BRIDGEHEALTH

BRidging Information and Data Generation for Evidence-based Health Policy and Research

Nationella och regionala skillnader i hälsoutfall och kostnader i Europa

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EUROPEAN HEALTH CARE OUTCOMES, PERFORMANCE AND EFFICIENCY

This project is funded by the Health Programme of the European Union

euro**HOPE** och BRIDGE Health

- euro**HOPE** (**Euro**pean **H**ealth Care **O**utcomes, **P**erformance and **E**fficiency
- **BR**idging **I**nformation and **D**ata **G**eneration for **E**vidence-based **H**ealth policy and research
- Både projekten kartlägger effekter, kvalitet och resursutnyttjande i ett antal europeiska sjukvårdssystem – baserat på nationella registerdata
- Även ett syfte att bidra till ett integrerat informations- för hälso- och sjukvård inom EU

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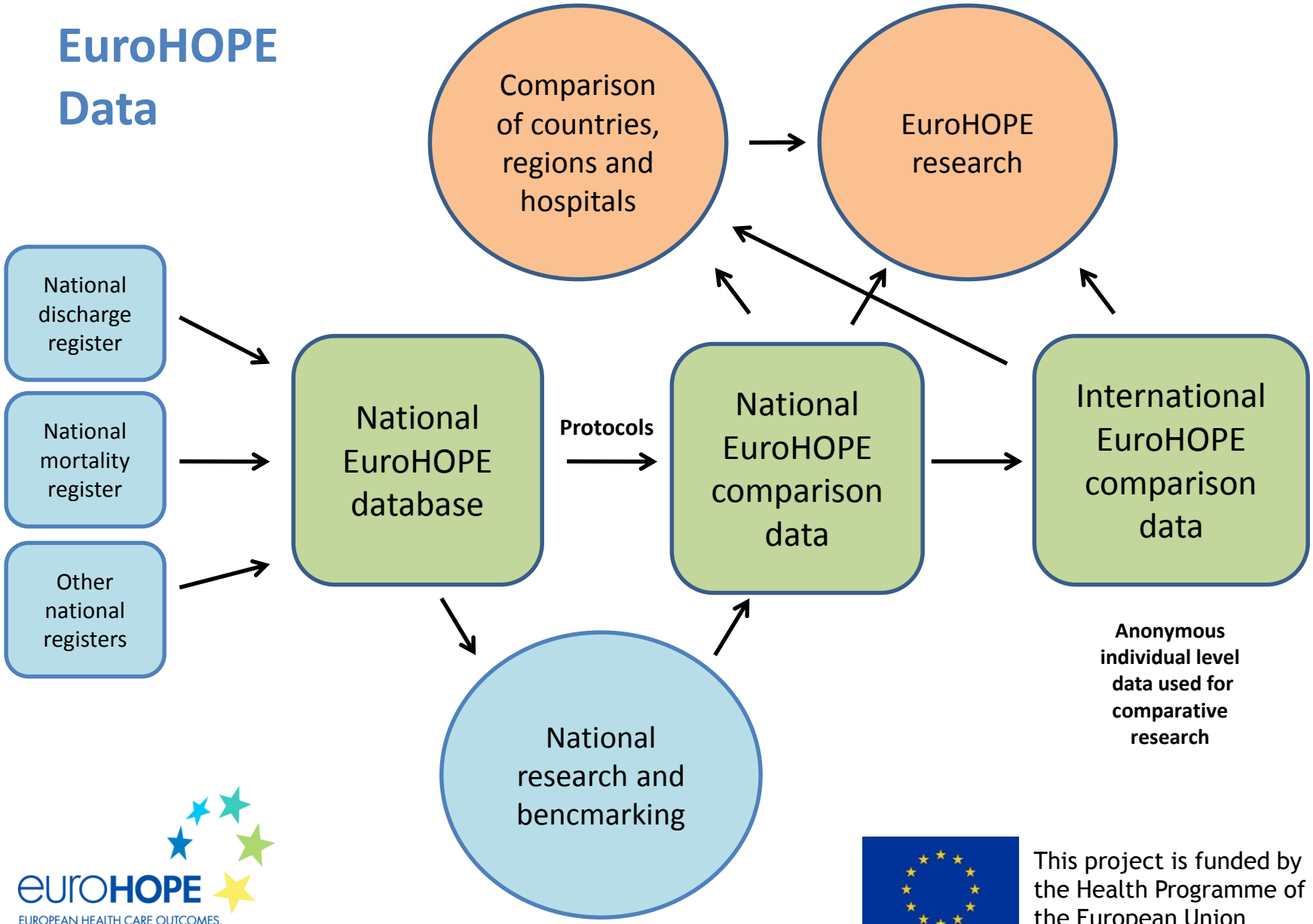
EuroHOPE Data



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Tre metoder för kostnadsberäkning

- KPP 1 – genomsnitt per vårdkontakt: C = P*Q där P kommer från svenska nationella vikter för en vårdepisod med specifik procedur. Q (volym) kommer från tillgängliga databaser i respektive land. Kostsamma operationer driver kostnader.
- KPP 2 – genomsnitt per vårddag + op: C = P*LOS + P*Q där P hämtas från svenska nationella vikter (som ovan). Här drivs kostnaden av antalet vårddagar samt operationen.
- DRG-modell: C = ∑ (DRG-dagsvikt*LOS). Här drivs kostnaden av antalet vårddagar.

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Kostnadsansatser

- Att fånga samtliga vårdkostnader på patientnivå inte möjligt – förenklingar/antaganden

Ansats I:

- Registrering av av huvudsakliga resursinsatser (service) from patientregister och läkemedelsförskrivning (främst procedure och vårdtidens längd). Vikter från svenska KPP-systemet

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AMI: Items of resource use according to Approach I

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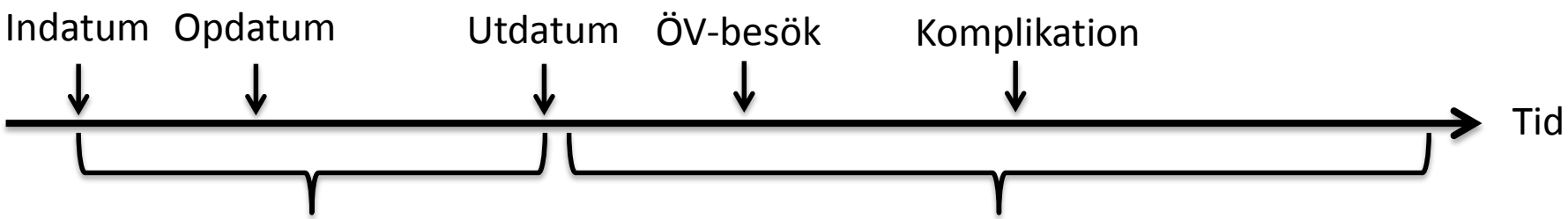
A	Hospital costs - individual patient level
A1	Total number of coronary by-pass surgery (CABG)
A2	Total number (regular, stent, drug eluting stent) of percutaneous coronary intervention (PCI)
A3	Total number of admissions related to AMI (ICD 10: I20-I25 and I44-I50)
A4	Total number of admissions for other diagnoses
A5	Total number of inpatient days related to AMI (ICD 10: I20-I25 and I44-I50)
A6	Total number of inpatient days for other diagnoses
A7	Total number of outpatient consultations irrespective of diagnosis
B	Cost of medicines outside hospitals
B1	Calculate from the prescription register the total sum of medicines (irrespective of ATC code) dispensed outside hospital calculated at the pharmacy's retail price in local currency with VAT included
B2	Calculate from the prescription register the sum of medicines with an ATC related to AMI dispensed outside hospital calculated at the pharmacy's retail price in local currency with VAT included.
C	Assigning Hospital Costs Unit cost is based on data from the Swedish cost-per-patient (CPP) data base provided by Swedish Association of Local Authorities and Regions (SALAR).
C1	Hospital cost components from the Swedish CPP data base (outliers are excluded) are calculated for procedures (CABG and PCI), basic ward cost per day for AMI patients, mean cost per day for all inpatient stays and for outpatient visits.
D	Adjust for cost level in Sweden using Eurostat PPP: for GDP are used for pharmaceuticals and PPP for hospital services (input-based) for procedures and ward related cost.

Vårdförloppet



Vårdtillfälle/Vårdkontakt i samband med operation

LOS = Utdatum – Indatum + 1

Uppföljning 30 – 365 dagar

Vårdkontakter relaterade till operationen i sluten- eller öppenvården (öppenvårdsbesök samt komplikationer (revisioner, reoperationer, oönskade händelser))

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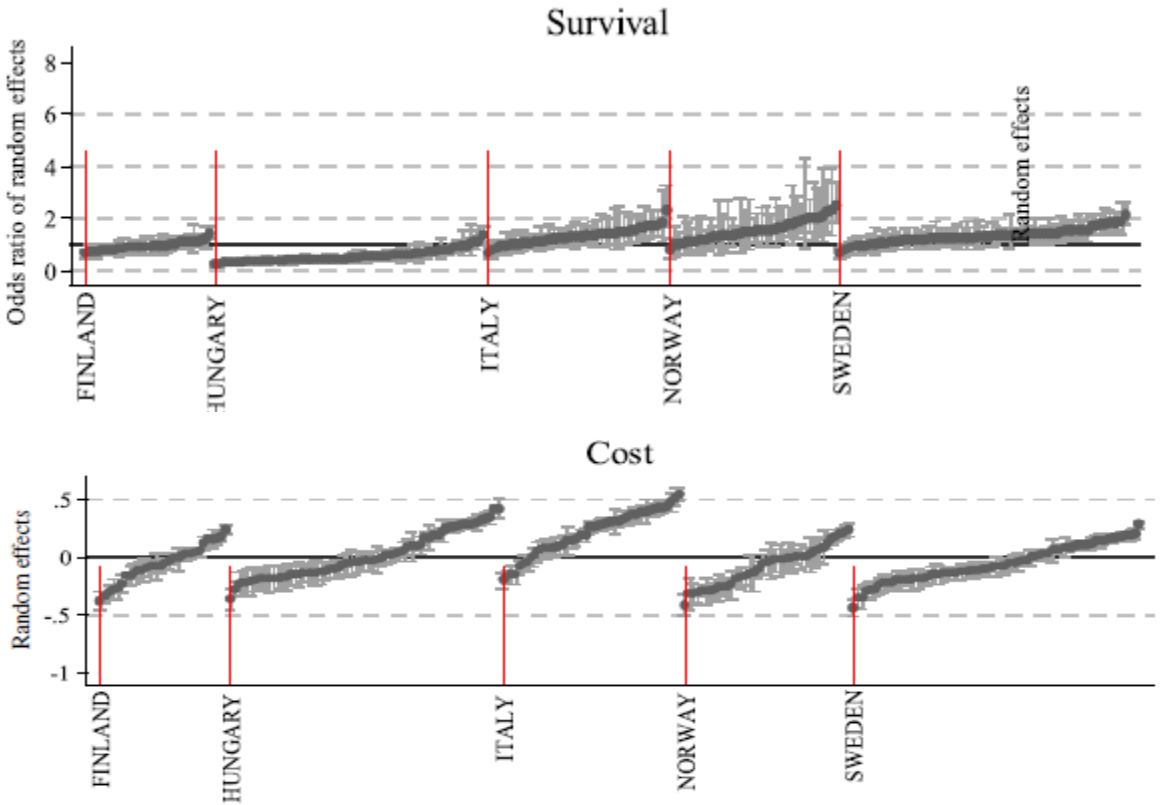
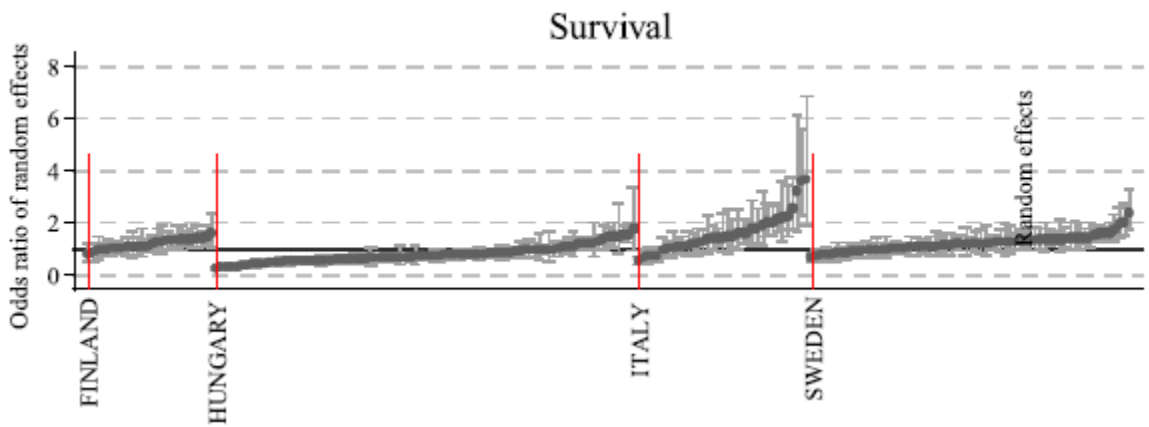
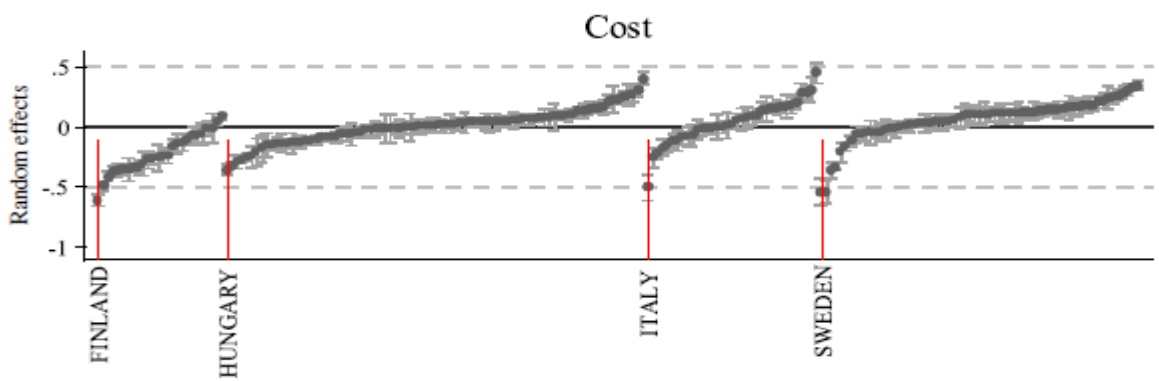
AMI – överlevnad och kostnader

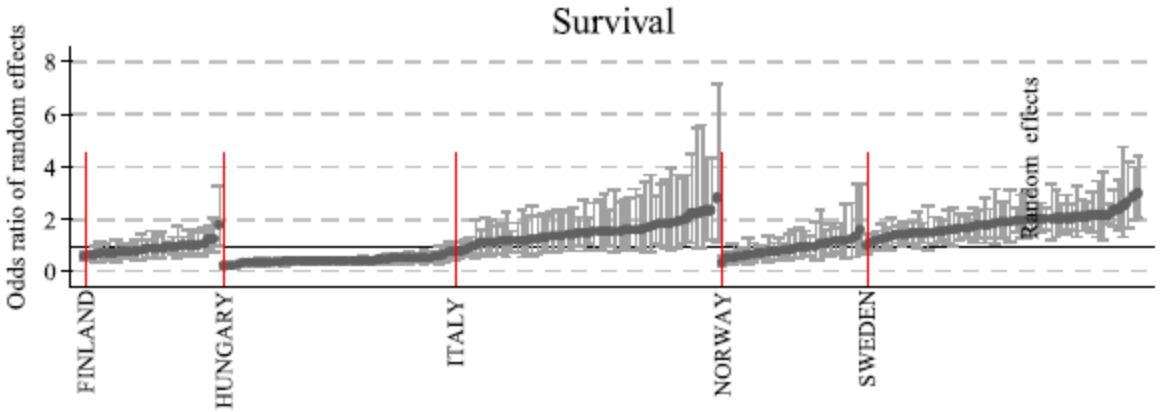


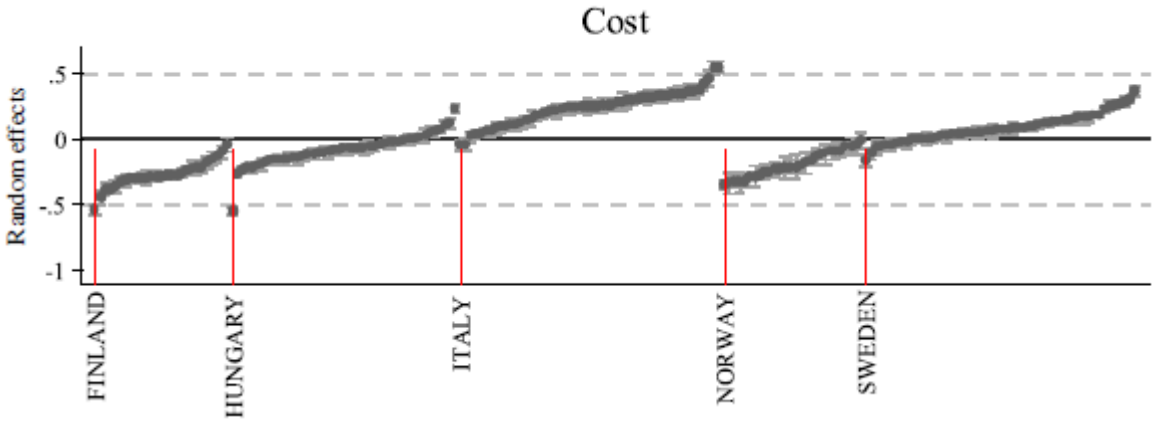
Stroke – överlevnad och kostnader



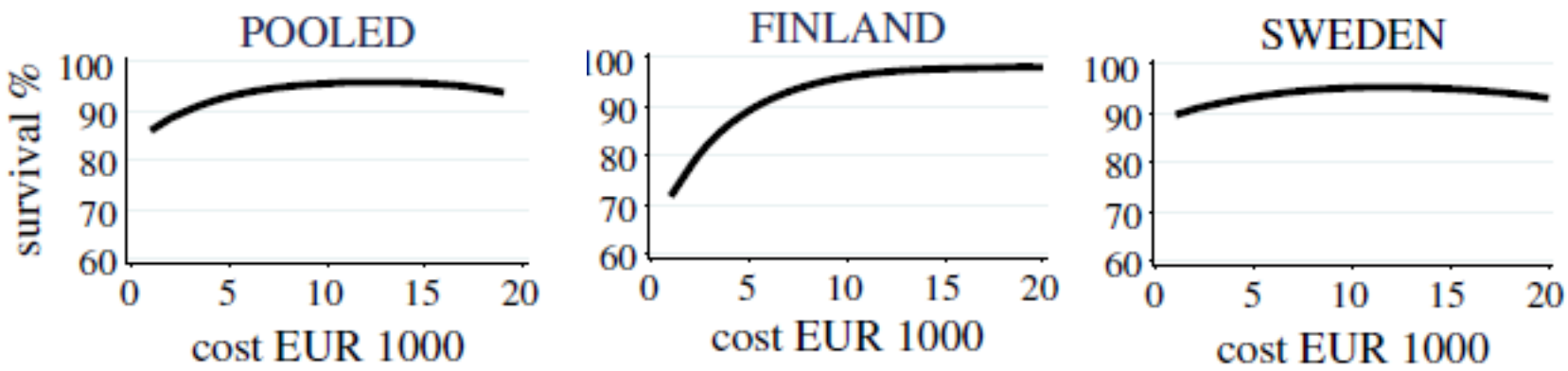


Höftfraktur – överlevnad och kostnader





AMI - Samband kostnader och överlevnad



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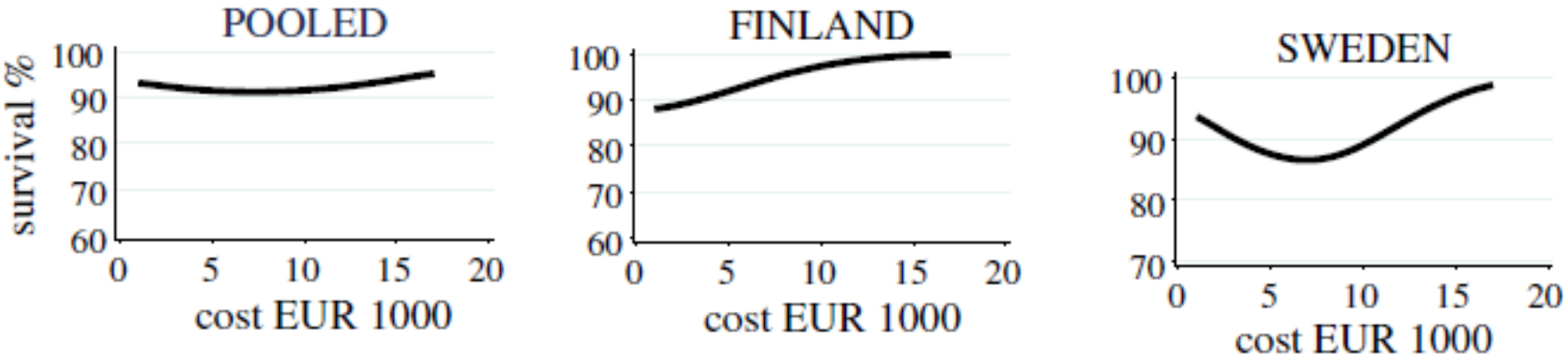
Stroke - Samband kostnader och överlevnad



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Samband mellan kvalitet och kostnader

- Enkel analys: Överlevnad mot kostnader
- Statistisk analys – två-stegs analys (kostnadsfunktion och model för överlevnad)
- Båda ger liknande rersultat:
  - 1) Visst samband för AMI i Finland och Ungern, i viss utsträckning för Sverige
  - 2) Inget positivt samband för Stroke och Höftfrakturer

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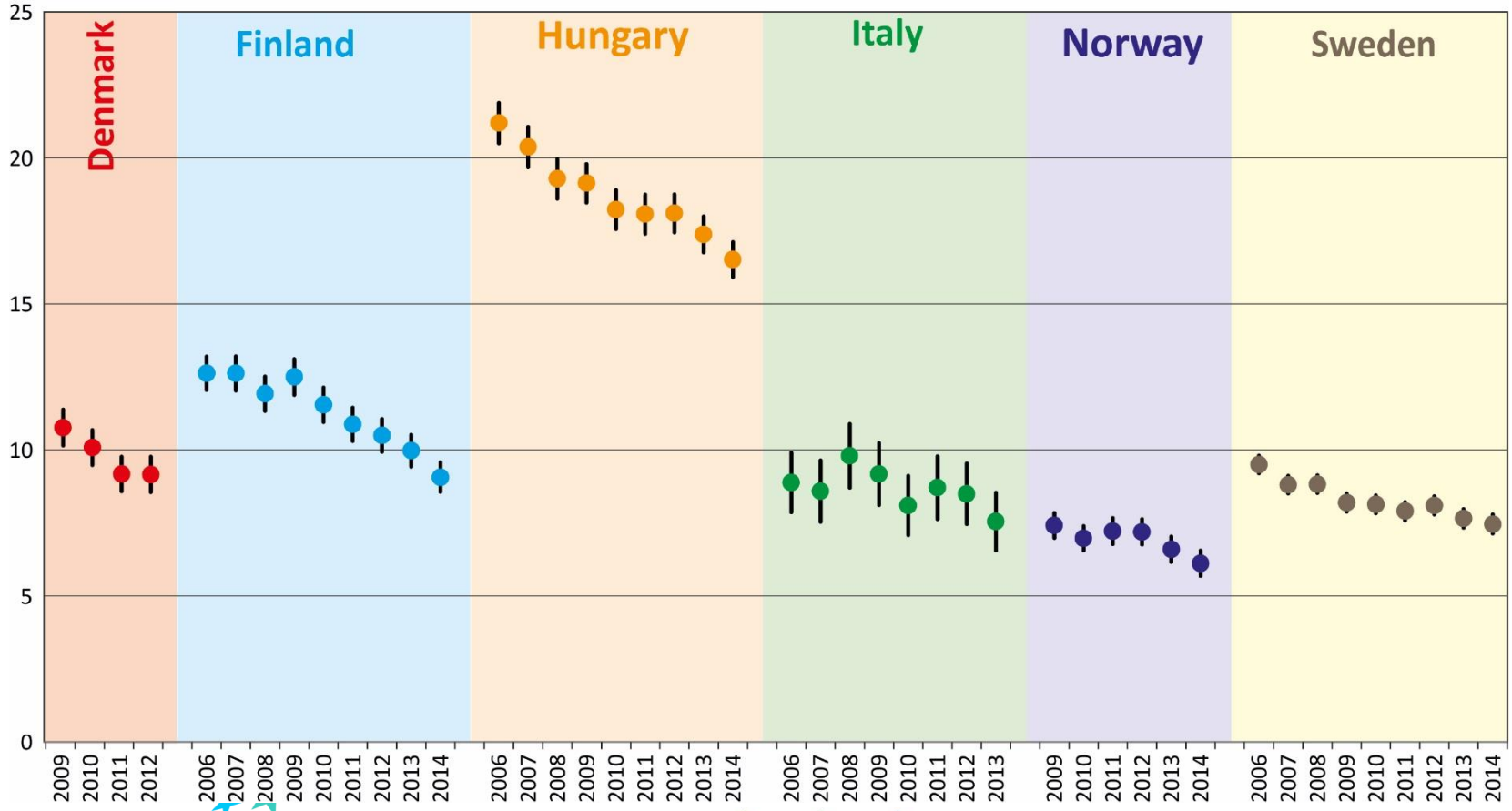
AMI: Country differences have been maintained in 30-day mortality

National age- and sex-standardised 30-day mortality and confidence intervals, 2006-2014 (%). Reference population: Finnish AMI patients.



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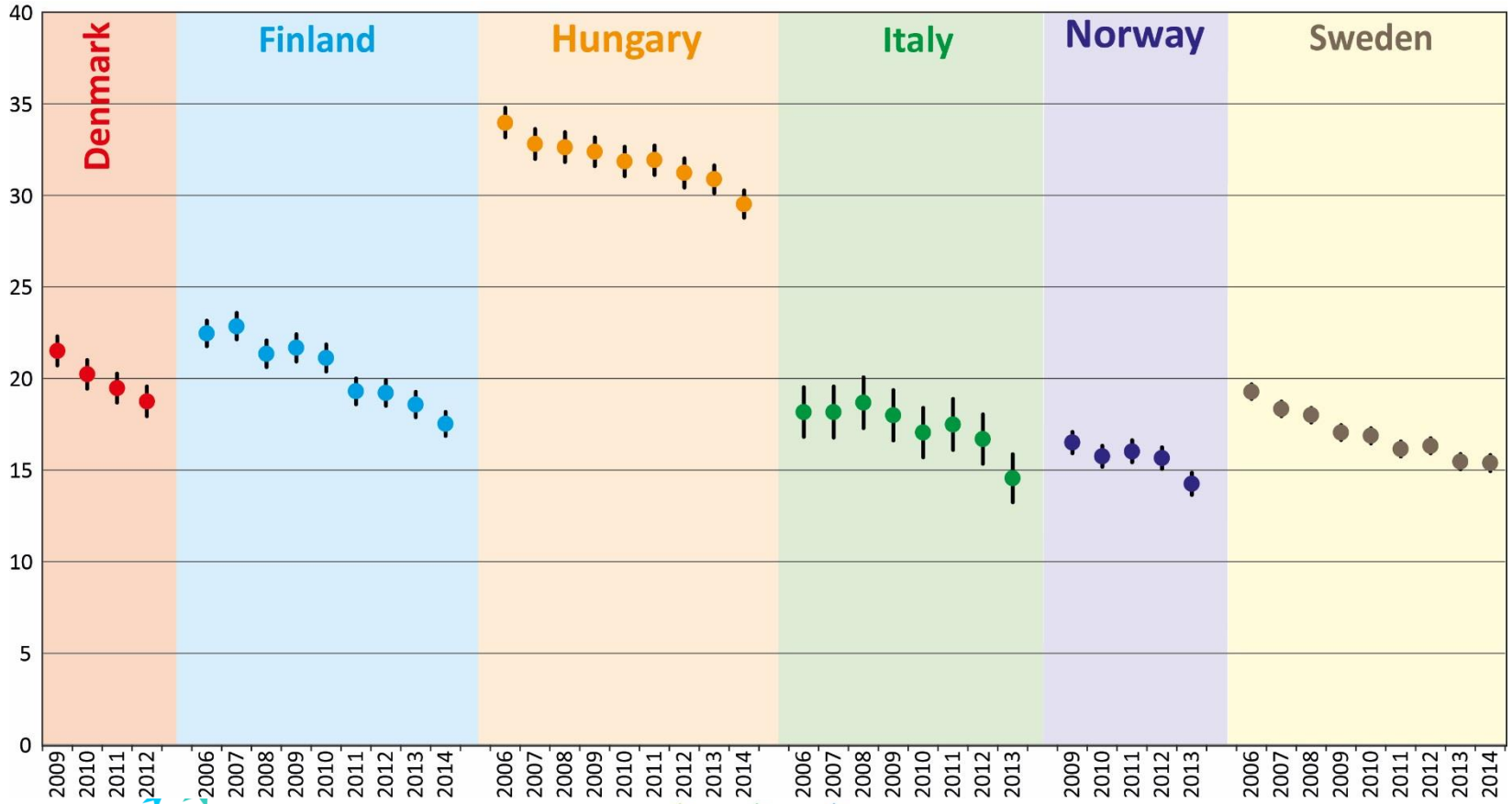
AMI: One-year mortality is decreasing in all countries

National age- and sex-standardised one-year mortality and confidence intervals, 2006-2014 (%). Reference population: Finnish AMI patients.



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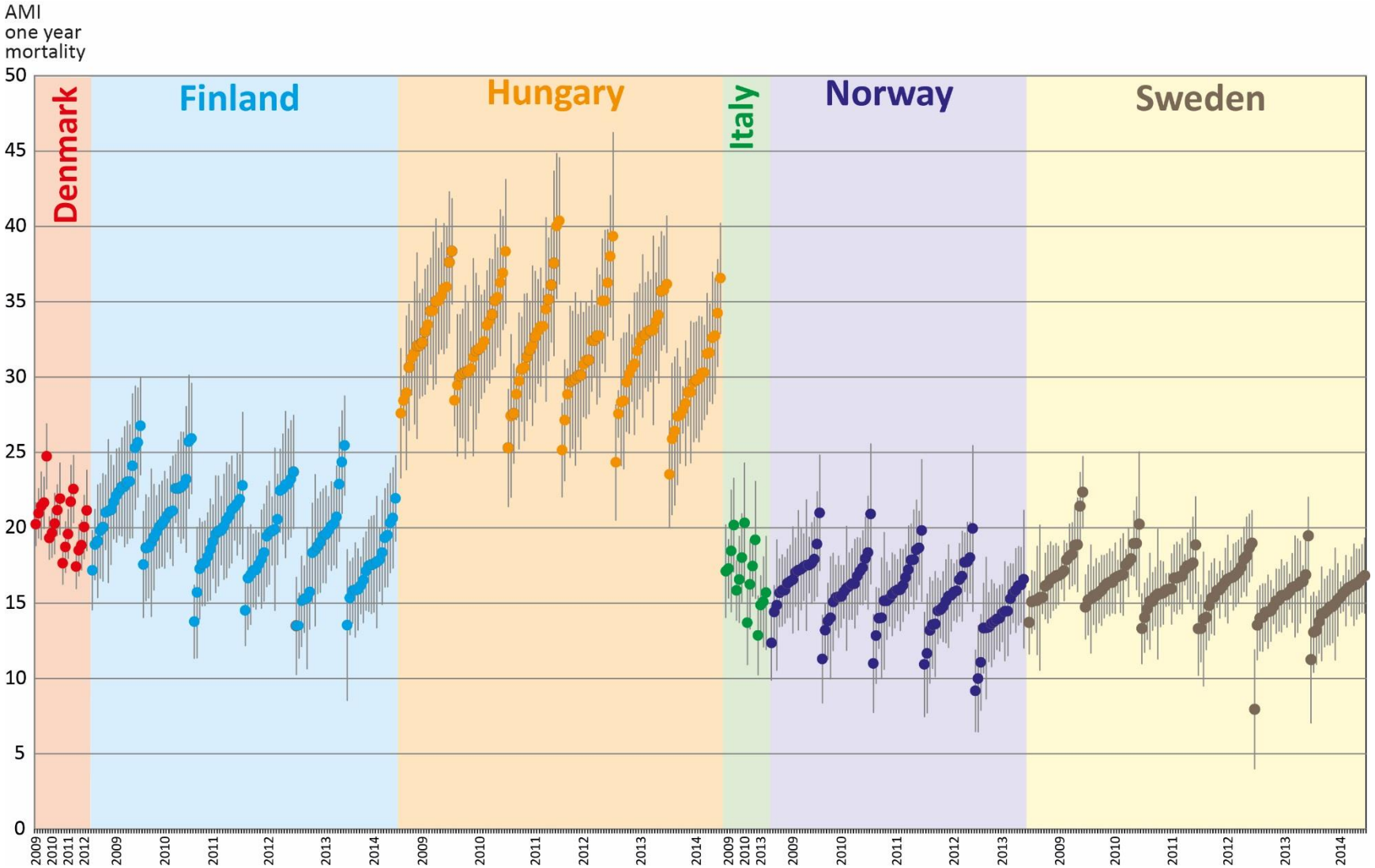
AMI: Regional* differences have been maintained in one-year mortality

Regional age- and sex-standardised one-year mortality and confidence intervals, 2009-2014 (%). Reference population: Finnish AMI patients. *In Italy, differences shown reflect the four provinces of the Friuli-Venezia-Giulia region.