

Most health systems have developed a 'primary level' of care whose functions include health promotion and disease prevention, serve as the first point of contact for managing new health complaints and chronic conditions, and referring patients to secondary level and hospital-based services when appropriate. A key aim is to keep people well, by providing a consistent point of care over the longer-term, tailoring and coordinating care for those with multiple health care needs and supporting the patient in self-education and self-management. In this context, a high-performing primary care system, where accessible and high quality services are provided, can reduce acute deterioration in people living with asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), high blood pressure and diabetes, and reduce unnecessary admissions to hospital.

Asthma, COPD, (CHF), hypertension and diabetes are five widely prevalent long-term conditions in LAC. Both asthma and COPD limit the ability to breathe: asthma symptoms are usually intermittent and reversible with treatment, whilst COPD is a progressive disease that almost exclusively affects current or prior smokers. In 2016, asthma affected more than 339 million people worldwide and 420 000 people died from it (Global Asthma Network, 2018[10]). In 2015, around 174.5 million people had COPD and about 3.2 million people died of the disease (Soriano et al., 2017[11]). CHF is a serious medical condition in which the heart is unable to pump enough blood to meet the body's needs. CHF is often caused by other conditions, including hypertension and diabetes. Heart failure is estimated to affect over 26 million people worldwide resulting in more than 1 million hospitalisations annually in both the United States and Europe (Ponikowski et al., 2014[12]). High blood pressure or hypertension manifests by causing headaches, difficulty breathing or nosebleeds, and, if left untreated can lead to more serious cardiovascular problems. Worldwide, 1.13 billion people have hypertension and fewer than 1 in 5 people with hypertension have the problem under control (WHO, 2019[13]). Diabetes is another chronic condition that leads to raised levels of blood sugar that can have very seriously damaging effects. In 2014, an estimated 422 million people had diabetes, and in 2016, 1.6 million deaths were directly caused by the disease (WHO, 2018[14]).

The hospital admission rates for asthma and COPD are shown in Figure 7.11. Admission rates for asthma vary widely but all five LAC countries currently reporting this indicator are well below the OECD average. Mexico's rate is particularly low, at 8 admissions per 100 000 population. Hospital admission rates for COPD are also lower in LAC6 than the OECD average. Mexico again reports the lowest rate, with 77 admissions per 100 000 population.

Figure 7.12 shows admission rates for CHF and hypertension. It reveals that the reporting LAC countries have lower rates than OECD countries. Costa Rica reports the lowest rate of CHF related admissions (39) while Chile accounts for the lowest rate of hypertension admissions (18).

Figure 7.13 displays admission rates for diabetes. Contrary to the trend observed in the previous figures, Chile and Costa Rica both report admission rates closer to the OECD average, while Mexico's is significantly higher. Colombia stands well below the average of the six LAC countries.

As discussed in Chapter 2, while these figures suggest that these five LAC countries in general have been successful at minimising avoidable admissions, it is important to mention that access remains relatively unequal, and that a certain degree of underutilisation of hospital resources might be taking place. Finding an adequate balance to ensure the least wasteful level of hospital utilisation, while ensuring adequate access across the entire population should be the ultimate goal. Another factor to consider is that the non-communicable diseases burden is relatively lower in the LAC region than in the OECD due to its demographic and epidemiological profile. LAC countries must continue to invest in building primary care capacity in order to minimise waste and prepare for a heavier burden caused by these diseases as populations will likely continue ageing and growing in health-related complexity.

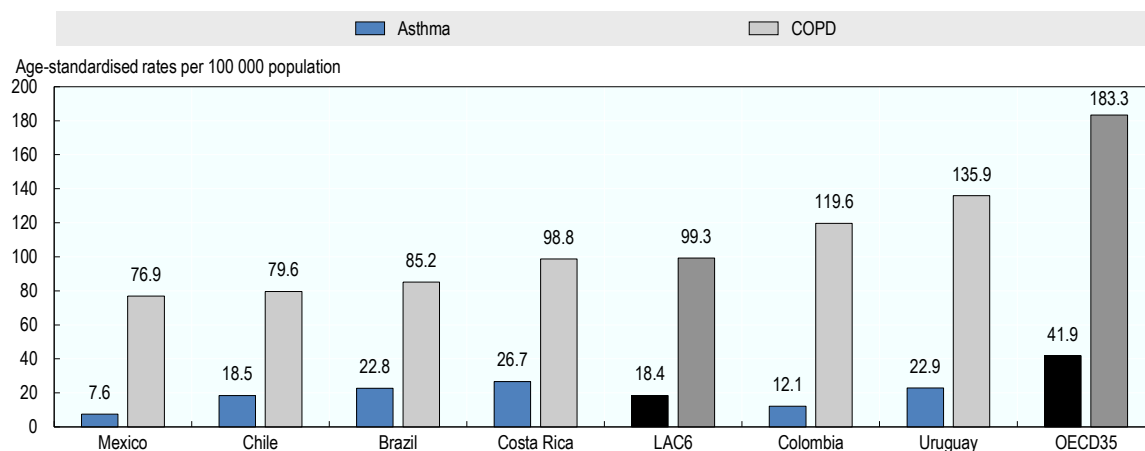
Definition and comparability

The indicators are defined as the number of hospital admissions with a primary diagnosis of asthma, COPD, CHF, hypertension and diabetes among people aged 15 years and over per 100 000 population. 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 the admission are excluded from the calculation as these admissions are considered unlikely to be avoidable. Disease prevalence and availability of hospital care may explain some, 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 indicator rates. Differences in coding practices across countries must be considered as a possible sources of bias, for instance, in the case of hypertension.

References

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- [14] WHO (2018), *Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2016*.

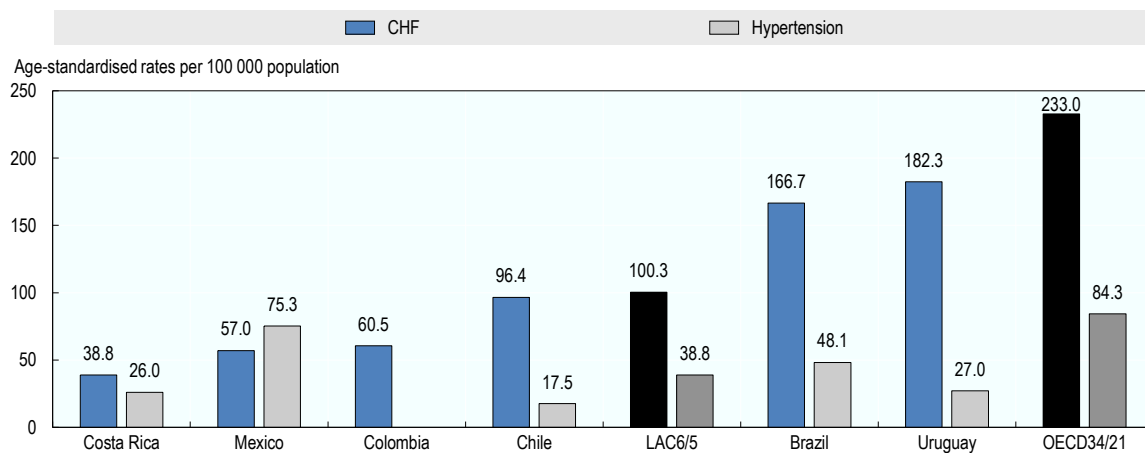
Figure 7.11. Asthma and COPD hospital admissions in adults, 2017 (or nearest year)



Source: OECD Health Statistics 2019 and Ministries of Health of Brazil and Uruguay.

StatLink <https://stat.link/97cpqd>

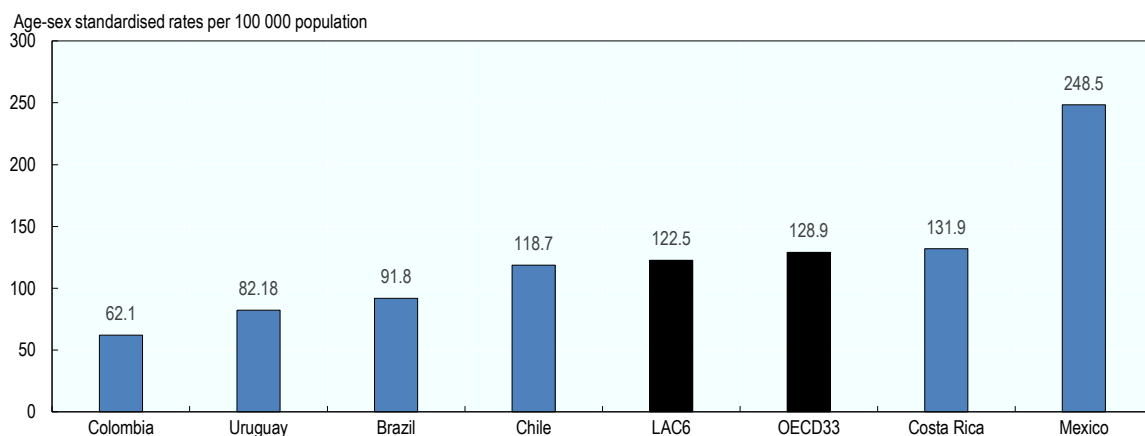
Figure 7.12. Congestive heart failure (CHF) and hypertension hospital admissions in adults, 2017 (or nearest year)



Source: OECD Health Statistics 2019 and Ministries of Health of Brazil and Uruguay.

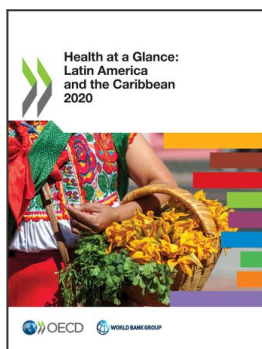
StatLink <https://stat.link/gy34ji>

Figure 7.13. Diabetes hospital admissions in adults, 2017 (or nearest year)



Source: OECD Health Statistics 2019 and Ministries of Health of Brazil and Uruguay.

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



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