

Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care

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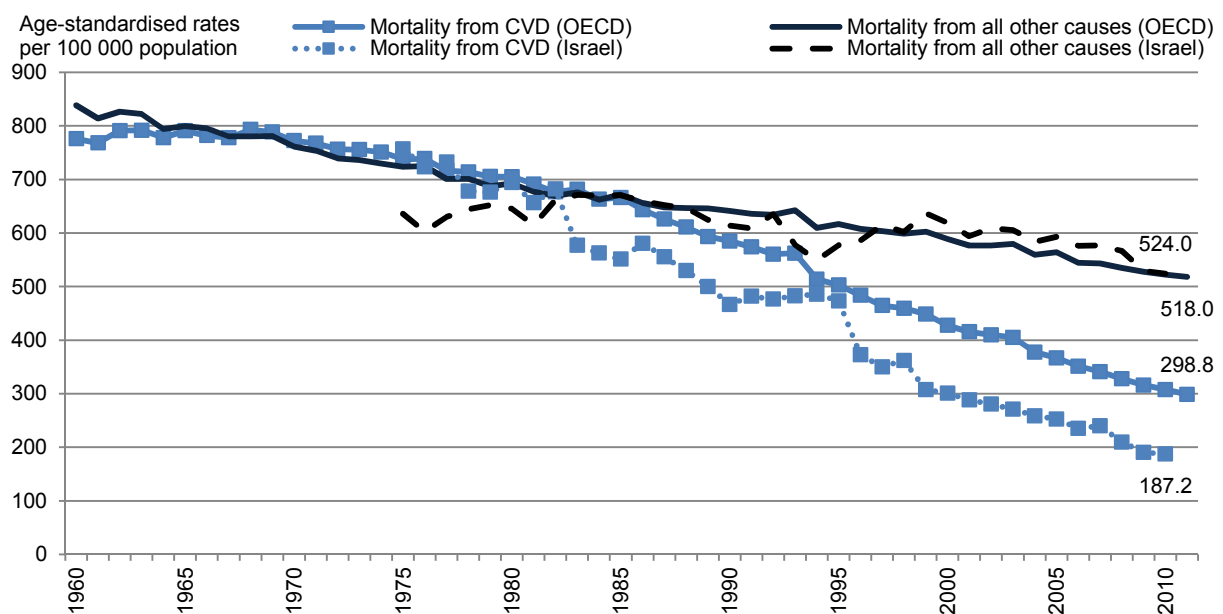


Country Note – Israel

Israel¹ has been successful at reducing the mortality due to cardiovascular diseases (CVD) but the burden of diabetes is relatively large

Since mid-1980s, the mortality from CVD has decreased at a much faster pace than the OECD average, reaching one of the lowest CVD mortality rates in the OECD at 187 per 100 000 population after France, Japan and Korea (Figure 1). Likewise, potential years of life lost, a commonly used measure of premature mortality, at 269 per 100 000 population for diseases of the circulatory system in 2011, is much lower than the OECD average of 581 (by using the age limit of 70). However, the diabetes prevalence is 7.6%, higher than the OECD average of 6.9%, and the number of patients with end-stage kidney failure (ESKF) is 113 per 100 000 population, higher than the OECD average of 101.

Figure 1. Mortality rates for cardiovascular diseases and all other causes of death in Israel and OECD countries



Source: OECD Health Statistics.

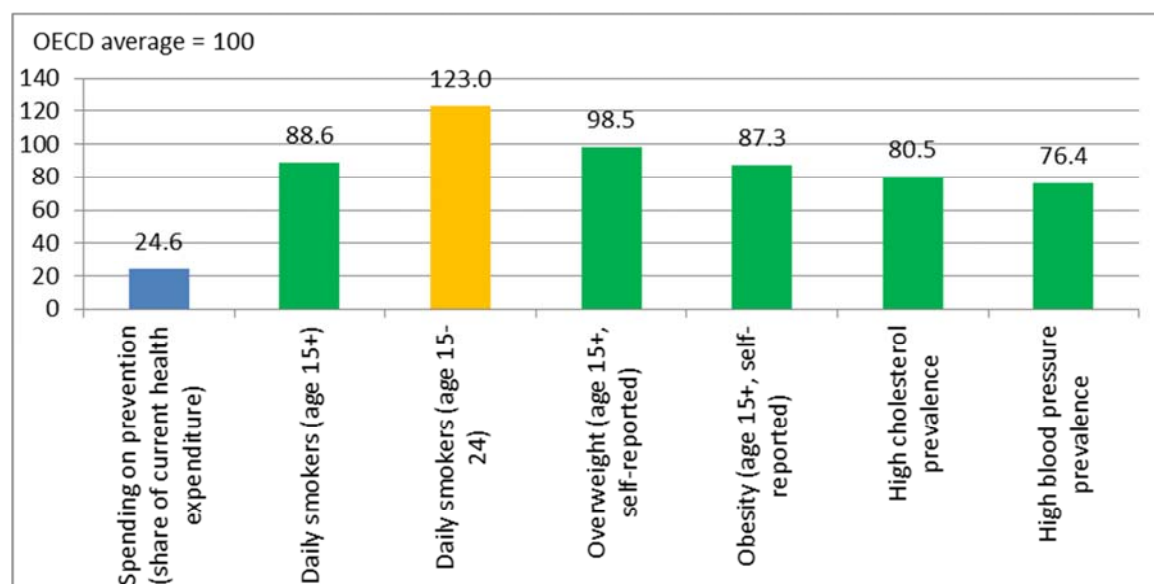
Although kidney transplant is an effective treatment and a viable alternative to dialysis for many ESKF patients, about 35% of ESKF patients received a kidney transplant in 2011 while in countries such as Iceland and the Netherlands, the rate was over 60%.

¹ The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

The population in Israel generally has a healthy lifestyle but there are some worrying signs

Figure 2 shows that for most indicators of prevention and lifestyle, Israel performs better than the OECD average. The smoking rate among adults is 18.5%, lower than the OECD average of 20.9% and the reported prevalence of high cholesterol level and high blood pressure, at 14.5% and 19.6%, is also lower than the average of 18.0% and 25.6%, respectively.

Figure 2. Prevention and healthy lifestyle related to CVD and diabetes in Israel, 2011 (or nearest year), OECD average = 100



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics.

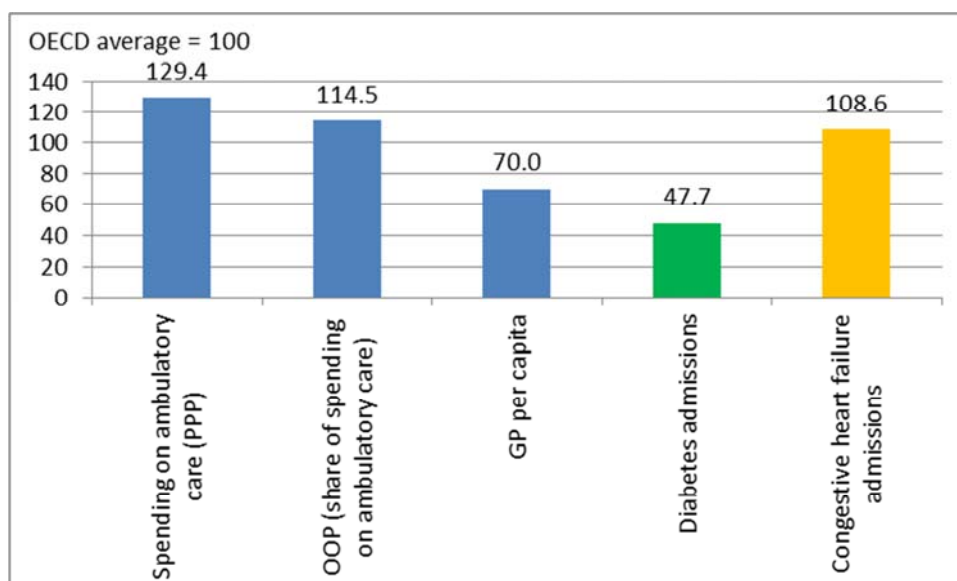
However, there are some worrying signs in relation to some risk factors for CVD and diabetes. The smoking rate among youth is 23.9%, higher than the adult smoking rate in the country and also the OECD average of 19.4%. Although still slightly lower than the OECD averages, the prevalence of overweight and obesity among population aged 15 and over are increasing, reaching 34.1% and 15.7%. Spending on prevention is 0.7% of GDP, less than a quarter of the OECD average at 2.9%, and more could be done to promote healthy lifestyles.

Access to primary care may not be optimal but quality is generally good

Access to primary care may not be optimal for at least some population groups in Israel. Spending on ambulatory care in 2009 was 894 USD PPP on a per capita basis, much higher than the OECD average of 691 in 2011 and the out-of-pocket payment (OOP) is almost twice the OECD average (Figure 3). However, the number of GP per capita, at 0.7 per 100 000 population in 2011, is lower than the average of 1.0. Data on prescribing patterns and access to pharmaceutical interventions for patients with CVD risk factors are not available for international comparisons, not allowing a fuller assessment on access to prescribed drugs.

As to the quality of primary care for CVD and diabetes, this appears generally good but there is some evidence that the quality may be varied across providers within the country. Hospital admissions for chronic conditions such as diabetes and congestive heart failure (CHF) can be avoided if high-quality primary care is provided. Israel has strengthened primary care, and the quality of care provided to patients with diabetes has been improving in recent years. Hospital admissions for diabetic patients were 11.4 per 1 000 patients in 2010, much lower than the OECD average of 23.8 in 2011. However, for congestive heart failure, there were 2.6 hospital admissions per 1 000 population, slightly higher than the OECD average of 2.4., and the adherence to recommended medication treatments for CHF showed substantial variations among a sample of providers in Israel.

Figure 3. Primary care related to CVD and diabetes in Israel, 2011 (or nearest year), OECD average = 100



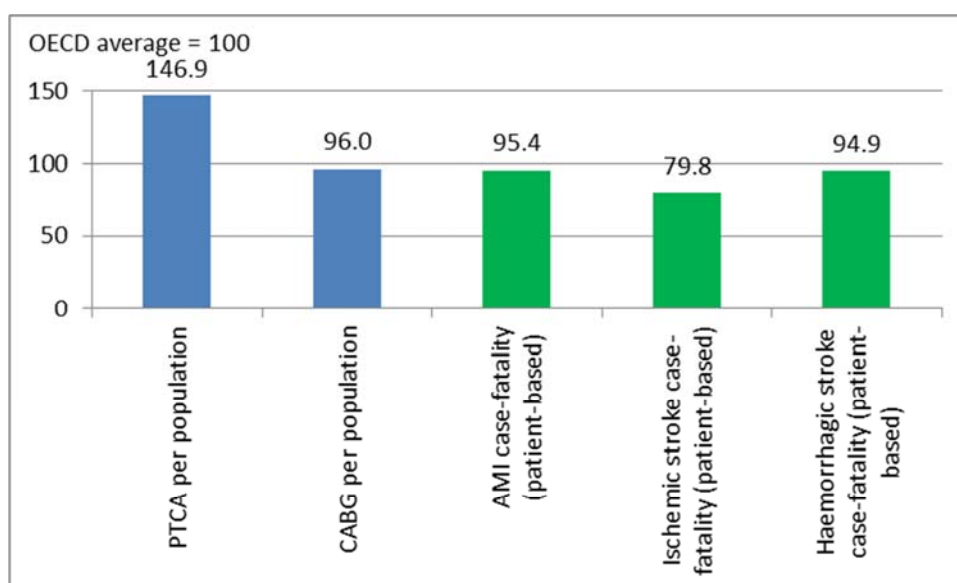
Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics; Diabetes prevalence: IDF (2013), IDF Diabetes Atlas, 6th Edition, International Diabetes Federation, Brussels, www.idf.org/diabetesatlas/previouseditions.

Acute CVD care is generally good

Resources in acute care in relation to CVD and diabetes and their access seem adequate given the burden of CVD. The number of cardiologists and neurologists per capita is lower than the OECD averages. The number of coronary artery bypass graft (CABG) procedures is 41.7 per 100 000 population around the OECD average of 43.4 while the number of percutaneous transluminal coronary angioplasty procedures (PTCA) is 265.4, much higher than the OECD average of 180.7. Among nine OECD countries which have data on disease-specific spending, Israel spends the least on CVD and diabetes in hospital settings; USD PPP 30 per capita per year for CVD and USD PPP 5 for endocrine, nutritional and metabolic diseases which include diabetes, compared with, for example, USD PPP 182 and USD PPP 26 respectively in Germany.

Figure 4. Acute care related to CVD and diabetes in Israel, 2011 (or nearest year), OECD average = 100



Note: a bar in blue refers to an indicator in which an evaluation needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.

Source: OECD Health Statistics.

Quality of acute care is better than the OECD average. Based on the patient-based data which allow monitoring patients in and out of hospitals, the 30-day case-fatality rate for patients with Acute Myocardial Infarction (AMI) was 10.3% in 2010, slightly lower than the OECD average of 10.8% in 2011 (Figure 4). Case-fatality for stroke was also lower than the OECD average (8.9% for Ischemic stroke and 28.3% for Haemorrhagic stroke, compared to 11.1% and 29.8%, respectively), although less than 40% of stroke patients were treated in stroke unit in the country while the share was as high as 90% in the United Kingdom and Sweden.

Israel has strengthened the health information system but more can be done to promote healthy lifestyles and integrated care

Israel has a sophisticated programme for collecting data and monitoring the quality of primary and acute care. The National Programme for Quality Indicators in Community Healthcare (QICH), a voluntary programme, provides information to policy makers and the public on the quality of community health care provided across Israel's four health insurance plans (often referred to as Health Maintenance Organisations – HMOs). The programme captures more than 35 measures of quality of care on preventive measures, use of recommended care and the effectiveness of care, covering almost the entire population with records of age, sex and a proxy for socio-economic status. HMOs draw on the QICH data to benchmark their own performance and identify potential weaknesses. A recently started hospital performance measurement program emphasises the attention to monitoring the quality of hospital care. Israel also uses the timeliness of intervention as an important process indicator of hospital performance and waiting time for treatment in the event of heart attack is reported short.

In order to reduce the increasing risk factors for CVD and diabetes, Israel could introduce multifaceted and comprehensive strategies that include both population-wide measures and measures for high-risk individuals by using all available tools such as regulations, education, incentives, as well as health care programmes and services to work in unison and strengthen their effectiveness. Strong advocacy and stakeholder engagement is also needed to develop support for making healthy lifestyle choices easier and less costly.

Israel can further strengthen governance across the full pathway of CVD and diabetes care. OECD countries are using a variety of policy instrument to improve the quality of services along the entire pathway, such as through the introduction of integrated care models, financial incentives for improved quality and performance, benchmarking and target setting. For example, France developed a monitoring framework for AMI to promote effective operation and interaction of many parts of the health system and delivery of better care over the full pathway.

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Useful links

Read the report online, access the press release, country notes, and data at:

<http://www.oecd.org/health/cardiovascular-disease-and-diabetes-policies-for-better-health-and-quality-of-care-9789264233010-en.htm>

OECD Health: www.oecd.org/health

OECD Reviews of Health Care Quality: Israel – Raising Standards:

<http://www.oecd.org/els/health-systems/health-care-quality-reviews.htm>