



Health systems are under pressure

1 Rising costs and too much waste

2 Care becomes increasingly complex (multi morbidity)

We don't really know what health systems deliver to people



This leads to demand for putting people more at the centre of our health systems

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"You have to learn about thousands of diseases, but I only have to focus on fixing what's wrong with ME! Now which one of us do you think is the expert?"

4.5

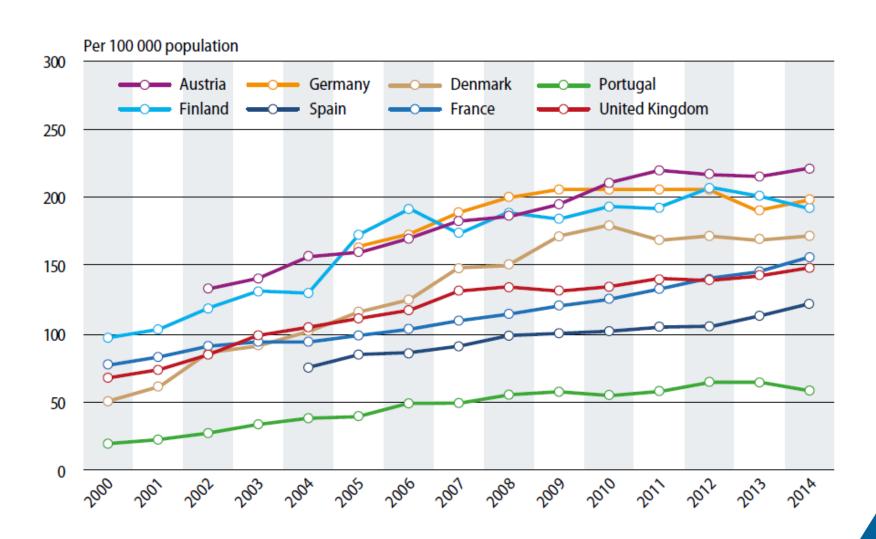


We have substantial information gaps to address those pressures

- Health care seeks to improve people's well-being and their ability to realise goals. Yet health systems know very little about whether or not they are successful in this.
- We have good measures of inputs & outputs. But patients' ability to live normal, functioning lives is rarely captured in a robust, standardised way.



Large variation in volumes: are we delivering too little care? Too much?





To achieve better value we need better information on



To what extent are people in **pain** after **hip** surgery?

What is the healthrelated quality of life for people receiving cancer treatment?





Can people live independently after a stroke?

How well can people with a mental health condition live independently after discharge?





What was a person's experience of their care?



WHAT PARIS WILL DO



Priority areas for specific conditions



Hip and Knee Replacement

- Working Group been meeting since Nov 2017
- R&D work led by CIHI in Canada
- Currently working on cross walks across existing tools, first data expected in 2019



Breast Cancer

- Working Group been meeting since Jan 2018
- R&D work led by OECD.
- Currently focussing on pilot data collection



Mental Health

- Working Group been meeting since July 2018
- R&D work led by Denmark
- Currently scoping issues for ongoing development
- Establishing a patient and carer advisory group



New international survey of patients with chronic conditions – under development

- Focuses on people aged 45+ with (multiple) chronic conditions
- Covers both outcomes and experiences
- Ambulatory/ primary care (best possible option to reach suitable patients)
- Indicators relevant for policy makers, patients and health care providers
- Overall health status; physical functioning, pain; social functioning and participation
- Plan to integrate digital technology to minimise collection cost
- Alignment with national initiatives
- Survey design and the practices of data processors fully protect the privacy of survey participants
- Patient-level data that can be linked to higher levels



What it means for EU countries

- Phase 1 of the chronic patients survey (development of instrument and sampling design per country).
- Working groups in different stages
- All EC countries (including non-OECD members) are encouraged to join the PaRIS initiative
- EC is an important partner who contributes substantially to PaRIS
- At 7 November, the first meeting of the working Party for PaRIS took place. The meeting was attended by 25 countries.



EU-countries already involved

- Belgium, Czech Republic, Denmark, Estonia, France, Greece, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Slovak Republic, Slovenia, Spain, United Kingdom.
- Non-EU: Australia, Chile, Iceland, Israel, Japan, Korea, Mexico, Norway, Switzerland, United States



Thank you and keep in touch!

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