



**OECD Study on cross-national differences
of ageing-related diseases**

Concluding workshop, June 20-21, 2002, Paris



ARD PERSPECTIVE *AN AGEING VIEWPOINT*

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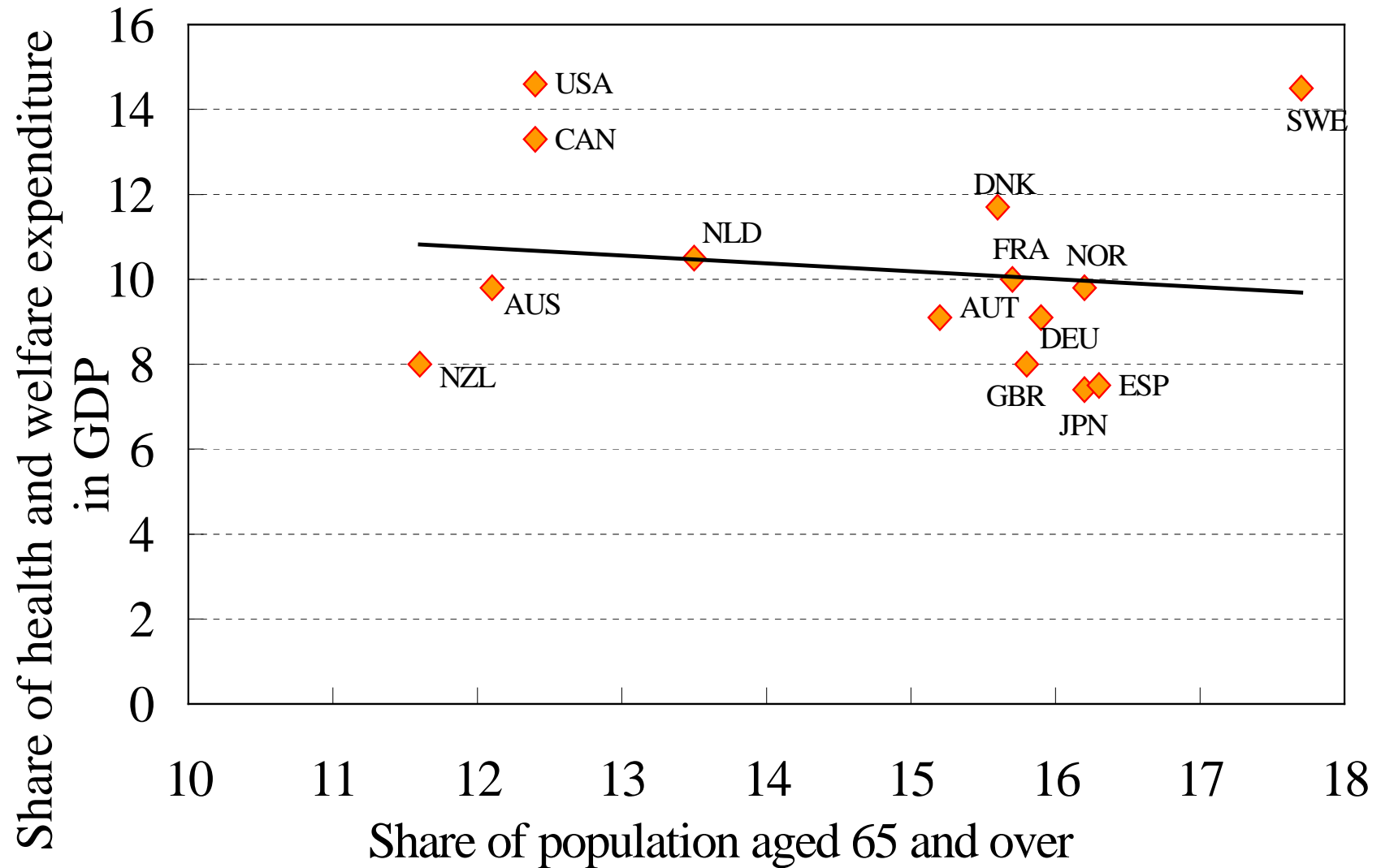
THE AGEING PARADOX

- ◆ A Key Phenomenon common to OECD countries
- ◆ No link at the macro level in cross section across countries
- ◆ BUT
- ◆ Expenditure for persons aged 65 and over represents 30 to 50 % of health expenditure
- ◆ Health expenditure profile by age
- ◆ Age dimension in the etiology of disease



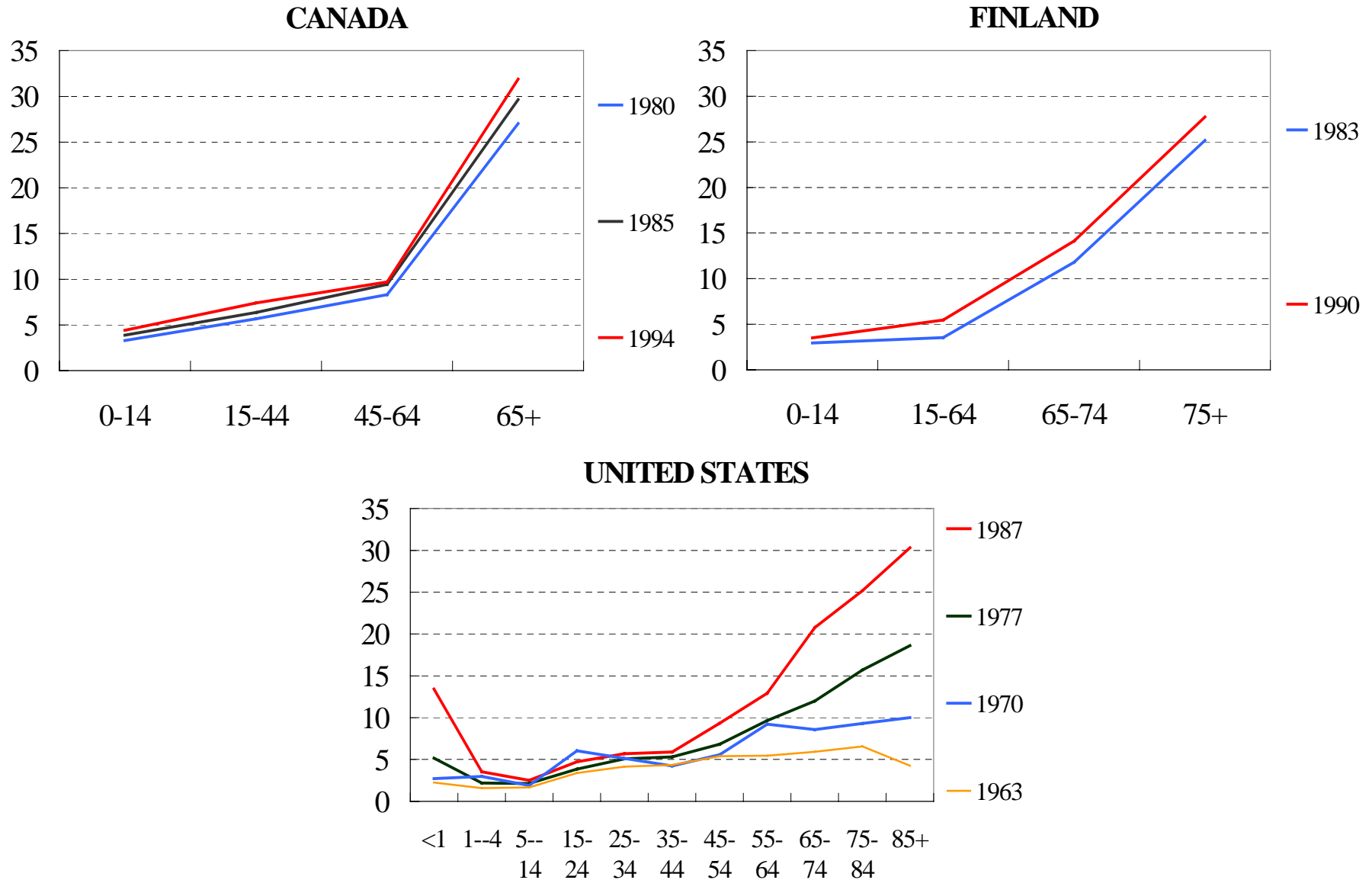
The cross sectional perspective

Health and welfare expenditure versus the share of the population aged 65 and over



Health expenditure profiles by age and over time

(as a percentage of GDP per capita)



Country	Percent of GDP Spent on Health 1998c	Percent of Population Over Age 65 1998d	Estimated Percent of GDP Spent on Health for the Elderly^b
U. S	13.6	12.4	4.8
Germany	10.5	15.9	3.5
Switzerland	10.3	15.5	4.4
France	9.6	15.7	3.4
Canada	9.5	12.4	3.9
Sweden	8.4	17.7	3.2
Australia	8.3	12.1	2.9
New Zea.	8.1	11.6	2.9
Japan	7.6	16.2	3.7
Czech Rep.	7.2	13.6	2.2
Spain	7.1	16.3	2.8
Finland	6.9	14.6	2.8
U. K.	6.7	15.7	2.8



A KEY DIMENSION TO EXPLORE IN RELATION TO TREATMENT AND OUTCOMES



- ◆ The importance of ageing
- ◆ Ageing and treatment patterns
- ◆ Ageing and performance
- ◆ Discussion
- ◆ Policy implications



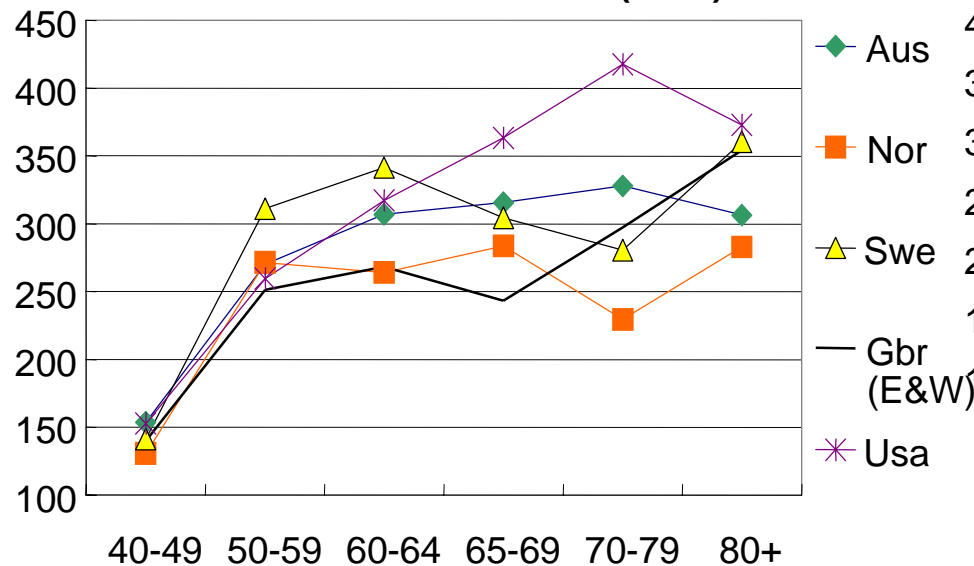
THE IMPORTANCE OF AGEING

- ◆ Incidence profile by age
- ◆ Share of older patients in admissions
- ◆ Share of older patients in the number of treatments

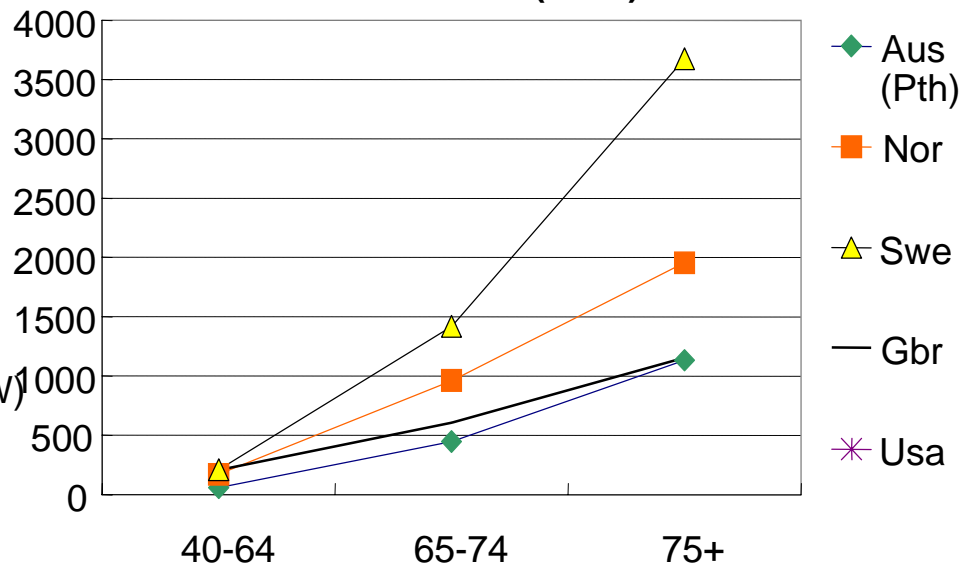


Incidence rate *per 100 000 population (Women)*

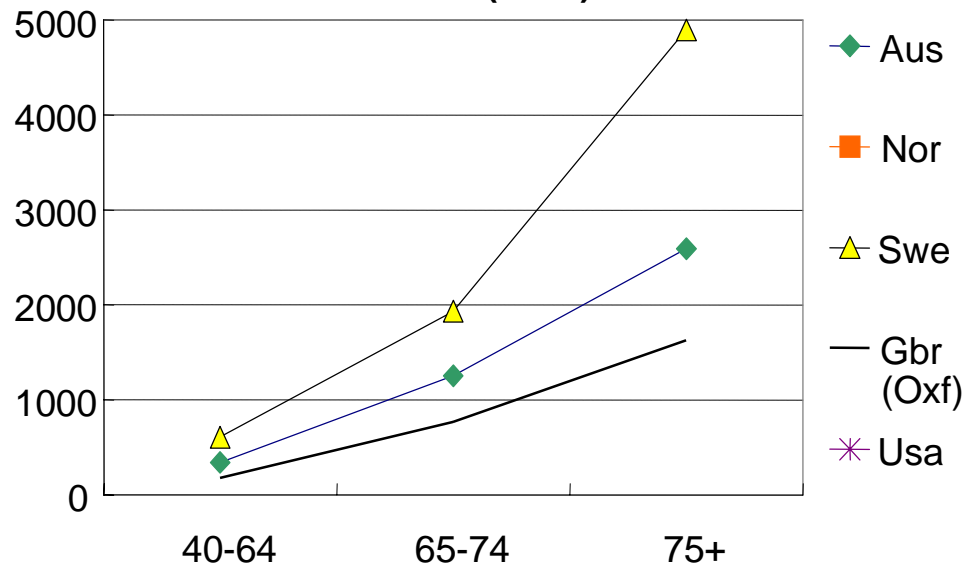
BREAST CANCER (1995)



STROKE (1995)

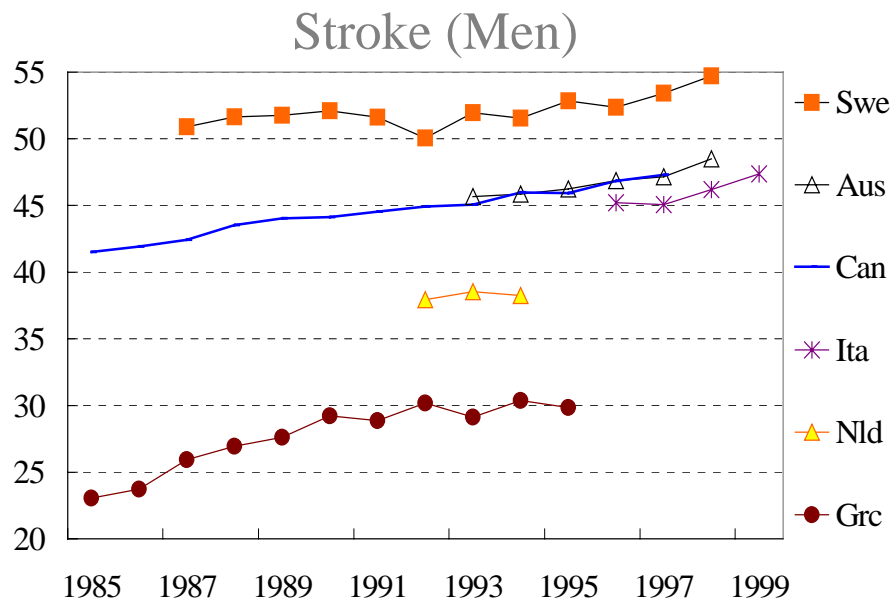
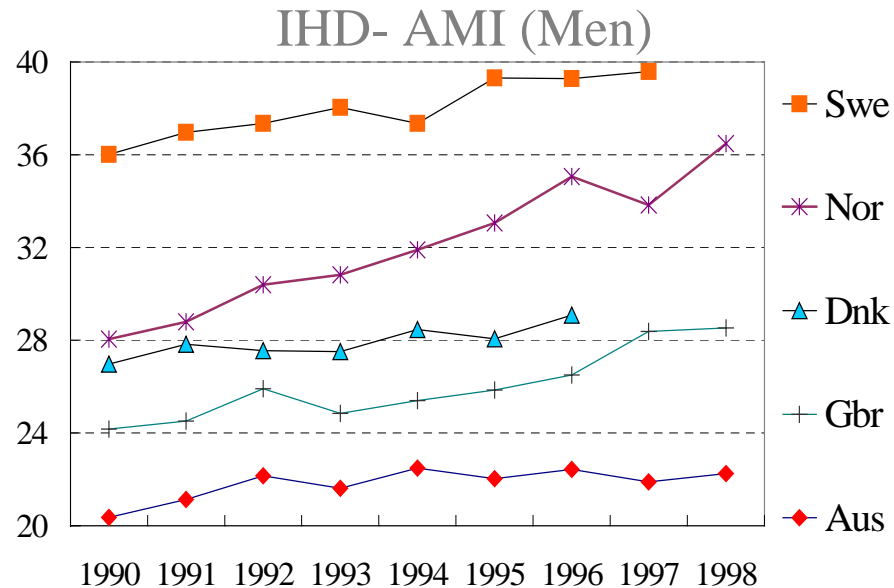
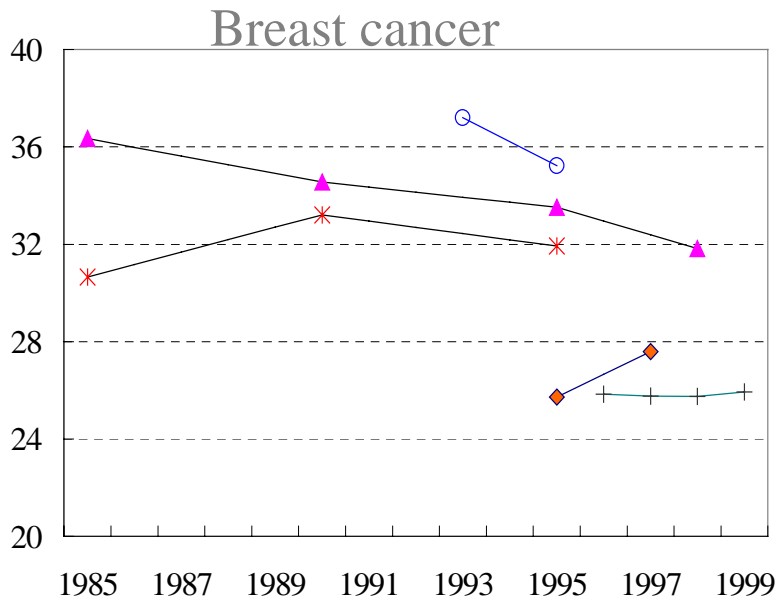


AMI (1995)



Share of older patients in admissions

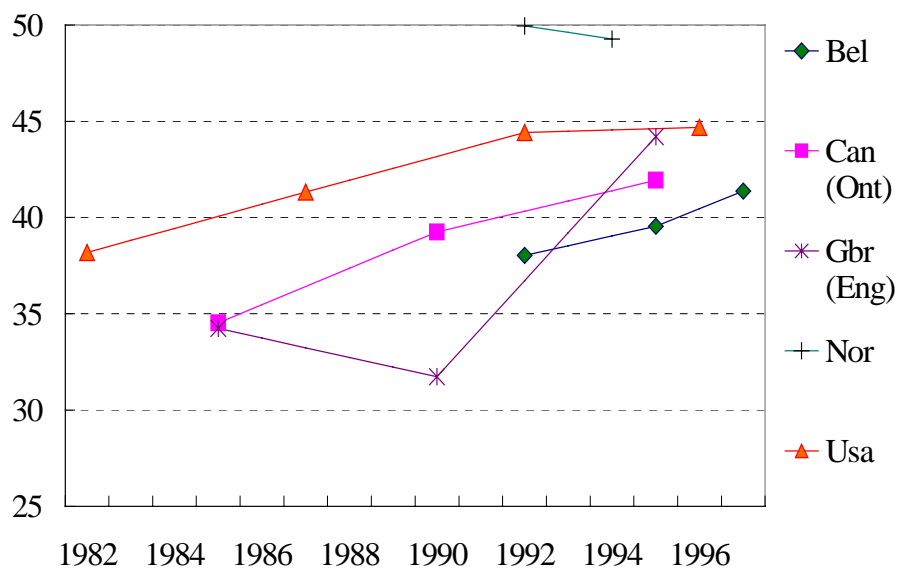
(aged 75 and over as a proportion of aged 40 and over)



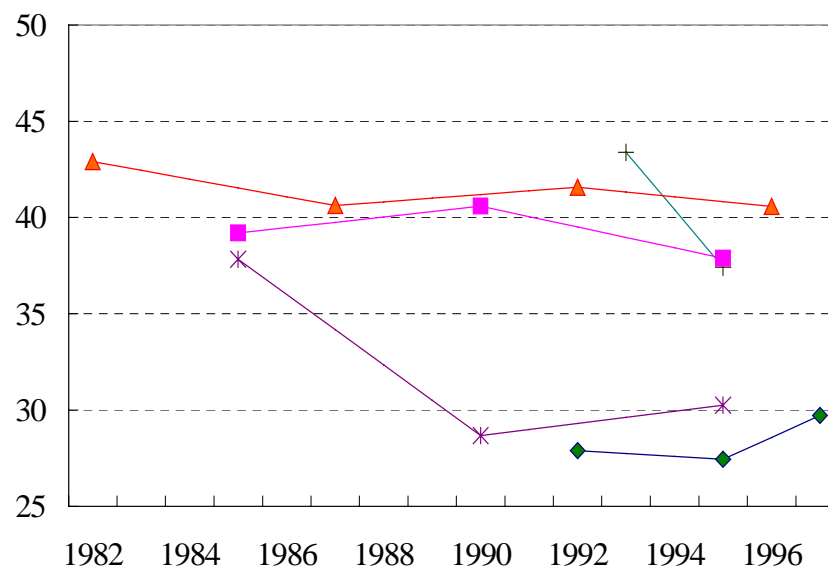
Share of older patients in treatments

Women aged 70 and over as a proportion of women aged 40 and over

Breast cancer (Mastectomy)



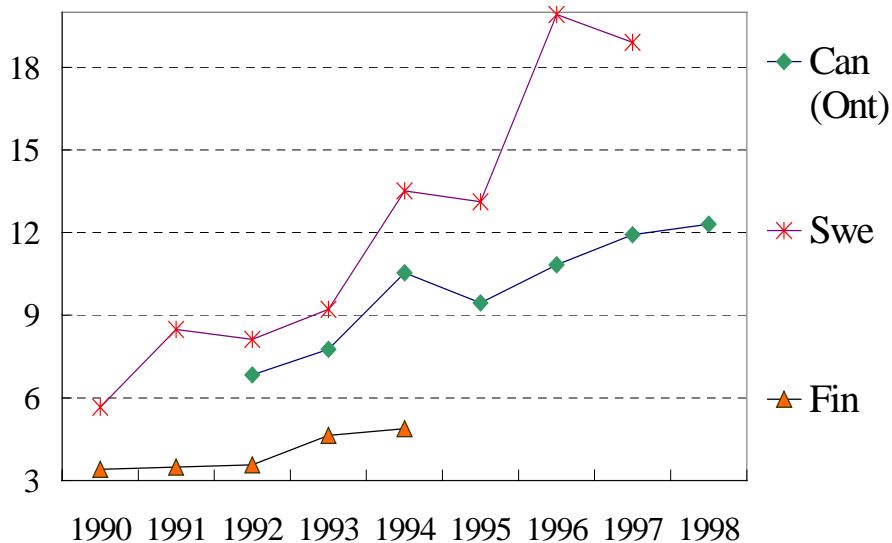
Breast conserving surgery



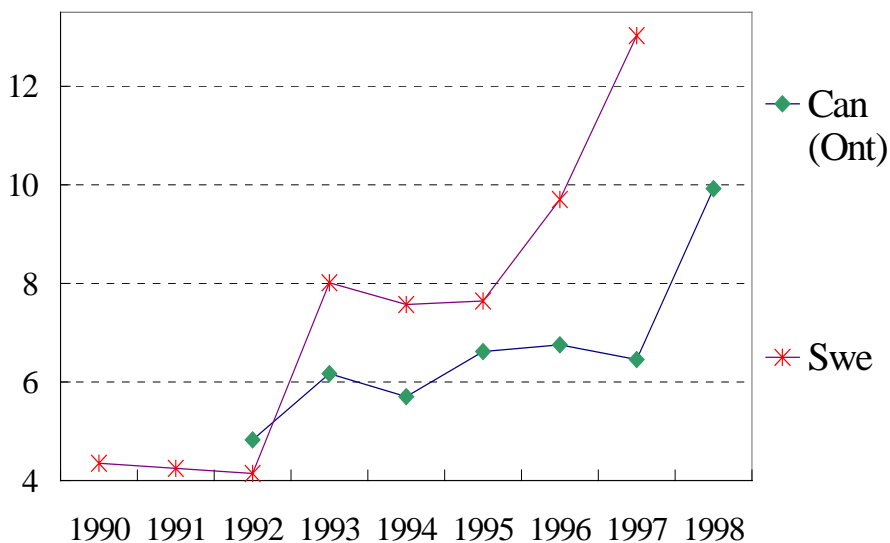
Share of older patients in treatments

Men aged 75 and over as a proportion of men aged 40 and over

CABG 90



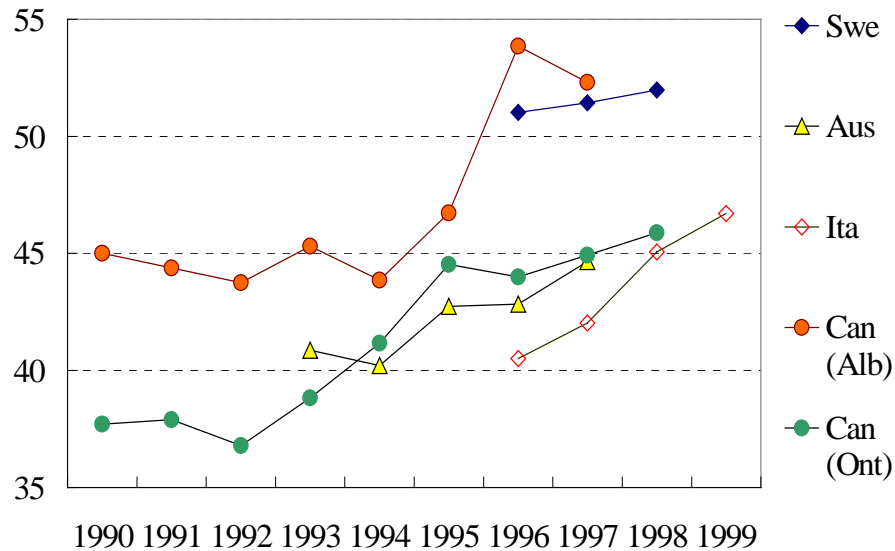
PTCA 90



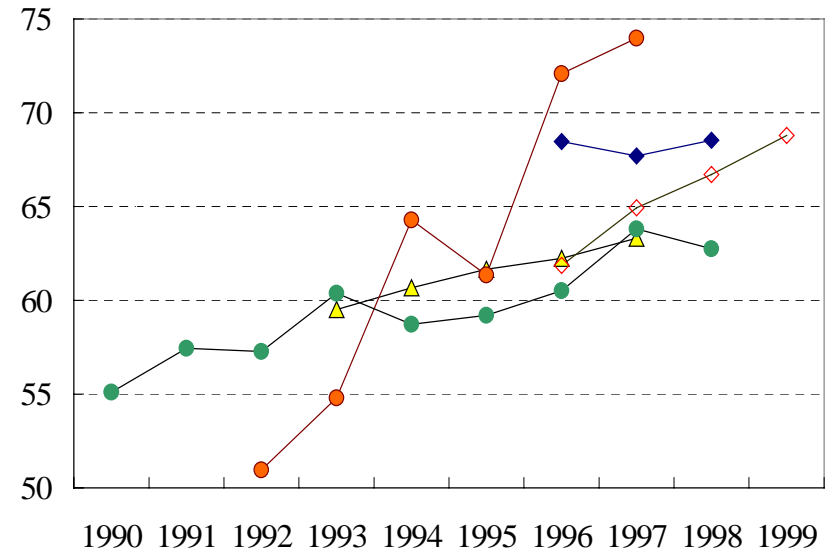
Share of older patients in treatments

Patients aged 75 and over as a proportion of men aged 40 and over

CT scan (Men)



CT scan (Women)





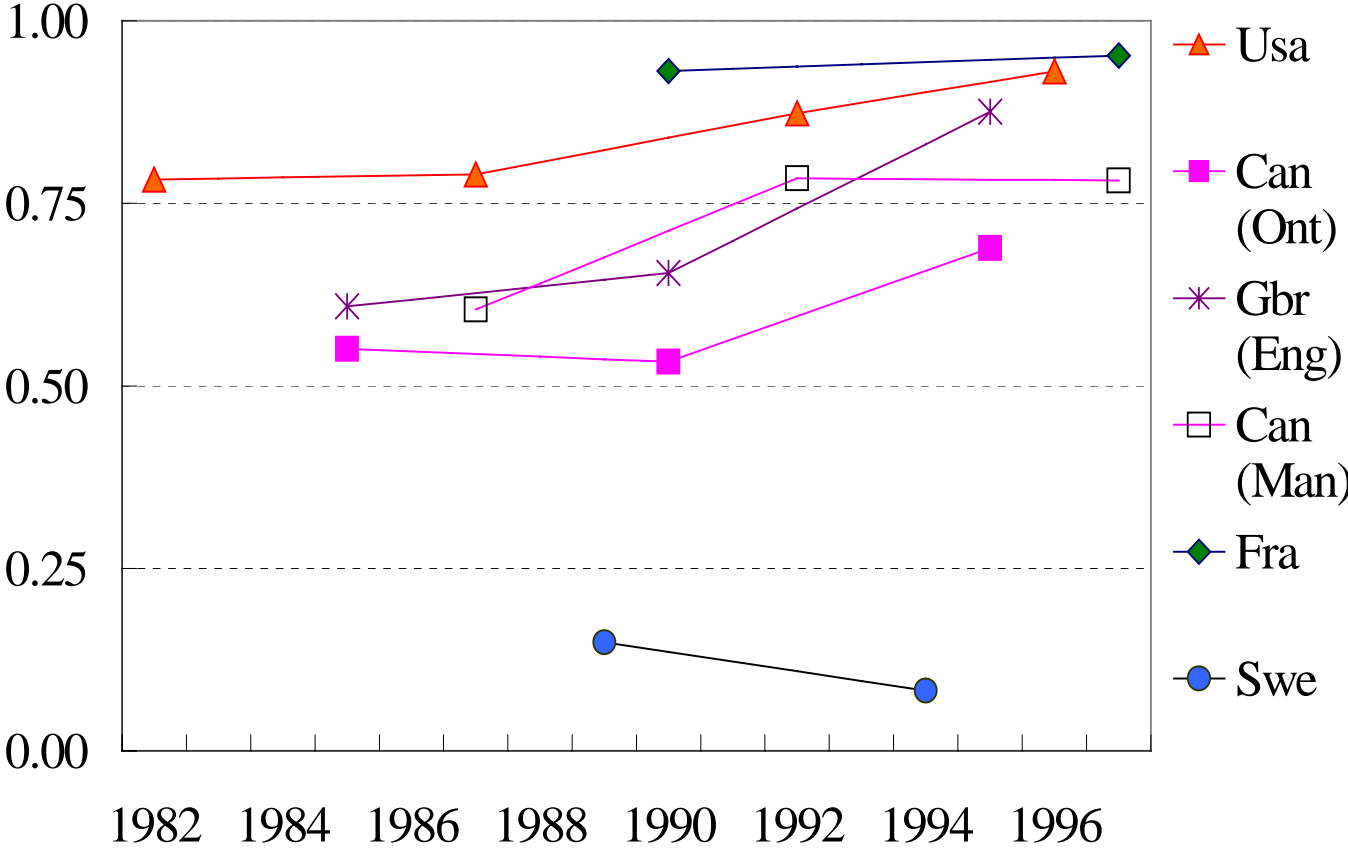
AGEING AND TREATMENT PATTERNS



- ◆ Differences in medical practice
 - ◆ Justified by age ?
 - ◆ On the basis of “needs” or ability to benefit ?
 - ◆ Age bias and implicit prioritisation ?

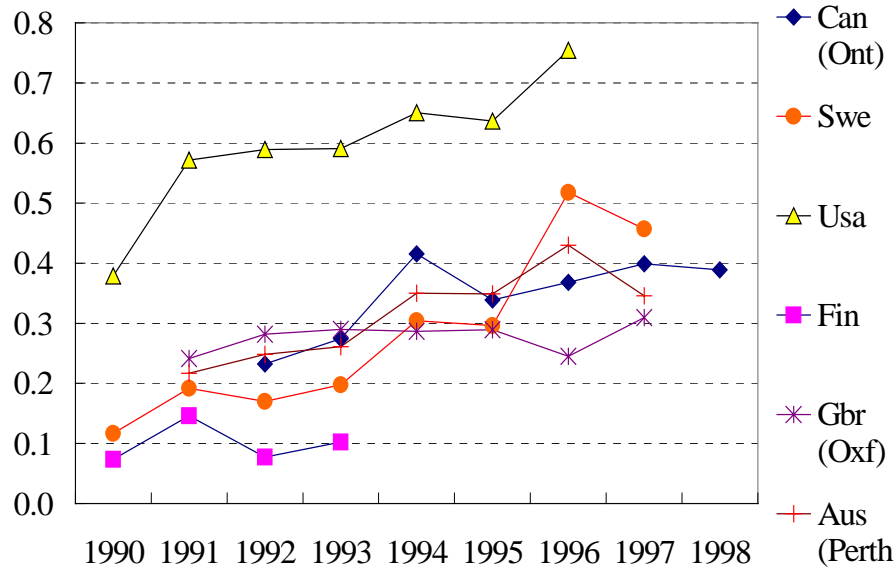
Rate of BCS+radio for Patients aged 70 to 79 over the rate of BCS+radio for patients aged 50-59

Breast conserving surgery and radiotherapy

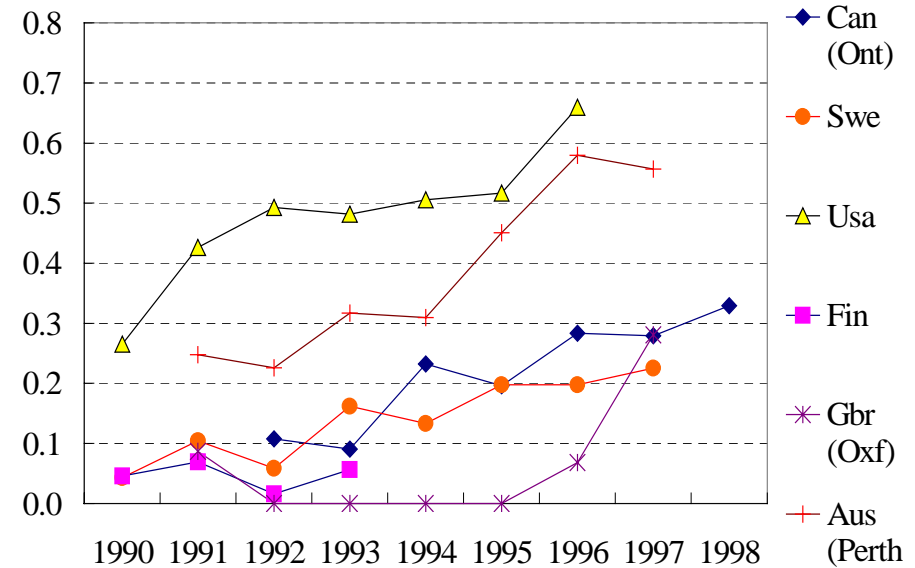


Rate of Bypass for patients aged 75 + over the rate of bypass for patients aged 40 to 64

Men

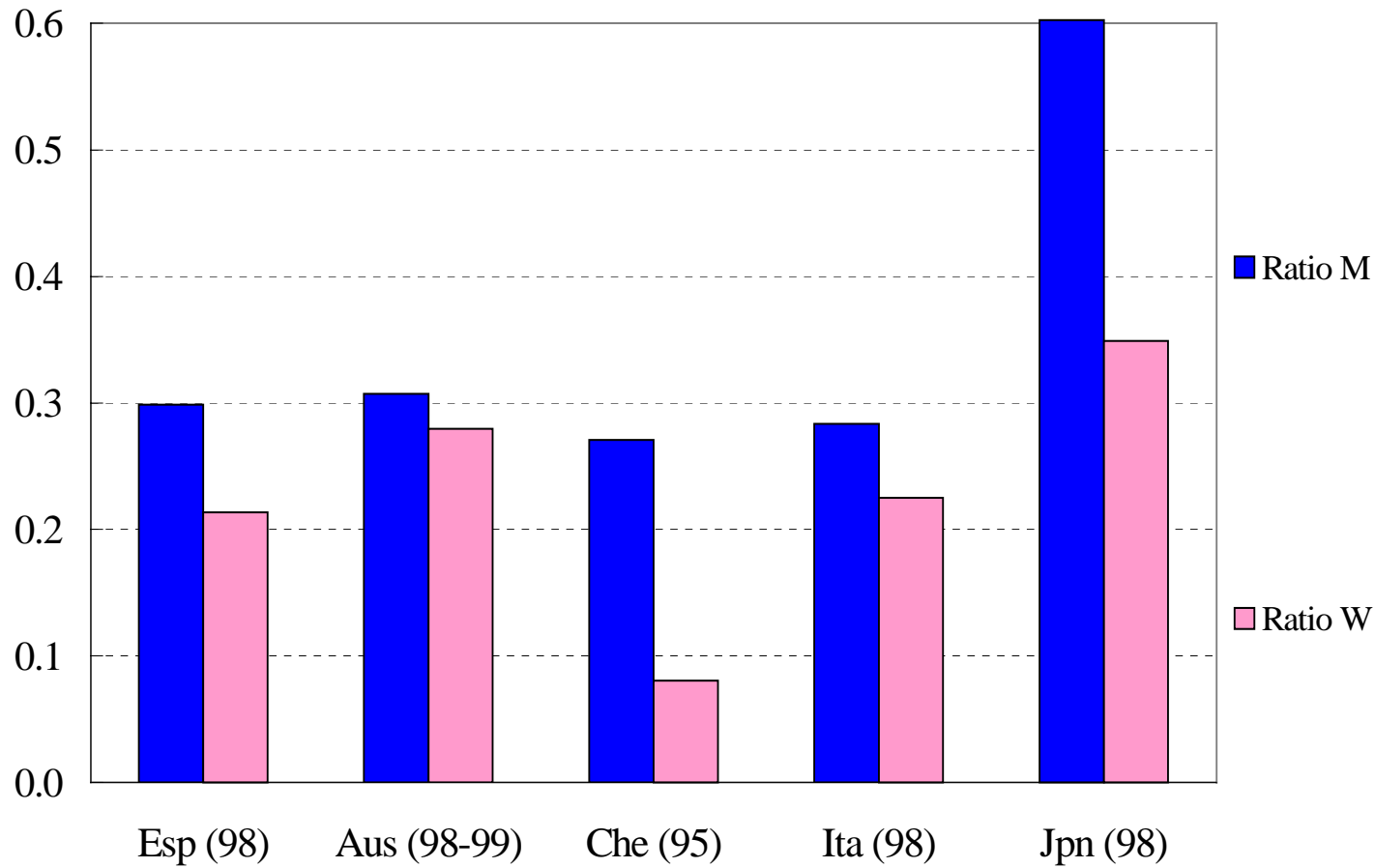


Women



CABG within the 90-day episode of care

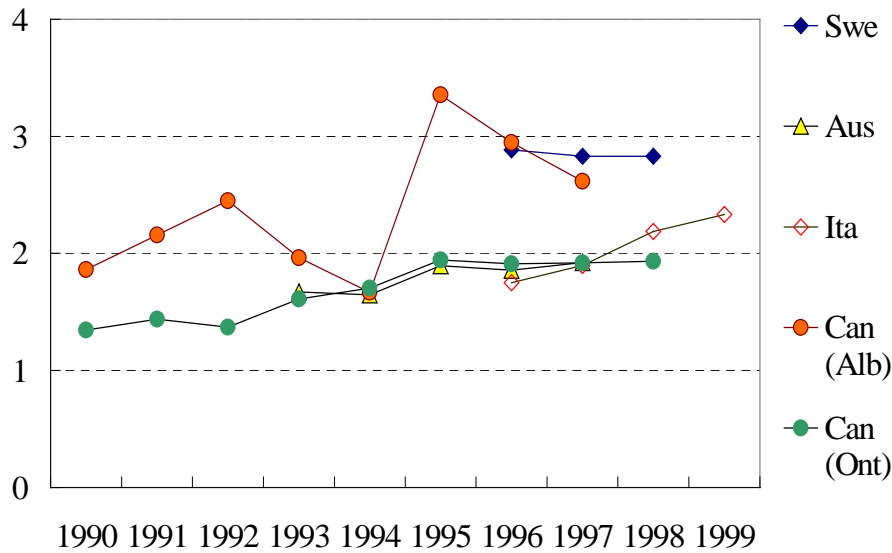
Rate of PTCA for patients aged 75 + over the rate of bypass for patients aged 40 to 64



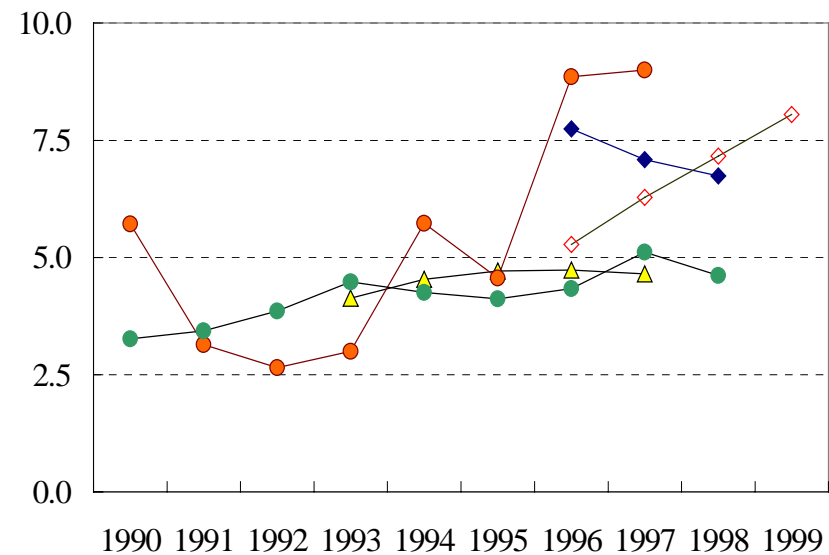
PTCA in hospital (non longitudinal data)

Rate of CT Scan for patients aged 75 + over the rate of bypass for patients aged 40 to 64

Men



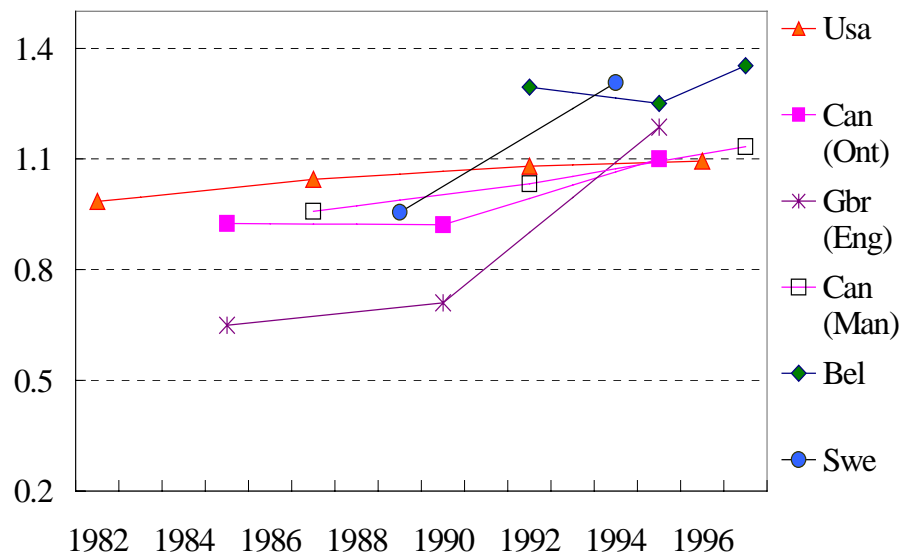
Women



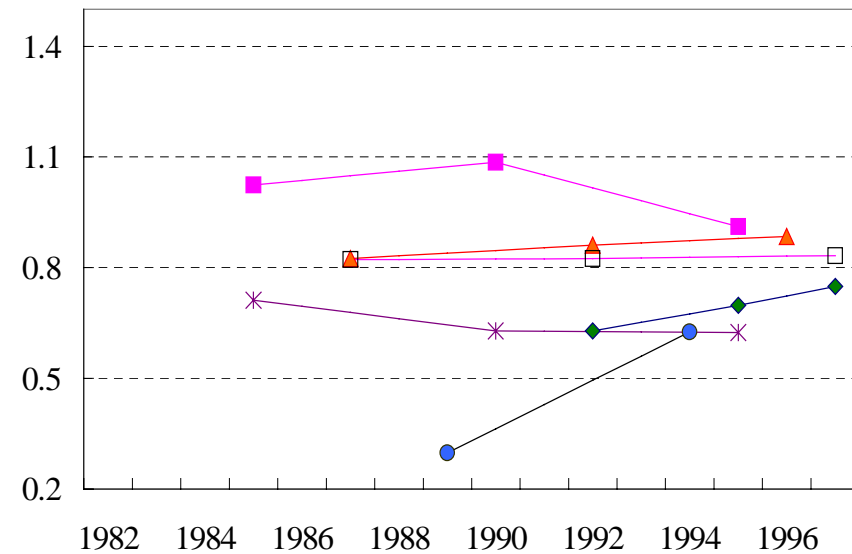
CT scan

Rate of intervention for patients aged 70-79 over the rate of bypass for patients aged 50-59

Mastectomy

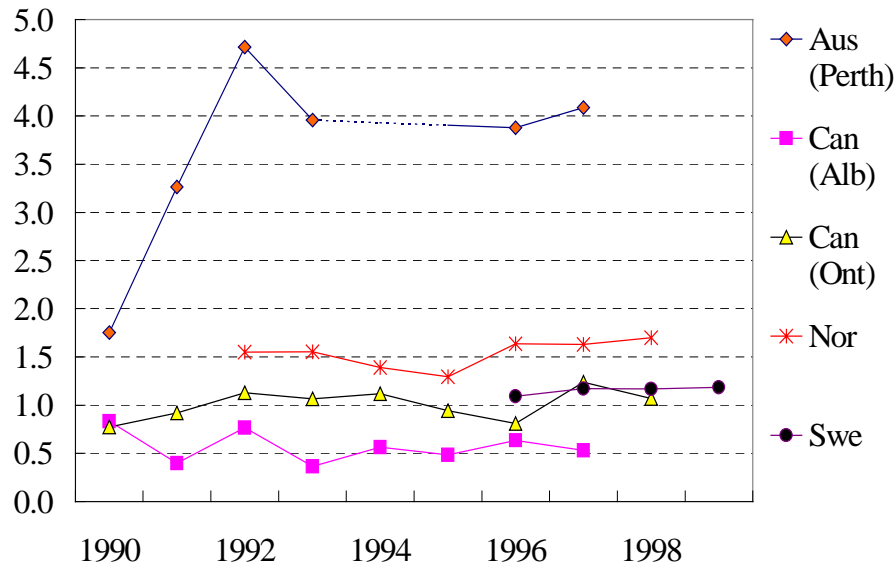


Breast conserving surgery

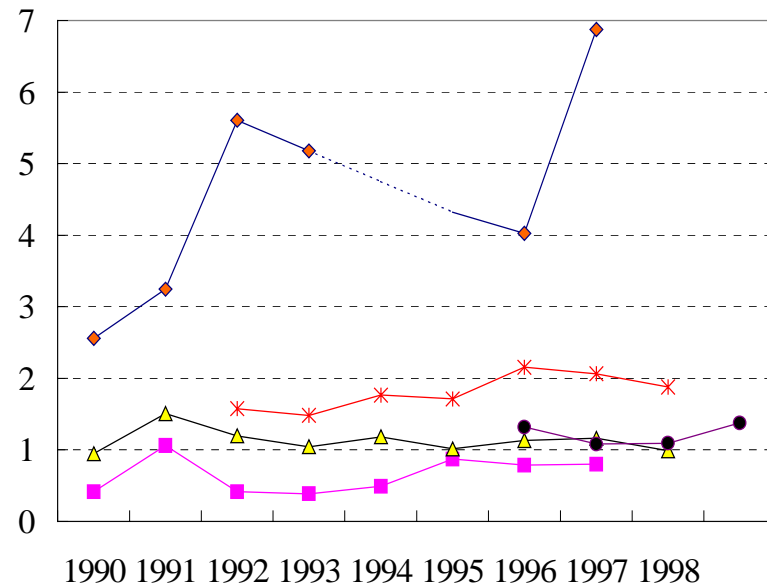


Rate of admission to rehabilitation for patients aged 75+ over the rate admission to rehabilitation for patients aged 40-64

Men



Women



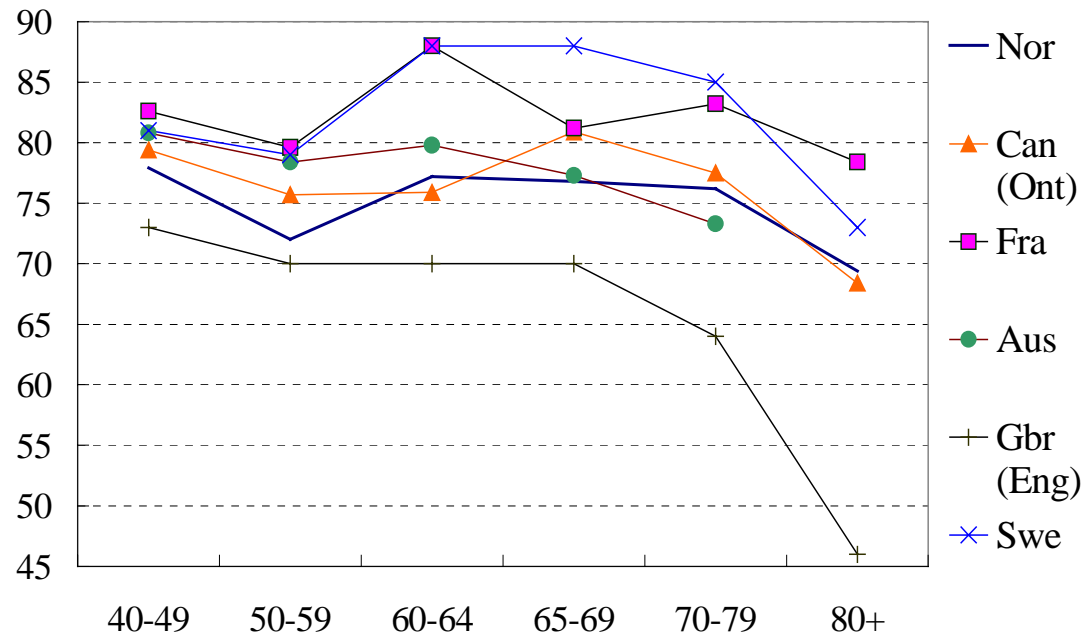
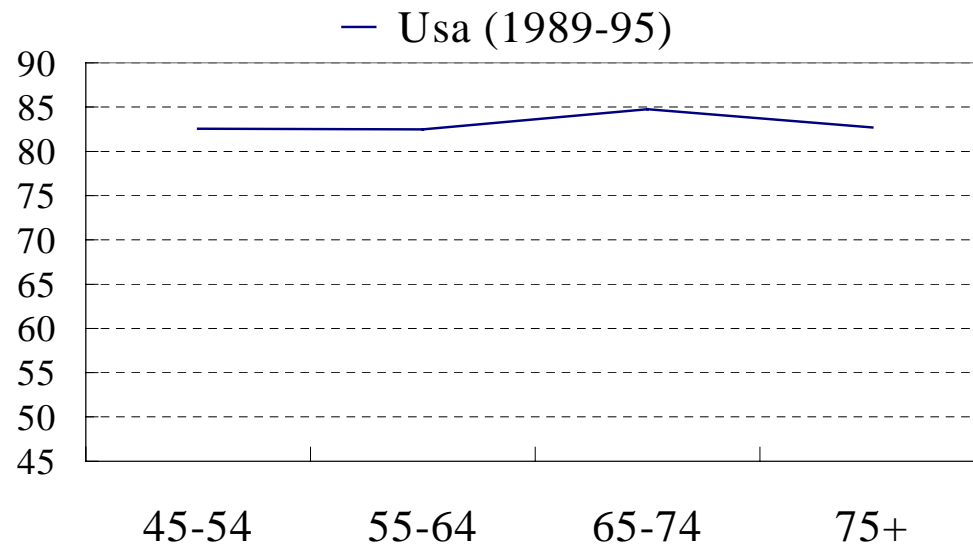


AGEING AND PERFORMANCE



- ◆ Differential outcomes ?
- ◆ Differences in the level of resources ?
- ◆ Differences in assessing the ability to benefit ?

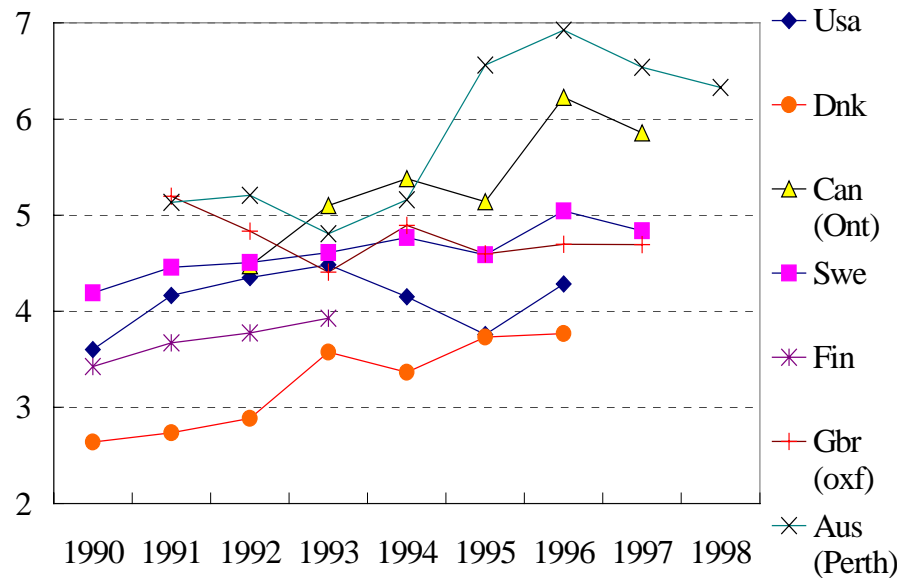
5-year Survival rates for breast cancer (1985-90)



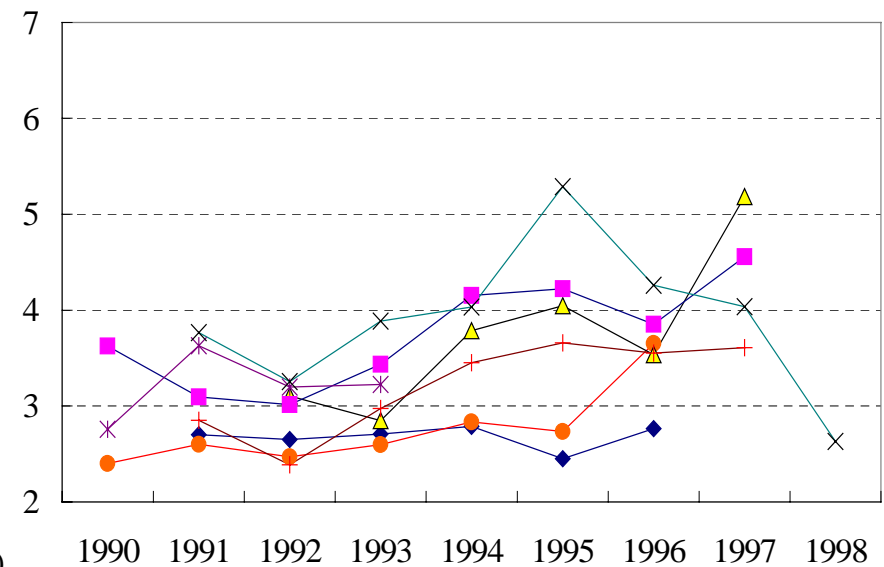
Ratio of older AMI patients surviving one year over younger patients surviving one year

(aged 75 + over versus 40 to 64)

MEN



WOMEN



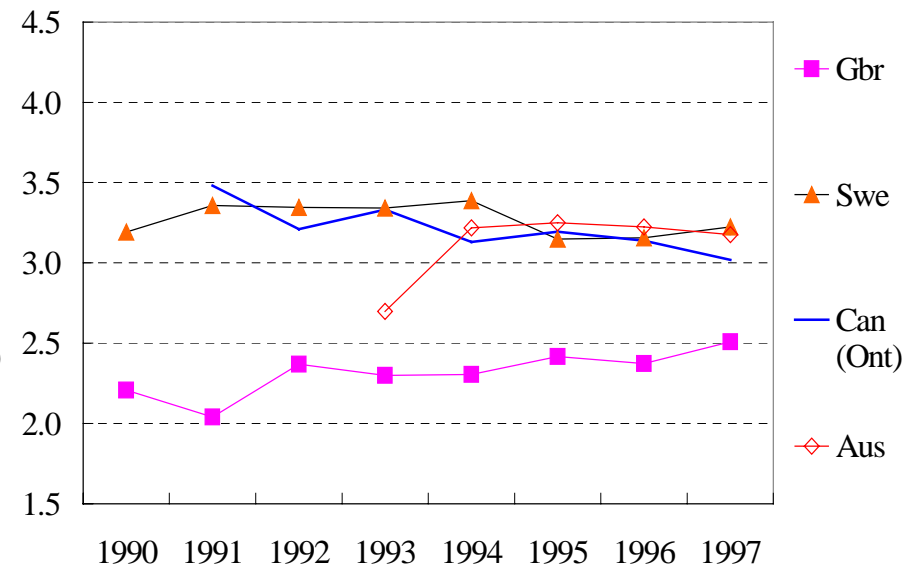
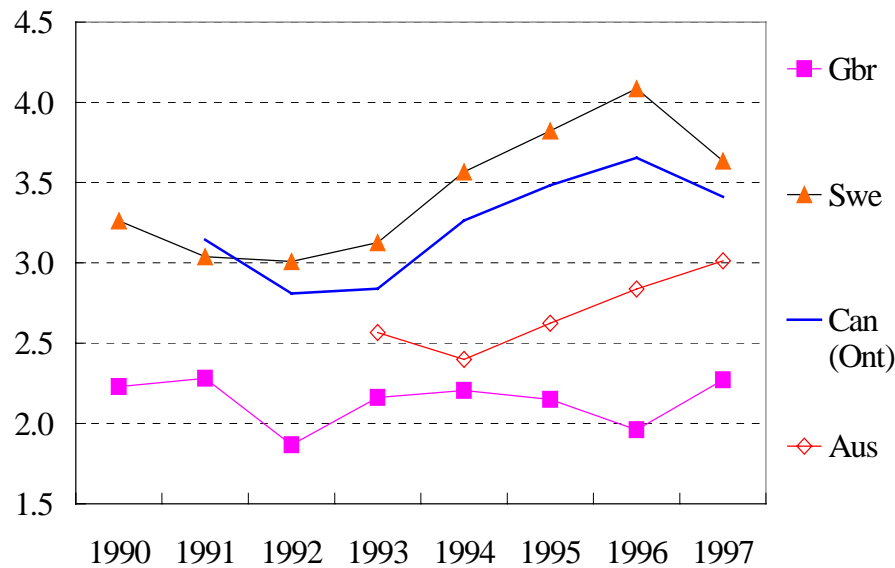
Acute myocardial infarctus (after one year)

Ratio of older stroke patients surviving 30 days over younger patients surviving 30 days

(aged 75 + over versus 40 to 64)

MEN

WOMEN



Ischaemic stroke (30-day case fatality)

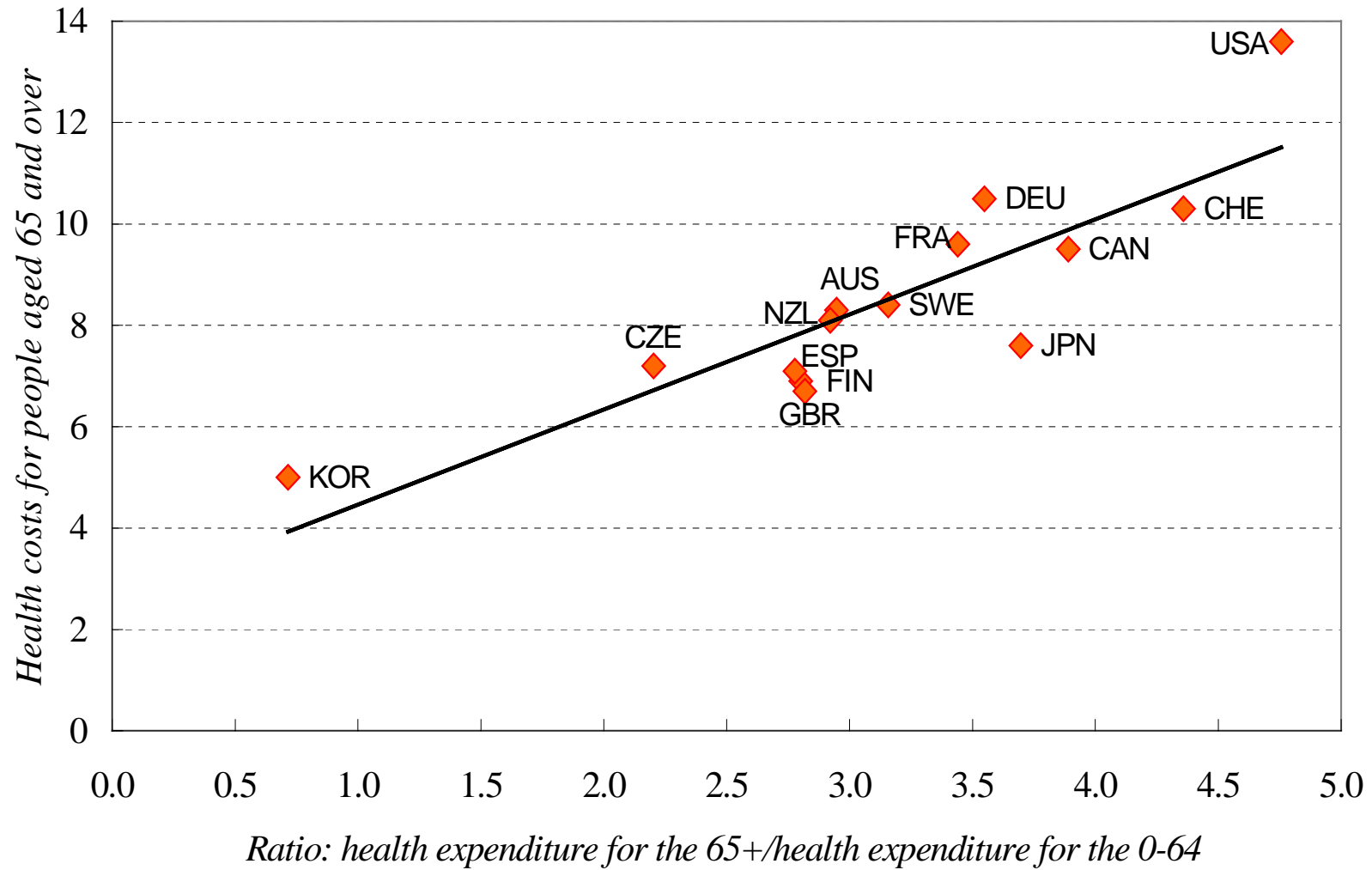


UNDERSTANDING AGEING



- ◆ Not ageing as a pure demographic phenomenon
- ◆ Propensity to provide care by age over time and across countries varies
- ◆ Diffusion of technological change across age groups and relative expenditure on older patients can explain cross country differences in expenditure

Health costs for older people (aged 65 and over) and ratio of health expenditure (65+ over 0-64)



UNDERSTANDING THE ROLE OF AGE

- ◆ Implicit age gradient in each system
- ◆ Is the age gradient sensitive to:
 - ◆ system design
 - ◆ overall level of expenditure
 - ◆ overall level of income
- ◆ or other non economic variables ?





CONCLUSION

NEED FOR RECONSIDERING AGE



- ◆ Cost effectiveness studies
- ◆ Implicit rationing or prioritisation mechanisms existing in many countries
- ◆ Adapt the medical guidelines and treatments for older patients