

Sustainability of health systems

How JA-CHRODIS can help

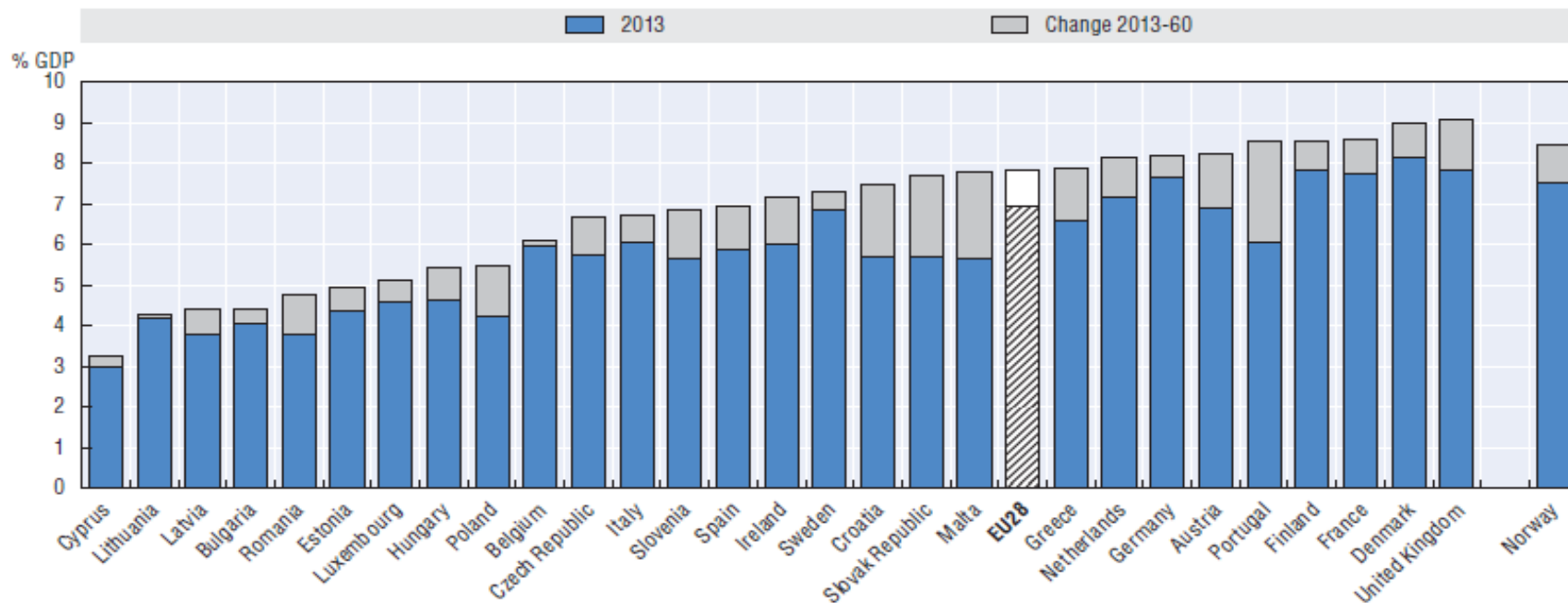


Ian FORDE
OECD Health Division

Public spending on health will increase by 1% GDP to 2060

8.17. Public spending on health care as a percentage of GDP, 2013 to 2060

Baseline scenario

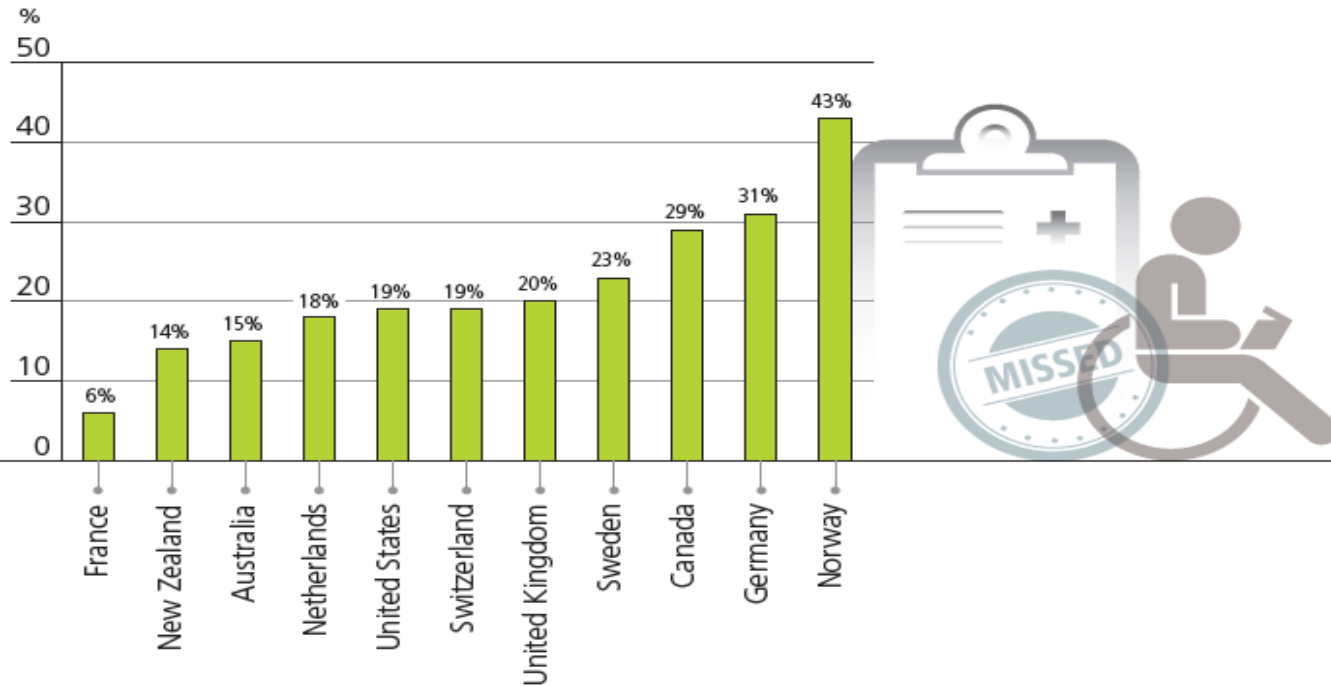


Note: The EU28 total is weighted by GDP.

Source: EC and EPC (2015).

Improve the effectiveness of care

Figure 1.5 **Specialist lacked medical history or regular doctor was not informed about specialist care in several OECD countries**

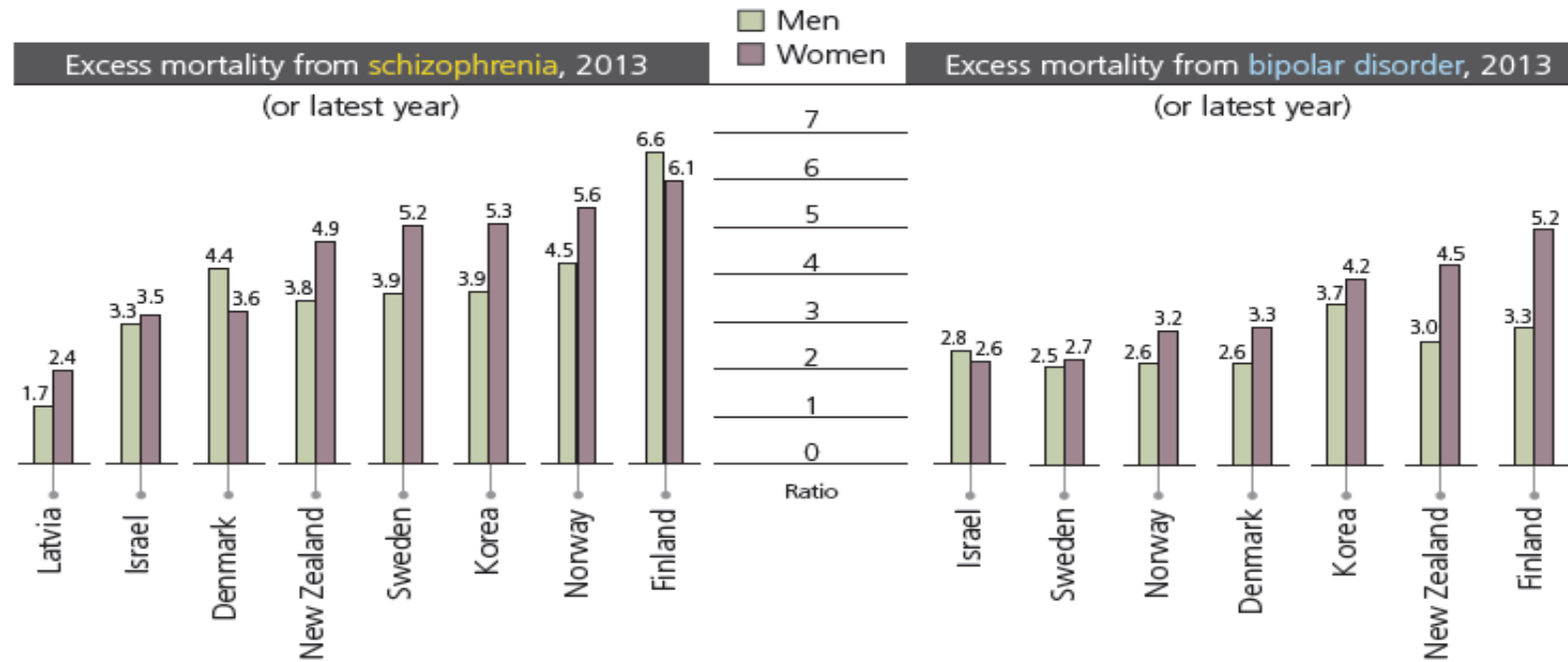


Note: Percentage of older adults reporting that their specialist lacked their medical history or that their regular doctor was not informed about specialist care.

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in 11 Countries.

Improve the effectiveness of care

Figure 1.4 **Individuals with mental disorders have a higher mortality rate than the general population**

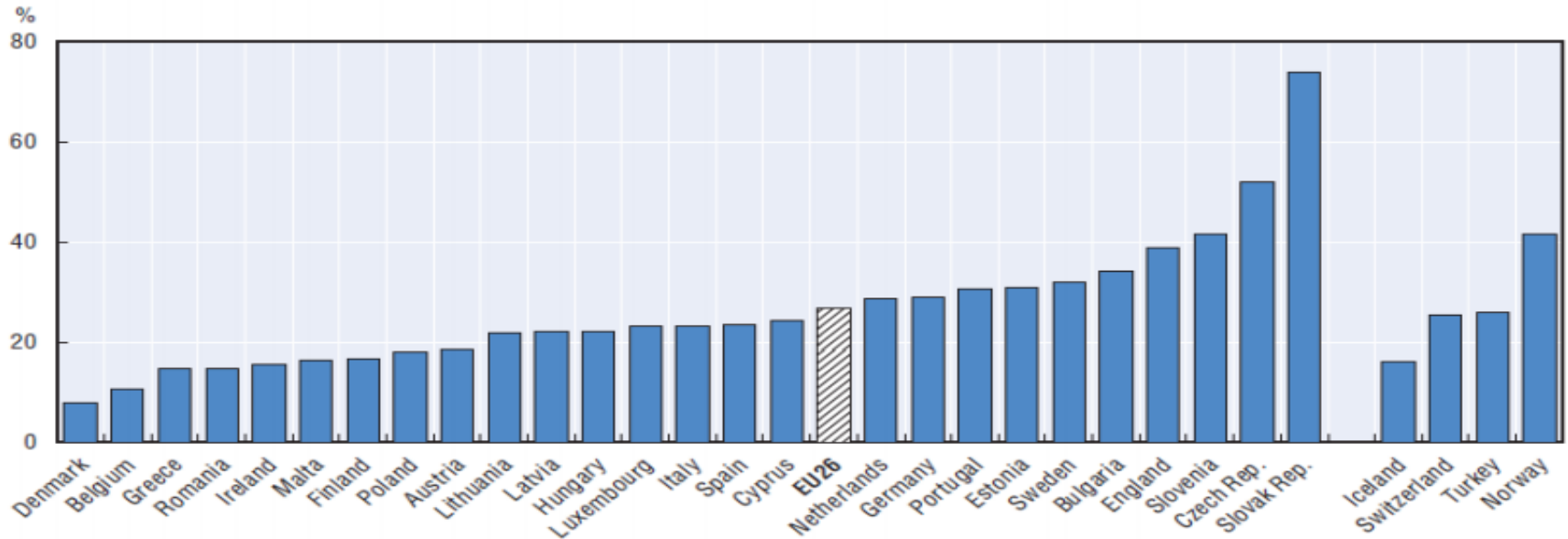


Note: Excess mortality is compared to the mortality rate for the general population.

Source: OECD Health Statistics (2016), <http://dx.doi.org/10.1787/health-data-en>.

Improve the efficiency of care

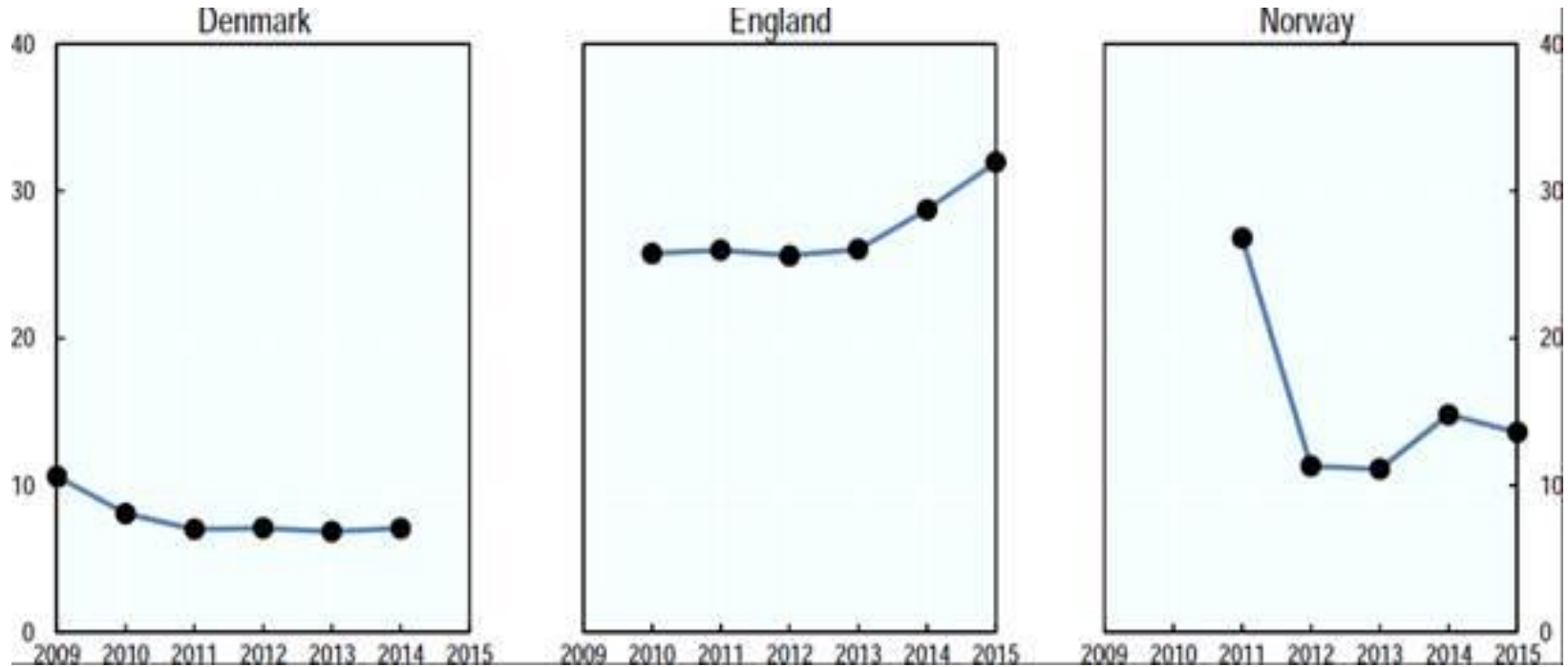
Proportion of patients who visited an emergency department because primary care was not available, 2011-13



Note: Data were collected within the QUALICOPC study (Quality and Costs of Primary Care in Europe) between 2011 and 2013.

1. The reference population is the proportion of people who visited an ED in the previous year.

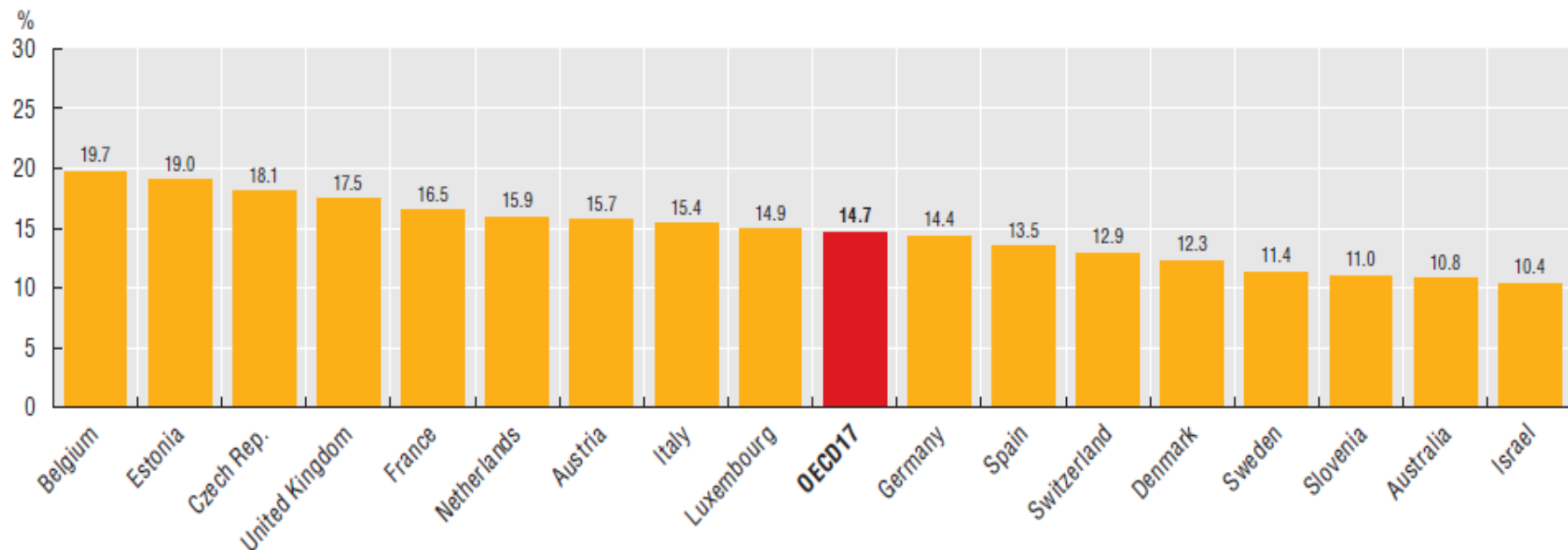
Improve the efficiency of care



Delays in transferring patients from hospitals in three OECD countries
(total number of days per year per 1 000 population), 2009 to 2015

Positive socioeconomic effects

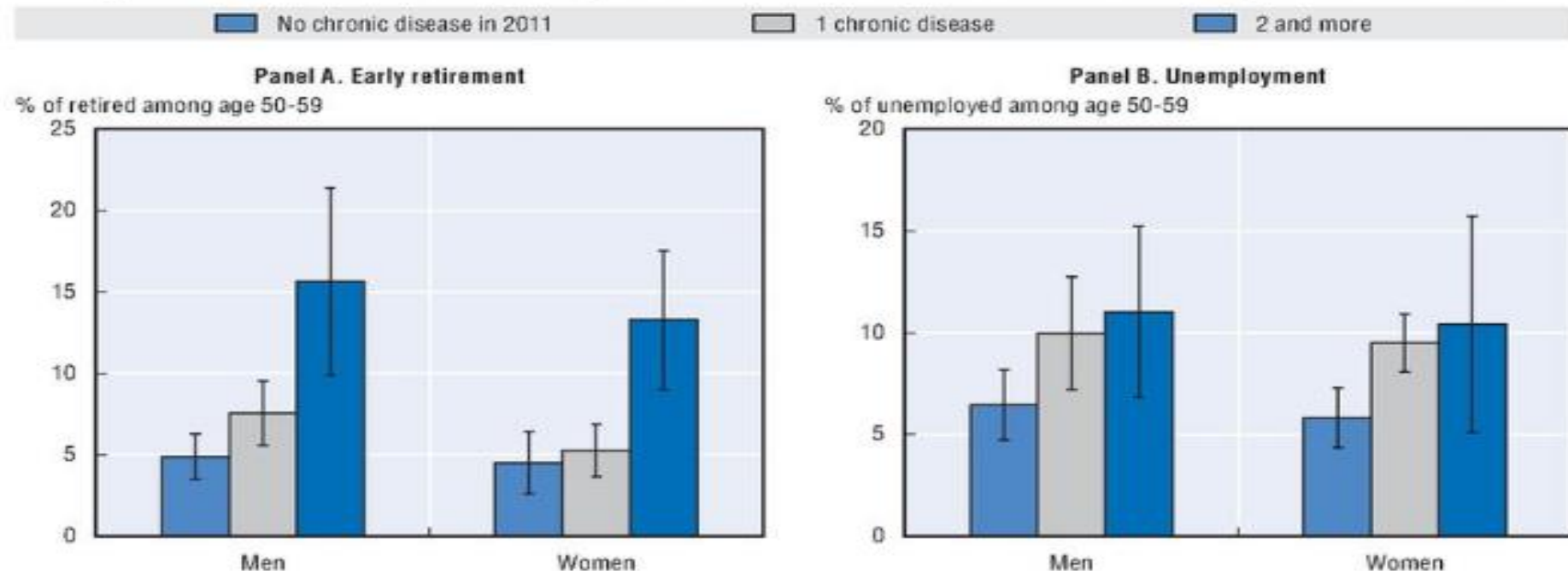
11.14. Population aged 50 and over reporting to be informal carers, 2013 (or nearest year)



Source: OECD estimates based on 2013 HILDA survey for Australia, 2012-13 Understanding Society survey for the United Kingdom and 2013 SHARE survey for other European countries.

Positive socioeconomic effects

Figure 1.15. **Probability of being unemployed or retiring prematurely among people aged 50-59 in 2013, according to chronic diseases in 2011, 13 European countries**



Note: Excludes Luxembourg because it was not included in SHARE wave 4. N = 1 510 for men and N = 1 907 for women. 95% confidence intervals represented by H. See the Statlink for further details on the methodology.

Source: OECD estimates based on SHARE data (waves 4 and 5).

PaRIS (Patient-Reported Indicators Surveys)

1. Bottom-up: supporting national health systems to collect patient-reported indicators in a comparable way

Accelerate and standardise work already underway

AMI, CVA, cancer, hip & knee, mental health

2. Top-down: addressing critical gaps in the measurement of patient-reported indicators

Develop new surveys, direct to patients and carers

Chronic illness and multiple morbidity

PROMS, PREMS, PRIMS

Collaboration with international partners

Supervised by HCQI Expert Grp and Hlth Cttee

Thank you

ian.forde@oecd.org



Co-funded by
the Health Programme
of the European Union

The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*

* This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.