



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

**Concluding workshop, June 20-21, 2002, Paris**



# **WHAT IS BEST AND AT WHAT COST ? Ageing-Related Disease Project**

*Project introduction*

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## **The goal of the project:**


***Use the variations in treatment of particular diseases across countries as a “natural experiment”***

- Are these variations due to
  - Incentives / payment systems?
  - Health policy / regulation / planning?
  - Medical knowledge?
  - Economic circumstances?
- How do countries achieve value for money in treating these diseases?
- Implications for monitoring of health systems





## THE CONTEXT

- Health care systems facing increased expectations
  - Limits of the existing macroeconomic analysis
  - Striking differences exist across countries
- 



## HEALTH AND AGEING POLICY CONCERNS

- Understanding expenditure trends
- Understanding trends in health status and outcomes



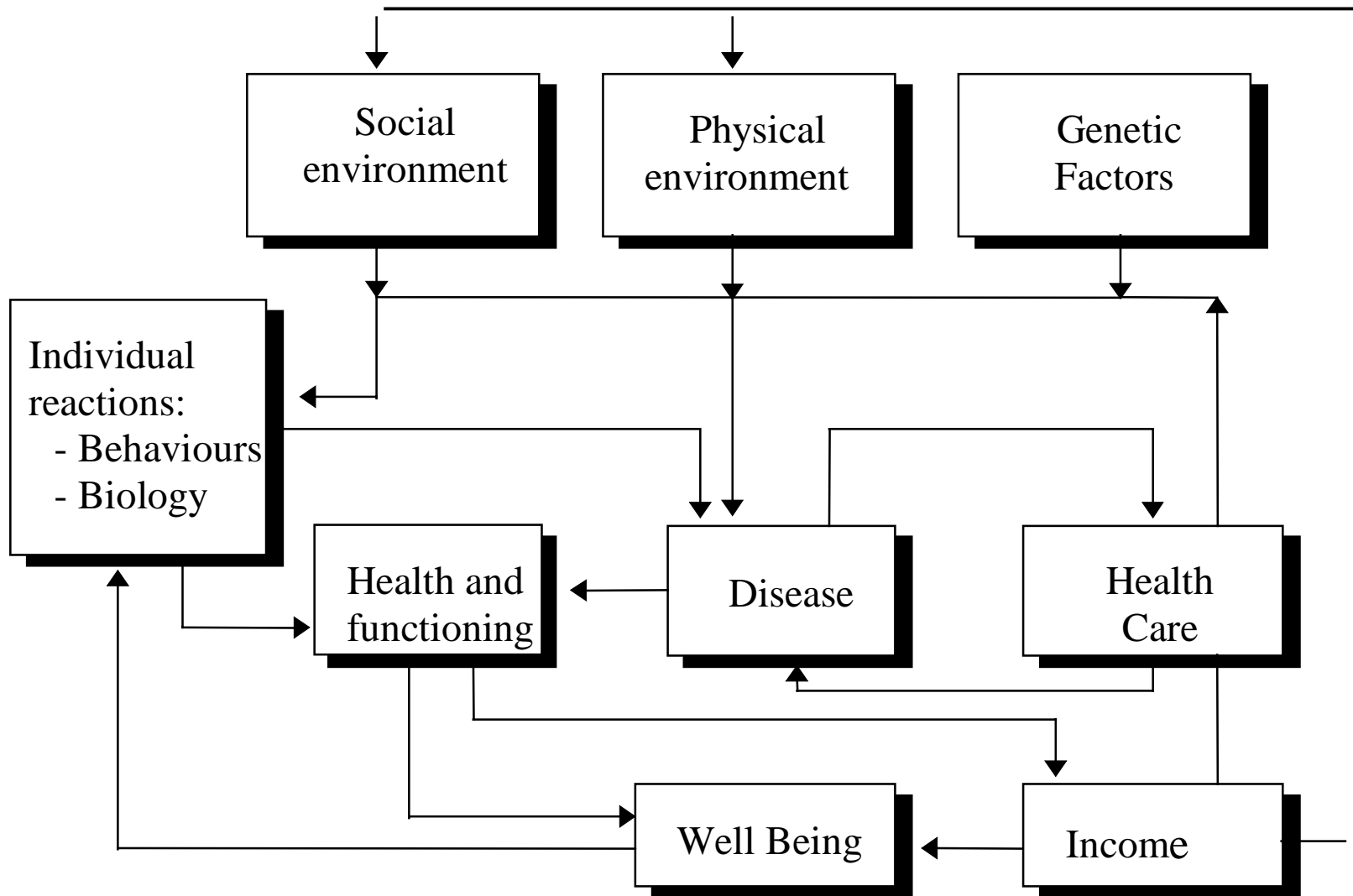


## AVAILABLE STUDIES

- Disease specific clinical studies
- Studies on utilisation rates
- Epidemiological studies
- Disease-oriented studies
  - McKinsey report (productivity)
  - Stanford/TECH project

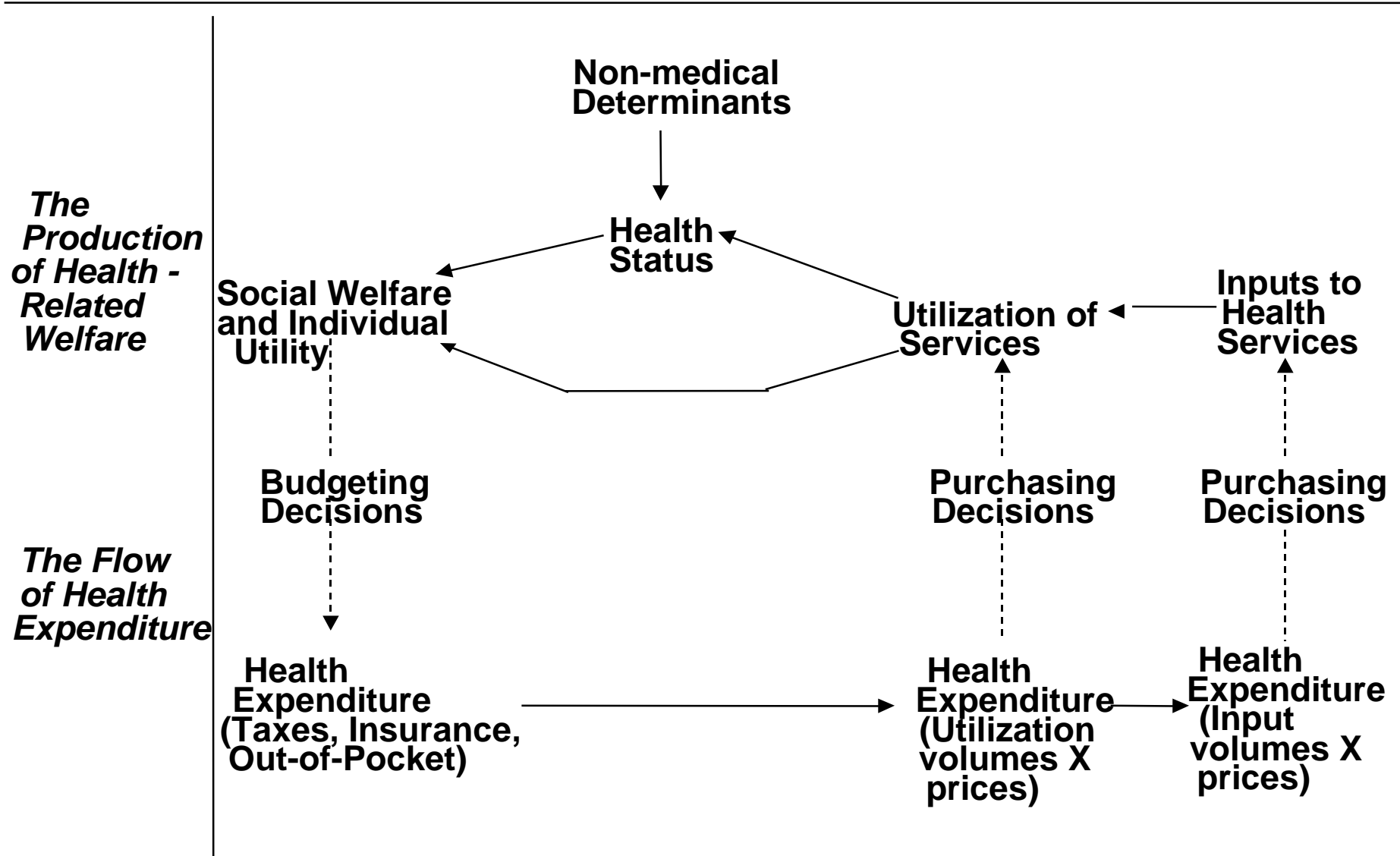


# UNDERSTANDING THE PRODUCTION OF HEALTH



**Source: Evans Stoddart 1990, Producing Health, Consuming Health Care**

# AND HEALTH CARE



## Reporting on performance

### *The value of a disease-based perspective*

- A disease-based model

*Epidemiological phases*

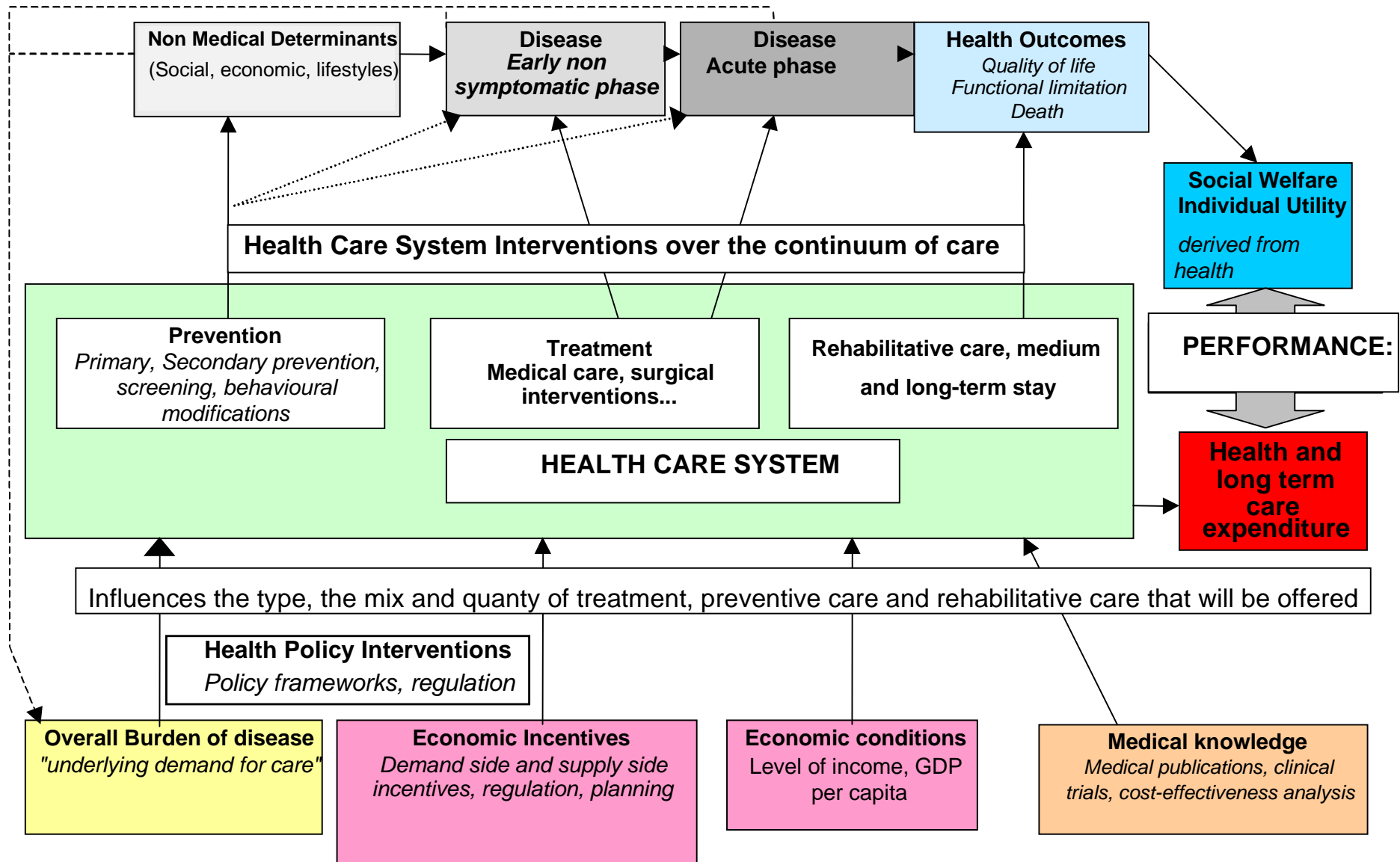
*Interventions/treatments*

*Resources/inputs*

- Actual practice and not clinical trial
- Disease definitions ensure some control for unobserved heterogeneity
- But specific and narrow: several diseases



# A DISEASE-BASED MODEL OF HEALTH CARE SYSTEM






# THE IMPLEMENTATION

- ◆ Support received from US NIA and Japan
- ◆ Three components
  - ◆ A review of national information on epidemiological trends and qualitative assessment of changes in medical treatment
  - ◆ A review of incentives, health policy and regulation
  - ◆ An analysis of micro-data sets (administrative data, registers, surveys)





## THE APPROACH

- A focus on treatments, costs, and outcomes 
- An emphasis on ageing 
- Key contribution from networks of experts 
- Over 20 countries participated in the project
- Contributions from existing research networks

# Making use of existing patient-based health records

- The value of hospital administrative databases
  - Comprehensive population coverage
  - Link with other records (e.g. death registries)
- Low cost information infrastructure
- Under-exploited for analytical purposes
- Patient-based versus event-based data:
  - Tracking the “episode of care”*
- Outcomes measure: case fatality and readmissions
  - Further need for patients’ perceptions*