

Asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and diabetes are four widely prevalent long-term conditions. About 30 million children and adults under 45 years of age in Europe have asthma, and 5-10% of adults over age 40 have COPD (European Respiratory Society, 2020). It is estimated that more than 15 million people are affected by CHF (European Heart Network, 2019). And about 32 million adults have been diagnosed with diabetes in the EU (IDF, 2019). Common to all these four conditions is the fact that the evidence base for effective treatment is well established, and much of it can be delivered in primary care. Primary care is expected to serve as the first point of contact for people in health systems and to provide continuous and coordinated care over time, notably for people having chronic diseases. A well-performing primary care system should therefore reduce acute deterioration in people living with chronic conditions like asthma, COPD, CHF or diabetes, thereby preventing costly avoidable hospital admissions (OECD, 2020).

Figure 6.9 shows hospital admission rates for the two chronic respiratory diseases, asthma and COPD together. In 2017, admission rates for both conditions varied more than five-fold across EU countries, with Italy and Portugal reporting the lowest rates, and Denmark and Ireland reporting the highest rates. On average across EU countries, the admission rates for asthma and COPD have decreased slightly in recent years, with Italy, Ireland and the Slovak Republic achieving the biggest reductions (of more than 20% between 2012 and 2017).

Hospital admission rates for CHF also varied almost five-fold across EU countries in 2017. Portugal and Ireland have the lowest rates for this condition, whereas Lithuania, Poland and the Slovak Republic report rates almost twice the EU average. Admission rates for CHF have fallen slightly on average across EU countries between 2012 and 2017. Lithuania, Portugal and Romania have achieved the biggest reductions (Figure 6.10).

While avoidable hospital admissions for diabetes have also fallen in many countries over the past few years, there is still an almost five-fold variation in admission rates across countries. Italy, Spain and Portugal report the lowest rates, whereas the Slovak Republic, Lithuania and Malta report the highest rates (more than 50% higher than the EU average (Figure 6.11)). Between 2012 and 2017, avoidable hospital admissions for diabetes have decreased by more than 40% in Ireland and Portugal.

These declines reflect concerted efforts made to improve service provision in primary and community care settings. In Portugal, the National Strategy for Quality in Health 2015-20 improved the quality of organisational and clinical practice for people with chronic diseases, and increased the adoption of clinical guidelines. Progress in implementing these measures is supported by continuous quality monitoring. This shows improvement in the quality of primary care in recent years (OECD/European Observatory on Health Systems and

Policies, 2019a). In addition, the creation of family health units staffed by multi-professional teams has allowed for greater care co-ordination and care continuity for people having chronic conditions.

In Lithuania, the role and responsibilities of some primary care providers have been expanded to allow for better chronic disease management. General practice nurses and nurse assistants are allowed to coordinate the care, to prescribe some medicines, and to monitor the progression of chronic diseases (OECD/European Observatory on Health Systems and Policies, 2019b).

Definition and comparability

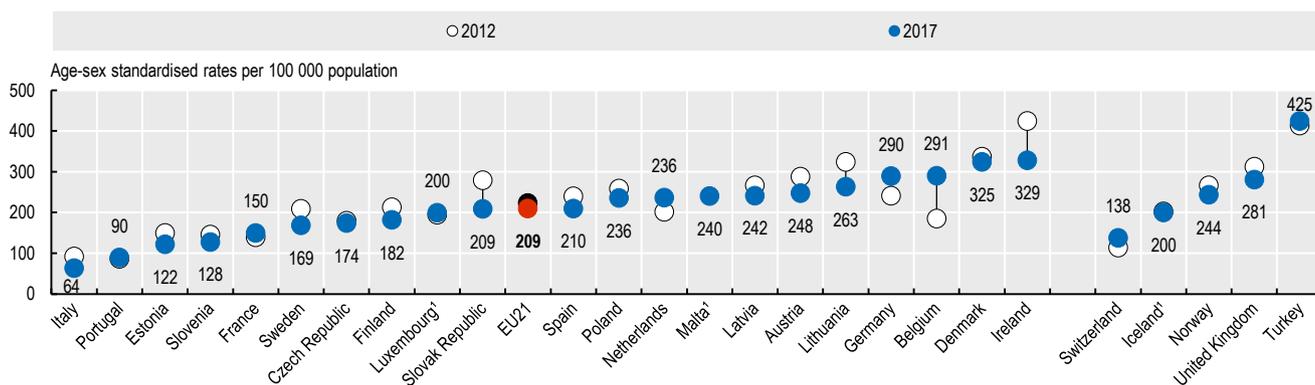
The indicator is defined as the number of hospital admissions with a primary diagnosis of asthma, COPD, CHF or diabetes among people aged 15 years and over per 100 000 population. Avoidable admissions for diabetes include admissions for short-term and long-term complications and for uncontrolled diabetes without complications. Rates are age-sex standardised to the 2010 OECD population aged 15 and over.

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 across countries. Differences in coding practices and data coverage of the national hospital sector may also affect the comparability of data.

References

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Figure 6.9. Asthma and COPD hospital admission in adults, 2012 and 2017 (or nearest years)

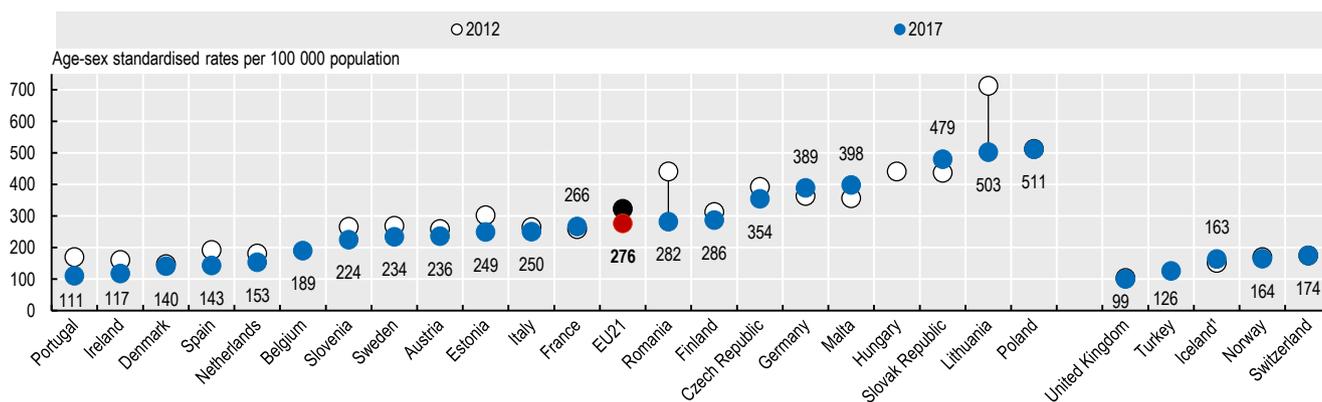


Note: The EU average is unweighted. 1. Three-year average.

Source: OECD Health Statistics 2020.

StatLink <https://stat.link/u0nypk>

Figure 6.10. Congestive heart failure hospital admission in adults, 2012 and 2017 (or nearest years)

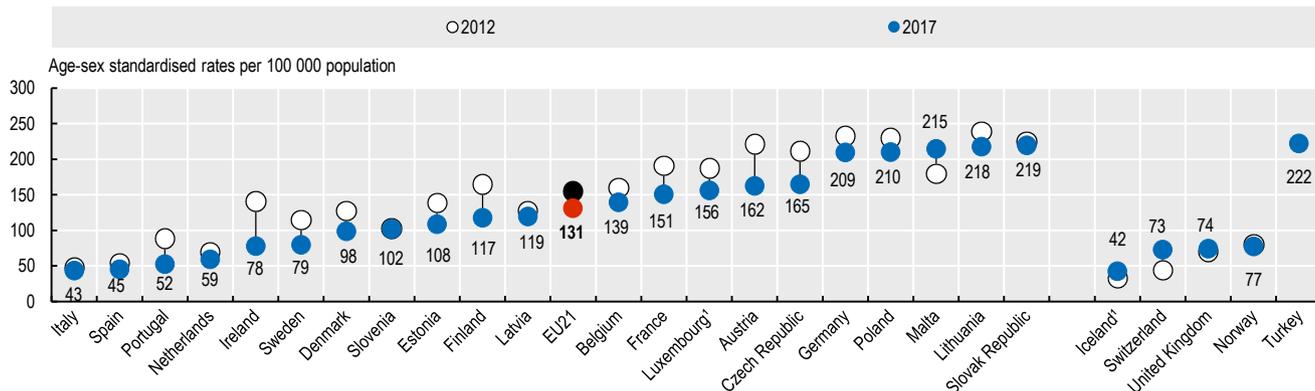


Note: The EU average is unweighted. 1. Three-year average.

Source: OECD Health Statistics 2020.

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

Figure 6.11. Diabetes hospital admission in adults, 2012 and 2017 (or nearest years)



Note: The EU average is unweighted. 1. Three-year average.

Source: OECD Health Statistics 2020.

StatLink <https://stat.link/njm27v>



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