

Health policies in Spain have responded to some variations in health care, but more effort needed as wide variations persist

According to a new OECD report, variation in rates of health care activity across geographic areas in countries is a cause for concern. Wide variation suggests that whether or not you will receive a particular health service depends to a very great extent on the region where you live within a country.

Variations such as those documented in Table 1 suggest that either unnecessary care is being delivered in areas of high activity, or that there is unmet need in regions of low activity. In either case, this raises questions about the efficiency and equity of health care services and should be addressed.

Rates for cardiac procedures and knee interventions including diagnostic tests are at least three times higher in high intensity areas than low intensity areas in Spain. There are smaller variations for hospital medical admissions, caesarean sections and hysterectomy.

Table 1. Summary measures of variation in selected health care interventions by province, Spain, 2010

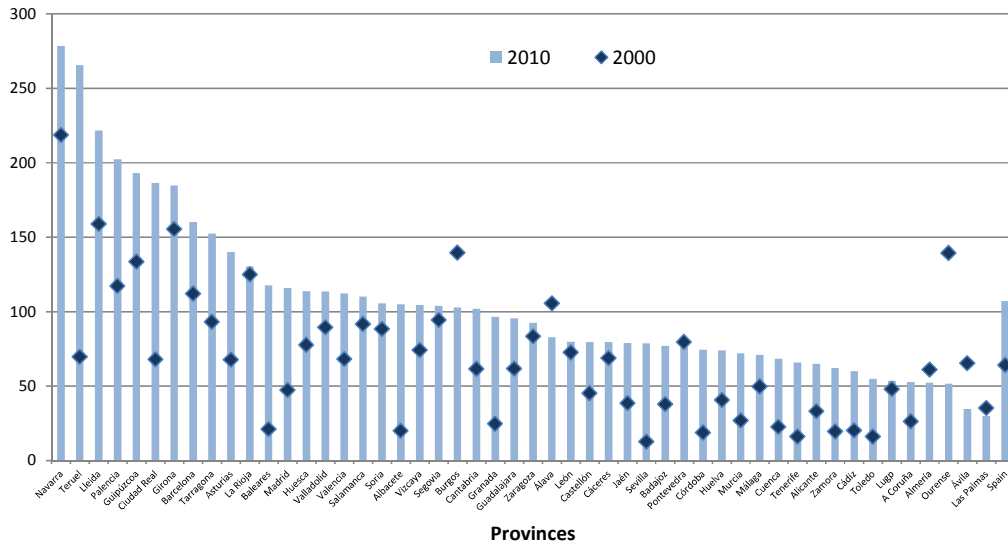
2010	Hospital medical admissions	CABG	PTCA	Catheterisation	Surgery after hip fracture	Knee replacement	Knee arthroscopy	C-sections (per 1 000 live births)	Hysterectomy (per 100 000 females)
Crude rate (per 100 000 population)	5 244	19	145	174	124	106	106	170	162
Unweighted rate across provinces	5 364	17	137	168	126	104	106	188	175
Q10	4 670	6	88	44	94	68	54	131	135
Q90	6 234	28	179	290	156	148	187	245	221
Coefficient of variation	0.15	0.48	0.3	0.58	0.2	0.3	0.52	0.25	0.21
Systematic component of variation	3.1	23.8	16.4	26.1	4.7	10.7	24.5	6.4	4.7

Note: Unless otherwise specified, all rates are age/sex standardised rates per 100 000 population.

Source: Alvarez-Bartolomé and Gogorcena-Aoiz (2014). Chapter 12 Spain: Geographic Variations in Health Care, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

If we compare 2000 and 2010 data on knee procedures there is an important increase in the number of procedures, combined with a slight reduction in the variation across provinces. The highest rate of knee arthroscopy is five times the lowest. Patient need, as measured by prevalence of osteoarthritis, affected 10% of the population but with variation across regions. There was no relationship between the rates and health care supply (as measured by number of orthopaedic surgeons).

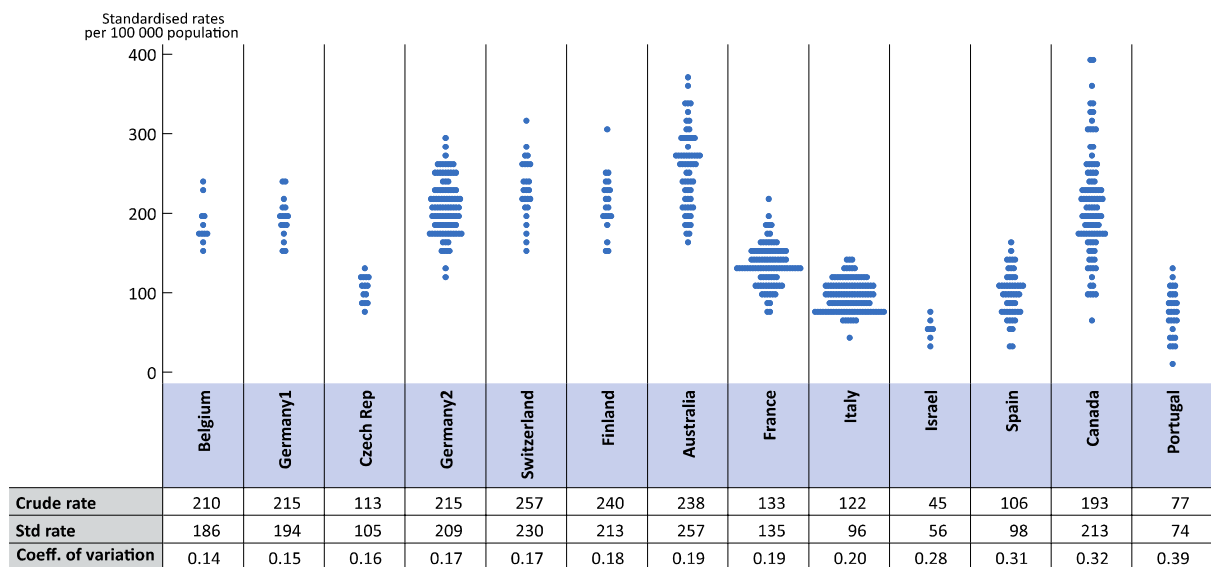
Figure 1. Knee arthroscopy standardised rate per 100 000 population, by province, Spain, 2000 and 2010



Source: Alvarez-Bartolomé and Gogorcena-Aoiz (2014). Chapter 12 Spain: Geographic Variations in Health Care, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

The rate of knee replacement in Spain is less frequent (98 per 100 000) than Australia, Switzerland, Finland and Canada, and Germany (above 200 per 100 000 population over 15-years old). Like in Canada and Portugal, knee replacement rates in some parts of Spain can be up to five times higher than in other parts of the country. Within most countries, knee replacement rates vary by two-to three-fold.

Figure 2. Knee replacement rate across and within selected OECD countries, 2011 or latest year



Note: Each dot represents a territorial unit. Countries are ordered from the lowest to highest coefficient of variation within countries. Data for Portugal and Spain only include public hospitals. For Spain, the rates are reported based on the province where the hospital is located. Germany 1 and 2 refers respectively to Länder and Spatial Planning Regions.

Source: Srivastava et al. (2014). Chapter 1: Geographic variations in health care use in 13 countries: A synthesis of findings, in *Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?* OECD Health Policy Studies, OECD Publishing.

Several factors can explain some of these *variations*, such as medical practice styles, patient's perception and needs, education or sociocultural factors, low or excess availability of hospitals, doctors and technology

Spain has made important steps to address variations in health care. These include public reporting through atlases of variation, engagement with physician societies to encourage and harmonise clinical practice. The recent experience in reducing caesarean section rates in many public hospitals provides a good example of the possibility of reducing the overuse of certain interventions through the development and implementation of clinical guidelines in a way that involves all key stakeholders. Further efforts could promote the delivery of more appropriate care. There is scope to move towards policies that target providers through providing feedback to providers, setting targets for specific health care activities (e.g. as in Canada, Belgium and Italy) and financial incentives (e.g. as in England, France and Korea). Patients would be better engaged through tools of shared decision-making and measurement of outcomes after surgical procedures. The latter is done for example for knee replacement in Sweden and the United Kingdom.

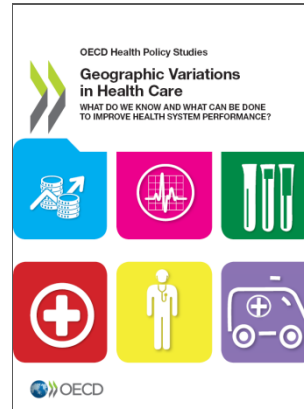
The OECD report will be released at a joint conference organised by the OECD and the Bertelsmann Foundation on 16th September in Berlin to discuss the report's findings among German stakeholders (www.faktencheck-gesundheit.de).

The report **Geographic Variations in Health Care: What do we know and what can be done to improve health system performance?** is available at <http://dx.doi.org/10.1787/9789264216594-en>.

More information on Spain is available in the report in **Chapter 12, Spain: Geographic variations in health care.**

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The **OECD press release, country notes and further information** are available at <http://www.oecd.org/health/health-systems/medical-practice-variations.htm>.