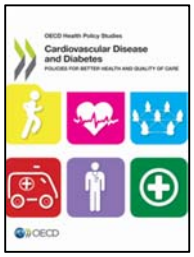


Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care

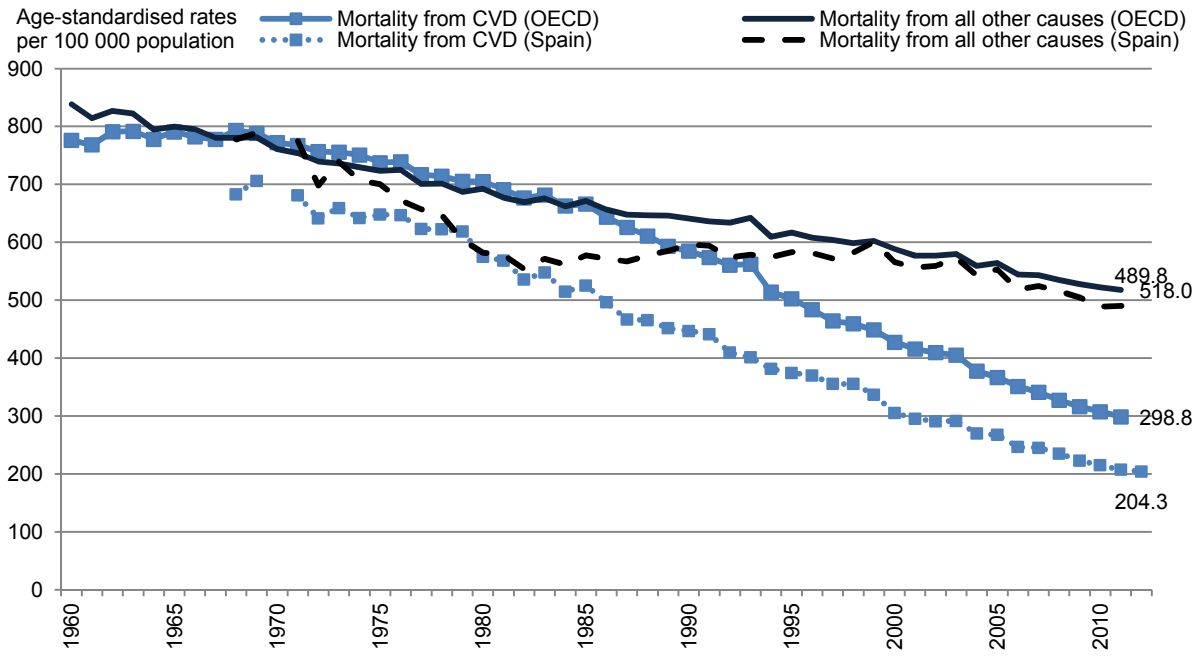
June 2015

Country Note – Spain

Spain has been successful at reducing the mortality due to cardiovascular diseases (CVD)

The mortality from CVD has decreased over the past few decades at a faster pace than the OECD average, reaching 204 per 100 000 population in 2012, 32% lower than the OECD average of 299 in 2011 (Figure 1). Likewise, potential years of life lost, a commonly used measure of premature mortality, at 369 per 100 000 population for diseases of the circulatory system in 2011, is 36% lower than the OECD average of 581 (by using the age limit of 70). The reported prevalence of diabetes is also low at 6.5%, compared to an OECD average of 6.9%. The number of patients with end-stage kidney failure (ESKF), often caused by diabetes and hypertension, at 114 per 100 000 population, is higher than the OECD average of 101.

Figure 1. Mortality rates for cardiovascular diseases and all other causes of death in Spain and OECD countries



Source: OECD Health Statistics.

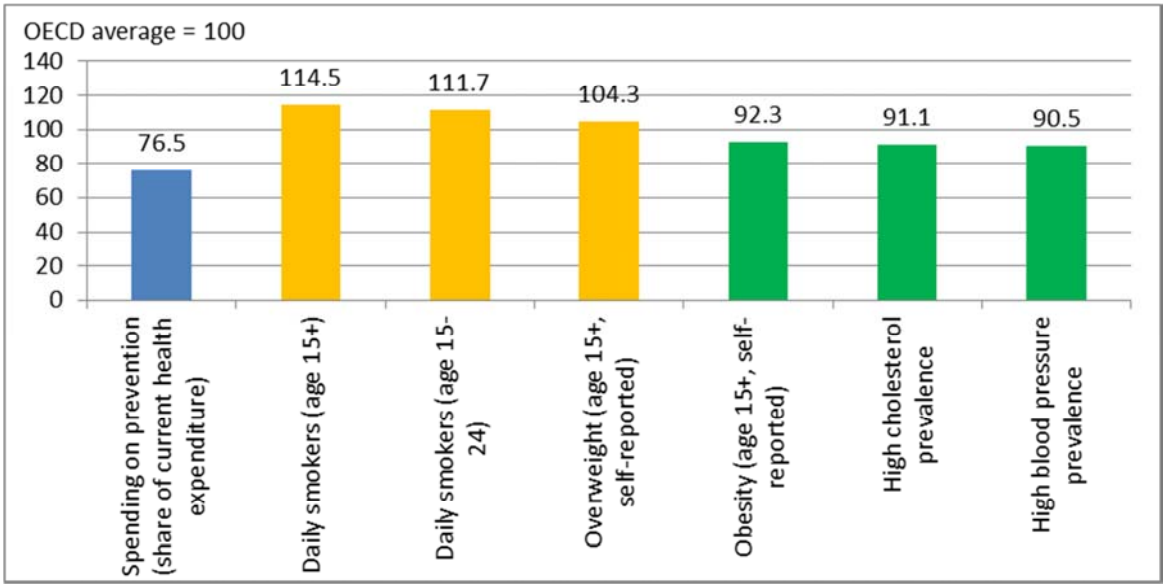
Kidney transplant is an effective treatment and a viable alternative to dialysis for many ESKF patients, and 50% of ESKF patients received a kidney transplant in 2011 while in countries such as Iceland and the Netherlands, the rate was over 60%.

Some risk factors are high and increasing

Figure 2 shows that for some indicators of prevention and lifestyle, Spain performs worse than the OECD average. The rate of smoking, one of the risk factors for CVD, is 23.9% for adults, still higher than the OECD average of 20.9% after a large price increase in the late 2000s, and for youth, the rate is 21.7%, also higher

than the OECD average of 19.5%. The rate of overweight, at 36.1%, is higher than the OECD average of 34.6%. Spending on prevention is 2.2% of the current health expenditure, lower than the OECD average of 2.9%.

Figure 2. Prevention and healthy lifestyle related to CVD and diabetes in Spain, 2011 (or nearest year), OECD average = 100



Note: a bar in blue refers to an indicator in which an evaluation on health system performance is not straightforward and needs to be done together with other indicators, a bar in green refers to the value better than the OECD average, and a bar in orange refers to the value worse than the OECD average.
Source: OECD Health Statistics.

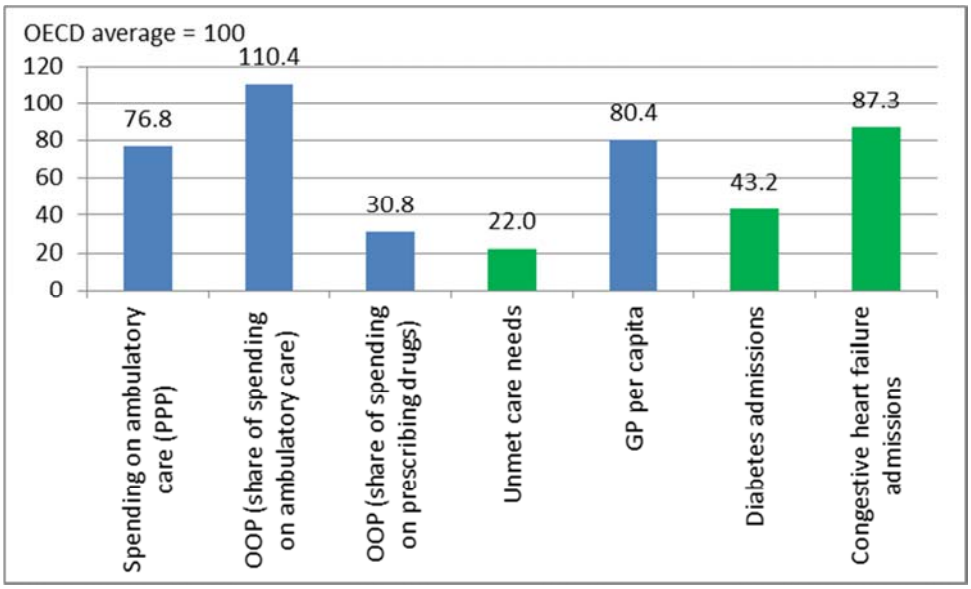
But in other risk factors, Spain performs better than the OECD average. The rate of obesity, at 16.6%, is lower than the OECD averages of 18.0%. The reported prevalence of high cholesterol level, at 16.4%, is lower than the OECD average of 18.0% and that of high blood pressure, at 23.2%, is also below the OECD average (25.6%).

Access to and quality of primary care for CVD and diabetes is good

Access to primary care is generally good in Spain (Figure 3). Spending on ambulatory care in 2011 was 531 USD PPP on a per capita basis, lower than the OECD average of 691. Although the out-of-pocket payment (OOP) is higher than the OECD average and the number of GPs, at 0.8 per 1 000 population, is lower than the OECD average of 1.0, the share of population with unmet care needs is 0.7%, much lower than the OECD average of 3.2%. The number of defined daily doses (DDD) of drugs such as antihypertensive and cholesterol lowering medications used for CVD risk factors are slightly lower than the average, suggesting that these drugs are generally accessible.

As to the quality of primary care for CVD and diabetes, this appears to be good. Hospital admissions for chronic conditions such as diabetes and congestive heart failure can be avoided if high-quality primary care is provided. The rate of hospital admissions was 10.3 per 1 000 diabetics, much lower than the OECD average of 23.8 in 2011. However, based on a study using oral glucose tolerance tests, about 24% of diabetic patients were undiagnosed, although the share is the lowest among the few OECD countries which have such data. For congestive heart failure, there are 2.1 hospital admissions per 1 000 population, also lower than the OECD average of 2.4.

Figure 3. Primary care related to CVD and diabetes in Spain, 2011 (or nearest year), OECD average = 100

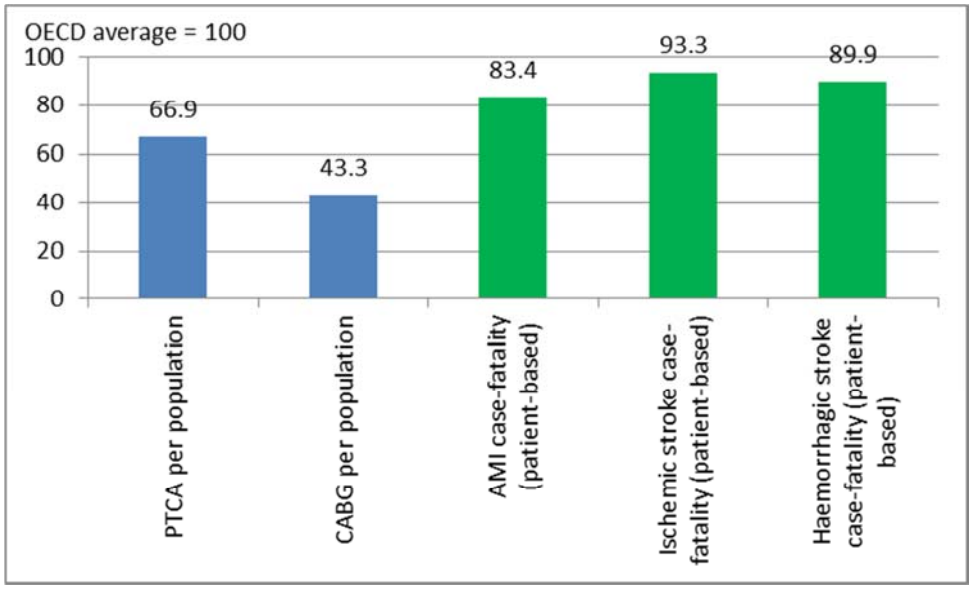


Note: a bar in blue refers to an indicator in which an evaluation on health system performance is not straightforward and needs to be done together with other indicators, and a bar in green refers to the value better than the OECD average.
Source: OECD Health Statistics; Diabetes prevalence: IDF (2013), IDF Diabetes Atlas, 6th Edition, International Diabetes Federation, Brussels, www.idf.org/diabetesatlas/previouseditions.

Quality of acute CVD care is good, although access appears relatively low

Resources in acute care seem lower than in many other OECD countries. The number of specialists is lower than the OECD average, at 54 cardiologists and 37 neurologists per million population. Despite the rapid increase, the reported number of percutaneous transluminal coronary angioplasty (PTCA) procedures is 121 per 100 000 population, still below the OECD average of 181, and the reported number of coronary artery bypass graft (CABG) procedures, at 19 per 100 000 population, is less than half of the OECD average of 43 (Figure 4). But the low rates may be partly due to the data coverage because these Spanish data do not cover all hospitals (most public hospitals but part of private hospitals).

Figure 4. Acute care related to CVD and diabetes in Spain, 2011 (or nearest year), OECD average = 100



Note: a bar in blue refers to an indicator in which an evaluation on health system performance is not straightforward and needs to be done together with other indicators, and a bar in green refers to the value better than the OECD average.
Source: OECD Health Statistics.

The quality of acute care for CVD is good in Spain. Based on the patient-based data which allow monitoring patients in and out of hospitals, the 30-day case-fatality rates for patients with Acute Myocardial Infarction (AMI), Ischemic and Haemorrhagic stroke are better than the OECD average (9.0%, 10.4% and 26.8%, compared to 10.8%, 11.1% and 29.8%, respectively).

Spain can make more efforts to promote healthy lifestyles

Spain currently implements the National Strategy of Health Promotion and Prevention aiming to promote healthy lifestyles including increased physical activities, healthier diet, and non-smoking. It is targeting two high-risk population groups (children under age 15 and those aged 50 years and over) by using mostly education, and health care programmes and services. OECD analyses show that effective prevention strategies are multifaceted and comprehensive, including both population-wide measures and measures for high-risk individuals by using all available tools such as regulations, education, incentives, as well as health care programmes and services to work in unison and strengthen their effectiveness. Strong advocacy and stakeholder engagement is also needed to develop support for making healthy lifestyle choices easier and less costly. Spain can develop further prevention strategies based on different tools used for the entire population and target population groups in other OECD countries.

Many other OECD countries have successfully reduced smoking prevalence in recent years. Australia, New Zealand, Ireland, the United Kingdom and Turkey with a stringent and comprehensive set of anti-tobacco policies have reduced their smoking rates at a faster rate compared to countries with less comprehensive strategies. Australia, for example, has introduced a number of innovative programmes and regulations, including its plain-packaging laws which ban branding and logos on all tobacco product packaging. Tobacco products must be sold in drab dark brown packaging and labelled with updated and expanded health warnings.

In order to fight against obesity, recently, Denmark, Finland, France, Hungary and Mexico introduced taxes on unhealthy food and/or sugar-sweetened non-alcoholic beverages, and Switzerland, the United Kingdom and the United States also introduced nationally co-ordinated health promotion programmes to increase physical activity. They are important steps but combining these interventions in comprehensive strategies results in a more effective and efficient approach because it increases the coverage of groups at risks and exploits potential synergies across the different interventions.

Contacts

Media Relations

Spencer Wilson – Media Relations Officer
☎ +33-1-4524 8118
💻 spencer.wilson@oecd.org

OECD Health Division

Rie Fujisawa
☎ +33-1-4524 1409
💻 rie.fujisawa@oecd.org

Niek Klazinga
☎ +33-1-4524 7611
💻 niek.klazinga@oecd.org

Useful links

Read the report online, access the press release, country notes, and data at:

http://www.oecd.org/health/cardiovascular-disease-and-diabetes-policies-for-better-health-and-quality-of-care-9789264233010-en.htm

OECD Health: www.oecd.org/health

Obesity and the Economics of Prevention: Fit not Fat: http://www.oecd.org/health/obesity-and-the-economics-of-prevention-9789264084865-en.htm