WHO-FIC

International classification of health services

The ESMS/DESDE approach

Luis Salvador-Carulla
National Centre for Classification in Health (NCCH)
The Four Leadership Questions

- Do you know how good you are?
- Do you know where you stand relative to the best?
- Do you know where the variation exists?
- Do you know the rate of improvement over time?
Why a classification of health services?

- Systematic evaluation of local data for evidence-informed policy
- Standard and comparable Listing of services
- Semantic interoperability
- Resource allocation and priority setting
- Financing and accountability: CASE MIX / CARE MIX
- International territorial comparison

Availability / Accessibility / Acceptability / Efficiency / Equity

Parity / Mobility / Quality
Classification of services by their names

It is not useful for evidence-informed policy and priority setting.
› NORWAY: 20% of ‘Community Mental Health Centres’ provide hospital care as their main activity

› FINLAND: There is no specialised 24-hours acute emergency care

› FRANCE: 50% of ‘Day Hospitals’ are actually providing Outpatient Care

Chronic psychiatric hospital care provided outside the health sector

› SPAIN: 100% of ‘Day Hospitals’ in Bizkaia (Basque Country) do not provide Acute day care but ‘Rehabilitation’

› AUSTRIA: 90% of Outpatient care provided in individual practice facilities

› ROMANIA: No distinction between Day care and Acute emergency care
MAIN PROBLEMS IN THE ASSESSMENT of HEALTH SERVICES

- Transferability and terminological variability
  › Day care – Same day admission.
    - Other Day care
  › Outpatient - Non admitted
  › Rehabilitation - Subacute
  › Hospital – Day Hosp – Home hosp.

- Commensurability: Diff. units of analysis, lack of comparison like-with-like
  ● Service providers
  ● Service delivery
  ● Modalities of care
  ● Interventions
  ● Activities
  ● Philosophy of care
Classification of services for long-term care (DESDE-LTC)

### INCLUSION CRITERIA FOR BSIC

<table>
<thead>
<tr>
<th>LEVEL 1 (parent attributes)</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4 (additional)</th>
<th>LEVEL 5 (additional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.- Human resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.- Consumer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.- Temporal stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.- Same professionals</td>
<td>1.- Legal entity</td>
<td>3.- Own premises</td>
<td>5.- Separated Documents and/or individual coding in larger databases</td>
<td></td>
</tr>
<tr>
<td>B.- Same users</td>
<td>2.- Administrative unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.- Temporal continuity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other attributes (Organisational stability)*

**US:** Leginsky, 1989 // **Australia:** ABF URG/DRG Emergency departments
BASIC STABLE INPUTS OF CARE

STABLE MICROORG. OF CARE

VALUES (DESCRIPTORS)

MAIN TYPES OF CARE

BSIC

MTC

BSIC: Area (H) / Target (ICD/ICF) / MTC / Qualifier

Other UA: Interventions, Activities, Phylosophy
Health Intervention

1. Target

2. Action

3. Means
DESDE-LTC Tree taxonomy - 91 codes
<table>
<thead>
<tr>
<th>Target Tag</th>
<th>ID (identifier)</th>
<th>Descriptor</th>
<th>[DESDE label]</th>
<th>Qualifier</th>
</tr>
</thead>
</table>
Bottom-up development in different care sectors

- Mental health, Disabilities, Ageing, Long-term care and Chronic care

- Ontology based: Conceptual mapping, Coding, Glossary

- Standardised instruments available: ESMS > DESDE > DESDE-LTC
  - Feasibility, reliability, validity

- Usability
  - National listing of disability services in Spain (2012)
  - Mapping of MH & LTC services by the Dpets of Health
    Catalonia / Basque Country / Spain / Finland / Chile
  - International comparisons in over 17 countries in MH / Refinement
  - Use for evidence-informed policy: benchmarking, analysis of technical efficiency, development of indicators
USABILITY OF ESMS/DESDE APPROACH

Identification and location of hot and cold spots of treated prevalence of depression in Catalonia (Spain)
José A Salinas-Pérez1, Carlos R García-Alonso1, Cristina Mollina-Parrilla1, Esther Jordà-Sampietro1 and Luis Salvador-Carulla1 for the GEOscAT Group
International Journal of Health Geographics 2012, 11:36

Methodological Advances in Unit Cost Calculation of Psychiatric Residential Care in Spain
Karen Moreno,1* Eduardo Sánchez2, Luis Salvador-Carulla2

Use of an Operational Model of Community Care to Assess Technical Efficiency and Benchmarking of Small Mental Health Areas in Spain
Luis Salvador-Carulla1, Carlos García-Alonso2, Juan Luis Gonzalez-Caballero3, Marco Garrido-Cumbra4
J Ment Health Policy Econ 10, 63-76 (2007)
Includes DESDE-LTC codes:
- Hospital: R1 R2 R3.0
- Non-hospital: R0 R3.1.1

** Hospital Georges Daumezon: 7 psychiatric sectors

Romania mental health system does not have a specific area

** Girona (Spain)

** Helsinki and Uusimaa (Finland)

** Sør-Trøndelag (Norway)

** Verona (Italy)

** Loiret** (France)

** Suceava (Romania)

** Industrieviertel (Austria)
MH CARE IN 5 HEALTH DISTRICTS IN CHILE

- Concepción
- Maule
- SSMO
- Talcahuano

AMBULATORIO
AMB MOVIL
AMB URGENCIAS
DIA AGUDOS
DIA OTROS
DIA SALUD
DIA TRABAJO
H AGUDO
H NO AGUDO
OTROS RESID

Concepción
Maule
SSMO
Talcahuano
Technical Efficiency

Small Health Areas

- Clúster 1
- Clúster 2
- Clúster 3
- Clúster 4
- Clúster 5

Kilómetros

0 10 20 30 40 50 60 70 80 90 100

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5

N
GIS: HOT–COLD SPOTS
• **COMMENSURABILITY**: Units of analysis
  Basic Stable Inputs of Care (BSIC)

• **TRANSFERABILITY**: Coding of services
  Main Types of Care (MTC)

• **TERMINOLOGICAL VARIABILITY**:
  Glossary of terms and
  Semantic interoperability

• **MISSING FOCUS**: CARE-DRIVEN CASEMIX & CAREMIX
MTC availability and use can be compared across areas regardless of how services are named. ESMS/DESDE provides a standard coding system of services for care and for LTC which can be incorporated to electronic registers, databases and websites. Its use may allow for a better semantic interoperability across different information systems. It may also be a useful support decision tool to improve informed-evidence planning.

[www.edesdeproject.eu](http://www.edesdeproject.eu)
ICHI alpha

International Classification of Health Interventions

DESE-LTC: EVALUATION AND CLASSIFICATION OF SERVICES FOR LONG TERM CARE IN EUROPE

BMC Health Services Research
Evaluation of an integrated system for classification, assessment and comparison of services for long-term care in Europe: the eDESDE-LTC study

THE HIERARCHICAL TAXONOMY OF HEALTH-RELATED CARE DELIVERY

“SERVICE” → MESO-ORGANIZATION

“SERVICE” → MICRO-ORGANIZATION

CGIC
Customary Grouping of Inputs of Care
- Own professional staff
- Same users

CIC
Continuous Inputs of Care

Yes
Time continuity

No
NIC
Non-continuous Inputs of care

“SERVICE” → CIC
Continuous Inputs of Care

Yes
Organizational Stability

No

“SERVICE” → BSIC
Basic Stable Inputs of Care
- Registered as legal organisation
- Own administrative unit
- Own premises
- Separate financing/ specific accountability
- separated documentation

FIC
Functional Inputs of Care

Primary
MTC
Main Type of Care

Secondary

“SERVICE” → OCIC
Other Continuous Inputs of Care

MTC Level 1: Main branches
- Information
- Outpatient
- Accessibility
- Day
- Self-help
- Residential

CDP
Care Delivery Programme
(time limited with organizational stability)

ONIC
Other Non-continuous Input of Care
(time limited without organizational stability)

Level 2: Health status of user (Acute/Non-acute)
Level 3: Primary typology of care (main descriptor)
Level 4: Secondary typology of care (third descriptor)
Level 5: Tertiary typology of care (fourth descriptor)
Level 6: Additional typology of care

MTC
Main Type of Care

mtc
