April 2012

Additional information for indicators for which EHIS is preferred (interim) source

This documentation sheet is designed to match the questionnaire of the European Health Interview Survey (EHIS) as it was used in EHIS wave 1. For EHIS wave II, which is envisaged to take place in 2014, the questionnaire is being revised. Therefore, questions underlying ECHI indicators may have changed in wave II compared to wave I, with possible consequences for the adequacy of the current documentation sheet. The ECHIM Core Group recommends that the consequences of this revision, once finalized, will be processed in the documentation sheets for the affected ECHI indicators. Subsequent changes in the documentation sheets will relate to the indicators' definition and calculation.

Most of the ECHI shortlist indicators, for which EHIS data have been appointed as preferred (interim) source, have been placed in the implementation section of the 2012 version of the shortlist. This does not apply to indicators 37. General musculoskeletal pain, 38. Psychological distress and 39. Psychological well-being, however. These indicators are placed in the development section. The reason for this is that in preliminary versions of the revised EHIS questionnaire the questions underlying these indicators were removed. Hence, EHIS wave II will not result in data for these indicators.

The outcomes of the assessment of the results of EHIS wave II may have consequences for assigned status of the ECHI indicators (implementation section, work-in-progress section, development section). This relates for example to the performance of the new instruments applied in wave II for alcohol use, physical activity and mental health; if they do not perform adequately, shifting the related indicators to the work-in-progress section needs to be considered. Like the changes in definitions and calculations due to the revised questionnaire, such changes in indicator status also need to be processed in the relevant documentation sheets.

Date last modification documentation sheet: 14-05-2012

Compared to previous version documentation sheet (03-06-2010) the following issues were adapted:

- Prior there was an A) and B) operationalization for this indicator (self-reported and register-based), with two separate documentation sheets. This has been adapted: there is one documentation sheet now, and self-reported data (EHIS) were chosen as preferred interim source (see remarks and work-to-do sections)
- New section on relevant policy areas added to the documentation sheet
- Link to Eurostat/Circa information on EHIS wave I methods replaced

ECHIM Indicator name	**D) Health interventions: health services** 71. General practitioner (GP) utilisation
Relevant policy areas	- Health inequalities (including accessibility of care) - (Planning of) health care resources - Health care costs & utilisation
Definition	Mean number of self-reported visits to general practitioner per person per year.
Calculation	Mean number of visits to general practitioner per person per year, derived from EHIS questions HC10 and HC11. HC10: When was the last time you consulted a GP (general practitioner) or family doctor on your own behalf? (1) Less than 12 months ago /2) 12 months ago or longer / 3) Never) If HC10 is 1): → HC11: During the past four weeks ending yesterday, that is since (date), how many times did you consult a GP (general practitioner) or family doctor on your own behalf? (number of times). Total number of contacts reported under HC11 is extrapolated from 4 to 52 weeks, and divided by the total number of respondents in the sample. EHIS data will not be age standardized.
Relevant dimensions and subgroups	- Country - Calendar year - Sex - Age group (15-64, 65+) - SES (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6)

Preferred data type and data source	Preferred data type: HIS Preferred source: Eurostat (EHIS) (interim source, see remarks)
Data availability	BE, BG, CZ, DE, EE, EL, ES, FR, IT, CY, LV, HU, MT, AT, PL, RO, SI, SK, CH, NO and TR conducted a first wave of EHIS between 2006 and 2010. It is noted that not in all of these countries a full scale survey was carried out; in some only specific modules were applied, in others the full questionnaire was applied in a small pilot sample. It is expected that all EU Member States will conduct EHIS in the second wave, which is planned for 2014. The results of the first wave are expected to be published in two stages, 11 countries in October 2010, the remaining countries in April 2011. EHIS data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+) and ISCED groups.
Data periodicity	EHIS will be conducted once every 5 years. The first wave took place in 2007/2010 (with some derogations in 2006) and the second wave is planned for 2014.
Rationale	A basic indicator for the use of medical services. The differences by sex, age and socio-economic status provide information that can be used in assessment of the cost and (equity of) access to health services.
Remarks	- ECHIM would prefer data based on administrative sources/registers for this indicator. The data collection pilot that was conducted during the Joint Action for ECHIM, however, made clear that significant problems related to availability and quality of register-based data still exist in EU Member States. Therefore, ECHIM decided to use self-reported data (EHIS) as an interim source until register-based data will be adequately available. - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - The EHIS definition of consulting a GP comprises visits to the repondent's doctor's practice, home visits as well as consultations by telephone. - EHIS asks respondents to report visits to GP or family doctor that took place during the past four weeks, as using a relatively short time frame will prevent recall biases. A downside of using a short recall period however is that seasonal influences may bias the estimates. This should be taken into account in the design of the fieldwork, i.e. spreading the data collection over the entire year. - Extrapolating the estimate from 4 weeks to one year will enlarge the statistical error surrounding the estimate. This will in particular be a problem in case of insufficient sample sizes. - The concept GP will not be uniform across countries; what is regarded a GP or family doctor depends on the organisation of a health care system and the division of tasks between different types of physicians within that health care system. This will hamper the comparability of EHIS data for this indicator. - The above definition and calculation are based on the first version of the EHIS questionnaire, as used in the first EHIS wave (2007/2010). The EHIS questionnaire will be revised, hence adaptations to the EHIS question underlying this indicator may occur in the second wave (planned for 2014). - The legal basis for EHIS is regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work. This is an umbrella regulation. Specific implementing acts will define the details of the statistics Member States have to deliver to Eurostat. An implementing act on EHIS is expected to come into force in 2014.
References	- EHIS standard questionnaire (version of 11/2006, used in first wave): http://ec.europa.eu/health/ph_information/implement/wp/systems/docs/ev_20070315_ehis_en.pdf - EHIS 2007-2008 Methodology: Information from CIRCA : http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/healthsinterviewssurvey/ehis_wave_1/2007-2008_methodology&vm=detailed&sb=Title - Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work: http://epp.eurostat.ec.europa.eu/portal/page/portal/health/documents/Regulation%20no%201338-2008%2016Dec2008%20OJL354%20p.70.pdf
Work to do	- Monitor EHIS/Eurostat developments - Discuss with Eurostat/technical HIS which recall period/extrapolation methods are best to

	apply considering the (limits to the) organization of the fieldwork in the countries. - Stimulate improvement availability and quality register-based data for this indicator.