THE WENNBERG INTERNATIONAL COLLABORATIVE POLICY CONFERENCE

Tracking Regional Variation in Healthcare
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Abstract

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ZENTRALINSTITUT FÜR DIE KASSENÄRZTLICHE VERSORGUNG IN DEUTSCHLAND

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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

Conclusions to draw from the analysis of variation in times of saving targets – experiences from member countries of the ECHO Project

Background

Most European health systems have reacted to the crisis slowing down or reducing public spending on health. Health systems economic viability was threatened and many countries imposed austerity measures (i.e. quick savings) while long-run structural improvements seeking efficiency had to be postponed.

Our thesis is that "value for money" – getting the highest possible value given the local context- is the commonplace where both cost-cutting fury and thoughtful efficiency could meet up.

How to get high value? Many interventions have been proposed. From the demand side, patient cost sharing (avoidable co-payments) or shared decision strategies. From the supply side, value-based insurance design, organizational incentives (e.g. pay for performance, prior authorization, etc.), clinical guidance (e.g. clinical

Objectives

International experiences aimed at increasing value, and particularly those aiming to disinvest, require as background insight: a) the identification of low value care services; and b) the diagnosis and monitoring of low value care rates, and its variation across providers.

Methods

The ECHO project (www.echo-health.eu) and the Atlas of Variations in Medical Practice in Spain (www.atlasvpm.org), both research initiatives meant to elicit unwarranted and systematic variation in health care performance have yielded some lessons of interest.

Results

1) Unwarranted and systematic variation in low-value care is massive and irrespective of the health system under study; 2) It is possible to estimate the "excess" of low value care, stemming from common and sound benchmarks; 3) Low value rates are persistent over time - institutional features, deeply grounded at local level, must be behind the production of such rates; 4) providers that have experienced a trend change in low value rates towards the null are good case studies to understand how to tackle low value care.

Conclusion/Discussion/Policy Perspective

Eventually, a main policy message would come up when observing unwarranted and systematic variations in low value care. Populations exposed to a higher toll of low value services are facing higher opportunity costs – public money could be allocated to better higher-value alternatives.

Literature

1) ECHO project http://www.echo-health.eu ; ECHO Atlases: http://echo-health.eu/echo-atlases/ ; ECHO papers: http://echo-health.eu/supplement/
2) Atlas of Variations in Medical Practice in Spain: http://www.atlasvpm.org