

**Documentation of statistics for  
Health Insurance Statistics 2013**

## 1 Introduction

The purpose of the health insurance statistics is to analyse 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 organisations 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

Under preparation.

### 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.

### **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 of persons with contact to physicians
- Number of contacts/visits to physicians
- Public health insurance expenses to services provided by physicians in 1.000 DKK

### **2.11 Reference period**

The calendar year in which the benefit is received.

## **2.12 Frequency of dissemination**

Annually.

## **2.13 Legal acts and other agreements**

The Act on Statistics Denmark (Lov om Danmarks Statistik), Section 6, cf. Order no. 599 of 22 June 2000.

There is no EU Regulation 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**

Under preparation.

### **3.1 Source data**

- The joint-municipal register for public health insurance
- The Central Population Register, Statistics Denmark

### **3.2 Frequency of data collection**

Annually.

### **3.3 Data collection**

Register.

### **3.4 Data validation**

Under preparation.

### **3.5 Data compilation**

Under preparation.

### **3.6 Adjustment**

Under preparation.

## **4 Relevance**

Under preparation.

### **4.1 User Needs**

Municipalities, regions, research institutions.

### **4.2 User Satisfaction**

Under preparation.

### **4.3 Data completeness rate**

Under preparation.

## **5 Accuracy and reliability**

Until 1996, children aged 0-15 years did not have their own social security card, therefore they were registered under the CPR number of the adult accompanying them, and a special marking shows that the benefit is given to a child. However, this does not always take place. Therefore, the statistics contain an unknown number of men and probably in particular women, who ought to have been registered as children. Another factor contributing to the underestimation of the number of children is that an adult who has taken several children to the doctor and taken the same child to the doctors several times during one year, only features as one person (one child). From 1996, all persons apart from unnamed newborns have had their own public health insurance card with a CPR number, under which registration should take place. Nevertheless, some children are still registered under the CPR number of the adult, and so the age and sex distribution of the children is made impossible. Furthermore, there is a risk of double counting of these children as they may be registered initially under the adult's CPR number and subsequently under their own number.

From 2006 the age and sex of these children without CPR-number has been imputed.

Since 2005 until June 2011 a conflict between the regions and the chiropractor has caused insufficient data on this field.

In 2012 a pilot project in the municipality of Bornholm running from January to June implies 112,631 contacts to the GP have not been registered in the statistics concerning 22,790 persons.

In 2012 extra codes for psychologists were included, which means the development from the previous year is larger than in reality. Assistance with interpretation from 2012 is not included in the contacts nor the expenditures, though it might be reasonable to include the expenditures.

### **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**

Under preparation.

### **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**

Under preparation.

### **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.

## **6.2 Punctuality**

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

## **7 Comparability**

Under preparation.

### **7.1 Comparability - geographical**

Under preparation.

### **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 chiropodists 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 [www.sundhedsdata.sst.dk](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**

Under preparation.

## **8 Accessibility and clarity**

*News from Statistics Denmark, Statistical News, Statistical Yearbook and StatBankDenmark, [www.statistikbanken.dk](http://www.statistikbanken.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**

Under preparation.

## **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

### **9.2 Contact organisation unit**

Population and Education, Social Statistics

### **9.3 Contact name**

Kamilla Heurlén

### **9.4 Contact person function**

Responsible for the statistics

### **9.5 Contact mail address**

Sejrøgade 11, 2100 Copenhagen

### **9.6 Contact email address**

kah@dst.dk

### **9.7 Contact phone number**

+45 39 17 34 93

### **9.8 Contact fax number**

+45 39 17 39 99