

Abstract

Are we comparing apples with oranges? The pitfalls of international comparison of hospital discharge rates and length of stay derived from routine health care data

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The indicators “hospital discharge rates” and “average length of stay” (ALOS) are frequently used in health system and health economic comparisons between countries and are meant to assist policy makers to identify the position of their own country compared to other countries. In the most recent published OECD report “Health at a Glance” (2015) hospital discharge rates and figures on average length of stay vary substantially between countries. These differences could reflect different types and degrees of utilisation due to different emphasis in health care systems on in- or outpatient care with different degrees of accessibility of hospitals (geographically, number of beds). However, these differences could as well be artefacts due to differences in the availability and quality of data, different reporting procedures, unclear concepts and terminologies and heterogeneity of incentives in provider payment mechanism.

In the framework of the European Commission 7FP funded project “Comparative Effectiveness Research on Psychiatric Hospitalisation by record linkage of large administrative data sets” (CEPHOS-LINK, no 603264, April 2014 to March 2017) data on hospital service utilisation collected in routine health care databases were compared in detail between six European countries (Austria, Finland, Italy, Norway, Romania, Slovenia).

Hospital episode statistics are usually derived from routinely collected health care data which, as a rule, are not generated for the purpose of research but most often for reimbursement reasons. In this presentation country specific peculiarities of routinely collected hospital episode data on mental health service utilisation are presented, which might jeopardize comparability between countries and are a warning against taking discharge rates and ALOS at their face value for carrying out health economic research.

The basic concepts of „discharge“ and „length of stay“ will be discussed considering the changing landscape of inpatient mental health care provision (e.g. inpatient care in some countries is not only provided in hospitals but also in community mental health centres; a hospital can be an organisational association of more than one institution; day care is increasing) and its implications on patients moving within and between inpatient services (intra-hospital transfer and inter-hospital-transfer). It will be shown by way of several examples for mental health services, which are also valid for physical health services, that different concepts and definitions of terms related to hospital inpatient care may severely blur comparability between countries.