



EGHI Meeting
12 November 2015, Luxembourg

**OECD UPDATE:
ACTIVITIES AND STRATEGIC
DIRECTIONS FOR OECD WORK ON
HEALTH STATISTICS**

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HIGH-LEVEL REFLECTION GROUP ON HEALTH STATISTICS



High-Level Reflection Group on Health Statistics

- Composition: Small group of senior officials from other international organisations (EC, WHO) and leading national experts on health care quality and outcomes measures
- Mandate: Provide advice on options for developing new instruments to measure health outcomes
- Two meetings in 2015 (May and September)
- Proposing to develop more patient-reported information:
 - Patient-reported experience measures (PREMs)
 - Patient-reported outcomes measures (PROMs)
- Will provide input for mandate from OECD Health Ministerial meeting (in January 2017) to expand OECD work on health care quality and outcomes



International experience with PREMs

- Building on experience with Commonwealth Fund International Health Policy Surveys (measuring patient experience in 11 European and non-European countries)
- General population
 - interactions between patients and physicians
 - waiting times to see physicians
 - patients have email access to physicians
 - access to out-of-hours care and emergency department use
 - unmet health care needs because of cost
- Older adults and adults with complex needs
 - access to out-of-hours primary care
 - care co-ordination
 - medical errors

International experience with PROMs

- Mandatory in **NHS in England** since 2009 before and after receiving surgery for four elective procedures

Treatment	Condition-specific PROM	Generic PROM
Knee replacement surgery	Oxford Knee Score	EQ-5D (including EQ VAS)
Hip replacement surgery	Oxford Hip Score	EQ-5D (including EQ VAS)
Varicose vein surgery	Aberdeen Varicose Vein Questionnaire	EQ-5D (including EQ VAS)
Hernia repair	No instrument	EQ-5D (including EQ VAS)

- Also in place in several other countries (Sweden, Denmark, Norway, Netherlands, etc.)



Current methodological debate

- Generic versus disease-specific PROMs
- Pre- and post-intervention surveys
- Statistical issues: variation in response rates and case-mix adjustment



OECD's role

- **R&D:** provide oversight, identify gaps
- **Standardisation:** provide oversight on measures chosen and criteria used for selecting measures
- **Gaining consensus** to implement standardised, validated PREMs/PROMs across OECD countries



STRENGTHENING HEALTH DATA GOVERNANCE



High priority data: Tracking care pathways and outcomes

- » Need data for health care management and policy to describe patients pathways of care and outcomes and costs of those pathways



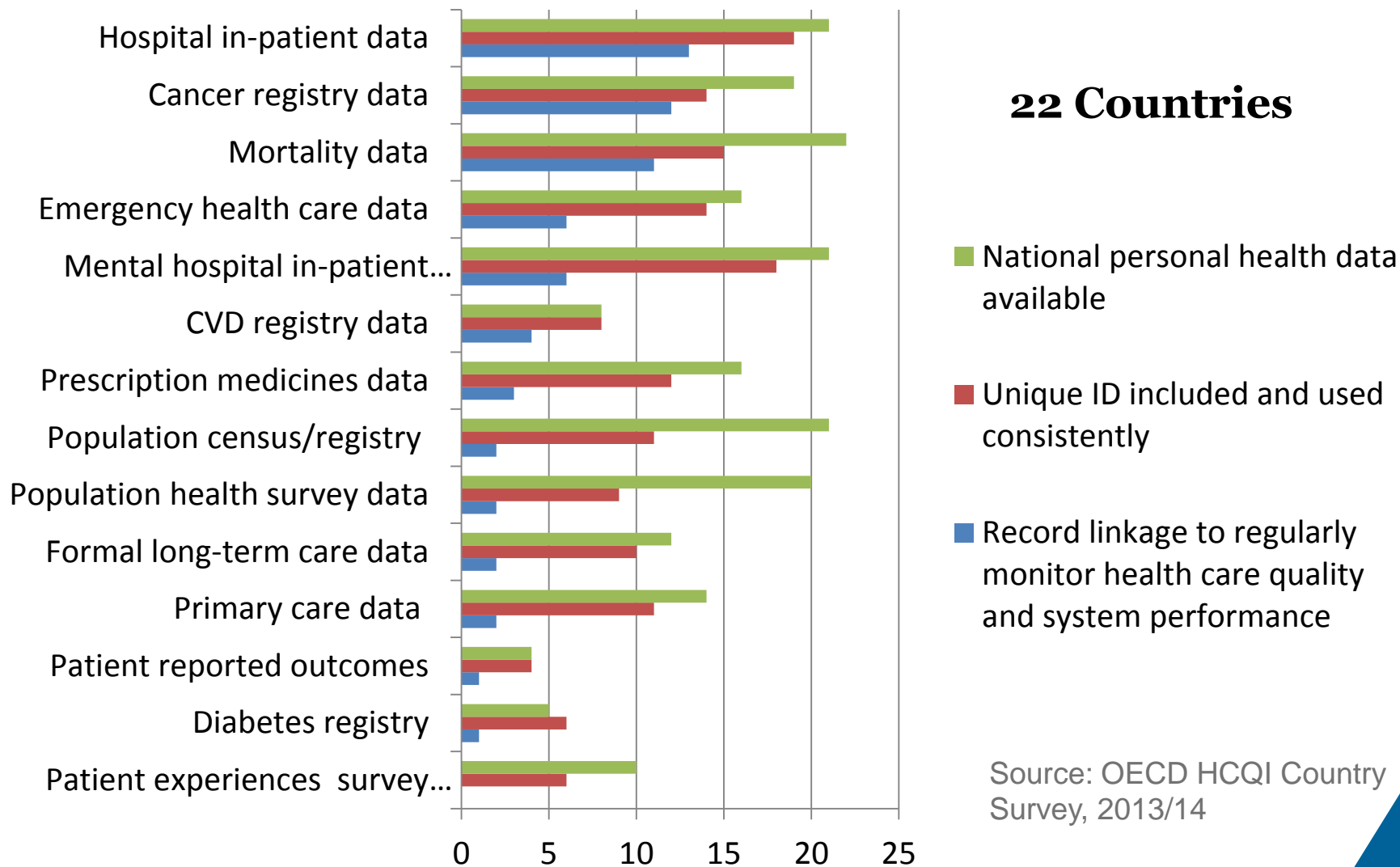


How to build care pathway data?

- Two key prerequisites:
 - » Data at the level of individual patients/persons
 - » Capacity to follow patients through the cycle of care to relate care to outcomes
- Often requires data linkage because few databases have all the information needed
- Could be based on electronic health records



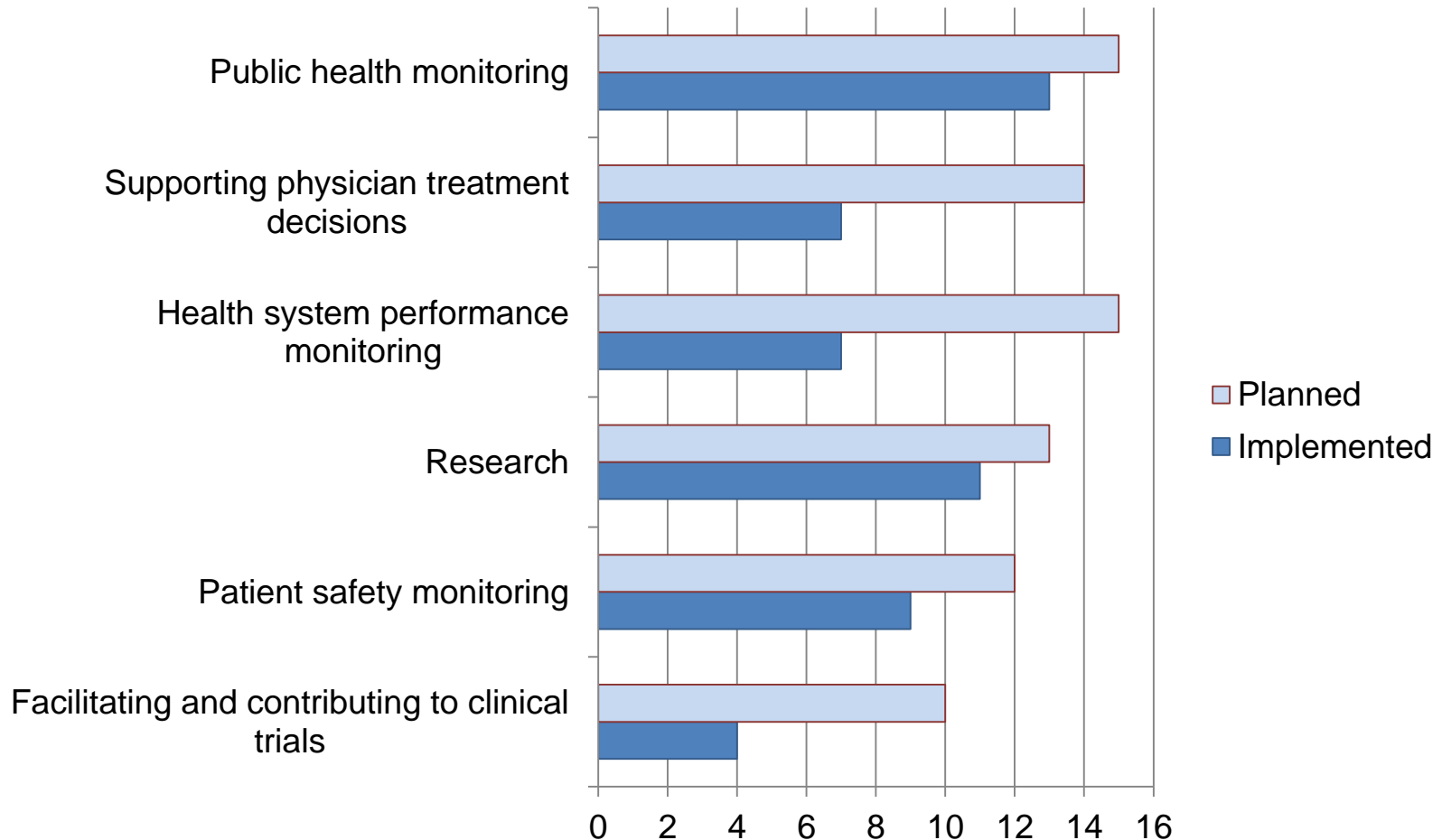
Current situation: Little data linkage and quality monitoring beyond hospital & cancer registries





Planned and implemented uses of data from electronic health records

25 Countries





Right data governance should 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

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



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 is 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 2016



OTHER OECD WORK ON PREVENTION AND HEALTH SYSTEM EFFICIENCY

Work on prevention: reviewing trends, social disparities and evaluation of policy options

- **Obesity**

- **Increased focus on:** physical activity; food value chains; role of price/income dynamics
- **Collaboration with OECD Trade and Agriculture Directorate and WHO** to assess impacts of guidelines on sugar and saturated fat
- Recent Expert Meeting held jointly with Food Chain Network on **13-14 October 2015**

- **Alcohol Policies**

- Extension of work on alcohol policies 2014-19: **supported by US NIH-NIAAA**
- **3 policy areas:** price policies; health care policies; policies against drinking-and-driving
- **7 countries:** Canada, Chile, Finland, Mexico, Russia, UK, US





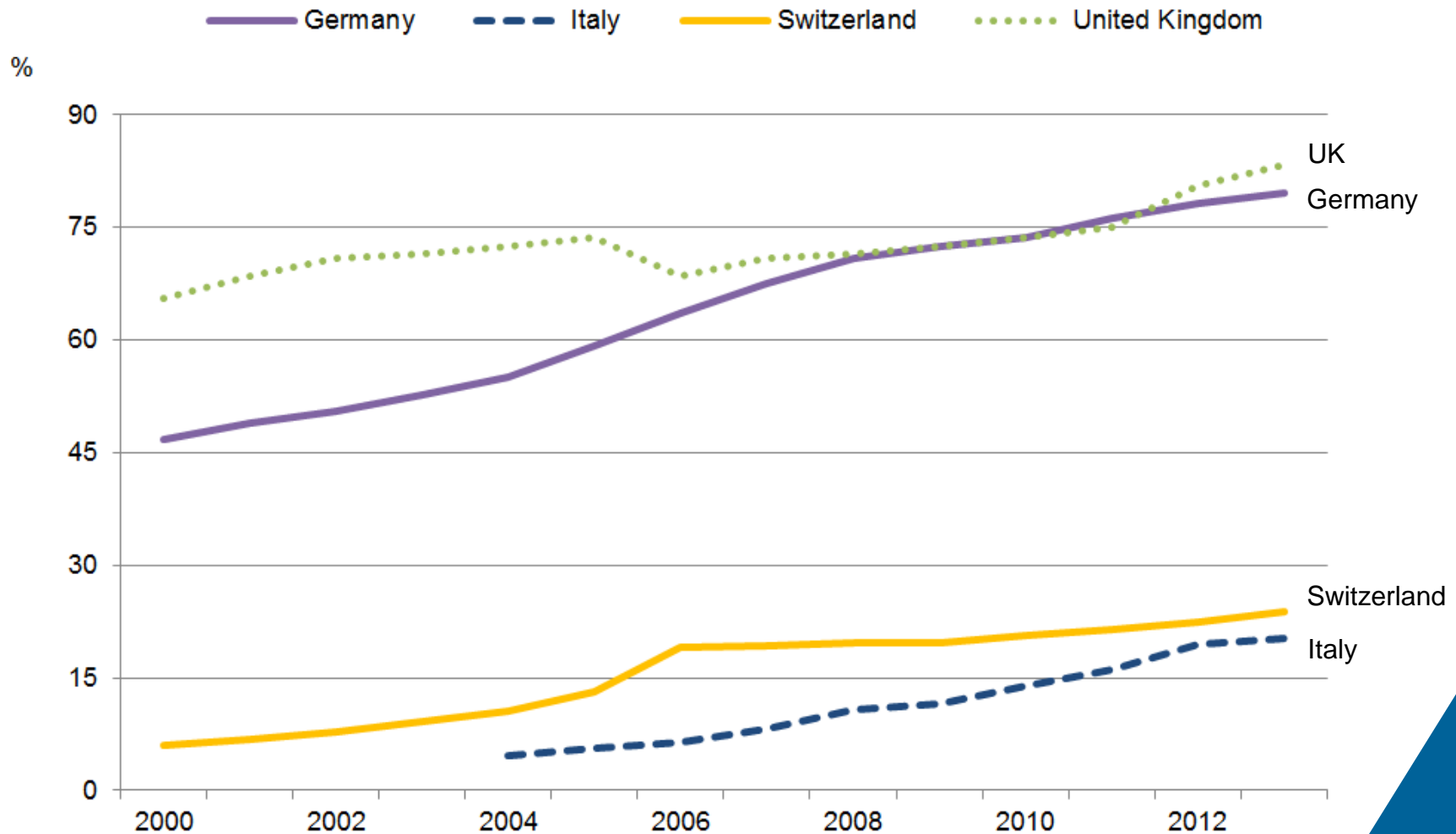
Improving measurement of health system efficiency and inefficiency (waste)

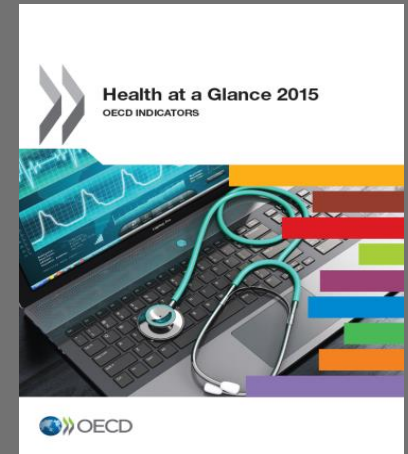
- Improving measurement of health system efficiency:
 - Multiple levels: macro-level, sectoral level (e.g., hospital, primary care, pharmaceuticals), disease-specific level
 - Work done in close collaboration with the EC
- Identifying and tackling waste and inappropriate care:
 - Unwarranted medical practice variations (over-diagnosis, over-treatment)
 - Over-prescription of pharmaceutical drugs (e.g., antibiotics)
 - Innovative payment systems to reward appropriate care
 - Key input to OECD Ministerial meeting (January 2017)



Example of efforts to improve efficiency in health spending: Development of generic market

Trend in share of generics (in volume) in pharmaceutical market, 2000 to 2013





RELEASE OF HEALTH AT A GLANCE 2015



New feature: Dashboards of health indicators

- Dashboards increasingly used in national and international reports to provide policy-makers with quick view of how well they are doing and identify priorities for actions
- Aim to summarise relative strengths and weaknesses of countries based on selected set of indicators
- No attempt to come up with any overall ranking



Selection of domains and indicators in first set of dashboards

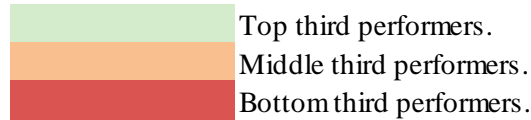
- **Health status** (5 indicators)
- **Risk factors** (4 indicators)
- **Access to care** (6 indicators)
- **Quality of care** (7 indicators)
- And **health care resources** (6 indicators), but clearly signalling that “more” does not necessarily mean “better”



Illustration of dashboard on risk factors

All countries can achieve progress in certain areas

Risk factors



Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. For all these indicators, the top performers are countries with the lowest rates.

Indicator	Smoking in adults	Alcohol consumption	Obesity in adults *	Overweight and obesity in children **
Australia	4	22	30 *	20
Austria	26	34	8	14
Belgium	15	20	9	5
Canada	6	11	29 *	21
Chile	33	10	28 *	28
Czech Rep.	25	32	20 *	5
Denmark	12	17	10	23
Estonia	31	33	18	7
Finland	10	14	26	17
France	30	30	11	13
[...]				
United Kingdom	20	19	27 *	32
United States	5	13	34 *	29

* Data on obesity in adults are based on measured height and weight for all the countries marked with an *. These result in more accurate data and higher obesity rates compared with all other countries that are providing self-reported height and weight.

** Data on overweight or obesity in children are all based on measured data, but refer to different age groups across countries.

Source: *Health at a Glance 2015*.



Dashboard on quality of care

No country is in top performer group for all indicators

Quality of care

	Top third performers.
	Middle third performers.
	Bottom third performers.

Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. For the indicators of avoidable hospital admissions and case-fatality rates, the top performers are countries with the lowest rates.

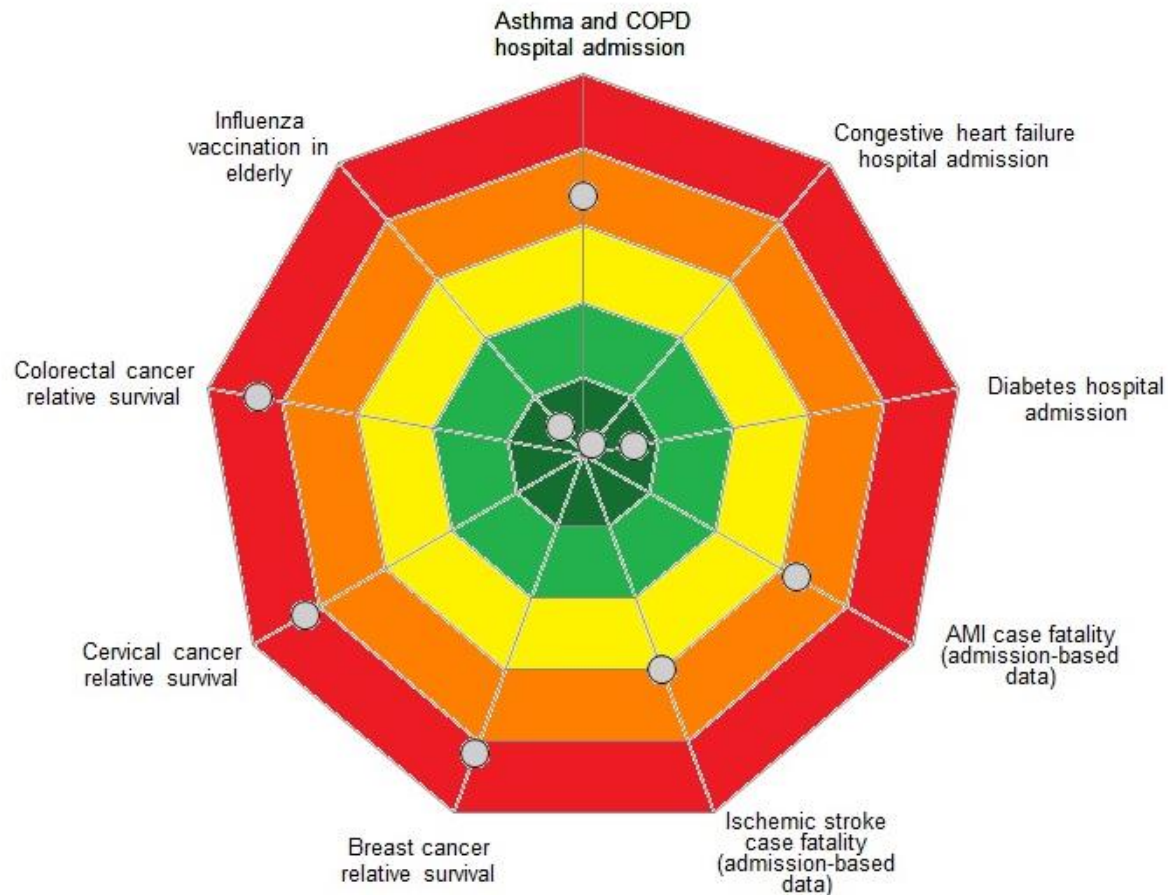
Indicator	Asthma and COPD hospital admission	Diabetes hospital admission	Case-fatality for AMI (admission-based)	Case-fatality for ischemic stroke (admission-based)	Cervical cancer survival	Breast cancer survival	Colorectal cancer survival
Australia	29	17	1	20	10	5	3
Austria	28	29	27	8	18	18	7
Belgium	16	20	19	20	15	11	4
Canada	18	10	11	26	11	8	13
Chile	6	27	31	16	24	22	n.a.
Czech Rep.	12	23	11	22	12	21	21
Denmark	26	14	7	17	4	10	18
Estonia	27	n.a.	28	29	7	24	22
Finland	10	15	9	4	5	4	7
France	7	21	17	13	n.a.	n.a.	n.a.
United Kingdom	22	5	20	19	21	20	20
United States	25	24	5	3	20	2	9

Source: *Health at a Glance 2015*.



Country-specific notes: Dartboards

United Kingdom



Note: The closest the dot is to the center “target”, the better the country performs

Chart design: Laboratorio MeS



Other recent OECD publications

- *Health at a Glance 2015* (covering European and non-European countries) (4 November 2015)
- *Health Data Governance: Privacy, Monitoring and Research* (September 2015)
- *Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives* (September 2015)
- *Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care* (June 2015)
- *Tackling Harmful Alcohol Use: Economics and Public Health Policy* (May 2015)

<http://www.oecd.org/els/health-systems/>



Thank you!

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