PRIVATE HEALTH-CARE

Presentation

This note relates to the metadata of the follow-up production account. Thus, it describes the definition, range, sources, and methodology used in preparing follow-up production accounts.

Definition and Scope

Definition

The Private Health-care industry measures the services provided by health-care institutions serving both internal and external patients, as well as health-care services directly provided by health-care professionals. This industry is related to output of market health-care services. Today, private health-care includes human health-care services as well as services provided by veterinary clinics.

The following variables are measured: Gross Output (GO), Intermediate Consumption, and Value Added.

Private health-care excludes health plan providers (ISAPRES), since they are included in the Insurance industry (which belongs with the Financial and Business Services group), because they are health-care service private insurance companies. Likewise, there are other economic industries related to health-care which are excluded from this industry and are included within other industries. The following industries should be noted: Manufacture of pharmaceuticals, medical equipment, optical instruments, which are a part of the manufacturing industry; trade of pharmaceuticals and medical-optical equipment, which are included within the hospital Business and Construction, included in turn in the Construction industry.

Sub-industries / Sub-accounts

The Production Account of the Private Health-care industry includes the following sub-industries: Private Hospitals and Clinics, Medical Doctors and Dentists, Other Independent Health-care Professionals, Clinical and Dental Laboratories, Veterinary and Medical Centers.

Source Data

Administrative Records

- Source Name: Income Statement.
  Reporting Institution: Tax Revenue Service (SII).
  Data used: revenues from relevant line of business, compensations, fees, and depreciation.
  Frequency: Annual.

Economic Surveys

- Source Name: Survey of Clinics and Private Hospitals.
  Reporting Institution: Clinics and Private Hospitals.
  Data used: Operating Income and Expenditure.
  Frequency: Annual.

- Source Name: Survey of Laboratories.
  Reporting Institution: Sample of laboratories.
  Data used: Operating Income and Expenditure.
Frequency: Annual.

**Balance Sheets and/or Financial Statements**

- **Source Name:** Annual Reports and Balance Sheets of companies.
- **Reporting Institution:** Companies.
- **Data used:** Operating Income and Expenditure.
- **Frequency:** Annual.

**Statistical Forms & Reports**

- **Source Name:** Statistical Bulletin.
- **Reporting Institution:** Health fund report (FONASA).
- **Data used:** Estimate number of beneficiaries (individuals) from the public healthcare insurance and their share as to other systems.
- **Frequency:** Annual.

**Other Statistics**

- **Source Name:** Price statistics.
- **Reporting Institution:** National Statistics Institute (NSI).
- **Data used:** Consumer Price Index (CPI), Wholesale Price Index (WPI), Compensation index components.
- **Frequency:** Monthly.

**Compilation method**

The compilation method to transform source data into the production account consists of the following stages:

**Aggregation, imputation and validation**

**Validation and Imputation**

Information resulting from surveys is validated with the financial background information reported by companies in their balance sheets and annual reports. Additionally, information is compared with the answers received in previous years, so as to verify possible discontinuities in series.

Imputations are made in cases of qualified lack of data for large companies. The historical behavior of ratios such as VA/GO and IC/GO by sub-industry is also considered.

**Classification**

Classification of Public Administration is based on the International Standard Industrial Classification Rev.3 (ISIC Rev.3). Products are classified in terms of the Central Product Classification (CPC), adapted to the country’s current reality.

**Estimation Procedures**

Generally, the procedures used for estimating the follow-up production account depend on the information sources available:

- In the benchmark compilation, every five years, there is often more complete information available; it is then possible, with the source data, to determine the “best level” for the production account components.
- There is generally less complete information for follow-up compilation. So, in order to obtain the “best change”, prices, quantities, and values from the source data above detailed are used as indicators, whose changes are applied to the levels of the 2003 benchmark production account, by extrapolation, deflation, inflation, and identities.

The key aspects of the calculation procedure for the main aggregate transactions or
variables of the Private Health-care follow-up production account are shown below.

i) Gross Output (GO). Value at constant prices is determined by deflation through price indexes. Value at current prices is determined by extrapolation, using value index.

ii) Intermediate consumption (IC). Value at constant prices is obtained by extrapolation, using GO as a single indicator. Value at current prices is determined by infactation of records at constant prices.

iii) Value Added. Value at constant prices is extrapolated with GO, as a single indicator at constant prices. Value at current prices is obtained as the difference between the GO (at basic prices) and the IC (at purchaser prices).

**Data Reconciliation**

In order to ensure data conciliation, variation rates of gross output and of value added obtained at the private health-care sub-industries are analyzed with respect to the variation rates of public health-care, of the economy as a whole and statistics on population, subscribers, and beneficiaries, in both private and public health-care industries.

The aggregate Private Health-care account is submitted to the transversal processes within the supply-use table framework.

**Data Access**

Publication

In the aggregate production account table, this industry is disseminated within the total Health-care aggregate. In benchmark compilation years, when dissemination is done for 73 industries, Public and Private Health-care are disseminated on a disaggregated basis.

**Production Account**

- **Period:** 2003 through 2007, Base 2003  
  **Link:** [http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg01e.htm](http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg01e.htm)  
  **Tables:** 1.37 through 1.41

- **Period:** 1996 through 2005, Base 1996  
  **Link:** [http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg01b.htm](http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg01b.htm)  
  **Tables:** 1.30 through 1.47

- **Period:** 1986 through 1998, Base 1986  
  **Link:** [http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg16a.htm](http://www.bcentral.cl/publicaciones/estadisticas/actividad-economica-gasto/aeg16a.htm)  
  **Tables:** 1.29 through 1.56

**Value Added and GDP**

- **Period:** 1960 through 1985, Base 1977  