

OECD report finds wide variations in health care in Israel¹ that should be addressed

According to a new OECD report, variation in rates of health care activity across geographic areas in countries is a cause for concern. Wide variation suggests that whether or not you will receive a particular health service depends to a very great extent on the region where you live within a country.

Variations such as those documented in Table 1 suggest that either unnecessary care is being delivered in areas of high activity, or that there is unmet need in regions of low activity. In either case, this raises questions about the efficiency and equity of health care services and should be addressed.

Rates for cardiac procedures, knee replacement and hysterectomy are two times higher in high activity areas than low activity areas in Israel. There are smaller variations for hospital medical admissions, and caesarean sections.

Table 1. Summary of results of variations across nine health care procedures, by district, Israel, 2011

	Hospital medical admissions	CABG	PTCA	Surgery after hip fracture	Knee replacement	Caesarean section (per 1 000 live births)	Hysterectomy
Crude rate at national level	11 878	49	301	111	45	185	106
Unweighted average of standardised rate across the seven districts	11 842	50	293	108	44	183	110
Coefficient of variation across the seven districts	0.12	0.27	0.12	0.14	0.28	0.18	0.23
Ratio (Maximum value/ Minimum value)	1.3	2	1.4	1.4	2.4	1.6	2.1

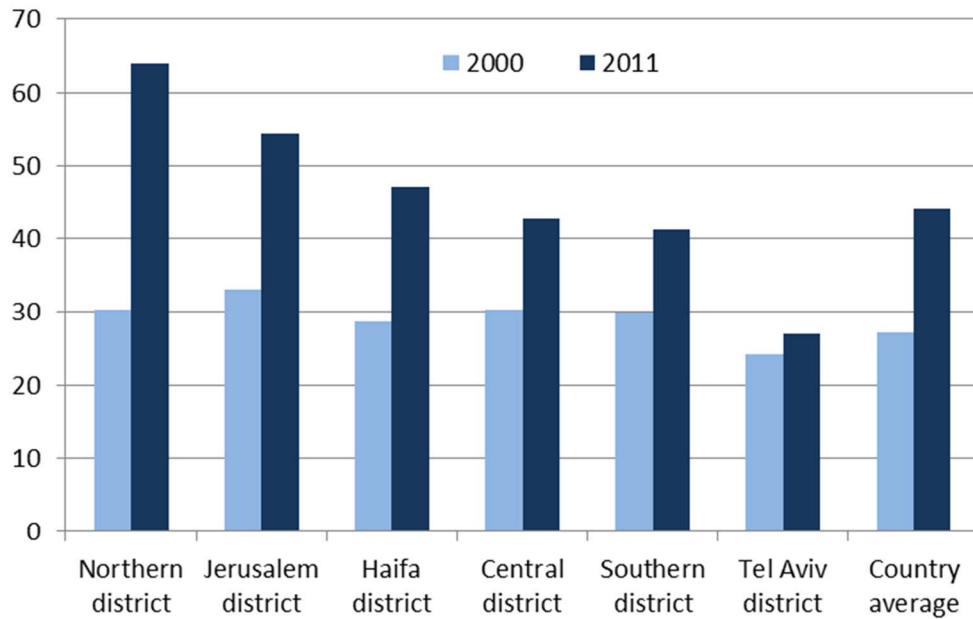
Note: Unless specified, all rates are age/sex standardised per 100 000 population.

Source: Mendlovic et al. (2014). Chapter 9 Israel: Geographic Variations in Health Care, in *Geographic variations in health care in Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

Rates of knee replacement are two times higher in the Northern district (64 per 100 000) than in Tel Aviv (27 per 100 000). Over the study period, rates increased by 50%.

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.

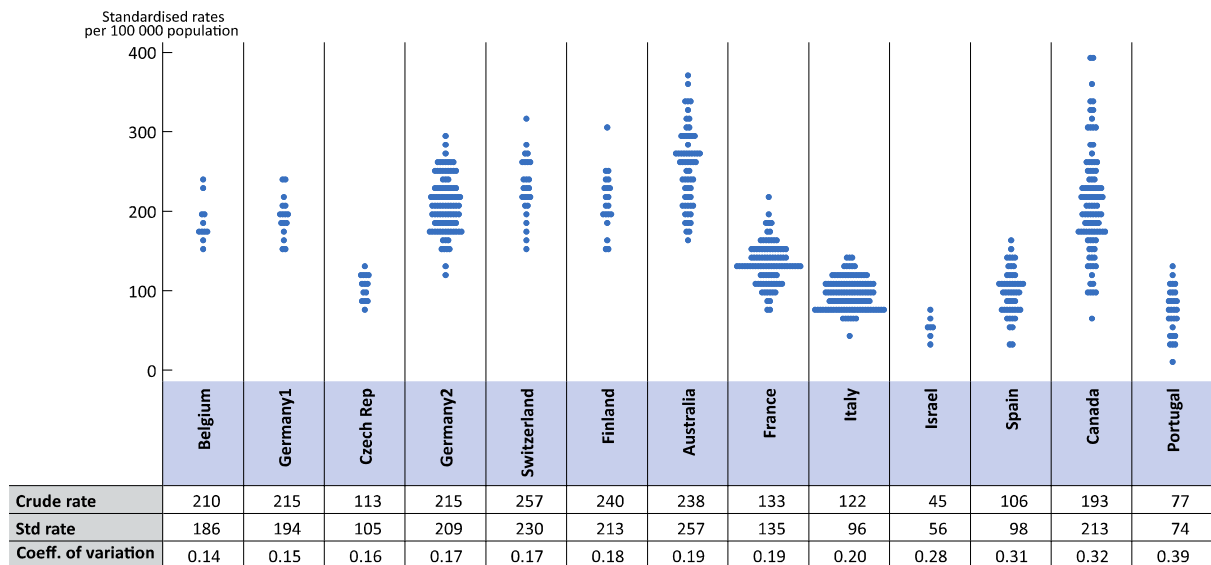
Figure 1. Knee replacement standardised rates per 100 000 population, Israel, 2000 and 2011



Source: Mendlovic et al. (2014). Chapter 9 Israel: Geographic Variations in Health Care, in *Geographic variations in health care in Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

The rate of knee replacement in Israel is the lowest in the study (56 per 100 000). Australia, Switzerland, Finland and Canada, and Germany have the highest rates (above 200 per 100 000 population over 15-years old). Within most countries, knee replacement rates vary by two-to three-fold, except for Canada, Spain and Portugal (more than five-fold).

Figure 2. Knee replacement rate across and within selected OECD countries, 2011 or latest year



Note: Each dot represents a territorial unit. Countries are ordered from the lowest to highest coefficient of variation within countries. Data for Portugal and Spain only include public hospitals. Germany 1 and 2 refers respectively to Länder and Spatial Planning Regions.

Source: Srivastava et al. (2014). Chapter 1: Geographic variations in health care use in 13 countries: A synthesis of findings, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

The report suggests that a number of factors can influence healthcare activity. For example socio-economic status and physician discretion have been found to influence knee replacement rates.

Israel rewards hospitals through an additional payment if they follow clinical guidelines when the surgery for hip fracture is performed within 48 hours after admission and imposes a penalty when this is not the case. Further efforts could promote the delivery of more appropriate care. More systematic public reporting of high-cost, high-volume procedures would help to raise awareness among providers and the public. There is scope to move towards policies that target providers through providing feedback to providers, setting targets for specific health care activities (e.g. as in Canada, Belgium and Italy) and financial incentives (e.g. as in England, France and Korea). Patients would be better engaged through tools of shared decision-making and measurement of outcomes after surgical procedures. The latter is done for example for knee replacement in Sweden and the United Kingdom.

The OECD report will be released at a joint conference organised by the OECD and the Bertelsmann Foundation on 16th September in Berlin to discuss the report's findings among German stakeholders (www.faktencheck-gesundheit.de).

The report **Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?** is available at <http://dx.doi.org/10.1787/9789264216594-en>.

More information on Israel is available in the report in **Chapter 9, Israel: Geographic variations in health care.**

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The **OECD press release, country notes and further information** are available at <http://www.oecd.org/health/health-systems/medical-practice-variations.htm>.

