

Variations in health care use suggest a potential for improving the efficiency and equity of health care services delivered in Switzerland

According to a new OECD report, variations in health care use across the cantons in Switzerland need to be considered the potential of over- and underuse of health services and raise questions about the efficiency and equity of health care services delivered in Switzerland.

A certain degree of geographic variations in health care use is unavoidable or even desirable, due not only to differences in population needs, but also to differences in the speed of diffusion of new medical technologies and differences in patient preferences (which may be affected by cultural factors).

Rates for cardiac procedures in high intensity areas are about two times higher or more than those in low-intensity areas. The smallest variations are found for hospital medical admissions and caesarean sections. Rates for cardiac procedures showed a reduction of inter-cantonal differences between 2005 and 2011, while variations in the rate of utilisation for the remaining procedures remained fairly stable and low over the study period.

Table 1. Summary of standardised rates and statistics across cantons, Switzerland, 2011

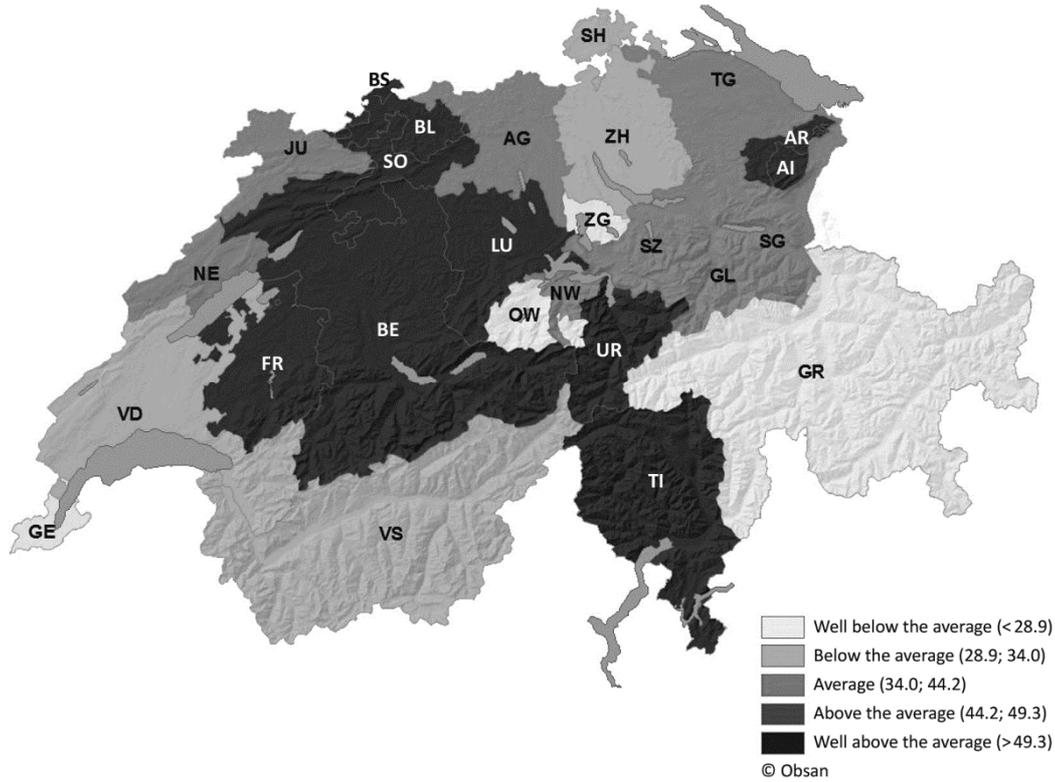
	Hospital medical admissions	CABG	PTCA	Cardiac catheterisation	Hip fracture	Knee replacement	Knee arthroscopy	Caesarean (rates per 1 000 live births)
Average standardised rates	7 044	39	188	340	163	218	243	323
Q10	6 014	24	138	208	121	165	12	265
Q90	8 715	50	231	447	214	265	416	380
Coefficient of variation	0.14	0.26	0.17	0.27	0.2	0.17	0.49	0.15
Systematic variation (2005-2011)	1.7	3.9	4.9	7.7	1.8	2.8	20	1.8

Note: Unless otherwise indicated, the rates are standardised annually by age and gender and expressed per 100 000 inhabitants.

Source: Pellegrini and Kohler (2014). Chapter 13 Switzerland: 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.

Three cantons (Tessin, Uri, Basel-City) recorded CABG rates above the average in 2011 (with more than 50 coronary bypasses per 100 000 population). The canton of Geneva shows the lowest rate (about 17 coronary bypasses per 100 000 population).

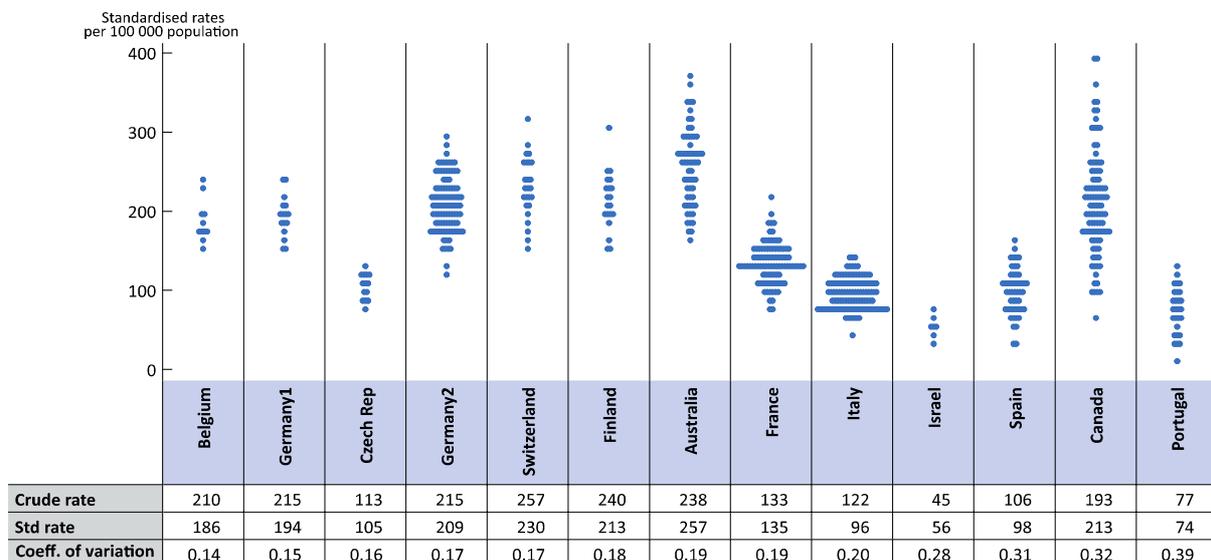
Figure 1. Map of Coronary bypass standardised rate by canton, Switzerland, 2011



Source: Pellegrini and Kohler (2014). Chapter 13 Switzerland: 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 look at the variations across the countries, Australia, Finland, Canada, Germany and Switzerland have knee replacement rates that are four times higher (above 200 per 100 000 population over 15-years old) than Israel (56 per 100 000). Within countries, knee replacement rates vary by two-to three-fold, but more than five-fold in Canada, Portugal and Spain.

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. Germany 1 and 2 refers respectively to Länder and Spatial Planning Regions.

Source: Authors' estimates based on data submitted by countries for the OECD project.

Switzerland has a high rate of caesarean section (above 300 per 1000 live births) compared to other OECD countries in the report, though variation across cantons in Switzerland is relatively low compared with other countries.

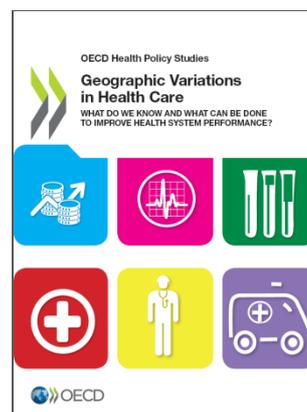
Clinical guidance exists to promote better practices for some of the activities in this study, but more could be done. For example a data registry on hip replacement and acute myocardial infarctions aims to help improve clinical compliance. More systematic public reporting of high-cost, high-volume procedures would help to raise awareness among providers and the public. 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 France, England 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 Switzerland is available in the report in **Chapter 13, Switzerland: 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>.