FROM RESULTS TO ACTIONS: THE IMPLICATIONS FOR HEALTH POLICY MAKING

OVERVIEW

i. General Policy Implications

a. Levers to influence treatment patterns/ diffusion of technologies?

b. Levers to influence health outcomes?

c. Challenge to current thinking?

ii. Implications for UK Policy

a. Level of intervention rates

b. Targeting of interventions

c. Cost-effectiveness of treatments

iii. Implications for research policy

i. GENERAL POLICY IMPLICATIONS

a. WHAT POLICY "LEVERS" AFFECT TREATMENT PATTERNS?

Many suggested:

- **Health spend per capita**
- **Type of health care system**
- **User charges**
- **Doctor numbers**
- **Doctor payment systems**
- **Hospital facilities**
- **Hospital payment systems**
- **Policies on age**

WHAT POLICY "LEVERS" AFFECT TREATMENT PATTERNS? - (contd)

But no easy answers:

- **Relationships (and direction) vary across diseases**
- **Strengths of relationships not clear**
- **Relative importance not clear**
- **Association not causation**
- **"Levers" vary in tractability**

Department of Health

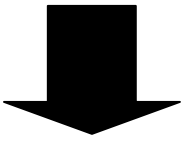
b. WHAT TREATMENT PATTERNS/ TECHNOLOGIES AFFECT HEALTH OUTCOMES?

- **Breast cancer: no clear associations**
- **IHD: no clear associations**
- **Stroke: no clear associations (but some relationship with use of resources)**

WHY LIMITED ASSOCIATION BETWEEN INTERVENTIONS AND HEALTH OUTCOMES?

- **Poor data?**
  - **disease incidence; interventions; outcomes**
- **Interventions ineffective?**
- **Interventions poorly targeted?**
- **Confounding factors?**

IMPLICATIONS



- **More research**
- **Mechanisms to confine diffusion to effective and appropriate interventions**

c. CHALLENGES TO CURRENT THINKING:

- **Where are we out of line?**
- **Why are we out of line?**
- **What can we learn from other countries?**

ii. IMPLICATIONS FOR UK POLICY

1. **Value of international dimension in disease based policy making (National Service Frameworks)**

2. **Review:**

- **Why intervention rates low (e.g. revascularisation)**

- **Whether interventions poorly targeted (e.g. breast cancer)**

- **Why resources poorly used (e.g. stroke)**

iii. IMPLICATIONS FOR GOVERNMENT RESEARCH POLICY

1. Support more international comparisons of disease based policies?

2. If yes, should focus be on:

a. Many-country studies or few-country studies (e.g. McKinsey)?

b. Comparisons of whole countries or of hospitals, areas or other sub-units?

c. Standardising data or analysis of existing crude data?

3. What is the right skill mix for such studies?

4. How can the profile of these studies be increased?


DH
Department
of Health


DH
Department
of Health