5.1. Avoidable hospital admissions

Most health systems have developed a "primary level" of care whose functions include managing new health complaints that pose no immediate threat to life, managing long-term conditions and supporting the patient in deciding when referral to hospital-based services is necessary. A key aim is to keep people well, by providing a consistent point of care over the longer term, tailoring and co-ordinating care for those with multiple health care needs and supporting the patient in self-education and self-management (Kringos, 2010). In the context of increasing prevalence of chronic illnesses in many OECD countries (see Indicators 1.3, 1.4 and 1.10) achieving high quality primary care is a key priority in nearly every health system.

Asthma, chronic obstructive pulmonary disease (COPD) and diabetes are three widely prevalent long-term conditions. Both asthma and COPD limit the ability to breathe: asthma symptoms are usually intermittent and reversible with treatment, whilst COPD is a progressive disease that almost exclusively affects current or prior smokers. Asthma affects between 150 to 300 million people worldwide and causes some 250 000 deaths each year (WHO, 2011b). COPD affects around 64 million worldwide and currently is the fourth leading cause of death worldwide, responsible for around 3 million deaths each year (WHO, 2011c). Diabetes is a condition in which the body's ability to regulate excessive glucose levels in the blood is lost. This can lead to many complications over the longer term such as kidney failure or loss of sight; in the shorter term, loss of consciousness or coma can occur. Globally, around 180 million people are known to have diabetes (a similar number remain undiagnosed). The condition is estimated to have been responsible for 4.6 million deaths and 11% of total health expenditure in 2011 (IDF, 2011).

Common to all three conditions is the fact that the evidence base for effective treatment is well established and much of it can be delivered at a primary care level. A high-performing primary care system can, to a significant extent, avoid acute deterioration in people living with asthma, COPD or diabetes and prevent their admission to hospital. Avoiding hospital admission is not only cost-saving but often preferable to the patient as well. Many health care systems continue to struggle, however, in reducing use of the hospital sector for conditions which are largely manageable in primary care.

Figures 5.1.1 and 5.1.2 show hospital admission rates for asthma and COPD. Admission rates for the former vary 14-fold across countries. The Slovak Republic, the United States and Korea report rates two or three times greater than the OECD average; Italy, Canada and Mexico report the lowest rates. International variation in admission rates for COPD is similar, around 16-fold, with Hungary, Ireland and New Zealand reporting the highest rates and Japan, Portugal and Italy the lowest. Hospital admission rates for diabetes vary 8-fold, as shown in Figure 5.3.1. Italy, Iceland and Switzerland have the lowest rates, while Hungary, Mexico and Korea report rates at least double the OECD average.

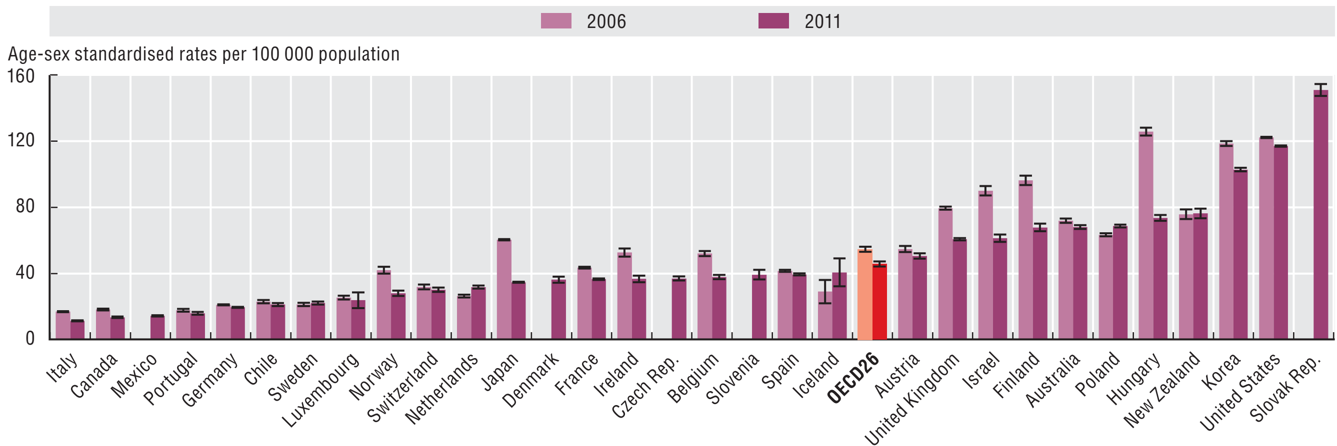
Although disease prevalence may explain some, but not all, cross-country variation in admission rates, it is particularly noteworthy that the majority of countries report a reduction in admission rates for each of the three conditions over recent years. This may represent an improvement in access to and the quality of primary care. The approaches countries are taking to improve the quality of primary care, and the challenges faced, are described in a series of country reviews currently being undertaken by OECD. Israel's *Quality Indicators for Community Health Care* programme, for example, is one instance of how publicly reported information on the patterns and outcomes of care is used to incentivise providers to develop better services (OECD, 2012a).

Definition and comparability

The asthma and COPD indicators are defined as the number of hospital discharges of people aged 15 years and over per 100 000 population. The indicator for diabetes is based on the sum of three indicators: admissions for short-term and long-term complications and for uncontrolled diabetes without complications.

Rates were age-sex standardised to the 2010 OECD population aged 15 and over. Differences in coding practices among countries and the definition of an admission may affect the comparability of data. Differences in disease classification systems, for example between ICD-9-CM and ICD-10-AM, may also affect data comparability.

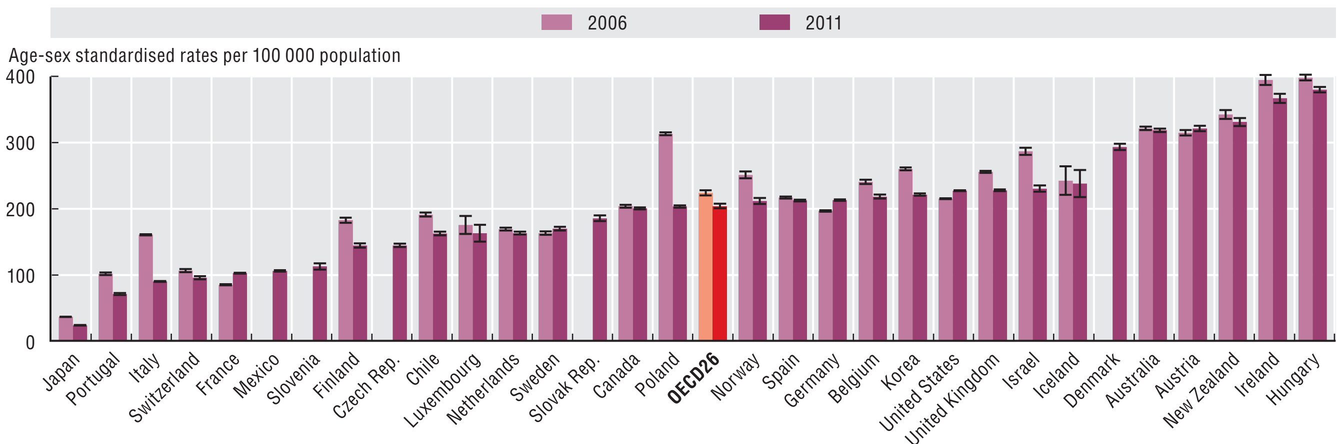
5.1.1. Asthma hospital admission in adults, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |—|.
Source: *OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932917807

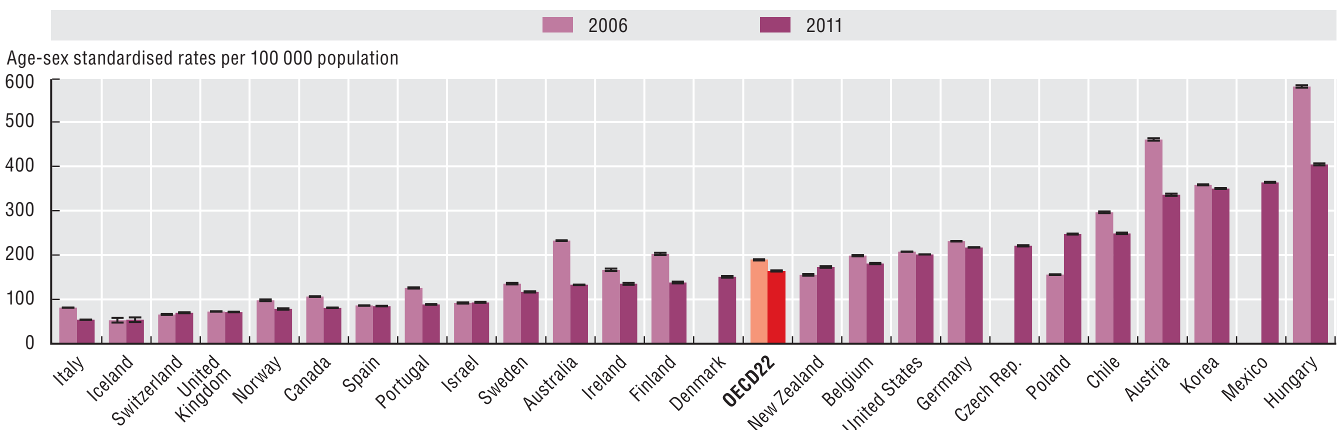
5.1.2. COPD hospital admission in adults, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |—|.
Source: *OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932917826

5.1.3. Diabetes hospital admission in adults, 2006 and 2011 (or nearest year)



Note: 95% confidence intervals represented by |—|.
Source: *OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932917845

From:
Health at a Glance 2013
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2013-en

Please cite this chapter as:

OECD (2013), “Avoidable hospital admissions”, in *Health at a Glance 2013: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2013-43-en

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