



Luxembourg, 29 April, 2009

**Summary Record of Meeting of the Health Information Committee
28 April, 2009**

**Jean Monnet Building (JMO M1)
European Commission
Kirchberg, Luxembourg**

Participants: Please refer to Annex 1.

WELCOME AND ADOPTION OF DRAFT AGENDA

CHAIR outlined the role and commitments of COM in the management of the current Influenza A(H1N1) outbreak and suggested to shorten the meeting to one day. All participants agreed to that proposition.

APPROVAL OF MINUTES OF PREVIOUS HIC MEETINGS

The minutes of the last two meetings were approved by all participants.

DISCUSSION

A.1. Health Survey Systems – frequency, tools, priorities

ESTAT presented the state of play in its revised planning for the social surveys system. It is currently being discussed to introduce a vehicle to ensure timely information as a complement to the second wave of EHIS which is planned for 2014. This new vehicle could thus bridge the 5 years gap between the EHIS. It would be coupled with the European Disability and Social Integration Module (EDSIM) and contain items from EHIS. Input on the content of such vehicles was requested from the participants.

In the discussion, the following issues were highlighted:

- many participants stated that item(s) on psychological well-being would be important;
- likewise, it was generally acknowledged that item(s) on physical activity would be beneficial, but concerns were raised as regards difficulties in the methodology;
- the question was raised to which extent surveys can provide data on incidence;

- **COM** asked participants if an item on COPD would be welcomed, as smoking represents major Public Health issue. Participants stated that COPD was currently not priority, and that there might be methodological difficulties;
- it was noted that for example in neonatal care (EURO-PERISTAT) the sustainability of data is an issue, as this project is going to end soon. There was a general agreement on the need to address this problem, and that the ECHI core group should discuss it;
- participants noted that data on health services would be an interesting addition.

There was a controversy as regards the need to have surveys on a more frequent basis. **ES**, and **NO** argued that additional modules would not be beneficial, given the existing data from national and European surveys. **ES** made clear that it considers additional surveys a burden. **FR**, **UK** and **NL** were in favour of more frequent data collection, particularly on the incidence of less common diseases (as opposed to cardiovascular disease).

ESTAT and **OECD** commented that a benefit of survey data as compared to hospital records consists of its coverage of socioeconomic status and the issue of access to healthcare. It was further pointed out by **ESTAT** that the European Food Safety Authority (EFSA) is currently being consulted for a potential module on food consumption.

CHAIR concluded that technical issues such as methodology and efficiency should be dealt with by the ECHI core group to be then discussed in the HIC on a political level.

A.2. Health Information Strategy and Structures

CHAIR commented on the discussion paper, stating that – after the discussion and consultation phase – a finalisation is envisaged for 2010. This should go along with a formal establishment of the HIC. The technical work on ECHI should be achieved using the ECHI joint action work group.

FR asked if a participation in the ECHI joint action was still possible, and if it was envisaged to assess the impact of the projects. **COM** replied that participation in subgroups is still possible and that an assessment of the project's impact would require resources that can not be provided at the moment.

A.3. Development of European Health Morbidity Statistics

ESTAT outlined the development that led to the list of 60 diagnosed diseases being used to describe and compare their actual burden, using existing data.

In the following discussion,

- the issue of comparability was raised, and it was noted that for the time being this problem will remain.
- furthermore the problem of the coverage of the private sector was brought up.
- the issue of duplication of in- and outpatient data was raised; **ESTAT** referenced the existence of guidelines on this topic. Generally, there is a consensus on the limited availability of data from primary care.
- it was pointed out that under the law defining European statistical systems, access to administrative data is possible, and confidential data can be transmitted to **ESTAT**.

CHAIR stated that, in the spite of the methodological difficulties, it would still be preferable to use national data instead of new European instruments. **ESTAT** suggested a workshop to explore the comparison of different data sources on certain diseases.

A.4. Updates on ongoing Work

NL reported on the ECHI joint action. The core group had its kick-off-meeting in February. **CHAIR** noted that the actual delivery of the dataset constituted a major priority.

OECD reported on the DataStream project on the provenance of data and the organization of its stream to international organisations.

On a request by **FR**, **WHO** and **COM** briefly outlined their respective healthy life indicators, underlining their mutual recognition.

CHAIR summarized that at present, a proliferation of working groups is not envisaged, but that there is the possibility to identify the need for task forces, if necessary.

A.5. Any other Business

FR asked if there was an official **COM** statement on the Eurohealth consumer index. **COM** replied that it is well aware of the methodological opaqueness involved but otherwise does not interfere with the activities of private institutions as long as community law is respected.

COM outlined its work plan for 2010, which will hopefully be adopted by October 2009. The key points are:

1. implementation of the Communication on Cancer, including technical support
2. overview on cardiovascular disease
3. support for the implementation of the Alzheimer Communication
4. Autism
5. rare diseases
6. congenital anomalies
7. mental health
8. HLY
9. support for PERISTAT
10. implementation of e-health
11. health systems

The two remaining Health Information Committee meetings in 2009 will be **one day meetings**. Dates for these are:

- **8 July 2009,**
- **14 October 2009.**