

The System of Health Accounts- methodological notes

1. Objectives of the statistical survey

The main objective of the System of Health Accounts (SHA) is establishing a single methodological framework of the production of financial statistics in the field of health, using an internationally harmonised methodology, to meet the needs of information in the health care sector. The SHA methodology represents a starting point of collaboration between three international organizations interested in the statistical health sector: OECD, Eurostat and WHO.

The System of Health Accounts it is constituted in such a way that it allows the data to be recorded on health expenditures according to the International Classification of Health Accounts (ICHA). Health care services, the providers of health care services and their funding sources were identified at the national level and included in the categories of the International Classification of Health Accounts. (The Classification of the Health Accounts and their methodological aspects are available in the annual publication "System of Health Accounts in Romania" available on NIS' website).

The System of Health Accounts is carried out according to the System of Health Accounts (SHA) methodology and is governed by the European rules, respectively the Regulation (EU) 2021/1901 regarding statistics on health care expenditure and financing.

2. Data Source

The data on health care expenditures were collected from the administrative sources and also from statistics produced by the National Institute of Statistics. Inventory of data sources is still an open activity in a continuous process of improvement.

The administrative data sources used are financial and statistical records of ministries and institutions that have responsibilities in the health field: Ministry of Health, National House of Health Insurance, Ministry of Finance, Ministry of Labor, Family, Youth and Social Solidarity, Financial Supervision Authority – Insurance-Reinsurance Sector (up to April 2013, Insurance Supervisory Commission), other ministries and institutions with their own health network (Ministry of National Defence, Ministry of Justice, Ministry of Transport and Infrastructure, Ministry of Internal Affairs, Romanian Academy, etc).

Statistical sources used for the development of the SHA are: The activity of the medical and healthcare protection network (SAN), Household Budget Survey (HBS), National Accounts, Structural Survey (SS).

3. Method of data collection

The NIS uses the financial and non-financial data from the administrative sources and also the data from the statistical surveys of the NIS to make estimates regarding health care expenses and expenses related to health care services that are provided in combination with the social assistance services, according to the common methodology developed by Eurostat, OECD and WHO.

4. Periodicity and reference period

The System of Health Accounts is carried out with annual periodicity and it has as reference period the year $t-2$ (t –current year).

5. Basic concepts – methodological notes

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.

Health care financing sources (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. For this study “financing schemes” is synonym with “financing sources”.

Public administration financing sources (schemes) means health financing sources that include all central and local administration institutions and all of the social security fund administration at each administrative level.

Voluntary health insurance sources (schemes) means schemes based upon the purchase of a health insurance policy, which is not made compulsory by government.

Non-profit institutions financing systems (schemes) - NPISH serving households 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.

Health financing sources (schemes) of economic units usually indicate regimes through which businesses directly provide or finance health services for their employees without the intervention of an insurance-type system.

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.

Rest of the world financing sources (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.

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.

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.

Residential long-term care facilities means establishments that are primarily engaged in providing residential longterm 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.

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, dental practices, outpatient care centers and providers of home care services.

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.

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.

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.

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.

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.

Rest of the world means all non-resident units providing health care goods and services as well as those involved in health-related activities.

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.

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.

Recovery-rehabilitation medical services include medical services provided during a recuperative care period of time for the purpose of improving functional capacity for the patients who have functional limitations due to a recent or recurrent (regressive or progressive) illness or injury, therapeutic spa recovery, other treatment rehabilitation programs designated to the patients and recovery of patients' autonomy. These types of services are provided by the hospitals, health centres, medical social units, sanatoriums, preventive services, other categories of units that also provide medical and social care.

Inpatient care means the treatment and/or care provided in a health care facility to patients formally admitted and requiring an overnight stay.

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.

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.

Home-based care means the medical, ancillary and nursing services that are consumed by patients at their home and involve the providers' physical presence.

Long-term care (health) means a range of medical or nursing care and personal care services providing help with activities of daily living 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.

Ancillary services 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.

Pharmaceuticals and other medical non-durable goods 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.

Therapeutic appliances and other medical goods 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.

Preventive care means any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequelae and complications.

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.