

Variations in revascularisation rates and diagnostic tests require more effort to ensure appropriate care in Finland

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.

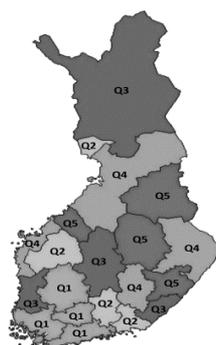
Rates for revascularisation and diagnostic tests are around two times higher in high activity areas than low activity areas in Finland. There are smaller variations for caesarean sections and knee replacement. Over time, there was decrease in variations of knee interventions and an increase in variations for coronary revascularisations.

Table 1. Summary of results on geographic variations for selected health care procedures by hospital district, Finland, 2011

	Hospital medical admission	CABG+PTCA	Catheterisation	Surgery after hip fracture	Knee replacement	Knee arthroscopy	Caesarean section (per 1 000 live births)	Hysterectomy
Crude rate per 100 000 population	8168	246	308	95	240	318	161	227
Unweighted average rate	9505	284	378	96	253	316	167	253
Q10	7142	189	224	81	192	244	144	204
Q90	11165	371	583	111	294	377	196	319
Coefficient of variation	0.20	0.26	0.35	0.13	0.17	0.22	0.16	0.20
Systematic component of variation	8.55	11.14	22.50	1.05	3.27	4.81	2.51	5.98

Source: Keskimäki et al., (2014). Chapter 6 Finland: 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 CABG and PTCA standardised rates by hospital district, per 100 000 population, Finland, 2011



Note: Q = quintile with Q1 being the lowest quintile and Q5 the highest quintile.

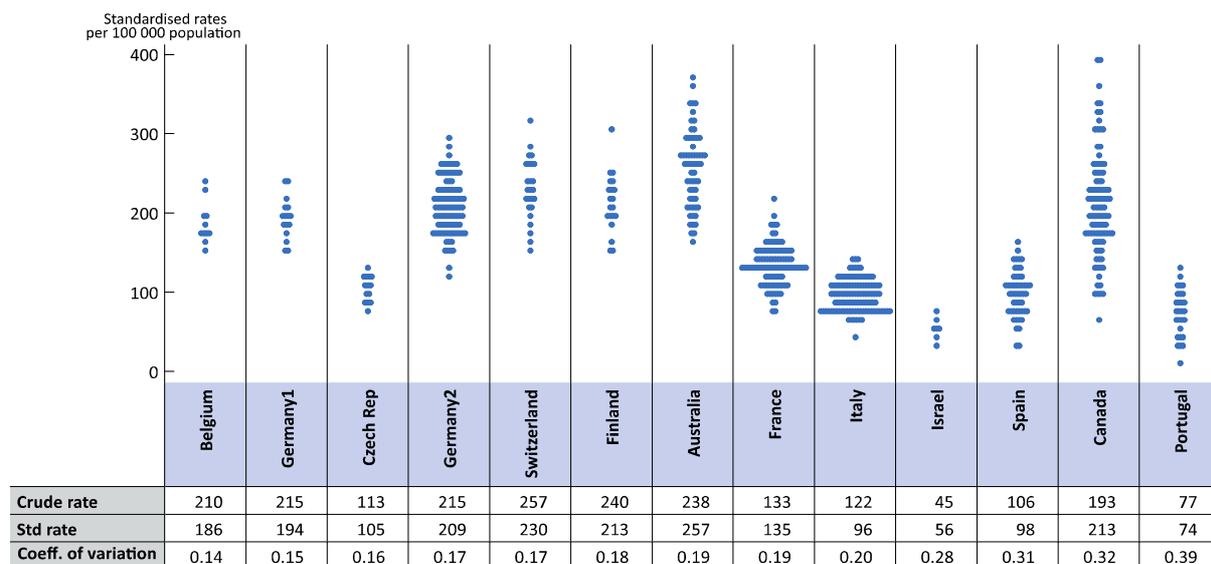
Source: Keskimäki et al., (2014). Chapter 6 Finland: Geographic Variations in Health Care, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

If you live in the east, in the Kainuu (441 per 100 000), Central Ostrobothnia (385 per 100 000) and North Savo (369 per 100 000), you are more than two times likely to undergo revascularisation than in other parts of Finland. Patient need as measured by

ischaemic heart disease mortality is higher in the east of Finland than in the west and may reflect the higher procedure rates. While some areas of low ischaemic heart disease mortality in the west also display high procedure rates, a systematic assessment of regional needs and practices is required to ensure appropriate care.

Like Australia, Switzerland, Canada, and Germany, Finland has high rates of knee replacement (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. For Spain, the rates are reported based on the province where the hospital is located. 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.

In Finland, the establishment of comprehensive health care registers, the production of performance indicators, and the development of national clinical guidelines and common criteria for treatments have tried to address variations. 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 for 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.

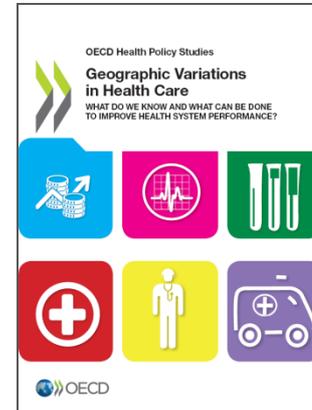
The OECD report will be released at a joint conference organised by the OECD and the Bertelsmann Foundation on 16th September in Berlin to discuss the report's findings among German stakeholders (www.faktencheck-gesundheit.de).

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 Finland is available in the report in **Chapter 6, Finland: 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>.