

METHODOLOGY ISSUES

➤ FIRST OF ALL, A GREAT JOB

➤ Great variability in the quality of data such as:

- ◆ different modalities in data collection
- ◆ non omogeneous sources
- ◆ different time frame
- ◆ incompleteness, etc.

➤ Difficulties in international comparison:

➤ Suggestion: *OECD could promote the identification of a “core set of data” to be implemented in more omogeneous areas, at least geographically*

➤ Need for better integration of different sources of data, first of all at national level

➤ Difficulties in correctly weighing and validating “environmental” data (non medical), the importance of which has been clearly indicated:

➤ Suggestion: *pilot study to validate a methodological instrument for collection and validation*

OECD study on cross-national differences of ageing-related diseases
Concluding workshop
Paris, 20/21 June 2002

POLICY ISSUES

- ❖ *An ethical point should be addressed*, regarding a kind of age-related discrimination: older people generally have less access to preventive measures (still efficacious, like lifestyles changes), and are provided with less expensive and less conservative therapeutical interventions
- ❖ Some “*supportive*” *measures for the elderly* (in terms of facilitated access to services and exemption from payments) *could be suggested*, based on data coming from the study
- ❖ The close relationship between economic and therapeutic choices is shown by the study, but clear and univocal conclusions are difficult to be drawn: *evaluation of economic impact should be implemented*
- ❖ Suggestion: *Recommendations could be listed as a result of this study/workshop*

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DISEASES-RELATED ISSUES

Detailed comments in the working groups

Some very general issues are indicated here to favour discussion on possible future actions

- **Breast cancer:** agreement on the suggestions, listed in the report, concerning development of registry data, better link of different data, assessment of screening programmes, also in terms of participation
- **Stroke:** the lack of international agreed upon guide-lines for “stroke units” suggests the possibility of promoting some kind of study to start a common work on the issue
- **Ischaemic heart disease:** the lack of reliable and omogeneous data on risk factors claims for methodological suggestions aimed at developing a better collection and evaluation system;
the interesting and useful exercise of correlating data on utilisation of services, demand, technology supply and payment modalities could be empowered, first of all at national level