
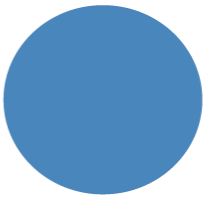


OECD   OCDE

# Updates on OECD work

Gaetan Lafortune, OECD Health Division,  
EGHI Meeting, 27 November 2014, Luxembourg

# OECD Work on Health System Performance Assessment and Improvement

- *OECD Health Statistics and Health at a Glance*  
(jointly with DG Sanco for European edition)
- Health care quality
- Value for money (efficiency)
- Economics of prevention
- Health workforce

# Health Care Quality Indicators

- **Primary care (avoidable hospital admission, quality of pharmaceutical prescribing)**
- **Cancer care (screening, survival)**
- **Acute care (case fatality following AMI and stroke)**
- Mental health care (excess mortality)
- **Patient safety (surgical complications)**
- Patient experience (initial focus on primary care)
- **Prevention (childhood vaccination and other vaccination programmes)**

➤ Indicators in bold are included in chapter on “Quality” in *Health at a Glance: Europe 2014*

# Health Care Quality Reviews

- Aim is to benchmark efforts of countries to manage and measure health care quality and provide advice on reforms for improvement
- Latest reviews:
  - Sweden (December 2013)
  - Norway (May 2014)
  - Czech Republic (June 2014)
- **Upcoming reviews: Italy, Portugal and UK**

<http://www.oecd.org/health/health-systems/health-care-quality-reviews.htm>



# Quality: Disease-specific analysis Cardiovascular Disease and Diabetes

- Aim: Examine performance in cardiovascular disease and diabetes prevention and care:
  - Access, resources and quality of care
  - Recent policies initiatives to improve performance
- Key findings: Greater resources improve quality of care, but:
  - Gains are not automatic and depends on how resources are allocated and managed
  - Performance is linked to access to care, quality of care initiatives and payment systems
  - Need also to strengthen prevention and primary care
- Report to be published in first half of 2015

# Quality: Hospital performance analysis

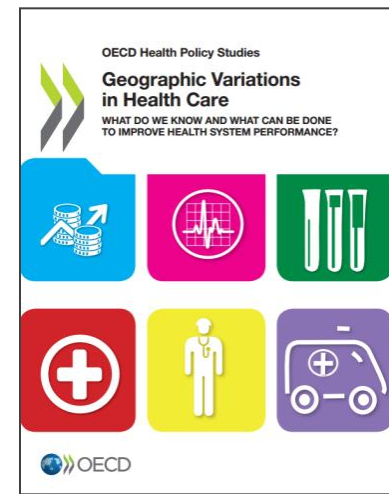
- Aim:
  - Assist countries in developing and refining their capacity for robust hospital performance comparison within their country
  - Build capability for valid international comparison and facilitate learning on hospital performance across countries
- Work components:
  - Identify Hospital Performance Framework
  - Hospital Performance Indicator Development
  - Hospital Performance Measurement
  - Hospital Performance Reporting
  - Use of Hospital Performance Intelligence
- Building on other European projects (e.g., ECHO, EuroHOPE)
- Project to be carried out in 2015 and 2016

# Strengthening health data infrastructure for quality improvement

- Aim: Support countries to make better use of existing data to measure and improve quality of health care
- Approach: Advisory panel of experts in law, privacy regulation, IT, health policy, statistics, research and civil society
- Results: 8 high-level recommendations and practical examples to help countries strengthen health data governance to enable data to be used safely
- Draft report to be discussed during OECD Health Committee meeting in December 2014
- Final report and OECD workshop on data governance scheduled for May 2015

# Value for money: Geographic Variations in Health Care

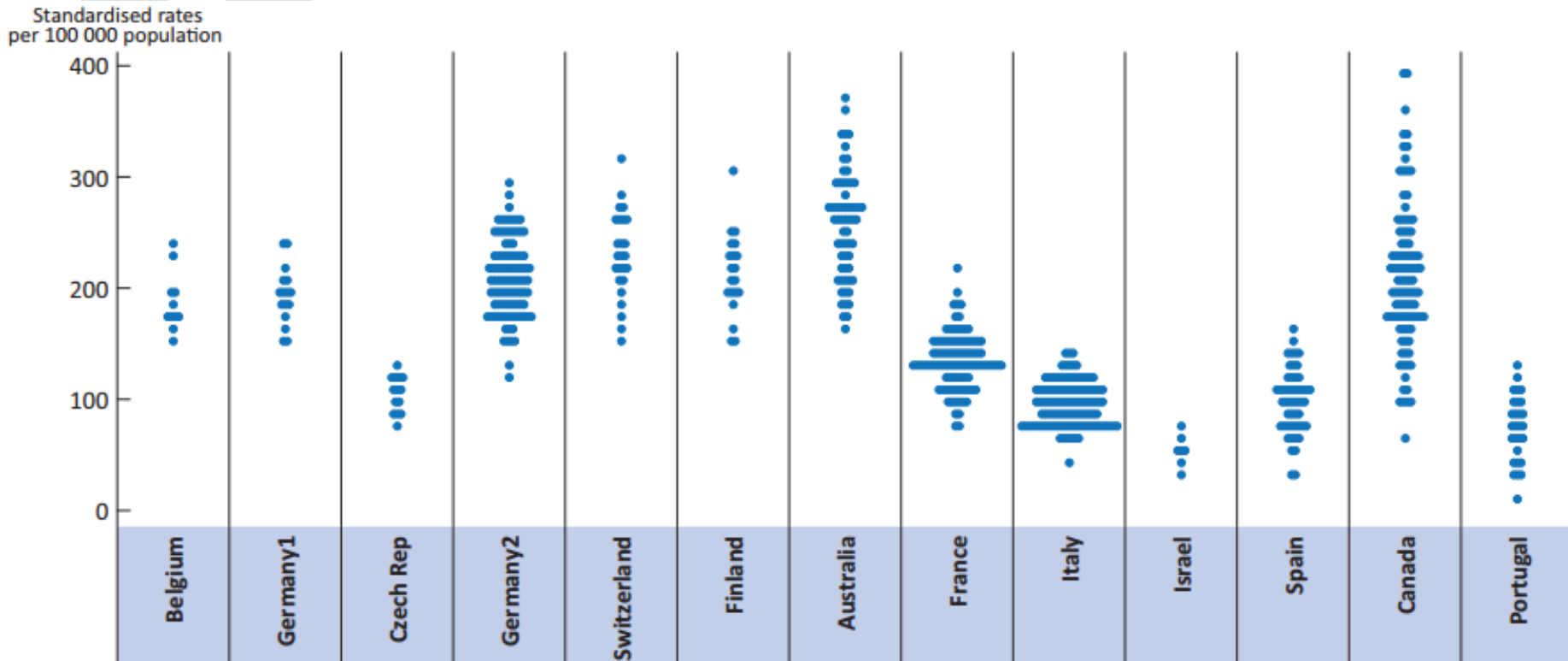
- Aims:
  1. Document geographic variations in health care not only across countries but also within countries
  2. Analyse possible causes of medical practice variations
  3. Explore policy options to reduce unwarranted variations and improve resource allocation
- Approach: Focused on hospital medical admissions and a selected set of diagnostic and surgical procedures
- Key findings: Variations within countries often as large as variations across countries; further research and analysis needed to determine whether there is over-use or under-use of different services
- Report launched on 16 September 2014





# Geographic variations in health care

## Example of knee replacement



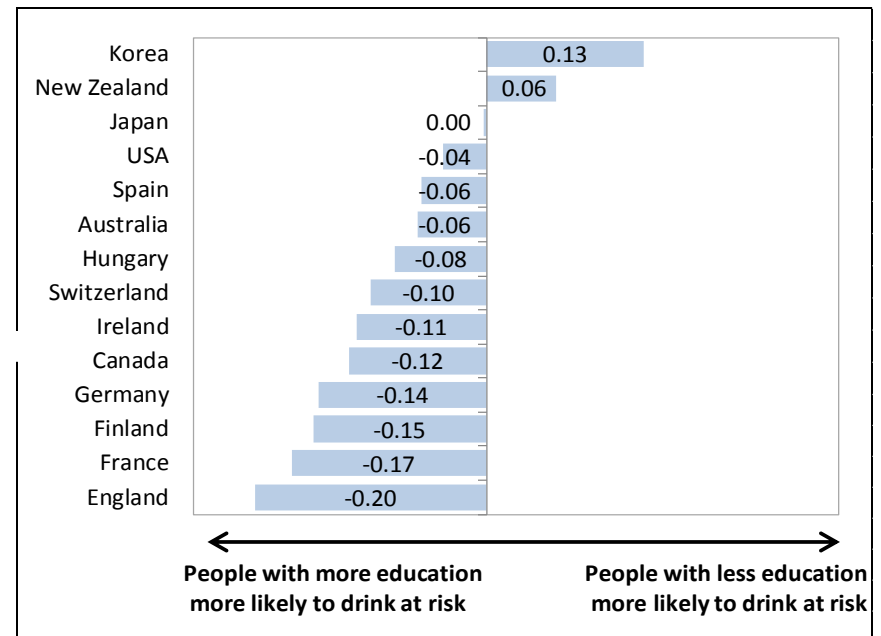
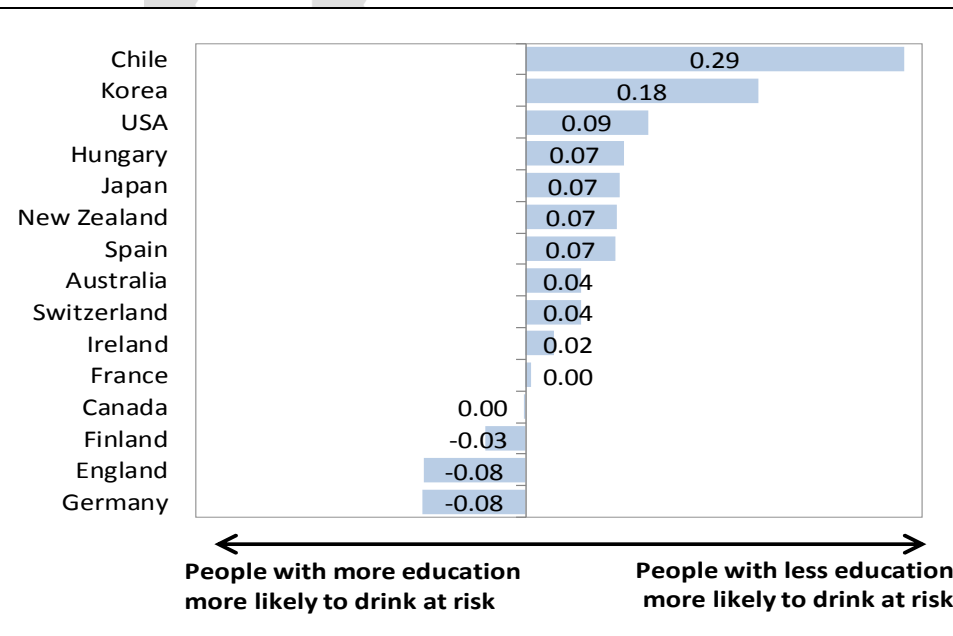
Source: OECD (2014), *Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?*, <http://dx.doi.org/10.1787/9789264216594-en>.

# Economics of prevention: Alcohol consumption

## Hazardous Drinking and Education

**Men**

**Women**



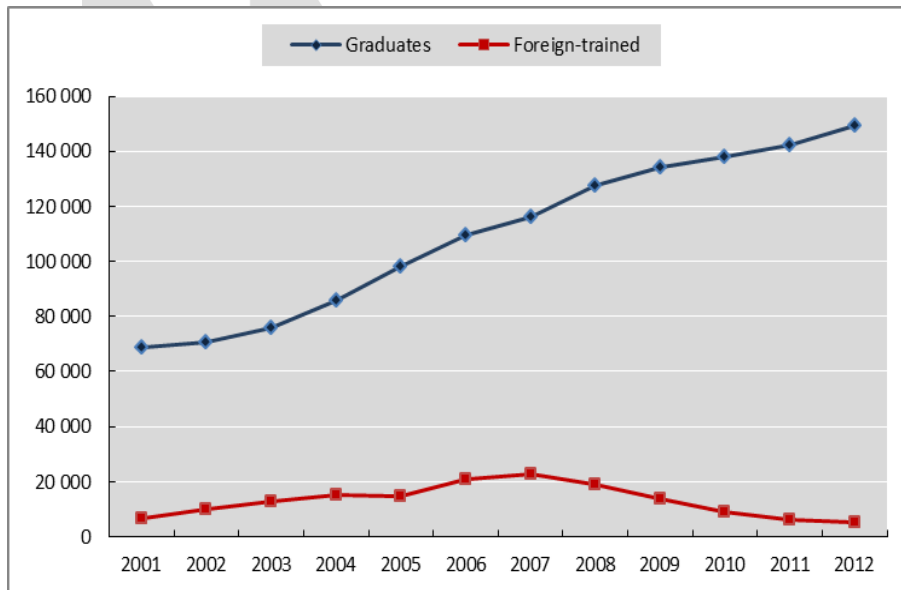
- Increase in some high-risk use, social disparities
- Economic analysis points to a cost-effective policy package, but careful design and implementation required for successful outcome
- Report to be published in first quarter 2015

# Health Workforce Policies

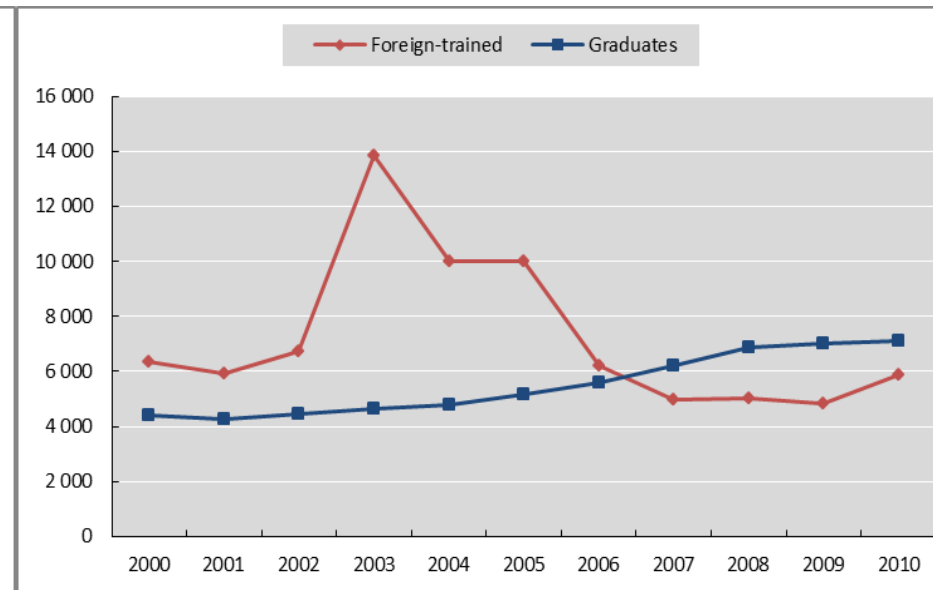
- Three main streams of work:
  - Review of education and training policies for doctors and nurses
  - Recent trends in health workforce migration
  - Extent of skills mismatch in health sector
- Co-operation with other international organisations:
  - EC (Action Plan, Joint Action on Health Workforce Planning and Forecasting)
  - WHO-Headquarters (Health Workforce Department)

Growing education and training efforts in many countries has reduced the inflow of foreign-trained workers, without stopping it

United States, inflow of nurses



United Kingdom, inflow of doctors



➤ Publication on health workforce in Spring 2015

# ***Health at a Glance: Europe 2014***

(joint publication with DG Sanco)

- Based on ECHI indicators, plus indicators on access, quality and expenditure
- Six chapters:
  - 1) Health status (15 indicators)
  - 2) Determinants of health (6 indicators)
  - 3) Health care resources and activities (11 indicators)
  - 4) Quality of care (10 indicators)
  - 5) Access to care (new chapter, 5 indicators)
  - 6) Health expenditure and financing (6 indicators)
- Incorporated comments from EGHI members

# Release of the publication

- Release date: 3 or 4 December 2014
- OECD press release likely to focus on different aspects of health inequalities (health status, access to care, quality of care, across and within countries)
- Publication available on DG Sanco website and OECD website



<http://www.oecd.org/els/health-systems/health-at-a-glance-europe.htm>