FROM VOLUME TO VALUE: AN INTERNATIONAL PERSPECTIVE

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IHF World Hospital Congress, Brisbane, Australia

10 October, 2018
Several factors are challenging health systems

- **Raising inequalities**
- **A need to ensure financial sustainability in light of a tight fiscal environment**
- **Pressures from ageing societies and worrisome trends in risk factors**
- **Policy failure to address main drivers of health spending (e.g., technology)**
Health spending will continue to rise

Average OECD health spending and GDP growth

- 2008 economic crisis affected health spending in the short term ...

- ... medium to long-term projections point to continued growth

Public health spending as % of GDP without effective cost containment


Based on: OECD De La Maisonuneve & Oliveira Martins, 2013
There is a risk of losing track of what health systems are about.
SO WHAT CAN WE DO TO DELIVER BETTER “VALUE”?

1 – TACKLE WASTE
Up to a fifth of health spending in the OECD is at best ineffective and at worst, wasteful

- Adverse events occur in 1/10 hospitalisations, add between 13 and 17% to hospital costs and up to 70% could be avoided.

- Geographic variations in rates of cardiac procedures (x3) and knee replacements (x5) are for a large part unwarranted.

- Up to 50% of antimicrobial prescriptions are unnecessary.

- 12% to 56% of emergency department visits are inappropriate.

- Administrative expenditure on health varies more than six-fold, with no obvious correlation with performance.

- Loss to fraud and error may average to 6% of payments for health care services.
2 – ADDRESS UNWARRANTED VARIATION
Death within 30 days of admission for a heart attack is decreasing across most OECD countries…
But large unexplained variations persist across hospitals within countries of the OECD

Thirty-day mortality after admission to hospital for AMI based on linked data, 2013 to 2015 (or nearest years)
3 - PUT DATA TO WORK
Develop a better picture of the care pathway

Data captures

- Pathways
- Processes
- Outcomes
- Costs

Key prerequisites

- Individual patient/person
- Follow the patients through process of care
- Link to key outcomes

Data linkage

Allows for use of various data sources to answer specific questions

Electronic health records (EHRs)

Longitudinal record of treatments and outcomes
4 – CENTRALITY OF OUTCOMES
Rates of knee replacement vary hugely across countries; is this justified?
Looking at outcomes is useful to support policy and patient choice – England example
To achieve better value we need better information on …..

- To what extent are people in pain after hip surgery?
- What is the health-related 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?
PaRIS
PAtient-Reported Indicators Survey
Opening up the value pipeline
Thank you!