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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.

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ECHIM Indicator name	**D) Health interventions: health services** 74. Medicine use, selected groups: self-reported use
Relevant policy areas	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - (Preventable) Burden of Disease (BoD) - (Planning of) health care resources - Health care costs & utilisation
Definition	Percentage of population who report having used antibiotics or medication for asthma, COPD, high blood pressure, cardiovascular diseases, diabetes, tension/anxiety and depression prescribed by a physician during the past 2 weeks.
Calculation	Percentage of population who report having used antibiotics or medication (for asthma, COPD, high blood pressure, cardiovascular diseases (total of medication for high blood pressure, lowering blood cholesterol and other cardiovascular diseases, such as stroke and heart attack), diabetes, tension/anxiety and depression) prescribed by a physician during the past 2 weeks, derived from the European Health Interview Survey (EHIS) questions W2_S 38, W2_S 39 and W2_S 40. - W2_S 38 During the past two weeks, have you used any medicines (including dietary supplements such as herbal medicines or vitamins) that were prescribed for you by a doctor – (for women, please also state: exclude also contraceptive pills or other hormones)? (yes/no). - If yes: W2_S 39 Were they medicines for…? A. Asthma B. Chronic bronchitis, chronic obstructive pulmonary disease, emphysema C. High blood pressure D. Lowering the blood cholesterol level E. Other cardiovascular disease, such as stroke and heart attack F. Pain in the joints G. Pain in the neck or back

	H. Headache or migraine I. Diabetes J. Allergic symptoms (eczema, rhinitis, hay fever) K. Stomach troubles L. Depression M. Tension or anxiety - W2_S 40 Have you used in the past two weeks other types of medicines that were prescribed to you, such as …? (yes/no) If yes: N. Sleeping tablets O. Antibiotics such as penicillin (or any other national relevant example)
Relevant dimensions and subgroups	- Country - Calendar year - Sex - Age group (15-64, 65+) - Socio-economic status (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 have already been published on the Eurostat website and data are available by sex, 8 age groups (15-24/25-34/35-44/45-54/55-64/65-74/75-84/85+), ISCED groups and for the following disease groups : E10-E14 Diabetes mellitus, F32_F33 Depressive disorders, I10-I15 Hypertensive diseases, I26-I28 Pulmonary heart disease and diseases of pulmonary circulation and for J45 Asthma.
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	Indicates aspects of accessibility, up-to-date quality of care, and costs. Large differences between countries may point to under-use as well as over-use. However, a benchmark value cannot be given because several different factors can influence the use of a medicine.
Remarks	- EHIS is used as interim source, as long as patient-based register data as DDD by are not available in most countries. When these registers become available in a comparable manner, these are the first choice. - Data available in OECD Health database by DDD of ATC groups for 10-15 of the EU27 countries. For some countries the data provided by OECD are based on sales statistics from wholesaler to retail pharmacy and hospitals, for others the data are based on medication reimbursed by health insurance. However, the figures on the sale and actual use of drugs are not always the same. Furthermore, in some countries data do not cover drugs dispensed in hospitals, whereas in other countries hospital medication is included in the statistics. Also, depending on the allocation of pharmaceutical products with more than one use, differences in reporting of specific drugs may occur across countries, thereby affecting the relative size of specific ATC groups. These differences in registration systems limit the comparability of national estimates. - Medicine groups were selected based on recommendations by the MINDFUL project, SOGETI 2006 report and WHO PRIM, availability through EHIS and OECD and coherence with ECHI morbidity and mortality indicators. - According to current plans, Eurostat will probably not age-standardize EHIS data. For comparability reasons ECHIM would however prefer age-standardized data. - 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. -The SANCO funded PHIS project is also collecting medicine consumption data. Case studies in a limited number of countries (Austria, the Netherlands, Norway, Portugal en Slovakia, total annual pharmaceutical consumption in hospitals and top 5 active substances used in hospitals by pharmaceutical expenditure). -The PHIS project shortlist indicator: Consumption of pharmaceuticals in number of packages or in Defined Daily Doses (DDD) depending on data availability at national level (so not broken down by ATC groups). - The PHIS project recommends to include an indicator for prescription per capita per year as well, but this is not available from EHIS.
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 -MINDFUL: www.stakes.fi/mindful -Statistics on Medicines in Europe -project, EURO-MED-STAT: http://www.euromedstat.cnr.it/ -PHIS Hospital Pharma Report: http://phis.goeg.at/downloads/hospitalPharma/PHIS_Hospital%20Pharma_Report.pdf -PHIS indicators Taxonomy Final Version August 2009: http://phis.goeg.at/downloads/database/PHIS_Taxonomy_WP6_IndicatorsReport_final.pdf -WHO. Priority Medicines for Europe and the World. 2004 http://whqlibdoc.who.int/hq/2004/WHO_EDM_PAR_2004.7.pdf - SOGETI 2006. European Commission DG SANCO. Development of public health performance indicators for the pharmaceutical sector: Final report. http://www.ppmrn.net/images/resources/pharma_frep_en.pdf
Work to do	- Follow EHIS and OECD developments