



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Health care efficiency in Dutch Health Care Performance Report

Meeting of OECD Health Data
National Correspondents
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National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Content

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



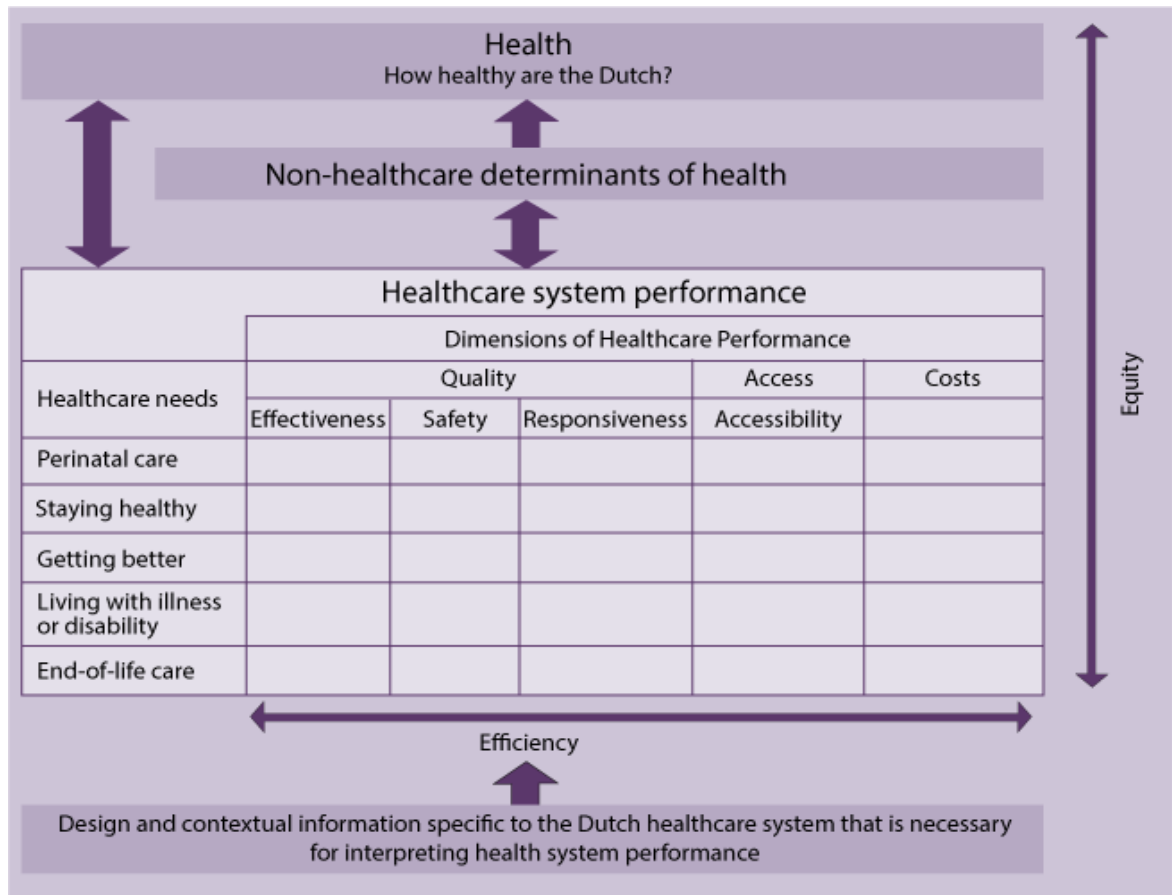
Background

- Goal: assess the performance of the Dutch healthcare system
- Commissioned by Dutch MoH
- First report in 2006
 - 3 subsequent reports (2008, 2010, 2014)
- English translations available
 - 2014-report later this year





Approach



Arah OA, Westert GP, Hurst J, Klazinga NS. A conceptual framework for the OECD Health Care Quality Indicators Project. Int J Quality Health Care 2006;18:Suppl:5-13



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)

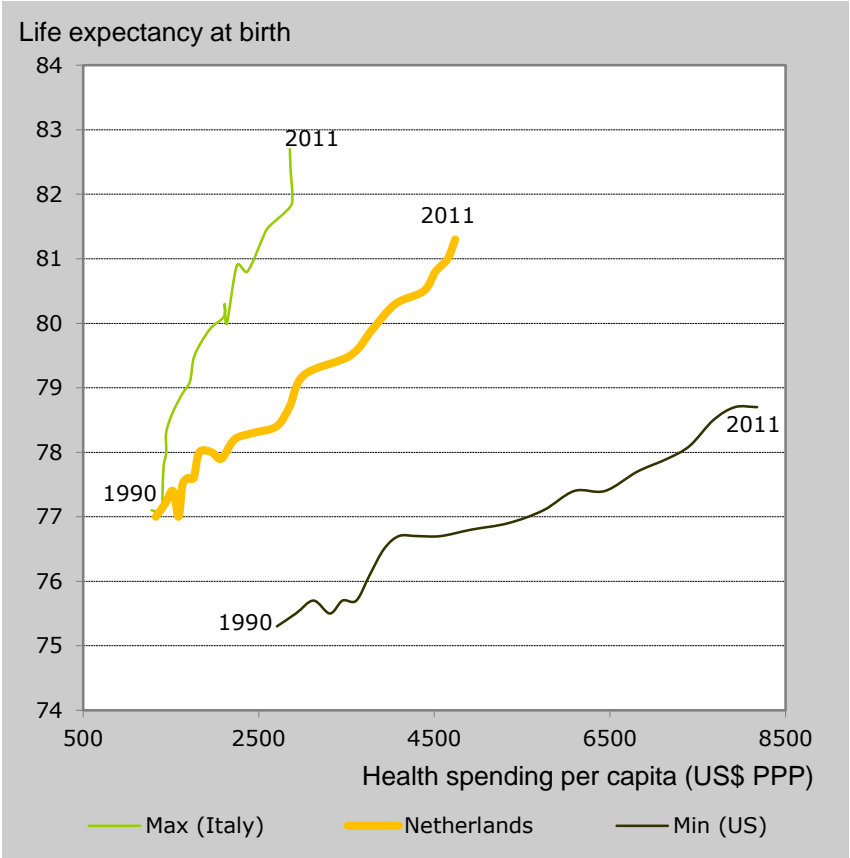


Health care costs

- 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)



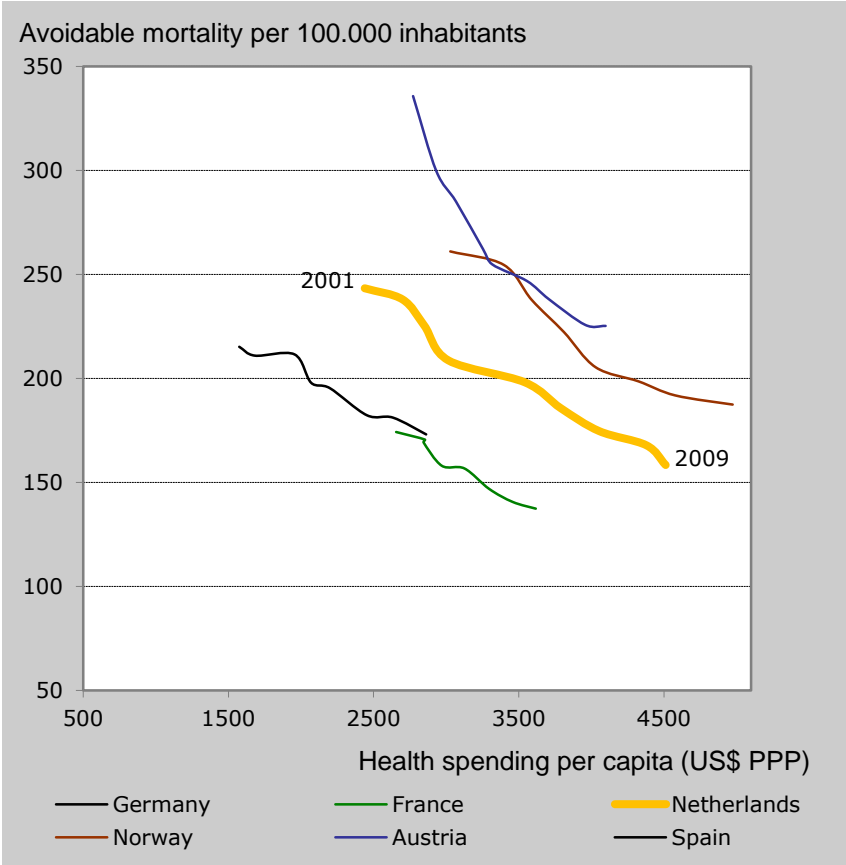
Cost versus outcome (system)



Source: OECD Health Data



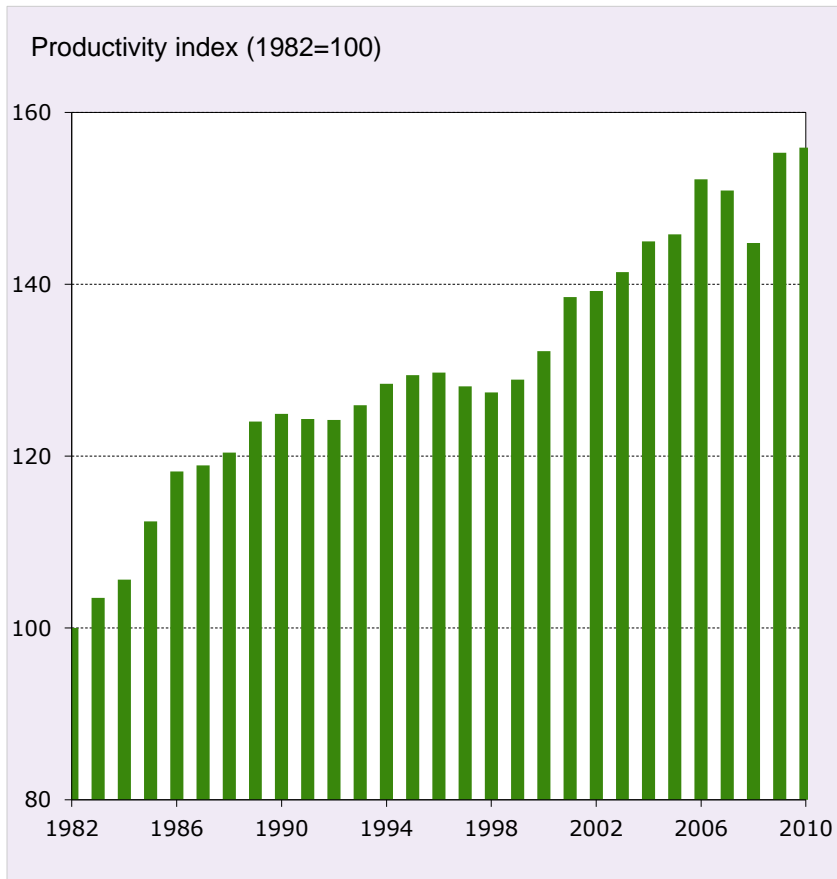
Cost versus outcome (system)



Source: OECD Health Data & Plug et al. Avoidable mortality in the European Union: Towards better indicators for the effectiveness of health systems (AMIEHS).



Cost versus output (subsector)



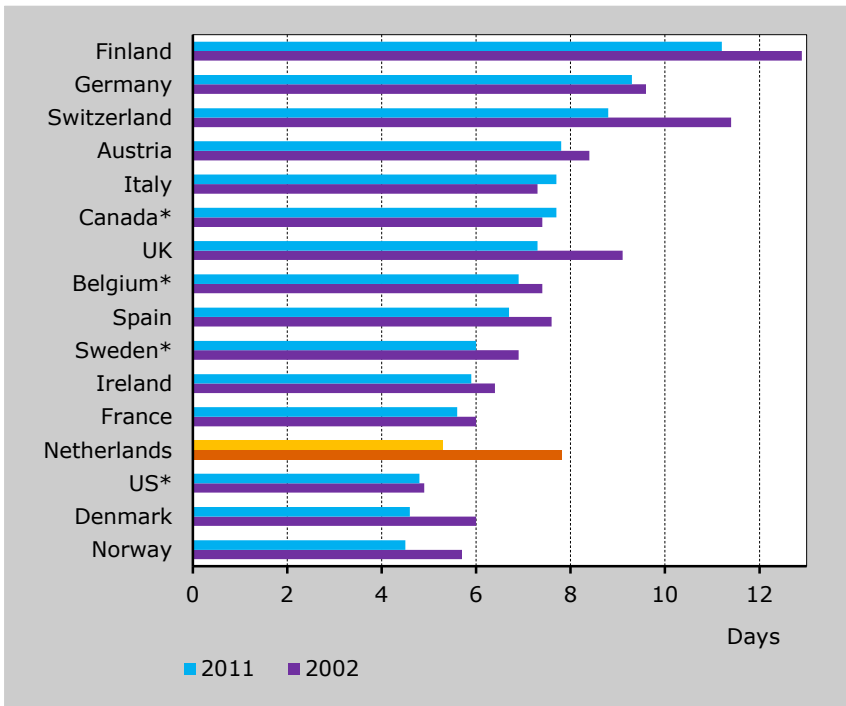
- Only analyses at national level, e.g. mental care in left figure
- Based on national output and cost data
 - Output: outpatient visits, day treatments, inpatient days
- Similar information for hospital care and long-term care
- 2 perspectives:
 - Average performance over time
 - Differences between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

Source: Niaounakis et al., 2013

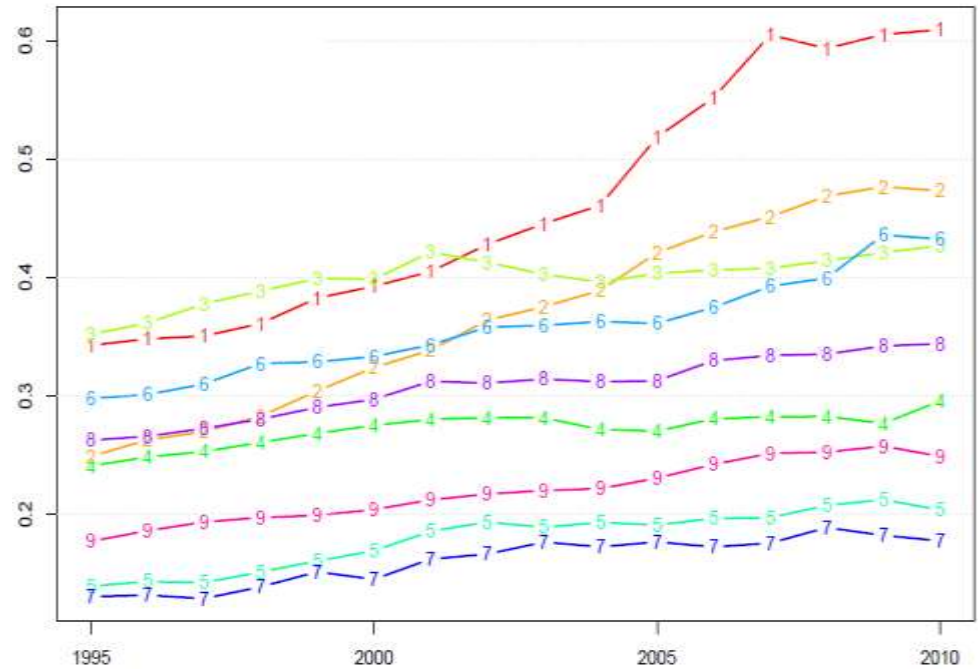


Efficiency in hospital care

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



Source: OECD Health Data

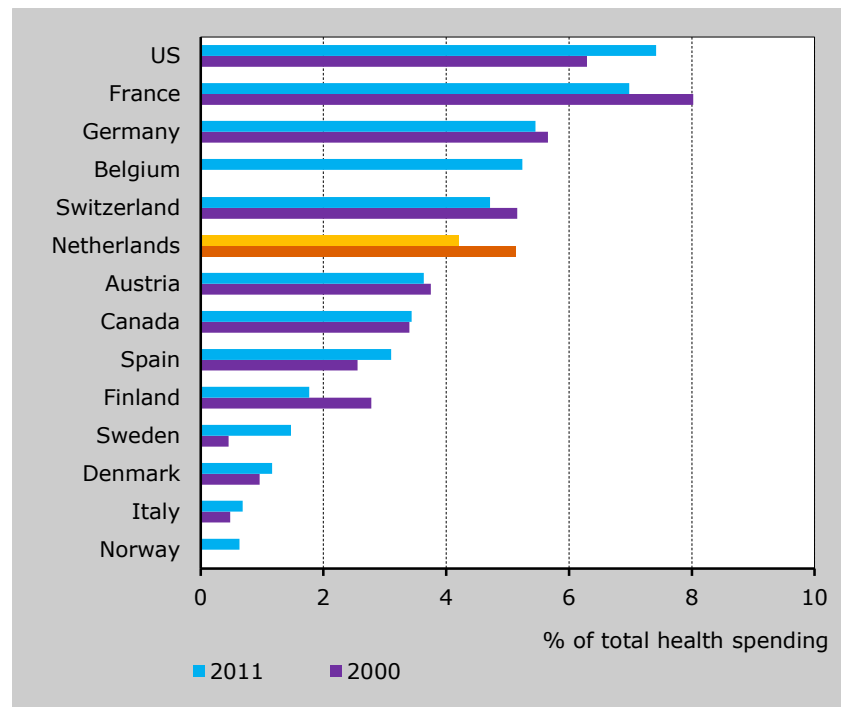


Variation coefficient for different diseases
Source: Dutch Hospital Discharge Register



Administrative expenses

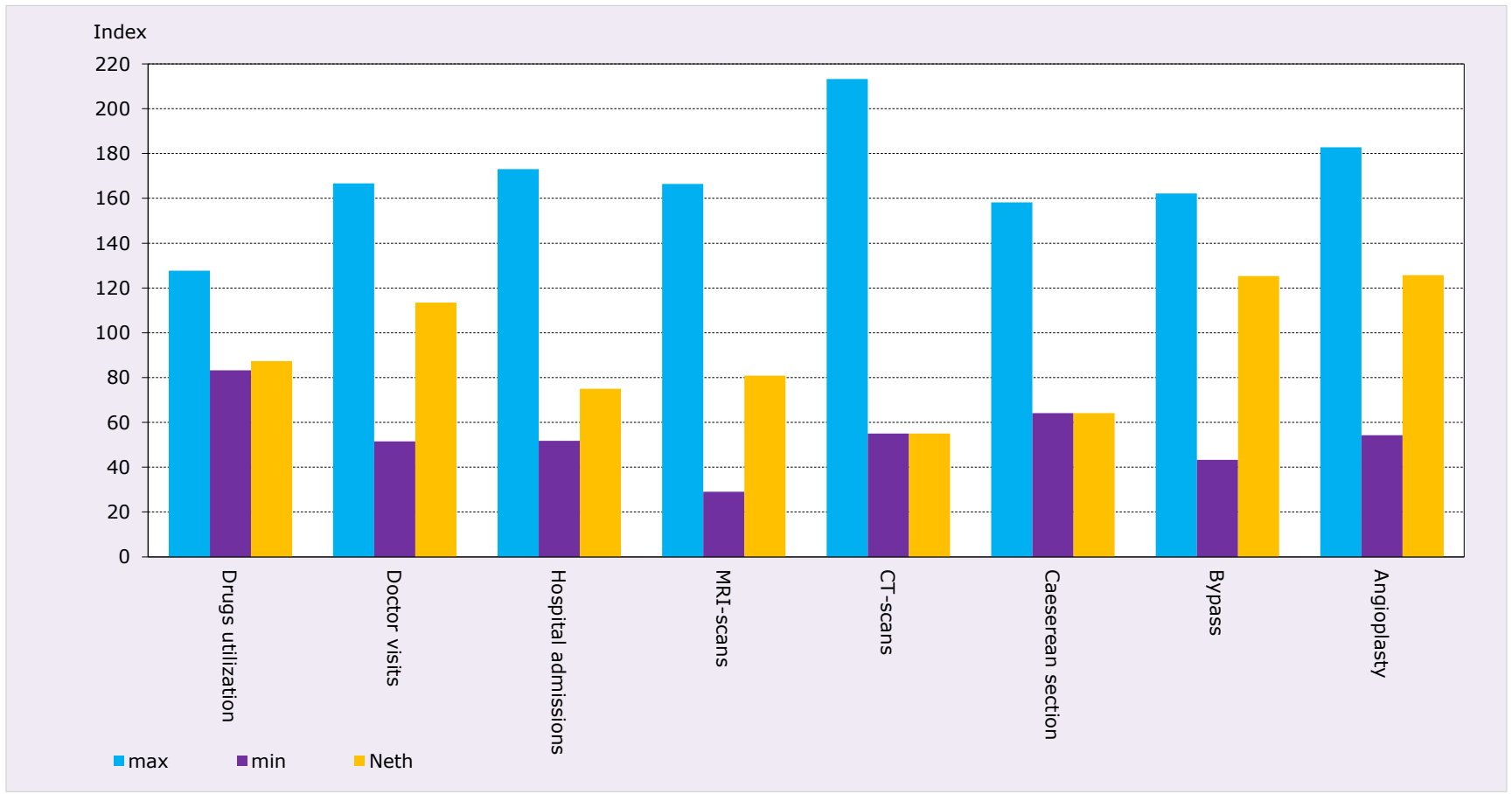
- Spending on health administration and insurance



Source: OECD Health Data



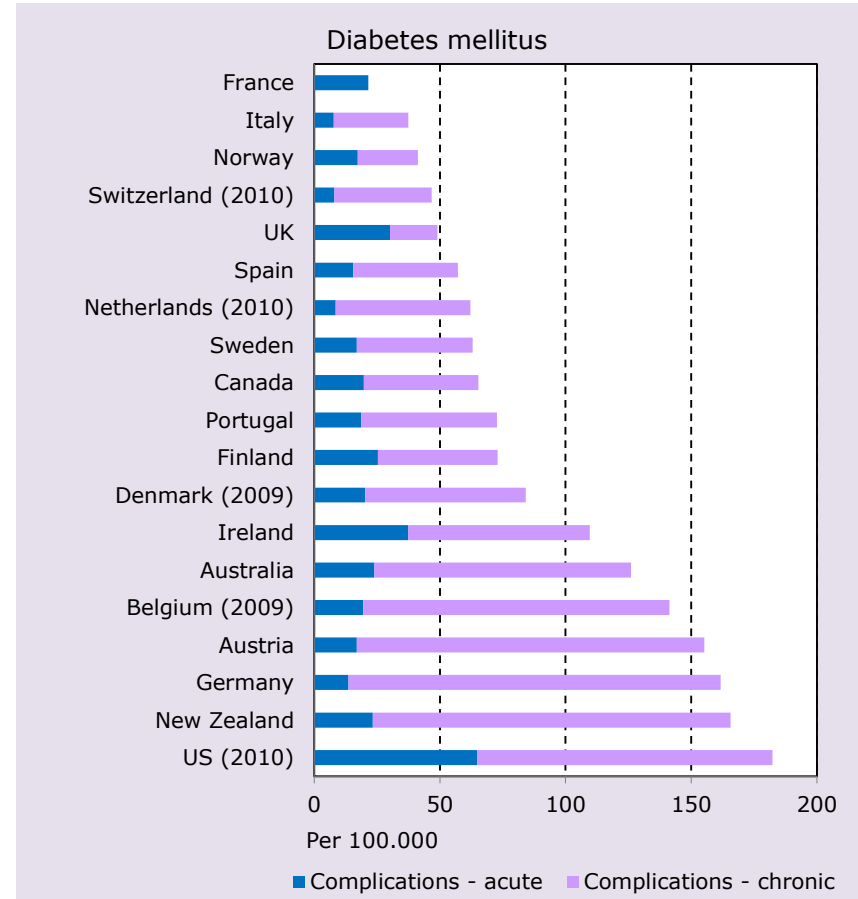
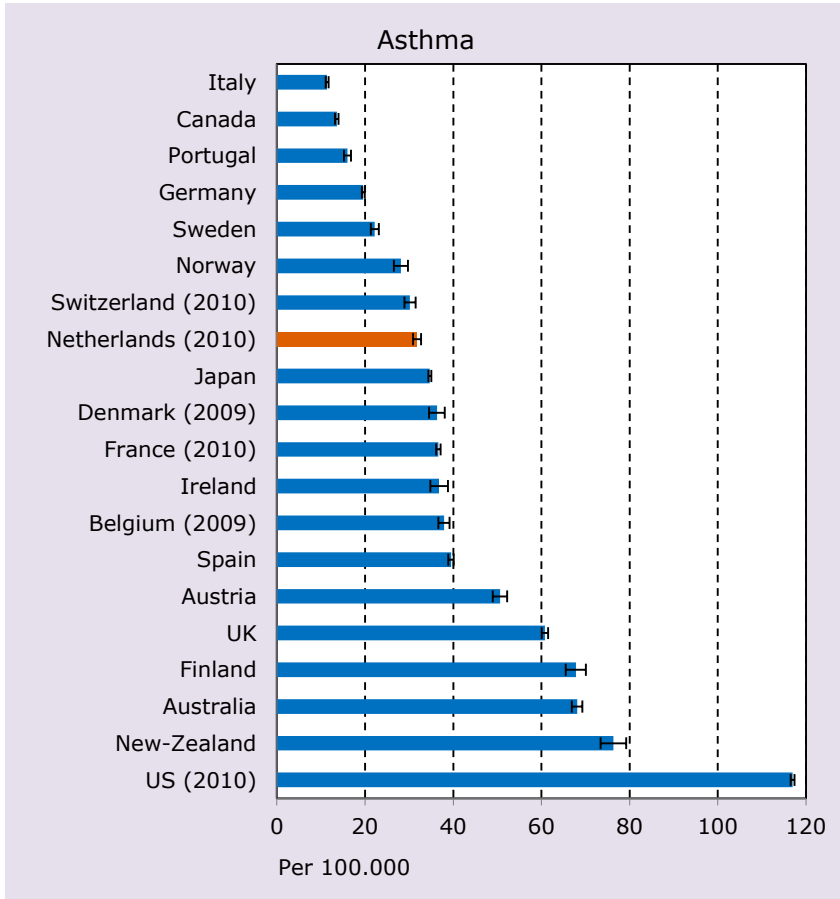
Practice variation between countries -> overuse?



Source: OECD Health Data



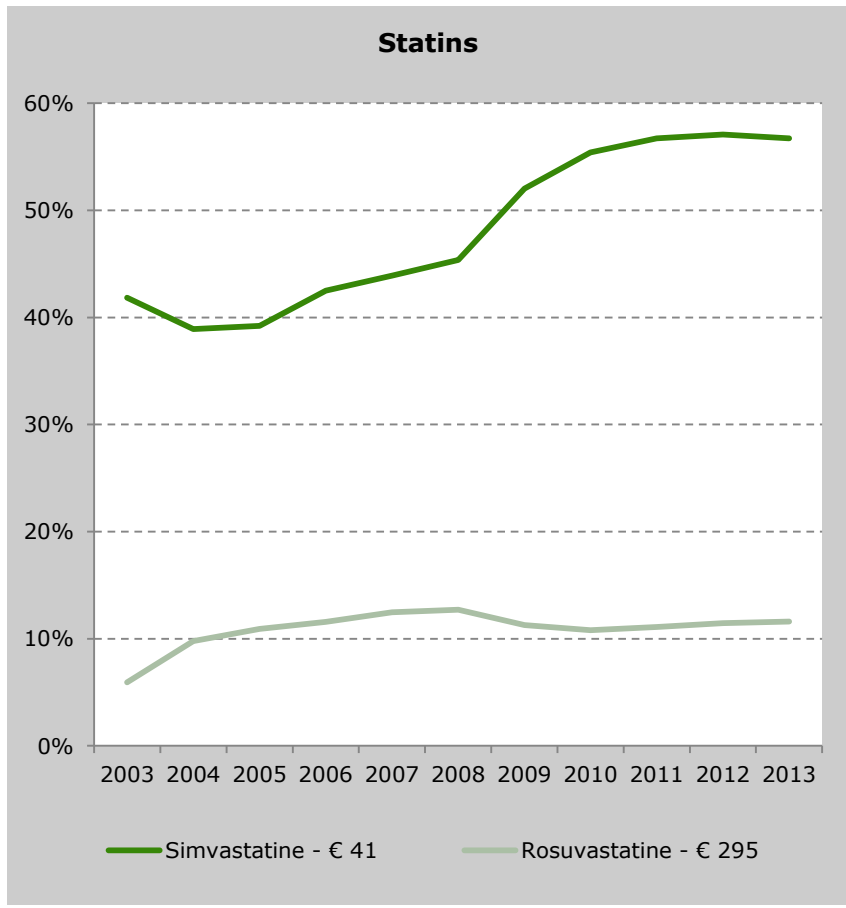
Avoidable hospital admissions



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