



EGHI Meeting
11 May 2016, Luxembourg

UPDATE ON OECD WORK

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Overview

- Health data governance
- Health Care Quality Indicators
- Economics of public health/prevention
- Efficiency of health systems
- Health at a Glance: Europe 2016

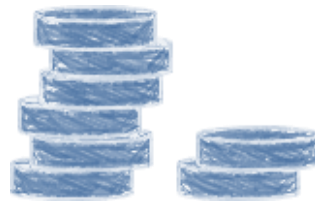


HEALTH DATA GOVERNANCE: PRAGMATIC APPROACHES TO ACHIEVE GOALS OF PRIVACY, MONITORING AND RESEARCH



Drivers of data use in health care

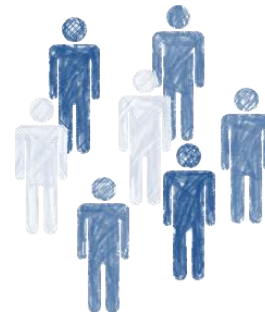
Tight fiscal conditions
put pressure on health systems to deliver value for money



Increasingly complex care needs
make delivering high quality care more challenging

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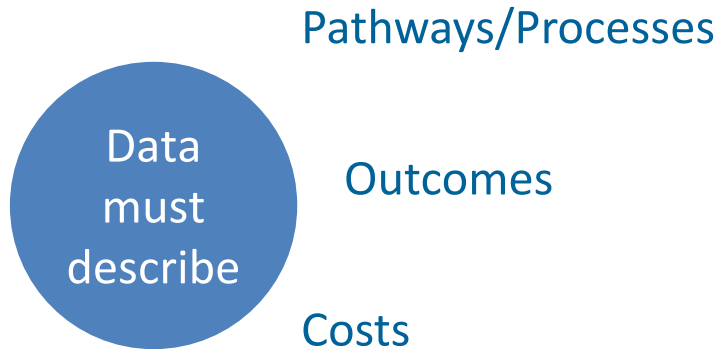
New therapies and better research
rely on our ability to make better use of data



Patient demands
for modern experiences, responsiveness, communications and transparency



Data needed to make progress



Key prerequisites

- Individual patients/person level
- Follow patients through cycle of care
- Link to outcomes



Data linkage

leverages the value of data to answer specific questions



Electronic health records (EHRs)

are a very useful basis for big data collection in health



Set up the right data governance to maximise benefits and minimise risks



8 key mechanisms

- 1 Health information system
- 2 Legal framework
- 3 Public communication plan
- 4 Certification or accreditation of processors
- 5 Project approval process
- 6 Data de-identification steps
- 7 Data security and management
- 8 Data governance review cycle

Evaluate benefits and risks of proposed data uses

Benefits

- Rights to health
- Societal values toward health
- health care quality & efficiency
- scientific discovery & innovation

Risks

- Rights to privacy
- Societal trust in government & institutions
- Societal values toward privacy & sharing data

Take informed decisions to process personal health data

OECD working to move this agenda forward



Workshop

- Health Data Governance – Maximise Benefits Minimise Risks
- 20 May 2015, OECD, Paris



Publications

- Governing Personal Health Data : Privacy, Monitoring and Research
- September 2015



Recommendations

- Proposed OECD Council Recommendation on Health Data Governance
- OECD Ministerial meeting, January 2017



Proposed OECD Council Recommendation on Health Data Governance

- » OECD Council Recommendations are a moral force representing the political will of member countries
 - » Expectation that member countries will do their utmost to fully implement a Recommendation
 - » Implementation of Recommendations regularly monitored

- » Development of recommendation on health data governance supported by advisory group co-chaired by Finland and Canada

- » To be approved by OECD Health Committee and OECD Committee on Digital Economy Policy and then by OECD Council in second half of 2016



HEALTH CARE QUALITY INDICATORS (HCQI)



HCQI Expert Group meeting 18-19 May 2016 (Paris)

- Progress on patient-reported quality of care measures:
 - Patient-reported experience measures (PREMs) and outcomes measures (PROMs)
 - Michael Porter (Harvard University) will join discussion on improving measurement of value in health care
- Progress on hospital performance work
- Progress on health care quality reviews
 - 12 individual country reviews (last one: UK in February 2016)
 - Preparing overview report of these reviews
- Measurement of appropriate care (e.g., “Choosing Wisely”)
- Progress with R&D work on patient safety indicators
- Progress on health data governance



ECONOMICS OF PUBLIC HEALTH



Current and future OECD Work on Public Health: Obesity

- Obesity Update 2016 (Fall 2016)
 - Evolution of obesity rates, and projections
 - Evolution of inequality by socioeconomic status
 - New evidence on policies to tackle obesity
- Report on Obesity prevention (end 2017)
- International Obesity Policy Model (RAND/OECD)
 - Aim: To model prevention policy and assess policy impacts in North America and selected European countries
 - Funded by US National Institute of Health (2016-2021)



Current and future OECD Work on Public Health: Alcohol and other risks



- International Alcohol Policy Modelling Platform (RAND/OECD/WHO)
 - To model prevention policy and assess policy impacts
 - 3 types of policies: price, drink-driving enforcement, health care policy
 - 8 countries: Canada, Chile, Finland, France, Mexico, Russian Fed., UK, USA
 - Funded by NIH for 2014-2019
- Economic impact of obesity, smoking and alcohol
 - Objectives: To assess total costs related to health care and social and labour outcomes, as well as revenues from alcohol (taxes, excise duties, jobs)
 - Funded by the European Commission for 2016-2017



EFFICIENCY OF HEALTH SYSTEMS



Improving measurement of health system efficiency and inefficiency (waste)

- Improving measurement of health system efficiency:
 - Macro level
 - Meso/sectoral level (e.g., hospital, primary care, pharmaceuticals)
 - Micro/disease-specific level
 - Work done in close collaboration with the EC
- Identifying and tackling waste and inappropriate care:
 - Clinical waste (medical errors, duplication, over-testing and over-treatment)
 - Operational waste (paying too much for services and goods)
 - Administrative waste (admin costs that add little value or admin processes that are inefficient)
 - Key input to OECD Ministerial meeting (January 2017)



HEALTH AT A GLANCE EUROPE 2016 (IN COOPERATION WITH DG SANTE)



Table of Contents (draft)

- 1) Thematic chapter on Public Health and Economic Growth: Labour market impacts of behavioural risk factors and related chronic diseases (*new*)
- 2) Thematic chapter on Health System Performance: Strengthening primary care systems (*new*)
- 3) Health status
- 4) Determinants of health
- 5) Health expenditure
- 6) Effectiveness: Quality of care
- 7) Accessibility
- 8) Resilience (*new*)



Data sources and country coverage

- Will draw mainly on two joint data collections between OECD, Eurostat and WHO:
 - Joint Health Accounts Questionnaire
 - Joint Questionnaire on non-monetary health care statistics
- Will also draw also on European surveys (EU-SILC and EHIS wave 2) and HBSC survey
- Chapter on quality of care will draw on OECD data collection (next round of data collection will hopefully be extended to cover all EU countries)
- Up to 36 countries (28 EU countries + 5 EU candidate countries + 3 EFTA countries)



Next steps for preparation of *Health at a Glance Europe 2016*

- Before end of July:
 - Draft sent for comments to EGHI experts and national data focal points
 - Comments expected a month later (before end of August)
- November (or December):
 - Release of the publication



For more information

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