

IV Summary

The European Union extended its area of political co-operation by way of the Maastricht Treaty (1992) and the Treaty of Amsterdam (1996). The responsibility for monitoring the health status of the population and some other aspects of health care were brought under the aegis of European collaboration. However, the organisation of the health care system remains the sole responsibility of the Member States. This means, that the organisational differences will continue to exist.

In line with this new direction the European Union is committed to making health care and health related information in general and statistics in particular more comparable. This is reflected in several public health programmes and the statistical programmes of the Commission.

It has been acknowledged in almost all spheres of health services research that comparability of health care data is critical to better interpretation and understanding of such data. The improvement of public health can only benefit from such comparability allowing countries to draw better judge the effectiveness of reform and draw on the experiences of others through analysis via a commonly understood context. In this context the EUCOMP project advances the process of producing truly comparable health care data forward on various levels in that it:

- Used well defined structure as a basis for comparison and provides the high level metadata crucial to an effective understanding of public health data in context;
- Creates clear links between a common well defined standardised set of functions and each set of local actors or providers in the health care sphere;
- Allows boundary issues to be explored in a way which clarifies what activities are carried out where allowing better understanding and interpretation of the data in a clear and informative context while acknowledging delivery systems differences which must be taken into account;
- Prompts areas for further research, which promises to improve existing standards and data definitions;
- Prepares the way for work on detailed data definitions and metadata, which is essential in the longer term to enable Member State's focus on the priority areas for health care.

The EUCOMP project provides a framework which encompasses data independent of the provider structures in Member States whilst still integrating with details of the organisation of health care in a way that clearly shows the impact of provider structures in each country. This will provide a context, which will allow differences apparent in indicators relating to many areas such as hospital activity, personnel numbers and indeed in a whole range of other registers to be better interpreted and more easily understood.

Information,

- presented in a way that is independent of specific health care delivery systems,
- using a framework based on international standards compatible with economic/accounting data presentation in other areas (such as education),
- when coupled with a clear understanding of the organisation of health care in member states and other participating countries,

will be more comparable, better interpreted and more easily used. The results of the EUCOMP project provide the means to present data in this manner. This provides a significant step forward to enable the public and policy makers across Europe to better understand the real meaning and significance of all elements of public health data.

The major reference point for the project was the OECD System of Health Accounts (SHA) also because it was chosen by the Working Group on Public Health Statistics (EUROSTAT) as a priority domain for revision of health care statistics. At the same time other relevant information on health care personnel and health care resources and on delivery of services was examined. Relevant international data shows variations, which cannot be explained because of differences in health service organisation and services with the same name not providing the same service package.

For these reasons the project developed the following products: functional breakdown of health care systems, standards country profiles and glossaries of services, activities and actors. A questionnaire in electronic format, called the Blaise application, for continuous updating these products complete the project deliverables. In the context of the EUCOMP project the term metadata is used to cover these products together.

- The EUCOMP-project "Towards comparable health care data" succeeded to provide such a *functional breakdown of health care systems* for most countries of the European Union and for Iceland and Norway.

The functional breakdown of health care systems makes it possible to show differences between health care systems in participating countries. A good knowledge of these differences is indispensable in order to be able to judge, whether comparison is possible and to which degree.

Starting point for the functional breakdown was the presumption: "The package of functions (activities) in health care is stable, while the providers are different." Therefore a questionnaire was applied, based on a list of functions/activities and grouped according to the categories of the OECD classification of health care functions. Respondents have been requested to indicate the functions of the actors known in their health care systems and to provide information on the modes of production in the terminology of the OECD, as far as applicable. By means of the questionnaire on the general breakdown of health care systems information has been collected on 15 Member States of the European Union (Belgium and Italy exempted) and on Iceland and Norway. The analysis carried out in the project dealt with many aspects of the variables used in the data collection as well as the validity of the chosen methodology. The data are considered to be a rich source of information, that has been analysed by means of advanced analytical tools.

The usability of the functional breakdown for statistical purposes was tested in the domain of rehabilitation. The response on the questionnaire on rehabilitation was more modest, namely 8 Member States and Iceland. The questionnaire provided information on the scope of the concept of rehabilitation and its implications in the distinct participating countries, and furthermore, explored the availability of statistical data in this field. In order to collect data on the functioning of the system of rehabilitative care a "scenario"-approach was recommended by the network of experts. The Finnish National Research Centre for Welfare and Health (STAKES) provided three "cases" concerning four headings: cerebrovascular disease, dementia, musculoskeletal disease and psychiatry. The analysis revealed that rehabilitation is no longer restricted to physical impairment. Rather it is developing as a multidisciplinary and integrated approach, aiming at enabling the patient to regain his original abilities.

In short, what we have at this point in time looks promising, but it is not yet the final picture. Further

research is required to enhance and develop this clearly productive approach which can definitely provide a much better structured and well integrated framework for health data than has ever been available before now.

- The development of glossaries in Member States' own language is a specific element in the description of the EUCOMP-project. *Three glossaries* have been produced.
 - § The first one is a glossary of activities in health care, based on the initial list of activities, derived from the project "International Comparison of Health Care Data" (see Literature: 5) and used in the questionnaire concerning the functional breakdown of health care systems.
 - § The second one is a glossary of OECD-functions and modes of production.
 - § The third one relates to the actors in health care in Member States and is produced as part of the results of the questionnaire on the functional breakdown of health care systems. Part 4 contains all these glossaries in a separate volume.
- *Standard country profiles* have been significant in providing general information that is important as a framework of interpretation of statistical data on health care systems. The work by the European Observatory on Health Care Systems was used for this aspect of the standardisation required. This institute made available the electronic version of a number their country reports in the series "Health Care in Transition" (HIT's). Other sources were used for the remaining countries, but the template, developed by the European Observatory was used in an adapted form, in order to split up these country profiles in standardised sections. Part 5 contains all country profiles in a separate volume.

It was recognised in the course of the project that although the main aim is to enhance statistics on health care resources, on cost and financing, and on outcomes, other objectives are also supported at the same time. Politicians, health managers, professionals, researchers, patients and the public in general will benefit substantially from the results of the project. The project results should provide all these audiences with a better understanding of member states health care systems and the contribution of the systems to the status of health. This means that the products of the EUCOMP project are multi-purpose and therefore enormously valuable.

An Internet/Web-based information retrieval system was also one of the major concrete products from the EUCOMP project. This Internet application, designed for use in an EU-setting like EUROSTAT, has been developed in the context of the EUCOMP-project. It contains the metadata (glossaries and country profiles) and can connect these metadata with statistical. Furthermore the text of this report including printfiles of the collected information can be made available by this medium. The accessibility of all this information is an important element of "added value" of the EUCOMP-project.

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