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SUPPLEMENT

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Health in Europe: are we there yet?  
Learning from the past, building the future

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Guest editors:  
Martin McKee  
Walter Ricciardi  
Dineke Zeegers Paget

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The average score for quality, in line with studies already published, was 14% higher for the hospitalization classified as appropriate ( $p < 0.01$ ). Moreover, the quality of medical records shows a direct correlation with the percentage of appropriate days ( $\rho = 0.23$ ,  $p < 0.01$ ). This association was confirmed through a multiple regression analysis adjusted for age, type of DRG (surgical/medical), length of hospital stay, type of admission (elective/urgent) and appropriateness of admission (R-squared = 0.75).

This study have shown a significant correlation between the quality of health records and organizational appropriateness of hospital stay. The identification of the major deficiencies in the health records, through a standardized and repeatable evaluation of quality, allows to trigger a virtuous process that can potentially result in an economic benefit for the hospital.

#### Key message

- Hospital management should encourage a better quality in clinical documentation to improve accountability and appropriateness of hospital stay.

### Effective approach to improve the value of out-patient care in hypertensive patients

Gena Grancharova

T Vekov, S Aleksandrova-Yankulovska, G Grancharova, N Veleva, M Draganova

Department of Medical Ethics, Health Management and Information Technologies, Medical University, Faculty of Public Health, Pleven, Bulgaria  
Contact: gena\_grancharova@hotmail.com

#### Background

The general practitioners (GPs) in Bulgaria, as in many other countries, are rewarded on the per capita basis. This does not motivate them to take responsibility for the outcomes of care and control of chronic diseases. Some studies underlined that the value in health care should be measured mainly by the therapeutic results and the physician should be paid accordingly. This improves the value for patients, financing institutions, and health care providers, and to economic stability of health system as a whole.

The aim of this study was to prove how the changes in GPs behaviour to hypertensive patients' treatment may influence the value for patients and the remuneration of physicians.

#### Methods

The study was conducted in January-December 2012, including 112 GPs and 2240 patients (20 patients per GP; 62.6% women and 37.4% men) with arterial hypertension (AH) without other co-morbidity. Each patient was checked by his GP at least 6 times per year. The variables monitored include: heart frequency, systolic and diastolic blood pressure, lipid profile, smoking, diet, physical activity and hospitalization. The value for patients was considered in two parts: value in treatment and value in prevention of consequent heart diseases and incidents. The variables were monitored over one year period. The statistical significance of differences has been assessed at  $p < 0.05$ .

#### Results

The results showed that if the therapeutic targets were well determined, and the physicians well-motivated, patients received significantly higher value of treatment. By the end of the study, 63.1% of patients had well-controlled blood pressure, serum cholesterol levels were within the reference range in 90.2%, and heart frequency was normal in 91.5%. An increase in physicians' salaries was associated with better treatment outcomes for the patients. The effectiveness of this approach for treatment and control of AH in out-patient care, measured by the relative change in patient's value, increased over three times despite the raise of health care expenses.

#### Conclusions

Achievement of higher value for patients should be a prevailing target in health care delivery. The value should be understood

as therapeutic result. Health care providers' remuneration should be based on patient's value.

#### Key messages

- The value in out-patient care should be measured by the therapeutic results. This will improve the value for all participants in health care and the economic stability of health system.
- The value for patient should be understood as therapeutic result. Achievement of patients' higher value should be a prevailing target in health care delivery.

### Hospital patients mobility trends among the Italian regions: 1998-2008

Gabriele Messina

G Messina<sup>1,2</sup>, G Prisco<sup>2</sup>, L Gialluca<sup>1</sup>, C Bedogni<sup>3</sup>, F Molrano<sup>4</sup>, N Nante<sup>1,2</sup>

<sup>1</sup>Health Services Research Laboratory, University of Siena, Siena, Italy

<sup>2</sup>Post Graduate School of Public Health, University of Siena, Siena, Italy

<sup>3</sup>Local Health Authority 3 of Liguria Region, Genova, Italy

<sup>4</sup>Agency for the Regional Health Systems, Rome, Italy

Contact: gabriele.messina@unisi.it

#### Background

The health mobility is an increasingly debated issue in the European arena under the European Union directive on cross-border patients migration. The Italian health system, due to its characteristics of administrative and fiscal federalism, is well suited to the analysis of the dynamics of interregional flows of patients. Our study aims to analyze time series patients' mobility among the 21 among Italian regions.

#### Methods

We used hospital discharge data obtained from the Ministry of Health, ranging from 1998 to 2008. The information collected for each of the 19 Italian regions and the two autonomous provinces of Bolzano and Trento were: admission of residents in their regional hospitals (R); admission to hospitals of patients "attracted" from other regions (A); admission of residents "escaped" in other regions (E). The data were grouped into two time series: from 1998 to 2002 and from 2003 to 2008 (1 regional administrative mandate is 5 years long). For the statistical analysis of time trends we used the non-parametric test of Cuzick. Significance was set at  $P < 0.05$ .

#### Results

13/21 Regions changed their R trends: only some, placed in North Italy (Piedmont, V.Aosta, Trento, Friuli, Marche) had an increase. 12/21 Regions changed the A trend but only Calabria had a reduction one. 11/21 Regions changed the E trend: in 4 there was an increase.

#### Conclusions

The reduction of E could be read as a regain of the loses (increase demand satisfaction and/or improvement of health care performances) which were previously experienced. An increase of A could be read as a better offer; an increase of R identifies a regain in satisfying the inner demand of regional residents and/or improvements of the health care system. More significant is the jointly interpretation of R, E and A which made possible to identify several scenarios, for example good policy is when we found attractiveness ability trend, without the loss of inner residents. This scenario seems to have generally occurred in Northern Italy (for example Piedmont, V.Aosta, Trento, Friuli). Other Regions showed an increase of E and a reduction of R (Veneto, Tuscany, Umbria and Abruzzo). This condition was more critical. Apulia and Sardinia did not show significant variations.

#### Key messages

- Patients' mobility is a proxy of health policy.
- The European microcosm of the Italian regions showed that areas mainly located in Northern increased local health care demand/satisfaction, while others increased escapes and decreased attractions.