Updates on OECD work

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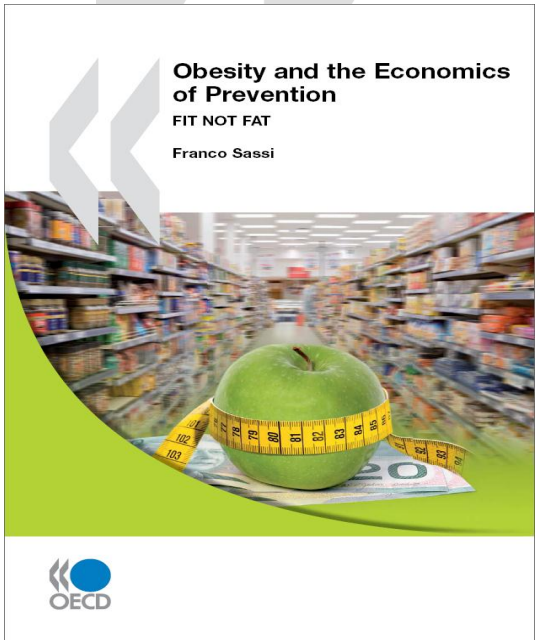
EGHI Meeting, 23 January 2014, Luxembourg

Overview

- Economics of prevention
- Health workforce
- Health care quality indicators
- Health at a Glance: Europe 2014

1. Economics of prevention

OECD Work on Obesity

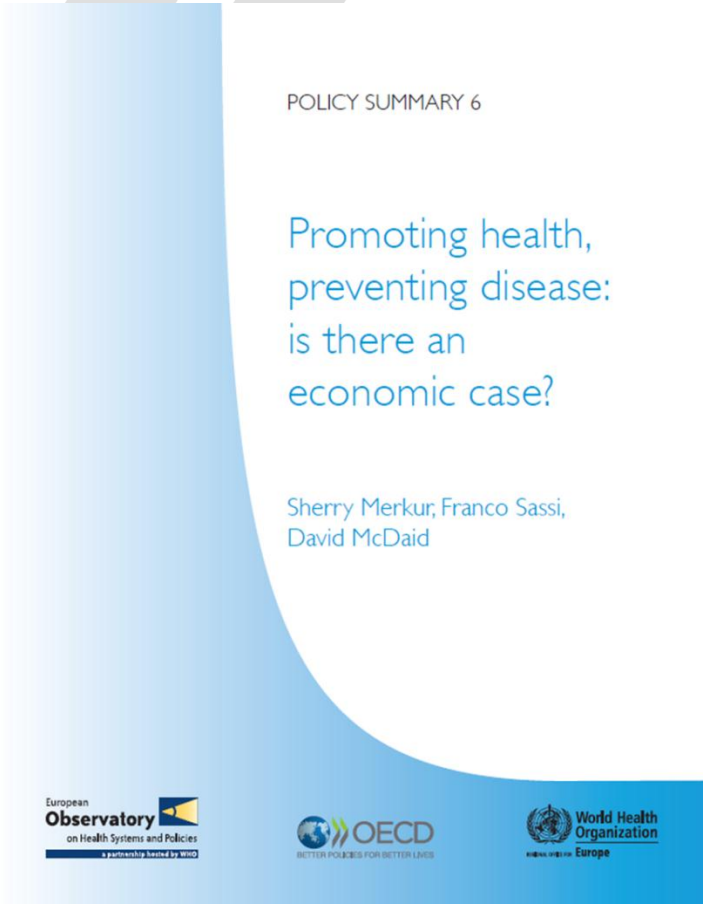


- Aim to assess effectiveness and cost-effectiveness of different interventions
- "Fit not Fat" publication
  www.oecd.org/health/fitnotfat
- Obesity Update 2012
  www.oecd.org/health/prevention
- Planning to update this work in 2015-16

OECD Work on Alcohol (forthcoming)

- Large burden of disease, increase in some high-risk use, social disparities
- Alcohol a priority area for public health policy
- Economic analysis clearly points to a cost-effective policy package
- Careful design and implementation required for successful outcome

Work with European Observatory



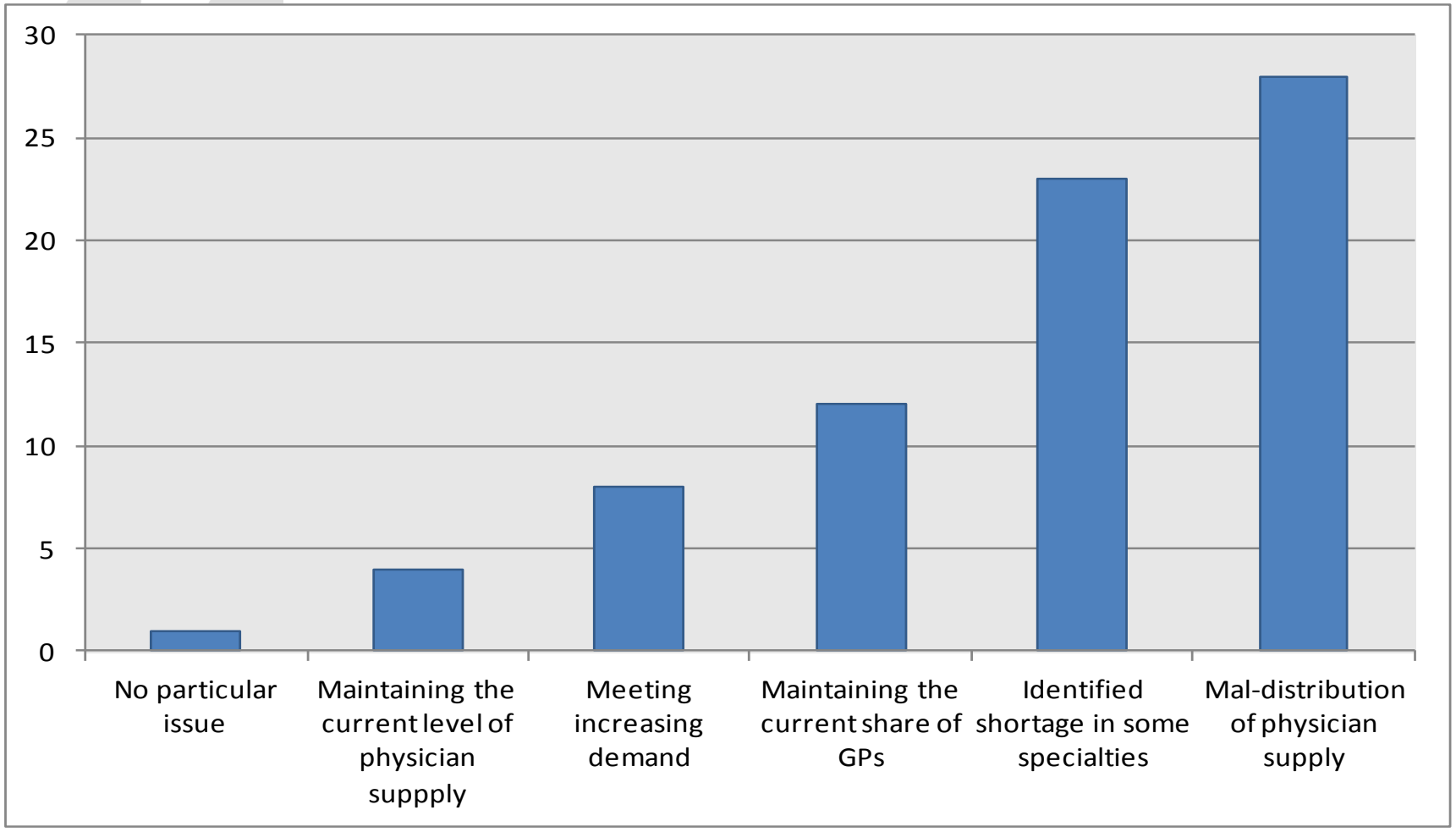
- Forthcoming book on Economics of Health Promotion and Disease Prevention
- Feeds into WHO-Europe *Health 2020* policy
- Reviews evidence to support an economic case for health promotion on key risk factors
- Policy Summary published in December 2013

Other OECD work on health promotion

- Use of fiscal policies for health promotion (OECD Health Working Paper 66 published in December 2013)
- Labour market outcomes of chronic disease prevention (in collaboration with OECD Employment Division and ILO)
- Integrating multiple risk factors in health policy modelling work

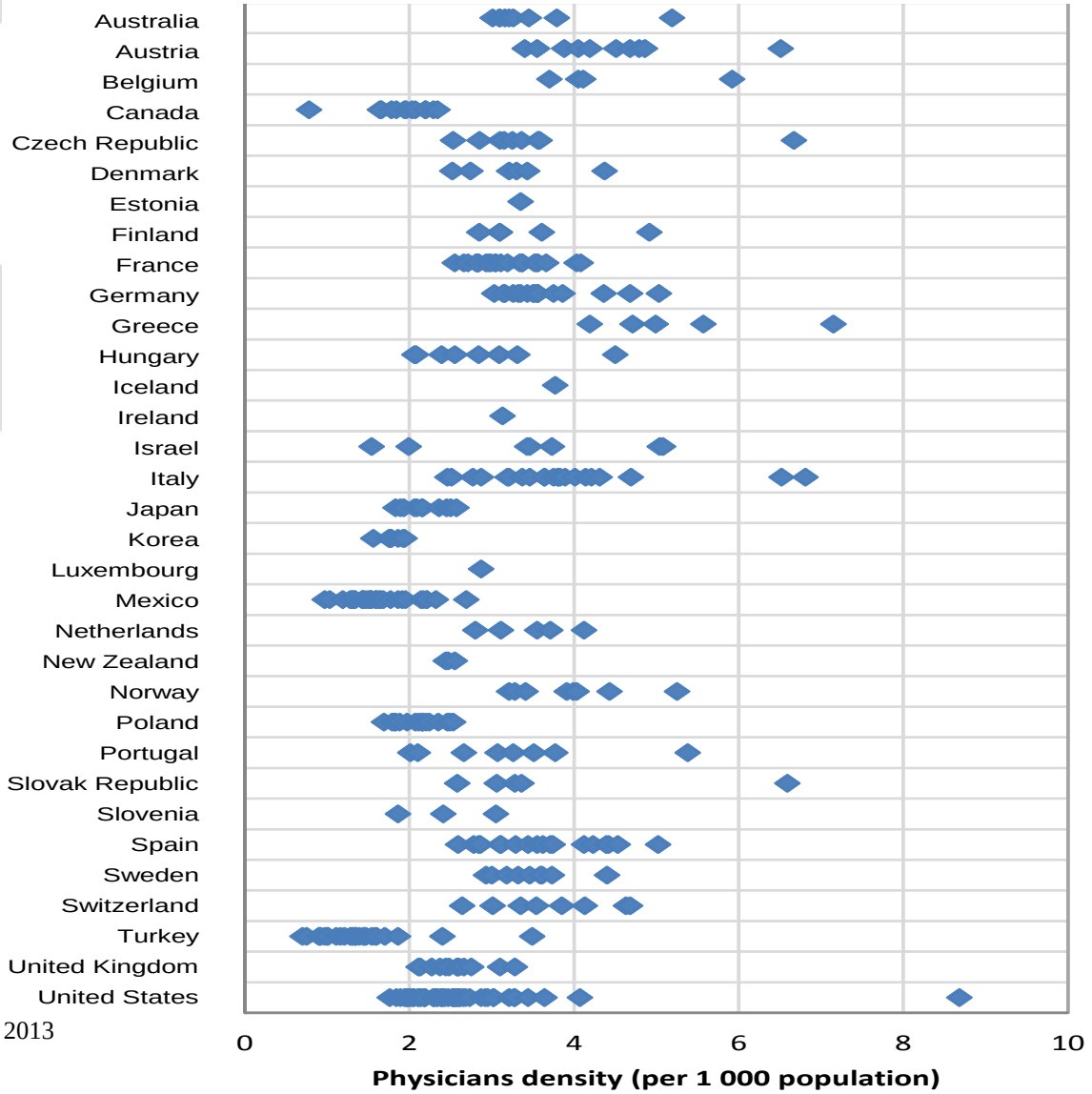
2. Health Workforce

More concerns about mix of doctors and geographic distribution than general shortages



Source: OECD Health System Characteristics Survey 2012-13
"No particular issue": Netherlands

Geographic disparities in physician density in EU and other OECD countries (2011)



Source: OECD Regions at a Glance 2013

Range of policy interventions: Difference in terms of impact lag and cost

Area of action	Target	Short-term impact	Long-term impact	Financial cost
Medical education	Student selection	None	Promising	Scholarship arrangements
	Training institutions	None	Promising	Infrastructure investment
Financial incentives	Non-wage related payment	Unproven	Unproven	Depends on the amount and eligibility
	Wage-related payment	Unproven	Unproven	Depends on the amount and eligibility
Regulation	Practice location	Promising	Promising	Administrative cost
	Foreign-trained	Promising	Unproven	Administrative cost
Service delivery innovations	Group practice	Promising	Promising	Infrastructure subsidy
	Telemedicine	Promising	Promising	Infrastructure investment
	Task sharing	Promising	Promising	Training and remuneration

Source: OECD Health Working Paper No. 66 (forthcoming)

OECD support for European Joint Action on Health Workforce Planning and Forecasting

- European Joint Action started in April 2013
- OECD is a collaborating partner
- OECD offering support/advice for two Work Packages:
  - WP 4: Data for health workforce planning (led by Hungary) – using OECD/Eurostat/WHO joint questionnaire as a starting point
  - WP 5: Planning methodology (led by Italy) – using the OECD review of health workforce projection models as a starting point
- OECD will participate in Joint Action Conference on 28-29 January to share knowledge

Current work with European Commission

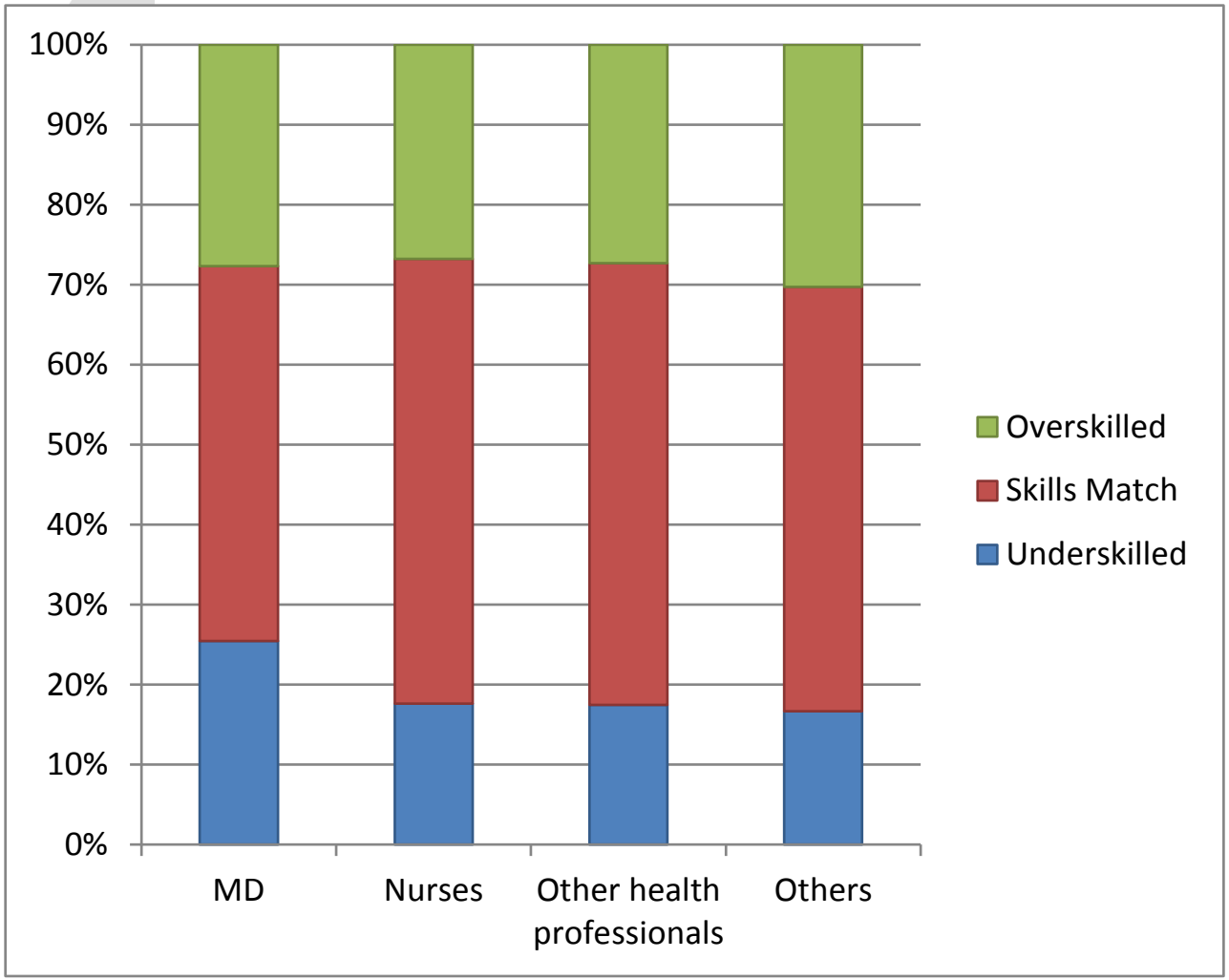
- Changes to training policies/capacities: Collect data and analyse trends in student enrolment in medical and nursing education programmes to assess changes in "numerus clausus"

- Skill use/mismatch in health sector:
  - Over-skilling: waste of human capital and opportunities to expand scope of practice
  - Under-skilling: concerns about quality of care and patient safety; may require improvements in initial and/or continuous education

Data sources on skill mismatch: European Working Conditions Survey and PIAAC

	EWCS	PIAAC
Number of Countries	**34 countries**	**22 Countries**
Participating Countries	EU27, Norway, Croatia, the former Yugoslav Republic of Macedonia, Turkey, Albania, Montenegro and Kosovo	Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Japan, Korea, Netherlands, Norway, Poland, Russian Fed, Slovak Rep, Spain, Sweden, UK, and USA
Year	2010 (and 2005)	2011-12
Sample size (total)	43,816 (total)	150,831 (total)
Sample size (health workers)	1,112 (2.5% of all sample)	5,585 (3.7% of all sample)

Example of first results on skills mismatch in Europe



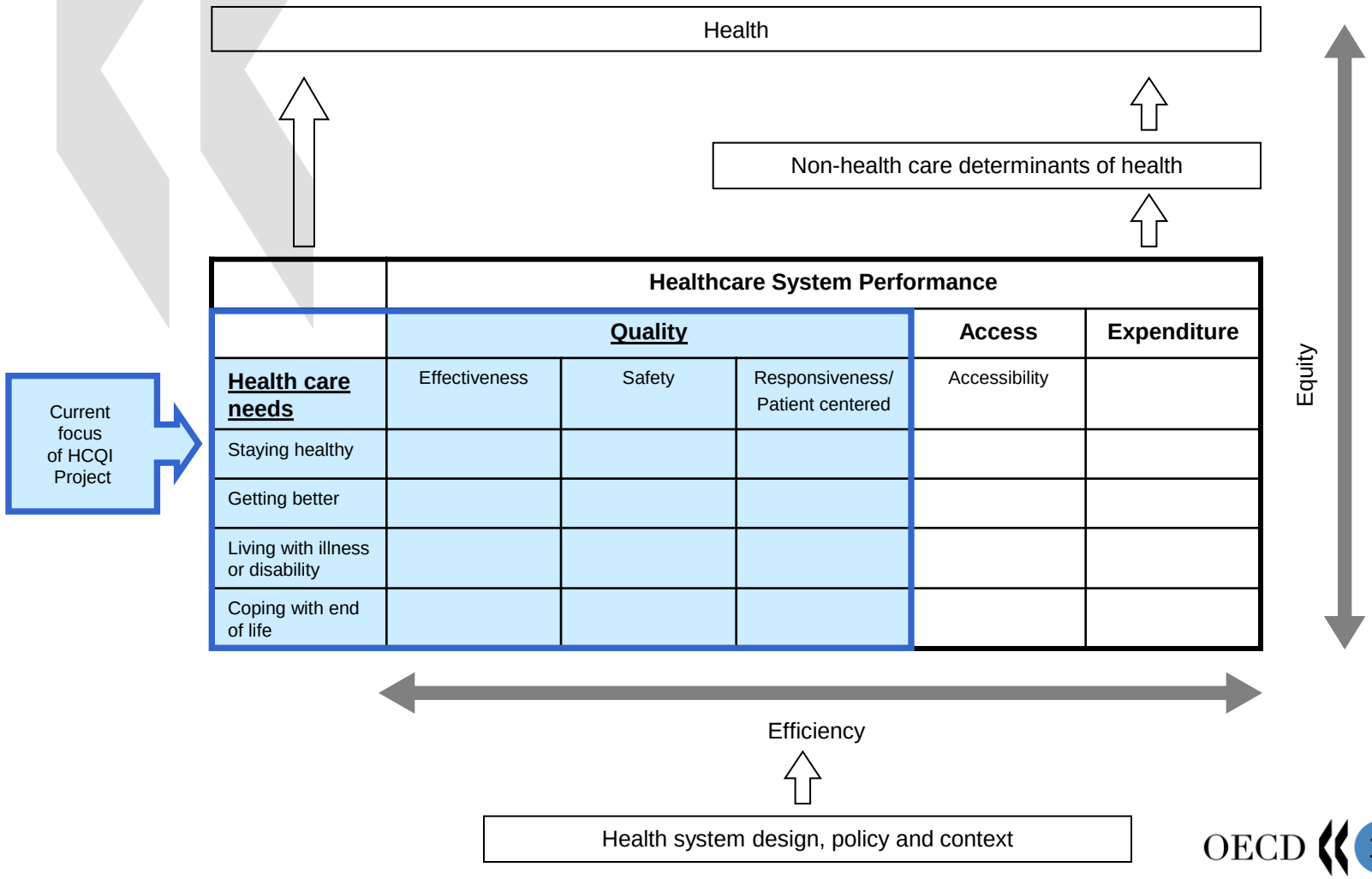
Source: EWCS, 2010

3. Health Care Quality Indicators

Background

- Started in 2003: OECD brought together two networks working on quality of care (one network of English-speaking countries and one Nordic countries)
- Initial aim: Fill data gaps on quality of care
- New aims: More analysis of variations in quality of care and policy implications (disease-specific work, country-specific reviews)
- Growing number of countries involved in Europe and outside Europe; working also with DG Sanco and WHO

OECD Health Care Quality Indicators Framework

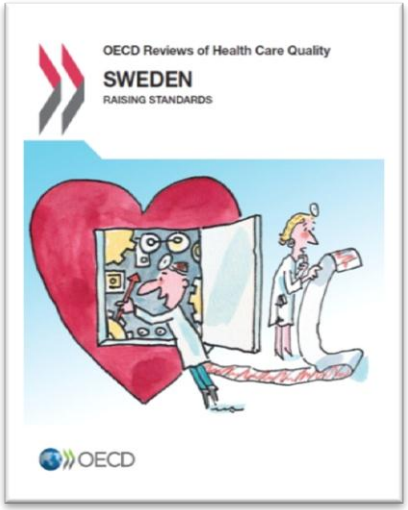


Areas covered under HCQI project

- Cancer care (screening, survival)
- Acute care (case fatality rates following AMI and stroke)
- Primary care (avoidable hospital admissions)
- Mental health care (e.g., unplanned hospital re-admissions, excess mortality)
- Patient safety (procedural/postoperative complications)
- Patient experience (initial focus on primary care sector)

OECD Reviews of Health Care Quality

- Objective: Highlight and support policies to improve quality in health care
- Denmark (April 2013)
- Sweden (December 2013)
- Norway, Czech Republic (first quarter 2014)
- Italy and Australia (second quarter 2014)
- Other countries to follow (10-12 in total)
- Synthesis report in 2015



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

Strategic Review of HCQI indicators (2013)

- Critical assessment of HCQI data collection:
  - based on criteria of reliability, feasibility, comparability, relevancy and actionability (i.e., subject to control by providers and/or health care systems)
  - around 25 out of 70 indicators to be removed from data collection (mainly in area of mental health and patient safety)
- Greater disaggregation of results to examine within-country variation (e.g., at hospital level)
- R&D work on compound indicator of various “avoidable hospital admission” indicators (led by Canada in 2014)
- R&D work on existing use of HCQI indicators at national level (led by Netherlands in 2014)

Cooperation with EU-funded projects

- EU Joint Action on Patient Safety and EU Working Group on Patient Safety: OECD making regular presentation of key findings
- ECHO (European Collaboration for Healthcare Optimisation): has developed valuable methodologies for using administrative databases to measure performance down to hospital level
- EuroHope (European Health Care Outcomes, Performance and Efficiency): also developed valuable methods for using registries to measure hospital performance
- Great opportunities to start more systematic reporting of hospital performance in Europe

4. Health at a Glance: Europe 2014

Preparation of new edition of *Health at a Glance Europe*

- Build on first editions in 2010 and 2012
- Third edition to cover more ECHI indicators
- Also cover in greater depth access, quality and expenditure

Table of Contents (draft)

Foreword and Executive Summary

1) Health status (16 indicators)
2) Determinants of health (4 to 8 indicators, depend on whether children indicators from HBSC are included)
3) Health care resources and activities (11 indicators)
4) Quality of care (10 indicators)
5) Access to care (new chapter, 6 indicators)
6) Health expenditure and financing (6 indicators)

Statistical annex: Demographic and economic context

- 2 pages per indicator: 1 page of charts + 1 page of analysis and discussion of comparability issues

Data sources and country coverage

- Will draw mainly on the 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)
- Chapter on quality of care will draw on OECD data collection
- Up to 35 countries:
  - 28 EU countries
  - 4 EU candidate countries
  - 3 EFTA countries

Next steps for the preparation of *Health at a Glance Europe 2014*

- By end July:
  - Draft sent for comments to EGHI experts and national data focal points
  - Comments expected a month later (by end August)

- November-December:
  - Release of the publication