



Morbidity statistics in the EU

Bridge Health – WP8, final meeting, Rome 14 Sep 2017
Platform for population-based registries

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European Commission

Eurostat as part of the European Commission

European Commission (EC) consists of over 30 different Directorates-General (DGs) and services mainly located in Brussels, including

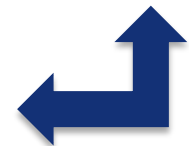
1 DG on 'Health and consumer protection' (= DG SANTE)

1 DG on 'Statistics' (= DG ESTAT, better known as Eurostat)

Consists of 7 Directorates

+/- 800 people are working at Eurostat

Offices located in Luxembourg



Joint Research Centre, Ispra (cancer registries, rare diseases)

External agency (outside EC): European Centre for Disease Prevention and Control **ECDC**, Stockholm (infectious diseases)

European Statistical System

Eurostat (as the EU's statistical office + all statistical authorities in the 28 Member States and in EEA/EFTA (NO, SW, LI, IS) countries

= **European Statistical System (ESS)**

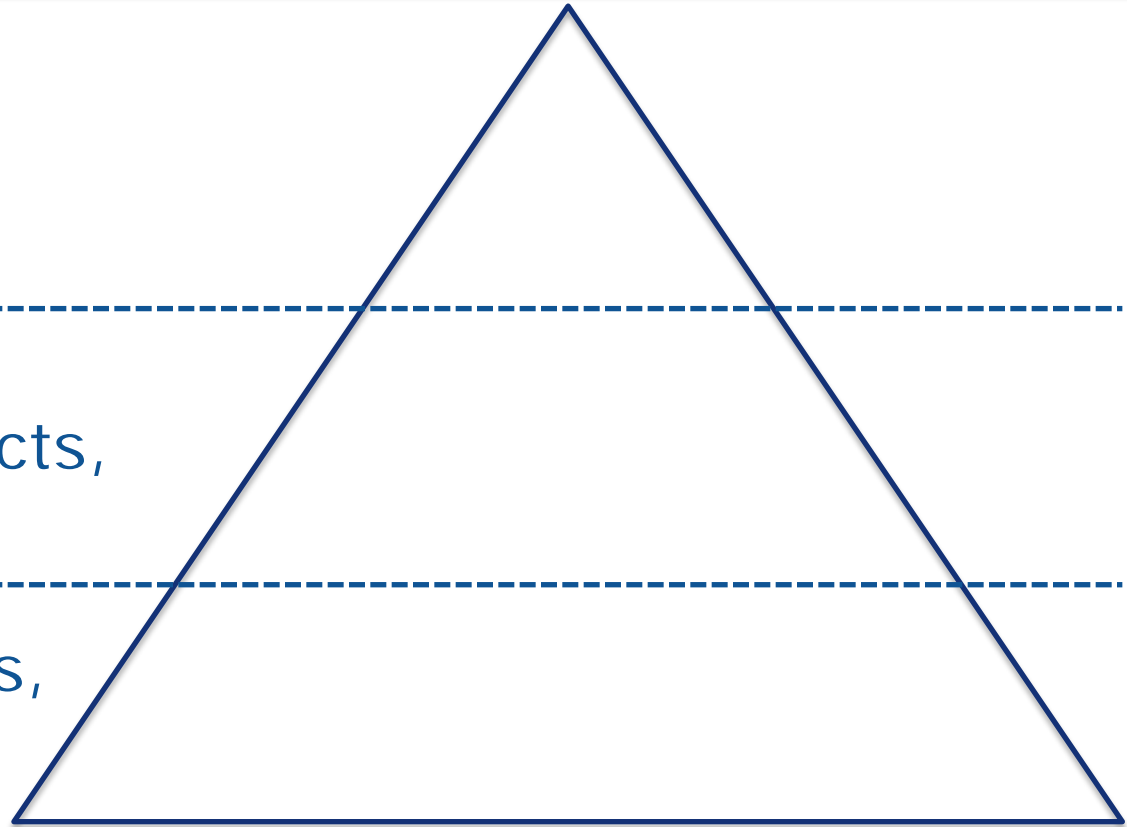
In each country the **National Statistical Institute (NSI)** acts a coordinator for all national statistical authorities (such as in Ministries of Health, Scientific Institutes for health...)

Legal background

EU Framework
Regulations (EP
and Council)

Delegated acts,
implementing acts,
Commission

ESS agreements,
manuals and
guidelines
(no legal basis)



European Statistics on Public health

Voluntary Data collection in ESS since 1994

2008: 'Regulation 1338/2008 on Community statistics on public health and health and safety at work' adopted by EP and Council in December 2008

2010- now: Commission Regulations specifying in detail the list of variables and methodological aspects for COD, AAW, HIS, health care expenditure (= System of Health Accounts, SHA)

European Statistics on Public health

European statistics on

- Mortality and causes of death
- Morbidity
- Self-perceived health and disability
- Life style factors (diet, smoking..)
- Socio-economic factors
- Health care expenditure
- Health care facilities and hospital discharges

Diagnose-based Morbidity statistics

2007 Manual with guidelines and proposed formats for incidence/prevalence data on a recommended short list of +/- **80 (groups of) diseases** – *output driven*

2014 Statistical working paper on Morbidity statistics in the EU - Report on pilot studies (16 Member States during 2005-2011) from Eurostat TF Morbidity

2015-2017: European Project on Inventories of Morbidity Statistics (**EPIMS**) coordinator ONS-UK

What the EPIMS project is doing

- National 'inventories' describing availability of selected morbidity statistics (disease incidence and prevalence); AU, BE, CZ, **FI**, FR, HU, HR, MT, NL, NO, PL, SL, **UK** (+ DE, IE)
- Potential of existing **data sources** to produce comparable morbidity statistics
- Comparing data sources, methods, definitions, quality issues
- List of 101 indicators for **67 health conditions**
- Indicator definitions based on **ICD-10 codes**
- Grant funding:
 - **WP1** is the national work of preparing the inventories
 - **WP2** is the coordination activities and preparation of a report and recommendations (**UK, FI, IT, LT**)

Range of classifications used

- **ICD-10** (deaths, specialist registers, most hospitals, many insurance databases)
- **ICD-9, ICD-9CM, ICD-10CM, ICD-10AM** (some hospitals and insurance databases)
- **ICPC-1, ICPC-2** (many primary care records, insurance databases)
- **SNOMED-CT, Read** primary care codes (some primary care records)
- **ATC** (prescription records)
- **DSM-4** (specialist mental health services)

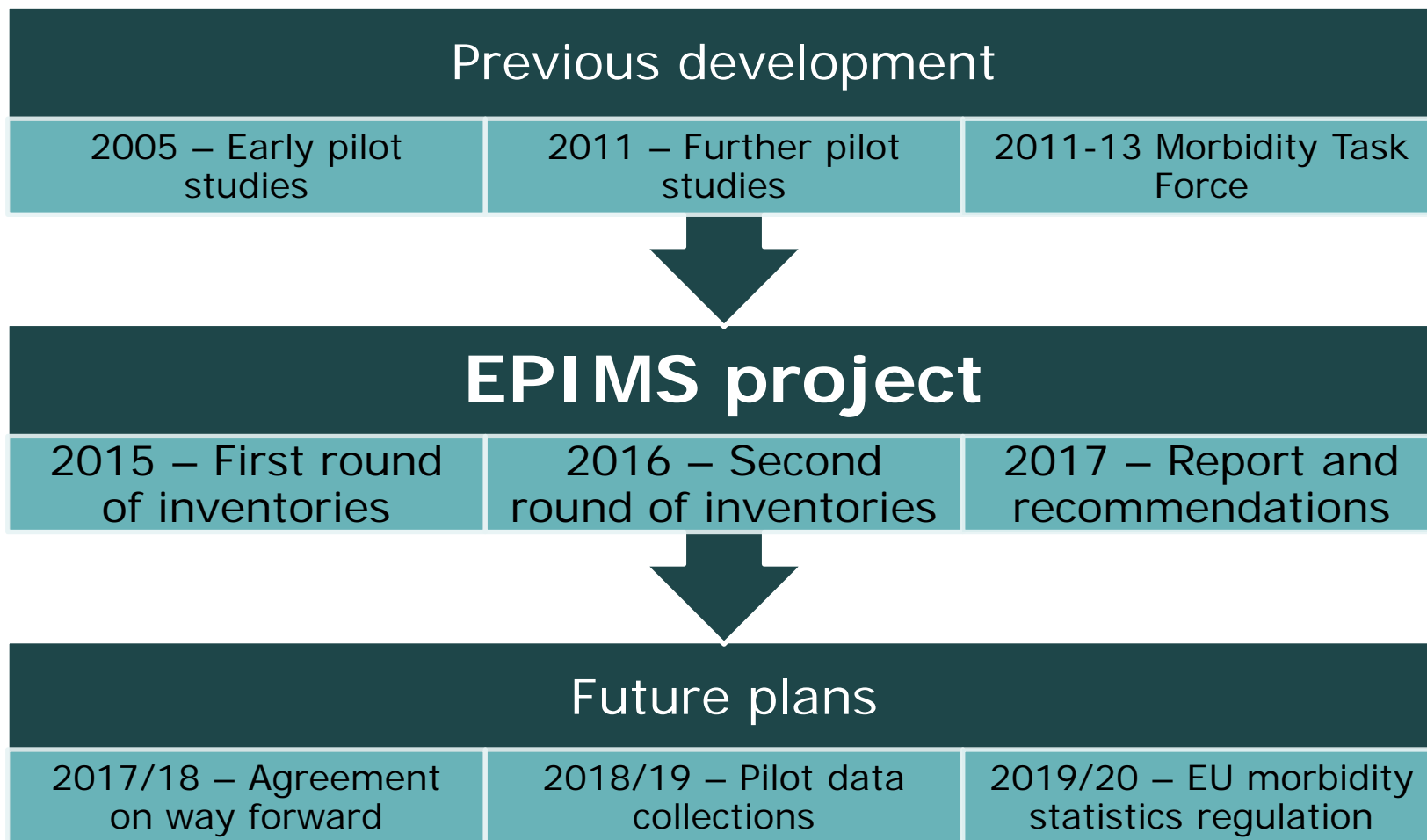
Types of data source identified

- Death registration (relatively uniform process and quality across all EU countries)
- Hospital activity (mostly limited to in-patient)
- General practitioner records (primary care)
- Disease-specific registers (e.g. cancer)
- Statutory reporting (infectious diseases)
- Health insurance/reimbursement systems
- Prescriptions for medicines

Key findings - EPSIM

- Data collection is feasible for 76 indicators
- Good progress in identifying data sources
- Some countries encounter restrictions on access to administrative data
- Resource consuming exercise
- Need to adapt the morbidity short list

EU morbidity statistics timeline



Suggestions for population based registries

- Keep an eye on the morbidity short list and on the related ICD codes
- Strive for EU cross-country comparability
- Try to achieve full population coverage (and/or estimates) and to identify residents/non-residents
- Use as much as possible standard socio-economic and geographical classifications

Use of Health statistics

EC European Core Health Indicators (set of 88 indicators) and EC Sustainable Development Indicators

Country-specific and cross-country knowledge and 2- yearly report 'State of Health in the EU'

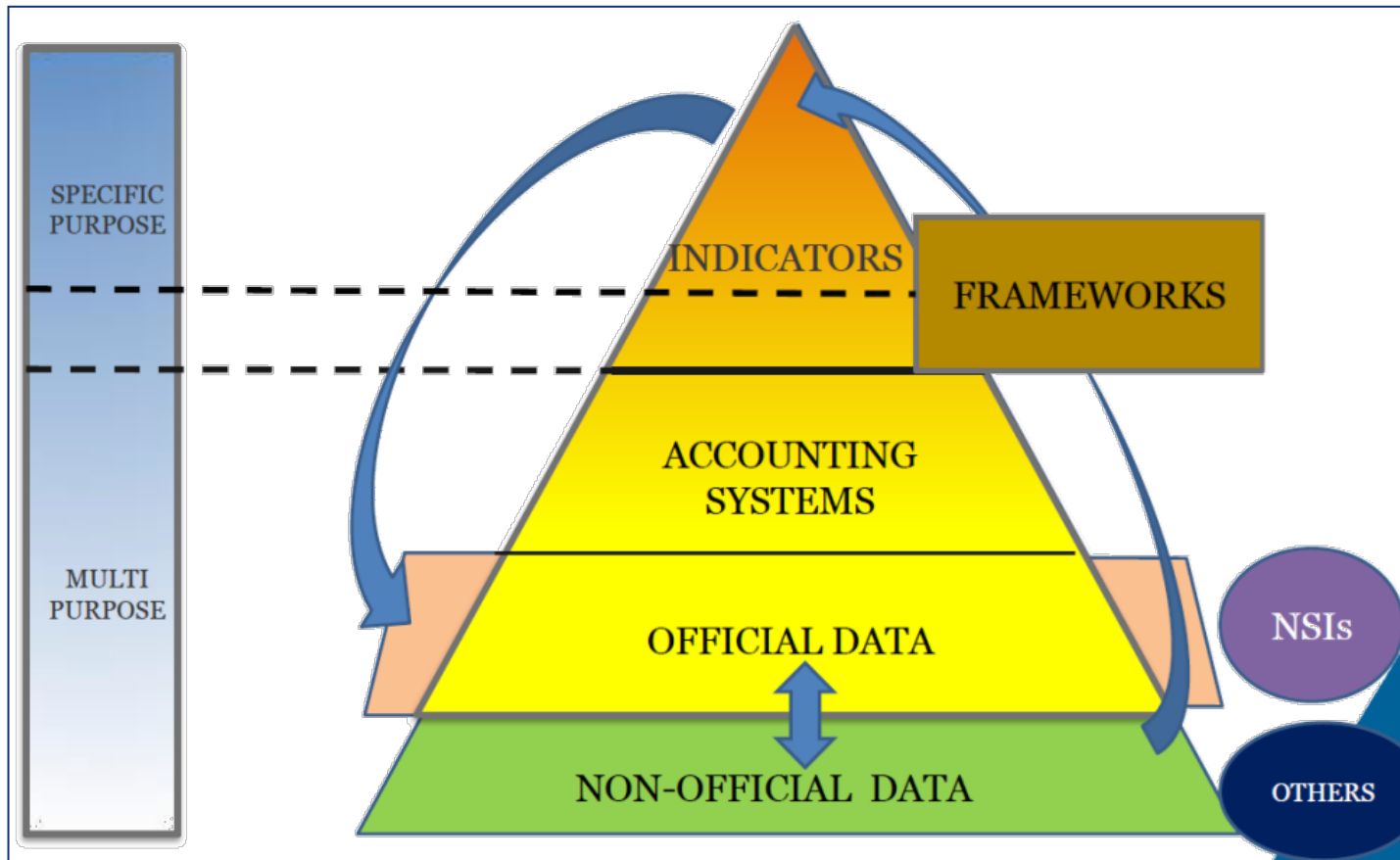
Gender Equality Index (EIGE)

Social Open Method of Coordination (indicators)

European Semester of economic policy coordination : Country-specific reports (CSR) on health and long term care and Joint Assessment Framework on Health (JAHR-health)

http://ec.europa.eu/europe2020/pdf/themes/2016/health_health_systems_201605.pdf

Indicators and official statistics



Source: Martine Durand (OECD), DGINS 2016

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