

Health at a Glance 2019

OECD Indicators

DOI: <https://doi.org/10.1787/4dd50c09-en>

ISBN 978-92-64-38208-4 (print)

ISBN 978-92-64-80766-2 (PDF)

ISBN 978-92-64-37101-9 (EPUB)

ISBN 978-92-64-94275-2 (HTML)

© OECD 2019

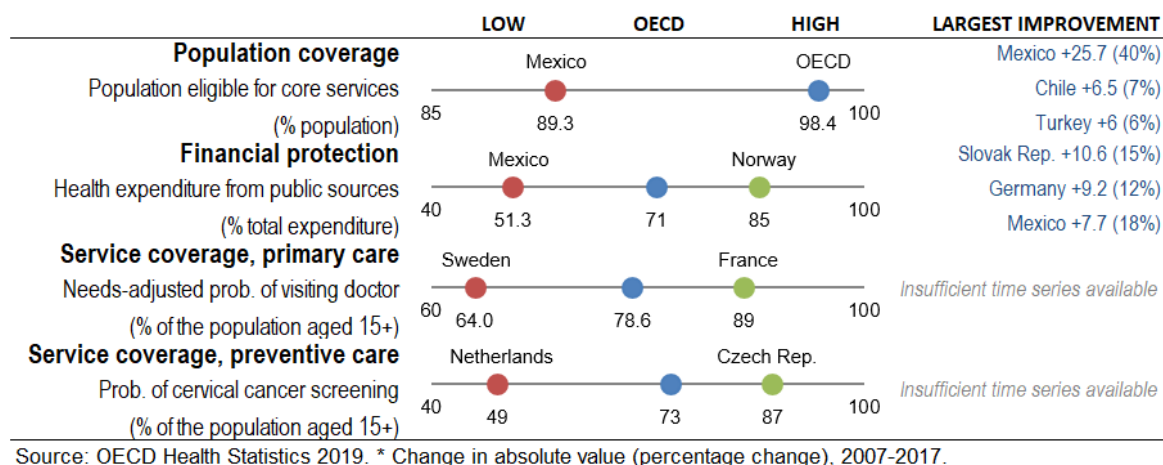
Corrigendum

CHAPTER 1

Page 28: Access to care

Figure 1.4. Snapshot on access to care across the OECD and Table 1.4. Dashboard on access to care

The legend for the *Financial protection* indicator in both Figure 1.4 and Table 1.4 were corrected, “Expenditure covered by prepayment schemes” was replaced by “Health expenditure from public sources”, see below.



CHAPTER 2

Page 51: under the section *The collection and use of PROMs in breast cancer care is growing*

The text on p.51 (last paragraph) has been updated (new text in bold) and now reads:

“These efforts have culminated in a preliminary international data collection involving **11 clinical sites from 8 countries** (Flinders Medical Centre, Adelaide, Australia; **Angers Cancer Centres, Nantes, France**; Charité – Universitätsmedizin Berlin, Germany; Erasmus Medical Center, Rotterdam, Netherlands; Catio St Göran Breast Unit, Södersjukhuset Bröstcentrum and Karolinska Univ.sjukhuset Bröst Endokrin och Sarkom, Stockholm, Sweden; Universitätsspital Basel, Basel, Switzerland; Manchester University Hospitals NHS Foundation Trust, Manchester, UK; Memorial Sloan Kettering Cancer Center, New York, US and Brigham and Women's Hospital, Boston, US).”

instead of

“These efforts have culminated in a preliminary international data collection involving 10 clinical

sites from 7 countries (Flinders Medical Centre, Adelaide, Australia; Charité – Universitätsmedizin Berlin, Germany; Erasmus Medical Center, Rotterdam, Netherlands; Capio St Göran Breast Unit, Södersjukhuset Bröstcentrum and Karolinska Univ.sjukhuset Bröst Endokrin och Sarkom, Stockholm, Sweden; Universitätsspital Basel, Basel, Switzerland; Manchester University Hospitals NHS Foundation Trust, Manchester, UK; Memorial Sloan Kettering Cancer Center, New York, US and Brigham and Women's Hospital, Boston, US).”

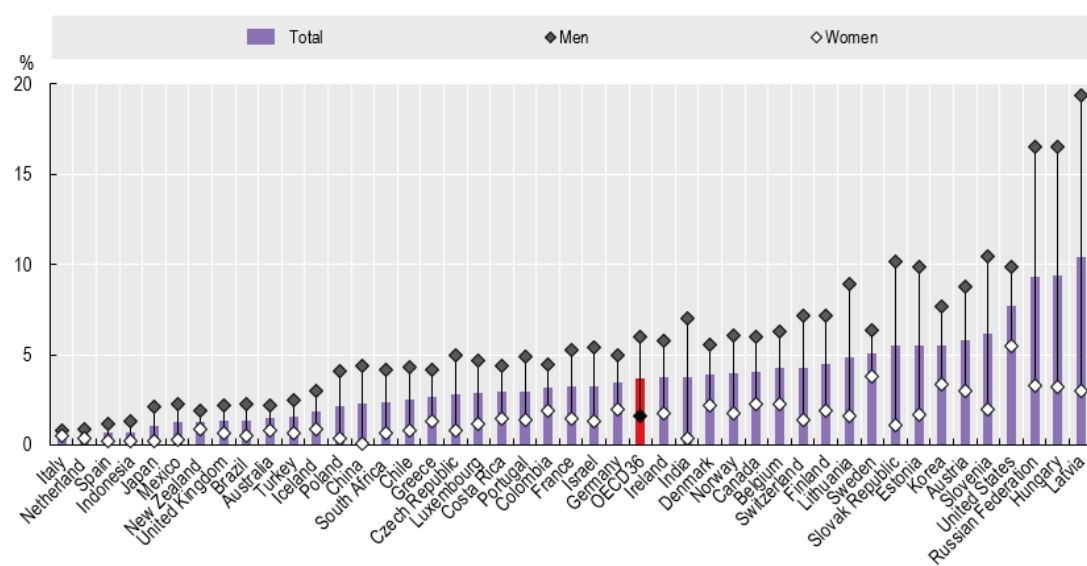
CHAPTER 4

Page 90: Alcohol consumption among adults

The text in the *Definition and comparability* box has been updated as follows (new sentence in bold):

“Recorded alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over (with some exceptions highlighted in the data source of the OECD Health Statistics database). The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production. **In Estonia, data adjust for tourist consumption and unrecorded consumption.** In some countries (e.g. Luxembourg), national sales do not accurately reflect actual consumption by residents, since purchases by non-residents may create a significant gap between national sales and consumption. Alcohol consumption in Luxembourg is thus estimated as the mean of alcohol consumption in France and Germany.”

A typo for Colombia in *Figure 4.5. Share of dependent drinkers, by sex, 2016* has been corrected:



CHAPTER 5

Page 108: Use of primary care services

The text (2nd paragraph) has been updated (new text in bold) and now reads:

“In terms of access to a doctor, on average just under 80% of individuals aged 15 or over reported visiting a doctor in the past year, adjusting for need (Figure 5.5). Note that need is modelled, rather than measured directly (see definition and comparability box). Furthermore, the probability of visiting a doctor may be lower in some countries because people make greater use of other types of

health professionals, such as nurses. **This is the case, for example, in Sweden, where other licensed healthcare professionals see patients that do not have a clear medical need for a doctor.**

Notwithstanding these issues, cross-country differences in utilisation are large, with need-adjusted probabilities of visiting a doctor ranging from around 65% to 89% across OECD countries.” instead of

“In terms of access to a doctor, on average just under 80% of individuals aged 15 or over reported visiting a doctor in the past year, adjusting for need (Figure 5.5). Note that need is modelled, rather than measured directly (see definition and comparability box). Furthermore, the probability of visiting a doctor may be lower in some countries because people make greater use of other types of health professionals, such as nurses. Notwithstanding these issues, cross-country differences in utilisation are large, with need-adjusted probabilities of visiting a doctor ranging from around 65% in Sweden and the United States to 89% in France.”

The footnote under *Figure 5.5. Need-adjusted probability of visiting a doctor, by income, 2014* has also been updated (new text in bold):

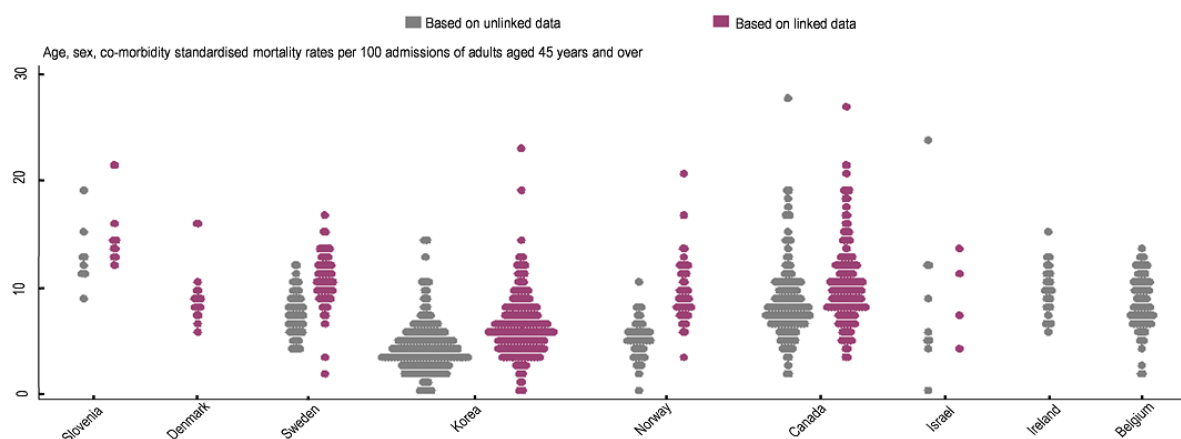
“Source: OECD estimates based on EHIS-2 and other national survey data. **In Sweden, the low number is explained in part by patients often visiting other healthcare professionals rather than doctors in primary care.**”

CHAPTER 6

Page 131: Mortality following ischaemic stroke

Figure 6.17. Variations across hospitals in 30-day mortality after admission for ischaemic stroke using linked and unlinked data, 2015-17

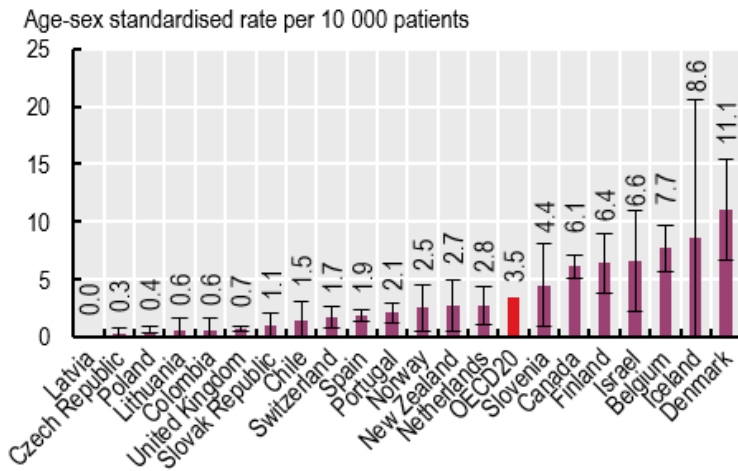
This figure has been corrected to show the corresponding data, see below:



Page 137: Care for people with mental health disorders

Figure 6.24. Inpatient suicide among patients with a psychiatric disorder, 2015-17 (or nearest year)

Estonia has been removed from this figure, see below:



Page 138: Breast cancer outcomes

The text on p.138 (5th paragraph) has been updated (new text in bold) and now reads:

“Consolidated crude scores from the participating sites indicate that women are **6%** more satisfied with their breasts after autologous reconstruction surgery than after implant reconstruction (see Figure 2.9 in Chapter 2).”

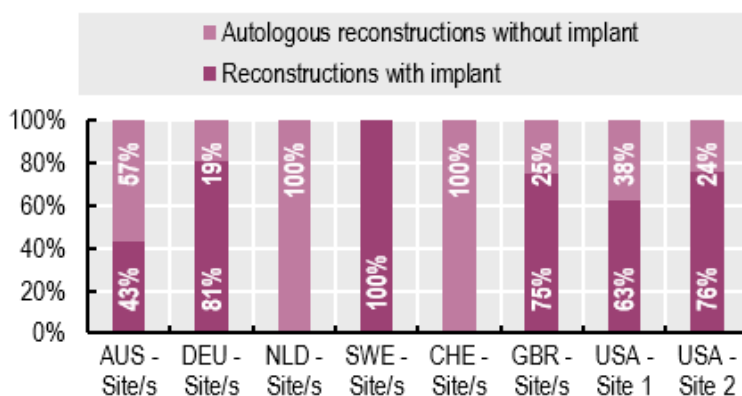
instead of

“Consolidated crude scores from the participating sites indicate that women are about 10% (6 percentage points) more satisfied with their breasts after autologous reconstruction surgery than after implant reconstruction (see Figure 2.9 in Chapter 2).”

Page 139: Breast cancer outcomes

Figure 6.31. Type of breast reconstruction surgery, proportion of total, 2017-18 (or nearest year)

The legend for this figure has been corrected, with “Total breast reconstructions” replaced by “Reconstructions with implant”, see below:

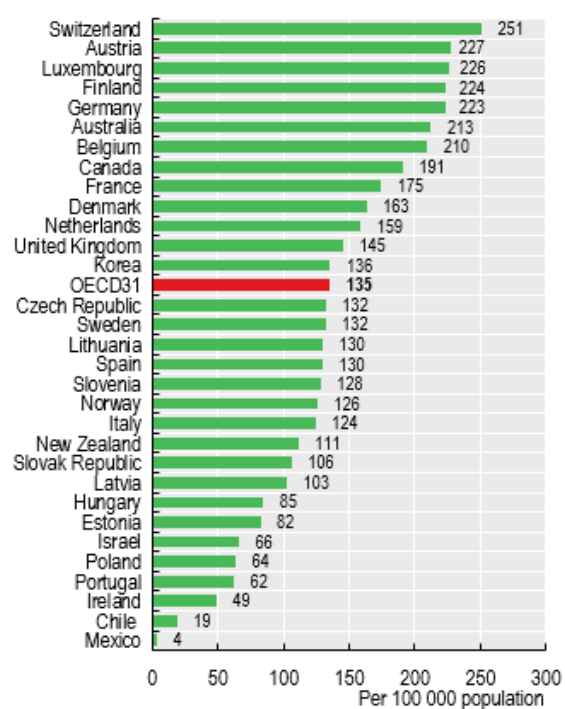


CHAPTER 9

Page 199: Hip and knee replacement

Figure 9.13. Knee replacement surgery, 2017 (or nearest year)

This figure has been corrected to include Switzerland, see below:



CHAPTER 10

Page 213: Generics and biosimilars

Figure 10.11. Biosimilar market share in treatment days for anti-TNF alfas and erythropoietin vs accessible market, 2017 (or nearest year), in European countries

The left panel of Figure 10.11 on *Anti-TNF alfas* mistakenly showed EST instead of ESP. This has been corrected, see below:



CHAPTER 11

Page 230: Recipients of long-term care

The text on p.230 (middle of 4th paragraph) has been updated (new text in bold) and now reads:
“Between 2007 and 2017, the proportion of LTC recipients who received care at home rose by **4%**,
from 64% to 68% (Figure 11.19).”

instead of

“Between 2007 and 2017, the proportion of LTC recipients who received care at home rose by **6%**,
from 64% to 68% (Figure 11.19).”