

## Avoidable hospital admissions

Asthma, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) are widely prevalent long-term conditions. Common to all three conditions is that the evidence base for effective treatment is well established, and much of it can be delivered by primary care. A high-performing primary care system, where accessible and high-quality services are provided, can reduce acute deterioration in people living with asthma, COPD or CHF. Hospital admissions for these conditions are largely avoidable and are therefore used as a marker of quality and access to primary care, with the proviso that very low admissions rates may also partly reflect reduced access to acute care.

Primary care is often the first contact point that people have with health systems. Yet inadequate access to high quality primary care can lead to hospital admissions for conditions that are largely avoidable. Its functions include promoting health and preventing disease; dealing with new health complaints; treating the majority of uncomplicated cases; managing chronic conditions; and referring patients to specialist or hospital-based services when appropriate. A key aim of primary care is to keep people well by providing a consistent point of care over the long term, treating common conditions, tailoring and co-ordinating care for those with multiple healthcare needs, and supporting patients' self-management of their conditions. Good primary care, therefore, has the potential to improve health, reduce socio-economic inequalities in health and make healthcare systems people-centred, while making better use of healthcare resources (OECD, 2020<sup>[11]</sup>). The COVID-19 pandemic also highlighted the importance of strong primary care for disease prevention, since people with chronic conditions have higher risks of adverse health outcomes due to infection.

Figure 6.9 shows that the combined hospital admission rates for asthma and COPD varied 15-fold across OECD countries in 2021, with Mexico, Italy and Chile reporting the lowest rates and Australia and Denmark reporting the highest, at over twice the OECD average. Prior to the pandemic, hospital admission rates for asthma and COPD decreased in nearly all OECD countries – on average by 13% between 2011 and 2019. The decline was most notable in the Slovak Republic and Lithuania, where the rate was high in 2011, thereby narrowing the cross-country variation. During the pandemic, the decline was more significant, with the average decrease in OECD countries about 40% between 2019 and 2021, but this likely reflects in part more limited access to hospital care at this time.

Hospital admission rates for CHF varied 13-fold across OECD countries, as shown in Figure 6.10. Mexico and Costa Rica had the lowest rates, while Poland reported a rate over twice the OECD average. As with asthma and COPD, the average admission rate across OECD countries decreased (by 6%) between 2011 and 2019. During the pandemic, the rate decreased further in most countries – on average, a decline of about 20% was reported across OECD countries between 2019 and 2021. Only Costa Rica and Norway reported an increase.

While overall improvements between 2011 and 2019 may represent advances in the quality of primary care, investment in primary care may still not be happening quickly enough, potentially resulting in unnecessary spending on high-cost hospital care (OECD, 2017<sup>[2]</sup>). The accelerated decline in hospital admissions between 2019 and 2021 is likely to be due to difficulties in accessing healthcare and hesitancy among patients to seek regular care during the COVID-19 pandemic. However, it may also indirectly reflect improved access to and quality of primary care to some extent, since OECD countries adopted telemedicine and digital tools quickly to facilitate access; by early 2021, almost one in two adults had consulted their physician remotely in 22 out of 27 European countries (OECD, 2023<sup>[3]</sup>); see section on “Digital health” in Chapter 5). The COVID-19 crisis highlighted the importance of placing primary healthcare at the core of health systems, both to manage an unexpected surge in demand and to maintain continuous access to high-quality care for all, while containing increases in healthcare costs (OECD, 2020<sup>[11]</sup>).

### Definition and comparability

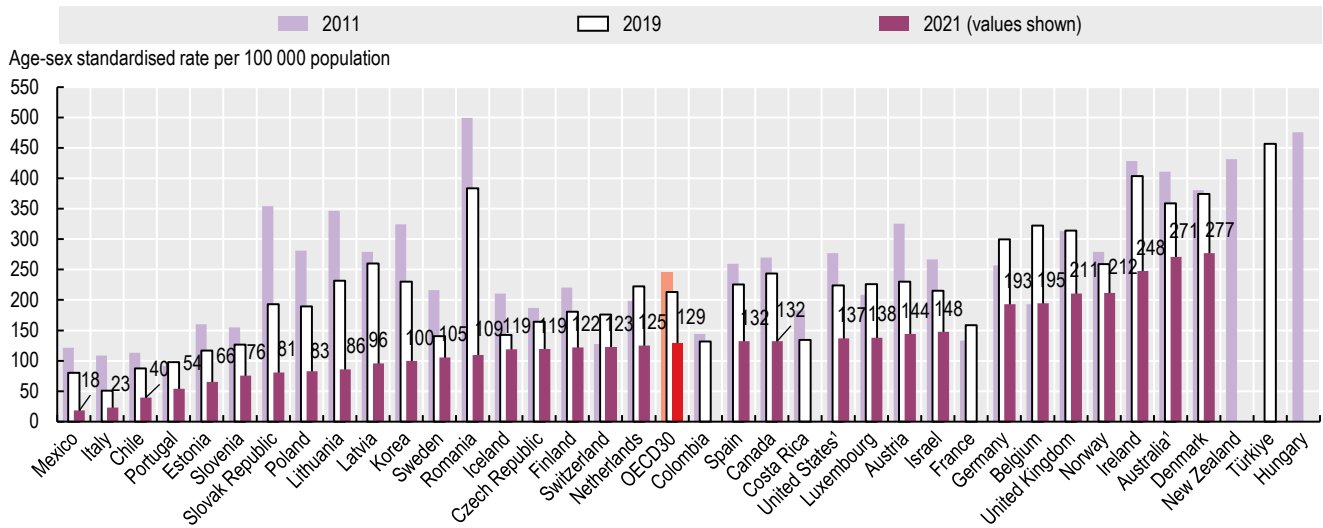
The indicators are defined as the number of hospital admissions with a primary diagnosis of asthma or COPD or CHF among people aged 15 years and over per 100 000 population. Rates are age- and sex-standardised to the 2015 OECD population. Admissions resulting from a transfer from another hospital and where the patient dies during admission are excluded from the calculation, as these are considered unlikely to be avoidable.

Disease prevalence and availability of hospital care may explain some, but not all, variations in cross-country rates. Differences in coding practices among countries may also affect the comparability of data. For example, the exclusion of transfers cannot be fully complied with by some countries. Differences in data coverage of the national hospital sector across countries may also influence rates.

### References

- OECD (2023), *Ready for the Next Crisis? Investing in Health System Resilience*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/1e53cf80-en>. [3]
- OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a92adee4-en>. [1]
- OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264266414-en>. [2]

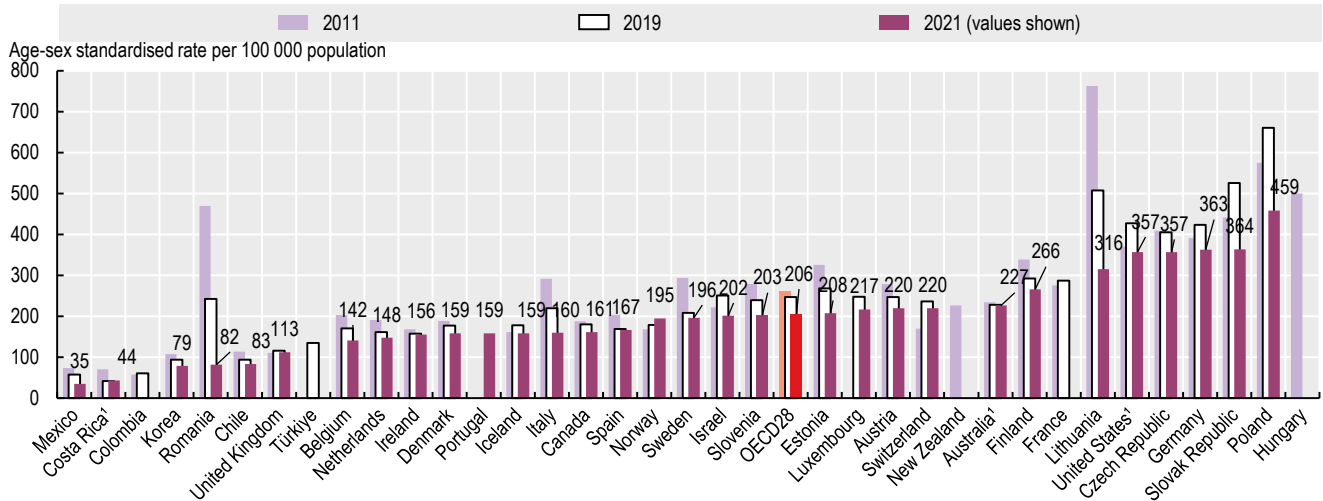
**Figure 6.9. Asthma and chronic obstructive pulmonary disease hospital admission in adults, 2011, 2019 and 2021 (or nearest years)**



1. Latest data refer to 2020 instead of 2021.  
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/oful6a>

**Figure 6.10. Congestive heart failure hospital admission in adults, 2011, 2019 and 2021 (or nearest years)**



1. Latest data refer to 2020 (and 2022 for Costa Rica) instead of 2021.  
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/v07e5d>



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