

Table of contents

Executive summary	11
Acronyms and abbreviations	15
Chapter 1. Ineffective spending and waste in health care systems: Framework and findings	17
Introduction: Why tackling waste is an effective value-enhancing agenda for health care systems	18
1. Framing “waste”: Definition, classification of wasteful activities, and policy options	19
2. Wasteful clinical care: When patients do not receive the right care	22
3. Operational waste: When care could be produced using fewer or cheaper resources	31
4. Governance-related waste	40
Conclusion: Additional benefits of tackling waste	51
Notes	53
References	54

Part I

Wasteful clinical care in health care systems

Chapter 2. Producing the right health care: Reducing low-value care and adverse events	63
Introduction	64
1. Low-value care in OECD health care systems	65
2. Adverse events in OECD health care systems	77
3. Information systems to detect, characterise and prevent wasteful clinical care	83
4. Initiatives to prevent and mitigate wasteful clinical care	91
Conclusion	105
References	106
Chapter 3. Low-value health care with high stakes: Promoting the rational use of antimicrobials	115
Introduction	116
1. Stabilised antimicrobial consumption but high levels of inappropriate use. ...	116
2. Consequences of inappropriate antimicrobial use: A significant health burden and increased health care costs	119
3. Determinants of inappropriate antimicrobial use	124

4. Tackling inappropriate antimicrobial use: Policy approaches across OECD countries.	126
Conclusion.	143
Notes.	144
References.	144
Annex 3.A1. List of articles for the estimation of the proportion of inappropriate use by type of health care service (Figure 3.2)	152
Annex 3.A2. List of recommendations promoting rational use of antibiotics issued by the <i>Choosing Wisely</i> ® initiative.	155
Annex 3.A3. Guideline for antimicrobial stewardship strategies by the infectious disease society and society for healthcare epidemiology of America.	157
 <i>Part II</i> 	
Addressing operational waste in health care systems: Opportunities to spend less on pharmaceuticals and hospital care	
Chapter 4. Reducing ineffective health care spending on pharmaceuticals.	161
Introduction.	162
1. Discard of unused pharmaceuticals and other medical supplies.	162
2. The untapped potential for generic drug substitution.	165
3. Procurement as a core strategic instrument.	172
Conclusion.	188
Notes.	189
References.	189
Chapter 5. Addressing operational waste by better targeting the use of hospital care.	193
Introduction.	194
1. Wasteful use of high-cost hospital care in OECD countries.	195
2. Drivers of hospital overuse.	202
3. Policy levers to reduce hospital overuse.	205
Conclusion.	219
Notes.	220
References.	220
 <i>Part III</i> 	
Governance-related waste in health care systems	
Chapter 6. Administrative spending in OECD health care systems: Where is the fat and can it be trimmed?	229
Introduction.	230
1. At the macro level: Wide variation in spending on governance and administration.	232
2. Unpacking administrative costs at the health care provider level.	238
3. Policies targeted at reducing administrative costs.	247
Conclusion.	259

Notes.....	261
References.....	261
Chapter 7. Wasting with intention: Fraud, abuse, corruption and other integrity violations in the health sector.....	265
Introduction.....	266
1. Setting the scene: Why worry about fraud, abuse and corruption?.....	266
2. Variable levels of effort by OECD countries to tackle integrity violations in service delivery and financing.....	277
3. Inappropriate business practices: Opening the governance debate.....	285
Conclusion.....	296
Notes.....	297
References.....	298

Tables

1.1. Who, why and what to do? Summary of findings on wasteful clinical care...	30
1.2. Who, why and what to do? Summary of findings on operational waste.....	41
1.3. Examples of integrity violations in health linked to potential perpetrators...	47
1.4. Who, why and what to do? Summary of findings on governance-related waste.....	50
2.1. Wasteful clinical care: Conceptual framework and terminology.....	65
2.2. Examples of preventable clinical errors in emergency departments.....	78
2.3. Selected studies of adverse events in hospitals, 1991 to 2016.....	79
2.4. Joint Commission's "Do Not Use" list of medical abbreviations.....	93
3.1. Target benchmarks for rationalising antimicrobial consumption.....	128
4.1. Policy tools to promote use of generics.....	170
6.1. Functions of various administrative tasks across health financing systems..	236
6.2. Conceptual overview of administrative activities in health care settings.....	240
6.3. Hospital administrative costs and spending in eight nations, 2010.....	242
6.4. Conceptual overview of functions contributing to administrative workload borne by health workers.....	244
7.1. Who commits which type of integrity violation in health care service delivery and financing?.....	278
7.2. Examples of institutions detecting and responding to integrity violations in health service delivery and financing in OECD countries.....	281
7.3. Levers, intermediary targets and ultimate targets of inappropriate business practices aimed at increasing demand for medical products or services.....	288
7.4. Levers used to manage inappropriate practices: Examples from OECD countries.....	291

Figures

1.1. Three categories of waste mapped to actors involved and drivers.....	21
1.2. Postoperative sepsis in abdominal surgeries, 2013 (or nearest year).....	23
1.3. Trends in generics market shares by volume in OECD countries between 2005 and 2015 (or nearest year).....	33
1.4. Diabetes-related admissions per 1 000 patients with diabetes, 2011 (or nearest year).....	37
1.5. Delays in transferring patients from hospitals in three OECD countries (total number of days per year per 1 000 population), 2009 to 2015.....	38

1.6. Administration as a share of current health expenditure by financing scheme, 2014 (or nearest year)	42
1.7. Percentage of global and OECD countries' population that considers various sectors corrupt or extremely corrupt	47
2.1. Cholesterol-lowering drug consumption, 2000 and 2014 (or nearest year)	69
2.2. Changes in caesarean section rates, 2000 to 2014 (or nearest year)	72
2.3. Elderly people prescribed long-term benzodiazepines or related drugs, 2013 (or nearest year)	72
2.4. Elderly people prescribed long-acting benzodiazepines or related drugs, 2013 (or nearest year)	72
2.5. MRI exams, 2014 (or nearest year)	74
2.6. CT exams, 2014 (or nearest year)	74
2.7. Knee replacement rate across and within selected OECD countries, 2011 (or latest year)	75
2.8. Antidepressant consumption, 2000 and 2014 (or nearest year)	76
2.9. Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) in hip and knee surgeries, 2013 (or nearest year)	81
2.10. Postoperative sepsis in abdominal surgeries, 2013 (or nearest year)	81
2.11. Foreign body left in during procedure, 2013 (or nearest year)	82
2.12. Obstetric trauma, vaginal delivery with instrument, 2013 (or nearest year)	82
2.13. Obstetric trauma, vaginal delivery without instrument, 2013 (or nearest year)	83
3.1. Trends in antimicrobial consumption for systemic use in selected OECD countries and groups	117
3.2. Estimated proportion of inappropriate use of antimicrobials by type of health care service	118
3.3. Share of antimicrobial drug sales out of total pharmaceutical sales across OECD countries, 2014	120
3.4. Trends in antimicrobial consumption and antimicrobial resistance, 2000-14.	122
3.5. <i>Choosing Wisely</i> ® recommendations to promote rational use of antibiotics	135
4.1. Trends in generics market shares in volume in OECD countries between 2005 and 2015 (or the nearest year)	167
4.2. Levels of collaboration/consolidation of purchases in procurement systems	176
5.1. Categories of hospital overuse	195
5.2. Number of visits to emergency departments per 100 population, 2001 and 2011 (or nearest year)	196
5.3. Diabetes-related admissions per 1 000 patients with diabetes, 2011 (or nearest year)	198
5.4. Share of four minor surgeries carried out as ambulatory cases: Boxplots of OECD countries for 2014 (or nearest year)	200
5.5. Share of cataract surgeries carried out as ambulatory cases, 2000 and 2014 (or nearest years)	200
5.6. Average length of stay in hospital, 2000 and 2014 (or nearest year)	201
5.7. Delays in transferring patients from hospitals in three OECD countries (total number of days per year per 1 000 population), 2009 to 2015	202

5.8. Comparing ease of access to after-hours care and the use of emergency departments	203
5.9. The weekly cost of meeting LTC needs through formal care services only, 2014 (USD PPP, average of 15 OECD countries).....	208
6.1. Levels of administrative inputs in health care systems.....	231
6.2. Administration as a share of current health expenditure by financing scheme, 2014 (or nearest year).....	232
6.3. Government health administration expenditure related to share of total government expenditure financed by SHI or other compulsory schemes, 2014 (or nearest year)	234
6.4. Health administration expenditure as a share of financing schemes' total health spending, 2014 (or nearest year)	235
6.5. Administrative spending including profits among complementary PHI schemes in France, 2013	239
7.1. Percentage of global and OECD countries' population that considers various sectors corrupt or extremely corrupt	270
7.2. Corruption perception across sectors in EU OECD countries versus EU non-OECD countries	270
7.3. Percentage of the population that considers the health sector corrupt or very corrupt in OECD countries.....	271
7.4. Mapping integrity violations to various actors: A few examples	275
7.5. Three main types of integrity violations in health care systems	276
7.6. Relative importance of integrity violations in service delivery and financing in 12 OECD countries.....	279
7.7. Percentage of population that paid a bribe for a medical service in the past 12 months	280
7.8. Linking inappropriate practices to legitimate business objectives.....	287

Follow OECD Publications on:



http://twitter.com/OECD_Pubs



<http://www.facebook.com/OECDPublications>



<http://www.linkedin.com/groups/OECD-Publications-4645871>



<http://www.youtube.com/oecdilibrary>



<http://www.oecd.org/oecddirect/>

This book has...

StatLinks 

A service that delivers Excel® files from the printed page!

Look for the **StatLinks**  at the bottom of the tables or graphs in this book. To download the matching Excel® spreadsheet, just type the link into your Internet browser, starting with the *http://dx.doi.org* prefix, or click on the link from the e-book edition.