

PARIS, 20-21 JUNE 2002

What is best and at what cost? OECD study on Ageing-Related Diseases

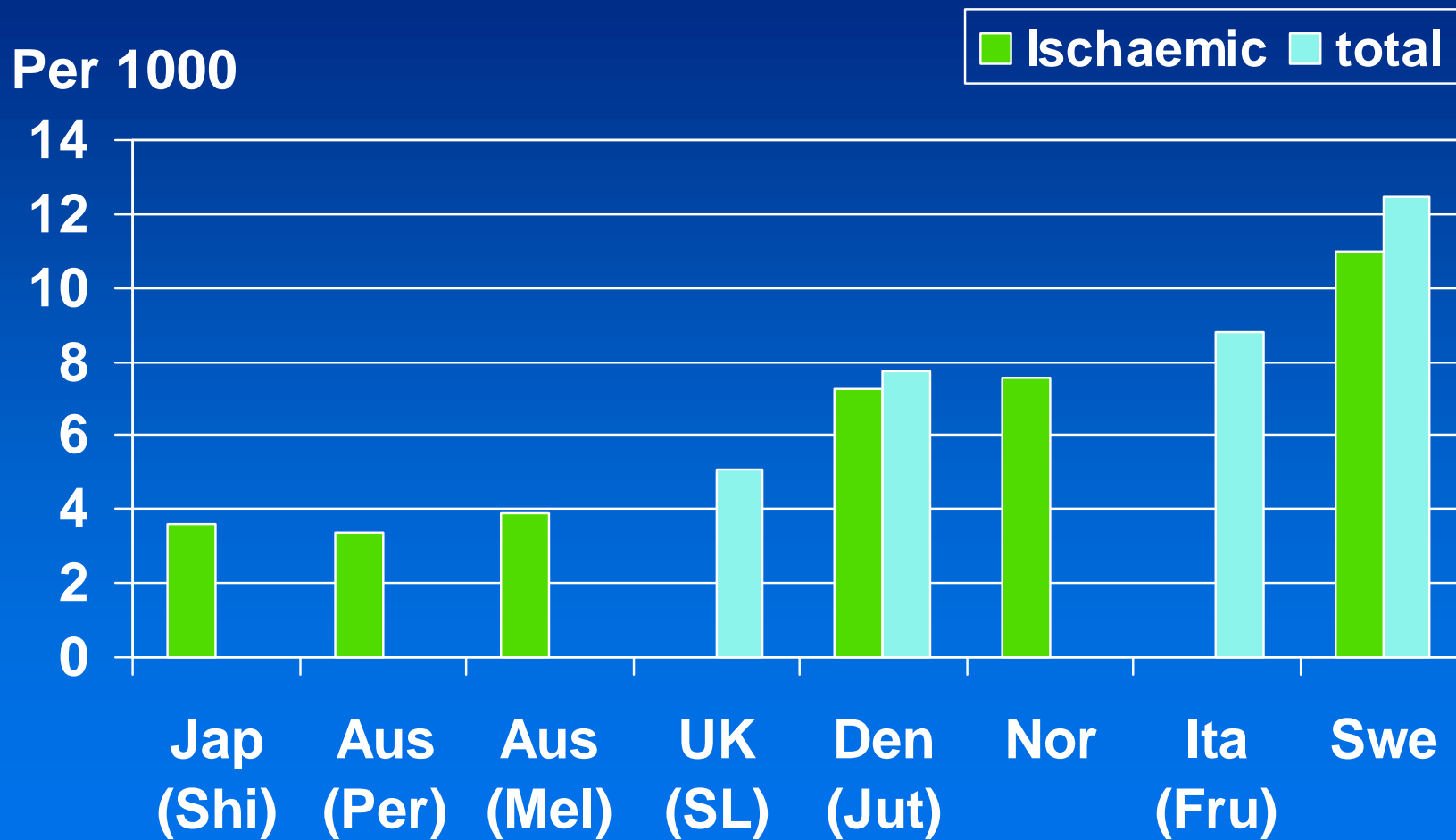
■ Stroke

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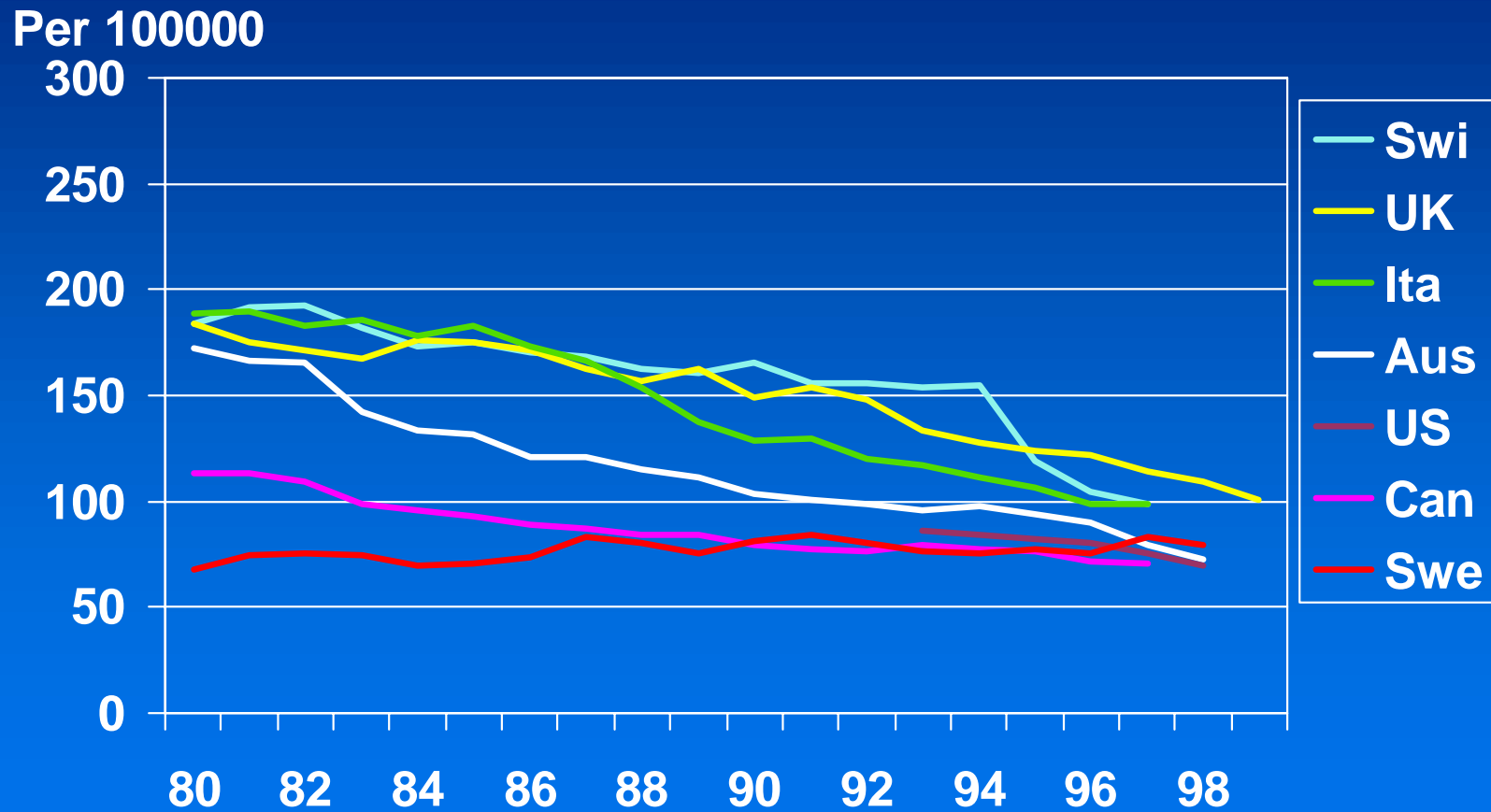
Background

- Stroke is important disease
 - death and disability
- Ischaemic stroke
- Questions
 1. Are there treatment variations?
 2. Impact on health outcomes?
 3. And for what expenditure?

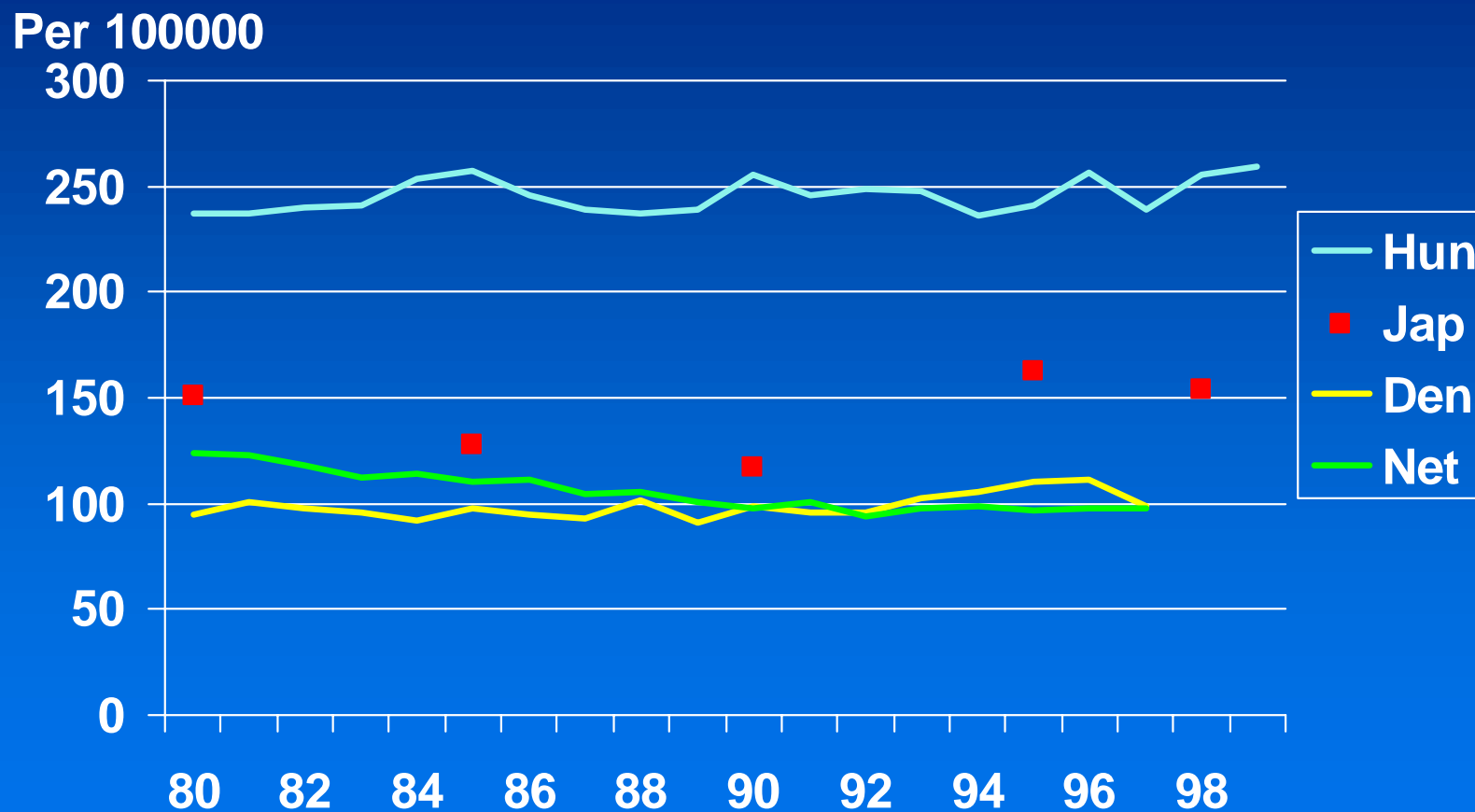
Stroke incidence 65-74 y.o.



Ischaemic stroke mortality



Ischaemic stroke mortality



1. Are there treatment variations?

- Technology
 - diagnostic procedures, drug treatments, carotid endarterectomy
- Management of risk factors
 - and success in reducing risk
- Stroke units

Stroke units

- Organised inpatient care
 - multidisciplinary, exclusively for stroke
 - usually dedicated ward
 - usually acute and rehabilitation
- Cochrane review
 - stroke unit care → better survival, less disability

Use of stroke units

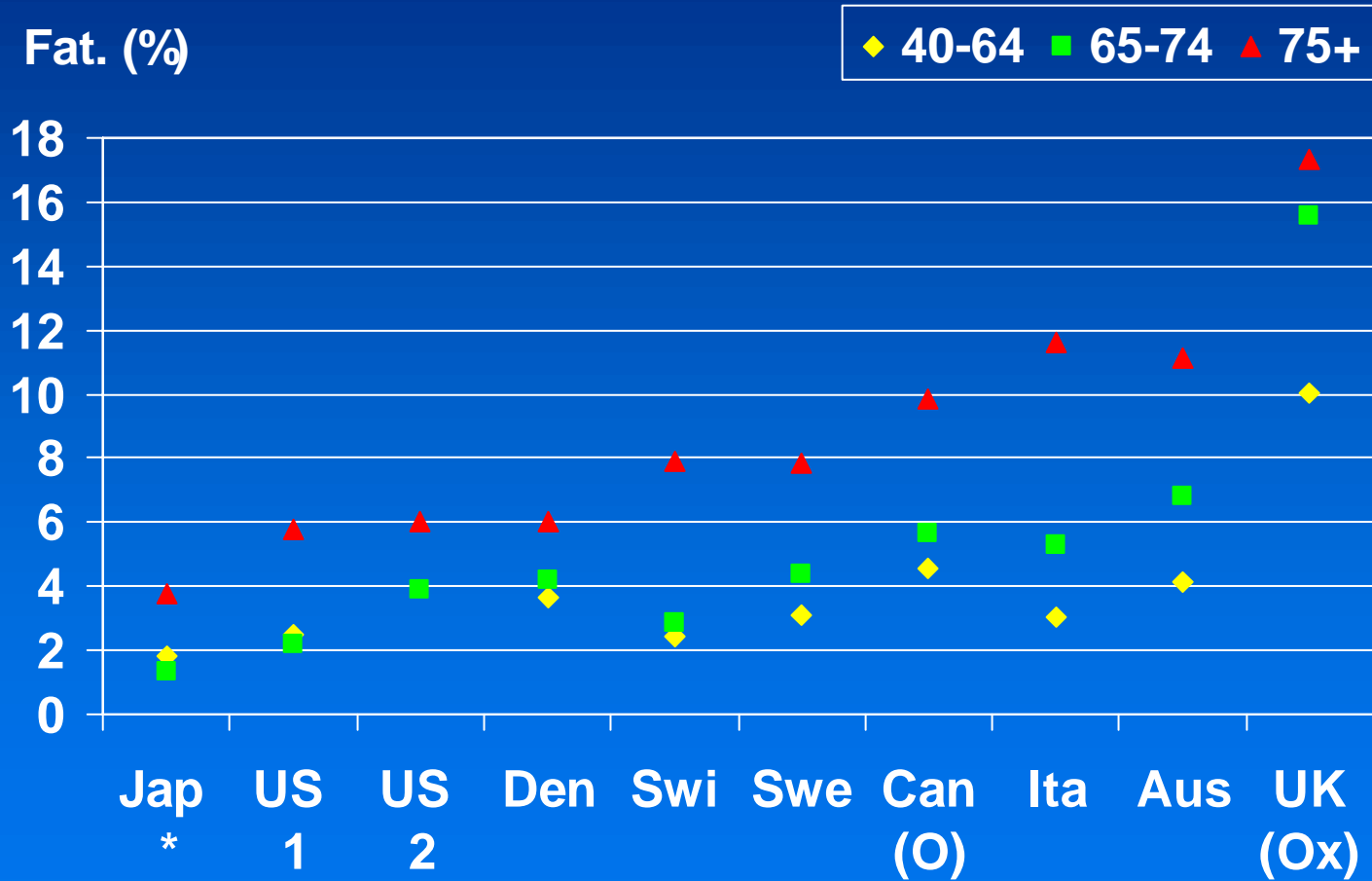
	No.	% pts	Guidelines; recomm.
Den	High		Yes
Swe	High	High	Y
Nor		High	Y
Neth	Med		Y
Aus	Med		N*
UK		L-M	N
Hun	Low	Low	N

* An application to develop accreditation guidelines has been made.

2. Effect on health outcomes?

- Mortality-based measures only
- Hospital fatality rates
 - 7, 30 days
- Case fatality rates
 - 30 days, one year

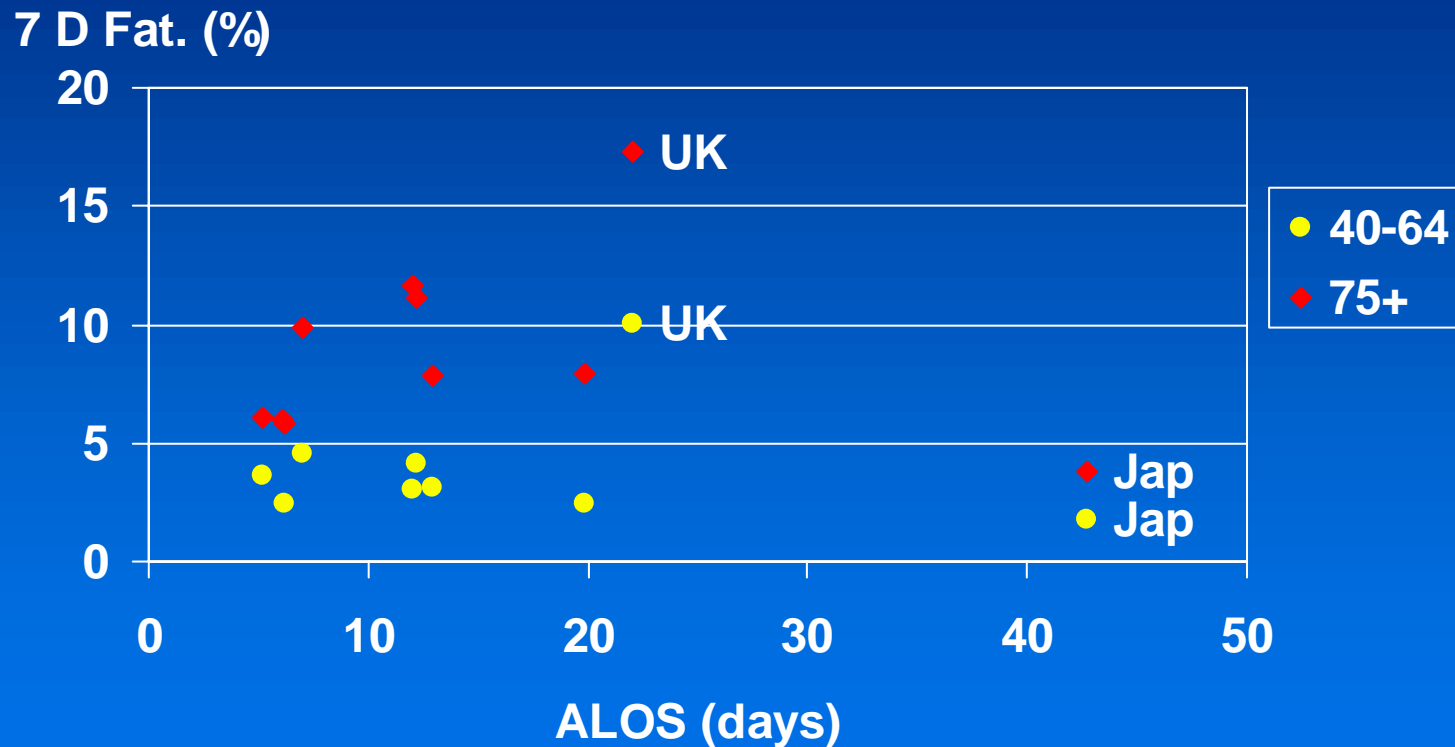
7-day hospital fatality 1998



3. Expenditure and outcomes?

- Relationship between outcomes and expenditure
- Length of stay proxy for expenditure

Expenditure and outcomes



Other countries: Den, US, Can (O), Ita, Aus, Swe, Swi

Conclusion

- Are there treatment variations?
 - Yes: technology, prevention, organisation of care (stroke units)
- Impact on health outcomes?
 - variation exists, links to treatment variations not clear
- And for what expenditure?
 - not how much, but how