

Avoidable hospital admissions

Asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and diabetes are four of the most common chronic health conditions. Approximately 6% of the EU population have asthma and 7% has diabetes (see indicator “Prevalence of diabetes and asthma” in Chapter 3). Between 5 and 10% of adults over age 40 have COPD and more than 15 million people in Europe are affected by CHF. Common to all these four conditions is the existence of a solid evidence base for effective patient management in primary care.

Effective primary care should serve as the first point of contact for people requiring continuous and co-ordinated care over time, notably for people living with chronic health conditions. A well-performing primary care system can reduce acute deterioration of people living with asthma, COPD, CHF or diabetes, thereby preventing unwanted and costly avoidable hospital admissions (OECD, 2020^[1]).

Figure 6.8 shows hospital admission rates for the two chronic respiratory diseases, asthma and COPD together. In 2019, the average rate for EU countries was 210 hospital admissions per 100 000 population, of which 81% were due to COPD. Admission rates for both conditions varied more than eight-fold across EU countries, with Italy and Portugal reporting the lowest rates and Ireland, Romania and Denmark reporting the highest rates. On average across EU countries, admission rates for asthma and COPD decreased by 15% in the decade before the pandemic.

Hospital admission rates for CHF varied over seven-fold across EU countries in 2019. Portugal and the Netherlands had the lowest rates for this condition, whereas Poland, Lithuania, and the Slovak Republic had rates almost twice the EU average (Figure 6.9).

While avoidable hospital admissions for diabetes have also fallen in most countries in the decade before the pandemic, there was still a huge variation in admission rates across countries, ranging from about 40 to 50 per 100 000 people in Italy, Spain and the Netherlands up to 334 per 100 000 people in Romania (Figure 6.10).

Countries reporting 2020 data showed general declines in admissions during the first year of the pandemic, reflecting limited access to hospital or fear of being infected while in hospital. Early evidence shows that rates of diabetes-related complications increased in several countries during the pandemic due to decreased access to diabetes care and services. For example, in one Dutch hospital, the number of foot and toe amputations more than doubled in 2020 compared to 2019, likely due to delayed care for diabetic patients (Schuivens et al., 2020^[2]). However, some countries made efforts to improve the quality of primary care during the pandemic. Ireland, for example, introduced the Chronic Disease Management Programme in 2020 to reduce health risk factors among people with chronic conditions and to improve disease management based on a patient care plan (Health Service Executive, 2022^[3]).

Definition and comparability

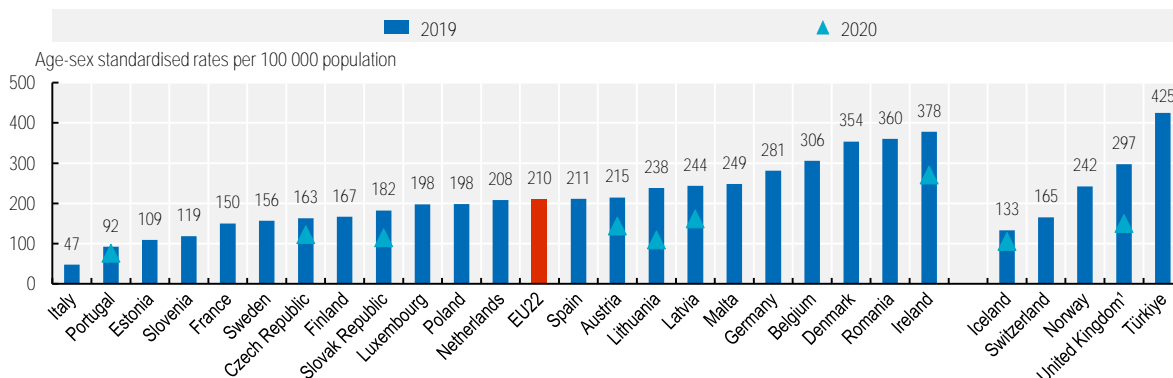
The indicator is defined as the number of hospital admissions with a primary diagnosis of asthma, COPD, CHF or diabetes among people aged 15 years and over per 100 000 population. Avoidable admissions for diabetes include admissions for short-term and long-term complications and for uncontrolled diabetes without complications. Rates are age-sex standardised to the 2010 OECD population aged 15 years and over.

Disease prevalence, availability of hospital care, differences in coding practices and data coverage of the national hospital sector may affect the comparability of data.

References

- Health Service Executive (2022), *First report of the Structured Chronic Disease Management Programme in General Practice*, <https://www.hse.ie/eng/services/publications/first-report-of-the-structured-chronic-disease-management-programme-in-general-practice.pdf>. [3]
- OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a92adee4-en>. [1]
- Schuivens, P. et al. (2020), “Impact of the COVID-19 Lockdown Strategy on Vascular Surgery Practice: More Major Amputations than Usual”, *Annals of Vascular Surgery*, Vol. 69, pp. 74-79, <https://doi.org/10.1016/j.avsg.2020.07.025>. [2]

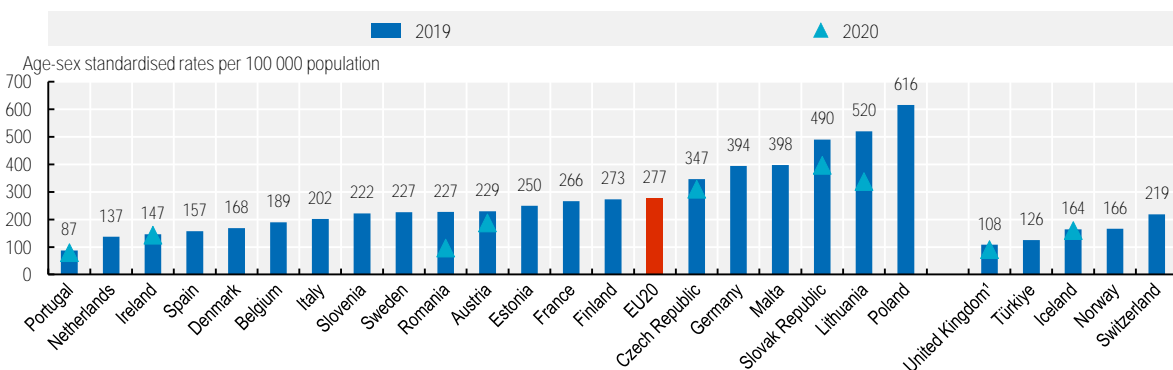
Figure 6.8. Asthma and COPD hospital admission in adults, 2019 (or nearest year) and 2020



Note: The EU average is unweighted. 1. 2020 data are provisional and include England only.
Source: OECD Health Statistics 2022.

StatLink <https://stat.link/a6e1y8>

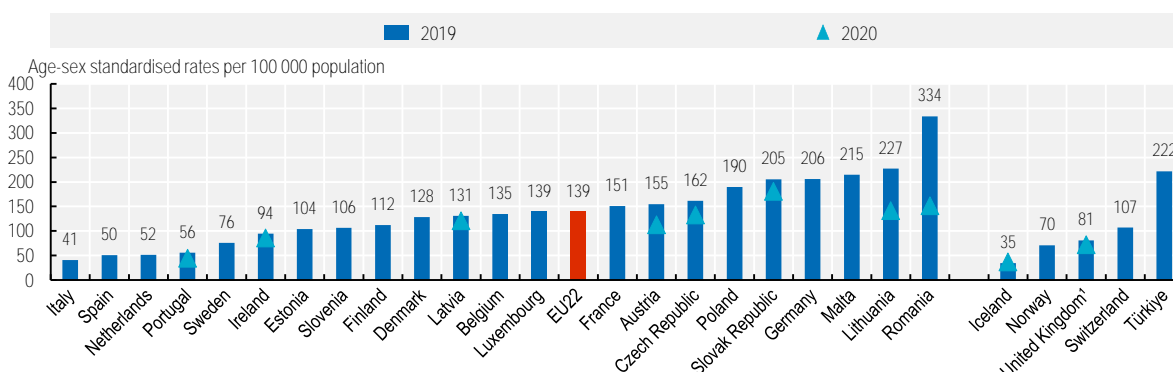
Figure 6.9. Congestive heart failure hospital admission in adults, 2019 (or nearest year) and 2020



Note: The EU average is unweighted. 1. 2020 data are provisional and include England only.
Source: OECD Health Statistics 2022.

StatLink <https://stat.link/j2del3>

Figure 6.10. Diabetes hospital admission in adults, 2019 (or nearest year) and 2020



Note: The EU average is unweighted. 1. 2020 data are provisional and include England only.
Source: OECD Health Statistics 2022.

StatLink <https://stat.link/cwg04q>



From:
Health at a Glance: Europe 2022
State of Health in the EU Cycle

Access the complete publication at:
<https://doi.org/10.1787/507433b0-en>

Please cite this chapter as:

OECD/European Union (2022), "Avoidable hospital admissions", in *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/29d2934e-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.