

**Documentation of statistics for
Health Insurance Statistics 2016**

1 Introduction

The purpose of the health insurance statistics is to analyze the relationship between social conditions and the public health insurance system. The statistics were compiled for the first time for the year 1984 on the basis of Statistics Denmark's Public Health Insurance Register which is based on data from the joint-municipal system of public health insurance used by the counties to settle accounts with doctors, dentists, etc. In the years 1984, 1985 and 1986, the register was based on a 10 per cent sample, containing individuals born on the 14th, 15th or 16th day of a month; from 1987, the register covers all benefits and persons included in the agreements between the National Health Service Negotiating Committee (Sygesikringens Forhandlingsudvalg) and the organizations representing the various contributors. Whereas initially it was typically doctors who had agreements with the National Health Service Negotiating Committee, several new contributors have over the years made agreements and so they are included in the statistics.

2 Statistical presentation

The statistics provide information on the number of recipients and benefits and the public spending in the public health insurance system within a calendar year. The statistics contain the benefits, for example consultations with general practitioners and specialist doctors, treatments by physiotherapists and chiropractors, etc., that are settled in the joint-municipal system, which means that some of the total expenditure in the public health system is not included in the statistics (expenditures for medicine, travel insurance, private laboratories, etc.). In the statistics, certain benefits are included, although they are not included in the Act on the Public Health Service (Lov om offentlig sygesikring). These are health examinations of children and pregnant women and also vaccinations of children. Over the years, more contributors have made agreements with the authorities (for instance laboratories, physiotherapists and psychologists). And so, an ever-increasing number of benefits are being counted.

2.1 Data description

The statistics cover visits to doctors (general and specialist) as well as to dentists, physiotherapists etc. within one calendar year. The services provided by different doctors and specialist to the persons these services are provided to. Furthermore the cost of public spending (exclusive of (TILSKUD) to medicine, travel insurance etc.).

2.2 Classification system

Publication of the statistic use the following classifications:

- type of benefit/physician by 21 groups
- type of benefit/physician (more detailed in type of specialists etc.) by 47 groups

The applied groups by type of physician are available on *takstmapper* on the website [okportalen](#)

Furthermore classifications are used from other statistical areas:

- Socioeconomic status
- Income by quartiles
- Family type
- Ancestry
- Region

2.3 Sector coverage

Primary health care sector in Denmark.

2.4 Statistical concepts and definitions

Contact: Contact is a visit to physician and includes consultations also per phone and e-mail and visits at home. One contact (visit) can include multiple services.

Person with contact: Person who has had contact (visit to physician)

Public health insurance expenses: Public health insurance expenses due to servicee to persons with contact to physicians

2.5 Statistical unit

- Persons
- Number of contacts/visits
- Public health insurance expenses in 1.000 DKK.
- Contacts per person
- Share of population with contact

2.6 Statistical population

Contacts/visits (incl. phone and email consultations) in primary health care.

2.7 Reference area

Denmark.

2.8 Time coverage

1992-

Tables prior to 2006 are stored under Archive and presented for the periods 1992-1996 and 1997-2005

2.9 Base period

Not relevant for these statistics.

2.10 Unit of measure

- Number (contacts/visits to physicians, persons with contact to physicians)
- Public health insurance expenses to services provided by physicians in 1.000 DKK
- Contacts per person
- Share of population with contact

2.11 Reference period

The calendar year in which the benefit is received.

2.12 Frequency of dissemination

Yearly.

2.13 Legal acts and other agreements

The Act on Statistics Denmark § 6.

There is no EU Regulation related to the statistics related to the statistics on Visits to Physicians.

2.14 Cost and burden

There is no response burden as the data are collected via the joint-municipal register for public health insurance.

2.15 Comment

[Visits to Physicians.](#)

3 Statistical processing

The agreements between physicians and the regions are the legal basis for refunding costs for services delivered to the population in the primary health sector. Each service is evaluated and it is by Statistics Denmark decided whether the service implies a contact or not (a service delivered in combination with another service regarded as a contact). As for GP's a compilation of the costs paid to the practices regardless of the number of contacts is made as to enhance the comparability between costs to GP's and specialist doctors. The data are combined with other background registers and the statistics are compiled.

3.1 Source data

- The joint-municipal register for public health insurance

Other sources for Statistics Denmark - The Population Register - The Income Register - The Register on employment (RAS)

3.2 Frequency of data collection

Yearly.

3.3 Data collection

Register.

3.4 Data validation

The data received are compared with data from the previous year, and any major fluctuations examined to reassure quality. For the purpose of statistical production data statistics are analyzed thoroughly, and further studies made on the basic data if needed.

3.5 Data compilation

All contacts are compiled on the basis of the number of services regarded as a contact. From 2006 an imputation of sex and age are made for the very small group of young children, who are registered on the escorting persons identification number. Linking with other data regarding e.g. family status is made. Files with persons as the unit are produced with an aggregated number of contacts and costs. The tables in statbank denmark are made on the basis of the above mentioned data files.

3.6 Adjustment

Since 2005 records in the register with benefit equal to zero were excluded. This is particularly relevant for physiotherapy and dentists. In 2005 data exists both with and without these records.

A very limited number of records have a negative number of contacts. In 2008 there were 3,869 of these (0.3 per mille of total number of records). In 2009 and 2010 there are respectively 788 and 771 records with negative number of contacts. This is due to reimbursement technical corrections in the register, and not corrections made by Statistics Denmark. In 2013 data received from CSC Scandihealth were with minor incorrectness (regarding the last three months of the year), since corrections were made with the wrong (fortegn).

4 Relevance

The statistics cover the needs of users widely. However, the calculation of the dental contacts in particular in the period 2013-2015 is not optimal due to changes in the rate folder (takstmapper).

4.1 User Needs

- Users: Municipalities, counties, ministries, organizations, private companies and individuals.
- Application: Public planning purposes, research and public debate.

4.2 User Satisfaction

In the preparation of major projects, outputs a customer satisfaction form to the customer.

There is frequent contact with users, either by mail or telephone, and stated user needs recorded in a log. There is occasional contact with Danish Regions (RLTN), Danish Dental Association, etc. concerning quality of the statistics.

4.3 Data completeness rate

Under preparation.

5 Accuracy and reliability

The register is with full coverage and data of relatively high quality. Revisions in the agreements (takstmapper) from year to year can make the comparability difficult within very small areas. The number of contacts depend on the definitions made during production.

5.1 Overall accuracy

As data in the joint-municipal register come from the statutory administration, the level of accuracy is considered to be high.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

Under preparation.

5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

5.6 Quality assessment

The accuracy of the statistics is considered to be good with full coverage. There may be some uncertainty in defining which benefits to be regarded as contacts, and revisions in the agreements (takstmapper) from year to year need to be followed thoroughly; this issue doesn't exist with the variables costs and persons.

5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the [Revision Policy for Statistics Denmark](#). The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

5.8 Data revision practice

Only final figures are published.

6 Timeliness and punctuality

Under preparation.

6.1 Timeliness and time lag - final results

The statistics are published annually. *News from Statistics Denmark* is published in September, *Statistical News* published in November.

Release times in recent years:

- 2016: 3 months, 11 days
- 2015: 5 months, 2 days
- 2014: 5 months, 3 days
- 2013: 5 months, 12 days
- 2012: 4 months, 15 days
- 2011: 5 months, 6 days
- 2010: 8 months, 0 days
- 2009: 4 months, 20 days

6.2 Punctuality

The statistics are usually published without delay in relation to the scheduled date.

7 Comparability

Under preparation.

7.1 Comparability - geographical

It is not possible to compare directly with international statistics. If you want to look at comparable international data, it is recommended to look at data from Eurostat and the OECD (eg OECS's publication * Health at a Glance *) that to some extent is comparable. There are a number of organizational and institutional issues that you have to keep in mind when analyzing any differences.

7.2 Comparability over time

As more and more contributors have joined the system over the years, caution should be applied in connection with comparisons over time. Especially the data on contacts have been changed during the period. In 2011 there is an increase in contacts etc. at chiropractors due to a new agreement from June 2011 after several years without any agreement. In 2011 there is a remarkable decline in "Doctor, contacts, prevention, etc." due to the abolition of the code "0106 Arranged prevention consultation", and more stringent requirements to use the new code "0120 Arranged specific preventive measures".

7.3 Coherence - cross domain

The National Health Service Negotiating Committee publishes annual statistics on expenditures and benefits. The National Board of Health publishes periodical statistics on the population's use of the benefits. Both these statistics are compiled without the background information which is available from Statistics Denmark's register. On <http://www.sundhedsdata.sst.dk> issued by The National Board of Health detailed figures can be found - although definitions, etc. are not quite the same.

7.4 Coherence - internal

Data are internally consistent.

8 Accessibility and clarity

News from Statistics Denmark, Statistical News, Statistical Yearbook and StatBankDenmark, <http://www.Statbank.dk>: SYG1K, SYGU, SYGKS, SYGUS.

8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

8.2 Release calendar access

The Release Calendar can be accessed on our English website: [Release Calendar](#).

8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

8.4 News release

Under preparation.

8.5 Publications

Under preparation.

8.6 On-line database

Under preparation.

8.7 Micro-data access

The register contains information on the persons who have received benefits from the system. The information can be used for other and/or more detailed statistics than the ones that are published.

8.8 Other

Under preparation.

8.9 Confidentiality - policy

Publication from the register will be in accordance to the data privacy policy of Statistics Denmark:
[Data privacy policy](#).

8.10 Confidentiality - data treatment

The statistics do not make identification possible.

8.11 Documentation on methodology

In *Statistical News* the contents and basis for the statistics are described. Further documentation can be found on: <https://www.dst.dk/da/Statistik/dokumentation/Times/sygesikringsstatistik.aspx>

8.12 Quality documentation

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

9 Contact

The administrative placement of these statistics are in the division of Social Statistics. The person responsible is Kamilla Heurlén, tel. +45 39 17 34 93, e-mail: kah@dst.dk

9.1 Contact organisation

Statistics Denmark

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