Health care efficiency in the Dutch Health Care Performance Report

Meeting of OECD Health Data National Correspondents
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Content

1. Background & approach
2. Costs and efficiency
3. Some results
Background

- Goal: assess the performance of the Dutch healthcare system
- Commissioned by Dutch MoH
- First report in 2006
- English translations available
  - 2014-report later this year
### Approach

#### Health Care System Performance

<table>
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<th>Healthcare needs</th>
<th>Dimensions of Healthcare Performance</th>
<th>Equity</th>
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<td>Effectiveness</td>
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<td>Staying healthy</td>
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<td>Living with illness or disability</td>
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<td>End-of-life care</td>
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#### Non-Healthcare Determinants of Health

- Health
  - How healthy are the Dutch?

#### Design and Contextual Information

- Design and contextual information specific to the Dutch healthcare system that is necessary for interpreting health system performance

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Health care costs

- Affordable?
  - Cost trends (system and subsector level)
  - System-level affordability
    - General economy (cost as % of GDP)
    - Public finances (health versus other public spending domains)
    - Public finances (burden of health spending on employment)
  - Solidarity in financing (Equity chapter)
Health care costs

● Efficient?

- Most indicators at system or subsector level
- Output (subsector) and outcome (system) measures
- Output/outcome versus costs (subsector and system)
- ‘Waste’ (spending with little benefit)
  > Administration expenses (system and subsector)
  > Variation in utilization -> overutilization? (system and subsector)
- Substitution (different allocation within/across subsectors)
Cost versus outcome (system)

Life expectancy at birth

Health spending per capita (US$ PPP)

Source: OECD Health Data
Cost versus outcome (system)

Cost versus output (subsector)

- Only analyses at national level, e.g. mental care in left figure
- Based on national output and cost data
  - Output: outpatient visits, day treatments, inpatient days
- Similar information for hospital care and long-term care
- 2 perspectives:
  - Average performance over time
  - Differences between institutions

Source: Niaounakis et al., 2013
Efficiency in hospital care

- Length of stay in acute care (average and variation between hospitals)

Source: OECD Health Data

Variation coefficient for different diseases
Source: Dutch Hospital Discharge Register
Administrative expenses

- Spending on health administration and insurance

Source: OECD Health Data
Practice variation between countries -> overuse?

Source: OECD Health Data
Avoidable hospital admissions

**Asthma**

- Italy
- Canada
- Portugal
- Germany
- Sweden
- Norway
- Switzerland (2010)
- Netherlands (2010)
- Japan
- Denmark (2009)
- France (2010)
- Ireland
- Belgium (2009)
- Spain
- Austria
- UK
- Finland
- Australia
- New-Zealand

**Diabetes mellitus**

- France
- Italy
- Norway
- Switzerland (2010)
- UK
- Spain
- Netherlands (2010)
- Sweden
- Canada
- Portugal
- Finland
- Denmark (2009)
- Ireland
- Australia
- Austria
- Belgium (2009)
- Austria
- Germany
- New Zealand

Source: OECD Health Data
Substitution

- Only national figures

- E.g. substitution to preferred medicines → left figure
  - Group of medicines with similar effectiveness and varying prices
  - % of users taking preferred medicine rises
  - However, use of most expensive still increases
  - Country, regional level and general practice level (practice variation) available

- E.g. substitution from hospital to GP/local care
  - % referrals from GP to specialists

Source: Zorginstituut Nederland (claims data)
Future indicators

● More indicators from disease perspective?
  – Cost of illness in combination with disease specific health outcomes

● Make use of microdata across sectors to assess efficiency for specific patient groups (long-term project)
  – E.g. Eurohope project

● List of indicators to identify waste at international level
  – E.g. Schwartz et al. (2014) on use of low-value care in US (requires detailed data)

● International figures on substitution
  – Use of preferred medicines/generics