THE WENNBERG INTERNATIONAL COLLABORATIVE POLICY CONFERENCE

Tracking Regional Variation in Healthcare
Berlin, June 4-5, 2015
Abstract

(please save this form before submitting the abstract using your name as follows: surname-firstname.pdf)

ZENTRALINSTITUT FÜR DIE KASSENÄRZTLICHE VERSORGUNG IN DEUTSCHLAND

Author(s) (please underline name of presenter at the conference)

Hanne Melchior 1, Holger Schulz 1 , Jochen Walker 2, Martin Härter 1

Name of Institute/Company

1 University Medical Center Hamburg-Eppendorf, Department of Medical Psychology; 2 Health Risk Institute & Elsevier Health Analytics

Name of Country

Germany

E-mail-address:

h.melchior@uke.de

Nature of the paper (check boxes)

☐ report on implementation project / experience / policy perspectives

☒ scientific research a) describing work in progress ☐ b) new methods ☐ c) presenting results ☒

Title

Small-area variation of the prevalence and treatment of depression diagnosis in Germany - an analysis of claims data from German statutory health insurance

Background

Depressive disorders become increasingly important in industrial countries. Data on prevalence and its regional variation provides knowledge on spacial inequality in health care and serves as a basis for decisions on health service provision. Although treatment guidelines for depressive disorders provide evidence-based treatment recommendations, we neither know how many patients with depression are receiving appropriate treatment in clinical practice , nor if the rates of patients with appropriate treatment differ regionally.

Objectives

This study examined (1) regional differences in the prevalence of diagnosed depression (2) the rates of appropriate treatment and (3) regional differences regarding treatment rates.

Methods

The data set consists of 6.1 million insured adult-aged persons in Germany (9% of the adult German population). All recorded inpatient and outpatient sources within the four quarters of the year 2011 were included to calculate prevalence rates. An appropriate treatment was defined according to the S3/National Clinical Practice Guideline [1], considering both type and dosage of treatment. For treatment adherence, the span of the years 2010 to 2012 was analyzed. Age- and gender-standardized regional analyses are based on the 402 administrative districts in Germany. In order to deal with small sample sizes, small-area estimates were conducted.

Results

Of all insurants, 13.4% held a diagnosis of depression. Of these, half of the sample held the diagnosis of an “unspecified” or “other” depressive disorder (F32.8/.9, F33.8/.9). Regarding all depression diagnoses, the small-area prevalence varied from 7% to 21%, with lower prevalence in East Germany compared to West Germany. Only half of the insurants with a depression diagnosis obtaining health care received appropriate treatment. Of those with a severe depression diagnosis, only 26% received appropriate treatment and 18% received no treatment. Rates of appropriate treatment varied from 10% to 40%, with the lowest rates in districts of South Germany.

Conclusion/Discussion/Policy Perspective

Small-area analyses of claims data reveal geographical inequalities, which should be addressed in public health policies and service provision. The low rates of appropriate treatments and regional variations indicate a lack of adherence to the guidelines in the clinical practice. Training for physicians, integrated care models, but also more research on the causes of regional variation may contribute to more valid detection rates and thus, adequate treatment for depression.

Literature

1. DGPPN, BÄK, KBV, AWMF, AkdÄ, BPtK, BApK, DAGSHG, DEGAM D, DGPs, DGRW (Hrsg) für die Leitliniengruppe Unipolare Depression, (2009) S3-Leitlinie/Nationale VersorgungsLeitlinie Unipolare Depression. DGPPN, ÄZQ, AWMF, 1. Auflage. Berlin, Düsseldorf