Single Integrated Metadata Structure (SIMS)

Country: Greece

Compiling agency: ELSTAT

Domain name: System of Health Accounts (SHA)

ELSTAT metadata Reference metadata 1. Contact 2. Introduction 3. Metadata update 4. Statistical presentation 5. Unit of measure 6. Reference period 7. Institutional mandate 8. Confidentiality 9. Release policy 10. Frequency of dissemination 11.Dissemination format 12. Accessibility of documentation 13. Quality management 14. Relevance 15. Accuracy and reliability 16. Timeliness and punctuality 17. Comparability 18. Coherence 19. Cost and burden 20. Data revision 21. Statistical processing 22. Comment

1. Contact	<u>Top</u>
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2. Introduction	<u>Top</u>
	The purpose of the SHA is to determine the total health expenditure, which constitutes an essential piece of information for effective public policy-making in the health sector. The compilation of SHA allows the provision of reliable data to International Organizations and especially to Eurostat, taking into account that the health sector accounts for approximately 10% of the GDP in the Eurozone.

3. Metadata update <u>Top</u>	
3.1 Metadata last certified	October 2014
3.2 Metadata last posted	October 2014
3.3 Metadata last update	March 2017

4. Statistical presentation

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4.1 Data description

The purpose of the SHA is to determine the total health expenditure, which constitutes an essential piece of information for effective public policy-making in the health sector. The compilation of SHA allows the provision of reliable data to International Organizations and especially to Eurostat, taking into account that the health sector accounts for approximately 10% of the GDP in the Eurozone.

The legal framework for the compilation of SHA data is European Regulation (EU) 1338/2008 and the respective Implementing Regulation. After the adoption of the above Implementing Regulation, ELSTAT will be obliged to transmit SHA data to Eurostat and to International Organizations (OECD, and World Health Organization). Until March 2015 the transmission of data to the above Organizations was on a voluntary basis.

Health care expenditure data provide information on expenditure in the functionally defined area of health broken down by provider category (e.g. hospitals, general practitioners), function category (e.g. services of curative care, rehabilitative care, clinical laboratory, patient transport, prescribed medicines) and financing agent (e.g. social security funds, private insurance companies, households).

The definitions and classifications of the System of Health Accounts (SHA) are followed, e.g. International Classification for Health Accounts - Providers of health care (ICHA-HP).

Data related to Health Expenditure are mainly collected from the administrative sources of the country, such as:

- Ministry of Health for data related to General Government excluding Social Security Funds (SSFs),
- Ministry of Health for Social Security Funds,
- Hellenic Association of Insurance Companies and
- Non Government Organizations (NGO's), the Church of Greece etc. for other health expenditures,

And, from ELSTAT's survey results

• Household Budget Survey (HBS).

ELSTAT publishes SHA data on an annual basis, within the first quarter of the second year after the

reference year of the data, according to the timetable of publications of the OECD and of Eurostat.

Health care data on expenditure are largely based on surveys and administrative (register) data sources of the country.

The database is based on a co-operation between EUROSTAT, the OECD (Organisation for Economic Co-Operation and Development) and the WHO (World Health Organisation), executing a Joint Questionnaire on Health expenditure since 2005.

4.2 Classification system

For all data on expenditure the source for classification is described in:

• the System of Health Accounts http://www.who.int/health-accounts/methodology/sha2011.pdf as presented by the OECD in 2011.

Data are classified at 2-digit level of SHA codes, thus fully covering the requirements of the international organizations. Moreover, there is correspondence between the functions of health activities as they are defined by SHA (eg. In-patient, outpatient care etc.), with the international system of classification of general government COFOG (Classification of the Functions of Government).

4.3 Sector coverage

Health Expenditures of General Government, Households, Private Insurance Companies and the Rest of the World.

4.4 Statistical concepts and definitions

Health care statistics describe the process of providing and financing health care in Greece by referring to health care goods and services, its providers and financing.

Current expenditure on health measures the economic resources spent by Greek residents on health care services and goods, including administration and insurance. Total expenditure on health care represents current expenditure on health enlarged by the expenditure on capital formation of health care providers.

For the collection of the data on health care expenditure the System of Health Accounts (SHA) comprises the goals of the System of National Account (SNA) to constitute an integrated system of comprehensive, internally consistent, and internationally comparable accounts, which should as far as possible be compatible with other aggregated economic and social statistical systems.

The SHA is organised around a tri-axial system for the recording of health expenditure, defining:

- health care by function (HC)
- health care service provider industries (HP) and
- health care financing agencies (HF)

Function category (HC):

The boundaries of a functionally defined health care system delimit the subject area of health accounts. This approach is "functional" in the sense that it refers to the purposes of health care. Health care in Greece comprises the sum of activities performed either by institutions or individuals pursuing, through the application of medical, paramedical and nursing knowledge and technology, the purposes of:

- promoting health and preventing disease;
- curing illness; (it should be noted that pharmaceuticals that are consumed during inpatient treatment are excluded from HC.1.1 and included in HC.5.1)
- caring for persons affected by chronic illness who require nursing care;

- caring for persons with health-related impairment, disability, and handicaps who require nursing care;
- providing and administering public health; (it should be noted that health system administration and health financing administration are included in category HC.7.1)

providing and administering health programmes, health insurance and other funding arrangements.

Provider category (HP):

The production and the provision of health care services along with their financing take place in a wide range of institutional settings that vary across countries. The way of organising health care services reflects the country-specific division of labour between providers of health care services. A classification of health care providers serves the purpose of arranging country-specific institutions into common, internationally applicable categories and provide tools for linking data on personnel and other resource inputs as well as output measurement.

Financing agency (HF):

The financing of health care is one of the reporting dimensions. A detailed breakdown of expenditure on health by financing agencies is an essential component of a comprehensive SHA.

Cross-classification tables refer to:

- HC x HP: Health care expenditure by function and provider: data on which type of health care goods and services are supplied by which health care provider;
- HC x HF: Health care expenditure by function and by financing agency: data on who pays for which type of services and goods;
- HP x HF: Health care expenditure by provider and by financing agency: data on who pays which health care provider.

4.5 Statistical unit

SHA relies on three axes:

- The financing of health services by financing agency (demand)
- The direction of health expenditure by health provider and by health care activity (supply)
- The financing of health providers by financing agency (consumption)

4.6 Statistical population

Data related to the provision of health goods and services consumed by domestic residents within the boundaries of domestic economy and the rest of the Rest of the World.

4.7 Reference area

Greece.

4.8 Time coverage

ELSTAT publishes SHA data on an annual basis, within the first quarter of the second year after the reference year of the data, according to the timetable of publications of the OECD and of Eurostat. In particular, ELSTAT publishes statistical data of the System of Health Accounts (SHA) for the years 2009-

2014 with first reference year, the year 2009.

4.9 Base period

Non applicable.

5. Unit of measure

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In millions of euro.

6. Reference period

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Calendar Year.

7. Institutional mandate

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7.1 Legal acts and other agreements

7.1 Legal acts and other agreements

The legal framework concerning the organization and operation of ELSTAT is as follows:

- Law 3832/2010 (Government Gazette No 38, Issue A): "Hellenic Statistical System Establishment of the Hellenic Statistical Authority (ELSTAT) as an Independent Authority", as amended and in force
- Regulation on the Operation and Administration of the Hellenic Statistical Authority (ELSTAT), 2012, (Government Gazette No 2390, Issue B, 28-8-2012)
- ➤ Regulation (EC) No 223/2009 of the European Parliament and of the Council, on the European statistics (Official Journal of the European Union L 87/164).
- Article 14 of the Law 3470/2006 (Government Gazette No 132, Issue A): "National Export Council, tax regulations and other provisions".
- Article 3, paragraph 1c, of the Law 3448/2006 (Government Gazette No 57, Issue A): "For the further use of information coming from the public sector and the settlement of matters falling within the responsibility of the Ministry of Interior, Public Administration and Decentralization".
- ➤ European Statistics Code of Practice, adopted by the Statistical Programme Committee on 24 February 2005 and promulgated in the Commission Recommendation of 25 May 2005 on the independence, integrity and accountability of the national and Community statistical Authorities, after its revision, which was adopted on 28 September 2011 by the European Statistical System Committee.
- ➤ Presidential Decree 226/2000 (Government Gazette No 195, Issue A): "Organization of the General Secretariat of the National Statistical Service of Greece".
- Articles 4, 12, 13, 14, 15 and 16 of the Law 2392/1996 (Government Gazette No 60, Issue A): "Access of the General Secretariat of the National Statistical Service of Greece to administrative sources and administrative files, Statistical Confidentiality Committee, settlement of matters concerning the conduct of censuses and statistical works, as well as of matters of the General Secretariat of the National Statistical Service of Greece".

The Legal Framework is detailed in the following link: http://www.statistics.gr/en/legal-framework

7.2 Data sharing

Data collection is conducted in agreement with the World Health Organisation (WHO) and the Organization of Economic Co-operation and Development (OECD).

8. Confidentiality

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8.1 Confidentiality policy

.1 Confidentiality policy

The issues concerning the observance of statistical confidentiality by the Hellenic Statistical Authority (ELSTAT) are arranged by articles 7, 8 and 9 of the Law 3832/2010 as in force, by Articles 8, 10 and 11(2) of the Regulation on Statistical Obligations of the agencies of the Hellenic Statistical System and by Articles 10 and 15 of the Regulation on the Operation and Administration of ELSTAT.

More precisely:

ELSTAT disseminates the statistics in compliance with the statistical principles of the European Statistics Code of Practice and in particular with the principle of statistical confidentiality.

http://www.statistics.gr/en/statistical-confidentiality?inheritRedirect=true

8.2 Confidentiality – data treatment

8.2 Confidentiality – data treatment

- ELSTAT protects and does not disseminate data it has obtained or it has access to, which enable the direct or indirect identification of the statistical units that have provided them by the disclosure of individual information directly received for statistical purposes or indirectly supplied from administrative or other sources. ELSTAT takes all appropriate preventive measures so as to render impossible the identification of individual statistical units by technical or other means that might reasonably be used by a third party. Statistical data that could potentially enable the identification of the statistical unit are disseminated by ELSTAT if and only if:
 - a) these data have been treated, as it is specifically set out in the Regulation on Statistical Obligations of the agencies of the Hellenic Statistical System (ELSS), in such a way that their dissemination does not prejudice statistical confidentiality or
 - b) the statistical unit has given its consent, without any reservations, for the disclosure of data.
- The confidential data that are transmitted by ELSS agencies to ELSTAT are used exclusively for statistical purposes and the only persons who have the right to have access to these data are the personnel engaged in this task and appointed by an act of the President of ELSTAT.
- ELSTAT may grant researchers conducting statistical analyses for scientific purposes access to data that enable the indirect identification of the statistical units concerned. The access is granted provided the following conditions are satisfied:
 - a) an appropriate request together with a detailed research proposal in conformity with current scientific standards have been submitted;
 - b) the research proposal indicates in sufficient detail the set of data to be accessed, the methods of analyzing them, and the time needed for the research;
 - c) a contract specifying the conditions for access, the obligations of the researchers, the measures for respecting the confidentiality of statistical data and the sanctions in case of breach of these obligations has been signed by the individual researcher, by his/her institution, or by the organization commissioning the research, as the case may be, and by ELSTAT.
- Issues referring to the observance of statistical confidentiality are examined by the Statistical Confidentiality Committee (SCC) operating in ELSTAT. The responsibilities of this Committee are to make recommendations to the President of ELSTAT on:
 - the level of detail at which statistical data can be disseminated, so as the identification, either directly or indirectly, of the surveyed statistical unit is not possible;
 - the anonymization criteria for the microdata provided to users;

- the granting to researchers access to confidential data for scientific purposes.
- ➤ The staff of ELSTAT, under any employment status, as well as the temporary survey workers who are employed for the collection of statistical data in statistical surveys conducted by ELSTAT, who acquire access by any means to confidential data, are bound by the principle of confidentiality and must use these data exclusively for the statistical purposes of ELSTAT. After the termination of their term of office, they are not allowed to use these data for any purpose.
- Violation of data confidentiality and/or statistical confidentiality by any civil servant or employee of ELSTAT constitutes the disciplinary offence of violation of duty and may be punished with the penalty of final dismissal.

ELSTAT, by its decision, may impose a penalty amounting from ten thousand (10,000) up to two hundred thousand (200,000) euros to anyone who violates the confidentiality of data and/or statistical confidentiality. The penalty is always imposed after the hearing of the defense of the person liable for the breach, depending on the gravity and the repercussions of the violation. Any relapse constitutes an aggravating factor for the assessment of the administrative sanction.

9. Release policy

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9.1 Release calendar

Annually, by end of March.

9.2 Release calendar access

The Announcements Calendar is available on ELSTAT's website at:

http://www.statistics.gr/en/calendar

9.3 User access

Data are available on ELSTAT's website at:

http://www.statistics.gr/en/statistics/-/publication/SHE35/-

10. Frequency of dissemination

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Annually.

11. Dissemination format

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11.1 News release

News release available on ELSTAT's website at:

http://www.statistics.gr/en/statistics/-/publication/SHE35/-

11.2 Publications

Data on the System of Health Accounts for the years 2009-2014 are available on ELSTAT's website at: http://www.statistics.gr/en/statistics/-/publication/SHE35/-

and on Eurostat's website:

http://epp.eurostat.ec.europa.eu/statistics explained/index php/Healthcare expenditure

11.3 On-line database

There is no on-line data base available.

11.3.1 Data tables - consultations

The total access to the networking page regarding the specific survey for the year 2014 is 1,692 page views (total bits).

11.4 Micro-data access

The micro data are available upon request at:

Division of Statistical Information and Publications

46, Peiraeus & Eponiton str., 185 10 Peiraeus

Tel. (+30) 213-1352173, FAX: (+30) 213-1352022

e-mail: data.dissem@statistics.gr

Confidentiality of data is always ensured (Chapter 8)

11.5 Other

Please visit:

http://dlib.statistics.gr/portal/page/portal/ESYE/

11.5.1 Metadata - consultations

Has not been calculated, the latest micro data have been validated in March 2016.

12. Accessibility of documentation

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12.1 Documentation on methodology

Categorization of health expenditures is based and is analytically described at:

• the System of Health Accounts http://www.who.int/health-accounts/methodology/sha2011.pdf as presented by the OECD in 2011.

12.1.1 Metadata completeness - rate

The meta-data completeness rate is 100%.

12.2 Quality documentation

Please visit ELSTAT's website at:

http://www.statistics.gr/en/statistics?p_p_id=documents_WAR_publicationsportlet_INSTANCE_0qObWqzRn_XSG&p_p_lifecycle=2&p_p_state=normal&p_p_mode=view&p_p_cacheability=cacheLevelPage&p_p_col_id=column-

1&p_p_col_count=4&p_p_col_pos=2&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_javax.faces.resource=document&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_ln=downloadResources&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_documentID=115874&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_locale=en

where a concise quality presentation of the years 2009-2014 is presented.

There are no data quality presentation and relevant studies at European level.

13. Quality management

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13.1 Quality assurance

The quality assurance system is presented on ELSTAT's website at:

http://www.statistics.gr/en/statistics?p p id=documents WAR publicationsportlet INSTANCE 0qObWqzRn XSG&p p lifecycle=2&p p state=normal&p p mode=view&p p cacheability=cacheLevelPage&p p col i

d=column-

1&p p col count=4&p p col pos=2& documents WAR publicationsportlet INSTANCE 0qObWqzRnXS G_javax.faces.resource=document&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_In=downloadResources&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_documentID =115874& documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_locale=en

As well as within the European Statistics Code of Practice, which was established by the Statistical Programme Committee in February 24, 2005 and published as Commission Recommendation in May 25, 2005, regarding the independence, integrity and responsibility of national and community statistical Authorities after its revision which was adopted in September 28, 2011 by the Commission of the European Statistical System.

13.2 Quality assessment

The basic advantages of the overall quality of the System of Health Accounts compilation refer to the availability of primary data sources form the official national admistrative sources (Ministry of Health, Social Security Funds, ELSTAT, Church of Greece etc.).

However, the need of a detailed classification of total health expenditures by provider and by health care activity defines the need of re-examining the total operational structure of the health sector in every data revision for each reference year.

14. Relevance Top

14.1 User needs

The basic users of the System of Health Accounts data are the Ministry of Health, various Universities and other scientific agencies (researchers, students etc.).

14.2 User satisfaction

14.2 User satisfaction

http://www.statistics.gr/en/user-satisfaction-survey

14.3 Completeness

The completeness rate of data is considered satisfactory.

15. Accuracy and reliability

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15.1 Overall accuracy

Accuracy of the data that are related to administrative sources is checked by themselves. Regarding the data that derive from ELSTAT's Household Budget Survey (HBS), their accuracy is checked within the evaluation framework of the survey itself. Then, Comparability (chapter 17) and Coherence (chapter 18) checks are carried out.

15.2 Sampling error

The survey is a census survey; there are no sampling errors.

15.3 Non-sampling error

Errors related to non-coverage of the population (framework weaknesses), non response errors of the respondents, response errors which are due to the respondents, response errors which are due to statistical interviewers and processing errors are checked by the involved administrative sources themselves, as well as by the Division of Population Statistics and Labour Market regarding data related to HBS.

15.3.1 Coverage error

Accuracy of the data that are related to administrative sources is checked by themselves. Regarding the data that derive from ELSTAT's Household Budget Survey (HBS), their accuracy is checked within the evaluation framework of the survey itself. Further checks related to comparability (Reference 17) and Coherence (Reference 18) are carried out at a later stage.

15.3.1.1 Over-coverage rate

Does not exist.

15.3.1.2 Common Units - proportion

Not applicable, data collection is only performed through administrative sources.

15.3.2 Measurement error

No.

15.3.3 Non response error

No, response rate amounts to 100%

15.3.4 Processing error

No.

15.3.5 Model assumption error

Not applicable.

16. Timeliness and punctuality

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16.1 Timeliness

Eurostat, OECD and WHO request data transmission for the reference year: N in time N+15 months.

16.2 Punctuality

Until today, no delays in the publication of data have been recorded.

17. Comparability

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17.1 Comparability - geographical

Data are compatible with the respective data of the rest of the countries where SHA Methodology is in force.

17.1.1 Asymmetry for mirror flows statistics - coefficient

Not applicable.

17.2 Comparability over time

The time series for the years 2009-2012 is annually revised and data are considered fully comparable with the previous notification for the same time period.

18. Coherence

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18.1 Coherence cross-domain

Coherence checks are carried out regarding the Social Security Funds survey of the Division of Social Statistics as well as with relevant data of the National Accounts Division.

18.1.1 Coherence - sub annual and annual statistics

Not applicable, the survey is annual.

18.1.2 Coherence - National Accounts

Coherence with National Accounts data is considered satisfactory for private health expenditures, since both systems rely on the Household Budget Survey. For General Government data consistency checks are regularly performed.

18.2 Coherence - internal

The System of Health Accounts is compatible according to the three (3) tables compiled as they appear at ELSTAT's website at:

http://www.statistics.gr/en/statistics/-/publication/SHE35/-

19. Cost and burden

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Not estimated.

20. Data revision Top

20.1 Data revision policy

Data are considered provisional and are subject to revision.

The Revision policy implemented by ELSTAT is presented on ELSTAT's website at: http://www.statistics.gr/documents/20181/a49dca9a-dacf-4b52-b5df-b156216cb354

20.2 Data revision practice

Usually, data are revised every March following the reference year.

ELSTAT's Revision Policy is being implemented as presented on ELSTAT's website at: http://www.statistics.gr/documents/20181/a49dca9a-dacf-4b52-b5df-b156216cb354

21. Statistical processing

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21.1 Source data

The data are collected, stored and disseminated via different tables (expenditure by provider, by financing agency and by function). The data are based on:

 the Ministry of Health, the Ministry of Defense, the Ministry of Education, all Social Security Funds, the Household Budget Survey (HBS), various questionnaires sent to private insurance companies, NGO's, etc.

21.2 Frequency of data collection

Annually.

21.3 Data collection

Data collection method relates to direct contact with the administrative sources aiming at the transmission of health expenditure data in the form that they are available from the administrative sources themselves.

21.4 Data validation

Data validated by Eurostat in co-operation with OECD and WHO health accountants.

Primarily, consistency of all the subtotals at all levels of aggregation is checked against the relevant totals. All identical items are checked for consistency across the various tables.

21.5 Data compilation

Data are compiled according to the Manual of the System of Health Accounts (SHA), 2011 edition.

21.5.1 Imputation - rate

Not applicable, the survey is a census survey.

21.6 Adjustment

No adjustment.

21.6.1 Seasonal adjustment

Not applicable.

22. Comment Top

Please see the Methodological note on ELSTAT's website:

http://www.statistics.gr/en/statistics?p p id=documents WAR publicationsportlet INSTANCE 0qObWqzRn

XSG&p p lifecycle=2&p p state=normal&p p mode=view&p p cacheability=cacheLevelPage&p p col i d=column-

1&p p col_count=4&p p col_pos=2&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXS G_javax.faces.resource=document&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_I n=downloadResources&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_documentID =115873&_documents_WAR_publicationsportlet_INSTANCE_0qObWqzRnXSG_locale=en