

Prioritering og kvalitet

Venner eller fjender?

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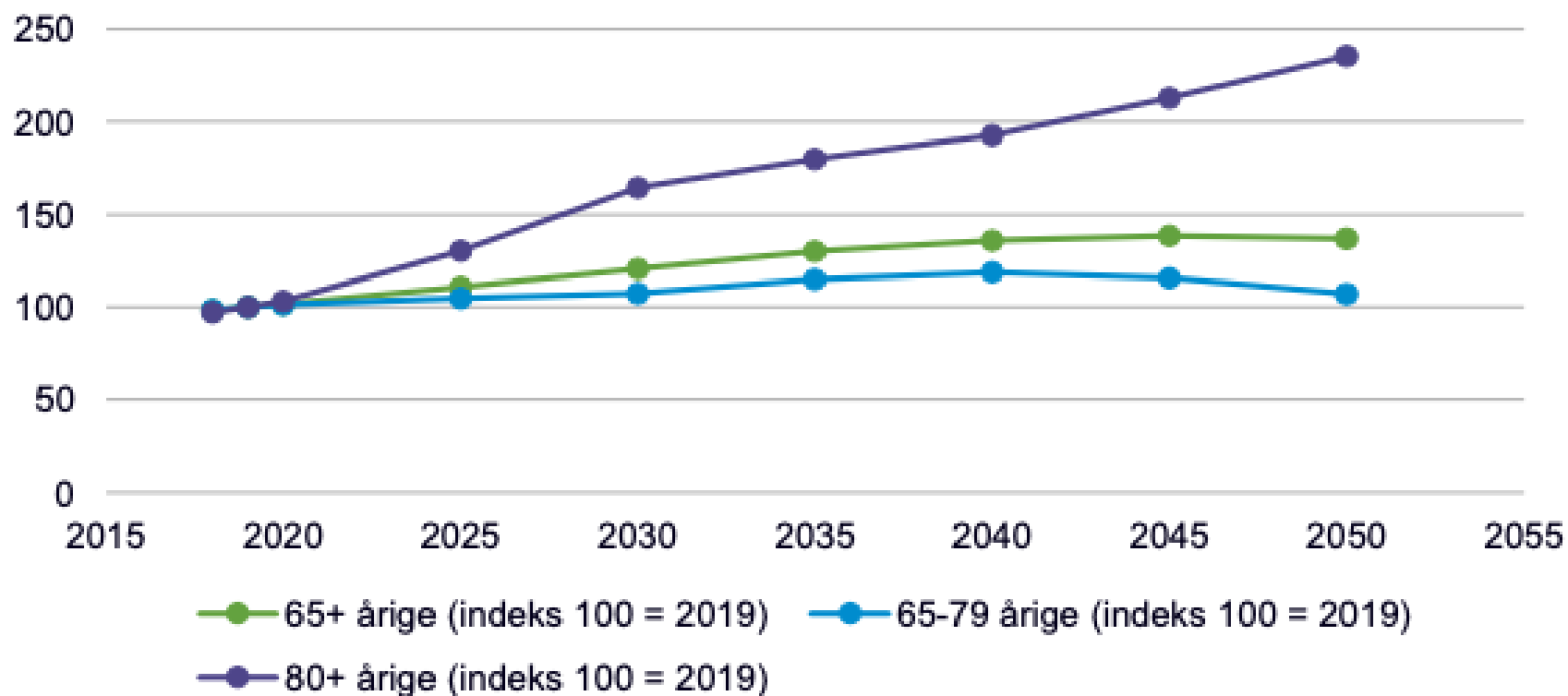
Syddansk Universitet

DSKS, Nyborg, 9. januar 2025

Er prioritering og kvalitet fjender?

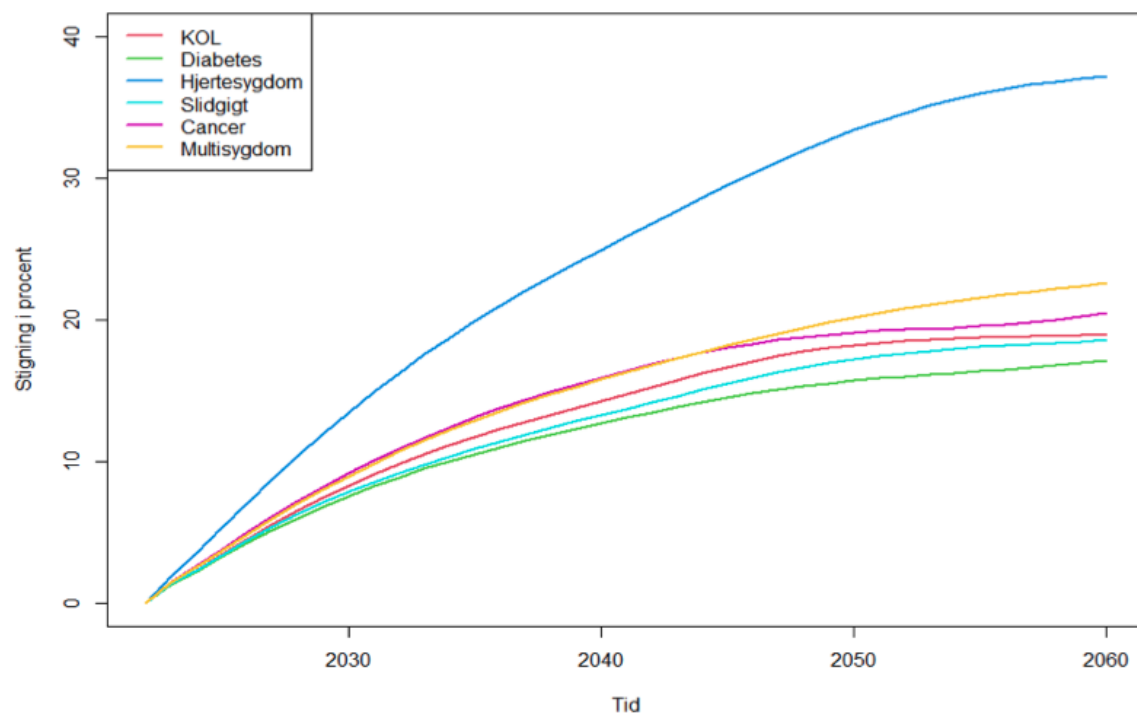
Flere lever længere....

Figur 2.1 - Folketal og fremskrivning af folketal 2020-2050, 65+ årige (indeks 100 = 2019)



Kilde: Befolkningsregistret (Danmark Statistik – Statistikbanken) og egne beregninger.

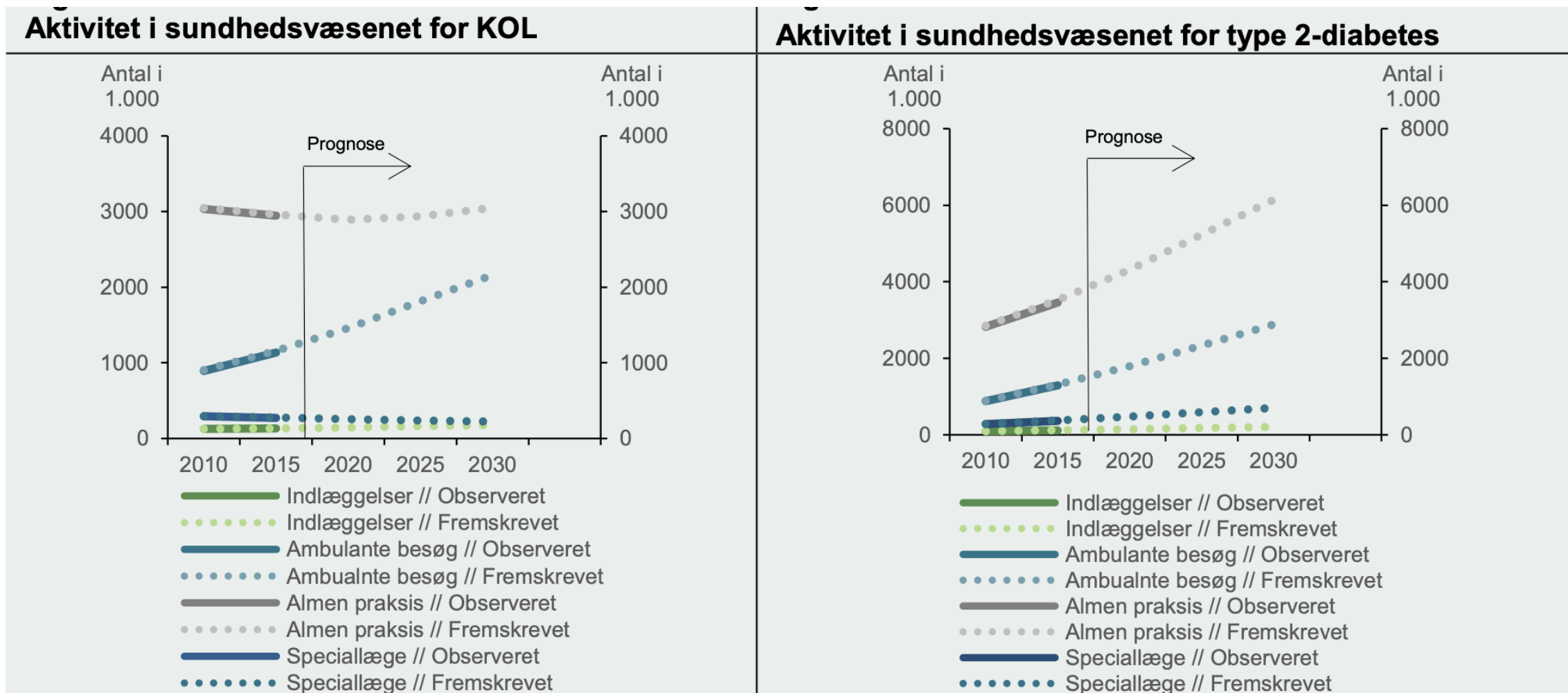
...med kronisk sygdom



Sygdom	Stigning	Antal 2022	Antal 2050
KOL	18 %	272,294	321,828
Diabetes	16 %	265,906	307,635
Kronisk hjertesygdom	33 %	245,751	327,820
Slidgigt	17 %	41,728	48,919
Cancer	19 %	174,427	207,719
Multimorbiditet	20 %	1,257,307	1,510,880
Befolkning (18+ år)	7 %	4,721,690	5,042,183

Tabel 1. Relativ stigning i forekomsten af 5 kroniske sygdomme samt multisygdom ved fremskrivning til år 2050.

...så vi kan forvente øget aktivitet i sundhedsvæsenet



Kilde: Sundheds- og ældreministeriet, 2018, *Sundheds- og Ældreøkonomisk Analyse* efter

Davidson, M., Jensen, H. A. R og Thygesen, L. C. (217): Sygdomsudviklingen i Danmark fremskrevet til 2030. KOL og type 2-diabetes. Statens Institut for Folkesundhed, Syddansk Universitet.

Og der er tilmed flere og flere

Så er der overhovedet
"råd" til at gå op i kvalitet?



Danske Regioner lancerer plan for at bekæmpe ventelister og personalemangel i sundhedsvæsenet

14.9.2022 05:00:00 CEST | [Danske Regioner](#) | Pressemeddelelse

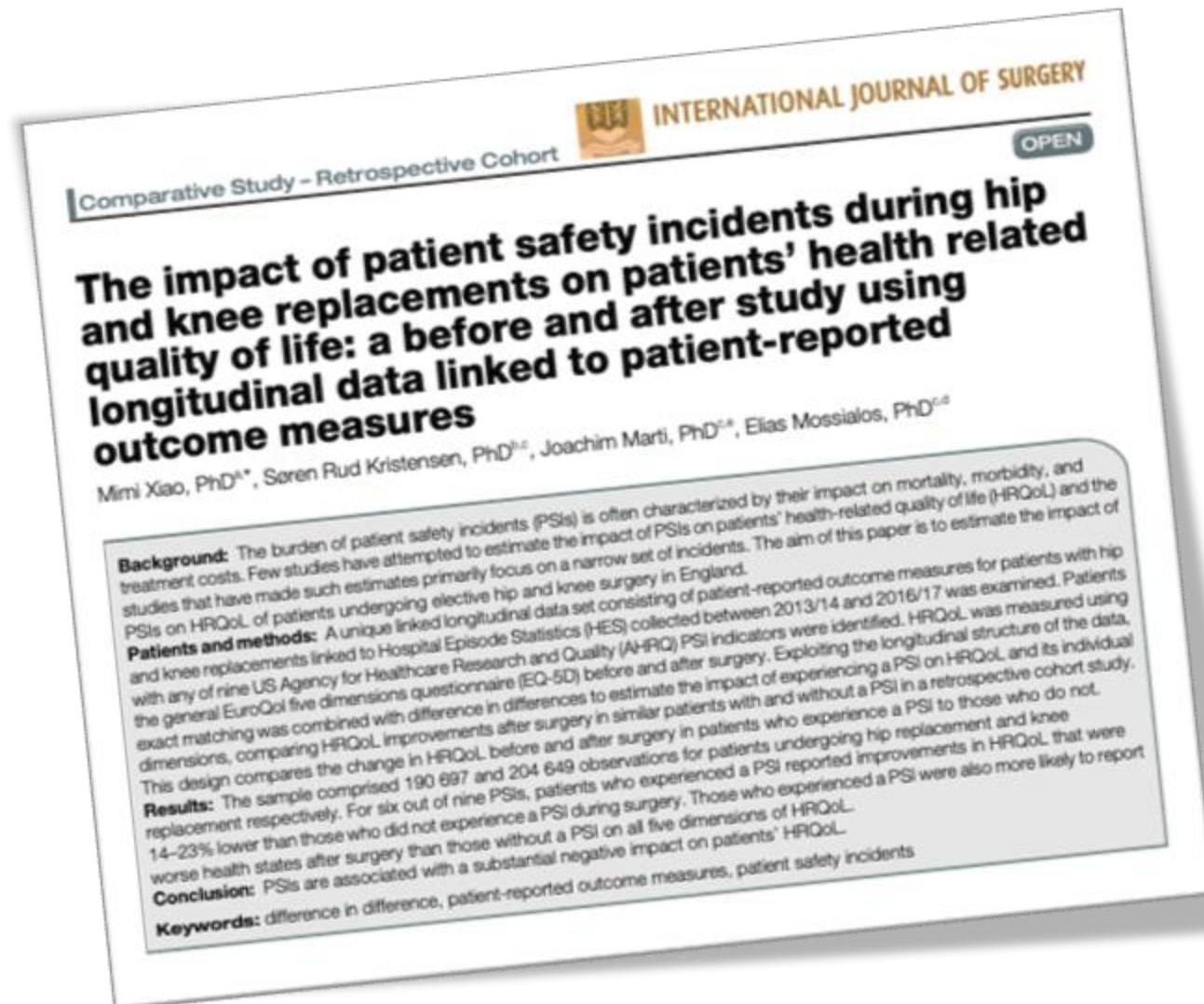
Dårlig kvalitet kan være dyrt



Utsigtede hændelser blandt akut indlagte patienter medførte

- + DKK 70.000 omkostninger under 1. indlæggelse (+100%)
- + DKK 37.000 i de følgende 6 mdr.
- **Anslået** årlig meromkostning på DKK 23 mia

...og have konsekvenser for patienternes livskvalitet



Hofte- og knæpatienter der oplevede utilsigtede hændelser under indlæggelsen oplevede

- 14—23% lavere forbedring i helbredsrelateret livskvalitet* efter elektiv kirurgi

*EQ5D: Bevægelighed; Personlig pleje; Sædvanlige aktiviteter; Smerter/ubehag; Angst/depression

Så er der sammenhæng mellem omkostninger og kvalitet?

Annals of Internal Medicine
The Association Between Health Care Quality and Cost
A Systematic Review
Peter S. Hussey, PhD; Samuel Wertheimer, MPH; and Ateev Mehrotra, MD, MPH

Background: Although there is broad policy consensus that both cost containment and quality improvement are critical, the association between the two is not well understood.

Purpose: We examined the direction of the association between health care cost and quality.

Data Sources: MEDLINE, EMBASE, and 2010-2019.

Study Design: Systematic review.

Data Synthesis: Of 61 included studies, 33 (54%) reported a positive or mixed-positive association (higher cost associated with higher quality); 18 (30%) reported a negative or mixed-negative association; and 10 (16%) reported no association.

Conclusion: Evidence of the direction of association between health care cost and quality is inconsistent.

Review

Review Article

Journal of Health Services Research & Policy
2017, Vol. 22(2) 126-133
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DOI: 10.1177/1355819616682283
journals.sagepub.com/home/hsr

The cost-quality relationship in European hospitals: a systematic review

Rikke Søgaard¹ and Ulrika Enemark²

Abstract
Objective: To determine the relationship between cost and quality in European hospitals.
Methods: Juran's cost-quality curve served as a theoretical framework, linked to basic efficiency concepts. Based on a systematic review of studies published between 1990 and 2015, we examined the relationship between cost and quality in European hospitals. We used a meta-analysis to examine the relationship between cost and quality in European hospitals. We used a meta-analysis to examine the relationship between cost and quality in European hospitals.

There was evidence of positive, negative, two-directional and no association between cost and quality.

Applied Health Economics and Health Policy (2020) 18:625-639
https://doi.org/10.1007/s40258-020-00577-6

SYSTEMATIC REVIEW

A Systematic Review of the Association Between Hospital Cost/price and the Quality of Care

Sara Jamalabadi¹ · Vera Winter^{1,2} · Jonas Schreyögg¹

Published online: 15 April 2020
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Abstract
Background: Limited empirical evidence on the association between hospital cost/price and the quality of care has led to conflicting policy recommendations. We conducted a systematic review to examine the relationship between hospital cost/price and the quality of care. We used a meta-analysis to examine the relationship between hospital cost/price and the quality of care. We used a meta-analysis to examine the relationship between hospital cost/price and the quality of care.

...there is no general relationship between cost/price and the quality of care.

Er prioritering og kvalitet venner ?

Makro- og værdiprioritering

Behandlingsprioritering



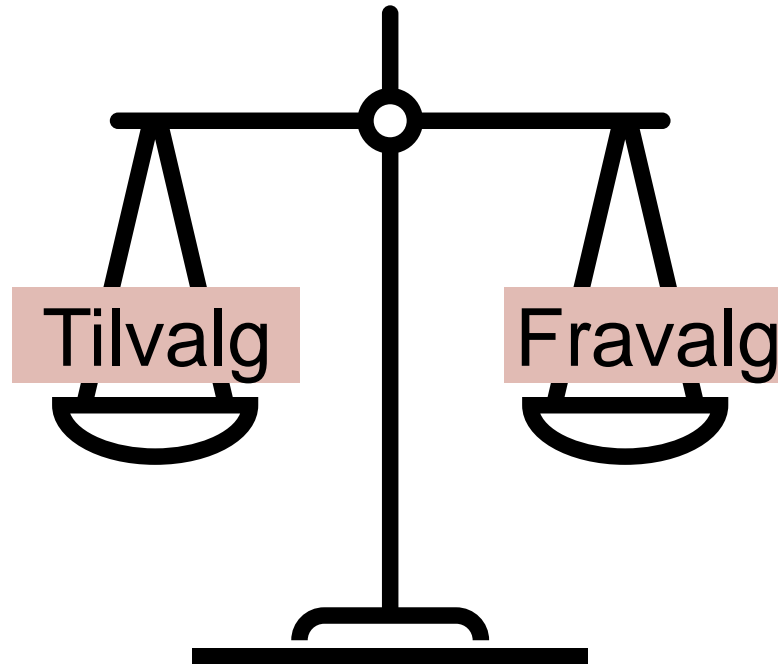
Rationering & Triagering



Prioritering er vigtig fordi...

Ressourcer er begrænsede og kan ikke bruges to steder samtidigt

Derfor er konsekvensen af



Alternativomkostningen = værdien af det vi ikke får pga vores tilvalg ¹²

A: sundhed

INDLAND

Professorer: Svære afvejsninger af sundhed mod økonomi er nødvendige

Hospitaler bruger milliarder ekstra på medicin: Prisen presser personale og plejen

Behandlinger med ny, dyr medicin kan i sidste ende gå ud over personalet selv.

Ny medicin bliver ofte afvist: 'Et forhandlingsspil, hvor patienterne taber'

Medicinerådet siger helt eller delvist nej til ny medicin i mere end fire ud af ti tilfælde.



Information

LESETID: 14 MIN.

Hvem skal have den dyre medicin – og hvem skal ikke?

Det nyetablerede Medicinråd har vurderet, at prisen på muskelsvindmedicinen Spinraza ikke står mål med v Siden har debatten v de syge børn føler, a medicinalindustrien verden for. Spinraza

Sundhedsøkonom: De liv, vi redder nu, kan koste leveår på sigt

Skrevet af Nina Bro d. 25. marts 2020 i kategorien Nyheder (/nyheder.html)

Nyt medicinråd skal gøre op med dyr medicin



Cecilie Gormsen



Ole Nikolaj Møbjerg Toft | 5. februar 2016 kl. 12:32 |

Medicinrådet skal bruge Qaly i vurdering af ny medicins effekt

Qaly inddrages i Medicinrådets vurderinger fra efteråret 2020, har Danske Regioners bestyrelse nu vedtaget. Tre organisationer får mulighed for at komme med input til arbejdet med den nye metode.

Findes der lette (fra)valg?

Tackling Wasteful Spending on Health

10-15% af hospitalsomk vedrører efterbehandling af utilsigtede hændelser

OECD

Kommission for robusthed i sundhedsvæsenet

15-20% af aktiviteten er Uhensigtsmæssig eller irrelevant

Robusthedskommissionens anbefalinger

September 2023

Quantifying Low-value Care in Germany: An Observational Study Using Statutory Health Insurance Data From 2018 to 2021

Leif Hildebrandt, MSc, Carolina Pioch, MSc, Lotte Dammertz, MSc, Peter Ihle, MD, Monika Nothacker, MD, Guido Schneider, Dr rer pol, Enno Swart, Dr rer biol hum, Reinhard Busse, MD, MPH, Verena Vogt, DrPH

ABSTRACT

Objectives: Low-value care refers to medical services whose benefits do not outweigh the costs and potential harm. This study estimates the prevalence, distribution, and associated costs of 24 low-value care services within the German public healthcare system.

Methods: This study was designed as a large-scale retrospective analysis of statutory health insurance data provided by the Technical Insurance Association of Germany, covering approximately 111 million consultations. The prevalence of low-value care, value service indicators, and low-value care, both underestimation) were approximately 10.4% and 4.0%, respectively. The true extent of low-value care is expected to lie between appropriate indicators, providing a range within which the narrow definitions (potential low-value care for 24 services) evaluated.

Results: Between 2019 and 2021, 1.6 million patients were identified as having received at least 1 low-value service using the 24 indicators. Of all 10.6 million delivered services (cases) evaluated, on average per year, 1.1 million cases (broad definition) and 0.43 million cases (narrow definition) were classified as low-value care, corresponding to 10.4% and 4.0%, respectively. The costs incurred by the identified services were approximately euros €15.5 million (broad definition) and €9.9 million (narrow definition) annually.

Conclusions: Despite the limitations of German statutory health insurance data, considerable low-value care was found within several of the 24 low-value indicators. The findings highlight the necessity for targeted interventions to mitigate low-value care in Germany, guiding healthcare policy and practice to enhance quality and safety effectively.

Keywords: healthcare, health policy, health services research, low-value care, quality indicators.

VALUE HEALTH 2024; ■■■■

Highlights

Low-value healthcare services not only incur additional costs within the healthcare system but also pose potential risks to patients receiving such care. Previous studies in Germany have primarily focused on specific services or settings, rather than providing a comprehensive overview or large-scale analysis.

- This study quantifies the extent of low-value care for 24 services provided in the German healthcare system. Using 2 definitions of varying strictness, we found, on average, between 4.0% and 10.4% of all evaluated cases were classified as low-value care annually. In the ambulatory sector, €10 to €15 million were billed for these services.
- The findings of this study serve as a critical starting point for identifying and addressing the overuse of healthcare services. By providing a

Så er prioritering og kvalitet venner eller fjender?

- Demografiske udfordringer og nye behandlingsmuligheder øger behovet for prioritering
- Et hvert valg er samtidigt et fravalg
- God kvalitet behøver ikke at koste mere – det kan nogle gange reducere omkostninger
- Prioritering og kvalitet kan som gode venner sikre vi får mest værdi for de knappe ressourcer

Tak for opmærksomheden!

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X @soerenrk

🌐 <https://portal.findresearcher.sdu.dk/da/persons/srkristensen>

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🌐 dache.dk

