ANNEX 8

TO THE ECHI-2 REPORT, JUNE 20, 2005

LIST OF USER WINDOWS PROPOSED

Two groups of user-windows are proposed. The first group includes sets of indicators as they are recommended by specific HMP projects, or recently by Working Parties. The second group consists of sets that are proposed by the ECHI team. These two are listed below under sections (1) and (2).

1. User windows from HMP projects or from Working Parties

The user-windows in this section were arranged according to a general type of perspective: by focus on a specific disease (A), on a specific age group or target group within the population (B), on a certain (group of) determinant(s) of health (C), or on a specific intervention setting (D). In all cases it is clear that the starting point may be an item in one particlar ECHI class (e.g. lung disease in the health status class), but that the indicators selected within the user-window will usually be derived from the other three classes as well.

Group A: User windows focusing on a specific disease

- UW-1, Mental health: recommendations of the Mental Health project, recently the Working Party 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 accidents/injuries.

Group B: User windows focusing on specific age groups or target groups in the population

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

Group C: User windows focusing on certain determinants of health

- 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.

Group D: User windows focusing on certain settings for health and associated 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 were added by the ECHI team, to be implemented as user-windows:

Groups A and C:
none.

Group B. User windows focusing on specific age groups or target groups in the population

- 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.
- As an alternative for the former two, a user-window on life-staging could be conceived: take a limited number of issues typically relevant for each of a set of age bands from young to old age, as one user window.
- UW-20: Issues of gender difference; 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.

Group D: Aspects of settings and interventions:

- UW-22: Health system performance; this is a complicated one. It will 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.

3. Proposals for the filling of user windows listed under (2)

As for the user windows conceived by the ECHI team, a few proposals are given below. These proposals are *explicitly meant as tentative examples*, and could be subject to further discussion, e.g. in the Working Parties.

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 projects 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 islotion, 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-21: Socio-economic health inequalities

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.

- Indicators specifically relevant to inequalities such as: socio-economic variables, access to health services.

Based on this, an example was formulated as follows, again implying stratification by sosio-economic factors:

- Early school leaving
- Pre-primary education age 3-5
- Children below poverty line
- Population below poverty line
- Children with single-parent
- Population by ethnic origin and/or citizenship
- Inequality in deaths
- Alcohol-related deaths
- Drugs-related deaths
- Limitations of usual activities, past 6 months, health-related
- Temporary limitation of usual activities by a health problem during past two weeks
- Psychological well-being
- Euroqol score
- Health expectancy based on various parameters
- Blood pressure
- Nutritional status
- Serum cholesterol fractions
- Alcohol drinking in children
- Pregnant women smoking
- Use of illicit drugs (including children)
- Physical activity
- Sexual behaviour
- Housing
- Urban PM10 exposure
- Mental stress factors at work
- Breast cancer screening
- Cervical cancer screening
- Policies and campaigns on health behaviours

UW-22: Health System Performance

For this UW-22, a tentative example 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.

Components of performance

This user window has been based on various schemes as recently published (e.g. CIHI/Statistics Canada, see *Annex 2*; 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). These schemes recognize categories such as 'effectiveness', 'safety', 'appropriateness', 'continuity', 'responsiveness', 'accessibility', 'equity', 'efficiency' and 'costing' (nine items). Recently, a smaller set of categories was coined by a.o. the Social Protection Committee as the four dimensions: 'sustainability', 'effectiveness', 'efficiency' and 'equity', later reduced to three as: 'access', 'quality' and 'financial sustainability'. The nine ones above are in fact grouped in the four, and the three arise when 'efficiency' is combined with 'sustainability', 'equity' is replaced by 'access', and 'effectiveness' is replaced by 'quality'. The latter is in fact a broader concept, which would more clearly include most of the nine items listed above. For the purpose of the example given below, the three categories are retained.

The example evidently contains the indicators from the ECHI group 'health care quality', but also quite a few from other sections in the class 'health systems'. In the list, reference is given to the indicators selected by the OECD Health Care Quality project in their first round (abbreviated as OECD), and by the Project on the 'Minimum Data Set for Assessing Sustainability, Effectiveness, Efficiency and Equity, using data from the System of Health Accounts, carried out for Eurostat (abbreviated as MDS).

This makes for the only case up to now in which a user window is given a hierarchic structure which is different from the one in the ECHI list. This reflects the fact that the groups in the ECHI class 4 (prevention, resources, utilisation, expenditures, quality) are mostly (except for quality) the traditional 'statistical' indicators. They rather deal with the economics of the system than with the production of health, and thus are not fit to serve the 'performance' purpose in terms of health production.

Some schemes tend to take indicators from the ECHI classes 2 and 3 (health status, health determinants) as indicators for health system performance. We prefer to restrict

the UW-22 to the indicators which have a more clear-cut relation to what the health services system really does to health. An indicator like ‘life expectancy’ does not fulfill that requirement.

Access

- Waiting times for elective surgeries
- Accessibility for children
- Insurance coverage for health services
- Measure of financial (in)equity
- Hospital discharges by educational group
- General practioner contacts by educational group
- Physicians employed
- Nurses employed
- No of physicians graduating

Quality

- Vaccination coverage in children (OECD, MDS)
- Vaccination coverage influenza (OECD, MDS)
- Breast cancer screening (OECD, MDS)
- Cervical cancer screening (OECD, MDS)
- Colorectal cancer screening (OECD)
- Screening for blood pressure
- Screening for serum cholesterol
- Prenatal care attendance
- 28-day emergency readmission rate
- Selected avoidable deaths (OECD, MDS)
- 30-day mortality rate after AMI (OECD)
- 30-day mortality rate after stroke (OECD)
- 30-day mortality rate after CABG
- Incidence of end-stage renal failure in diabetics
- Cancer survival rates (breast, cervix, colorectal, childrens leukemia)
- Iatrogenic disease/deaths
- Decubitus prevalence
- Surgical wound infections
- Antibiotic resistance
- Compliance with oncology practice
- 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 compications in diabetes (OECD)
- Risk factor presence in diabetics (OECD)
- Major amputation in diabetics (OECD)
- Counseling on smoking
- Smoking rate (OECD)
- Occurrence of vaccine-preventable diseases (OECD)

Quality, subsection responsiveness

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

Financial sustainability

- In-patient care occupancy rate
- ALOS for selected diagnoses
- In-patient/day-case ratio
- Total/public/private expenditure on health
- Expenditures by age group