

Project Funding 2013/2014 «CHOOSING WISELY»

The award of CHF 50'000.-- is granted to the following project:

Variations in preference-sensitive care in Switzerland

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Abstract

Background:

Preference-sensitive care is defined as elective care for which there is more than one option. It is highly variable across regions and mainly driven by physician beliefs about the indications rather than by illness, clinical science, or patient preferences. A high utilization of preference-sensitive care usually indicates health care misuse. In Switzerland, historical studies from the 1980s and 1990s documented regional variations in preference-sensitive surgeries, such as hysterectomy, tonsillectomy, and cholecystectomy. Currently, very few studies exist on medical use in Switzerland and no recent study has examined the use of costly preference-sensitive surgical interventions and novel procedures, such as vertebroplasty and novel catheter-based cardiac interventions. The introduction of Swiss DRG brings an unprecedented level of data completeness and quality and thus poses a unique opportunity to study utilization patterns in Swiss health care.

Aims:

We will use 2012 population-based data from the Swiss Federal Statistical Office (SFSO) to generate Swiss hospital service areas (HSAs) and to compare the variation in the use of preference-sensitive surgical interventions and minimally invasive procedures of controversial benefit across these areas

Methods:

We will define HSAs according to established epidemiological methods. Using the publicly available, anonymized discharge dataset (*Medizinische Statistik der Krankenhäuser*) and the *Krankenhausstatistik* from the SFSO, we will perform a small area variation analysis for the following 10 preference sensitive or novel min-

imally invasive procedures: hysterectomy, cholecystectomy, appendectomy, prostate operations for enlarged prostate, hip and knee arthroplasty for osteoarthritis, coronary artery bypass grafting for chronic stable angina pectoris, vertebroplasty, and the percutaneous closure of a patent foramen ovale and the left atrial appendage. We will calculate utilization rates per capita by HSA using procedure counts and the official population statistics, adjusting for age, sex, and comorbid diseases. Rates will be compared using extremal quotient and the systemic component of variation. We will examine whether utilization rates will vary by selected social patient characteristics (e.g., insurance status, nationality).

Relevance for general internal medicine:

We expect to find a great variation of preference-sensitive interventions/procedures across Swiss HAS. A high utilization of preference-sensitive care usually indicating health care misuse that results from a poor state of clinical science and local physicians' beliefs. In high-use areas, policy-level interventions and physician education may be necessary to reduce the misuse of costly interventions that have no clear clinical benefit. Given that internists are frequent prescribers or initiators of such services or are asked for advice on these procedures by their patients, misuse of preference-sensitive care is highly relevant to internal medicine and costs of care. The development of up-to-date Swiss HSAs will provide the basis for future comparisons of healthcare use in Switzerland.