

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



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EUROPEAN COLLABORATION FOR HEALTHCARE OPTIMIZATION

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RESPONSES TO AUSTERITY

*Health Foundation, 2014
WHO, 2014*

- **Limited efforts to promote structural change**
 - Open and honest debate with all stakeholders before any decision
 - Investing to implement more sustainable care models
 - Building upon the values and principles of the existing system
- **Major changes without any programme to monitor or evaluate impact**
- **Short-term measures to reduce (or slow down growth of) public budget have been more prevalent**
 - Services reduction, even closures
 - Wage restraints - Workforce constrains
 - Increasing users cost sharing (out of pocket, taxes increase)
 - Policies on pharmaceutical pricing
- **Limited efforts to increase value for money**



SAVINGS vs. VALUE

Proposals to increase value

- **M**
- **M**
- **Micro – clinical**
 - Clinical decision support tool
 - Clinician feed back
 - Patient education and empowerment

**Better information systems
to enable timely monitoring,
evaluation and sharing of
best practice.**



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Routinely collected administrative data at episode level, to map out and monitor systematic differences in performance across providers

ATLAS VPM & ECHO



ELSEVIER

Contents lists available at [ScienceDirect](#)

Health Policy

journal homepage: www.elsevier.com/locate/healthpol



Atlas of Variations in Medical Practice in Spain: The Spanish National Health Service under scrutiny

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On behalf of the Atlas VPM Group¹



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ECHO: health care performance assessment in several European health systems

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J. Bremner^{8*}, on behalf of ECHO Consortium



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Engaging stakeholders

Eliciting variations in value reliably

Backing dialogue on policy and organizational change

**HOW ARE ATLAS VPM & ECHO
CONTRIBUTING TO INCREASE VALUE**

- **Engaging stakeholders**
 - The definition of value
 - The list of interventions under study
- **Eliciting variations in value reliably**
 - Sound definition of the event – comparable across systems
 - Proper attribution of the exposure – hospitals, small areas
 - Systematic variation (or systematic reduction) vs. random
- **Backing dialogue on policy and organizational change**
 - Fact-sheets showing systematic variation -
 - Quantifying the impact (excess-cases)
 - Time-series (effect change) vs. cross-sections
 - Identifying good stories
 - Local discussion (i.e. microsystems) on how to lever change

Underuse of effective interventions

Effective interventions performed on non-eligible patients

Interventions with a more cost-effective alternative

Essentially ineffective interventions

Low quality interventions

Unsafe interventions

DEFINITION OF VALUE

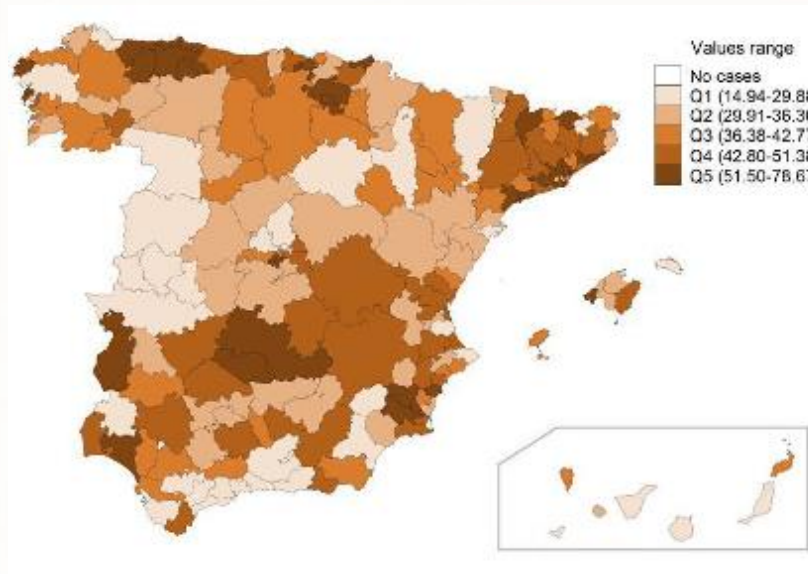
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- **Developing comparable indicators** across different languages
<http://www.echo-health.eu/handbook/getting-indicators.html>
- Dealing with **population size heterogeneity**
http://www.echo-health.eu/handbook/unit_analysis.html
- Measuring differences in hospitals rather than differences in patients (**risk adjustment measures**)
http://eurpub.oxfordjournals.org/content/25/suppl_1/15
- Using **proper analyses** meant to elicit systematic and unwarranted differences in performance
<http://www.echo-health.eu/handbook/metrics.html>

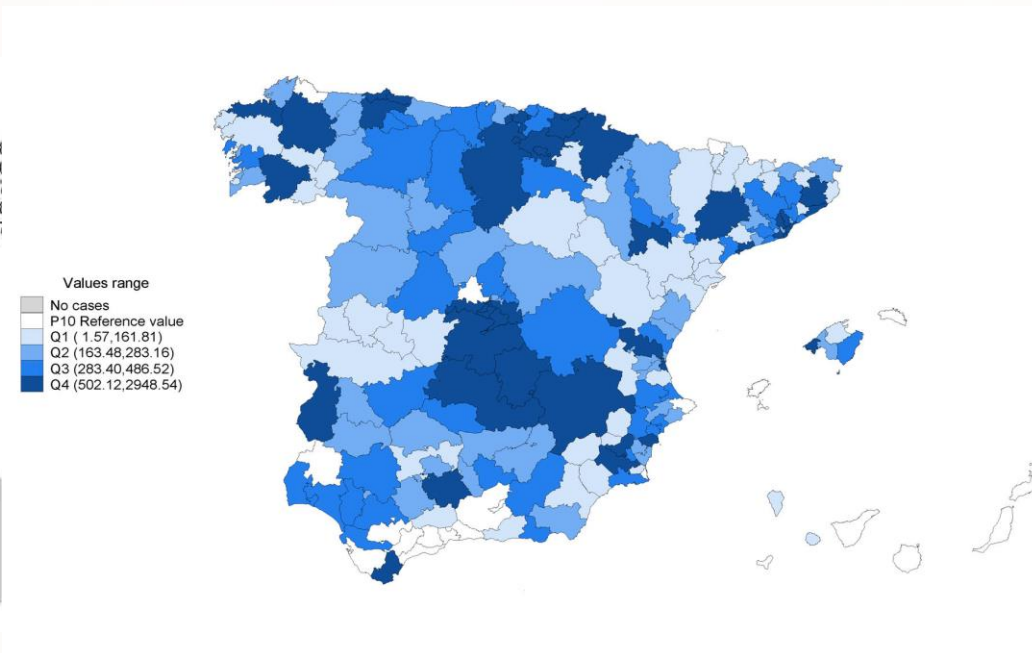
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Impact

[Potentially avoidable hospitalizations in chronic and fragile patients]



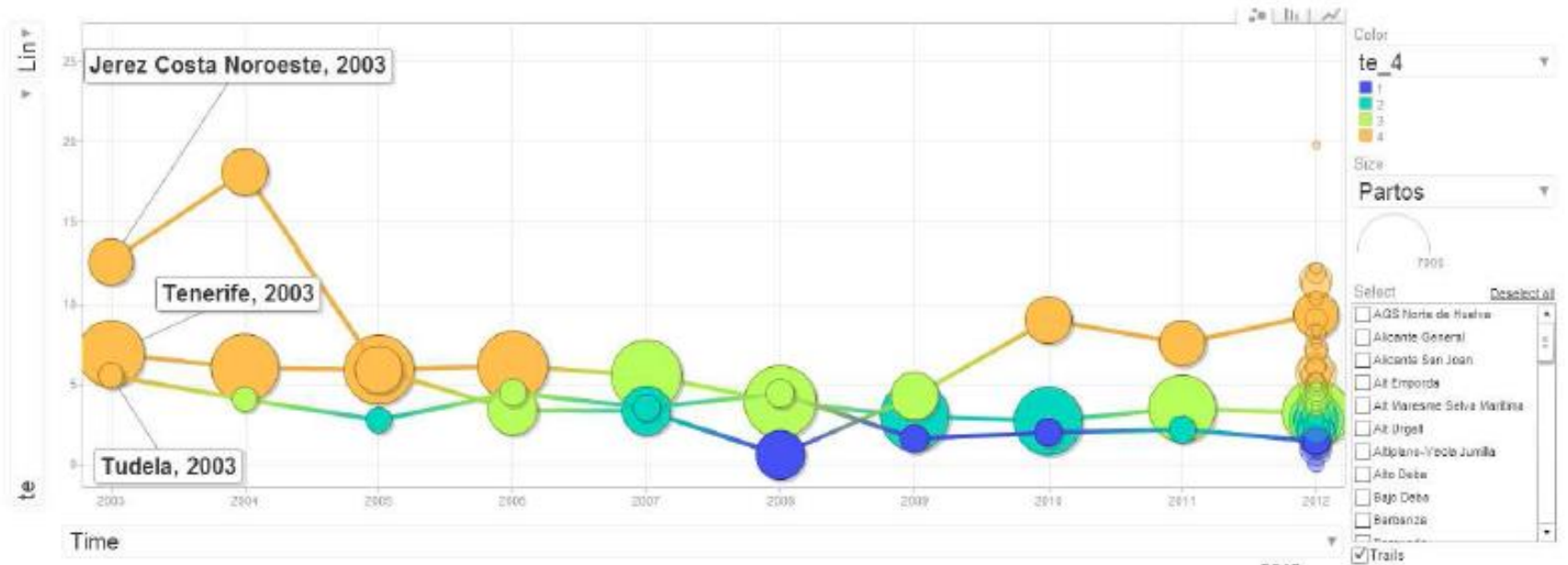
STANDARDIZED RATES



POTENTIALLY AVOIDABLE CASES

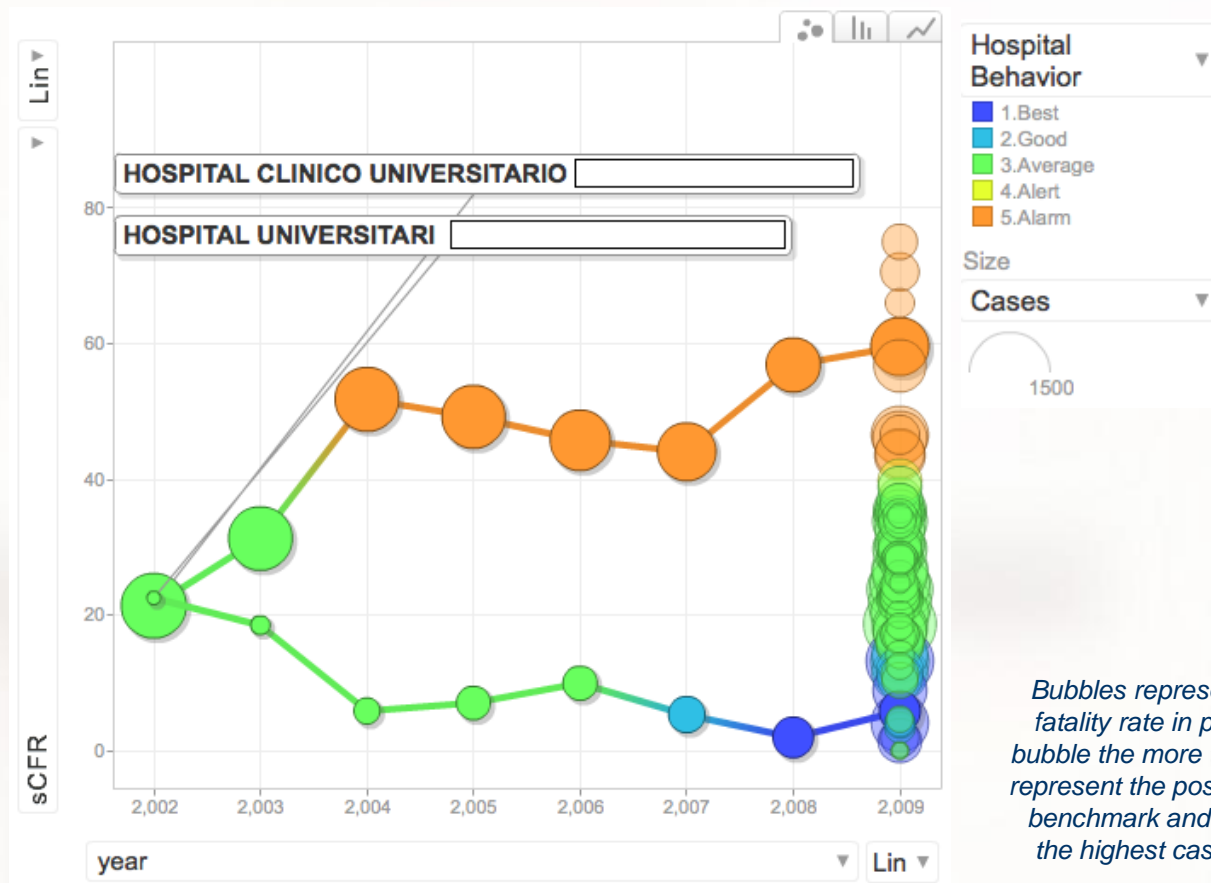
Map in blue represents excess cases with regard to areas in Percentile 10th of the distribution of rates – the darker the colour, the higher the excess-cases.

Over time evolution C-section in low risk deliveries



Bubbles represent hospitals – trends in adjusted case-fatality rate in patients undergoing PCI. The bigger the bubble the more the number of patients treated. Colours represent the position of each hospital with regard to the benchmark and the confidence intervals – from orange the highest case-fatality rates, to dark-blue the lowest.

Good stories to learn from [Mortality after PCI]



Bubbles represent hospitals – trends in adjusted case-fatality rate in patients undergoing PCI. The bigger the bubble the more the number of patients treated. Colours represent the position of each hospital with regard to the benchmark and the confidence intervals – from orange the highest case-fatality rates, to dark-blue the lowest.



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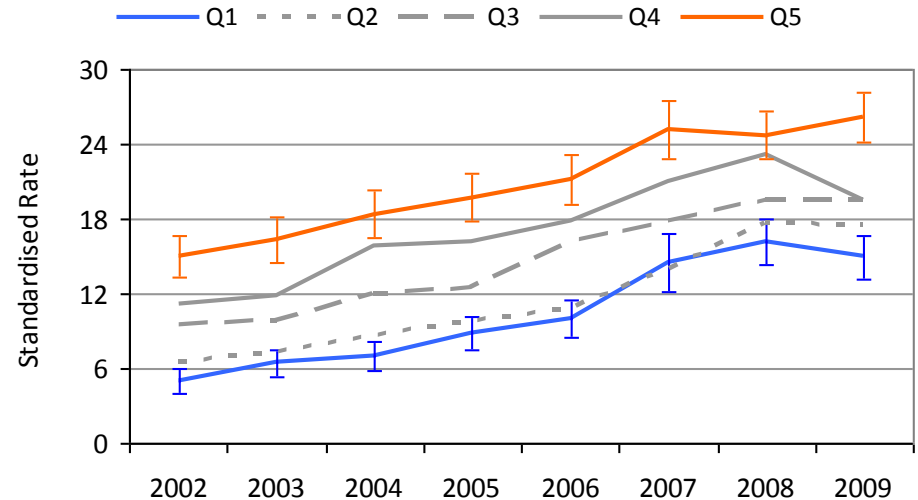
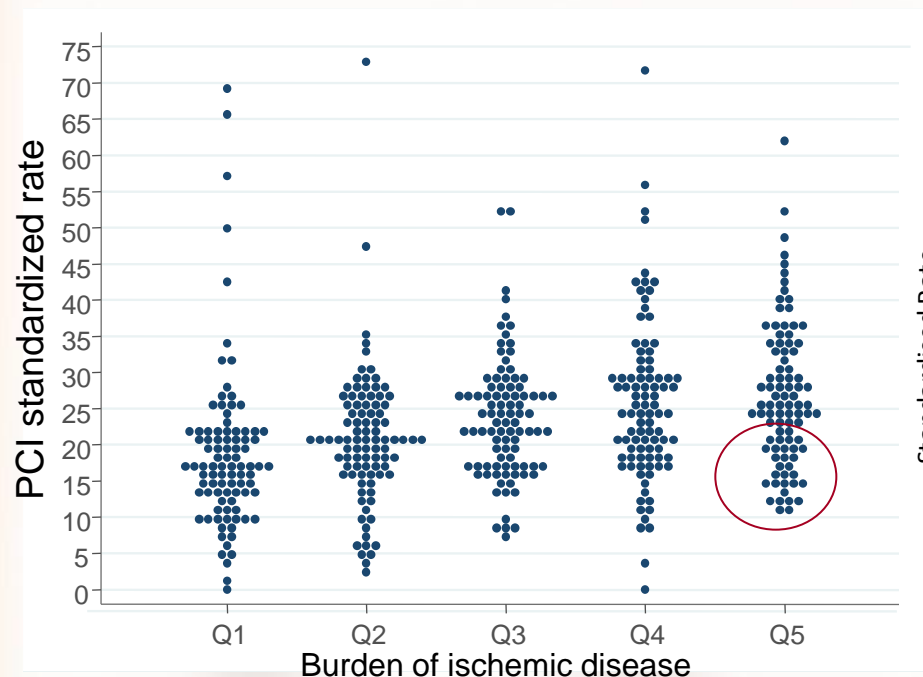
www.echo-health.eu

Additional material

EXAMPLES OF VARIATIONS IN LOW-VALUE CARE IN THE ECHO COUNTRIES

Underuse of effective care

[PCI burden of ischemic disease and social gradient]

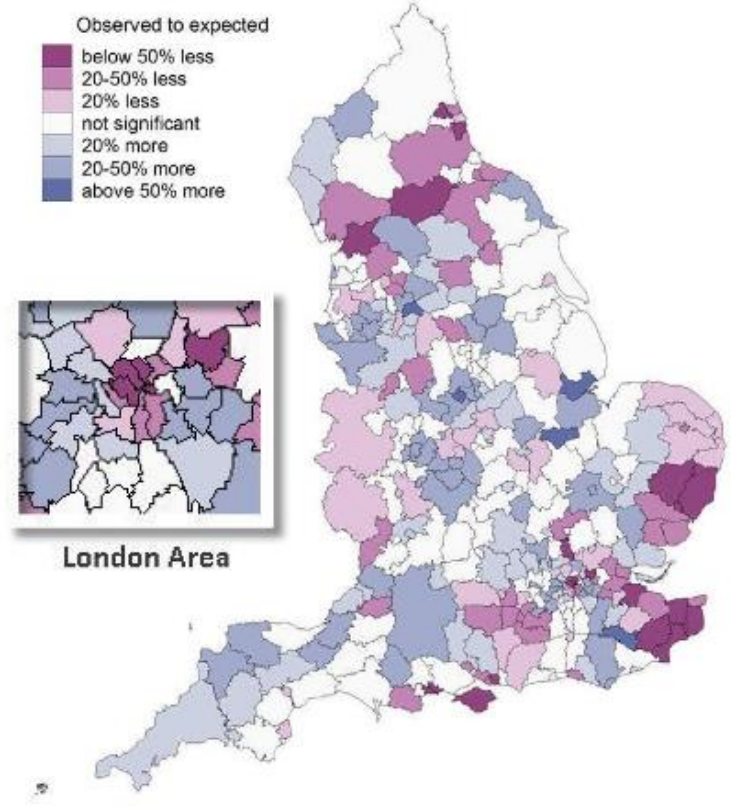
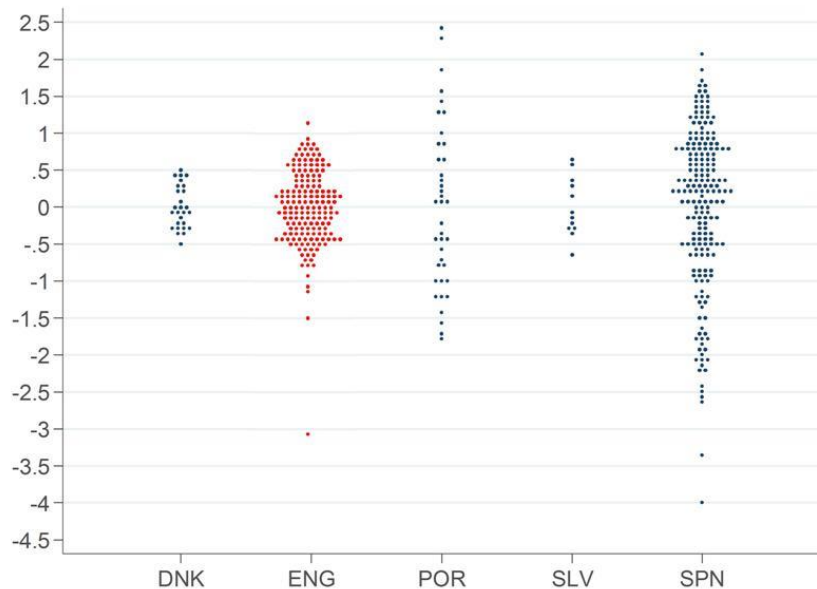


Each dot represents a healthcare area – age-sex standardized rate. Q1 to Q5 represent quintiles of ischemic disease rates. Q1 the lowest burden, Q5 the highest burden. Is there underuse of PCI in the areas in Q5 inside circle?

Blue line represents PCI rate in the less affluent areas; red line represents PCI rates in the better off areas. Is there underuse in the worse off areas?

Effective surgery in non-eligible patients

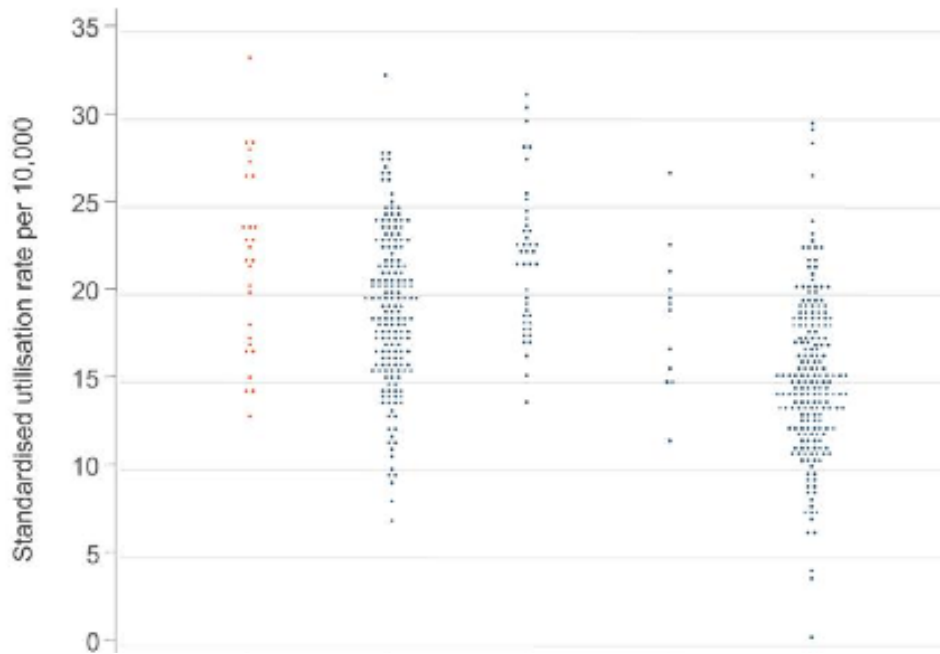
[C-section in low risk deliveries]



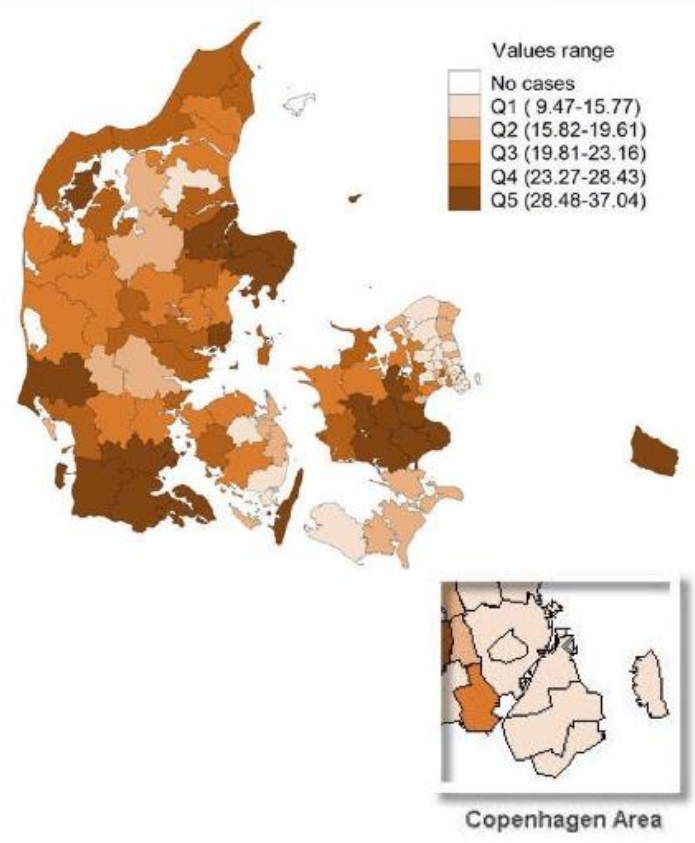
SR	40.13	19.55	7.02	21.45	8.58
EQ5-95	1.66	4.69	46.80	3.54	35.36
SCV	0.16	0.28	2.19	0.20	1.26

Dots represent areas – age-sex standardized rates (natural scale on the left, normalized scale on the right).
 • SR: standardized rate; EQ5-95: ratio between the 5th and 95th percentile. SCV: Systematic Component of Variation.
 Map represents standardized utilization ratio – bluish areas are above the expected

Intervention with existing more cost-effective alternative [Hysterectomy in benign conditions]



	DENMARK	ENGLAND	PORTUGAL	SLOVENI A	SPAIN
SR	21.84	19.01	21.44	18.18	14.77
EQ5-95	1.98	2.27	1.83	2.34	2.95
SCV	0.14	0.07	0.09	0.04	0.09



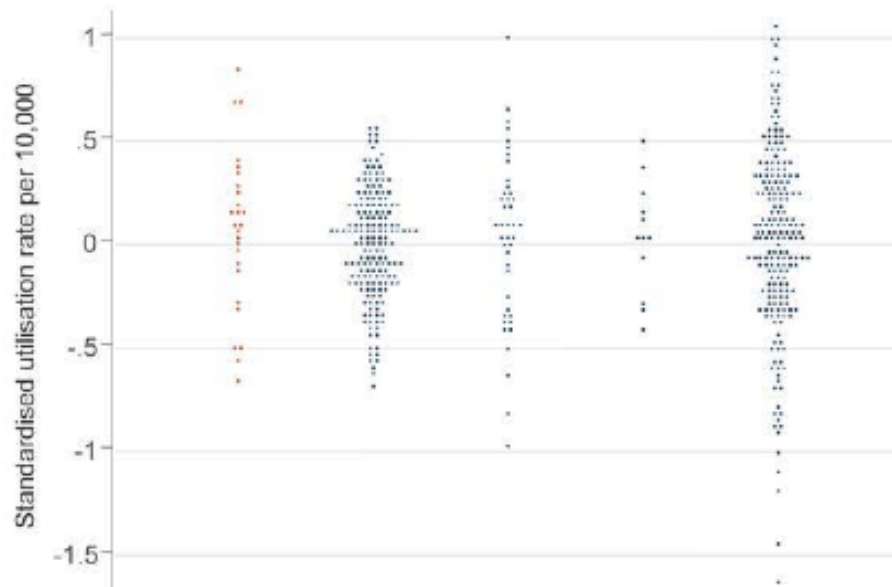
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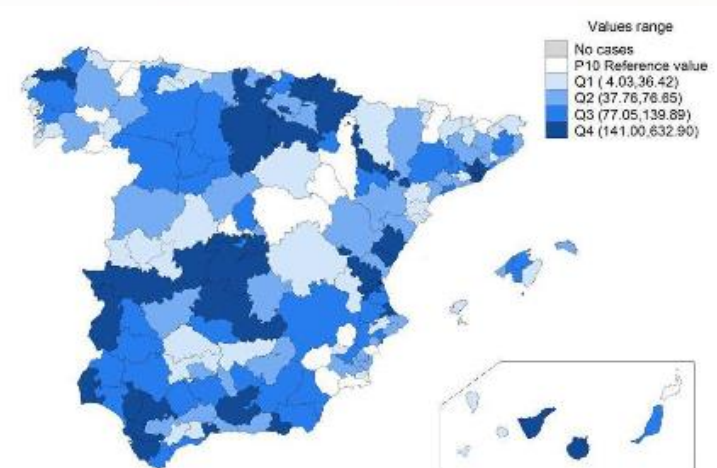
Map represents standardized rates – the darker the colour, the higher the rate.

Essentially ineffective care

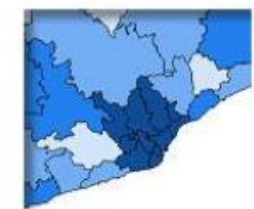
[Tonsillectomy in children]



	DENMARK	ENGLAND	PORTUGAL	SLOVENIA	SPAIN
SR	33.4	39.8	62.3	83.7	30.1
EQ5-95	3.9	2.5	3.4	2.5	4.8
SCV	0.21	0.09	0.34	0.66	0.23



Madrid Area



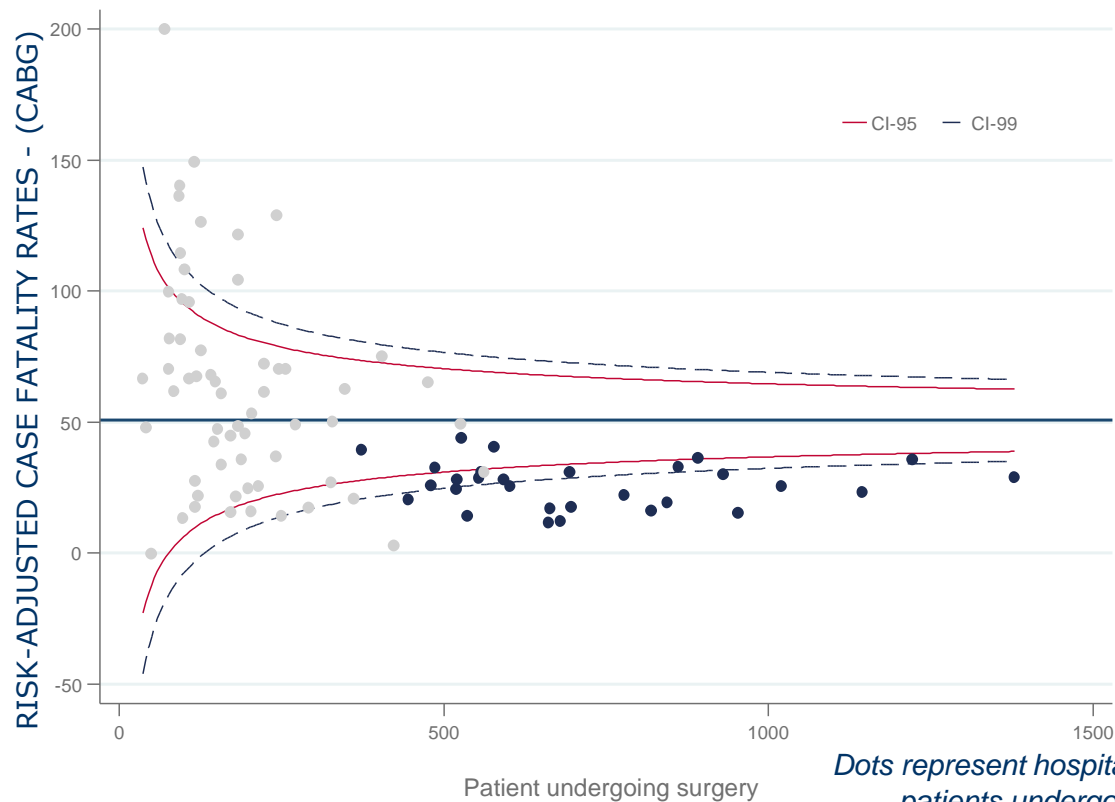
Barcelona Area

Dots represent areas – age-sex standardized rates (natural scale on the left, normalized scale on the right).

SR: standardized rate; EQ5-95: ratio between the 5th and 95th percentile. SCV: Systematic Component of Variation.

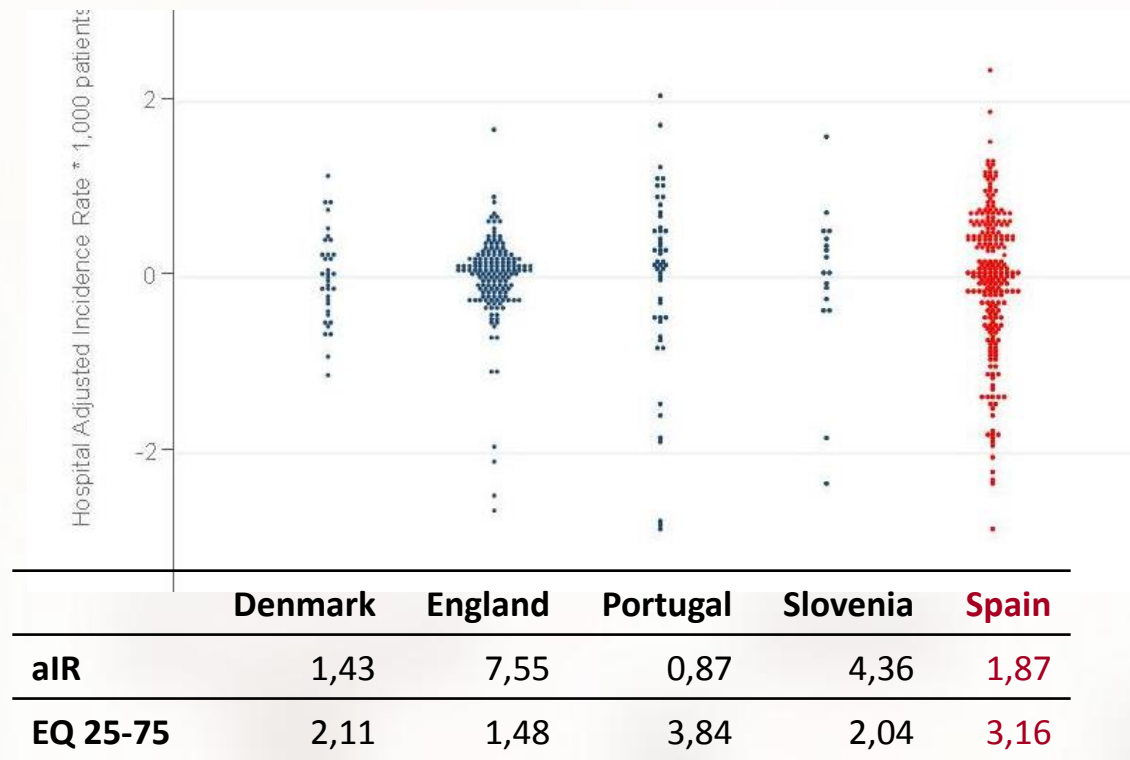
Map represents excess cases with regard to areas in Percentile 10th of the distribution of rates – the darker the colour, the higher the excess-cases.

Low quality care [Mortality after CABG]



Dots represent hospitals - adjusted case-fatality rate in patients undergoing CABG. Hospitals beyond the upper confidence interval represent either alerts (beyond the red line) or alarms (beyond the dashed-line) Conversely, those hospitals beyond the lower confidence intervals are good or the best performers.

Unsafe care [PTE & DVT after surgery]



Dots represent hospitals - adjusted incidence of Pulmonary Thromboembolism and Deep Venous Thrombosis (natural scale on the left, normalized scale on the right).

Table: aIR: adjusted incidence rate; EQ25-75: ratio between the 1st and 3rd quartile.

... What is the ECHO Project?

The **European Collaboration for Health Optimization** (ECHO) project is an international effort to bring together the hospital databases of several European countries and make the data available via an online summary tool.

... *Continue reading*



The ECHO Project: Facts & Results

ECHO Tool



e-HANDBOOK



ECHO ATLAS



PUBLICATIONS



Conclusions to draw from the analysis of variation in times of saving targets

experiences from member countries of the ECHO Project



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