

Scientific Bases for Health Equity

Indicators on healthcare equity

When studying health equity, average values on quality and access often paint a deceptively positive picture. Other approaches are necessary to identify social gaps and inequalities. A study commissioned by the Federal Office of Public Health looking at potentially avoidable hospitalisations in Switzerland now provides data and facts on this topic.

A research team from the University of Lausanne and Unisanté has used an innovative approach to successfully measure equity in Swiss healthcare on the basis of potentially avoidable hospitalisations. The researchers also determined the regions in which problems frequently occur, and quantified potential cost savings.

The study «Indicators on Healthcare Equity in Switzerland. New Evidence and Challenges» looks at whether there is a systematic link between potentially avoidable hospitalisations and regional socio-economic disadvantage or cultural diversity. The answer is yes. The results of this study call for further research to determine the causes of these problems in a targeted manner and to develop measures to improve healthcare equity.

The Swiss healthcare system is characterised by the concentration of healthcare providers and a high level of efficiency, quality of care, and innovation. Accordingly, Switzerland's public health indicators (such as life expectancy) are among the best in the world. But this generates high costs which are mainly borne by the public: via health insurance premiums, deductibles and retention fees, which for the most part are not linked to individual ability to pay. In addition to these financial barriers, problems can also occur through the decentralisation of healthcare and due to a lack of coordination or too strong a focus on acute in-patient treatment.

STUDY RESEARCH QUESTIONS

Potentially avoidable hospitalisations are considered a good indicator of quality and accessibility of primary healthcare in international research. The indicator refers to hospital admissions that could have been prevented if the patient had had timely access to appropriate ambulatory care. The study by Unisanté examines the following questions using this indicator: which regions are particularly affected by potentially avoidable hospitalisations? Are there any hotspots? Is there a systematic correlation between potentially avoidable hospitalisations and regional socio-economic inequalities or cultural diversity?

Innovative research approach

The research team compiled a map of Switzerland showing potentially avoidable hospitalisations using the medical statistics of hospitals. It also used various regional data (such as low levels of education, low income, unemployment, unskilled work, receipt of social welfare benefits) to create a socioeconomic deprivation index, which varies from region to region. In addition, different variables (such as nationality, religion, language) were used to compile an index reflecting cultural diversity. In an additional step, the correlation between potentially avoidable hospitalisations and these two indices was measured, for the whole of Switzerland and for several cantons.



SOCIO-ECONOMIC FACTORS ARE CRUCIAL

The study results show that there is a clear link between potentially avoidable hospitalisations and socio-economic disadvantage. In other words, in more disadvantaged regions, the rate of potentially avoidable hospitalisations is higher. This particularly applies to regions with a high unemployment rate and a population with a low level of education. Lower-income regions generally have higher rates of potentially avoidable hospitalisations. This suggests that there are financial obstacles to being able to access appropriate outpatient care in a timely manner.

The link between cultural diversity and potentially avoidable hospitalisations is complex. In fact, regions with a higher proportion of migrants are also more likely to be socially disadvantaged, rendering difficult the attribution of a higher rate of potentially avoidable hospitalisations to one or the other factor. The density of service providers also plays a role: in places where access to ambulatory care (i.e. to GP practices) is better, the number of potentially avoidable hospitalisations is lower.

REFERENCE POINTS FOR POLICY

The study also sets out recommendations on improving equity in healthcare. Measures can be taken on the patient side (improving health literacy, self-management and navigation and orientation in the healthcare system) as well as on the side of healthcare providers (better accessibility, communication and coordination of care). The conditions in which care is provided are also important. Two factors are decisive: socially compatible funding of healthcare costs and promotion of equity in areas that affect health, such as education, work and income.

The costs of potentially avoidable hospitalisations amount to more than half a billion Swiss francs annually (estimated at 580 million Swiss francs in 2017). The research team believes that measures to reduce the observed regional inequities would result in some savings in the inpatient sector. However, some of these costs would be shifted to other areas.

Essentially, the study reveals that it is worthwhile using new methods to identify equity problems at national and cantonal level. Further efforts are needed to explain the observed correlations. Regular examination of the potentially avoidable hospitalisation rate and other indicators can provide metrics on the impact of health policy and help steer the health system towards greater fairness, quality and cost-effectiveness.

STUDY

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