OECD Health Committee Programme of Work on Health

1. OECD Health Statistics and Health at a Glance (monitoring health and health systems)
2. Health care quality
3. Value for money in health systems
4. Economics of prevention
5. Health workforce policies
6. Long-term care
7. Ageing Unequally (horizontal project) - 2015/16
8. Health Ministerial meeting (2016)
• Aim is to benchmark the efforts of countries to manage and measure health care quality and provide advice on reforms for improvement
• Latest reviews:
  - Sweden (December 2013)
  - Norway (May 2014)
  - Czech Republic (June 2014)
• Upcoming reviews: Turkey, Italy, Australia, Japan, Portugal and UK

Contact: ian.forde@oecd.org
• Report to be published early next year
• Despite the success, rising levels of obesity and diabetes are threatening prospects for further gains.
• Ageing population will lead to greater demand and complexity of health care needs.
• Greater resources improves quality of CVD and diabetes care
  – Gains are not automatic and depends on how resources are allocated and managed
  – Performance is linked to access to care, quality of care initiatives and payment systems
• Substantial scope for further improvements along the entire pathway of CVD and diabetes care remain
• Strengthening lifestyle policies, primary care (prevention/long term care) and acute care

Contact: niek.klazinga@oecd.org
Quality: disease level - Report on CVD

Diabetes-related avoidable admissions: controlling for prevalence and hospitals

Number of hospital admissions per 1000 population

-20 0 20 40 60

-355 0 35

Diabetes* hospital admissions per 1000 diabetic patients

5 10 15 20 25 30
Quality: Health data infrastructure

• Support countries to make better use of existing data to measure and improve the quality of health care
• Advisory panel of experts in law, privacy regulation, IT, health policy, statistics, research and civil society.
• 8 high-level recommendations and practical examples to help countries strengthen health data governance to enable data to be used safely.
• Report and workshop on data governance in May 2015

Contact: Jillian Oderkirk (HD)
• Objectives of the project:
  1. Document geographic variations in health care not only across countries but also within countries
  2. Analyse possible causes of medical practice variations
  3. Explore policy options to reduce unwarranted variations and improve resource allocation

• Focused on hospital medical admissions and a selected set of diagnostic and surgical procedures

• 13 countries participated

Final report launched at a conference in Berlin on 15-16 September 2014

Contact: Valerie Paris and Gaetan Lafortune
Geographic variations in health care
Example of knee replacement

Two main streams of work:

1. Measuring coverage:
   - Paper on cost-sharing by function of care and mechanisms to protect people from high copayments to be published before the end of this year as Health Working Paper.

2. Benefit basket: what is paid or not by public/collective systems?
   - A new paper will examine how countries define the benefit package and make decisions for coverage of borderline cases.
   - It will include a few case studies.
   - Draft report to be discussed at the December Health Committee.

Contact: Valerie.Paris@oecd.org
Financial sustainability of health systems (HD-GOV)

• Joint Senior Budget Officials and Health Committee network

• Key topics:
  – OECD survey of budget officials: Budgeting for health, practices and challenges.
  – Can we speak about a ‘post-crisis’ fiscal outlook for health spending?
  – User charges and co-payments: how useful and how dangerous?
  – Controlling health care expenditure in decentralised environments.
  – Financing universal health care: the need for close co-operation between health and budget Ministries.
  – The challenges of using open data in health policy.

• Joint Network publication in 2015

Contacts:  
gregoire.delagasnerie@oecd.org (HD)  
camila.vammalle@oecd.org (GOV)
Economics of prevention: Alcohol

Alcohol Consumption Trends, Europe

Litres of pure alcohol per capita, 15+


Finland  France  Sweden  Germany  Italy  Ireland  Belgium  OECD-Europe
Discussion on policies to address harmful alcohol consumption at Health Committee meeting in December.

Report to be published Q1 next year

Contact: franco.sassi@oecd.org
Health Workforce

• Three main streams of work:
  – Changes in domestic education and training policies for doctors and nurses
  – Recent trends in health workforce migration
  – Extent of skills mismatch in health sector (with possible follow-up work to improve data and evidence for policy evaluation)

• Co-operation with other international organisations
  – EC (Action Plan, Joint Action on Health Workforce Planning and Forecasting)
  – WHO (Health Workforce Department, Headquarters)

Contact: gaetan.lafortune@oecd.org
Skills mismatch of doctors and nurses compared with other technical/professional occupations

Multinomial logistic regression, odds-ratios; controlling for country, age, and sex

Source: PIAAC Survey, 2011-12 (calculations by OECD Secretariat)
Growing education and training efforts of doctors and nurses in many OECD countries has slowed down the growth of foreign-trained workers, without stopping it.
Long-Term Care

• Dementia:
  – Follow-up to the G8 Dementia Summit (legacy events, WDC, Envoy)
  – Joint OECD-OBI-IHPME Workshop “Can big data help?” in Toronto on 15 September 2014

• New project on measuring gaps in social protection for long-term care

Contact: tim.muir@oecd.org
WORK WITH OTHER INTERNATIONAL ORGANISATIONS
Cooperation with WHO and non-OECD countries

• Establishment of Health Care Quality Improvement Network in Asia/Pacific with WHO WPRO and SEARO (third meeting: Bangkok, 27-28 November 2014)

• OECD doing joint work with Asia/Pacific Observatory on Health Systems on provider payment methods (publication to be released in April 2015)

• More work with candidate countries to the OECD: Reviews of Colombia, Latvia

• More work also with Brazil, China, India, Indonesia, Russia, South Africa in Health Statistics, Health at a Glance, SHA, HCQI
• Workshop on how to use health accounts to improve health financing and expenditure decisions, April 1-4, 2014, Paris.
  – Better linking the production and use of health accounts to inform policy.
  – Addressed demands around sustainable health care financing
  – Attended by 23 low and middle-income countries incl. all Key Partner countries
  – 14 bilateral/multilateral agencies incl. WHO, World Bank, Gates Foundation, USAID

• Moving forward:
  – Brazil - Country-specific SHA training course (September 2014)
  – Indonesia – joint workshop planned with World Bank (late 2014/ early 2015)
  – China - interest in organising workshop on policy use and forecasting
  – Symposium planned with WB (mid-2015)
  – Japan funded the project - OECD now seeking long-term funding to develop this programme further in the future.
RECENT AND UPCOMING PUBLICATIONS
Making Mental Health Count:
The Social and Economic Costs of Neglecting Mental Health Care
http://www.oecd.org/els/health-systems/mental-health-systems.htm

Geographic Variations in Health Care:
What Do We Know and What Can Be Done to Improve Health System Performance?
http://www.oecd.org/els/health-systems/medical-practice-variations.htm
• No. 68 - Health Spending Continues to Stagnate in Many OECD Countries (February 2014)
• No. 69 – Geographic Imbalances in Doctor Supply and Policy Responses (March 2014)
• No. 71-74 – Mental Health Analysis Profiles (Italy, Finland, Netherlands, Scotland) (July 2014)
• No. 75 – Comparing Hospital and Health Prices and Volumes Internationally (August 2014)
• No. 76 – Health, Austerity and Economic Crisis (September 2014)

http://www.oecd.org/els/health-systems/health-working-papers.htm
Upcoming editions of Health at a Glance

Health at a Glance: Europe 2014 (late November; tbc)
http://www.oecd.org/els/health-systems/health-at-a-glance-europe.htm

Health at a Glance: Asia/Pacific 2014 (27 November)
http://www.oecd.org/els/health-systems/health-at-a-glance-asia-pacific.htm