

Targeted action needed to reduce the high level of variation in health care that persists across Italy

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.

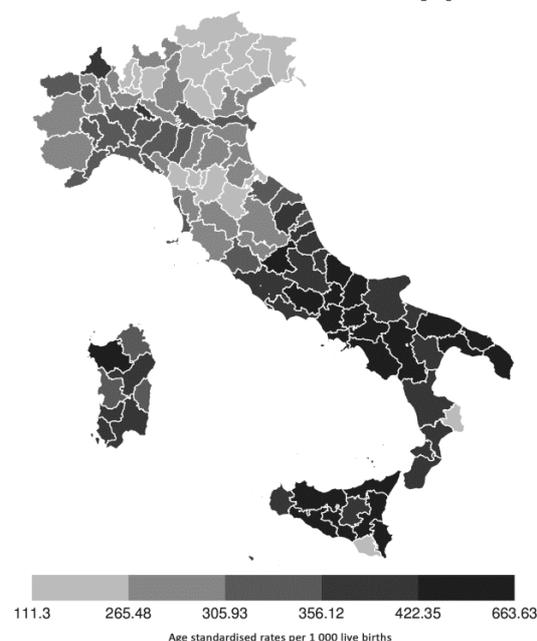
Rates for caesarean sections, cardiac procedures and diagnostic tests are at least two times higher in high activity areas than low activity areas. There were smaller variations for others such as hospital medical admissions and hysterectomy.

Table 1. Summary results for selected indicators of geographical variation in health care, Italy, 2011

Procedure	Hospital medical admission per 100 000 pop.	CABG per 100 000 pop.	PTCA per 100 000 pop.	Catheterisation per 100 000 pop.	Surgery after hip fracture per 100 000 pop.	Knee replacement per 100 000 pop.	Knee arthroscopy per 100 000 pop.	C-section per 1 000 live births	Hysterectomy per 100 000 women
Crude rate	7 403	47	228	91	156	122	249	369	230
Unweighted average rate	7 518	47	212	92	156	125	265	346	230
Q10	6 426	32	146	24	131	94	118	234	190
Q90	8 803	65	265	221	180	157	429	461	280
Coefficient of variation	0.15	0.30	0.23	1.01	0.14	0.20	0.42	0.29	0.17

Source: Carinci et al. (2014). Chapter 10, Italy: 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.

Figure 1. Map of caesarean section rate by province, Italy, 2011

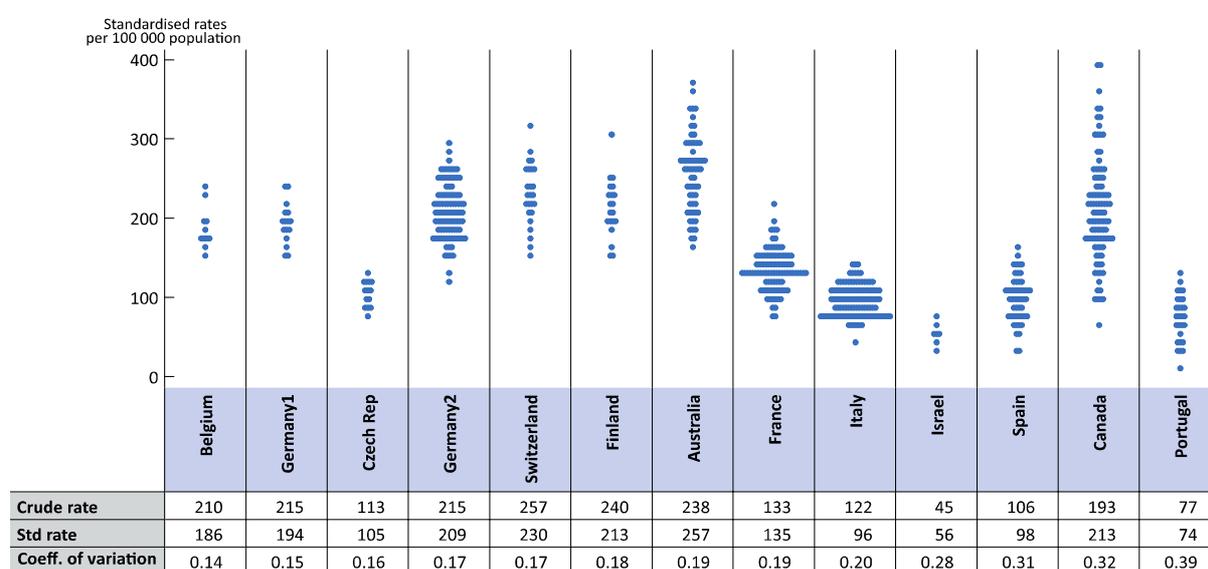


Source: Carinci et al. (2014). Chapter 10, Italy: Geographic Variations in Health Care, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

If you are a woman living in the south of Italy, your likelihood of having a caesarean section is remarkably higher than average: the map clearly shows how the more than six fold variation found between the highest and the lowest rate (664 vs 111 per 1,000 live births) is largely attributable to the difference between the north and the south.

The rate of knee replacement in Italy is less frequent (96 per 100 000) than Australia, Switzerland, Finland and Canada, and Germany (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.

Italian authorities have successfully used variation results to monitor and improve services in target areas. Regional targets for caesarean section rates were set which probably contributed to the decline in rates observed in 2012, particularly among regions with the highest rates. These measures through the increased implementation of programmes on quality monitoring (National Outcomes Programme, Griglia LEA) and efficiency (Recovery Plans) may have contributed to the steady reduction in overall rates.

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 (e.g. as in Belgium and Canada) 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.

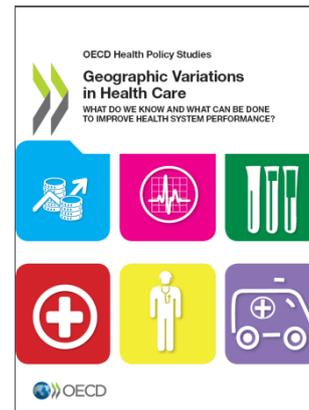
The OECD report will be released at a joint conference organised by the OECD and the Bertelsmann Foundation on 16th September in Berlin to discuss the report's findings among German stakeholders (www.faktencheck-gesundheit.de).

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 Italy is available in the report in **Chapter 10, Italy: 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>.