Updates on OECD work

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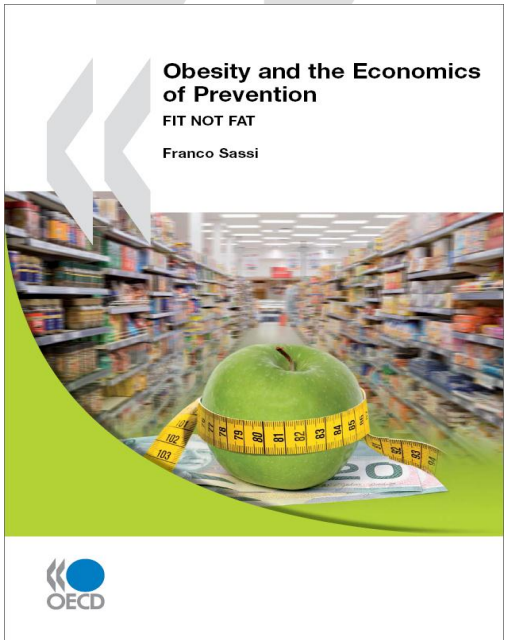
Overview

- Economics of prevention
- Health workforce (in collaboration with DG Sanco and WHO)
- Health care quality indicators
- Health at a Glance: Europe 2014 (in collaboration with DG Sanco)

1. Economics of prevention

OECD Work on Obesity



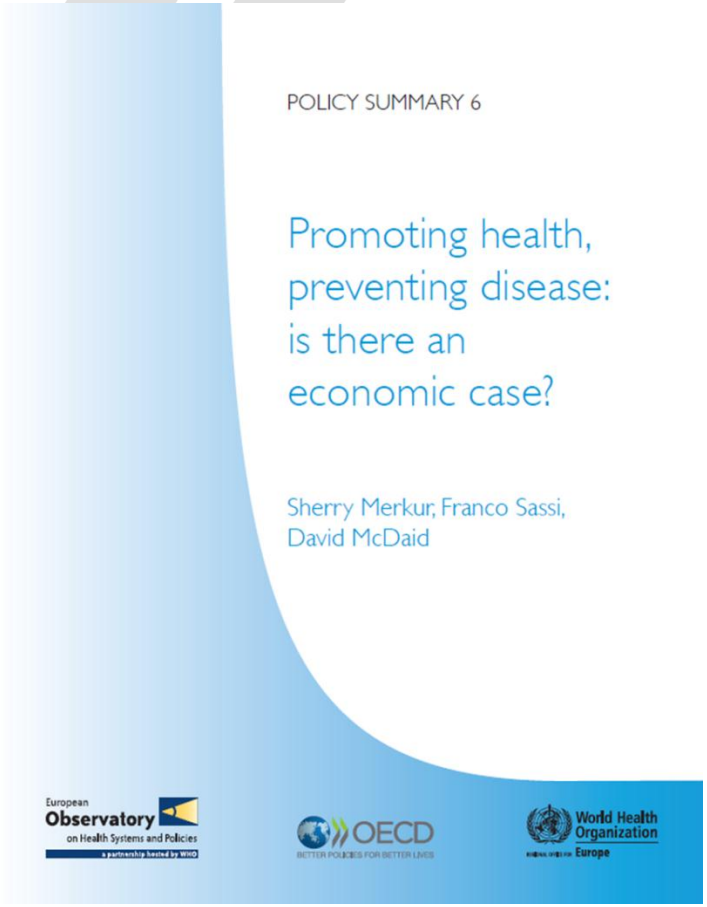
- Aim to assess effectiveness and cost-effectiveness of different interventions
- "Fit not Fat" publication
  www.oecd.org/health/fitnotfat
- Obesity Update 2014 (end May 2014)
  www.oecd.org/health/prevention
- Planning to update this work in 2015-16

OECD Work on Alcohol (publication forthcoming in October 2014)

- Large burden of disease, increase in some high-risk use, social disparities
- Economic analysis clearly points to a cost-effective policy package, but careful design and implementation required for successful outcome

- Starting new work on international alcohol policy model (in countries such as United Kingdom, Finland, United States, Canada)

Work with European Observatory



- Forthcoming book on Economics of Health Promotion and Disease Prevention (end 2014)
- Feeds into WHO-Europe *Health 2020* policy
- Reviews evidence to support an economic case for health promotion on key risk factors
- Policy Summary already 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 ILO (draft report by end 2014)

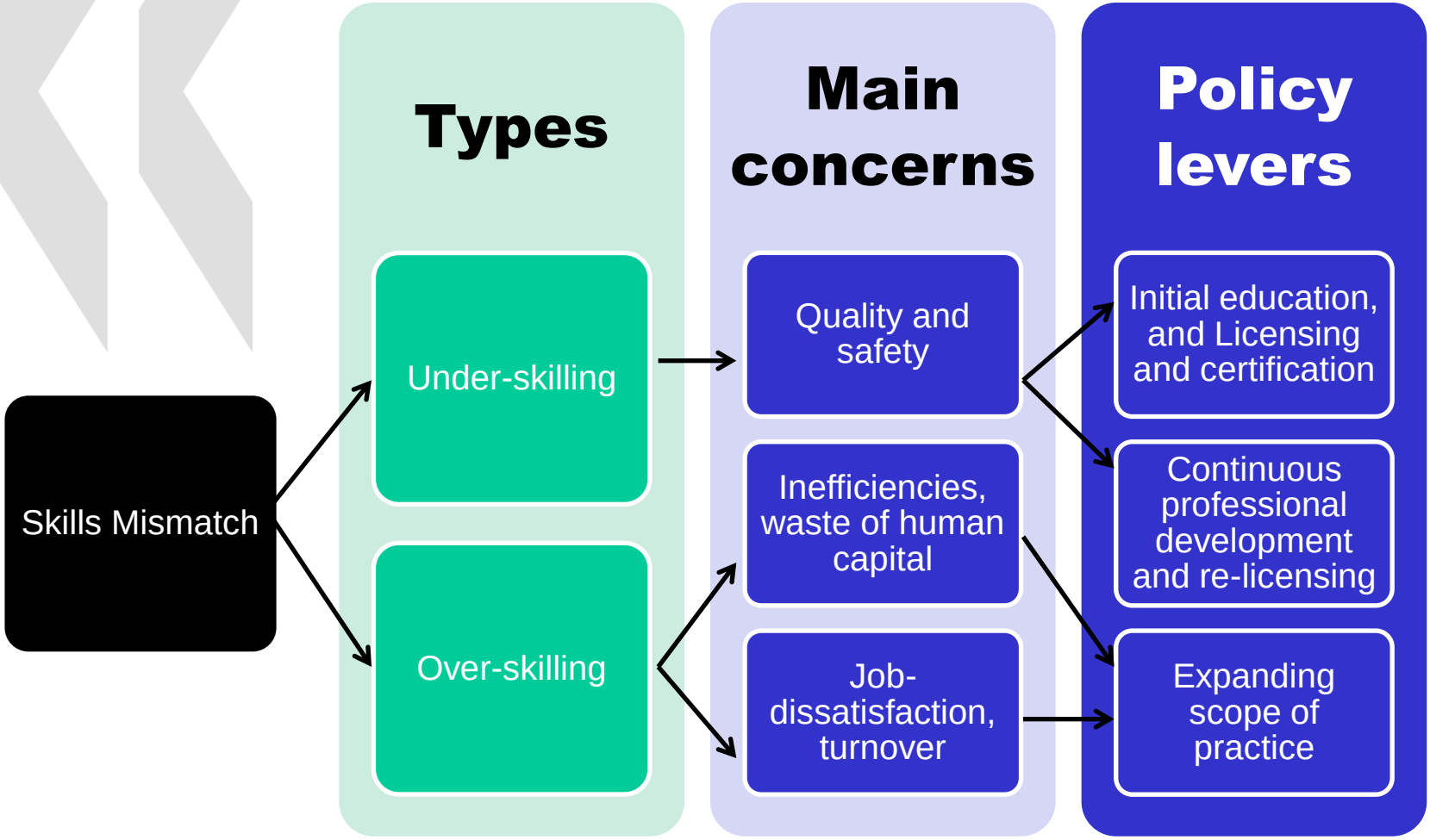
2. Health Workforce

i) Skill mismatch in health sector

ii) Policies on education/training capacity

iii) Health workforce migration trends

Skills mismatch in health sector

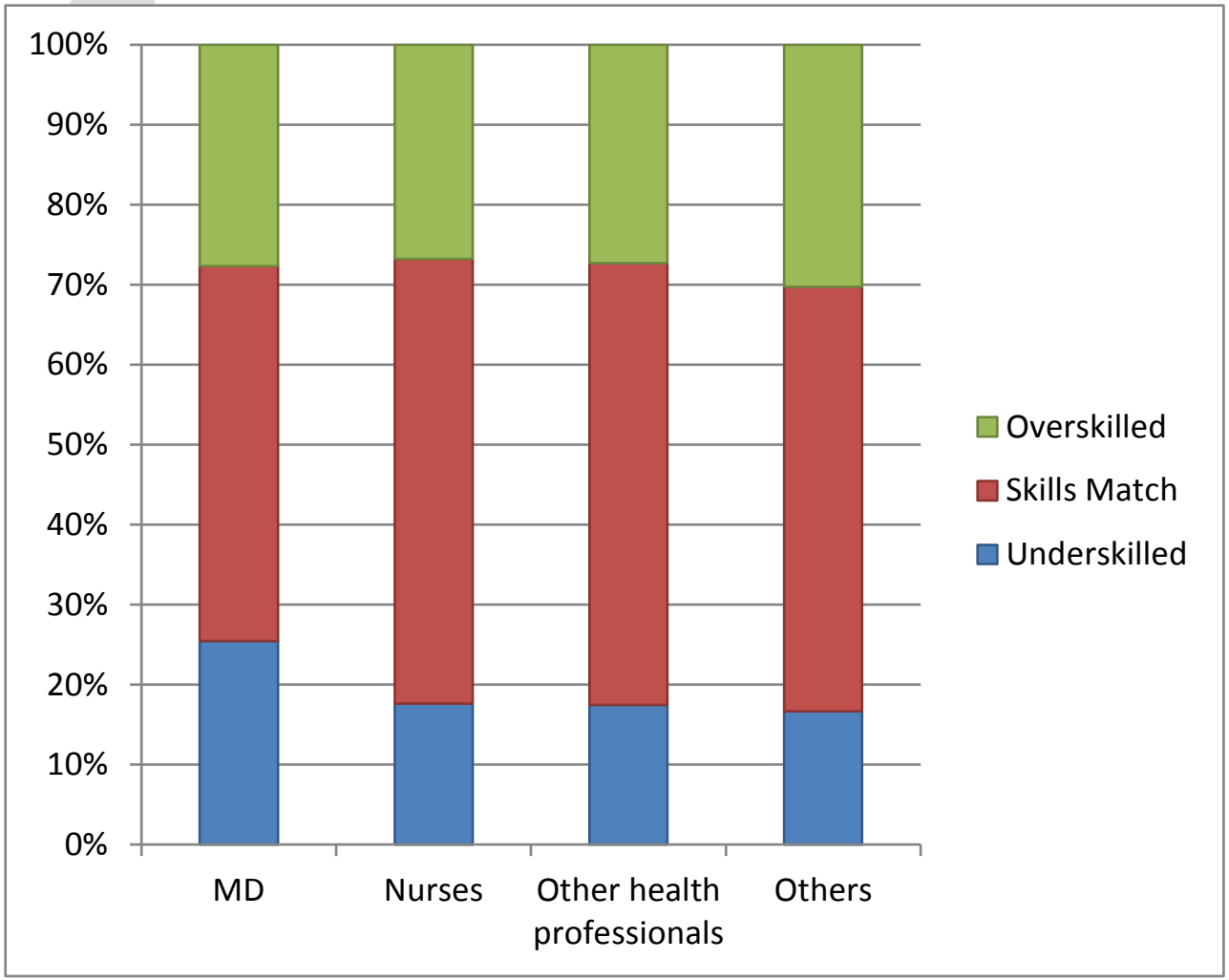


Data sources on skills mismatch: European Working Conditions Survey and PIAAC Survey

	EWCS	PIAAC
Nb of Countries	**34 countries**	**22 Countries**
Participating Countries	EU27, Norway, Croatia, FYR of Macedonia, Turkey, Albania, Montenegro and Kosovo	Australia, Austria, Belgium, Canada, Czech Rep, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Japan, Korea, Netherlands, Norway, Poland, Russian Fed, Slovak Rep, Spain, Sweden, UK, and USA
Year	2010	2011-12
Sample size (total)	43,816 (total)	150,831 (total)
Sample size (health workers)	2,093 (of which 226 doctors and 920 nurses)	5,585 (of which 499 doctors and 2,116 nurses)

- Complemented by other data sources (eg., RN4cast results on nurses reporting to be overskilled for some tasks)

Example of first results on skills mismatch in Europe



Source: EWCS, 2010

Policies on education/training capacity of doctors and nurses (in collaboration with DG Sanco)

- Context: Concerns about current or future shortages of doctors and nurses in many countries, and continued reliance on foreign-trained doctors and nurses to fill gaps

- But also concerns about possible imbalances/surpluses of certain categories of doctors (e.g., certain specialties)

- Main aim of the project: Collect data on trends in student admissions in medical and nursing education programmes over past 10 years to assess changes in “numerus clausus” policies (before and after the economic crisis) and future plans

- Also collect data on trends in postgraduate training places between general medicine vs specialties, and development of training programmes for advanced practice nurses

Health workforce migration trends

- Update data and analysis on international migration of foreign-born and foreign-trained doctors and nurses in OECD countries:
  - first reported in 2007 OECD publication "*International Migration Outlook*" and 2008 publication "*The Looming Crisis in the Health Workforce*"

- Approach: Collect data from countries of destination by countries of origin (because data on *immigration* is much more available and reliable than data on *emigration*)

- Trends analysis from 2000 to 2012 allows assessment of impact of EU enlargement (in 2004 and 2007) and economic crisis (starting in 2008)

- Work in collaboration with WHO-Headquarters (input to reporting on Global Code on International Recruitment of Health Personnel)

Timelines for expected outputs on health workforce projects

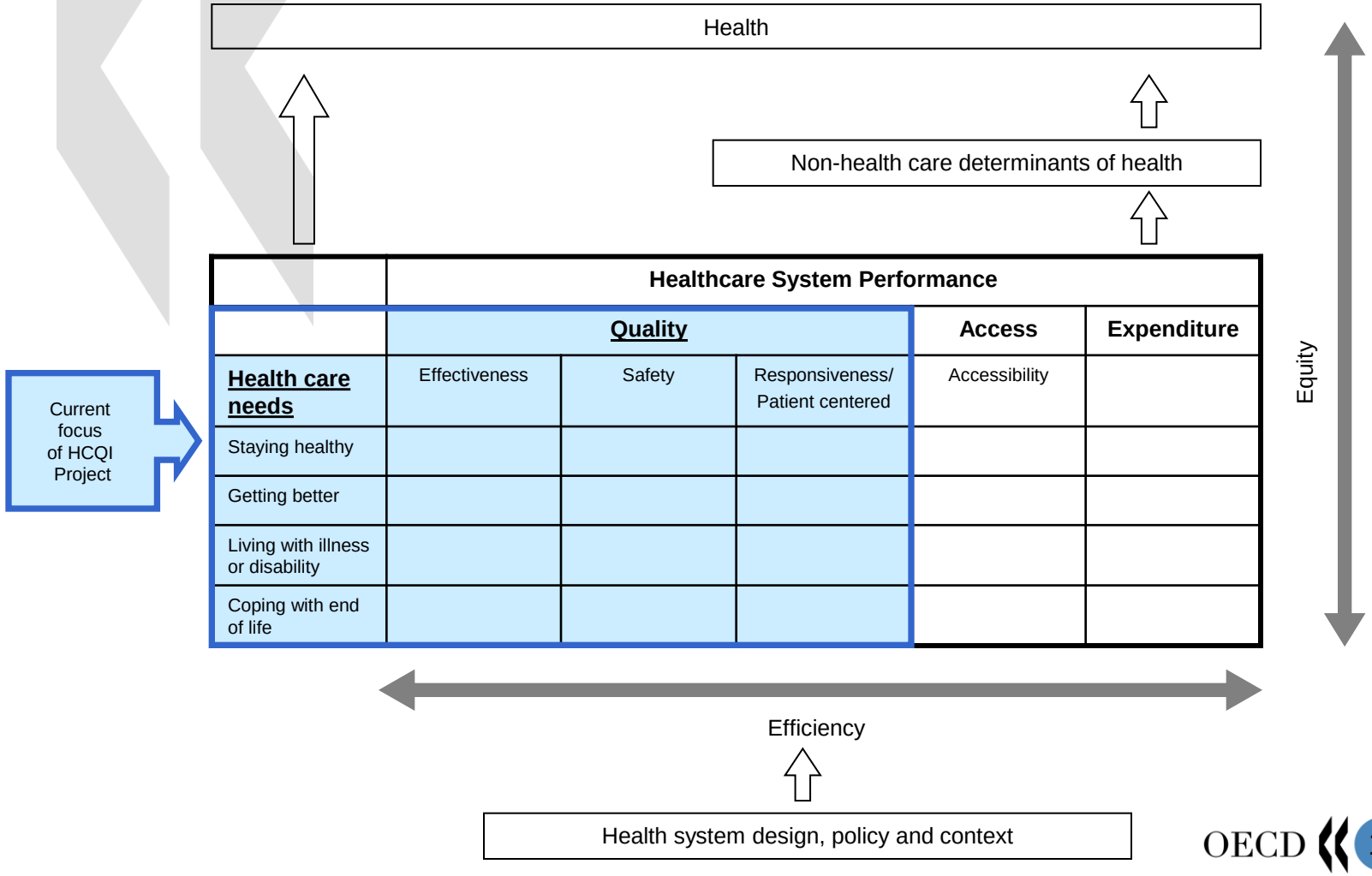
i) Skills mismatch: final results end 2014/early 2015

ii) Policies on education/training: first results end 2014/ early 2015 (final results: later 2015)

iii) Health workforce migration trends: final results end 2014/early 2015

3. Health Care Quality Indicators

OECD Health Care Quality Indicators Framework (part of broader HSPA framework)



Areas covered under HCQI project

- Primary care (avoidable hospital admission), including development work on a compound indicator
- Cancer care (screening, survival)
- Acute care (case fatality rates following AMI and stroke)
- Mental health care (excess mortality)
- Patient safety (surgical complications)
- Patient experience (initial focus on primary care)

Disease-specific analysis
Cardiovascular Disease and Diabetes

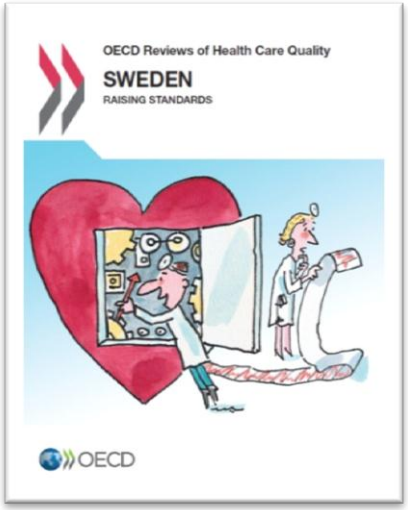
- Examines health system performance in CVD and diabetes prevention and care:
  - Access, resources and quality of care
  - Recent policies initiatives to improve performance
- Analyse cross-country variations in CVD and diabetes outcomes, particularly quality of care.
  - role of health system characteristics and policies
- Primarily uses OECD Health Statistics as well as joint project with the *European Society of Cardiology* on chronic heart failure

Results from analysis on Cardiovascular Disease and Diabetes

- All OECD countries have reduced CVD mortality but:
  - Obesity and diabetes are threatening to offset gains
  - Adherence to guidelines is too low and variable
  - Ageing will lead to higher demand and complexity of health needs
  - Lack of oversight to effectively integrate evidenced-based care recommendations into health care service models
- Further gains can be made:
  - Take comprehensive policy action to improve lifestyles
  - Strengthen primary care by ensuring good access and better integration and coordination with other sectors
  - Improve governance systems in acute care sector
  - Improve information systems to monitor patient care and assess performance along the pathway of CVD and diabetes care

OECD Reviews of Health Care Quality

- Objective: Highlight and support policies to improve quality in health care
- Denmark (April 2013)
- Sweden (December 2013)
- Norway (May 2014)
- Czech Republic (June 2014)
- Italy and Australia (fourth quarter 2014)
- Japan and Portugal (2015)
- Synthesis report in 2015



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

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* (in collaboration with DG Sanco)

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 health care access, quality and expenditure

Table of Contents (draft)

Foreword and Executive Summary

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)

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

Statistical annex: Demographic and economic context

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 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