

**Plan for addressing development section of ECHI shortlist
To be discussed during ECHIM Core Group meeting September 2010**

	ECHI indicator	Main problem(s)	Proposed actions	Remarks/questions	To impl. section soon?
Category 1: Indicators for which EHIS is (current) first choice as data source					
1	36. Physical and sensory functional limitations	Underlying EHIS question is likely to be adapted.	ECHIM → advice to Eurostat on if/how to adapt EHIS question.		Yes
2	37. General musculoskeletal pain	No regular data collection at EU level in place.	EUMUSC.NET project has been asked to provide proposal for question to be added to EHIS.	- Acceptance of additional EHIS question depends on Eurostat/MS.	?
3	38. Psychological distress	Underlying EHIS question is likely to be adapted.	Discuss outcomes evaluation EHIS questionnaire with Eurostat.		Yes
4	39. Psychological well-being	Underlying EHIS question is likely to be adapted.	Discuss outcomes evaluation EHIS questionnaire with Eurostat.		Yes
5	47. Hazardous alcohol consumption	Underlying EHIS question is likely to be adapted.	Discuss outcomes evaluation EHIS questionnaire with Eurostat.		Yes
6	52. Physical activity	Underlying EHIS question is likely to be adapted.	Discuss outcomes evaluation EHIS questionnaire with Eurostat.		Yes
7	54. Social support	Underlying EHIS question based on Oslo-3 Social Support Scale, but only uses 1 out of 3 items of OSS. Is 6 item Brief Social Support Questionnaire better alternative?	Ask MINDFUL (Prof. Wahlbeck) for advice if/how to adapt EHIS question. → e-mail was sent; no response yet.	MINDFUL recommendations for EHIS, see: http://ec.europa.eu/health/ph_projects/2003/action1/docs/2003_1_11_frep_al5_en.pdf	?
Category 2: Indicators for which expert advice is needed					
8	17. Excess mortality by heat waves	1) No solid indicator definition 2) No regular data collection (detailed (daily) mortality figures	1) Contact JM Robine to ask his opinion based on Canicule experience whether structural		?

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		necessary). 3) This indicator requires ad hoc data collection/calculation (as there is not a heat wave every summer); how to incorporate this in regular data collections?	calculation is feasible 2) If yes, form a work group, including Eurostat expert(s), to discuss precise indicator calculation and possible data collection schemes.		
9	32. Suicide attempt	1) Use HIS or hospital discharge based approach? 2) In case of HIS; data availability problem.	Discuss with experts whether using hospital discharge data is acceptable option or not. If yes → indicator proposal can be elaborated. If no → no solution in near future, for if not in EHIS, how can regular data collection be sustained?	- Identify experts who can advise.	?
10	53. Work-related health risks	Definition/source not finalized Possible data sources; 1) European Working Conditions Survey (EWCS), carried out by EUROFOUND, 2) EHIS. NB: question on work-related health not in core questionnaire LFS (was in ad hoc module in 2007).	- Use EWSC as preferred source; regular data source (EWSC carried out once every 5 years as of 1990) coming from dedicated European Agency. - Seek advice from EUROFOUND experts on 1) which definition(s) to use, and 2) updated documentation sheet.	- Identify EUROFOUND experts who can advise. EUROFOUND : (http://www.eurofound.europa.eu/) EUROFOUND, EWSC: http://www.eurofound.europa.eu/ewco/surveys/index.htm	Yes
11	65. Mobility of professionals	1) No definition 2) No (regular) data	Contact PROMETHEUS project (FP7, coordinated by WHO Observatory)	http://www.euro.who.int/en/home/projects/observatory/activities/research-studies-and-projects/prometheus	?
12	86. Policies on healthy nutrition	1) No definition 2) No (regular) data	- Discuss way forward with EUHPID experts; is (preliminary) indicator definition possible? → e-mail was	- WHO/European Commission project to monitor progress in improving nutrition and physical activity and	?

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			sent to Prof. Davies (also in relation to indicators 87 and 88).	preventing obesity in the European Union (2008-2010). Project should result in database on national policies and actions. See: http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/nutrition/activities/monitoring-and-surveillance/joint-whoec-project-to-monitor-progress - Other options besides this WHO/EC initiative? EU platform for diet, physical activity and health? But: they measure how successfully members are monitoring progress with regard to their commitments; they do not map policies.	
13	87. Policies on practices on healthy lifestyles	No clear underlying concept; which healthy lifestyles? Only reducing alcohol consumption? Or broader?	- Discuss with EUHPID experts how to proceed.	- On WHO website: International inventory of documents on physical activity promotion Information and case studies on policies, strategies and approaches from European countries. (Link currently not functioning). - GISAH contains indicators on alcohol control policies - Multi-stage approach is possible; first e.g. focus on alcohol policies; later expand indicator to cover more fields.	?
14	88. Integrated	Underlying concept and indicator	- Discuss with EUHPID experts how	- No useable databases seem to exist.	No.

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	programmes in settings, including workplace, schools, hospital	operationalization needs further development.	to proceed.		
Category 3: Other solutions					
15	22. Dementia/Alzheimer	Data availability. Only data structurally available are hospital discharge data, but these are not adequate for measuring prevalence of dementia.	- Follow Eurostat morbidity strand. They include in their shortlist dementia (inc. Alzheimer); ICD-10 codes F00-F03, G30.	- Advantage of this approach is that MS can provide national best estimate, so at least for some MS estimates will be better than hospital discharge data. Disadvantage: MS apply different methods → limited comparability. - N.B.: Eurostat morbidity strand activities on hold for time being	Yes
16	51. Breastfeeding	Data on breastfeeding available in WHO-HFA, but comparability is very limited. PERISTAT has collected data on breastfeeding, but only for first week. PERISTAT indicator on breastfeeding probably will not be incorporated into Eurostat regular data collection.	- Use WHO-HFA as preferred source. - Discuss with WHO and PERISTAT what could be done by ECHIM NITs to improve data availability and quality in HFA database.	- See EUROPERISTAT report (2004 data): http://www.europeristat.com/bm.doc/c_hapter-5---the-care-of-women-and-babies-during-pregnancy-and-the-postpartum-period.pdf	Yes
17	74. Medicine use, selected groups	1) Two different approaches possible (self-reported, based on EHIS, and register-based. No full data coverage yet for the latter, but OECD has data for several MS). 2) Precise definition to be established; medicine use for which disease groups (EHIS) / ATC	- Apply a) and b) sheet approach (self-reported (EHIS) and register-based (OECD)), as we did e.g. for some of the morbidity prevalence indicators. For: very different approaches, both with own pros and cons. - Use coherence with morbidity and	- PHIS project: http://phis.goeg.at/index.aspx?_nav0046 Indicators selected by PHIS: http://phis.goeg.at/downloads/database/PHIS_Taxonomy_WP6_Indicators_short_list_final.pdf	Yes

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		groups (OECD)?	mortality indicators as guiding principle for selection diseases (EHIS) and ATC groups (registers). - Contact Pharmaceutical Health Information System (PHIS) project to see what their contributions might add to ECHI system. → e-mail was sent.		
18	75. Patient mobility	1) No definition 2) No (regular) data	- Use (in near future) Eurostat as preferred source. - Discuss with Eurostat possible operationalizations based on their data collection.	Eurostat is regularly collecting data on patient mobility. Information from Eurostat, d.d. August 23 rd : Eurostat collects regularly data on patient migration in its own data collection (not part of the joint OECD/Eurostat/WHO questionnaire). Up to now 17 MS provided data for at least one year. These data concern non-resident patients who had been discharged in a country. We collect for this domain the place of residence, the place of treatment, year, number of in-patient cases, day cases and hospital days for in-patient cases. Depending on countries, we know from which country these people come from but some countries can only separate inside EU or outside EU. For	Yes

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				the publication of this data, I do not know when and how we will do it. Up to now, we created some tables for DG SANCO (internal use only) showing the percentage of non-residents people for all hospital discharges. This could be a good way of presenting data on our website but other possibilities may be explored.	
19	84. Diabetes control	Sustainable data source? → EUBIROD project? N.B.: OECD excluded this indicator from regular HCQI data collection.	- Wait for outcomes/follow-up EUBIROD project; leave indicator in development section for time being.	Information from OECD: Concerning data on <u>retinal eye exam for people with diabetes</u> , although it was included in the initial set of Health Care Quality Indicators (HCQI), the first rounds of data collection have shown that the availability of comparable data on this indicator was very limited. Hence, it has now been excluded from the regular HCQI data collection, and so we have no plan to update this indicator in the short-term at least. Information from EUBIROD project: - Data availability: We had a first	?

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				<p>collective go for all indicators at a Rome meeting this year. Reports from N=14 registers (countries): http://www.eubiroad.eu/academy/special_meeting/special_meeting_lectures.html. EUBIROAD does not address the national data collection, although in some cases these registers are national, but in others they are local or regional. The scheme is progressive and is up to national representatives to build a comprehensive infrastructure in own country. BIRO can provide a complete structure for the calculation of all indicators from standardize data. Next meeting: December, where we have asked to formally produce all reports from N=18 countries and calculate the global European report. Therefore, before that date it would be difficult to answer your question.</p> <p>- Sustainability after the end of the project: BIRO is open source and as such will continue to be available to compute and deliver indicators.</p>	

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				<p>Whether we will be there to assist and coordinate this action, is mainly in the hand of the European Commission. At present, there is no certainty about this.</p> <p>- Availability for ECHI: The EUBIROD web portal is being installed for the scope. That would allow access to all global reports and we are quite confident that all country reports will also be made available. The results are quite detailed and stratified by major conditions (type of diabetes, age, sex). We would be willing to discuss specific data needs with ECHIM.</p>	
Category 4: Indicators for which there is no solution in near future					
20	45. Pregnant women smoking	<p>1) No regular, harmonized data collection at European level</p> <p>2) Only about half of MS collect data on smoking during pregnancy on regular basis (2004 PERISTAT data)</p> <p>3) This PERISTAT indicator probably will not be incorporated into Eurostat regular data</p>	<p>- No feasible actions possible now.</p> <p>- Consider (during formal updating procedure) removing this indicator from the shortlist if indeed this indicator will not be one of the core PERISTAT indicators selected for incorporation into regular Eurostat data collection.</p>	<p>- See EUROPERISTAT report: http://www.europeristat.com/bm.doc/c_hapter-4---characteristics-of-childbearing-women.pdf</p>	No

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21	61. Timing of first antenatal visit among pregnant women	collection. 1) No regular, harmonized data collection at European level 2) Only about half of MS collect data on timing of first antenatal visit on regular basis (2004 PERISTAT data) 3) This PERISTAT indicator probably will not be incorporated into Eurostat regular data collection.	- No feasible actions possible now. - Consider (during formal updating procedure) removing this indicator from the shortlist if indeed this indicator will not be one of the core PERISTAT indicators selected for incorporation into regular Eurostat data collection.	- See EUROPERISTAT report: http://www.europeristat.com/bm.doc/chapter-5---the-care-of-women-and-babies-during-pregnancy-and-the-postpartum-period.pdf	No
22	81. Waiting times for elective surgeries	1) No definition 2) No (regular) data	- No feasible actions possible now. - Consider (during formal updating procedure) removing this indicator from the shortlist.	Information from OECD: Concerning data on waiting times for selected elected surgeries , these data have not been updated since their initial publication in OECD Health Working Papers No 6 and 7 in 2003. Time and resource permitting, we may be updating these data in the coming year, although the data collection would probably be limited to a sub-group of OECD and EU countries only. In other words, we have no immediate plan to introduce such a data collection as part of our regular (annual) data	No

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				collection activities.	
23	82. Surgical wound infections	1) Data available at national level are too divergent. 2) Expert groups discourage the use of this indicator given current state of the data (see documentation sheet).	- There seem to be no possibilities for activities aimed at incorporation of this indicator into regular international data collections. - Consider (during formal updating procedure) removing this indicator from the shortlist.	- SImPaTIE project, documentation on indicator 'Wound infection': http://www.simpatie.org/Main/pf1175587453/wp1175588035/wp1179316968 Successor project SImPaTIE = EUNetPas: http://www.eunetpas.eu/ (NB no focus on data collection; focus on best practice exchange).	No
24	83. Cancer treatment delay	1) No fully developed definition/calculation yet (EUROCHIP project carried out pilot). 2) No regular data collection; organization Cancer Registries in several countries may be necessary.	- Contact EUROCHIP project to see whether in the meantime they did any further work on this indicator. - European Partnership for Action against Cancer is working on indicators/data; contact Partnership to emphasize importance of this indicator for ECHI.	See http://ec.europa.eu/health/major_chronic_diseases/docs/ev_20100128_co06_en.pdf (presentation by Milena Sant, Istituto dei Tumori).	No