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Delegations will find attached document D035487/01 - Annex 1.

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ANNEXES 1 to 2

ANNEXES

to the

**COMMISSION REGULATION (EU) No .../...of
implementing Regulation (EC) No 1338/2008 of the European Parliament and of the
Council as regards statistics on health care expenditure and financing**

[...]

ANNEX I

Definitions

1. 'Health care' means all activities with the primary purpose of improving, maintaining and preventing the deterioration of the health status of persons and mitigating the consequences of ill-health through the application of qualified health knowledge;
2. 'Current expenditure on health care' means the final consumption expenditure of resident units on health care goods and services, including the health care goods and services provided directly to individual persons as well as collective health care services;
3. 'Health care functions' relate to the type of need that current expenditure on health care aims to satisfy or the kind of objective pursued;
4. 'Curative care' means the health care services during which the principal intent is to relieve symptoms or to reduce the severity of an illness or injury, or to protect against its exacerbation or complication that could threaten life or normal function;
5. 'Rehabilitative care' means the services to stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation and prevent impairments, medical complications and risks;
6. 'Inpatient care' means the treatment and/or care provided in a health care facility to patients formally admitted and requiring an overnight stay;
7. 'Outpatient care' means the medical and ancillary services delivered in a health care facility to a patient who is not formally admitted and does not stay overnight;
8. 'Day care' means the planned medical and paramedical services delivered in a health care facility to patients who have been formally admitted for diagnosis, treatment or other types of health care and are discharged on the same day;
9. 'Long-term care (health)' means a range of medical and personal care services that are consumed with the primary goal of alleviating pain and suffering and reducing or managing the deterioration in health status in patients with a degree of long-term dependency;
10. 'Home-based care' means the medical, ancillary and nursing services that are consumed by patients at their home and involve the providers' physical presence;
11. 'Ancillary services' (non-specified by function) means the health care or long-term care related services non-specified by function and non-specified by mode of provision, which the patient consumes directly, in particular during an independent contact with the health system and that are not integral part of a care service package, such as laboratory or imaging services or patient transportation and emergency rescue;
12. 'Pharmaceuticals and other medical non-durable goods' (non-specified by function) means pharmaceutical products and non-durable medical goods intended for use in the diagnosis, cure, mitigation or treatment of disease, including prescribed medicines and over-the-counter drugs, where the function and mode of provision are not specified;
13. 'Therapeutic appliances and other medical goods' (non-specified by function) means medical durable goods including orthotic devices that support or correct deformities and/or abnormalities of the human body, orthopaedic appliances, prostheses or artificial extensions that replace a missing body part, and other prosthetic devices including implants which replace or supplement the functionality of a missing biological structure

and medico-technical devices, where the function and the mode of provision are not specified;

14. 'Preventive care' means any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequelae and complications;
15. 'Governance, and health system and financing administration' means services that focus on the health system rather than direct health care, direct and support health system functioning, and are considered to be collective, as they are not allocated to specific individuals but benefit all health system users;
16. 'Health care financing schemes' means types of financing arrangements through which people obtain health services, including both direct payments by households for services and goods and third-party financing arrangements;
17. 'Government schemes' means health care financing schemes whose characteristics are determined by law or by the government and where a separate budget is set for the programme and a government unit that has an overall responsibility for it;
18. 'Compulsory contributory health insurance scheme' means a financing arrangement to ensure access to health care for specific population groups through mandatory participation determined by law or by the government and eligibility based on the payment of health insurance contributions by or on behalf of the individuals concerned;
19. 'Compulsory medical savings accounts (MSA)' means savings accounts that are legally compulsory, whereby the basic method for fund raising and some issues concerning the use of the account to pay for health services are regulated by government, and where there is no pooling across individuals, except for family members;
20. 'Voluntary health insurance schemes' means schemes based upon the purchase of a health insurance policy, which is not made compulsory by government and where insurance premiums may be directly or indirectly subsidised by the government;
21. 'Non-profit institutions financing schemes' means non-compulsory financing arrangements and programmes with non-contributory benefit entitlement that are based on donations from the general public, the government or corporations;
22. 'Enterprise financing schemes' means primarily arrangements where enterprises directly provide or finance health services for their employees without the involvement of an insurance-type scheme;
23. 'Household out-of-pocket payment' means a direct payment for health care goods and services from the household primary income or savings, where the payment is made by the user at the time of the purchase of goods or the use of the services;
24. 'Rest of the world financing schemes' means financial arrangements involving or managed by institutional units that are resident abroad, but who collect, pool resources and purchase health care goods and services on behalf of residents, without transiting their funds through a resident scheme;
25. 'Health care providers' means the organisations and actors that deliver health care goods and services as their primary activity, as well as those for which health care provision is only one among a number of activities;
26. 'Hospitals' means the licensed establishments that are primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing and other health

services to inpatients and the specialised accommodation services required by inpatients and which may also provide day care, outpatient and home health care services;

27. 'Residential long-term care facilities' means establishments that are primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents, where a significant part of the production process and the care provided is a mix of health and social services with the health services being largely at the level of nursing care in combination with personal care services;
28. 'Providers of ambulatory health care' means establishments that are primarily engaged in providing health care services directly to outpatients who do not require inpatient services, including both offices of general medical practitioners and medical specialists and establishments specialising in the treatment of day-cases and in the delivery of home care services;
29. 'Providers of ancillary services' means establishments that provide specific ancillary type of services directly to outpatients under the supervision of health professionals and not covered within the episode of treatment by hospitals, nursing care facilities, ambulatory care providers or other providers;
30. 'Retailers and other providers of medical goods' means establishments whose primary activity is the retail sale of medical goods to the general public for individual or household consumption or utilisation, including fitting and repair done in combination with sale;
31. 'Providers of preventive care' means organisations that primarily provide collective preventive programmes and campaigns/public health programmes for specific groups of individuals or the population-at-large, such as health promotion and protection agencies or public health institutes as well as specialised establishments providing primary preventive care as their principal activity;
32. 'Providers of health care system administration and financing' means establishments that are primarily engaged in the regulation of the activities of agencies that provide health care and in the overall administration of the health care sector, including the administration of health financing;
33. 'Rest of the economy' means other resident health care providers not elsewhere classified, including households as providers of personal home health services to family members, in cases where they correspond to social transfer payments granted for this purpose as well as all other industries that offer health care as a secondary activity;
34. 'Rest of the world providers' means all non-resident units providing health care goods and services as well as those involved in health-related activities.

ANNEX II

Subjects to be covered and their characteristics, cross-classification data and breakdowns

1. Cross-classification current expenditure on health care by health care functions (HC) and financing schemes (HF)*

Health care functions	Financing schemes	HF.1.1 Government schemes	HF.1.2; HF.1.3 health insurance schemes and compulsory medical saving	HF.2.1 health insurance schemes	HF.2.2 Non-profit institutions financing schemes	HF.2.3 Enterprises financing schemes	HF.3 Household out-of-pocket payment	HF.4 Rest of the world financing schemes	Current expenditure on health care HF.1-HF.4
HC.1.1; HC.2.1	In-patient curative and rehabilitative care								
HC.1.2; HC.2.2	Day curative and rehabilitative care								
HC.1.3; HC.2.3	Outpatient curative and rehabilitative care								
HC.1.4; HC.2.4	Home-based curative and rehabilitative care								
HC.3.1	Inpatient long-term care (health)								
HC.3.2	Day long-term care (health)								
HC.3.3	Outpatient long-term care (health)								
HC.3.4	Home-based long-term care (health)								
HC.4	Ancillary services (non-specified by function)								
HC.5.1	Pharmaceuticals and other medical non-durable goods (non-specified by function)								
HC.5.2	Therapeutic appliances and other medical goods (non-specified by function)								
HC.6	Preventive care***								

2. Cross-classification current expenditure on health care by health care functions (HC) and health care providers (HP)*

	Health care providers	HP.1 Hospitals	HP.2 Residential long-term care facilities	HP.3 Providers of ambulatory health care	HP.4 Providers of ancillary services	HP.5 Retailers and other providers of medical goods	HP.6 Providers of preventive care	HP.7 health care system administration	HP.8 Rest of the economy	HP.9 Rest of the world	Current expenditure on health care HP.1-HP.9
Health care functions											
HC.1.1; HC.2.1	In-patient curative and rehabilitative care										
HC.1.2; HC.2.2	Day cases of curative and rehabilitative care										
HC.1.3; HC.2.3	Out-patient curative and rehabilitative care										
HC.1.4; HC.2.4	Home-based curative and rehabilitative care										
HC.3.1	Inpatient long-term care (health)										
HC.3.2	Day long-term care (health)										
HC.3.3	Outpatient long-term care (health)										
HC.3.4	Home-based long-term care (health)										
HC.4	Ancillary services (non-specified by function)										
HC.5.1	Pharmaceuticals and other medical non-durable goods (non-specified by function)										
HC.5.2	Therapeutic appliances and other medical goods (non-specified by function)										

3. Cross-classification current expenditure on health care by health care providers (HP) and financing schemes (HF)*

Health care providers	Financing schemes	HF.1.1	HF.1.2; HF.1.3	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.4	Current expenditure on health care HF.1-HF.4
HP.1	Hospitals	Government schemes	Compulsory health insurance schemes and compulsory medical saving accounts**	Voluntary health insurance schemes	Non-profit institutions financing schemes	Enterprises financing schemes	Household out-of-pocket payment	Rest of the world financing schemes (non-resident)	
HP.2	Residential long-term care facilities								
HP.3	Providers of ambulatory health care								
HP.4	Providers of ancillary services								
HP.5	Retailers and other providers of medical goods								
HP.6	Providers of preventive care								
HP.7	Providers of health care system administration and financing								
HP.8	Rest of the economy								
HP.9	Rest of the world								
	Current expenditure on health care HP.1-HP.9								

* Data shall be transmitted in millions of national currency.