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SESSION III: Development and use of health output indicators

HEALTH STATISTICS USAGE FOR CERTAIN HEALTH CARE TECHNOLOGY AND QUALITY RELATED PROBLEMS ASSESSMENT

Supporting paper submitted by the Latvian Centre of
Health Statistics[1]

1.   Health information system in Latvia exploits following sources: for health care performance evaluation – mainly medical institution's annual reports; for morbidity data – notifications, certain patients registers, surveys; for socio-economical, behavioural and risk-factors data – surveys.

2.   Historically more used was expanded reporting system (focused on health resources utilization figures). Patient's registers are being developed in recent years as a more elaborated health information source. Health surveys are relatively new patterns in health status evaluation.

3.   Existed health information system inherited essential shortcomings:
  • mainly institution based,
  • lack of outcomes evaluation,
  • cost-effectiveness analysis missing.

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Designing and implementing developed health information system (in line with health care reforms) accents are made on
- available outcomes and quality indicators,
- shift to population oriented statistics,
- possible health economics data link.

4.   In framework of reports on public health we select certain essential indicators (using HFA database and national health services indicators system) to highlight some health care issues related (in certain extent) to quality and health technology matters.

5.   Infant mortality structure in Latvia (15‰-16‰ for recent years) in comparison to countries with low level (for example, Sweden around 5‰, 1991-1995) shows relatively high share of "avoidable" causes (infectious diseases, respiratory diseases, external causes); almost 20% of infant deaths in Latvia occurs due to mentioned conditions.

6.   Considering more in depth mortality patterns due to appendicitis, hernia and intestinal obstruction we revealed sharp surplus of mortality figures in working ages (36%-46% of deaths occur in patients at age under 65 years, in comparison in Sweden – only 9-17%).

7.   In case of very high mortality due to ischaemic heart diseases, the level of performed coronary bypass operations and dilatation of coronary artery is inadequate (about 20 per 100 000 population in comparison around 100 per 100 000 population in Nordic Countries).

8.   Properties of some health and health care indicators in Latvia, for example:
- insufficient preventive check-ups findings and untimely diagnosis of malignant neoplasms (more than 30% of visually sited malignant neoplasms are detected in late stages),
- incidence of active tuberculosis smear and culture positive (more than half of all new cases of active tuberculosis),
- recent years trends in certain gastric and duodenal ulcer complication's incidence (almost two times increase),
- very high incidence of alcohol psychosis (35-40 cases per 100 000 population, reflecting alcohol abuse negative effects),

manifest weaknesses and today problems of health care (in broad sense) and indicate directions and activities for improvement:
- primary health care development,
- health promotion strengthening,
- new technologies implementation taking in account efficiency,
- health expenditures effective management.