GEOGRAPHIC VARIATIONS IN HEALTH CARE USE IN 13 OECD COUNTRIES

Divya Srivastava, OECD Wennberg International Collaborative Conference London, 18th September 2014

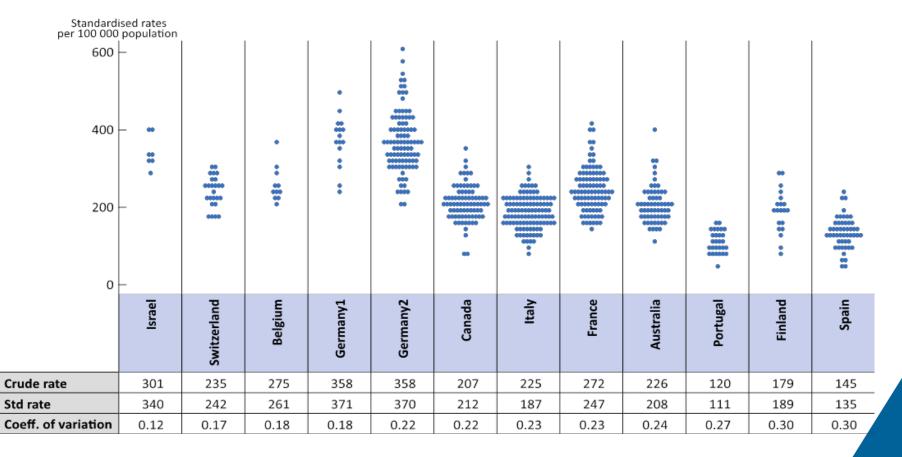


The OECD project on geographic variations in health care use

- 13 OECD countries, providing available information for 7 to 150 geographic areas.
- 10 health care activities: hosp. medical admissions, cardiac bypass, angioplasty, angiography, hip and knee replacements, knee arthroscopy, C-section, hysterectomy, CT and MRI scan)
- Procedure rates standardised by age and sex to adjust for demographic differences and remove part of the differences in clinical need.

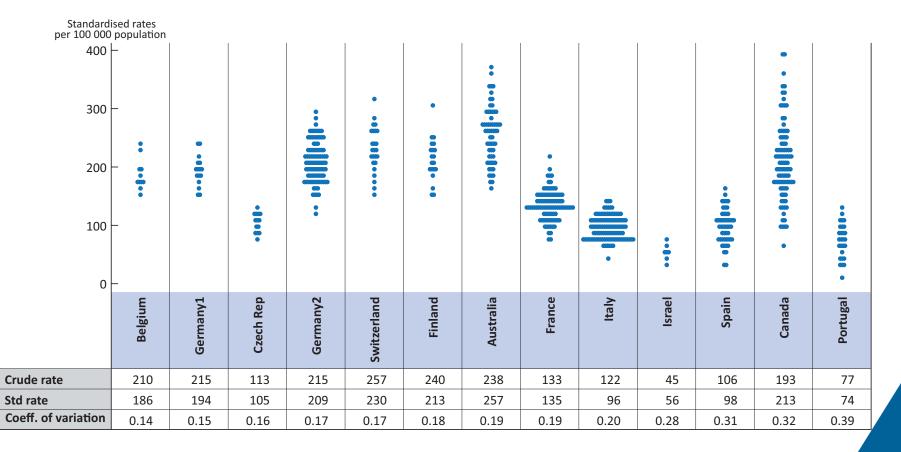
Coronary angioplasty rates vary by more than 3-fold across countries and by up to 5-fold within countries

Angioplasty rates across and within a selected set of countries (2011 or latest year)



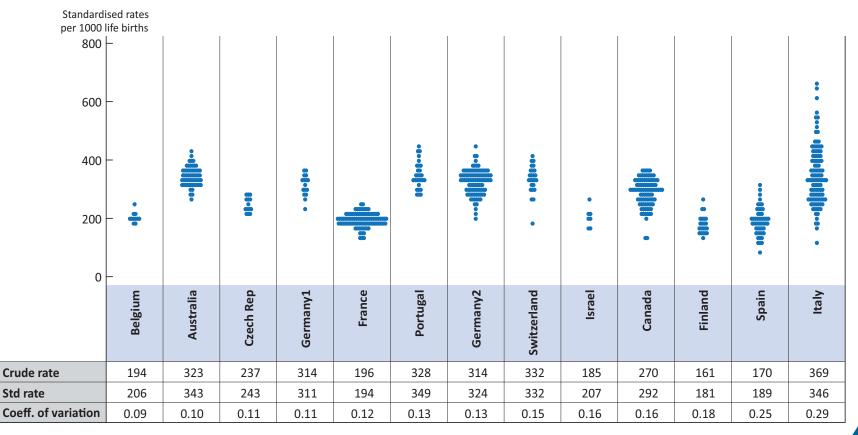
Knee replacement rates vary by more than 4-fold across countries and by more to 5-fold within some countries

Knee replacement rates across and within a selected set of countries (2011 or latest year)



C-sections are on the rise & display high variations across geographic areas in some countries

C-section rate across and within selected OECD countries (2011 or latest year)



Hospital medical admission rates vary by 2fold or more across countries and within some countries

Hospital admission rates across and within selected OECD countries (2011 or latest year)

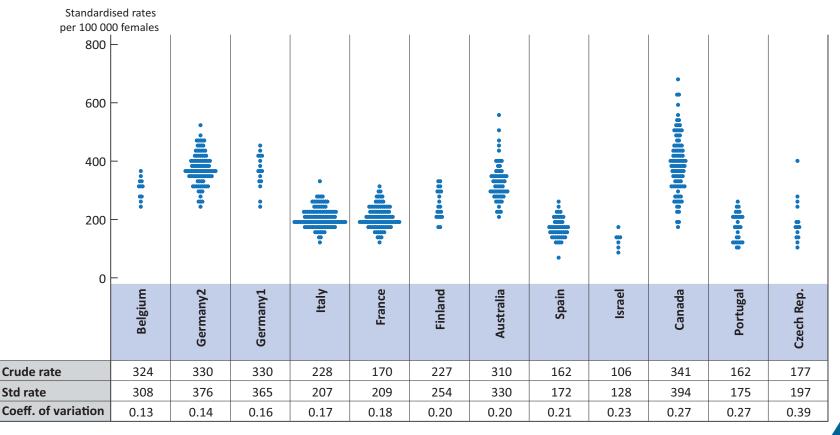
Standardised rates

Cru Std Coe

per 100 000 population													
20 000										:			
15 000	-	•	•	÷		•••••]11]11[1••••				•••••••••••••••••••••••••••••••••••••••			
10 000	- 🕂	•	•		•	1		•		uulli.	•••••	•	-
5 000	-	•			•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••			ě	:	[1.	
	Belgium	France	Israel	Germany1	Switzerland	Germany2	Spain	Italy	England	Australia	Finland	Portugal	Canada
ude rate	10 337	8 802	11 878	13 342	7 047	13 342	5 244	7 403	10 276	10 986	8 168	5 277	4 376
d rate	9 723	8 805	12 755	12 102	7 662	12 267	5 121	6 370	10 585	12 033	8 962	5 245	5 717
eff. of variation	0.08	0.11	0.12	0.12	0.13	0.14	0.14	0.15	0.19	0.20	0.20	0.21	0.34

Variations in hysterectomy rates are relatively high, in a context of declining use

Hysterectomy rates across and within a selected set of OECD countries (2011 or latest year)



Variations in health care use do not always reflect patient needs or patient preferences

- Revascularisation rates are not fully explained by clinical needs (Canada). With equal needs, people living in regions with low density, lower level of education and lower income (France) are less likely to receive revascularisation.
- Medical practice and socio-economic status of patients influence knee replacement rates.
- Hospital medical admissions rates are linked to bed density and to poor primary care access or quality.
- Physicians practice styles and delivery in private settings explain some of the variations in caesarean section rates.
- Hysterectomies are more frequent in women with low economic status, especially where physicians have greater discretion.

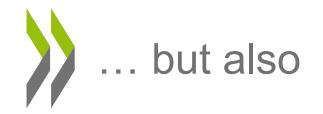
Unwarranted variations in health care use question efficiency and equity of health systems and should be addressed.



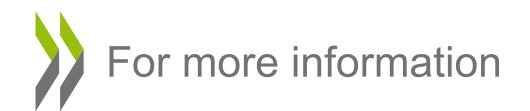
WHAT CAN BE DONE TO IMPROVE PERFORMANCE OF HEALTH SYSTEMS

Report on geographic variations in health care, stimulate debates





- Set targets at the regional levels where appropriate;
- Provide feedback to providers on their practices;
- Try payment incentives;
- Measure and monitor patient outcomes;
- Provide adequate information to patients to help them express their preferences.



Contacts: <u>divya.srivastava@oecd.org</u>

OECD Health Policy Studies

Geographic Variations in Health Care WHAT DO WE KNOW AND WHAT CAN BE DONE

TO IMPROVE HEALTH SYSTEM PERFORMANCE?







For more information on OECD activities on health: <u>www.oecd.org/health</u>

http://www.oecd.org/health/update