

EXECUTIVE SUMMARY

The Euro-Med-Data (EMD) project was conceived to take part in the collective effort organised on the European Union level in order to establish community health indicators, to develop a community-wide network for health data sharing and to analyse and report on this data.

Its objectives were defined as follows:

- ✓ to inventory the medico-administrative data, routinely collected in 18 European countries at the primary and secondary health care level, as well as at the occupational medicine level (PHC, SHC, OM);
- ✓ to examine this data in terms of data collection process, type of codification, reliability, mobility, mode of concentration, possibility of further analysis and/or reports, type of interpretative framework;
- ✓ to examine the possibilities of transferring this data to a European server and that will handle the problems such as format, language, transfer process, and agreement on designating the person in charge of the data on a local level;
- ✓ to form proposals for feedback of the analysis to the local health care actors;
- ✓ to examine the possibilities for the analysis of the data in order to perform an epidemiological follow-up of public health indicators and health monitoring;

There are indeed, at the present time, very few operational European databases in the field of Public Health allowing one to use epidemiological health indicators in order to:

- ✓ monitor the state of health of European populations;
- ✓ evaluate public health needs;
- ✓ assess the use of health care services;
- ✓ and, more broadly, to analyse and fully exploit what is generally meant by Health Monitoring.

However, every day, in every European country, medical and administrative data is routinely collected for management or therapeutic purposes, or simply as private memory files. The use of this data for public health management as well as for conducting epidemiological studies is often very far from satisfactory. Furthermore, the lack of feedback to the people who deliver health services generates frustration and promotes a lack of collaboration.

The project therefore takes its place in the framework of the hereto accepted 30 other projects. It seems that the EMD project, part of the category of projects linked to a specific collection system, is not redundant but rather complementary in relation to the other project categories, and even to the other ones of the same category.

The specificity of Euro-Med-Data lies in the focus on routinely collected data. As we may distinguish different kinds of morbidity indicators (objective, perceived, expressed, diagnosed,...), it is important to notice their conceptual interrelations, and to clearly assess their respective complementary positions in the HIS. Regarding diagnosed morbidity, it is possible to obtain the data from health providers: the data can be based either on probabilistic samples of practices (the sentinel practices network is one example), or on a continuous basis in an integrated routine system. This latter will be the domain to be investigated by the EMD project in three different settings : primary care, secondary care and occupational health.

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