HEDIC
Health expenditures by diseases and conditions

Progress to date

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Eurostat
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HEDIC Aims and Objectives

• to develop a methodology for systematically collecting information on transactions within health systems in relation to disease, age and sex
• applicable to as many European countries as possible
• within the overall goal of increasing the use of official public health data within the European Statistical System (ESS).
HEDIC must work with international differences in available data

Starting point: Almost all EU Member States compile health expenditures based on the rules of the System of Health Accounts (SHA). However, only a few countries compile from time to time Health Expenditures by Disease and Conditions (HEDIC).

The results of the data inventory questionnaire have shown that basic data sources for the compilation of HEDIC are outside the European Statistical System (ESS), e.g. health insurance data by disease. As a consequence countries cannot build the accounts on a standardised database using the ESS alone.

Because data structures vary, HEDIC proposes a flexible compilation procedure based on certain principles which guarantee comparability and consistency.
Objective: Improve and enhance the statistical system

Objectives

- Link data from different sources in a systematic perspective
- Increase the use of public health data from administrative sources within a coherent statistical concept
- Facilitate compilation of expenditures by disease
- Improve national interpretation over time
- Allow for international comparisons

Pillars of HEDIC

- **Comprehensiveness**: SHA expenditures by disease, age and sex
- **Variability**, but standardized compilation
- Split into **volume** and **prices**
- **Links to prevalence** (holistic approach)

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HEDIC workplan (main tasks)

Task 1 Compile a data inventory

Task 2 Prepare the HEDIC Manual

Task 3 Pilot projects to test the methodology for HEDIC

Task 4 Analysis of pilot project data

Task 5 3 workshops: Stockholm (June 2014), The Hague (March 2015), Budapest (Spring 2016)

Where we are now

1. Inventory of data sources completed
2. HEDIC manual written and revised
4. Pilot HEDIC Minimum Data Set submitted by eleven MS, members of the HEDIC consortium
5. Quality assurance and data analysis is ongoing
6. Draft final report in progress
HEDIC MDS submitted to date by:

- Austria
- Bulgaria
- Czech Republic
- Finland
- Germany
- Greece
- Hungary
- Latvia
- Lithuania
- Netherlands
- Sweden

Pilot Minimum Data Set

- Expenditure: Current health expenditure by SHA
- Age (21 groups) X gender (3 items);
- ICD 10 chapters (22) (Preferably age x gender x ICD)
- Metadata: what cannot be measured and why
- Price and volume measures by disease groups
- Years: 2012, 2013 (at least 1 year)
- Population data, for comparison

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Analysis plan

1) **Principles** (Completeness, consistency, timeliness, comparability)

2) **4 groups of hypotheses**:
   
a) **Variations** in expenditure by age and gender
   
b) Comparisons of HEDIC results with cost of illness studies for specific diseases for **specific ICD chapters**: circulatory disease, neoplasms, mental health
   
c) Impact of **health system design** on health expenditure
   
d) Will HEDIC improve the **comparability** of SHA compilations?

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Proposed analysis of relations to SHA

- Inpatient care
  Across hospitals, nursing homes
  In relation to expenditures for pharmaceuticals
  In relation to outpatient care

- Pharmaceutical expenditure:
  Bridging table between ATC-ICD
  Cancer, circulatory disease, mental health, others
  Inpatient/outpatient care
Continuation of HEDIC

– extend the time series and harmonise with SHA 2011,
– bring additional countries not currently actively participating in HEDIC into the process of compiling HEDIC data,
– coordinate European HEDIC data/methodology with ongoing work of WHO and OECD on cost of illness,
– expand the HEDIC methodology (e.g. standardization of price/volume measures, compilation rules, link to survey data, statistical quality assurance),
– Develop indicators and coordinate with ECHI and other reporting requirements,
– expand ESS to include administrative health insurance data.