

PROPOSING USER WINDOWS WITH ECHI

The basic issue of a user-window is that it selects a *subset* of indicators from the full ECHI list, based on a particular perspective or interest. These particular perspectives can be manifold, and will mostly not follow the grouping of indicators in ECHI which was made on the basis of the general conceptual scheme of what health is and how it is produced (basically the 'Lalonde' scheme). Thus, a user window will usually take selected indicators from several of the groups in the ECHI hierarchy. This concept was already introduced in the final report of ECHI-1 (February 2001), with a series of examples.

In our practice now, there are two ways of defining user-windows:

1. The easy way: to take the complete list of indicators recommended by specific HMP projects. Basically this is the reverse of introducing the project recommendations into the full ECHI list.
2. The more difficult way: to build a user-window along a theme proposed by the ECHI team or otherwise.

Below, a list of user windows is proposed representing examples of both ways. Each user window has been given a number which, in the long ECHI list, is shown with each indicator (not yet fully realised by February 2004).

LIST OF PROPOSED USER WINDOWS

1. User windows from HMP projects (recently also from Working Parties)

This part of the list includes topics or perspectives for which HMP projects have proposed sets of indicators that can be named as user windows within the frame of the full ECHI list. Many of these are similar to the examples given in the ECHI-1 report, but can now be implemented with real project results. (Projects which have proposed indicators within only one subgroup of the ECHI hierarchy or which have focused on data sources are not suitable for defining user-windows, but of course useful for other purposes).

A. User windows focusing on a specific disease; these will include indicators on mortality, morbidity, but also on determinants and on health care, prevention and health promotion issues:

- UW-1, Mental health: recommendations of the Mental Health project, recently the WP on Mental Health.
- UW-2, Cancer: Eurochip and CAMON projects
- UW-3: Diabetes: EUDIP project
- UW-4: Cardiovascular disease: Eurociss project
- UW-5: Lung disease: IMCA project
- UW-6: Musculoskeletal disorders: MSD project
- UW-7: Oral health: Oral health indicators project
- UW-8: Injuries: Working party on injury prevention

B. User windows focusing on (functional) aspects of health and ill-health or on specific (age) groups; these likewise will include indicators on mortality, morbidity, but also on determinants and on health care, prevention and health promotion issues:

- UW-9: Perinatal health: Peristat project
- UW-10: Child health: CHILD project
- UW-11: Reproductive health: Reprstat project
- UW-12: Health in intellectually disabled: POMONA project

C. User windows focusing on certain determinants of health; these user windows may include indicators on morbidity/mortality associated with the determinant, as well as on specific interventions:

- UW-13: Lifestyle indicators connected to cardiovascular disease, diabetes and others: EHRM project
- UW-14: Nutrition: 3 projects: EFCOSUM, Dafne and Public Health Nutrition; the latter includes the former two (also physical activity)
- UW-15: Environment and health: ECOEHIS project

D. User windows focusing on certain settings for health and associated interventions and health promotion; these user-windows may include setting-specific mortality/morbidity, determinants and interventions:

- UW-16: Working environment: Workhealth project
- UW-17: Health promotion in various settings: EUHPID project

2. User windows proposed by ECHI

The following topics (except for the shortlist) were recorded during the ECHI meeting of June, 2003.

A. Disease-specific:

No additional proposals

B. Aspects of health by functions or specific (age) groups

- UW-18: Health of the elderly; this would include issues in health status, health determinants, health care, health promotion.
- UW-19: Working age population; this might become a rather large user window; it would include most issues of the full list; if done, it should include the age cut-offs of most indicators, as far as available.
- UW-20: Issues of gender difference; perhaps this should not be a split-up by gender of the full list, but a selection of issues which are relatively important by way of gender difference.
- UW-21: Socio-economic health inequalities; this would include issues in health status, health determinants, health care use and access. The Health inequalities project may be a starting point.

C. Determinant-specific:

No additional proposals

D. Aspects of settings and interventions:

- UW-22: Health system performance; this is a complicated one. It will preferably include health care as well as prevention and health promotion. It should be devised along the various elements of the goals of health systems, as defined by many reports, such as: effectiveness, safety, appropriateness, responsiveness, accessibility, equity, efficiency. Where appropriate, outcome as well as process can be measured.

E. Other:

- **UW-0: The so-called shortlist, or ‘first phase core list’, can be seen as a user window from the perspective of a high level public health policy maker who wants to obtain a ‘helicopter’ or ‘cockpit’ view on ‘the most important’ issues.**

IMPLEMENTING THE USER WINDOWS

1. User windows from HMP projects (recently also from Working Parties)

For this group, the game is easy: the indicators will be marked as such in the full ECHI list. The separate user windows are in most cases identical to the lists of recommended indicators in the respective project reports.

2. User windows proposed by ECHI

Here the implementation takes some work. Much effort was put into the development of UW-0, the ‘shortlist’ (first phase core list; see other documents).

As for the other proposed user windows, a few proposals are given below. They are **intended for discussion in the ECHI meeting of February 19-20, 2004**, and subsequent work by the ECHI team. Later, the proposals should be subject to discussions in the Working Parties (notably the WP on Health Systems could contribute on the ‘performance’ issue).

PROPOSALS FOR THE FILLING OF NEW USER WINDOWS.

UW-18: Health of the elderly

A proposal was not yet formulated. Examples should be sought of others who have attempted this. Until now, there were no project focusing on health of elderly.

Elements could be (include especially elements of the shortlist):

- Gender/age structure and socio-economic variables of the elderly population
- Life expectancies from 60+ and higher
- Causes of death and morbidities of specific relevance to elderly
- Functional limitations and activity limitations
- Health determinants like BMI, hypertension/cholesterol, nutrition, physical activity, housing, some living conditions, social isolation, violence
- Influenza vaccination

- Risk factor and cancer screening
- Nursing/elderly home care
- Hospital data and other medical system use for elderly age groups
- Surgeries of high relevance for elderly (cataract, hip replacements, etc.)
- Medicine uses
- Age specific expenditures
- Waiting times elective surgeries
- Insurance coverage
- Iatrogenic disease/deaths
- Other health care quality indicators

UW-19: Working age population

A proposal was not yet formulated. Examples should be sought of others who have attempted this. The Workhealth project could be a good source. In general elements to include are:

- Age bands 20-65 of the indicators included in the shortlist
- Additional items of specific relevance to the working age population

UW-20: Issues of gender difference

A proposal was not yet formulated. Examples should be sought of others who have attempted this. Elements could be:

- Gender differences for the indicators included in the shortlist
- Additional items of specific relevance to gender differences

UW-21: Socio-economic health inequalities

A proposal was not yet formulated. Examples should be sought of others who have attempted this. The project on socio-economic differences in health (although ended early in the HMP era) still is a good source. Partly based on this, elements could be (include especially elements of the shortlist):

- All indicators, especially those included in the shortlist, for which the data allow stratification by education, occupation or income. In many cases, such stratification is possible from mortality statistics, from health interview surveys and from health examination surveys, and to a lesser extent from medical registries.

UW-22: Health System Performance

For this UW-22, a first proposal is given below. Intended is a set of indicators which show whether the health services system, including prevention, does what it is supposed to do: improve health according to current standards.

Boundaries and groups in the UW-22

This user window has been based on various schemes as recently published (e.g. OECD, 2000: performance measurement and performance management in OECD health systems; ISO, 2003: Health informatics – health indicators definitions, relationships and attributes; Rodella et al., 2003: Measuring and comparing

performance of health services: a conceptual model to support selection and validation of indicators; many more could be added). In accordance with these schemes, the categories 'effectiveness' etc. were chosen. This makes for the only case up to now in which a user window is given a hierarchic structure which is not seen in the hierarchy of the ECHI longlist. This reflects the fact that the groups in the ECHI chapter 4 (prevention, resources, utilisation, expenditures, quality) are rather (except for quality) the traditional 'statistical' indicators and not fit to serve the 'performance' purpose. It should be noted that especially the Rodella paper includes all general health indicators and many health determinants (ECHI chapters 2 and 3) as performance measures, whereas we prefer to restrict the UW-22 to the ones which have a more clear-cut relation to what the health services system really does to health.

Selection and assignment of indicators

The selection of indicators from the ECHI longlist and their attribution to the categories 'effectiveness' etc. was done with an eye on the above-mentioned publications. It appears that, although the headings 'effectiveness' all make sense, the decision to assign an item to e.g. 'effectiveness', 'appropriateness' or 'responsiveness' is not always unequivocal. As regards 'quality' (taken to include the present groups 'effectiveness', 'safety' and 'appropriateness', the further development of this UW-22 will take the OECD initiative on health care quality indicators as a close guideline.

Effectiveness

- Vaccination coverage in children
- Vaccination coverage influenza
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Screening for blood pressure
- Screening for serum cholesterol
- Prenatal care attendance
- 28-day emergency readmission rate
- Selected avoidable deaths
- 30-day mortality rate after AMI
- 30-day mortality rate after stroke
- 30-day mortality rate after CABG
- Incidence of end-stage renal failure in diabetics
- Cancer survival rates (breast, cervix, colorectal, childrens leukemia)

Safety

- Iatrogenic disease/deaths (e.g., deaths in low-risk surgery, complications, decubitus; Rodella et al., 2003)
- Hospital infections
- Antibiotic resistance

Appropriateness/continuity

- Compliance with oncology practice
- Diabetes control: HbA1c levels
- Delay of cancer treatment

- Support to women in perinatal period
- Availability of CT scans, MRI units, PET units
- Availability of stroke units
- PTCA operations
- Hip replacements
- Cataract operations
- Medication for hypertension, hypercholesterolaemia, osteoporosis
- Medicine use selected groups
- Testing for prevention of complications in diabetes
- Counseling on smoking

Responsiveness

- Satisfaction with the health system
- Responsiveness according to WHO instrument
- Satisfaction of mothers with perinatal care
- Parental accompaniment of children in hospitals

Accessibility/equity

- Waiting times for elective surgeries
- Accessibility for asylum seeking, homeless etc, children
- Insurance coverage for health services
- Measure of financial (in)equity (see Rodella et al.; now not in ECHI longlist)
- Hospital discharges by educational group
- General practitioner contacts by educational group
- Physicians employed
- Nurses employed
- (alternative: employment in hospitals, nursing/residential care/ambulatory care)
- No of physicians graduating

Efficiency/costing

- In-patient care occupancy rate
- ALOS for selected diagnoses
- (possible by hospital data project?) in-patient/day-case ratio
- Total/public/private expenditure on health
- Expenditures by age group

This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.