

Assessment of disease burden based on realtime national registers on hospital discharges and contacts with primary healthcare

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Overview

- National health registers in Iceland
- Examples of calculations based on our NDR and our PHCR



- Annual public health indicators
- Annual performance and quality indicators
- Covid-19
- Volcanic eruption on Reykjanes peninsula
- Payment systems

Health registers (Medical Director of Health and Public Health Act)



Directorate of Health organises and maintains national health registers and publishes health statistics (law 2007)

The Medical Director of Health <u>shall</u>, <u>...organize and</u> <u>maintain national registers on health</u>, diseases, accidents, prescriptions, births, and the work and performance of the health service.

The purpose of the registers is to gather information on health and the health service, <u>to monitor the service</u>, to <u>ensure its quality and assess its performance</u>, and to use the registers in planning for <u>quality development</u> in the health service and in <u>scientific research</u>.



National health registers in Iceland and data providers

Main data providers:

- Hospitals
- Primary healthcare centres
- Pharmacies
- Private practicing physicians
- Nursing homes

Main national registers:

- Cancer register
- Causes of death register
- Medical birth register
- Register of communicable diseases
- Prescribed drugs register

Main registers cont.:

- Register of vaccinations
- Hospital discharge register
- Primary healthcare contact register
- Contacts with private practicing specialists
- Coronary events register
- Accident register
- Nursing home pre admission assessments register
- Register of interRAI assessments
- Register of licenced health professionals
- Register of operating agencies in health service

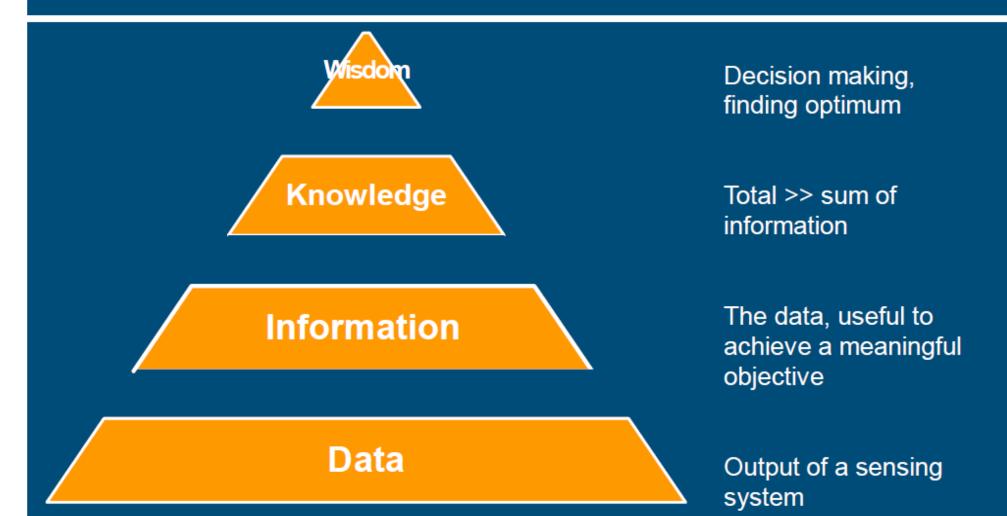
Mostly real time data transfer into national registers



From data to wisdom

Embætti landlæknis

DIKW-pyramid (Rowley, 2007)





Public health indicators in health promoting communities since 2016

Embætti landlæknis

Suðurnes

Public health indicators 2018

- The health district is statistically different from the whole country
- The health district is not statistically different from the whole country
- Not tested for statistical significance
- Mean for Iceland
- Distribution in the seven health districts

Public health indicator		Year	District	Iceland	Unit	Suðurnes				
	1 Population size	2017	24.882	343.400						
	2 Population (growth/decrease)	2013-17	16,4	6,1	%	0				
Demography	3 Population ≥ 80 years old	2017	2,3	3,6	%	0				
grap	4 Sex ratio	2017	1,1	1,0	m/f	0				
g	5 Births <20 years old	2013-17	18,3	7,0	/1.000	•				
Jen	6 Reading comprehension (9. class)	2017	67,2	82,5	%	•				
-	7 University education	2017	21,4	37,8	%	•				
	8 Financial difficulties	2017	13,4	12,3	%	0				
	9 Happiness, adults	2017	56,9	59,9	%	0				
	10 Well-being, adults	2017	26,3	26,2	%	6				
	11 Discomfort at school (810. class)	2018	14,1	10,3	%	•				
	12 Loneliness (810. class)	2018	12,1	9,8	%	0				
	13 Insufficient sleep (810. class)	2018	49,6	42,0	%					
	14 Insufficient sleep, adults	2017	38,4	28,1	%					
-	15 Stress, adults	2017	23,0	23,9	%					
Health be havior	16 Active travel mode, adults	2017	12,9	20,5	%	•				
	17 Participation in sports activities (810. class)	2018	49.6	52.1	%	0				
	18 Fruit and vegatable consumption, adults	2017	8.5	10.9	%	0				
lie	19 Consumption of soft drinks (810. class)	2018	10,9	7,2	%					
Ë	20 Consumption of soft drinks, adults	2017	29,1	18,0	%					
	21 Lifetime violence, adults	2017	32,9	30,4	%	0				
	22 Harmful drinking, adults	2017	22,1	25,1	%	0				
	23 Use of e-cigarettes (10. class)	2018	27.5	22.4	%	•••••••				
	24 Smoking, adults	2017	18.2	9,4	%					
	25 Oral tobacco use, adults	2017	3.3	4,9	%	•				
	26 Use of cannabis, adults	2017	2,1	1,9	%					
	27 Physical health fair/poor, adults	2017	31,4	25,8	%					
	28 Mental health fair/poor, adults	2017	26,6	21,2	%					
	29 Antidepressant use, males	2017	82,8	96.0	DPD					
	30 Antidepressant use, females	2017	170.7	177,0	DPD	0				
	31 BMI ≥ 30. adults	2017	35.7	26.6	%					
	32 Anti-diabetic medication other than insulin	2017	41,3	33.9	DÞD					
ŝ	33 Lipid-lowering drugs	2017	89,8	88,3	DÞD					
Neg.	34 Cardiovascular mortality rate, females	2013-17	231,5	168,9	/100.000					
realth and diseases	35 Incidence of cancer, males	2007-16	602,2	544,2	/100.000	•				
	36 Incidence of cancer, females	2007-16	483,8	459,6	/100.000	•				
š	37 Use of antibiotics < 5 years old	2017	1.130,8	1.088.0	/1.000	0				
E G	38 Childhood vaccination, 12 months	2018	89,0	90,8	%	0				
E	39 Childhood vaccination, 4 years old	2018	77,6	86.3	%	•				
	40 Screening for cervical cancer	2017	56,2	66,2	%	0				
	40 Screening for breast cancer	2017	47,0	57,1	%	<u> </u>				
	42 Prosthetic replacement of hip joint	2017	213,8	239,6	/100.000	· · · · · · · · · · · · · · · · · · ·				
	43 Waiting for nursing home, ≥ 67 years old	2013-17	5.8	235,0	/1.000					
	44 Visits to specialized physicians	2017	1.3	1.4	/inhabitar					

The aim of public health indicators is to **provide a profile of health, well-being, health behaviour and demography on subnational level** to support local actions in health promoting communities.

The aim of **health promoting communities** is to create environment that promotes healthy behaviour and lifestyles, health and well-being of all in communities.

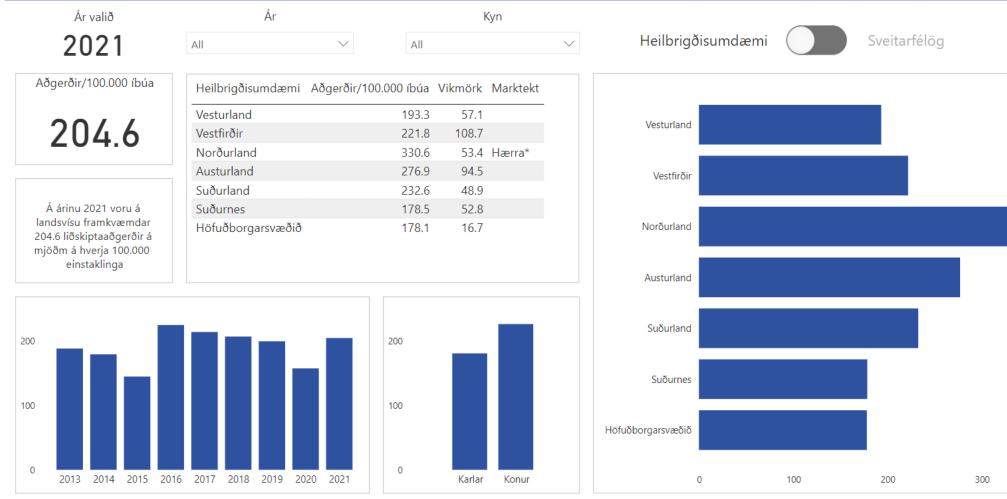
We do not always have good data on disease prevelance, in those cases we try to utilize e.g. the national discharge register, the prescribed drugs register and primary health care contact register. There we have information on patients' residence.



Make local data easily available – online dashboard (Hip replacements)



Liðskiptaaðgerðir á mjöðm, á 100.000 íbúa



Number of operations per 100.000 pop. by pts' residence

* = Marktækt frábrugðið í samanburði við landið allt (p<0,05)

Skilgreiningar og nánari umfjöllun

Embætti landlæknis

Embætti landlæknis

Directorate of Health



Healthcare performance and quality indicators

Embætti landlæknis

	Indictor		Year	Iceland	Progress		
	Expenditure			8.5			
	Health expenditure Health expenditure per capita	% VLF	2019	4349	-	9,8 5102	9,8 3994
	Healthcare workforce	USD PPP	2018	4349		5102	33/34
×	Practicine physicians	Per 1.000	2019	3.9		4.0	3.5
20	Practicing gualified nurses and practical nurses	Per 1.000	2020	15.6	- T	13.5	8.8
5	Employment in health and social work as a share of total employment	8	2017	10.9	2	16.4	10.1
1	General practicioners	Per 100.000	2015	57,7	-	69,0	62,1
	Infrastructure						
	Hospital beds	Per 1.000	2020	2,8	-	4,1	4,4
	Intensive care beds						
_	CT scanners, MRI units and PET scanners	Per 100.000	2019	69,0	?	51,0	45,0
	Access						
8	Private household out-of-pocket health expenditure as a proportion of total	%	2017	17,9	?	17,8	23,8
uti,	Population forgoing care because of affordability	*	2014	20,9	?	16,9	17,2
prevention	Knee replacement waiting times (median)	Days	2022	280	?	90,5	113,5
8	Prevention Percent of children aged 1 vaccinated against measles	8	2021	91.6		95.4	94.8
8	Percent of children aged 1 vaccinated against DTP	ŝ	2020	92		96.0	95.1
Access and	Percent of population aged 65 and over vaccinated for influenza	ŝ	2020	54.6	-	45.3	42.3
ž.	Mammography screening in women aged 50-69 within the past 2 years		2016	56.7	-	79.1	57.9
	Cervical cancer screening in women aged 20-69 within the past 3 years		2016	68.3	÷	71.8	59.9
	Mortailty			-	_		
	Mortality from preventable causes	Per 100.000. Age stand.	2019	81.0	2	100.8	126.0
	Mortality from treatable causes	Per 100.000. Age stand.	2019	45.0	2	50.0	73.0
	Premature mortality in people 30-69 years for four noncommunicable diseases	Per 100.000. Age stand.	2016	179.5		204.8	379.6
	Thirty-day mortality after admission to hospital for AMI	Per 100 disch. 45 y.o.+ Age stand.	2017	2.3		4.2	6.9
	30 day mortality after admission to hospital for ischaemic stroke	Per 100 disch. 45 v.o.+ Age stand.	2017	4.1		5.1	7.7
	Death from suicide within 30 days after discharge among patients diagnosed with a mental disorder	Per 10.000 patients. Age stand.	2015-2017	1,0	-	12,6	12,4
	Inpatient suicide amongst patients with a psychiatric disorder	Per 10.000 patients. Age stand.	2015-2017	8,6	-	7,1	3,5
	Cancer - survival	•					
	Breast cancer five year net survival (all stages)	%	2004-2009	89,1		87,7	84,8
14	Colon cancer five year net survival	%	2010-2014	68,2		64,9	62,1
3	Cervical cancer five year net survival	% Age stand.	2010-2014	80,1		65,7	71,7
2	Preventable hospital admissions Chronic Obstuctive Pulmonary Diseases (COPD) hospital admission	Per 100.000. Age stand.	2020	100.6	-	192.6	183.3
A.	Diabetes hospital admission	Per 100.000. Age stand. Per 100.000. Age stand.	2020	37.1	-	84.6	183,5
Vraility and safety	Hip fracture surgery initiated within 2 days after admission to the hospital	% patients 65 +	2020	96.7	- T	93.5	80.9
·	Consumption of medicines	% parbents 65 +	2020	30,7		93,5	80,9
	Diabetic patients with at least one prescription of cholesterol lowering medication	5	2017	68.7	-	70.6	
	Polypharmacy in adults aged 75 and over: primary and long-term care	*	2017	54,8	-	66,0	52,4
	Proportion of the adult population who are chronic opioid users	*	2017	9,6	•	5,7	2,3
	Long-term use of benzodiazepines and benzodiazepine related drugs in people aged 65+	Per 100.000 65+	2020	99,4	•	40,0	49,9
	Overall volume of opioids prescribed	DDD per 1.000/day	2017	40,2	•	22,9	16,5
	Overall volume of antibiotics prescribed Deliveries	DDD per 1.000/day	2017	24,6	•	15,2	18,3
	III and IV degree tears in vaginal deliveries - all deliveries	×	2016	4,0	•	2,5	
_	Number of ceasarean sections	×	2017	16,2	_	17,1	28,1
÷	Positive progress Negative progress Satus avo						



Indictor		Year	Iceland	Progress	Nordic	OECD
Mortality						
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30 day mortality after admission to hospital for ischaemic stroke	Per 100 disch. 45 y.o.+ Age stand.	2017	4,1		5,1	7,7
Preventable hospital admissions						
Chronic Obstuctive Pulmonary Diseases (COPD) hospital admission	Per 100.000. Age stand.	2020	100,6	—	192,6	183,3
Diabetes hospital admission	Per 100.000. Age stand.	2020	37,1		84,6	127,1
Hip fracture surgery initiated within 2 days after admission to the hospital	% patients 65 +	2020	96,7		93,5	80,9
Deliveries						
III and IV degree tears in vaginal deliveries - all deliveries	%	2016	4,0	▼	2,5	
Number of ceasarean sections	%	2017	16,2		17,1	28,1

Quality and safety

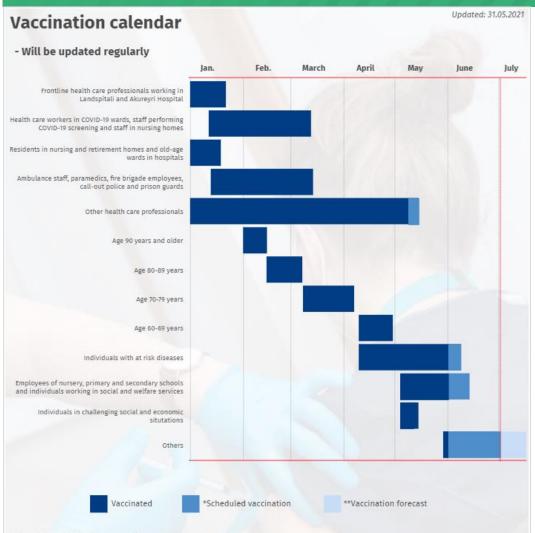
Positive progress

Negative progress

Status quo



Covid-19 pandemic – initial vaccinations



*Scheduled vaccination: Based on existing vaccine delivery schedules.

**Vaccination forecast: Based on contracts but might be subjected to changes based on marketing authoritisations and delivery schedules.

The calendar is inteded to give an indication of when vaccination is scheduled to start in individual priority groups, but not when people will be fully vaccinated.

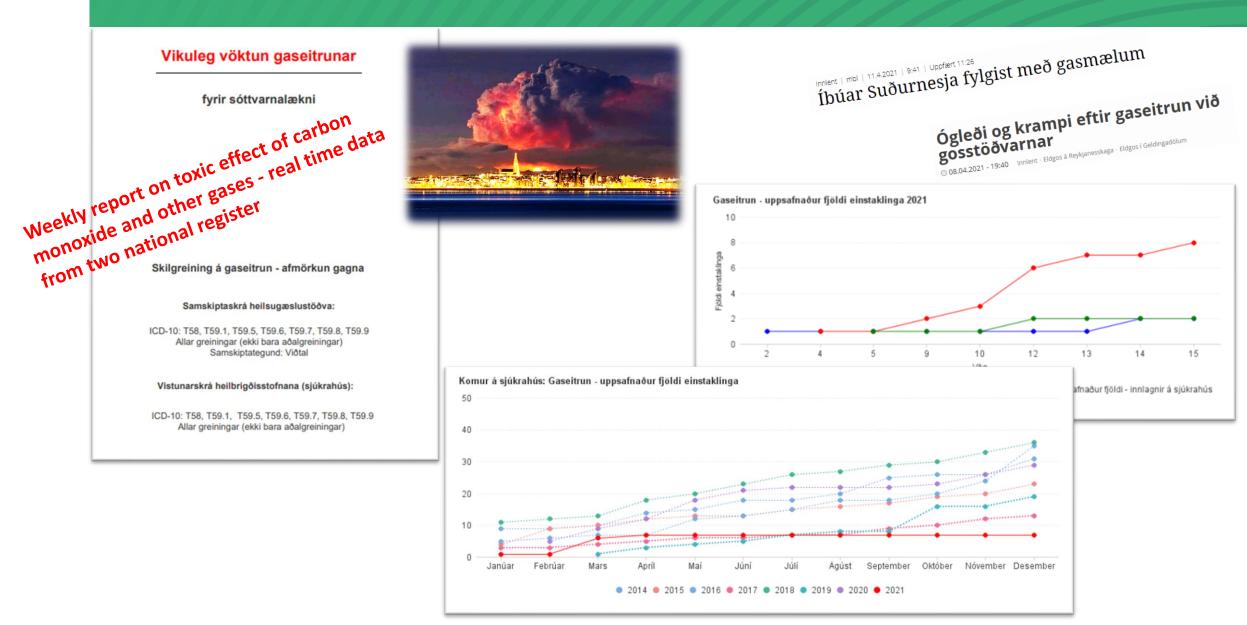
National registers used – real time

- (1) Register of Primary Health Care Contacts
- (2) Hospital Discharge Register
- (3) Prescription Medicines Register
- (4) Register of Nursing home admissions
- (5) Register of Licensed Healthcare Practitioners
- 6 Register of Communicable Diseases
- (7) Vaccination Register



Surveillance – volcanic eruption 2021

Embætti landlæknis





Payment model í Primary health care (2017)

- ACG: 40% of the reimbursement based on <u>disease burden that is</u> <u>calculated by using ACG (Adjusted Clinical Groups)</u>. Data from the national register of Primary healthcare contacts.
- DRG: Now we are preparing <u>DRG calculations</u> based on our hospital discharge register in accordance with a policy for Iceland's health services until 2030.
- We are starting with the <u>two</u> largest hospitals.
 - Motivates more complete and accurate registration
 - Will benefit data quality and therefore all utilization of NDR data



Embætti landlæknis

Thank you!

shara@landlaeknir.is