ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT

The economics of Personal Data and Privacy:

Valuing personal data in the health sector

Gerrard Abi - Aad
Policy Analyst (Health Care Quality Indicator Project, Health Division, OECD)

1 December 2010

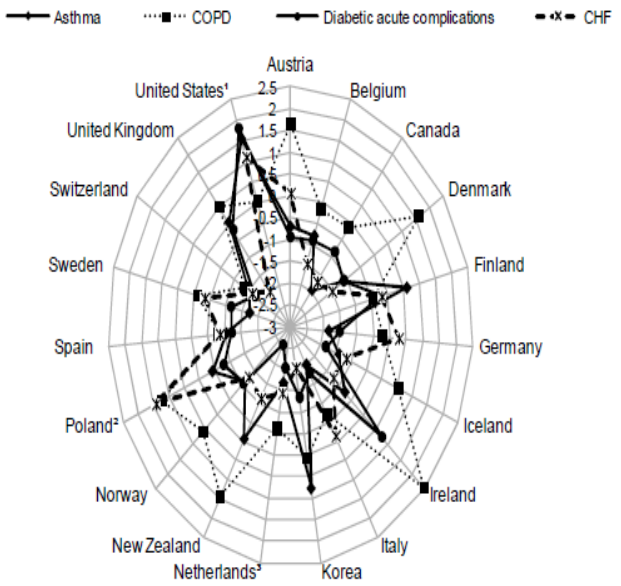
Why should we value personal data in the health sector?

1. It can tell us whether care is accessible, **effective** and **safe**.

Health care effectiveness: A recent study from England shows that over 40%, or nearly 1.9 million hospital emergency admissions, would have been avoidable if better primary care had been provided (Purdy *et al., 2009).*

Health care safety: Nordic data shows that over 12% of hospitalised patients experience adverse events, 70% of which were preventable, over half of which lead to disability and increased length of stay (Soop *et al., 2009)*

OECD HCQI data resonates with effectiveness and safety studies

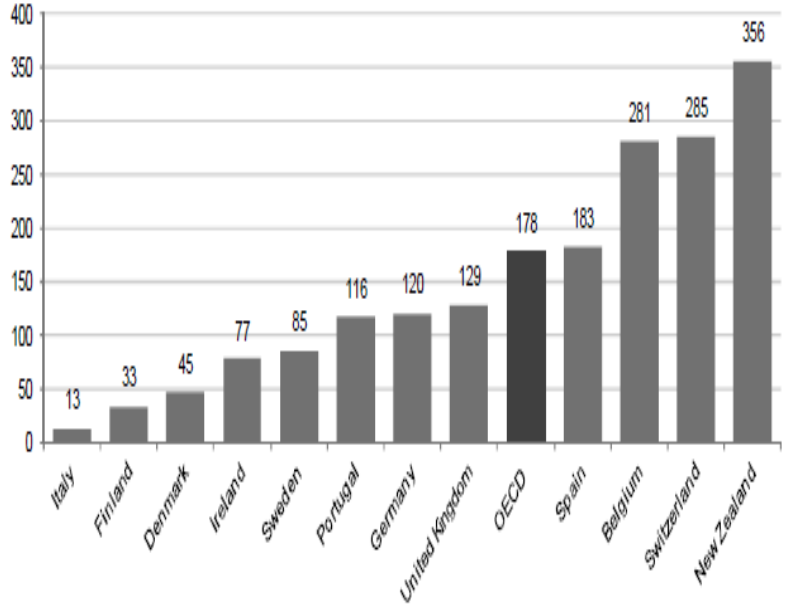


CHF = Congestive heart failure; COPD = Chronic obstructive pulmonary disease.

Note: The number of hospital admissions of people aged 15 years and over per 100 000 population, age and sex-standardised rates in relation to OECD average. Values have been normalised for ease of interpretation. Data from Austria, Belgium, Italy, Poland, Switzerland and the United States refer to 2006. Data from the Netherlands refer to 2005.

1. Data does not fully exclude day cases.
2. Data includes transfers from other hospitals and/or other units within the same hospitals, which marginally elevate the rates.
3. Data for CHF includes admissions for additional diagnosis codes, which marginally elevate the rate.

Source: *OECD Health Care Quality Indicators Database, 2009.*



Note: Data for Denmark refer to 2008 and for Belgium and the United States, data refer to 2006. Cases with the critical incident present on hospital admission are excluded in the Canadian data.

Source: *OECD Health Care Quality Database 2009.*

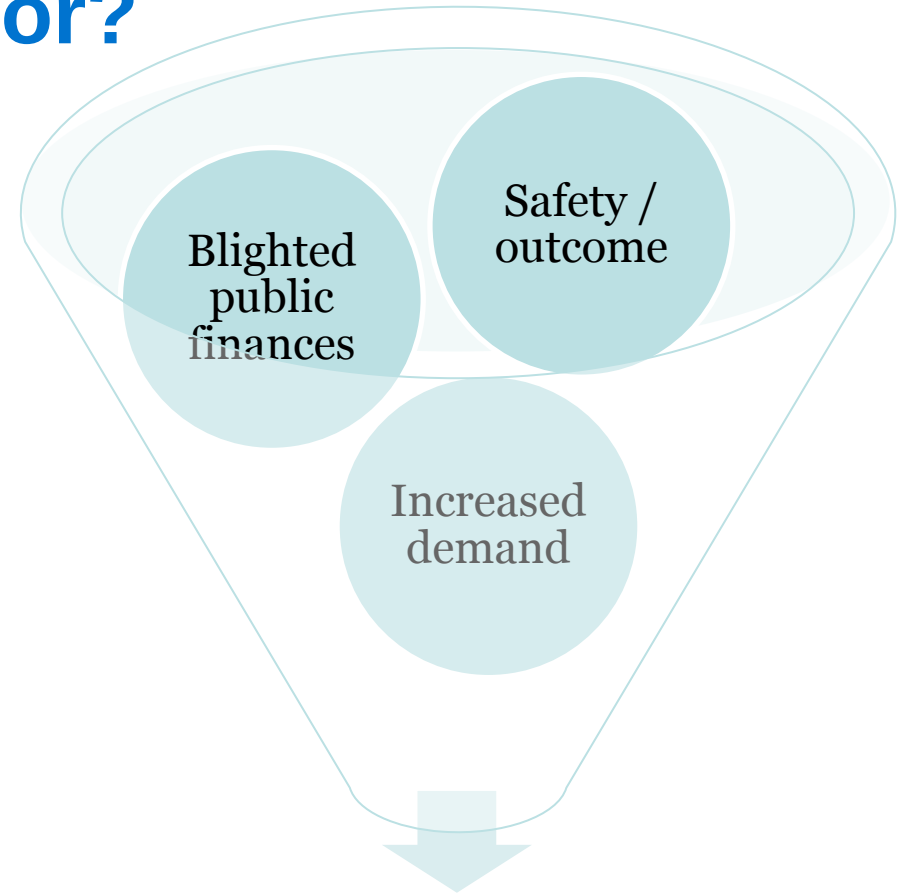
Why should we value personal data in the health sector?

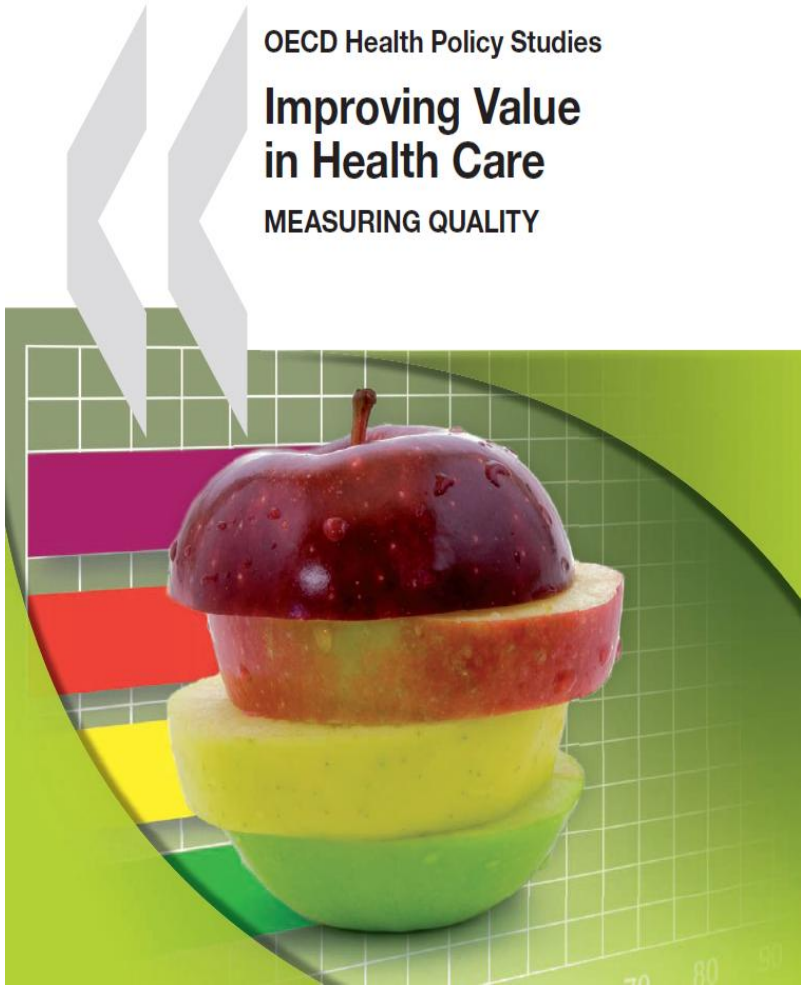
2. Health care needs and health care delivery systems are now more complex AND money is tight

Epidemiological transition: international health systems are now confronted with broadly similar health needs - characterised by chronic and co morbidities – often requiring care inputs that straddle multiple care settings and providers.

Money is tight: OECD countries will face continued upward pressure on health spending brought about by demographic change, advances in medical care technology and growing expectations from patients and the public

Why should we value personal data in the health sector?





Improving data linkage

"In order to gain a complete picture of the health care quality and safety of care, health data stored in disparate care/care related settings needs to be linked, *preferably at the individual patient level*. In this context, the implementation of unique patient identifiers is deemed useful for all countries. Demands to improve data infrastructure must be balanced with the demands for good epidemiological practice, confidentiality and privacy.

Thank you

Gerrard Abi-Aad, Policy Analyst

phone: **+(33-1) 45 24 87 92**

e-mail: gerrard.abi-aad@oecd.org