OVERUSE - A WORLDWIDE PHENOMENON

Does Germany need more Choosing Wisely?
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Why does overuse happen?

Don’t know better
- Imperfect knowledge
- Cognitive biases

Can’t do better
- Poor management
- Poor organisation and coordination

Stand to lose by doing better
- Incentives misaligned with system goals
Demand or supply-side factors?

**Demand Side**
- Differences in population needs? (age and sex standardisation reduces, but does not eliminate, variations across countries or regions)
- Patient preferences? (to be more hospitalised, to get more tests or procedures?)

**Supply Side**
- Differences in overall supply of resources? (number of doctors and surgeons, hospital beds, diagnostic/therapeutic equipment)
- Differences in clinical practice style/tradition?
Where does overuse take place?

Geographic Variations in Health Care 2014

Tackling Wasteful Spending on Health 2017

Relevant OECD data sources

Health at a Glance 2019

OECD Health Statistics Database 2019

http://www.oecd.org/els/health-systems/health-data.htm
MEASURING OVERUSE
Over three-quarters of OECD countries have C-section rates above 20 per 100 live births

Caesarean section rates, 2017 (or nearest year)

Total procedures per 100 live births

Variation in diagnostic test utilization:
Over 5-fold cross-country variation in MRI exam rates...

MRI exams, 2007 and 2017 (or nearest year)

Per 1,000 population

Notes: 1. Exams outside hospital not included. 2. Exams on public patients not included. 3. Exams privately funded not included.
Variation in diagnostic test utilization: … and also in CT exam rates

CT exams, 2007 and 2017 (or nearest year)

Per 1 000 population

Notes: 1. Exams outside hospital not included. 2. Exams on public patients not included. 3. Exams privately funded not included.
Variation in hospital admissions:
Over 5-fold cross-country difference in admission rates

Inpatient care discharge rates, 2000 and 2017 (or nearest year)

Notes: 1. Data exclude discharges of healthy babies born in hospital (3-10% of total). 2. Data include discharges for curative (acute) care only.
The conversation also applies to primary health care

Clinical quality and experience measures for patients with and without primary care in the United States, 2012-2014

Source: Levine et al. JAMA Internal Medicine 2019.; 179(3).
Antibiotics prescriptions in primary care

Overall volume of antibiotics prescribed, 2017 (or nearest year)

Notes: 1. Three-year average. 2. Data from European Centre for Disease Prevention and Control as OECD Health Statistics data are not available.
Rational use of medicines: Long-term and long-acting benzodiazepines prescriptions for older adults

Trends in benzodiazepine use in adults aged 65 and over, 2012-17 (or nearest years)

Chronic benzodiazepine use

Long-acting benzodiazepine use

Notes: 1. Three-year average.
Cross-OECD countries variation in hip and knee replacement is over 6-fold

How can patients have realistic expectations about gains from elective interventions?

Average gains from hip and knee replacements, measured in QALYs, in selected country sites

Note: ^ results converted from SF-12v1 instrument; ~converted from SF-12v2 instrument; *6-month post-op collection (all others are 12 months).
Source: PaRIS Hip/Knee Replacement Pilot Data Collection.
Patient-reported outcomes and experiences: Still the missing from this discussion?

[Diagram showing the flow of patient and health care providers' information with categories like Demographics, Health conditions, Confidence and health literacy, Health behaviours, General health, Physical health, Mental health, Social health, Access, Communication, Shared decision making, Continuity and coordination, and Professional designation, Remuneration.]
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