inside EU or outside EU. - Other available dimensions: year, number of in-patient cases, number of day cases and hospital days for in-patient cases. - According to Wismar et al., 2011: “Although most countries seem to collate cross-border patient flows, huge differences exist in (1) what is collected, (2) the system of data collection, and (3) who collects the data. Furthermore, the different conditions under which patient mobility take place (Council Regulation (EEC) No. 1408/71, crossborder contracts, waiver agreements) makes it difficult to collect all the data, and an underestimation is in many cases the result. As a consequence, the reliability and especially the comparability of the data must be questioned.”

	<ul style="list-style-type: none"> - A (hospital) discharge is the formal release of a patient from a hospital after a procedure or course of treatment (episode of care). A discharge occurs anytime a patient leaves because of finalisation of treatment, signs out against medical advice, transfers to another health care institution or because of death. Transfers to another department within the same institution are excluded (see indicator 67. Hospital in-patient discharges, selected diagnoses). - An in-patient is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution (e.g. nursing and residential care facilities providing in-patient care) (see indicator 67. Hospital in-patient discharges, selected diagnoses). - Day-case: day care comprises medical and paramedical services (episode of care) delivered to patients who are formally admitted for diagnosis, treatment or other types of health care with the intention of discharging the patient on the same day. An episode of care for a patient who is admitted as a day-care patient and subsequently stays overnight is classified as an overnight stay or other in-patient case (see indicator 68. Hospital day-cases, selected diagnoses). - Residents: The Eurostat statistics on population refer to the national and regional population at its usual residence. Usual residents are those who have lived in their place of usual residence for a continuous period of at least 12 months before the reference date or those who arrived in their place of usual residence during the 12 months before the reference date with the intention of staying there for at least one year (see indicator 1. Population by gender/age).
<i>References</i>	<ul style="list-style-type: none"> - Wismar et al 2011. Cross-border health care in the European Union. Mapping and analysing practices and policies. World Health Organization 2011 http://www.euro.who.int/_data/assets/pdf_file/0004/135994/e94875.pdf - DG Sanco. Cross-border care: http://ec.europa.eu/health/cross_border_care/policy/index_en.htm
<i>Work to do</i>	<ul style="list-style-type: none"> - Discuss with Eurostat possible other operationalizations based on their data collection. - Decide whether data should also be collected for In-patient and Day cases separately. - Discuss possibilities for regular publication of the data. After that, assess whether indicator can be moved to the implementation section.