PUBLIC 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 role of Public Health-care is to provide health-care services for free or at an economically insignificant price; that is, it is a non-market output, similar to public administration. This industry is mainly oriented to Government consumption, which demands and “consumes” this service for account of households.

The following variables are measured: Gross Output (GO), Intermediate Consumption, and Value Added for the health-care services, provided by service supplier agents of the public network.

Public Health-care excludes all industries related to regulation-making (in charge of each pertinent ministry) and to management of insurances funding health-care services (in charge of National Health-care Fund –FONASA- and health plan providers –ISAPRES-), as well as health-care services rendered by hospitals of the Armed and Police Forces.

Sub-industries / Sub-accounts

Public Health-care production account considers the services rendered by the providing agents or health-care providers of the public network, which is composed of public establishments with different levels of complexity.

- Primary health-care, on an outpatient basis, is provided by Municipal Primary Health-care Services at medical offices run by each municipality.
- Secondary and tertiary health-care is provided by the National Health-care Service System (SNSS), which brings together 28 territorial health-care services (with 196 public hospitals), decentralized and dependent on the Ministry of Health (MINSAL).
- The Mutual Insurance System is composed of three private non-profit corporations, set up to manage social insurance covering occupational health-care and safety risks.
- The Public Health Institute (ISP) is in charge of quality assurance and standardization of laboratories and drugs, as well as surveillance and observance of environmental regulations.
- The Corporation for Child Nutrition (CONIN), which is a non-profit charitable organization, works jointly with the Ministry of Health (MINSAL) in providing pediatric health-care services, and it is mainly funded by government subsidies.

Source Data
Administrative Records

- Source Name: Budget Statements from the Municipal Sector.  
  Reporting Institution: Office of the Comptroller General.  
  Data used: Current Income and Expenditure of the Health-care Sector.  
  Frequency: Annual.

- Source Name: Budget Execution Balance of Health-care Services.  
  Reporting Institution: Office of the Comptroller General.  
  Data used: Operating Income and Expenditure.  
  Frequency: Annual.

- Source Name: Budget Execution Balance.  
  Reporting Institution: Public Health Institute (ISP).  
  Data used: ISP’s Operating Income and Expenditure.  
  Frequency: Annual.

Economic Surveys

- Source Name: Survey on Mutual.  
  Data used: Operating income and expenditure, medical benefits, and employment.  
  Frequency: Annual.

Balance Sheets and/or Financial Statements

- Source Name: Annual Reports and Balance Sheets of Mutual.  
  Data used: Operating Income and Expenditure.  
  Frequency: Annual.

Other Statistics

- Source Name: Price records.  
  Data used: Consumer Price Index (CPI), Wholesale Price Index (WPI), Compensation Index.  
  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 is validated by analyzing ratios per industry and confronting with previous years’ answers and record data from the same agent. Additionally, information resulting from surveys is validated with the financial background information reported by mutual in their balance sheets and annual reports. No imputations are required due to its being complete and official information.

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 Public Health-care follow-up production account are shown below.

i) Gross Output (GO). Value at constant prices is obtained by the double indicator in the VA+IC identity. Value at current prices is obtained by the VA+IC identity.

ii) Intermediate consumption (IC). Value at constant prices is determined by deflation of values at current prices. Total value for each industry at current prices is determined by extrapolation, using value index.

iii) Value Added. Value at constant prices is determined by deflation of records at current prices. Value at current prices is determined by extrapolation, using value index.

Data Reconciliation

The results obtained from the Public Health-care industry account are contrasted with the official record data of the public sector.

To verify consistency of results, inter-temporal behavior of series is analyzed in both nominal and real terms, so that trend changes and specific phenomena of the benchmark year are identified. Particularly relevant for analysis is the impact on the public system of the health reform, currently being developed with the gradual implementation of the Explicit Health Guarantees (GES).

The aggregate Public Health-care account is submitted to the balancing 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/xls/2008/Cap_1.xls
Tables: 1.37 through 1.41

Link: 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
Tables: 1.29 through 1.56

Value Added and GDP

Period: 1960 through 1985, Base 1977