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Paris, 13 November 2007

Health care is improving in OECD countries but better management of chronic diseases is necessary – only half of diabetics get needed eye screening

The quality of medical care, measured by the provision of recommended interventions or actual health outcomes, is improving in OECD countries. **Health at a Glance 2007** shows that advances in diagnosis and treatment mean that, across OECD countries, only 10% of people hospitalized after a heart attack now die within 30 days of being admitted to hospital, down from 20% in the 1980s. And only 10% of patients admitted to hospital following ischemic stroke die there within 30 days thanks to more treatment to dissolve blood clots and the establishment of new stroke units.

However, the prevention and management of chronic illness is a growing challenge for health policy in OECD countries. Despite increasing rates of diseases such as asthma and diabetes, care for these conditions often is suboptimal:

- Annual eye exams are widely accepted as standard care for diabetics, yet just over half get their eyes checked. In the United Kingdom, the best-performing country on this measure, almost one-sixth of diabetics do not have this simple and beneficial test.
- Given today's treatment options to prevent acute asthma attacks, asthmas sufferers should be effectively treated by their primary-care providers. Yet, on average, 6 out of 10 000 adults in OECD countries are admitted to hospitals for asthma every year. Relatively high rates are reported in Finland (13 per 10 000 adults) and the United States (12 per 10 000 adults). In countries such as the United States, Australia and New Zealand, asthma is one of the top 20 conditions leading to hospitalization.

Variations in quality of care across countries

The 2007 edition of **Health at a Glance** shows that there is considerable variation in quality of health care across countries. For example:

- In New Zealand and Australia, only 5 to 6% of people admitted for a heart attack died in hospital within 30 days, while death rates are much higher in Mexico (25%).
- Similarly, the in-hospital death rate within 30 days following admission for (ischemic) stroke is relatively low in Japan (3%), the United Kingdom (6%), Iceland (6%) and Finland (6%), in comparison with Canada (13%), Korea (15%) and Mexico (20%). In general, countries with better survival rates for ischemic stroke also do well on survival rates for hemorrhagic stroke. This finding is unsurprising, given that the initial steps of care are identical for both types of stroke.

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- Survival rates five years after a diagnosis for breast cancer are higher than average in Nordic countries (Iceland, Finland, Sweden and Denmark), as well as in the United States, Canada and Australia. These are all countries where a high proportion of 50-69 year-old women undergo annual mammography screening. As for other types of cancer, early detection is a key determinant of survival rates.

Other highlights from Health at a Glance 2007

Health at a Glance 2007 also presents international comparisons of health status, risk factors to health, health care resources and utilisation, and health expenditure. Highlights from among the health expenditure indicators include:

- In 2005, the highest spending country was, by far, the United States, devoting 6400 USD per capita to health expenditure. This was more than twice the OECD average (2760 USD, adjusted for purchasing power parity). Luxembourg, Norway and Switzerland also spend far more than the OECD average. At the other end of the scale, in Turkey, Mexico and Poland, health expenditure was less than one-third the OECD average.
- Though countries with higher GDP tend to spend more on health, there is a wide variation. For example, Japan and Germany have the same GDP per capita but their health spending per capita differs considerably, with Japan spending 25% less than Germany.
- The public sector continues to be the main source of health financing in all OECD countries, apart from Mexico, the United States and Greece. On average, the public share of health spending stood at 73% in 2005.

Journalists are invited to contact the OECD's Media Relations Division (tel. 33 1 45 24 97 00 or news.contact@oecd.org) to obtain a copy of **Health at a Glance 2007**. For further information about the new chapter on quality of care, journalists are invited to contact Niek Klazinga (tel. 33 1 45 24 76 11 or niek.klazinga@oecd.org) or Sandra Garcia Armesto (tel. 33 1 45 24 82 45 or sandra.garcia-armesto@oecd.org). For information about other chapters, please contact Gaetan Lafortune (tel. 33 1 45 24 92 67 or gaetan.lafortune@oecd.org) or Peter Scherer (tel. 33 1 45 24 91 98 or peter.scherer@oecd.org).

More information is also available at www.oecd.org/health/healthataglance.

List of graphs

1. In-hospital case-fatality rates within 30 days after admission for AMI, 2005
2. In-hospital case-fatality rates within 30 days after admission for ischemic stroke, 2005 and earlier years
3. Retinal exams in diabetics aged 18-75, 2005 (or latest year available)
4. Adult asthma admission rates, per 10 000 population aged 18 and over, 2005
5. Health expenditure per capita, public and private, 2005
6. Public share of total expenditure on health, 2005

Chart 1. In-hospital case-fatality rates within 30 days after admission for AMI, 2005

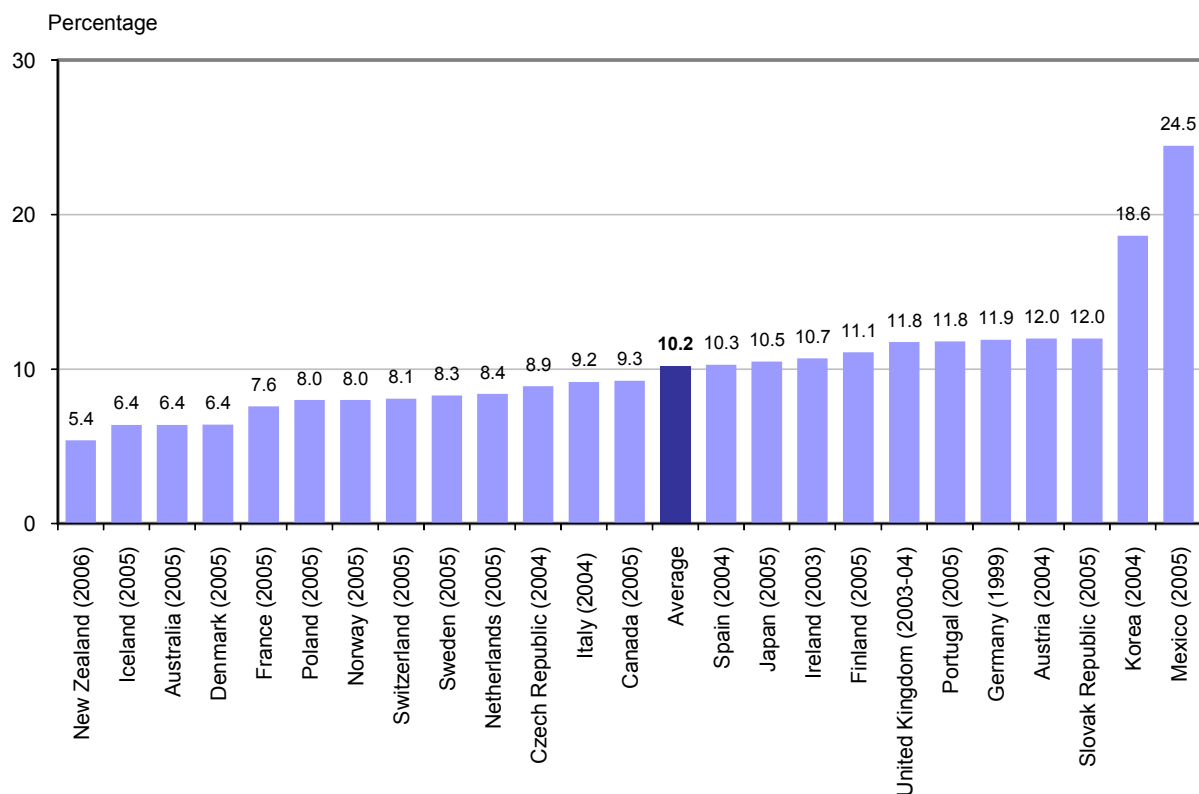
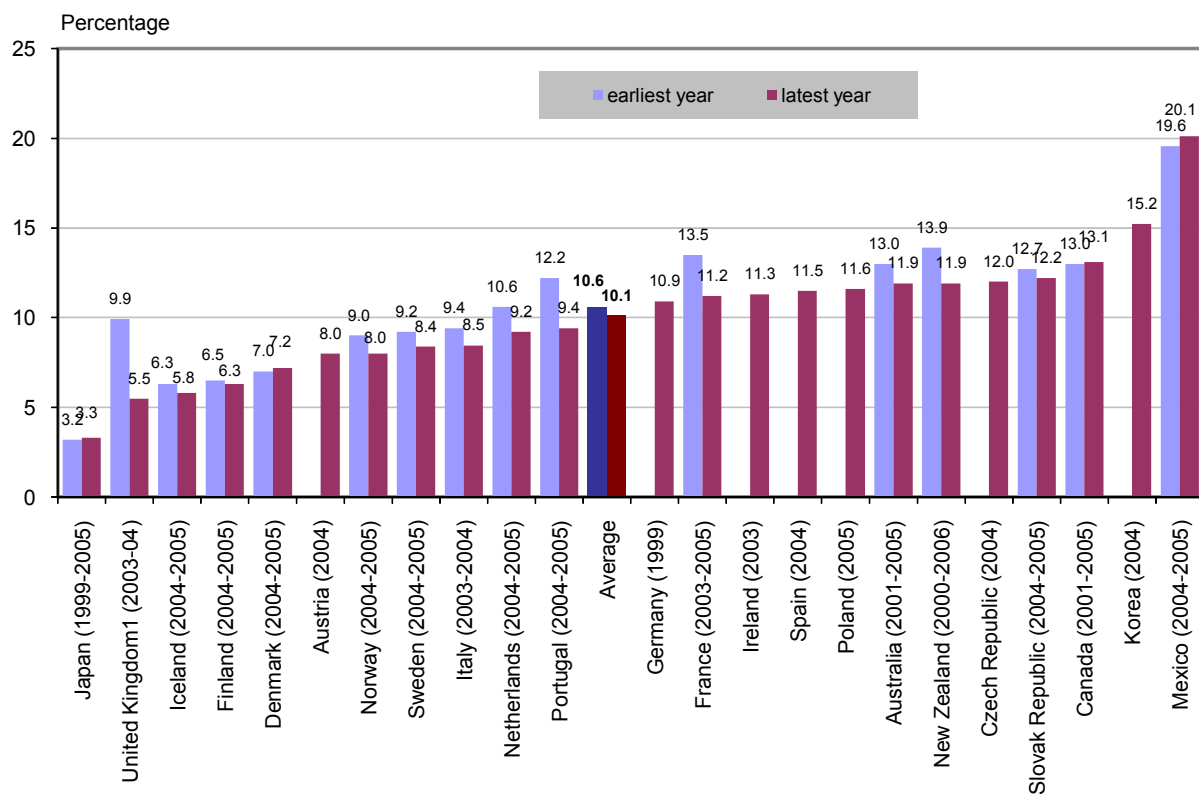


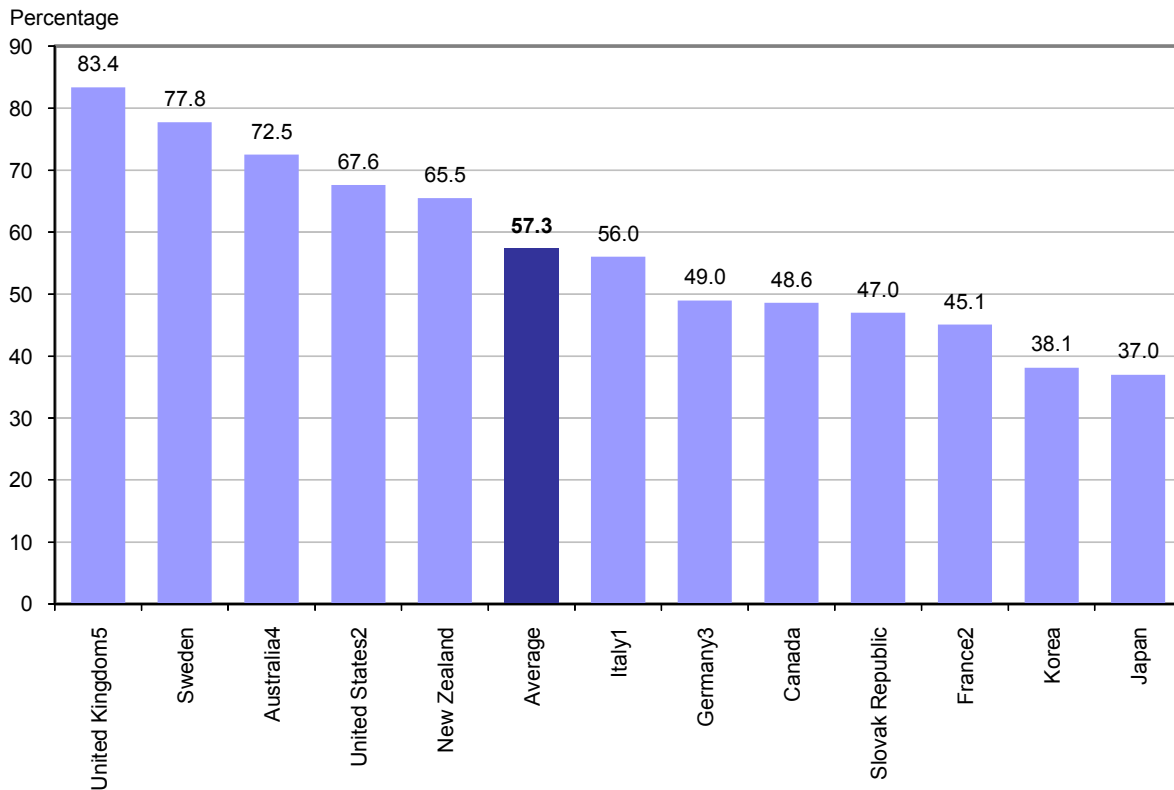
Chart 2. In-hospital case-fatality rates within 30 days after admission for ischemic stroke, 2005 and earlier year



1. 2002-03/2003/04.

Source: *Health at a Glance 2007*, OECD 2007.

Chart 3. Retinal exams in diabetics aged 18-75, 2005

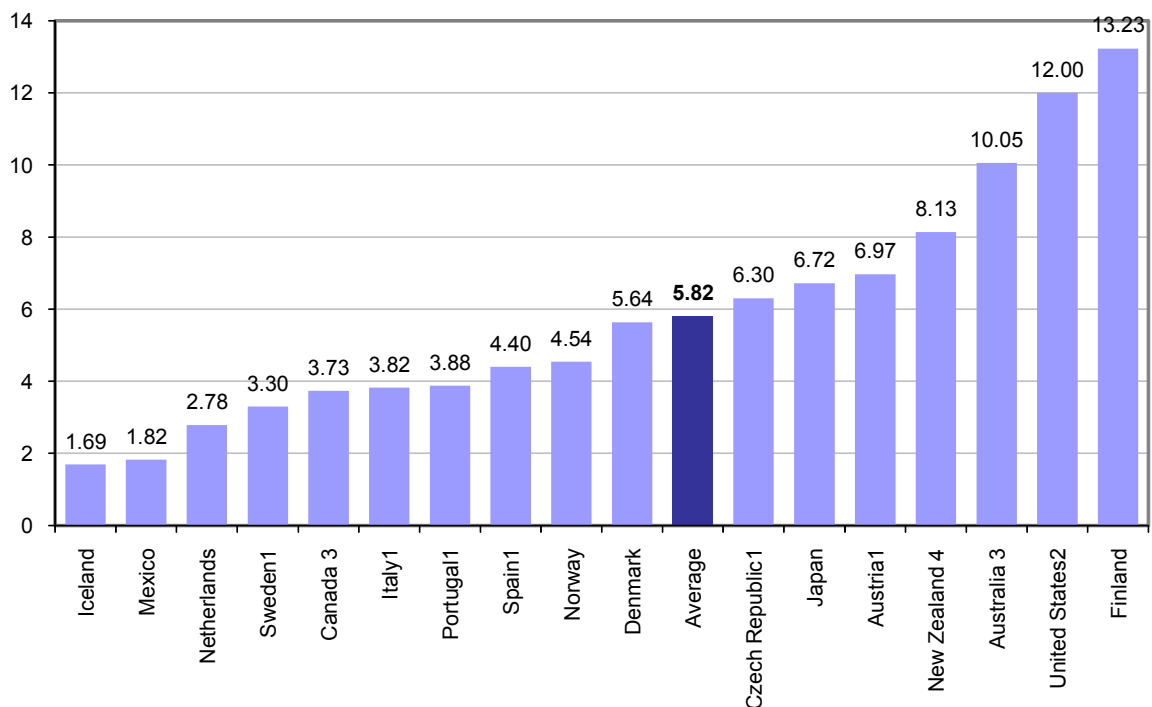


Note: Italy's figure refers to diabetic patients attending specialised clinics (estimated 60% of total diabetic population).

1.2003 2.2002 3.1998 4.1999-2000 5.2004-2005

Chart 4. Adult asthma admission rates, per 10 000 population aged 18 and over, 2005

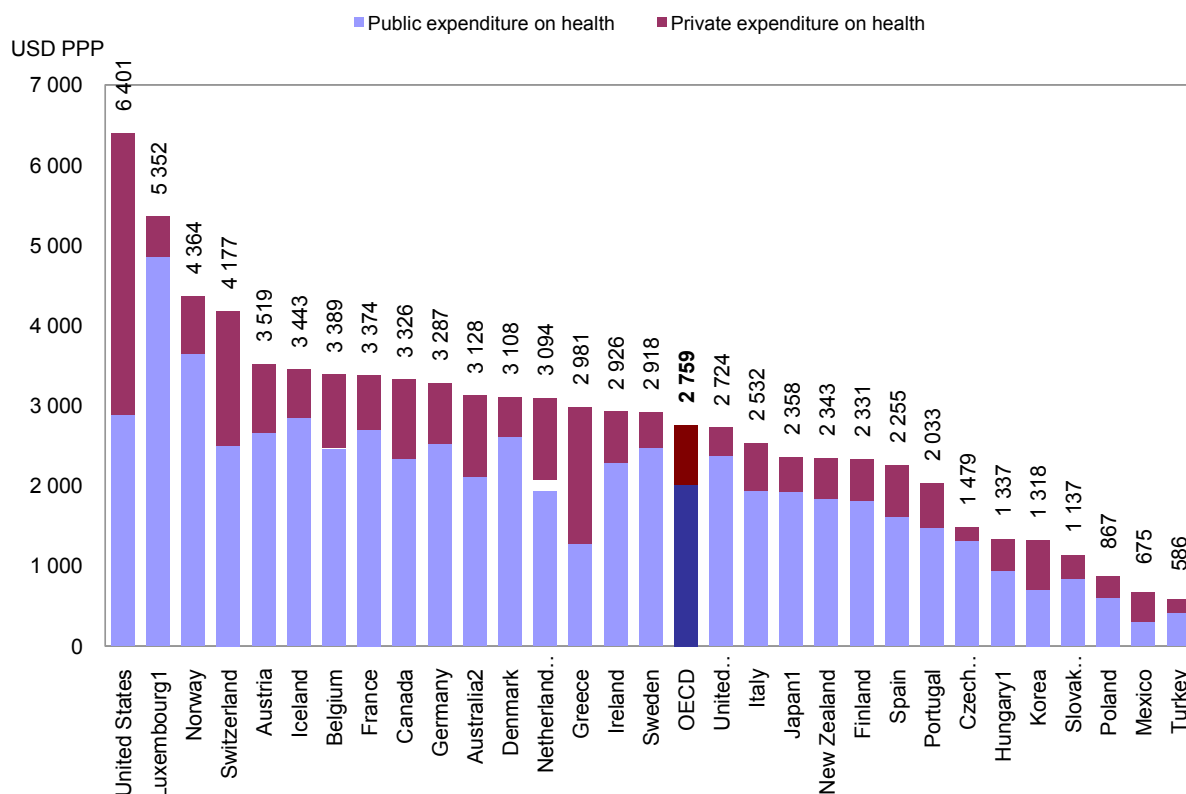
Per 10 000 population aged 18+



1.2004 2.2002 3. 2004-2005 4. 2005-2006

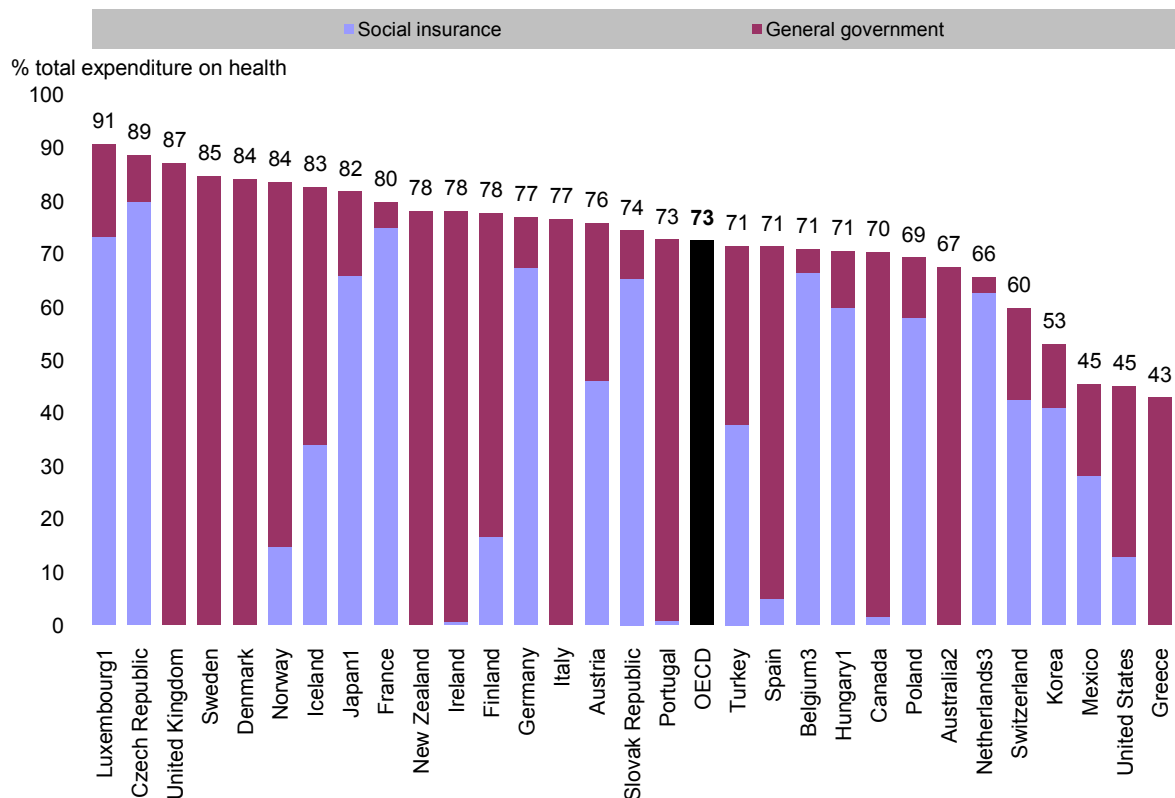
Source: *Health at a Glance 2007*, OECD 2007.

Chart 5. Health expenditure per capita, public and private, 2005



1. 2004 2. 2004-05 3. Public and private expenditures are current expenditures (excluding investments).

Chart 6. Public share of total expenditure on health, 2005



1. 2004 2. 2004-05 3. Share of current expenditure (i.e. excluding investments).

Source: *Health at a Glance 2007*, OECD 2007.