

## The OECD Health Care Quality Indicators Project

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## Health systems in industrialised countries are under stress

- rising demand and expectations
- limited resources
- growing interest in the measurement and improvement of performance
- great variability across countries in available measures of performance
- opportunities to learn what causes variations



## OECD Health Project (1)

- main theme: measurement and improvement of performance
- sub-projects
  - Health care quality indicators
  - the balance between professional self-regulation and accountability,
  - equity of access,



## OECD Health Project (2)

- sub-projects (continued)
  - investing in human resources,
  - waiting times for elective surgery,
  - private health insurance,
  - the impact of new technologies,
  - long term care,
  - health system reforms.



## OECD Health Data

- OECD has been collecting data on the health systems of its Member countries for many years
  - health status
  - health care activities
  - health care inputs
  - health expenditure
  - general demographic and economic data



## The big gap

- indicators of the quality of health care
  - health improvements and outcomes (changes in health status strictly attributable to health care)
  - responsiveness to patients



## The development of clinical quality indicators at the international level is a daunting task.

- fortunately, a number of individual OECD Member countries have now begun to develop performance indicator frameworks for their own, domestic purposes
- e.g. Australia, Canada, Denmark, UK
- within these frameworks they are developing quality indicators - both outcome and process measures
- using (e.g.) cancer registries and administrative data as well as dedicated data collection



## A few international exercises have begun

- the work of Eurocare on cancer registries.
- the Commonwealth Fund of New York is to publish data on 20 clinical quality indicators for 5 countries (Australia, Canada, New Zealand, UK, US)
- Nordic Group on quality indicators has begun to identify a list of indicators for 5 countries (Denmark, Finland, Iceland, Norway, Sweden).
- OECD project on the causes and consequences of different international rates of diffusion of medical technologies:
  - coronary heart disease
  - ischaemic stroke
  - breast cancer.



## Now the OECD Health Care Quality Indicators Project

- set up with the support of the CF Group and the encouragement of the Nordic Group.
- 7 other Member countries have joined the project (Austria, Germany, Ireland, Netherlands, Portugal, Spain, Switzerland)
- making 17 countries in all.



## The plan

- to agree a list of clinical quality indicators,
- to agree on a common international definition for each indicator
- to exchange data, so far as possible according to these definitions.
- to make clear if and how definitions vary
- to report in 12-18 months



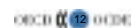
## Examples of the sort of indicators which will be collected are

- cancer survival
- survival following strokes and heart attacks
- screening rates
- child and elderly immunisation rates
- avoidable morbidity and mortality



## The aims (1)

- the short term aim is to provide some tables on quality indicators for *OECD Health Data*
  - focus on medical care quality indicators not public health
  - initially, such data would have potential for benchmarking





## The aims (2)

- the medium term aim is to assist international researchers to explore the determinants of variations in quality of medical care across countries.
- these determinants would include health system activities, technologies, inputs and expenditure.
- they would also include health system characteristics
  - how services are financed
  - how providers are paid and regulated