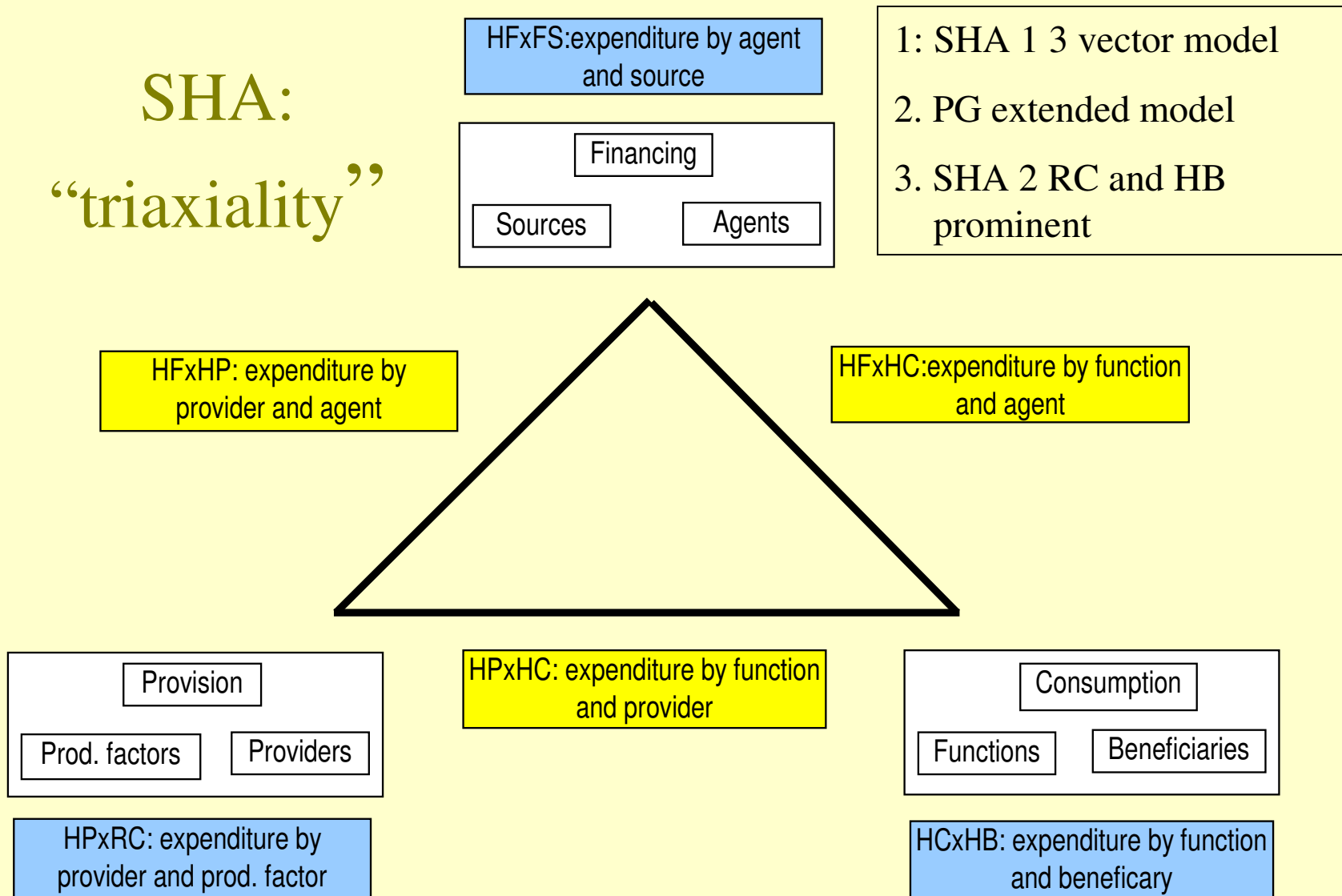


SHA Revision

Unit 8: Health care providers

C. van Mosseveld, PhD

SHA: “triaxiality”



Boundaries: focus on functions (1)

Boundary is defined by

- *the sum of **activities performed** either by institutions or individuals pursuing, through the application of health (medical, paramedical, nursing, ...) knowledge and technology, the (main) **purpose** of improving, maintaining and preventing the deterioration of the **health status of persons***

Purpose performed by:

♣ promotion	♣ caring for persons affected by chronic illness
♣ prevention	♣ caring for persons with health-related impairments, disabilities and handicaps
♣ diagnosis	♣ palliative care
♣ curing illness	♣ stewardship and governance of the system

See unit 7 *Classification of health care functions*

Objectives

- complete classification of all units producing health products
- structure the economic units of health care delivery by their main characteristics
- show the related structure of economic units supporting the health care processes
- All activities to be reported regardless outcome

Economic units and health provision

- Economic units
 - Providing mainly health products
 - Providing a minority of other products
- Economic units
 - Providing mainly non-health products
 - Providing a minority of health products

Economic units and health provision

- Economic units

- Providing mainly health products → providers

- Providing a minority of other products *To be included*

- Economic units

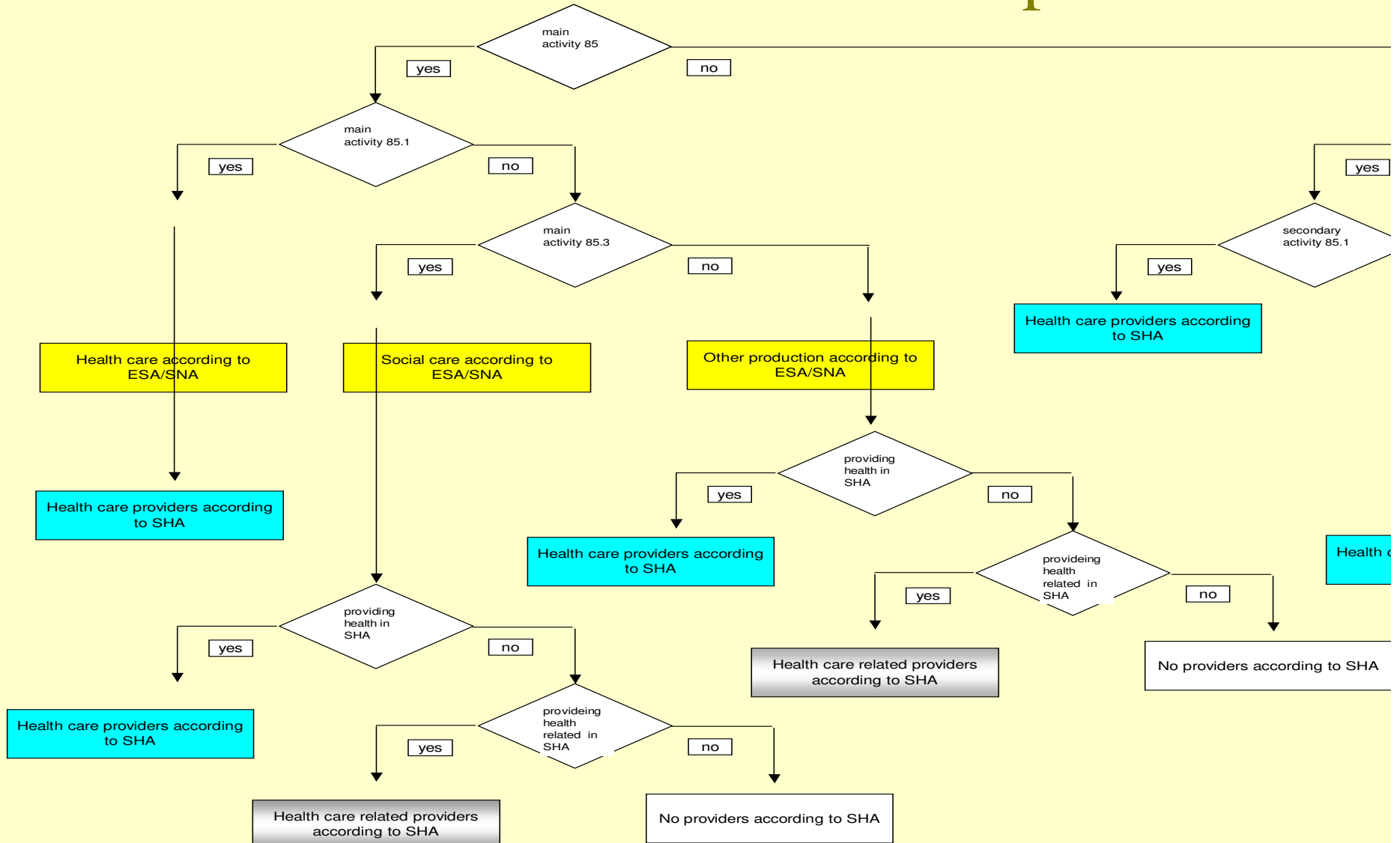
- Providing mainly non-health products

- Providing a minority of health products → providers

Criteria

- *Comprehensive, complete, mutual exclusive keeping in mind the special role of*
 - *households in the production of health.*
 - *providers of administration, management and control*
- Relevance to the actual world economy
- Compatibility with other national and international classifications
- Continuity with their previous versions
- Characteristics of provision and processes used

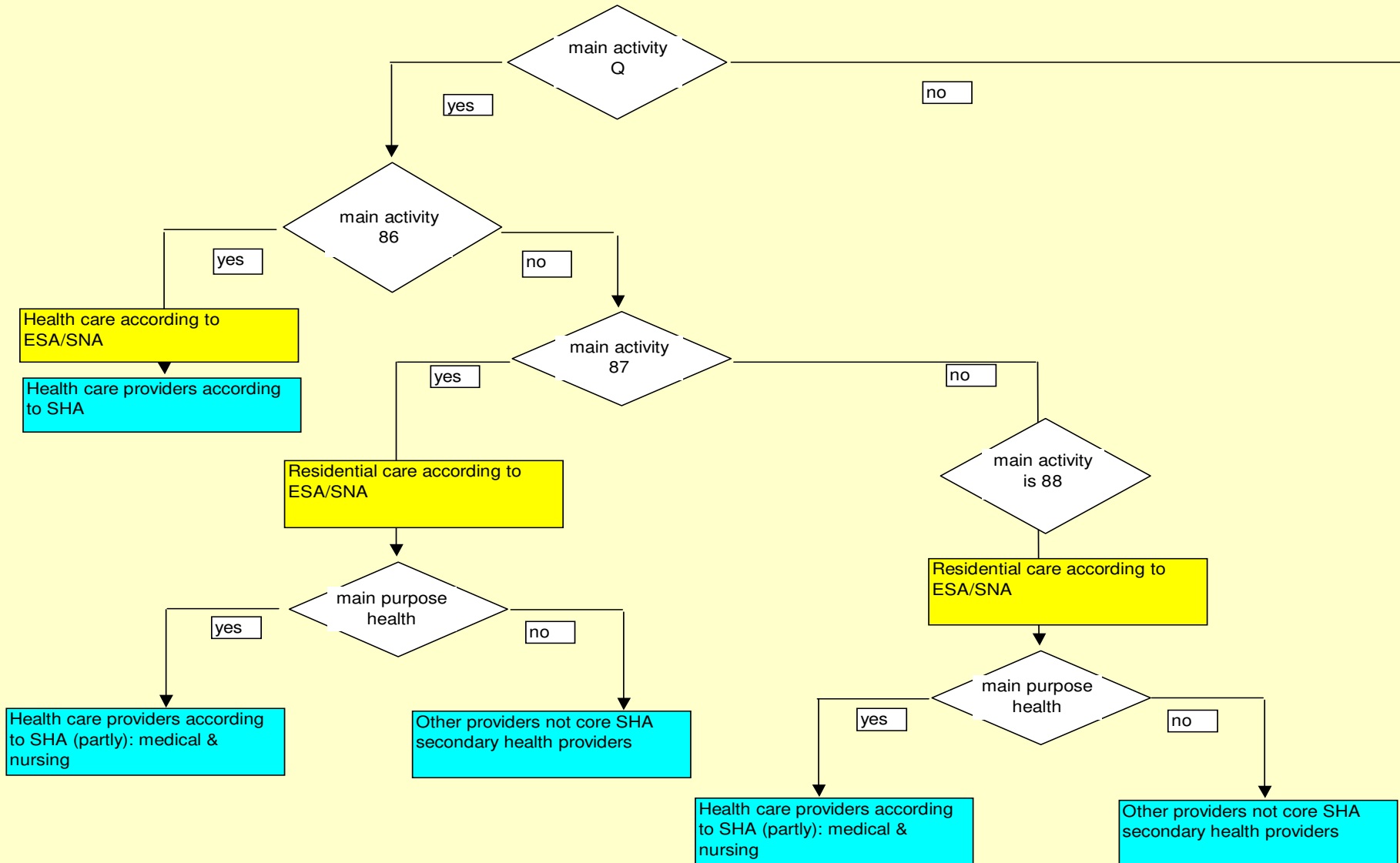
SHA 1: ISIC rev 3 Activities and providers



SHA 2: ISIC rev 4 activities and providers

	Q	HUMAN HEALTH AND SOCIAL WORK ACTIVITIES		
	86	Human health activities	85	
	86.1	Hospital activities	85.11*	
	86.2	Medical and dental practice activities	85.12* 8513*	
	86.9	Other human health activities	85.14*	
	87	Residential care activities	85	
	87.1	Nursing care facilities	85.14*	
	87.2	Residential care activities for mental retardation, mental health and substance abuse	85.31* 85.11* 85.14*	
	87.3	Residential care activities for the elderly and disabled	85.31* 85.14*	
	87.9	Other residential care activities n.e.c.	85.31*	
	88	Social work activities without accommodation	85 (75)	
	88.1	Social work activities without accommodation for the elderly and disabled	85.32*	
	88.9	Other social work activities without accommodation	85.32* 85.32* 75.21*	
		WHO Regional meeting, Geneva		9

SHA 2: ISIC rev 4 activities and providers



Proposed classification of providers (1)

	<i>SHA2.0</i>	<i>SHA1.0</i>
Health care providers		
Hospitals	HP*.10	HP.1
General hospitals	HP*.10.1	HP.1.1
University hospitals	HP*.10.2	HP.1.1
Mental hospitals	HP*.10.3	HP.1.2
Spezialised hospitals other than mental hospitals	HP*.10.4	HP.1.3
Other hospitals	HP*.10.5	HP.1.4
Residential / LTC providers	HP*.11	HP.2
Nursing care facilities	HP*.11.1	HP.2.1
Residential mental health care facilities	HP*.11.2	HP.2.2
Residential facilities for the elderly / disabled	HP*.11.3	HP.2.3
All other residential care facilities	HP*.11.9	HP.2.9
Ambulatory medical care providers	HP*.12	HP.3
General medical practice	HP*.12.1	HP.3.1
Specialist medical practice	HP*.12.2	HP.3.1
Dental practice	HP*.12.3	HP.3.2
Medical care centers	HP*.12.4	HP.3.4.5,3.4.9
Dialysis centres	HP*.12.5	HP.3.4.4
All other medical providers	HP*.12.9	HP.3.9.9
Other health care providers	HP*.13	HP.3.4.2
Health practioners (non-medical)	HP*.13.1	HP.3.3
Home care providers	HP*.13.2	HP.2.3,3.6
Out-patient mental health centres	HP*.13.3	HP.3.4.
Integrated care providers	HP*.13.4	HP.3.4.5,3.4.9
Social care providers	HP*.13.5	
Other care providers	HP*.13.9	HP.3.9
Providers of preventive programs	HP*.14	HP.5
Public health centres	HP*.14.1	HP.5
Other preventive care units	HP*.14.2	HP.5
Patient transportation	HP*.15	HP.3.9.1
Emergency ambulances	HP*.15.1	HP.3.9.1
Other specialised transportation in health care	HP*.15.2	HP.3.9.1
Retailers and other providers of medical goods	HP*.16	HP.4
Pharmacies	HP*.16.1	HP.4.1
Retailers of optical glasses	HP*.16.2	HP.4.2
Retailers of hearing aids	HP*.16.3	HP.4.3
Other retailers of medical goods	HP*.16.9	HP.4.4,4.9

Proposed classification of providers (2)

	<i>SHA2.0</i>	<i>SHA1.0</i>
Households	HP*.20	HP.7.2
Health and Financial Administration	HP*.30	
Government units	HP*.30.1	HP.6.1
Social Insurance units	HP*.30.2	HP.6.2,6.3
Private Insurance units	HP*.30.3	HP.6.4
NPISH	HP*.30.4	--
Other administrative units	HP*.30.9	HP.6.9
Provision related producers		
Education and Training	HP*.40	
Medical education and traing	HP*.40.1	
Other education and training	HP*.40.2	
Research	HP*.41	
Scientific research	HP*.41.1	
Market research	HP*.41.2	
Laboratories	HP*.42	HP.3.5, 3.9.2
Industries	HP*.43	
Pharmaceutical Industry	HP*.43.1	
Manufacture of medical supplies	HP*.43.2	
Manufacture of denture	HP*.43.3	HP.4.4
Installation of medical equipment	HP*.43.4	
Wholesale retailers	HP*.44	
Reinsurance	HP*.45	
Others	HP*.49	
Other institutions (rest of the economy)	HP*.50	
Rest of the world	HP*.90	HP.9

Providers: questions (1)

- Provider is not 1-to-1 with functions, so *names* of HP and HC should be different. How can we make sure this happens? How can we *prevent confusion*?
- A distinction is proposed between health care *providers and provision related producers*. Is this deemed *necessary*?
- What distinguishes a “*hospital*” from a “*medical care centre*”?
- Is the distinction between “*university hospitals*” and “*other specialised hospitals*” useful?

Providers: questions (2)

- What distinguishes “*ambulatory medical care providers*” from “*other health care providers*”?
- Ambulatory providers. Distinction between *solo-practice*, *solo-practice with personnel* (e.g. nurse) and team practices necessary?
- How *close* do we need to stay *to ISIC* and its criteria?
- Are the *rules/criteria clear* enough:
 - To decide if a unit belongs to the HP?
 - Where to classify the unit?