

GUIDELINES FOR IMPLEMENTATION OF ECHI INDICATORS



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1. WHAT DOES JOINT ACTION FOR ECHIM AIM AT?

ECHIM Joint Action (European Community Health Indicators and Monitoring) was created to perform core tasks of the European Commission's Second Programme of Community action in the field of health 2008–2013, and to build on the work of ECHI (1998–2001), ECHI-2 (2002–2004) and ECHIM (2005–2008). Its aim is to advance health monitoring throughout Europe by developing relevant and comparable health indicators and by making them available in the EU and its Member States (MSs), as well as in other European Countries.

The main tool of ECHIM is the ECHI shortlist comprising 88 health indicators. During the first phase of ECHIM (2005–2008) the preconditions for implementing the shortlist indicators and the availability and comparability of existing health indicator data sources were assessed in more than 30 European countries. This was done in close collaboration with a network of contact persons all over Europe, from both national and international organisations.

ECHIM Joint Action (2009–2011) seeks to consolidate the ECHI Indicator system towards a sustainable health information system, as well as to collect and disseminate comparable health data and information based on the ECHI shortlist. Much of the practical work of ECHIM is carried out in ECHIM Secretariats in Finland (THL), the Netherlands (RIVM), Lithuania (LSIC), Germany (RKI) and Italy (ISS). The Core Group of ECHIM comprises of 35 members and the action has liaison with the European Commission, Eurostat, Member States and WHO Regional Office for Europe. The Joint Action covers 24 MSs as well as Iceland, Norway and Republic of Moldova, and it has contact persons in 32 countries.

The EU Commission (DG SANCO) and Eurostat supports the work of ECHIM and work in close collaboration with it. The Commission will soon issue a communication to authorities in each Member State.

For ECHIM terminology, please see Appendix 2.

2. WHAT DOES IMPLEMENTATION OF ECHI INDICATORS MEAN?

Implementation of ECHI Indicators means putting them into practical use in every country involved in the action. Since the steps taken differ by country and by indicator, the implementation must be based on country-specific plans. These are drafted in collaboration with and with support of the five ECHIM Secretariats and the Core Group. For some indicators sufficient data exist, whilst for others new data sources must be tapped and new data collections must be set up. The core steps in implementation of ECHI indicators are:

- Introducing them to national administrators and decision makers and planners
- Helping, where necessary and feasible, to modify existing data sources and to set up new ones, in order to meet the ECHI indicator requirements
- Creating a system for data flow and storage from MSs to central ECHI database for those data/indicators that are not readily and acceptably available in international databases nor from EHIS (action coordinated by ECHIM Secretariats)

- Setting up a centralised presentation system (action coordinated by ECHIM Secretariats)
- Analysing and interpreting the results (action coordinated centrally by ECHIM Secretariats)
- Using ECHI Indicators in national health policy and planning

3. WHAT IS EXPECTED FROM THE MS EXPERTS INVOLVED IN ECHIM?

1. Set up a group of 3–5 national experts (*National Implementation Team, NIT*). Note that the group will only work part-time on implementation.
2. Check existing data sources, availability and quality. If needed, support is available from ECHIM Secretariats (see Appendix 4).
3. Draft an implementation plan on the basis of the general guidelines, to be discussed with ECHIM Secretariats and the Core Group
4. Finalise the implementation plan, by taking into account the general timetable of implementation. Set realistic deadlines for each phase of implementation.
5. Inform key national stakeholders about the ECHI Indicators, the activities in the EU-level and the national plan of implementing the ECHI indicators

4. HOW TO DRAFT AN IMPLEMENTATION PLAN?

4.1 Check the data sources

- Assess the availability and quality of indicators and data for the ECHI shortlist for your country, in national and/or international databases. Check whether they come from the preferred or alternative data sources.
- For this, use as a basis the prefilled Indicator Data Availability Sheets (in the making) which give the availability in the MS as recorded during the ECHIM project period. They also give the preferred data source, which is also and more elaborately documented in the ECHIM documentation sheets as presented in the ECHIM Final Report (2008) or, when available, more recent updated versions.
- Check the result of this activity (availability, coverage and validity of data) with the ECHIM Secretariats (see Appendix 4).
- The resulting updated MS Sheet will clearly illustrate the availability of each indicator in your country (fully available / partly available / not available / will become available / available but from non-preferred source).
- Concentrate next on missing data sources and the sources that need improvement (i.e. not available / partly available).
- Check relevant earlier national and international exercises of this sort in the field of health information systems as example and for background information (e.g. the

Dutch Dare to Compare -project¹; the Eurostat's project on diagnosis-specific morbidity statistics²).

4.2 Draft a plan for implementation of ECHI Indicators

- Set up a realistic goal for implementation, taking into account the possible resource limitations in your country. This may imply starting with a subset of indicators.
- Plan how to implement indicators based on existing data sources, how to improve data sources and how to establish some new ones. This exercise should be done from the current starting point of your country. Seek support from ECHIM Secretariats.
- Please remember that one has to also establish clear lines of approval of data and authorisation of data publications (of data/indicators that are not readily and acceptably available in international databases or from EHIS), although no individual level data will need to be provided to the central ECHIM database.
- Note that modifying data sources or establishing new ones requires a lot of effort. Take into account the resources and the time needed.
- Gather a list of contact persons and resources needed to realise the implementation proper and draw a plan how they are integrated to the process
- Prepare a timetable with clearly defined milestones and deadlines which is in accordance with the general timetable of ECHIM at the EU level. Keep in contact with ECHIM (especially the Secretariat responsible for implementation in your country, see Appendix 3) and inform of your country-specific deadlines.
- The national implementation plans (as well as other relevant documents) will be available for the ECHIM members in the ECHIM extranet (www4.ktl.fi/wiki03/), for the MS experts to learn from each other and to pick up good ideas from their colleagues.

4.3 Questions to be posed and taken into account when drafting the National Implementation Plan

Three main groups of indicators can be discerned within the ECHI shortlist: 1) indicators for which the preferred data source is one of the major international databases, 2) indicators for which EHIS is the preferred data source, and 3) the rest of the indicators (with suitable data sources to be explored at national level). National Implementation Plans should tackle at least to the following type of basic questions:

¹ Harbers MM, Wilk EA van der, Kramers PGN, Kuunders MMAP, Verschuuren M, Eliyahu H, Achterberg PW. Dare to Compare! Benchmarking Dutch health with the European Community Health. Indicators (ECHI). RIVM report number 270051011. Houten: Bohn Stafleu Van Loghum, Houten, 2008. www.rivm.nl/bibliotheek/rapporten/270051011.pdf

² <http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&vm=detailed&sb=Title>

1. *For ECHI Indicators that are readily available and delivered to international organisations (WHO, OECD, Eurostat):*

Q: Does your country deliver all data and generally on time? Or does your country differ on some major aspects? (e.g. Belgium has fundamental problems to deliver mortality data on time).

Q: What are the possible improvements for your country? (e.g. change in the use of ICD-code, improved record linkage, improved data management and data flow, etc.)

2. *For indicators for which EHIS is the preferred data source:*

Q: What is the current status of EHIS implementation in your country and what are the national plans for future participation in EHIS?

Q: Are there (recent) data available that are collected according to the EHIS methodology for your country?

Q: What can be done to implement EHIS in your country / improve the quality of EHIS-based data?

3. *For rest of the indicators (check proposed ECHI operationalisations)*

Q: For which of these indicators does your country already collect data (regular, nationally representative, relevant age groups)?

Q: For which of these indicators there are currently no appropriate data available?

Q: Are there already (concrete) plans to collect such data in the future?

Q: What can be done to collect such data in your country / improve the quality of the data?

4.4 Communicate with key persons

- The National Implementation Team (NIT) should also take on communication, if possible
- Support implementation by communication with key stakeholders, administrators, planners and existing data providers
- A separate and more detailed national communication plan is to be drafted later, based on your reply to the "Communication Survey for Member State Experts of ECHIM". Here an outline of the plan is sufficient.

- In the communication plan proper it should be detailed how communication with key stakeholders (e.g. ministries, statistical offices, public health institutes) concerning ECHI Indicators and the national implementation plan will be realised in practice.
- Initiate communication by written, visual and online material, and by face-to-face contacts. Take into account material and support that can be provided by ECHIM.

5. WHEN SHOULD DIFFERENT TASKS BE CARRIED OUT?

5.1 FIRST WAVE: Piloting implementation in the MSs whose experts belong to the Core Group

- THL will draft a basic document for an implementation plan and the Communication Survey **by 26.6.2009**.
 - Both these documents will be sent to the MS representatives and experts in the ECHIM Core Group
1. The Core Group members gather around them a national implementation team of 3–5 persons, including communications officer, if possible
 2. This national team drafts an implementation plan for their respective countries and are expected to reply to the Communication Survey **by 11.9.2009**
 3. The National Implementation Teams will send a detailed implementation plan and the Communication Survey to THL (coordinating Secretariat) and to that ECHIM Secretariat that is in charge of implementation in that particular country (see Appendix 3).
- The results will be presented and discussed **during the next Core Group meeting in Ljubljana on 29–30.9.2009**. Implementation proper (Putting indicators into practice) shall start after this meeting (at the latest) in countries whose representatives are members of the Core Group.
 - We make a plea that countries draft a national Communication Plan by **31.10.2009** supported by the ECHIM Communication Plan. If possible, obtain help from a professional communications officer. However, if your organisation does not have one, make sure that one of your collaborators takes on these tasks.

5.2 SECOND WAVE: Extending implementation to MSs outside the Core Group

1. The first meeting of TF Implementation will be held in **Oct–Nov 2009**. The results of the piloting phase (first wave countries), and individual country findings will be presented.
2. After the meeting the MS experts whose countries are not represented in the Core Group should gather around them a National Implementation Team (NIT), including communications officer, if possible.
3. Deadline for drafting their implementation plan and responding to the Communication Survey for the second wave countries is **31.12.2009**.

4. Deadline for drafting the Communication Plan is **28.2.2010**.
 - The next regular Core Group meeting will be held in **Feb 2010** where the progress in implementation in both first and second wave countries is reported.
 - After this meeting (at the latest) implementation activities, following the national implementation plan, should start in MSs whose experts do not belong to the Core Group.

For more detailed schedule, see Appendix 1.

APPENDIX 1: General timetable for implementation activities

* = *task does not (directly) involve the Member State experts and/or the National Implementation Teams*

Assessment of the indicators to be implemented and drafting the country specific implementation plans.

- Inventory of definitions and data problems (availability, comparability) related to the operationalisations (as defined in the Documentation Sheets) of the ECHI shortlist indicators: **Apr–Sep 2009** *
- Filling in the Indicator Data Availability Sheets; pre-filled by the Partners first, and then reviewed by contact persons later; **Sep–Dec 2009** (some preliminary availability check to be done earlier)
- Finalising the Indicator Data Availability Sheets: **Jan–Mar 2010**

a) First wave: CORE GROUP countries

- General guidelines for implementation: draft available **26.6.2009** *
- Country specific national implementation plans: **Jun–Sep 2009**, ready by **11.9.2009**
- Filling in the Communication Survey: by **11.9.2009**
- ECHIM meeting **29–30.9.2009**: presentation of the national implementation plans
- a draft for Communication Plan available **Sep–Oct 2009** *
- National Communication Plans: **Jul–Oct 2009**, ready by **31.10.2009**

b) Second wave: Non CORE GROUP countries

- Launch: the first meeting of the TF Implementation, **Oct–Nov 2009**
- Implementation plan and replying to the Communication Survey: **Oct–Dec 2009**
- Communication Plan: **by 28.2.2010**

Implementation proper

- Updated Documentation Sheets available at www.healthindicators.eu by **Oct 2010**, although many individual Sheets will be updated by the first meeting of the TF Implementation in **Oct–Nov 2009** *
- Translation of ECHI shortlist and its Documentation Sheets into national languages, if needed: deadline not decided yet
- Participation in the data collection from countries for new indicators (ie. Those data/indicators that are not readily and acceptably available in international databases nor from EHIS) and in the development of central ECHI database; **2010–2011** (Specific deadlines to be decided later, outline of the activities by **Sep 2009**)

- New data submitted (“newly implemented indicators”) to the central ECHI database: **2010–2011** (Indicator specific deadlines to be announced later)
- Establishment of regularly maintained national databases with data for indicators on national and regional levels, including data presentation tools; by **Dec 2011**
- Documented steps toward the formal inclusion of ECHI Indicators into existing national systems of health indicators, if such exist, or establishing new ones on the basis of ECHI shortlist, have been taken; **by Dec 2011**

APPENDIX 2: Short glossary of ECHIM terminology

ECHIM Secretariats are the five institutes in Finland (THL), the Netherlands (RIVM), Lithuania (LSIC), Germany (RKI) and Italy (ISS) that carry out most of the general practical work of ECHIM. The Coordinating Secretariat, THL, is in charge of the general administration, overall schedule and meeting arrangements of the action.

Implementation means putting ECHI indicators into practical use by

- Introducing them to national administrators and decision makers and planners
- Helping, where necessary and feasible, to modify existing data sources and to set up new ones, in order to meet the ECHI indicator requirements
- Creating a system for data flow and storage from MSs to central ECHI database, for those data/indicators that are NOT readily and acceptably available in international databases nor from EHIS (coordinated by ECHIM Secretariats)
- Setting up a presentation system (coordinated by ECHIM Secretariats)
- Analysing and interpreting the results (coordinated centrally by ECHIM Secretariats)
- Using ECHI Indicators in national health policy and planning

Health indicators are derived from data on health determinants, health and diseases, functioning, health care and health promotion. Indicators serve to focus health information on important aspects. In the ECHI-1 and ECHI-2 reports indicator is defined as 'A concise definition of a concept meant to provide maximal information on an area of interest'.

ECHI Indicators are the 88 ECHI shortlist indicators comprising measures of the population, determinants of health, health and illnesses, health care and other health systems and health promotion. The shortlist was created in order to cover key health issues in a compact set of indicators.

Metadata refer to textual information comprising definitions, calculation methods, interpretation and data sources of the indicators. Metadata are available for all ECHI Indicators in the form of Documentation Sheets.

Health information system comprises data, indicators and methods and systems to collect, analyse and disseminate them. In addition to population and mortality statistics the data should cover at least those obtained from hospital out-patient and in-patient care, from primary care, from disease registers (such as the cancer register), from surveys (HIS, HES, diet), data on medicine use, and data on sales (e.g. alcohol).

National (or regional) registers comprise e.g. hospital discharge registers, cancer, and social insurance registers kept by the central administration. If the information is in an

identifiable form, such registers can provide much statistical information but they can also be used for record linkage studies.

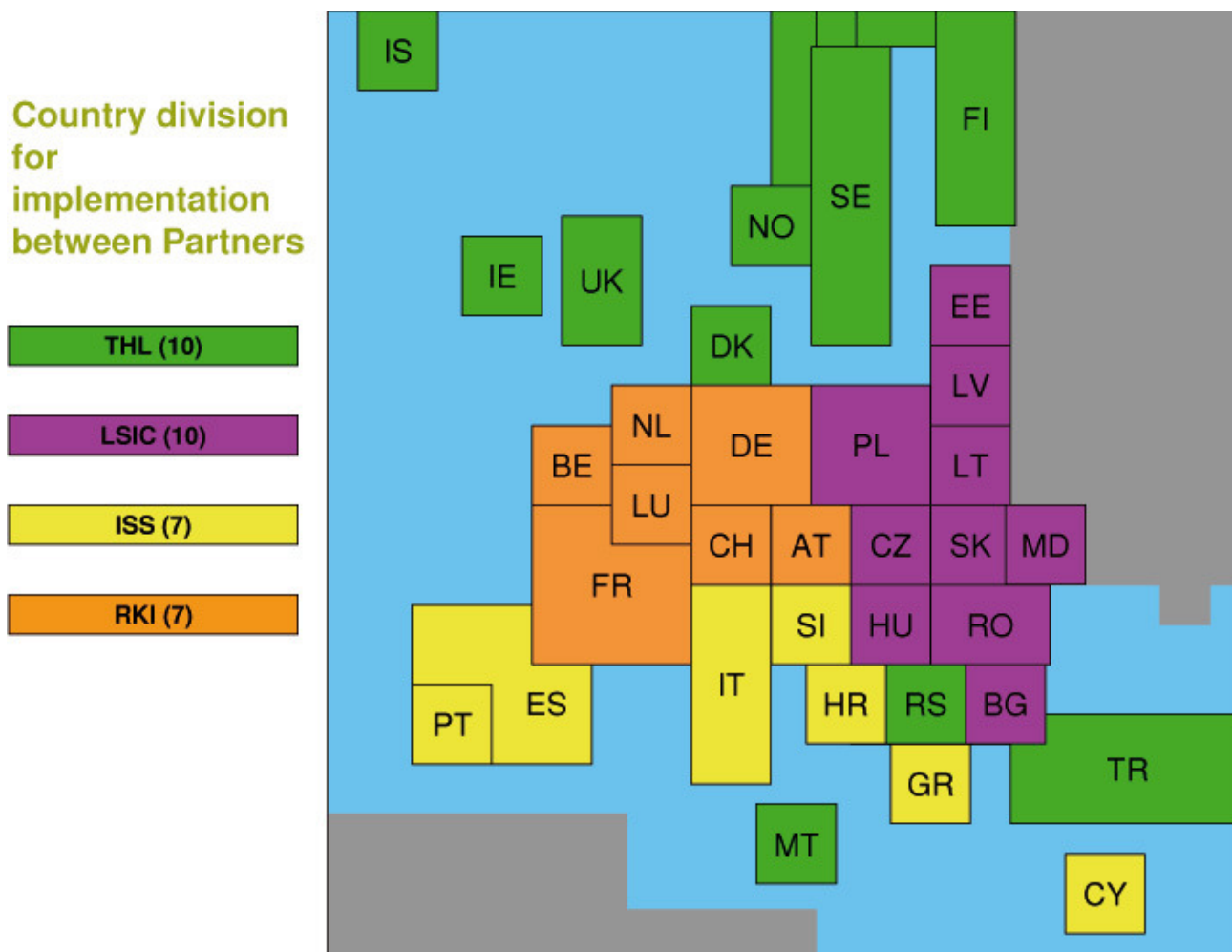
Health surveys are used to collect data on issues otherwise not obtainable. Health interview surveys (HIS) typically gather information on health behaviour, perceived and reported health, symptoms, chronic diseases, activity limitations, use of medicines, and use of health care. The more complex Health Examination Surveys (HES) use in addition to the HIS issues various measurements such as blood pressure, blood tests (lipids, glucose, biomarkers), functioning (hand grip strength, step test, walking speed test). One advantage of HESs is that they comprise measures which are independent of interview replies. Variants of a HIS are mailed questionnaire surveys. There are major developments in Europe in that the European Health Interview Survey (EHIS) has been carried out in 15 countries, and the European Health Examination Survey (EHES) pilots will be launched in 10 countries.

Data repository means a (temporary) data storage system which during the Joint Action for ECHIM houses (aggregated) health data gathered from Member States. In practice it would be a server with a suitable database environment for data traffic and initial analyses.

Presentation system is a visual presentation application to disseminate the information on indicators available in the data repository. Besides text and numerical data, visualisation by diagrams and thematic maps is a typical feature in presentation systems.

Health policy and health planning are the key uses of health information. At the EU level the information can only be put into such uses provided there is a monitoring centre doing the needed work. Each of the Member States needs a comparable arrangement in order to build the health information system in collaboration with EU, and in order to use the information effectively.

APPENDIX 3: Country division between Partner Institutes



THL: Denmark², Finland¹, Iceland², Ireland¹, Malta², Norway², Serbia², Sweden¹, Turkey², United Kingdom¹

LSIC: Bulgaria², Czech Republic¹, Estonia¹, Hungary², Latvia², Lithuania¹, Moldova², Poland², Romania², Slovakia²

ISS: Croatia², Cyprus², Greece¹, Italy¹, Portugal², Slovenia¹, Spain¹

RKI: Austria², Belgium¹, France², Germany¹, Luxembourg², Netherlands¹, Switzerland²

Note: ¹⁾ First wave MSs, ²⁾ Second wave MSs, see Appendix 1

Appendix 4. Contact information: key contacts of implementation

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General administration, meeting arrangements, overall schedule, communication with the Commission

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Development and documentation of ECHI Indicators

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Data presentation

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Data flow

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When contacting ECHIM experts:

1. Please send mail to **the person in charge** of the particular topic (marked in **bold** letters)
2. Please send **a copy (cc:)** to all other contact persons of that topic
3. Please send **a copy (cc:) of ALL messages and communication** to the project coordinator, Elina Kestilä-Kekkonen (elina.kestila-kekkonen@thl.fi)

For detailed contact information, visit the ECHIM website: www.echim.org