TACKLING WASTEFUL SPENDING ON HEALTH pdf

1: Tackling Wasteful Spending on Health, OCDE, â€“ Conversamos?!â€¦

Data and research on health including biotechnology, cancer, health care, health spending, health insurance, fitness, dementia, disability, obesity, smoking, genetics and mortality., Following a brief pause after the economic crisis, health expenditure is rising again in most OECD countries.

In an ideal world, this would likely mean spending that achieves effective healthcare services, with good outcomes for patients, the right number of professionals with the right skills, and delivers good value for tax payers with little, if any, wastage. Finding that balance is a difficult challenge. Avoiding wasteful healthcare spending has been a public policy goal for decades, but since the global financial crisis started in , the need has gained new urgency. The United States, for instance, spends Nearly a third could be wasted, according to a Institute of Medicine study. But the United States is not alone: All OECD countries need to free up resources so that healthcare systems can perform better. Far more could be done to sort out what is wasteful from what is not, and possibly even achieve more with less. Wasteful clinical care occurs in hospitals when people seek emergency care even when their condition is not urgent. Hospital care could be made more efficient if it were devoted solely to essential or acute care. Pressure can be taken off hospital services by focusing resources on alternatives like primary care and community care facilities. Norway has intermediate care clinics that are open out of hours, and the United Kingdom is experimenting with GPs who consult seven days a week. Umbrella systems of caregivers can help relieve pressure on hospitals, too. Hospital At Home is another resource currently being expanded. Even when a hospital stay is unavoidable, effectiveness can be improved. Same-day surgery for procedures such as cataracts and arthroscopic meniscectomy has grown over time, yet same-day surgery rates for cataract remain relatively low in Poland, Hungary and Turkey. So-called adverse events can lead to prolonged inpatient stay. The use of checklists, a strategy borrowed from the aviation industry, is an effective way to reduce error. A study showed that checklists reduced the rate of error from The digitalisation of health records and computerised physician order entries also reduce errors. Systems and protocols need to be upgraded to avoid mistakes. Patient stays can be unnecessarily prolonged when they acquire infections. Comprehensive strategies to monitor and encourage rational use of antimicrobials include interventions targeted at both the general public and clinicians, among others. Pharmaceuticals constitute a major source of operational wastefulness. In OECD countries, pharmaceutical spending comprises between 6. Two irrefutable ways to tackle waste in pharmaceutical spending is through bulk purchasing and replacing originator with cheaper generic drugs. Swapping generic for originator drugs holds tantalising price-saving possibilities, but requires changes in behaviour. Physicians can be nudged to prescribe cheaper generics with guidelines and incentives. Meanwhile, patients can be persuaded to use generics instead of originator drugs if the reimbursement for the former is higher or if, as in Greece and Ireland, people pay the difference in price. Shifting from expensive biologic medicines used in highly-targeted therapies for cancer and rheumatoid arthritis, for example, to their cheaper biosimilar alternatives could yield even larger results: There could be areas to look at though, for example reduction in unnecessary administrative systems or the growing use of paperless e-prescription. Fighting fraud and corruption, which are all too prevalent in OECD healthcare systems, would also generate savings. Several OECD countries have recouped millions if not billions thanks to fraud detection in their systems. Policymakers could take a stronger lead in reducing waste from these and other integrity violations, and promoting better practices in healthcare. In short, the rule of thumb for policymakers is clear:

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2: Tackling Wasteful Spending on Health - Highlights by OECD - Issuu

2. Tackling operational waste: Hospital care The use of hospital care can be better targeted On average, OECD countries spend 28% of total health spending on hospital inpatient care.

This presentation was recorded at our conference on Delivering high value health care on 10 January So I hope we have another chance to maybe talk about some of the findings of those papers too today. Chris has already told you the background to this. We have a health ministerial meeting next week. I mean this is actually a very good attendance of ministers and it does tend to set the framework for an awful lot of work by the OECD and others over the coming years. This is shared by an awful lot of people. Indeed there was a fair bit of division amongst the countries about whether it should be talking about waste or by vale. I think when you talk about value you get a very, very different sort of discussion from when you talk about waste. In particular you ask virtually any health minister or person who is responsible high up in a health service how they could make their health system better if they had an extra five billion or something and they have fantastic ideas, very sensible ideas, nearly always it makes some sort of sense based on evidence and so on. During the crisis when some countries had to cut their health spending very, very rapidly indeed they did not do it particularly well in many cases, they often did cut high value services. There are obvious risks in doing that, will we actually be able to motive a continuing flow of funds if we admit how much waste there is in the services that we provide? Similarly I would say much wasteful spending is actually bad for patients. None of these I suspect will be of particular surprise to you but they do add up to quite a significant story. Huge rates of geographic variations in all sorts of procedures largely unwarranted. You add that all up a significant share of health spending is ineffective or wasteful. Let me come up with the best possible estimate, which is a guesstimate, probably about a fifth of health spending could be channelled to better use. I think if you do actually target waste the best way of doing that is to put value at the core of the policy debate and that means much more than just tackling waste and I think that then has also implications for how we structure our health systems, the move towards patient centeredness and a streamlined hospital infrastructure. Essentially it is the services and processes which are harmful or do not deliver benefits and those excess costs which could be avoided by replacing them with cheaper alternatives for the same benefits. That sounds quite general, it does exclude some sources of value and efficiency, but it does suggest two strategic principles for tackling the problem of waste. So the stop and swap is the fundamental story of our report. In a little more detail the areas that we run through in our report patients who do not receive the right care due to duplication of tests and services, ineffective care, the avoidable adverse events and then benefits which could be obtained with fewer resources things like discarded inputs, overpriced inputs and high cost inputs which are used unnecessarily and then the resources which are taken away from patient care due to administrative waste or fraud abuse and corruption. These are the issues that are covered in the report. Now this first one is one which is probably one of the more difficult issues. Is it really wasteful to say that yes the best estimates of course from the independent UK panel on breast cancer screening are that for every , British women who are going to be screened 43 deaths will be prevented but cases will be over diagnosed and treated? Some estimates of the cost is given there and of course hospital acquired infections still remain quite an issue in the UK. So there are some UK numbers. It goes broader than that. Another area that we look at in this is the variations in the volume of services which cannot be medically justified, but the Dartmouth Atlas story. Each dot there is a different subnational unit in each of the countries and this is looking at knee replacements. So huge examples of inappropriate care being given there. The interesting thing though the most difficult thing is what we can do about it and there are examples across countries of fairly effective policies. The first one is to identify the low value care to develop information systems which address this and by far and away the country that stands out here is New Zealand which has a fantastic system for example of adverse event reporting which goes way beyond the hospital sector includes long term care sector, ambulance sector, all areas of the health system and I think when you actually look at some of the issues around patient safety and so on and you can see an inflection in the New Zealand figures which I think reflects the fact that they put a huge amount of effort into

their information systems. Just bringing the issue of poor care, low value care to the attention of clinicians and people in the health service had a huge effect and more generally I think the development of atlases, geographic atlases, is taking off. Clinical guidelines and protocols. I think the behaviour change campaigns we can be a little bit sometimes â€¦ economists at least a bit sniffy about this behaviour change campaigns as if somehow just telling people, encouraging them can have a big effect, but the evidence is very, very, clear. Yes, I always feel a bit annoyed when I have to resort to saying Kaiser Permanente as my example of doing fantastic things. I mean nearly always we can find something that Kaiser is doing in virtually every area of health which is impressive. Financial incentives and nudges. So this is beginning I think to take off in a few countries. Let me move on to the second area looking at operational waste. This is just to describe what I mean by operational waste. To what extent can we talk about unnecessary hospital attendances, inefficient processes within hospitals and then delays in discharging patients? The report talks a lot about pharmaceuticals. This is showing comparative numbers for diabetes admissions and you can see actually the UK does pretty well there. The other one is looking at delays in transferring hospitals and here we unfortunately have only three countries where we can do comparable information. Much of this again I think fairly familiar to most of you. Yes promoting day surgery clearly many countries have much further to go in moving towards day surgery. Bundled or population based payments. Again the role of clinical guidelines and I think pushing the self-management by patients as a way of getting better care in a more appropriate setting has been proven to be very effective. The strengthening of alternative services. You have the deliberate move to creating larger primary healthcare facilities in Norway and indeed many other countries throughout especially in Scandinavia, the rapid access clinics in the United States. So this attempt to find a way of providing services primary care services outside of the hospital sector out of hours. What we can say across countries despite all our measurement problems the multiple payer systems cost much more than single payer systems, the more choice you give people in multi payer systems the more expensive they become and private insurance has higher administrative costs. So no surprise that you find that the countries with the highest administrative costs are countries with very large private free choice payment systems. Of course the Affordable Care Act had limits on the levels of administrative spending that private insurance companies can actually spend on administrative costs is one of the things that will be interesting if it survives the new administration. Perhaps more difficult but definitely getting a lot more attention internationally is the role of fraud and corruption. This is perhaps a strange and maybe surprising chart looking at what citizens think about their health sector. When you try and relate that to the evidence that does fraud actually exist of course we do struggle. Increasingly, therefore, fraud is getting much more attention across countries. The most advanced country in doing this believe it or not is Hungary which does some incredibly impressive things in terms of identifying anomalies in the payment structure largely due to a vice minister who was particularly interested in this as a topic and made enormous progress on this, but of course we do have a problem in tackling fraud and corruption in that the health sector for very good reasons does rely so much on self-regulation and we obviously have some tricky issues about how far we go in imposing some regulation from outside the professions in order to regulate and to what extent that should be necessary. These are gradually being extended to more and more countries - France being one of the most recent countries in that. In terms of tackling it three main messages inform, persuade and pay generates the indicators that show waste. Obviously persuading clinicians and healthcare providers through campaigns, through changing the systems, the regulations will be necessary many times and pay. Start taking into account the provision of right care in the right setting as part of our payment systems in order to nudge people towards less wasteful spending.

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3: Tackling Wasteful Spending on Health - AFSCME Information Highway

Tackling Wasteful Spending on Health Following a brief pause after the economic crisis, health expenditure is rising again in most OECD countries. Yet, a considerable part of this health expenditure makes little or no contribution to improving people's health.

Health care systems in OECD countries continue to improve health and increase life expectancy. Yet the financial cost is high, and countries struggle to meet the demands for more spending. New treatments are often expensive, and ageing populations have ever greater needs. A significant share of health spending in OECD countries is at best ineffective and at worst, wasteful. Wasteful health care spending is common Overall, evidence suggests that up to one-fifth of health spending could be channelled towards better use. For instance some health systems are poor at using generic drugs; others provide care in expensive places such as hospitals, rather than in more cost-effective settings. Substantial cuts in ineffective spending are necessary Acknowledging the existence of ineffective spending and waste is never easy â€" be it for health workers, managers, patients, and even for decision makers. But opportunities exist to release resources within health care systems to deliver better value care. Cutting ineffective spending and waste will produce significant savings. For policy makers struggling to cope with ever-growing health care expenditure, all opportunities to move towards a more value-based health care system must be pursued. Wasteful spending can be tackled Actions to tackle wasteful spending are needed in the delivery of care, the management and organisation of health services, and in the governance of health care systems. Strategies to curb wasteful spending must reflect two principles: Five ways to tackle wasteful care 1. Robust information systems are required to identify low-value care. At least ten countries produce atlases to identify variations in health care activities that may not be medically justified. Reporting systems of adverse events need to be more transparent and oriented towards learning. New Zealand stands out: Information and behaviour change campaigns that target both clinicians and patients have a key role to play. It is now active in at least a third of OECD countries. Clinical guidelines can improve the process and outcomes of care, reduce the use of unnecessary interventions and save costs. Financial incentives and nudges create behaviour change.

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4: Budget Impact and Expenditure Caps in European Health Systems

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Policies for Better Health and Quality of Care. Examples of countries using different policy levers to better target hospital care use Organisational change. In Norway, larger primary care centres act as intermediate care facilities, and deliver non-urgent care and a mix of post-acute, rehabilitation and nursing care on a hour, 7-day a week basis. The centres to strengthen primary care and reduce unnecessary hospital admissions. Sweden introduced bundle payments for spine surgery to improve care co-ordination between providers across different care settings. Tariffs reflect clinical guidelines and can also include follow-up, warranty payment and outcome information. Evidence shows a positive impact on reduced average length of stay, cost per patient and complication rates. Behaviour change via information and telemedicine. Administrative costs Fraud, abuse, corruption, and high administrative costs can all be signs that the health system is not being managed as well as it could be. Lessening the administrative burden Australia: Paperless e-prescription, reduced time spent on issuing prescriptions and medication and on verification by provider and insurers. Collaborative efforts across all stakeholders led to the reduction of unnecessary administrative reporting requirements. Administrative costs refer to the costs associated with the governance and administration of the health system and the collection and pooling of financial resources by different health financing schemes. Administrative costs of health providers e. Compulsory health insurance predominantly refers to social health insurance funds but also include compulsory insurance provided by private insurers. A third of OECD citizens believe the health sector is corrupt or very corrupt, with large variations across countries. Strategies to detect, prevent and address fraud in the delivery and financing of care vary: Australia, Belgium or payers France , others rely on general anti-fraud bodies Austria, Slovenia. Hotlines can encourage the reporting of integrity violations e. Australia, the United States. More advanced countries use analytical tools including data mining France. A stepwise, comprehensive and credibly enforceable approach to suspected fraud or abuse response works best. Efforts must go into engaging health professionals, recognising that errors can happen and that special circumstances can prompt deviations from good practices. Tools to curb inappropriate business practices in the health sector include limits or bans on specific activities that are at too high a risk of generating inappropriate behaviours. This is the case for dispensing of medicines by physicians Australia, France , self-interested referrals by and kickbacks to health providers United States, Slovenia, Poland. More transparency in the financial relationships between industries and health care providers is increasingly promoted by self-regulation European Federation of Pharmaceutical Industries and Associations code of conduct as well as Sunshine-type regulations requirements that payments made by industries to stakeholders be systematically reported to authorities. In the United States, industries must report relationships with physicians and teaching hospitals. Self-regulation by providers, professional associations, and business remains the norm but its effectiveness is not thoroughly assessed. A significant share of health spending makes only a modest contribution to improving patient outcomes, thus offering many avenues for savings and higher value investments in healthcare. The first step for the relevant stakeholders is to acknowledge that this problem exists. Though difficult, this is worthwhile as cutting waste in the health care system can: Nevertheless, the generation and publication of indicators on waste are necessary to raise public awareness about the scale of the problem, set priorities and monitor progress towards results. Sustainable change can be achieved if patients and clinicians are persuaded that the better option is the least wasteful one. Policy makers should aim to create an environment that rewards the provision of the right services in the right setting. They may also need to invest in higher value, proven-effective alternatives to existing costly care options. Tackling Wasteful Spending on Health als.

5: Tackling wasteful spending

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Tackling Wasteful Spending on Health Learning from OECD countries' experience Mark Pearson Delivering high value health care King's Fund, London January 10, , Paris 2. Overview on wasteful spending in health systems 1.

6: Tackling Wasteful Spending on Health - en - OECD

Wasteful spending can be tackled Actions to tackle wasteful spending are needed in the delivery of care, the management and organisation of health services, and in the governance of health care.

7: Tackling Wasteful Spending on Health - - University of Manitoba Libraries

PDF | Health care systems in OECD countries are better than ever at promoting improved health and longevity, yet they involve major budgetary commitments that countries struggle to keep in check.

8: Mark Pearson: Tackling Wasteful Spending on Health | The King's Fund

Overview on wasteful spending (cont.) From definition to solution â€¢A pragmatic definition of waste Services and processes which are either.

9: Healthcare systems: Tackling waste to boost resources - OECD Observer

Portuguese health system's performance A bird's-eye view 02/03/ 3 Spends â‚¬1 p.c. PPP, 30% below EU average, a lower share of GDP than pre-crisis Some issues .

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