Quality of health care

The health system is responsible for preventing health problems (i.e. prevention) and addressing acute or chronic health problems when they arise (i.e. treatment). High-quality care is care that is safe, effective and patient-centred. Quality of care can be assessed through measuring structures, processes and outcomes.

Electronic medical records (EMRs) can contribute to greater co-ordination of health services and improved quality of care, especially if they allow information about patients to be shared between practitioners. On average across OECD countries, 82% of primary care physicians' offices used electronic records in 2016, compared to 73% of medical specialists' offices. In 8 out of 25 OECD countries, EMRs were already used by 100% of primary care offices in 2016, and by all specialist offices in Denmark, Finland, Greece and Sweden. In contrast, only around one-third of primary care offices in Poland, Mexico (30% each) and Japan (36%) were using EMRs in 2016, and only a small share of specialist offices in Switzerland (18%). Between 2012 and 2016, Denmark achieved the greatest progress in take up of EMR use in both primary care and specialist offices (Figure 14.21).

Primary care is usually the initial point of contact between patients and the health care system, and is responsible for the prevention, early diagnosis and management of both communicable and chronic health conditions. Diabetes is a growing chronic condition with well-established treatments which can, for the most part, be delivered at the primary care level. Thus, high-quality primary care can prevent unnecessary admissions to hospital (OECD, 2019). In 2017, on average across the OECD, the hospitalisation rate for diabetes was 127 per 100 000 people, a decrease of over 10% from 2012. Mexico had the highest rate of potentially avoidable hospital admissions for diabetes (249 per 100 000 population), whereas Iceland (42), Italy (43) and Spain (45) had the lowest. Austria, Ireland and Korea have seen the largest reductions in the rate of diabetes hospitalisations between 2012 and 2017 (Figure 14.22).

Mortality within 30 days after hospital admission for potentially fatal conditions such as ischaemic stroke is a well-recognised indicator of the quality of acute care in hospital. On average across the OECD, in 2017, the age-standardised rate of mortality after hospital admission for ischaemic stroke was 7.6 per 100 admissions in people aged 45 and over, a decrease from 10 in 2012. Japan (3.0) and Korea (3.2) had the lowest rates among OECD countries, and Latvia (20.4) the highest. The United Kingdom (-6.5), the Netherlands (-5.3) and Australia (-5.1) have seen the largest reductions since 2007, while Latvia (0.9) and Colombia (0.4) have seen increases in mortality rates between 2007 and 2017 (Figure 14.23).

Methodology and definitions

An EMR is a computerised medical record created in an organisation that delivers care, such as a hospital or physician's office, for their patients. Ideally, EMRs should be shared between providers and settings to provide a detailed history of individual patients' contact with the health care system across multiple organisations (Oderkirk, 2017). The figures on EMR implementation come from the 2016 OECD HCQI Questionnaire on Secondary Use of Health Data: Electronic Health Records s to which 25 OECDcountries responded.

The rate of avoidable admissions for diabetes is based on the sum of three indicators: admissions for short-term and long-term complications, and for uncontrolled diabetes without complications. The indicator is defined as the number of hospital admissions with a primary diagnosis of diabetes among people aged 15 years and over per 100 000 population.

The case-fatality rate for ischaemic stroke measures the percentage of people aged 45 and over who die within 30 days following admission to hospital. The rates presented in Figure 14.23 refer to patients who died in the same hospital where they were initially admitted (i.e. unlinked data). Rates are age-sex standardised.

Further reading

Oderkirk, J. (2017), "Readiness of electronic health record systems to contribute to national health information and research", *OECD Health Working Papers*, No. 99, OECD Publishing, Paris, *https://doi.org/10.1787/9e296bf3-en*.

OECD (2017), *Caring for Quality in Health: Lessons Learnt from 15 Reviews of Health Care Quality*, OECD Reviews of Health Care Quality, OECD Publishing, Paris, *https://doi.org/10.1787/9789264267787-en*.

OECD (2019), *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris, *https://doi.org/10.1787/4dd50c09-en*.

Figure notes

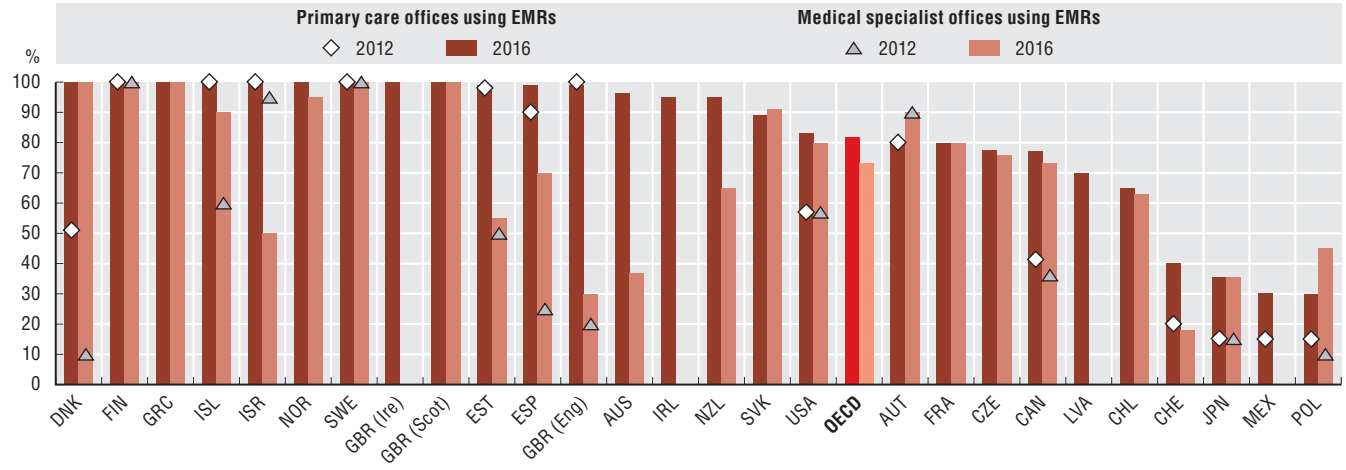
14.21. Data for Canada refer to the percentage of physicians (not physicians' offices). Data for Chile for primary care refer to hospitals at stage 2 or above, and for specialist offices refer to practices. Data for Japan and the United States (for 2012 only) refer to the percentage of physicians' offices (both primary care and specialists).

14.22. Data for Germany and for Portugal are for 2011 instead of 2012. Data for Estonia and the United States are for 2014 instead of 2012. Data for Australia, Iceland, the Netherlands, Poland and the United States are for 2016 instead of 2017. Data for France, Luxembourg and Switzerland are for 2015 instead of 2017. Data for New Zealand are for 2014 instead of 2017.

14.23. Data for Estonia, Lithuania and Turkey for 2007 are not available.

14.22 and 14.23. Data for Iceland and Luxembourg show a three-year average.

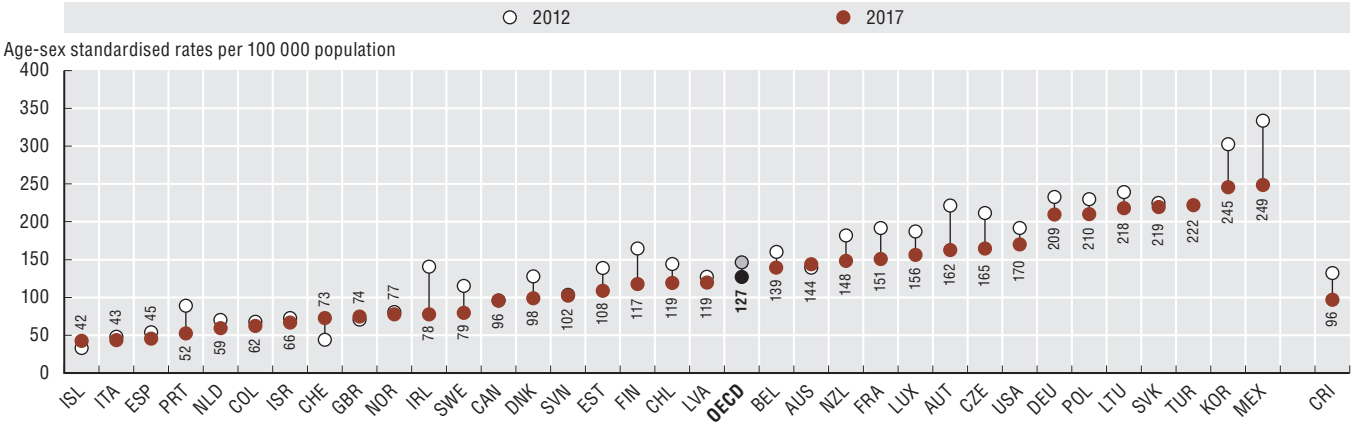
14.21. Percentage of primary care and medical specialist offices using electronic medical records, 2012 and 2016



Source: OECD (2012 and 2016) *OECD HCQI Questionnaire on Secondary Use of Health Data: Electronic Health Records.*

StatLink https://doi.org/10.1787/888934259788

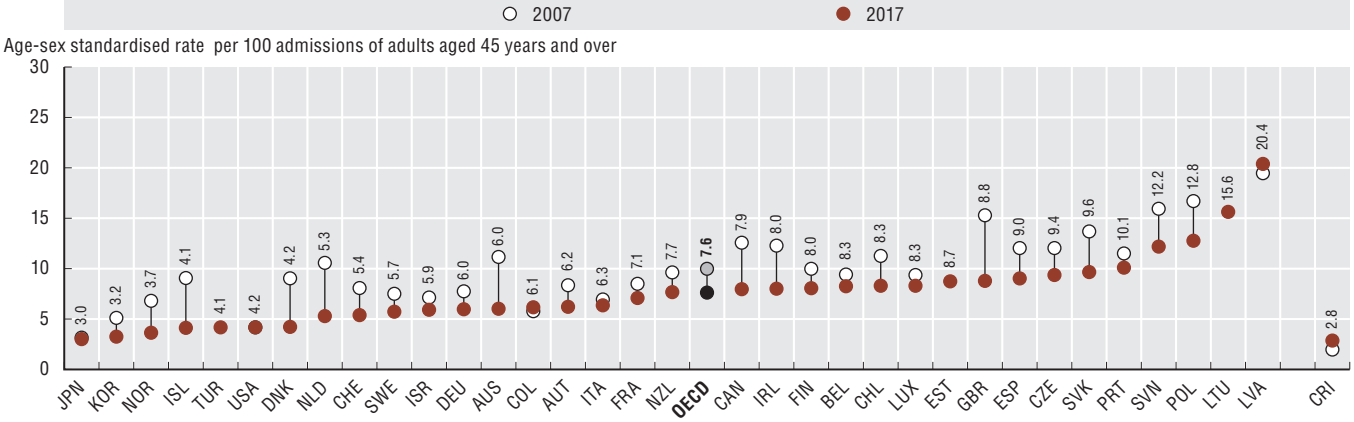
14.22. Diabetes hospital admission in adults, 2012 and 2017



Source: OECD (2020), *Health Statistics* (database).

StatLink https://doi.org/10.1787/888934259807

14.23. Thirty-day mortality after admission to hospital for ischaemic stroke based on unlinked data, 2007 and 2017



Source: OECD (2020), *Health Statistics* (database).

StatLink https://doi.org/10.1787/888934259826