

This chapter presents comparisons on the supply and use of different types of health services and goods in OECD countries. The provision of these services and the purchase of goods such as pharmaceuticals account for a large part of the health expenditure described in Chapter 7.

Indicators on a range of important health services are presented, including services provided in the primary care sector and in hospitals. The chapter begins by looking at levels and trends in the number of consultations with doctors, one of the most common services received by patients. The diffusion of modern medical technologies is generally considered to be one of the main drivers of rising health expenditure across OECD countries. The next section looks at the supply and use of two specific diagnostic technologies, medical resonance imaging (MRI) units and computed tomography (CT) scanners. The discussion then concentrates on hospital activities, a sector which continues to absorb the largest share of health spending in OECD countries, accounting for 35% to 40% of overall expenditure in many countries. The description of hospital services begins with a review of the availability of hospital beds, along with their rate of use. It then looks at the number of hospital discharges and the average length of stay in hospitals, for all conditions taken together as well as for a few selected conditions. Chapter 5 on “Quality of Care” compliments this by examining some of the reasons for hospitalisation that might be avoided, notably through better primary care for chronic conditions.

The next set of indicators in this chapter look more specifically at certain high-volume and high-cost procedures. These interventions include revascularisation procedures such as coronary artery bypass graft and coronary angioplasty for patients with ischemic heart diseases, dialysis and kidney transplants for patients suffering from end-stage renal failure, caesarean sections, and cataract surgeries. The main finding is that there are wide and unexplained variations in the use of different procedures across countries.

Over the past 20 years, research often originating from the United States as well as from other OECD countries has found that there can be an *overuse or inappropriate use* of certain medical or surgical interventions, in the sense that some interventions may be performed on patients for which scientific evidence suggests that the risks outweigh the expected benefits (OECD, 2004a). On the other hand, there can also be an *underuse* of certain services that are medically recommended for patients with certain conditions. Chapter 5 on “Quality of Care” provides several examples of the underuse of certain recommended services such as immunisation to prevent communicable diseases among children and other population groups. Chapter 6 on “Access to Care” adds information on *inequalities* in the use of certain health services among different socio-economic groups within countries.

In many countries, an important area of research has focussed on *regional* variations in medical and surgical procedure rates, which might provide some indication on the possible overuse or underuse of certain interventions in each country. In the United States, large variations have been reported across different States in the provision of common surgical procedures, such as knee replacement and cardiac surgeries, and these variations cannot be explained simply by differences in need (*Dartmouth Atlas of Health Care*, 2005). Geographical variations can also be found for non-surgical services, such as hospitalisations and physician visits. These findings indicate that there are also unexplained variations in clinical practices within each country, which are important to keep in mind in interpreting variations observed across countries.

The final section of this chapter looks at the volume of pharmaceutical consumption, focussing specifically on the use of drugs that treat diabetes and depression, drugs that lower cholesterol, and antibiotics. As is the case for health services, there may be an overuse or underuse of different pharmaceutical drugs for patients with various conditions. The aggregate data presented in this chapter does not allow any definitive conclusion on whether there is any inappropriate use of these pharmaceutical drugs, but they do show notable differences in prescribing levels across countries.

While this chapter covers many important health services, it does not cover long-term care services nor palliative care (end-of-life care). Information on consultations with dentists are included in Chapter 3 on the “Health Workforce”, as part of the discussion on the number of dentists and how this might affect dentist consultations across countries. Information on certain public health services, such as immunisation rates and cancer screening rates, is provided in the next chapter on “Quality of Care”, as they are deemed to be indicators of quality of care for communicable diseases and cancer.



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