THE ECONOMICS OF PATIENT SAFETY IN PRIMARY AND AMBULATORY CARE

FLYING BLIND

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OECD
BETTER POLICIES FOR BETTER LIVES

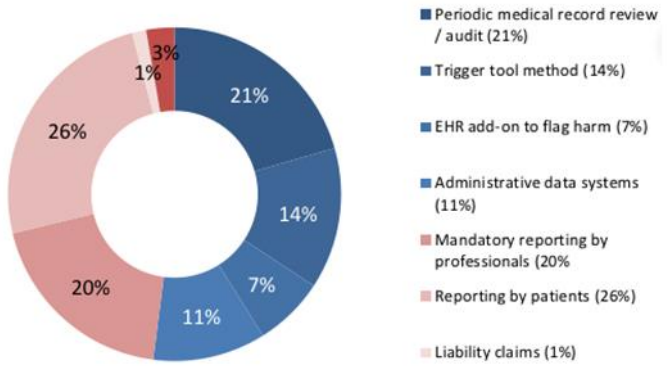
Adopting a health system approach to patient safety

- Last year's OECD report on the *Economics of Patient Safety* focused on the lack of balance between prevention and failure costs and suggested "best buys" for a mix of safety strategies at national, organisational and clinical level.

- This years report focuses on strengthening upstream measurement and interventions in primary and ambulatory care

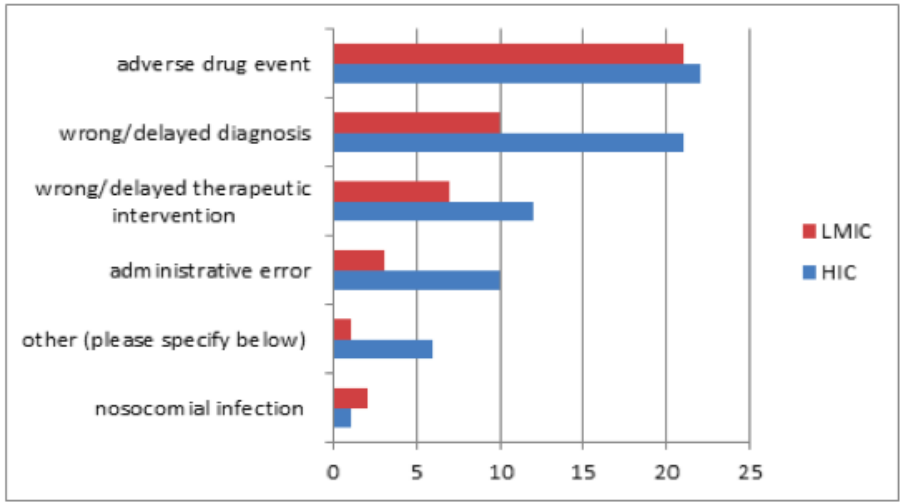
Adverse event reporting, safety indicators based on routine data collection, patient reported safety information

Figure 2.1. Complementary measuring methods favoured by survey respondents (developed countries)



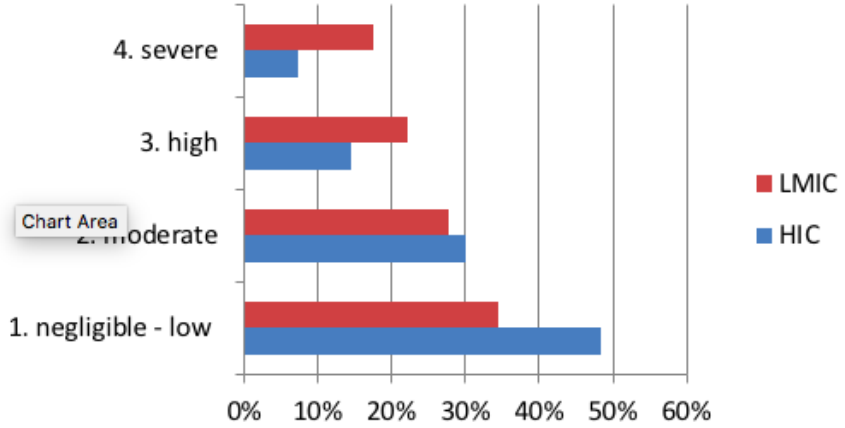
Note: Based on responses to the question: *What should be done to systematically measure the incidence, nature and impact of patient harm across the ambulatory/primary sector? Please choose three from the options provided.* (73 selections)
Source: OECD Patient Safety Snapshot survey, 2018 (n=26)

Figure 2.3. Most common causes of patient harm in primary and ambulatory care settings



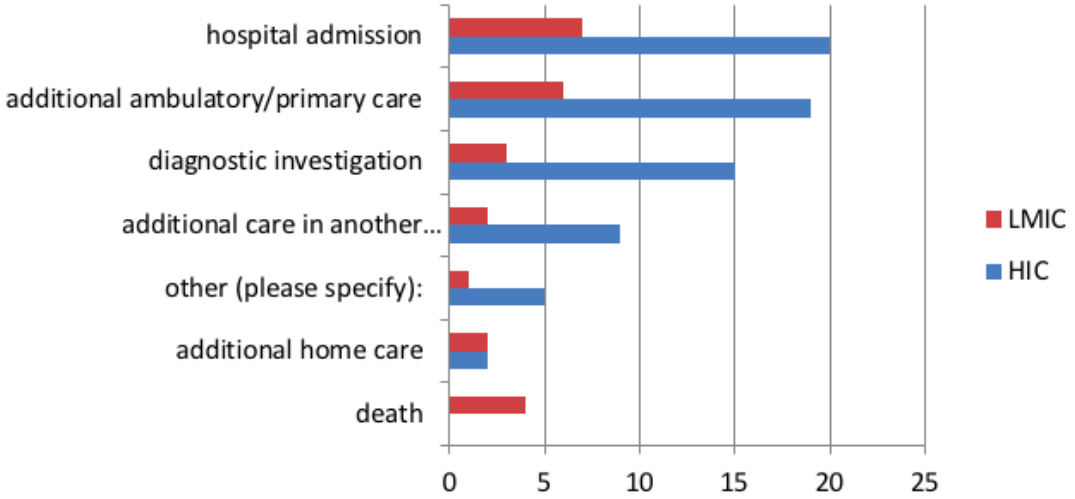
Note: Responses to the question: *What are the most common causes of patient harm in ambulatory/primary care?*
Source: OECD Patient Safety Snapshot survey, 2018.

Figure 2.4. Severity of harm is typically low in this setting



Note: Responses to the question: *How severe is the patient harm in ambulatory/primary care? Please distribute 100 points over the four categories listed below?*
Source: OECD Patient Safety Snapshot Survey, 2018

Figure 2.5. Typical sequelae of harm in primary/ambulatory care



Note: Response to the question: *What are the three most common consequences related to healthcare use of patient harm in ambulatory/primary care?*

Failure costs based on avoidable hospital admissions

Table 3.2. Impact of avoidable hospital admissions for five chronic conditions, 27 OECD countries, 2014

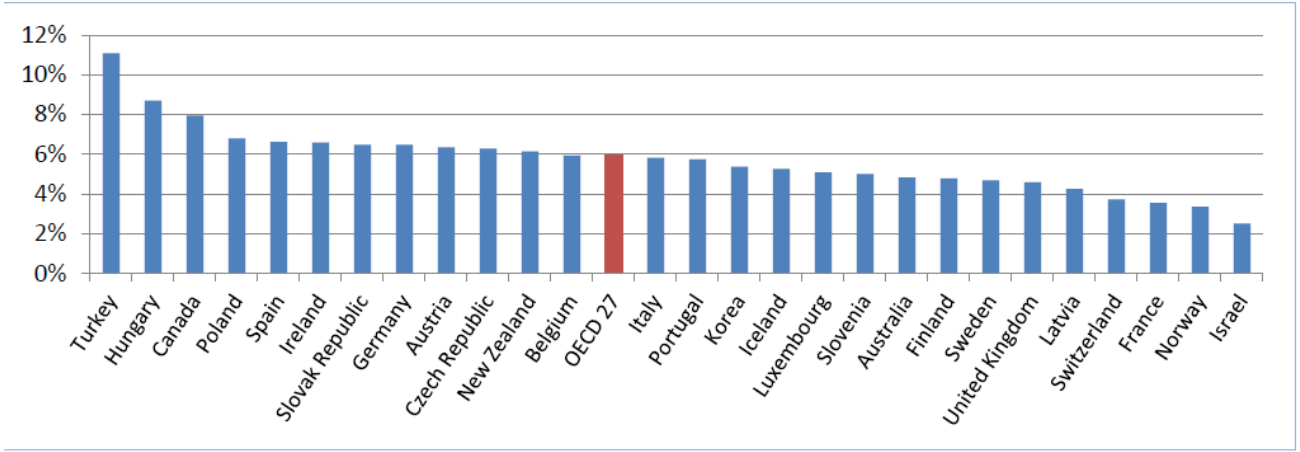
	Diabetes	Hypertensive diseases	Heart failure	COPD & Bronchiectasis	Asthma	**Total**
Admissions	1,041,407	717,028	1,750,617	1,427,355	492,741	**5,429,148**
% of all admissions	1%	0.7%	1.7%	1.4%	0.5%	**5.2%**
Average LOS (bed days)	9.5	8.8	10.1	9.5	6.4	**8.9** (avg)
Total bed days	11,216,160	5,997,288	17,326,227	13,525,078	3,366,991	**51,431,744**
Proportion of all bed days	1.3%	0.7%	2.0%	1.6%	0.4%	**5.9%**
Typical admissions* foregone	1,338,147	652,696	2,182,225	1,967,705	475,956	**6,616,730**

Note: A 'typical admission' is the average LOS of admissions for all diagnoses and conditions treated in hospital. Foregone admissions assume that hospitals are operating at near full capacity.
Source: OECD.stat

Avoidable hospital admissions

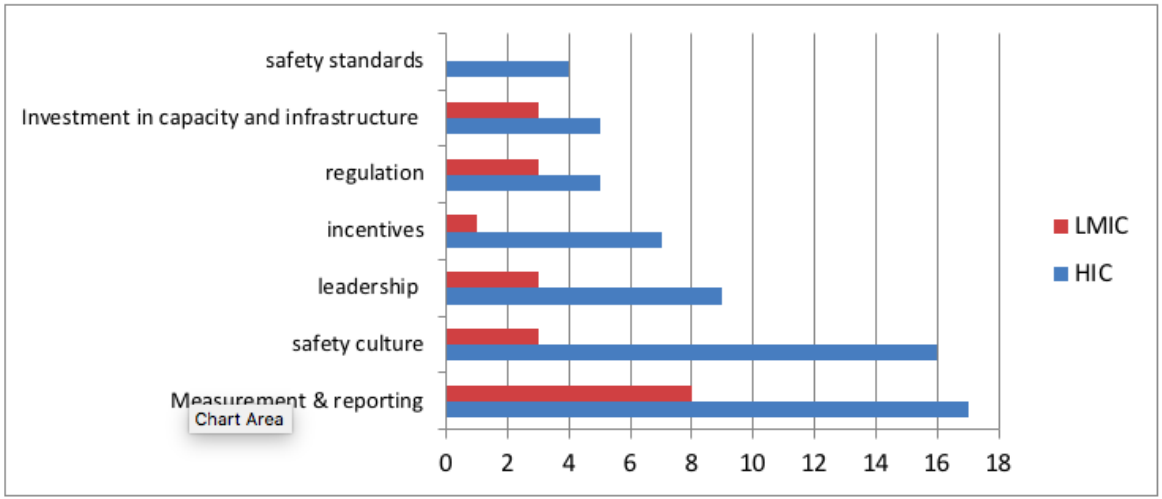
Figure 3.1. Proportion of bed days accounted for by hospitalisation for five conditions, 2014

Admissions for 1. diabetes, 2. hypertension, 3. heart failure, 4. COPD/ bronchiectasis, or 5. asthma



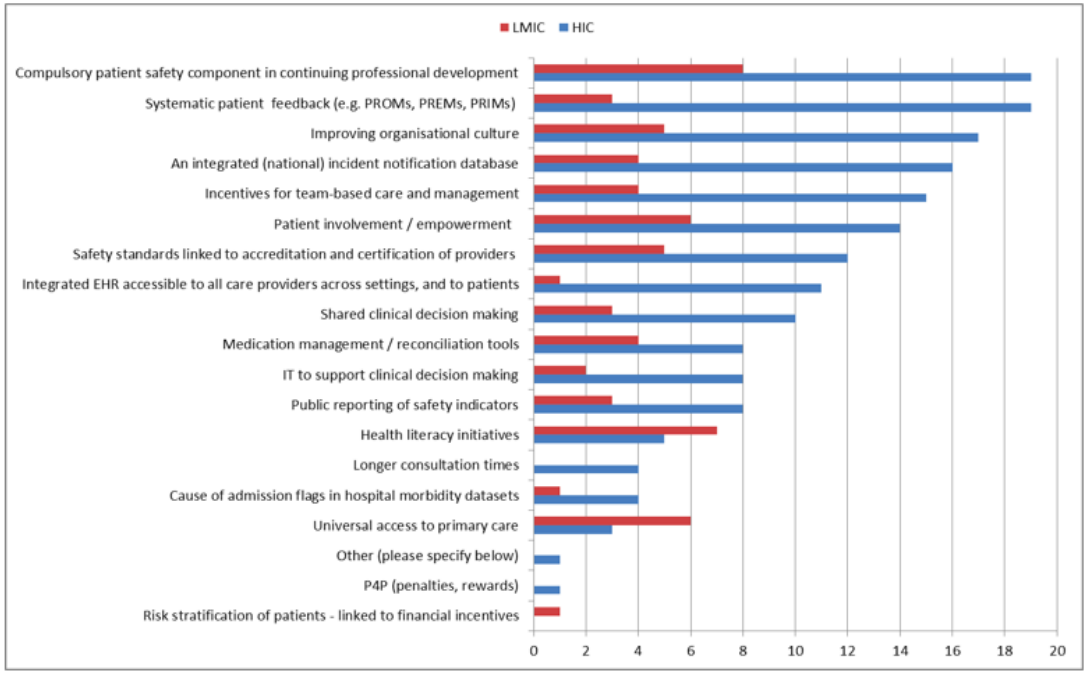
Note: Results for Canada use 'curative' admissions as the denominator. Curative admissions are a subset of all admissions (used for all other countries). This is likely to inflate the Canadian proportion.
Source: OECD.stat

Figure 4.1. High-level strategies to improve safety of care



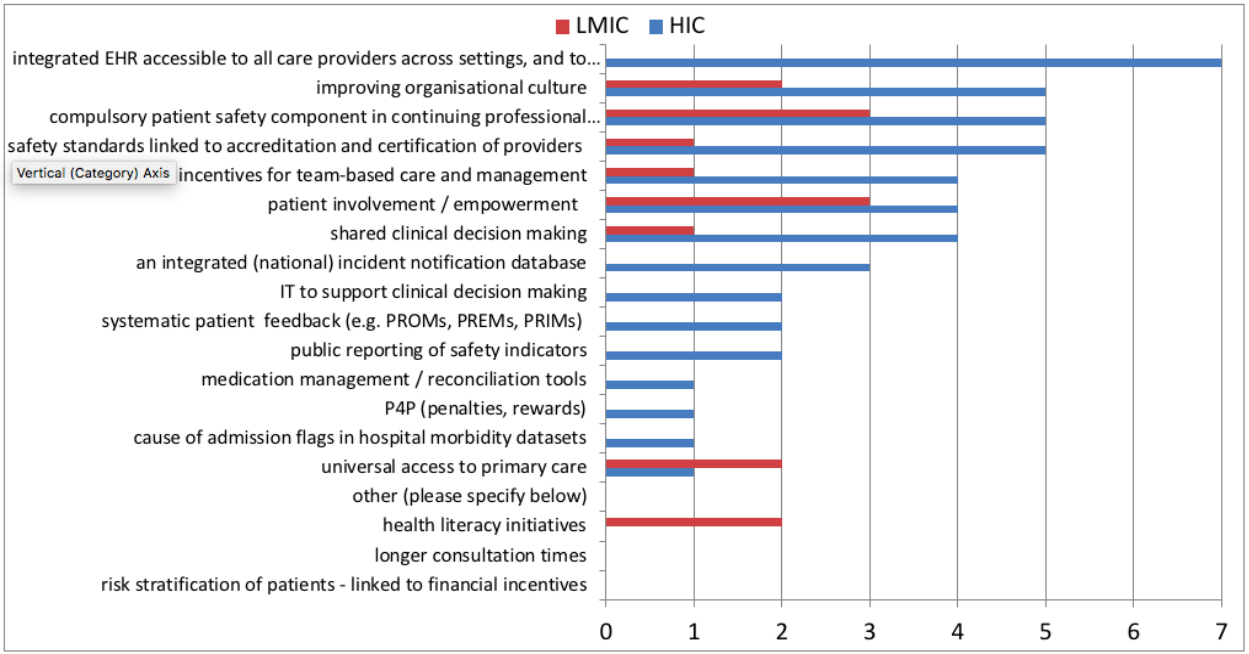
Note: Response to the question: *What high-level strategies and policies should decision makers prioritise to improve safety across the ambulatory/primary care sector? Please provide 3 items in free text. Please use high-level terms such as 'measurement' 'regulation' 'financing' 'culture' 'leadership' and provide a brief description.*

Figure 4.1. Most effective patient safety interventions



Note: Response to the question: *More specifically, what seven interventions would you choose to improve safety/reduce harm in this setting? Please choose from the 21 options in the drop-down list in each cell. (You can view these 21 options on sheet c.) Please provide other initiatives and more detail in the space provided.*
Source: OECD Snapshot survey 2018

Figure 4.2. 'Best buys' in the list of safety interventions

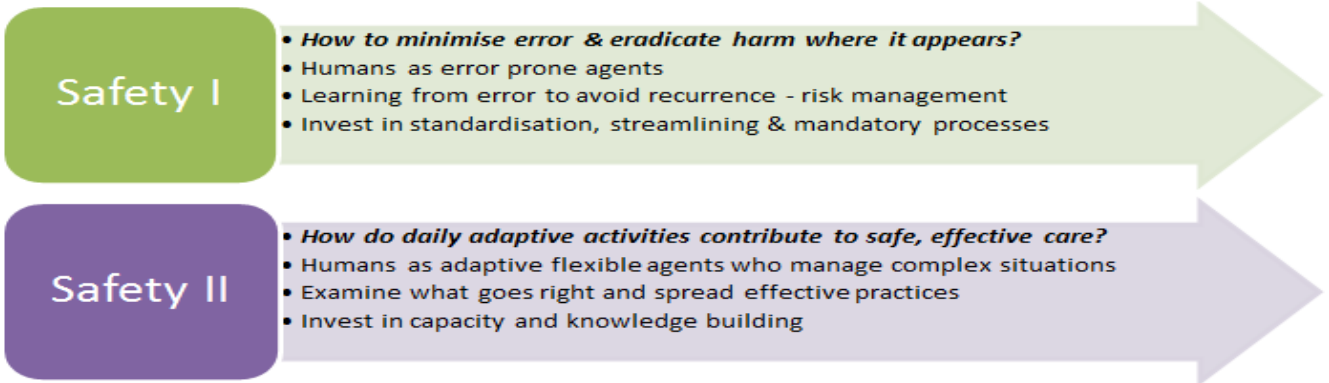


Note: Response to the question: *Which of the interventions listed in Q14 (and sheet c) - or others you may have suggested - are particularly cost-effective to implement across the entire sector? In other words - which are the 'best buys' where the costs of implementation clearly outweigh the costs of harm, and the resources are best invested in this way as opposed to other priorities.*

Source: OECD Patient safety snapshot survey 2018 (n=26)

Strategies to turn health care into a high reliability industry

Figure 9. 'Safety I' and 'Safety II' are complementary



Source: Authors' adaption of Braithwaite & Donaldson (2016) and Braithwaite et al (2015)

Table 4.2. Barriers and enablers

Barriers	Enablers
fragmented nature of this care setting (5)	Data infrastructure (6)
lack of resources (5)	National leadership (4)
Patient complexity (4)	Patient-centeredness (4)
Busy practitioners (3)	No-blame culture (2)
Fear of sanction (3)	Education (2)
Workforce shortage (3)	Incentives (2)
Resistance to change (2)	Collaboration (2)

Source: The authors

Key messages

- Primary and ambulatory care is the foundation and the key to high-performing, sustainable and resilient health systems.

- Safety lapses in primary and ambulatory care are common; many of them can be avoided.

- Half of the global disease burden arising from patient harm originates in primary and ambulatory care.

Key messages

- The financial and economic costs of safety lapses are high.
- The fragmentation of the sector and lack of adequate information must be overcome
- Stronger governance and oversight is required
- Greater patient involvement is the key to safer primary and ambulatory care.
- Leadership is needed at all levels of the health system.

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