
OECD Study of Cross-National Differences in the
Treatment, Costs and Outcomes of Ischaemic Heart
Disease

Annex 2: Charts

Pierre Moise, Stéphane Jacobzone
and the ARD-IHD Experts Group

3

Unclassified

DELSA/ELSA/WD/HEA(2003)3/ANN2



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English - Or. English

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OECD HEALTH WORKING PAPERS No. 3

OECD STUDY OF CROSS-NATIONAL DIFFERENCES IN THE TREATMENT, COSTS AND
OUTCOMES OF ISCHAEMIC HEART DISEASE
ANNEX 2: CHARTS

Pierre Moise, Stéphane Jacobzone and the ARD-IHD Experts Group

JEL Classification: I10, I18, I19.

English - Or. English

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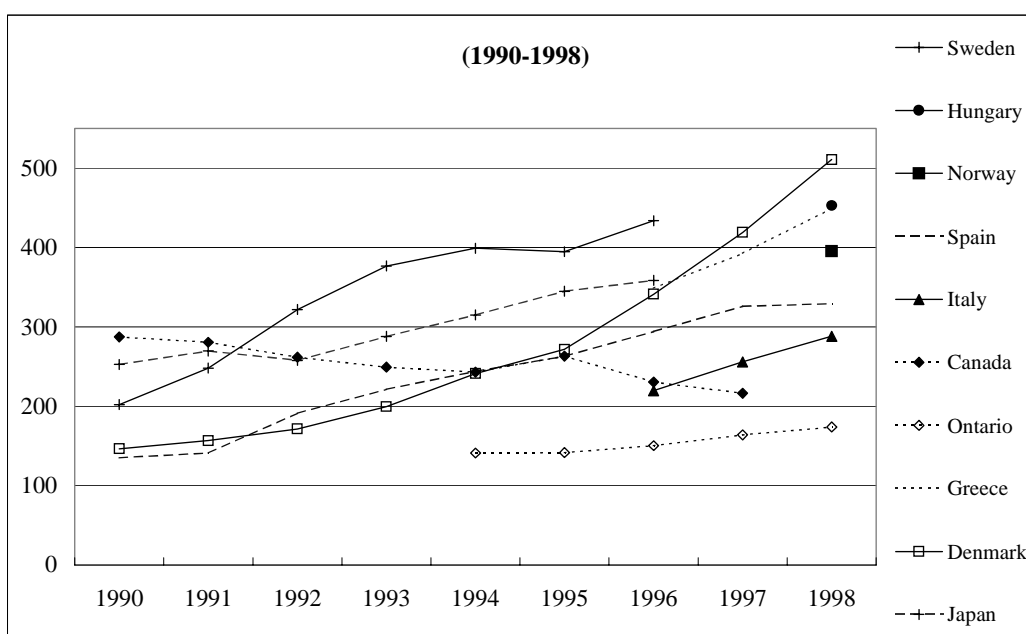
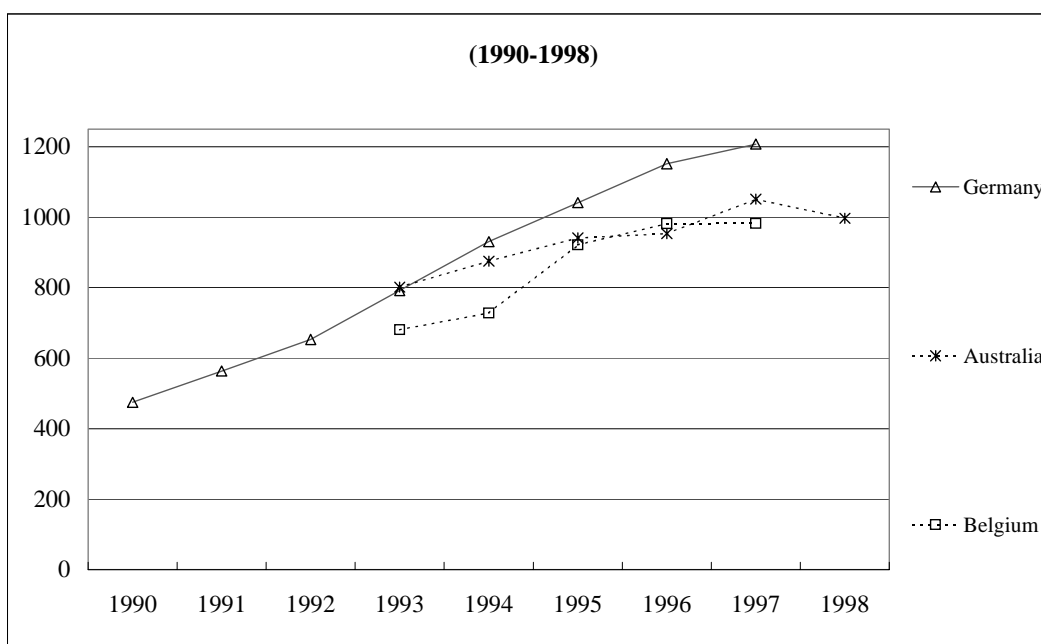
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Chart 32. Utilisation rates for cardiac catheterisation procedures

Number per 100,000 inhabitants aged 40 and over



Note: The population aged 40 and over was used as the denominator. Australia, Belgium, Germany, Greece, Italy, Japan, Norway, Spain and Sweden were able to provide rates using the 40 and over population as a denominator. For the countries that used the entire population as the denominator, we calculated the denominator as the ratio of the entire population multiplied by the ratio of the entire population to the population 40 and over.

The two charts use different scales for the number of catheterisations per 100,000 inhabitants.

Greece: only includes 17 out of a possible 24 hospitals.

Japan: estimated number of procedures performed during a one month period (eg. June 1997), since 1994.

Sources: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports; OECD Health Data Base 2000 (Canada, Hungary, Switzerland and the United Kingdom); "Report on Survey of Medical Care Activities in Public Health Insurance", Shakai Iryo Shinryo Kouibetu Chosa Houkoku (Japan); Mannebach 1998 (Germany).

Chart 33a. Proportion of AMI patients receiving cardiac catheterisation during the initial admission
 As a percentage of AMI admissions (Figures using event-based data)

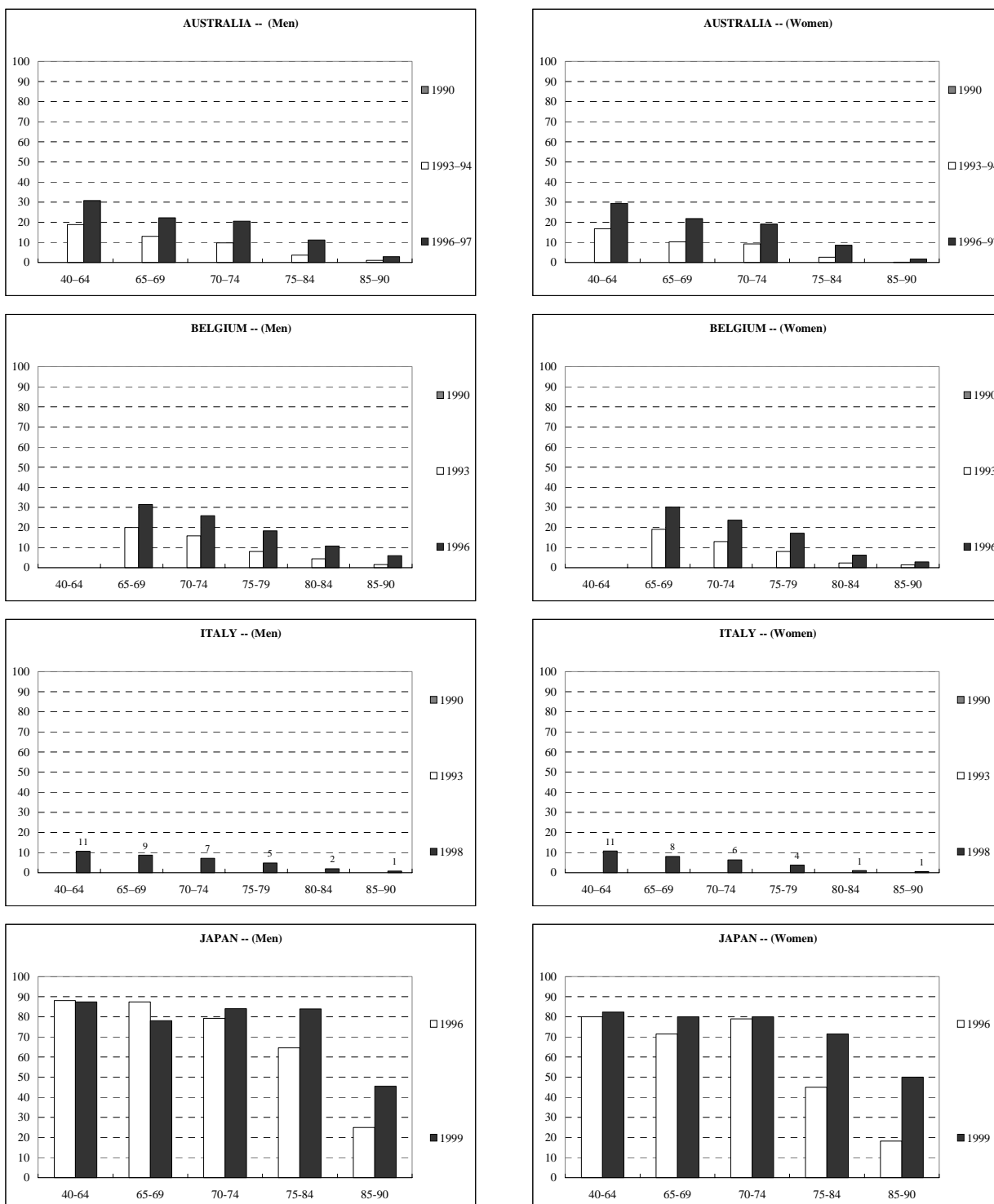
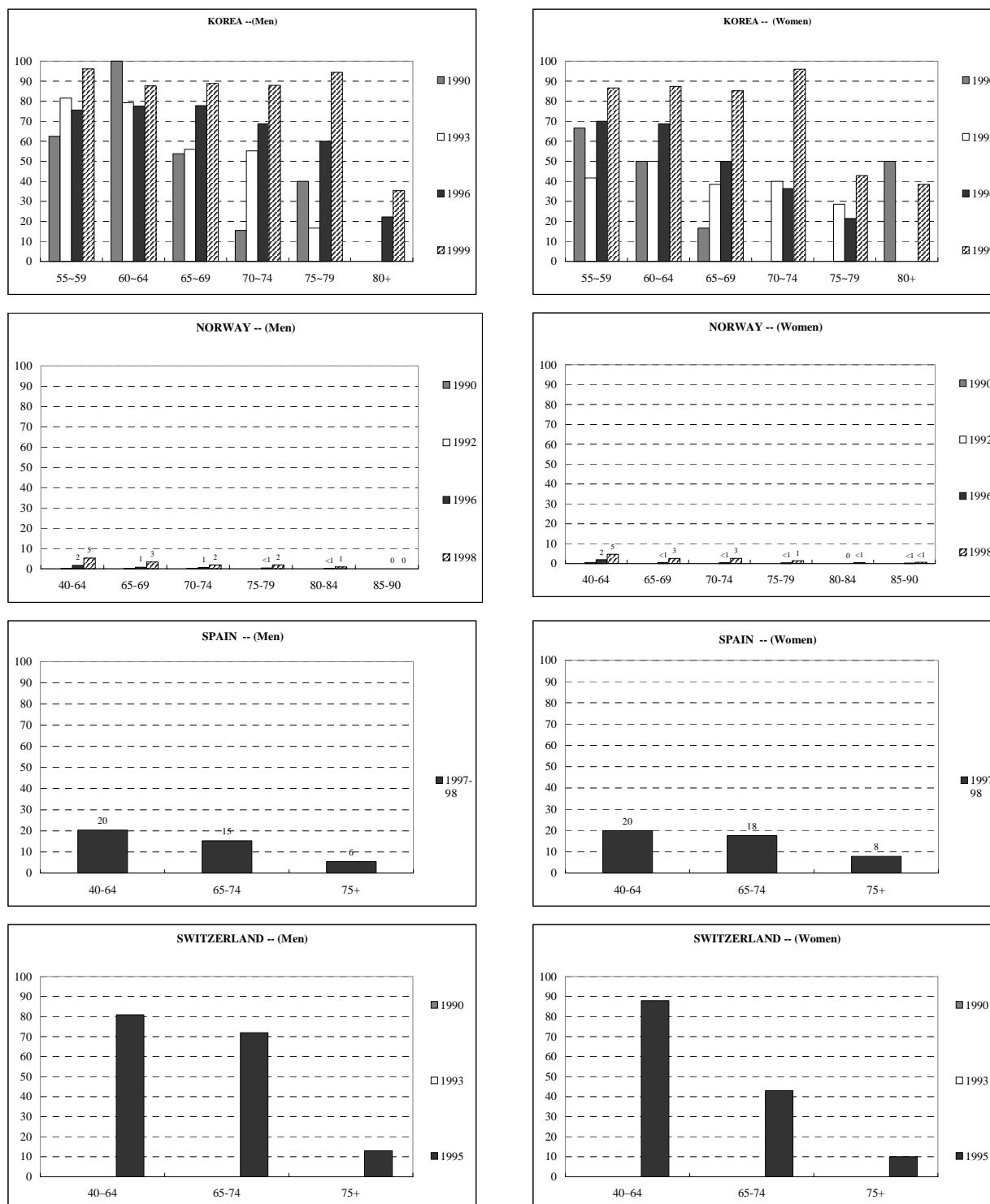


Chart 33a. (cont.)

As a percentage of AMI admissions (Figures using event-based data)



Note: In some countries the representativeness of the data may be limited to some hospitals and/or certain geographical areas.

Source: The data for Belgium, Norway and Switzerland were provided by the TECH Research Network. Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports. See Table 20 for data sources.

Chart 33b. Proportion of AMI patients receiving cardiac catheterisation during the initial admission
As a percentage of AMI admissions (Figures using patient-based data)

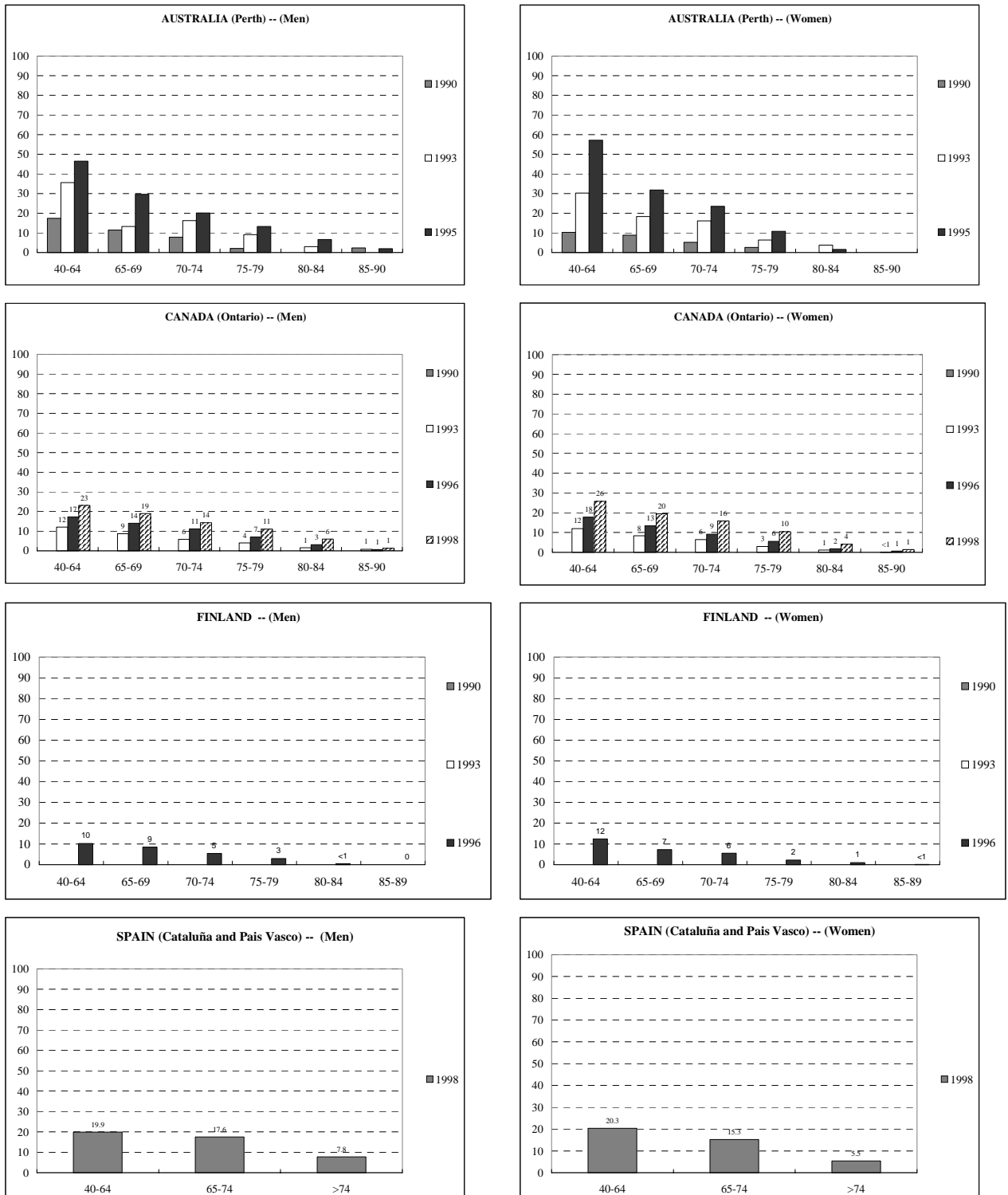
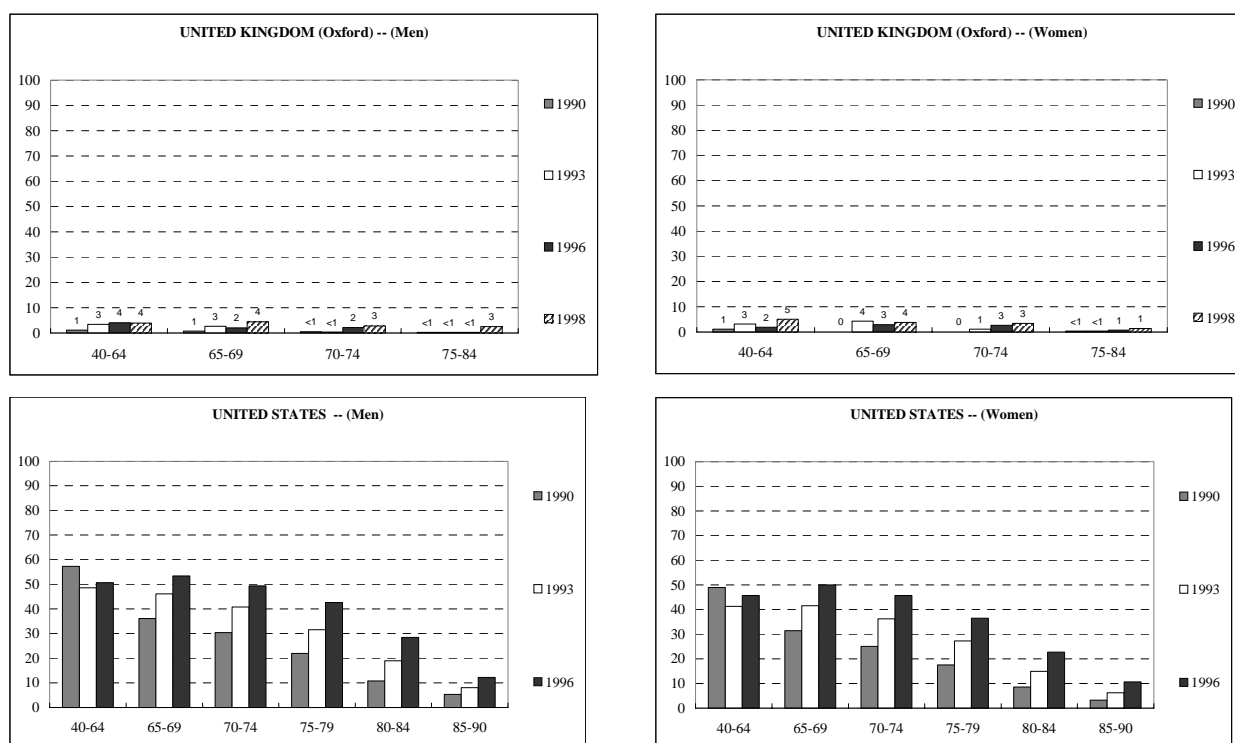


Chart 33b. (cont.) Proportion of AMI patients receiving cardiac catheterisation during the initial admission

As a percentage of AMI admissions (Figures using patient-based data)



Source: The data for Australia (Perth), Canada (Ontario), Finland and the US were provided by the TECH Research Network; . Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country report (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 34. Proportion of AMI patients receiving catheterisation during the 90-day episode of care
As a percentage of AMI admissions

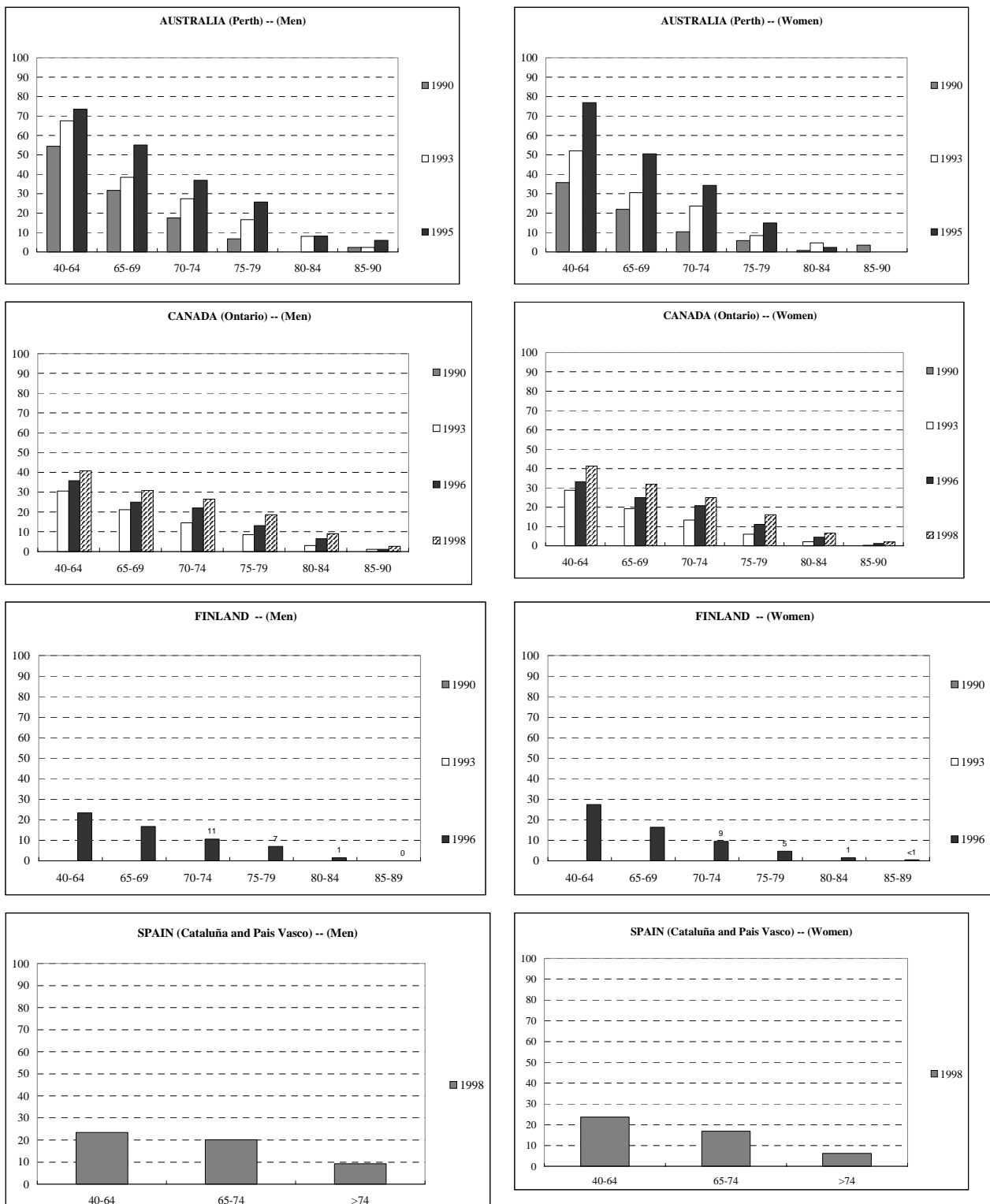
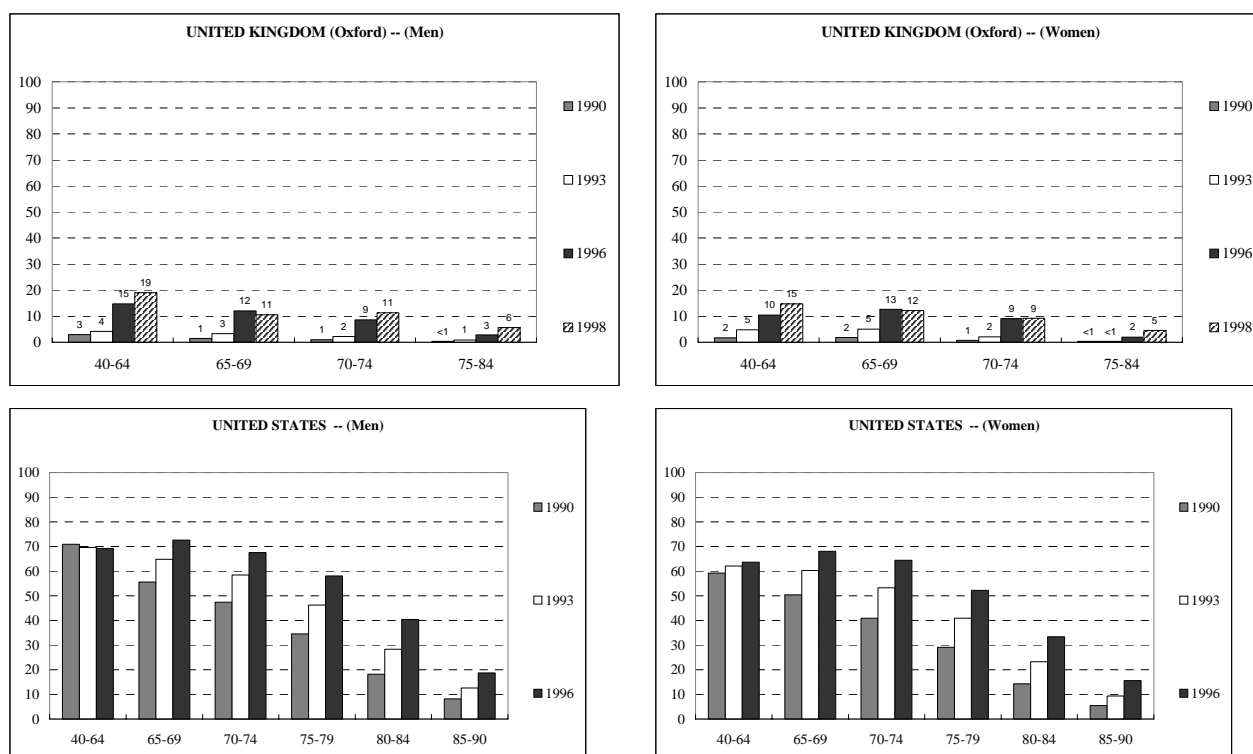
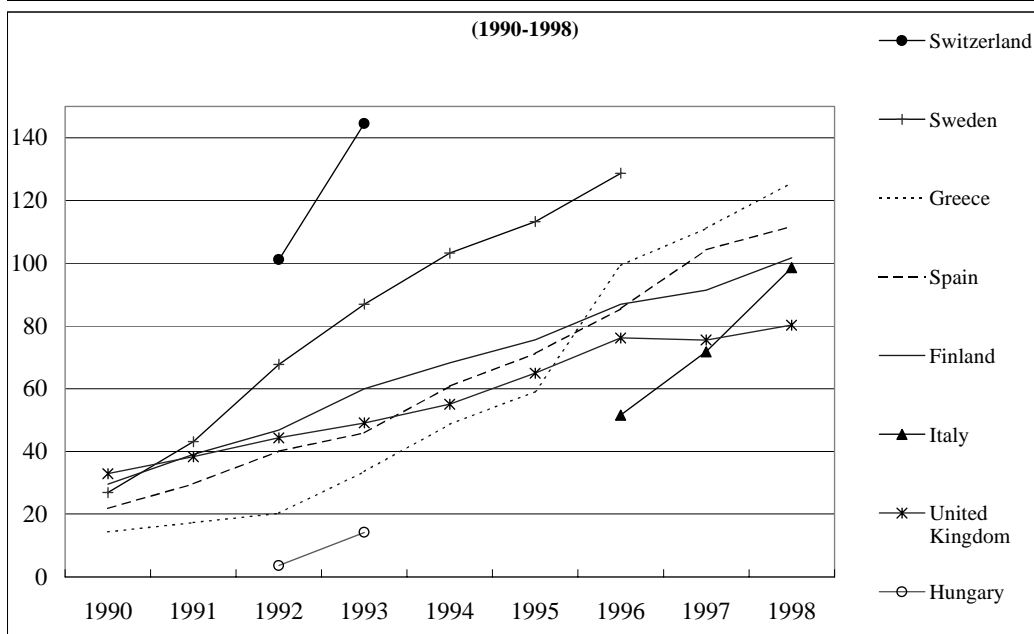
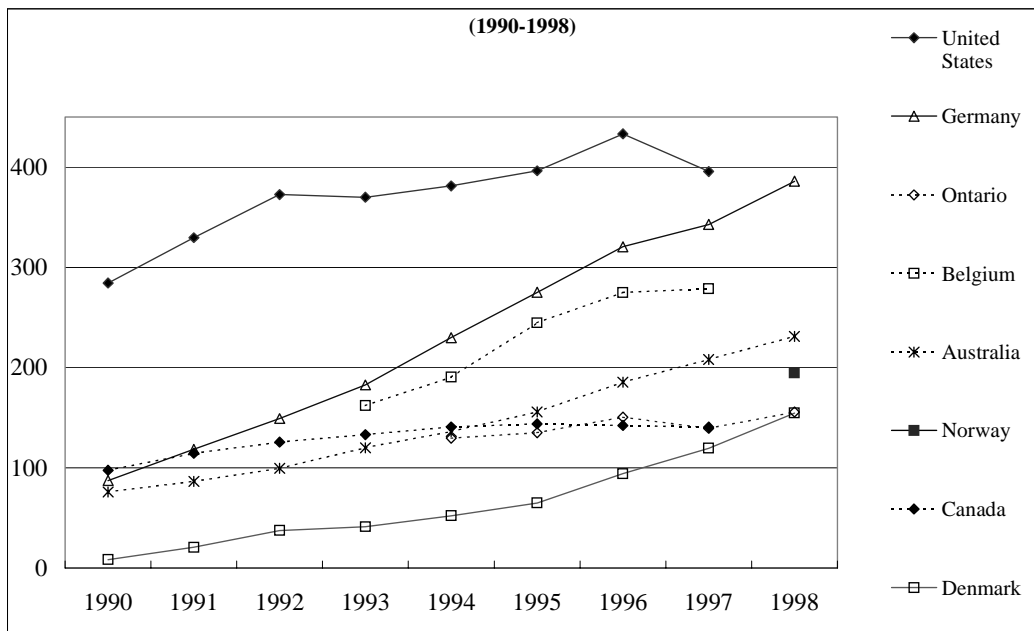


Chart 34. (cont.) Proportion of AMI patients receiving cardiac catheterisation within 90 days of admission
As a percentage of AMI admissions



Source: The data for Australia (Perth), Canada (Ontario), Finland and the US were provided by the TECH Research Network; . Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 35. Utilisation rates for PTCA procedures
 Number per 100,000 inhabitants aged 40 and over



Note: The population aged 40 and over was used as the denominator. Belgium, Germany, Italy, Norway, Spain and Sweden were able to provide rates using the 40 and over population as a denominator. For the countries that used the entire population as the denominator, we calculated the denominator as the ratio of the entire population multiplied by the ratio of the entire population to the population 40 and over.

The two charts use different scales for the number of PTCA per 100,000 inhabitants.

Greece: After 1996 only includes 17 out of a possible 24 hospitals.

Japan: Estimated number of procedures performed during a one month period (eg., June 1997), since 1994.

Sources: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports; OECD Health Data Base 2000 (Canada, Hungary, Switzerland and the United Kingdom); "Report on Survey of Medical Care Activities in Public Health Insurance", Shakai Iryo Shinryo Kouibetu Chosa Houkoku (Japan); Mannebach 1998 (Germany).

Chart 36a. Proportion of AMI patients receiving PTCA during the initial admission
As a percentage of AMI admissions (Figures using event-based data)

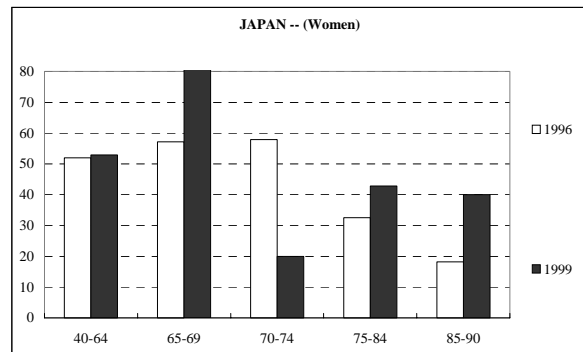
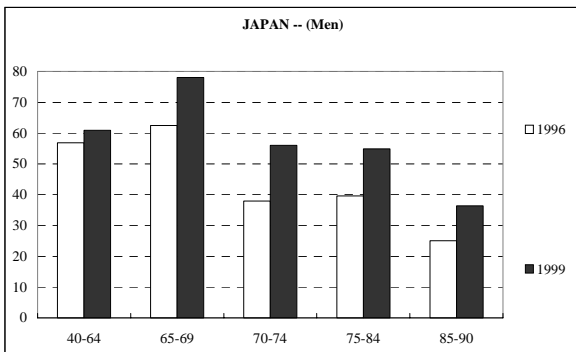
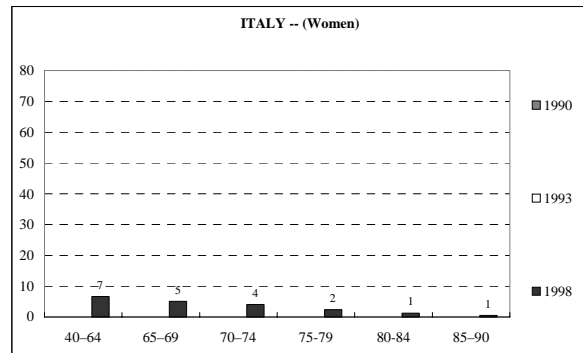
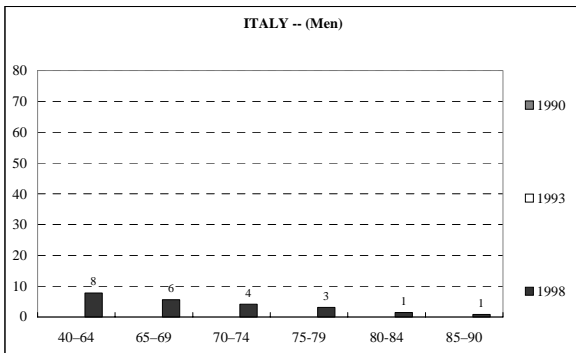
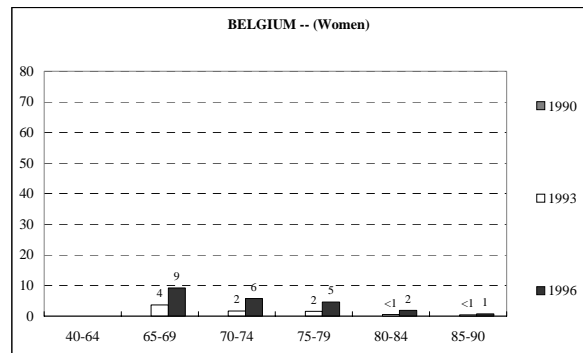
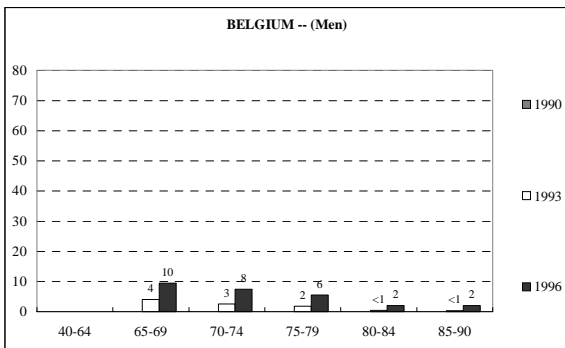
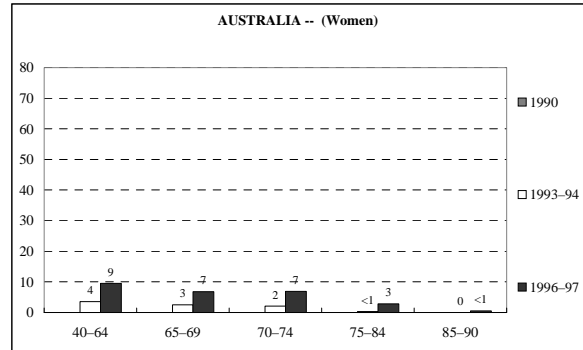
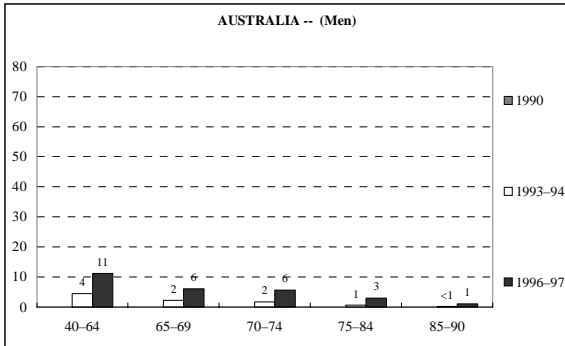
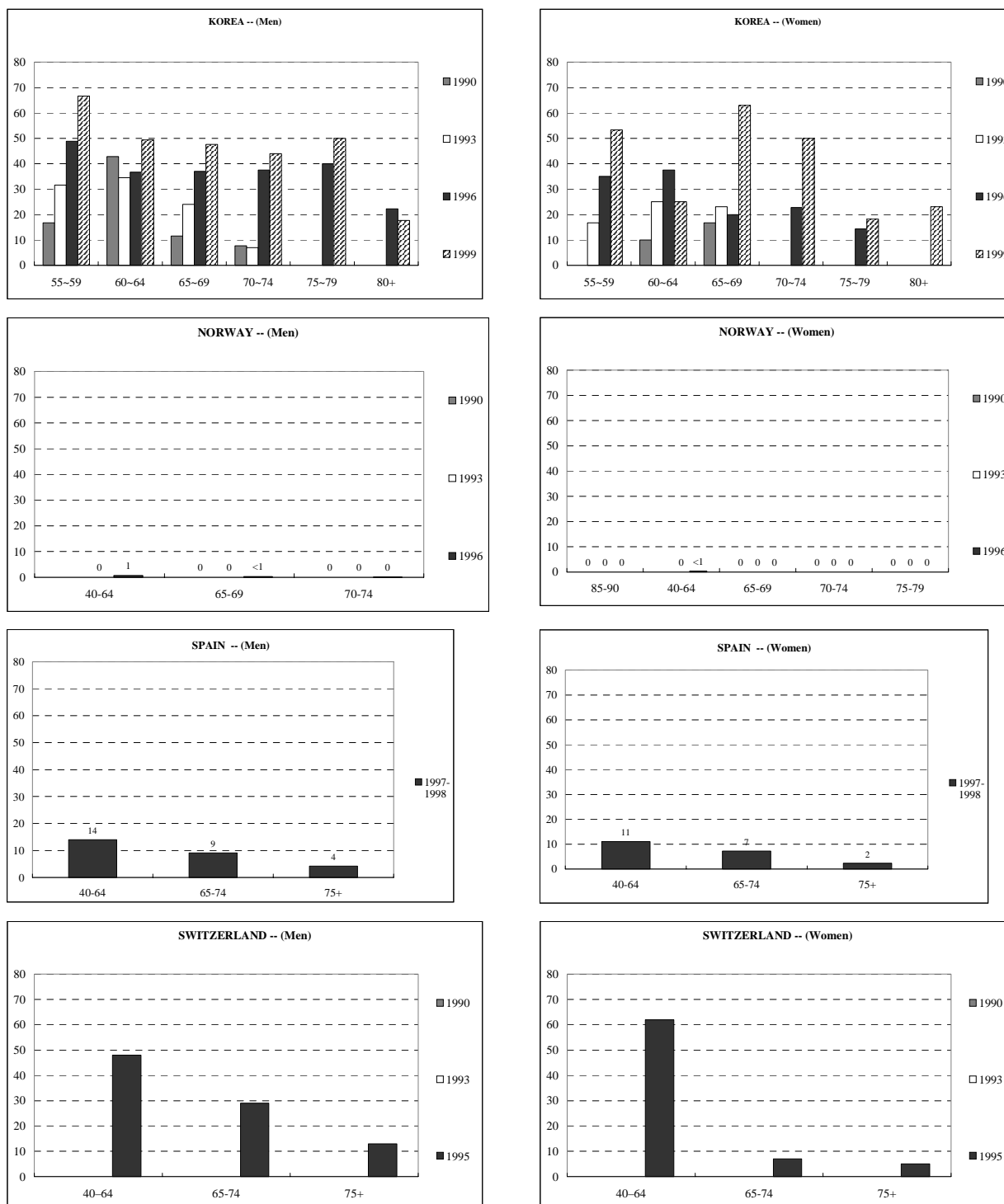


Chart 36a. (cont.) Proportion of AMI patients receiving PTCA during the initial admission
As a percentage of AMI admissions (Figures using event-based data)



Note: In some countries the representativeness of the data may be limited to some hospitals and/or certain geographical areas.
Source: The data for Belgium, Norway and Switzerland were provided by the TECH Research Network; Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports.
 See Table 20 for data sources and data characteristics.

Chart 36b. Proportion of AMI patients receiving PTCA during the initial admission
As a percentage of AMI admissions (Figures using patient-based data)

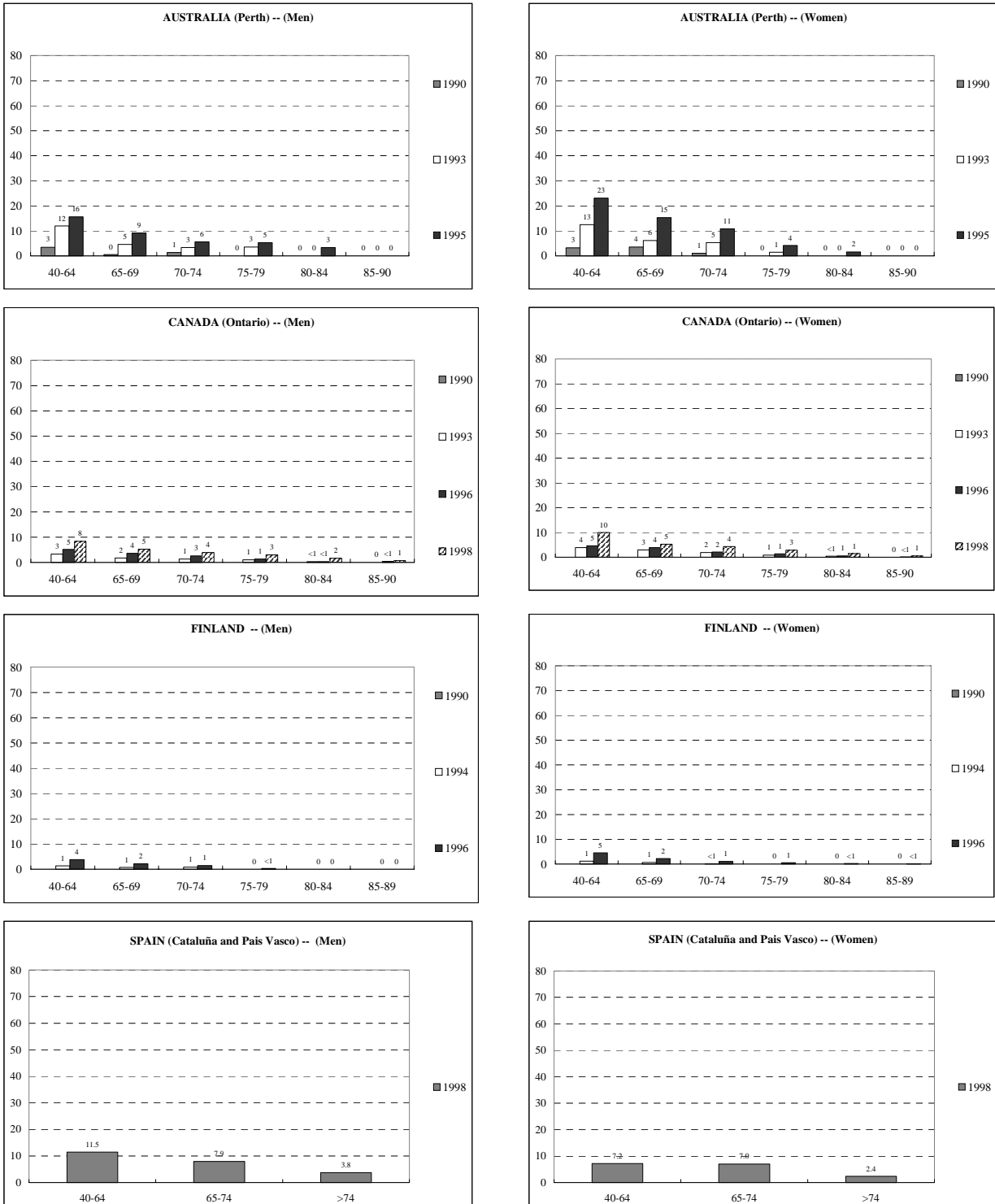
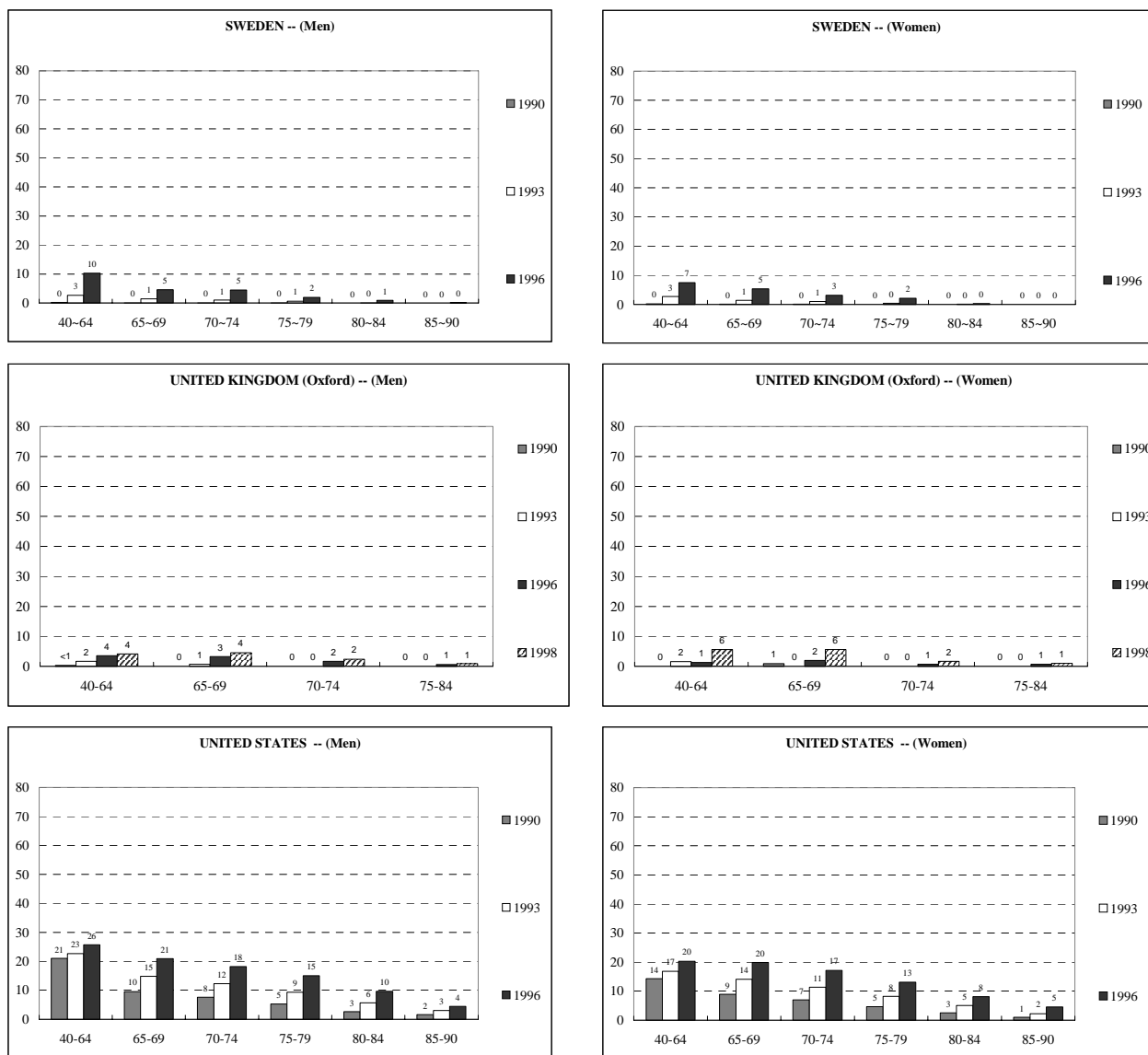


Chart 36b. (cont.) Proportion of AMI patients receiving PTCA during the initial admission
As a percentage of AMI admissions (Figures using patient-based data)



Source: The data for Australia (Perth), Canada (Ontario), Finland, Sweden and the US were provided by the TECH Research Network; Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 37. Proportion of AMI patients receiving PTCA during the 90-day episode of care
As a percentage of AMI admissions

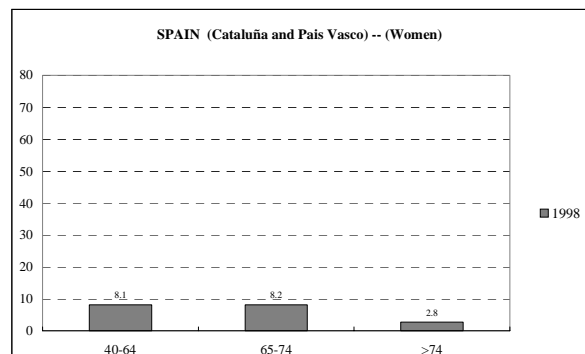
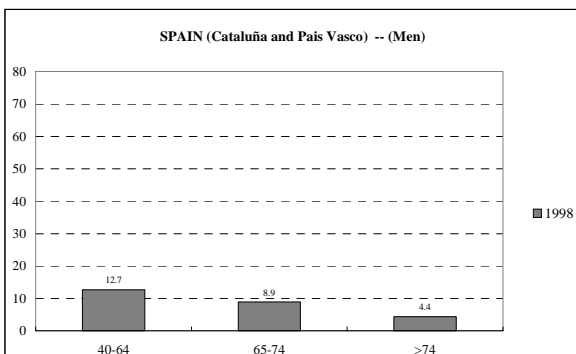
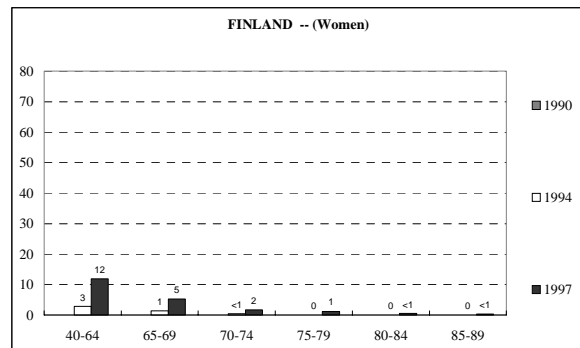
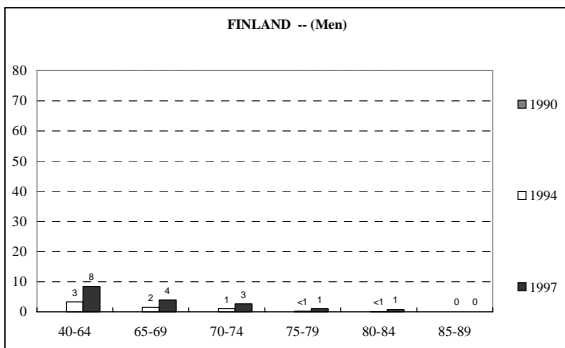
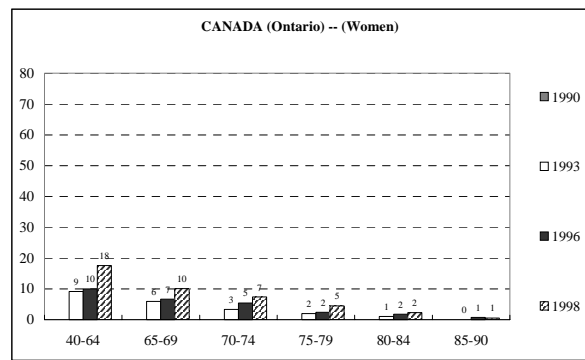
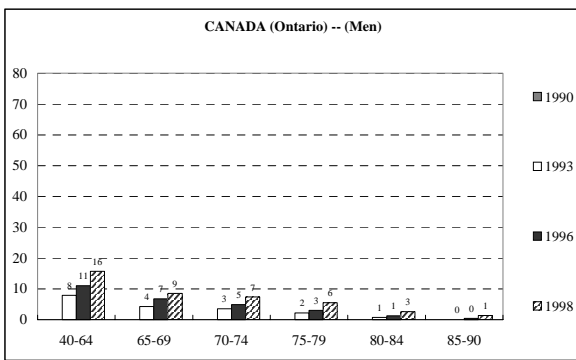
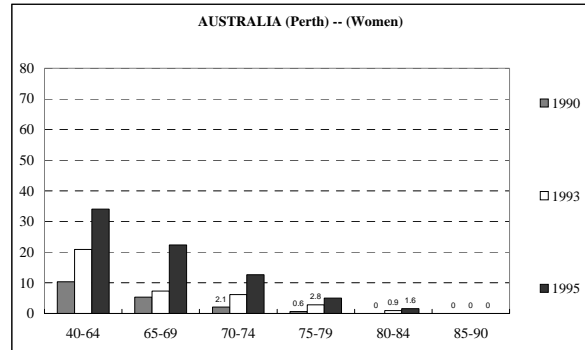
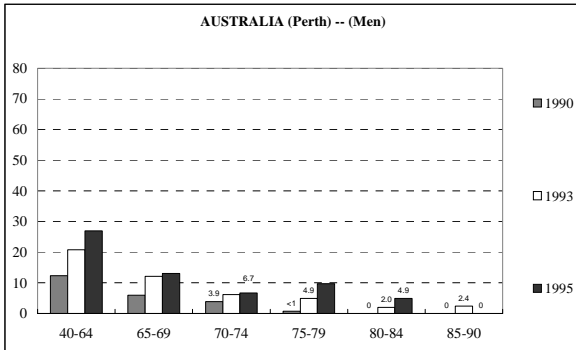
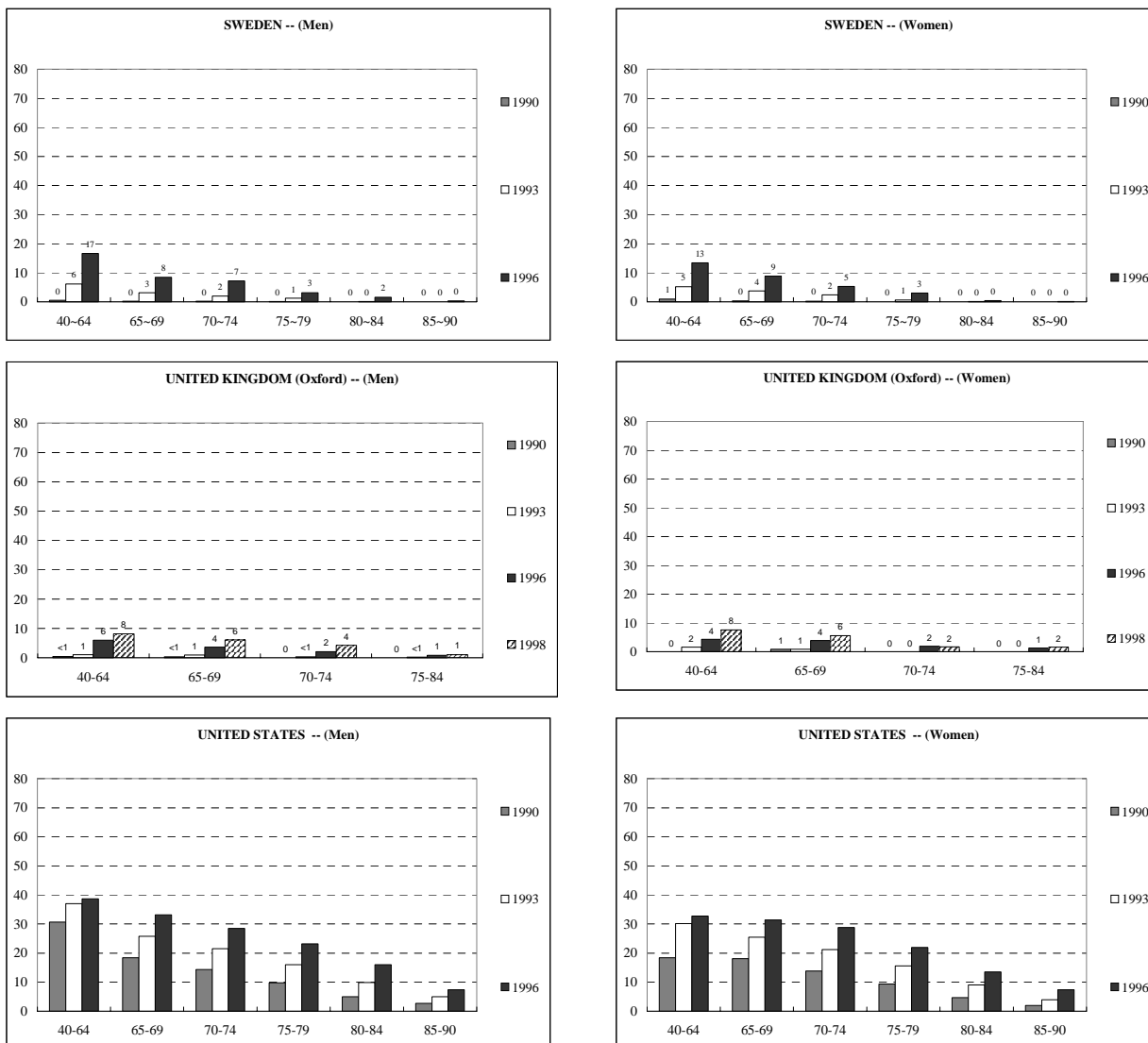
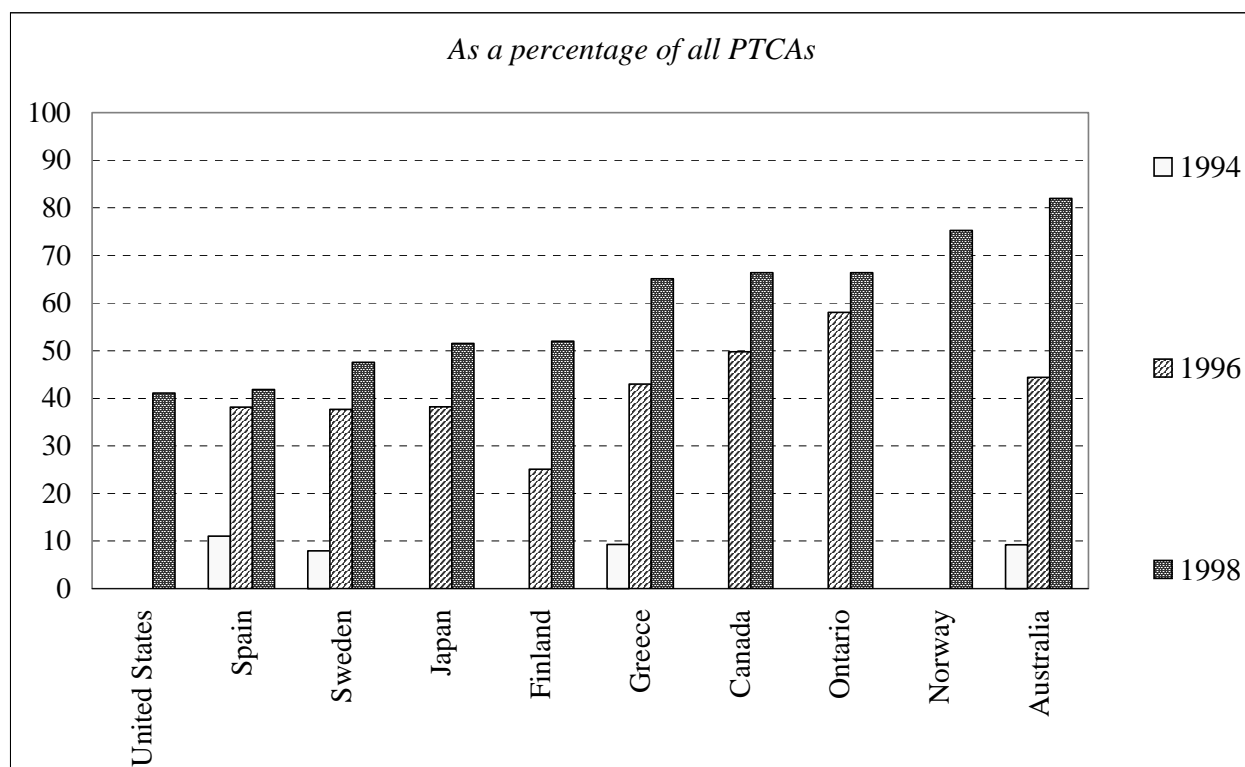


Chart 37. (cont.) Proportion of AMI patients receiving PTCA within 90 days of initial admission
As a percentage of AMI admissions



Source: The data for Australia (Perth), Canada (Ontario), Finland, Sweden and the US were provided by the TECH Research Network; Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 38. Proportion of PTCA using an intracoronary stent
Stenting as a percentage of PTCA procedures



Note: Based on aggregate data.

Sweden: Based on 6 hospitals.

Greece: After 1996 only includes 17 out of a possible 24 hospitals.

Ontario: Based on first-time PTCA. It is estimated that currently about 90% of first-time PTCA involve the use of stents.

Australia: Stents include ICD9CM 36.06 and 36.07. ICD10 codes were used beginning second half of 1998.

Data for 1998 were not available for Japan, Spain and Sweden, therefore 1997 data were used.

Data for 1996 were not available for Canada (Ontario), and the US, therefore 1997 data were used.

For Canada and Greece it was not possible to distinguish PTCA without the use of a stent from PTCA including stents.

Sources: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports; AIHW/NHF National Cardiac Surgery and Coronary Angioplasty Registers; AIHW National Hospital Morbidity Database (Australia); the Cardiac Care Network Registry database (Ontario); Finnish Heart Association (Finland); The First Nationwide Database for Cost Analysis of Percutaneous Transluminal Coronary Angioplasty, Dr. Masao Chino, Japanese Society of Interventional Cardiology (Japan); 2000 Heart and Stroke Statistical Update, American Heart Association (United States).

Chart 39a. Proportion of AMI patients receiving CABG during the initial admission
 As a percentage of AMI admissions (Figures using event-based data)

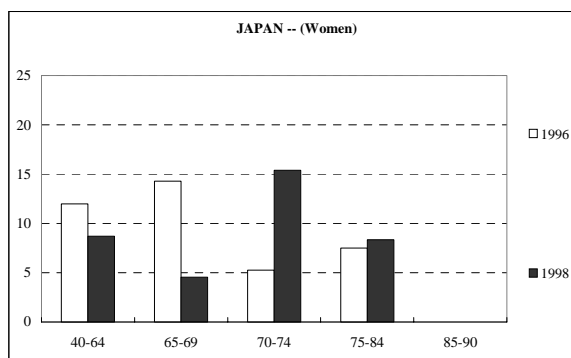
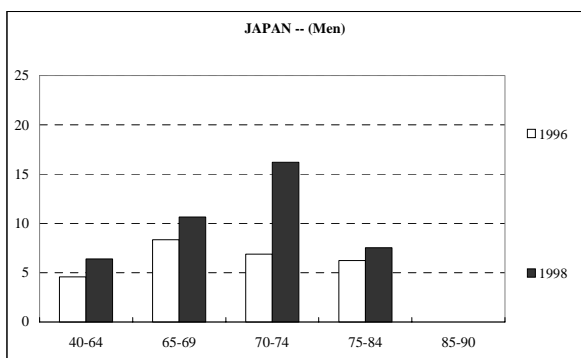
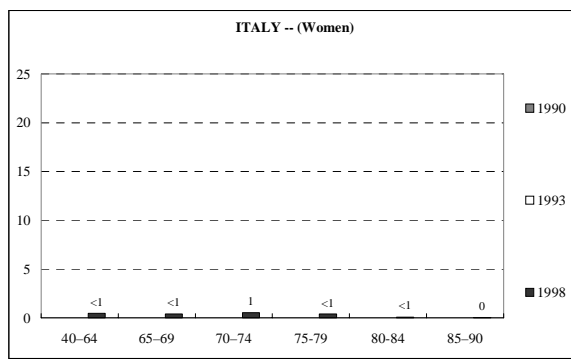
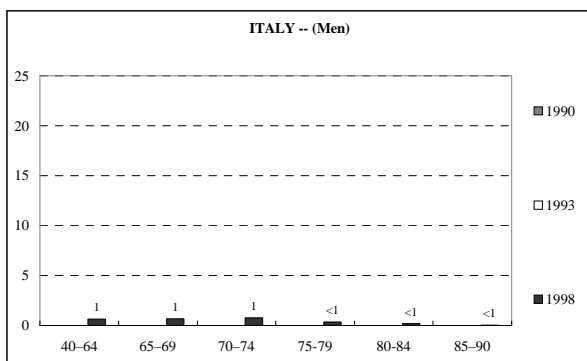
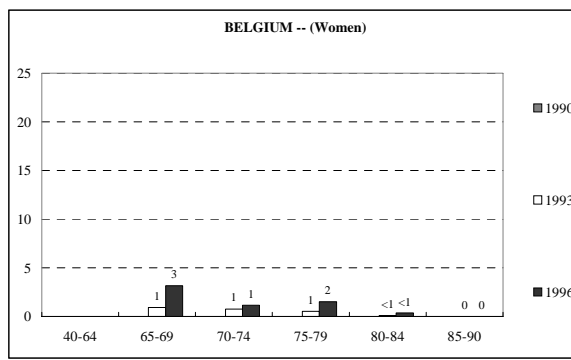
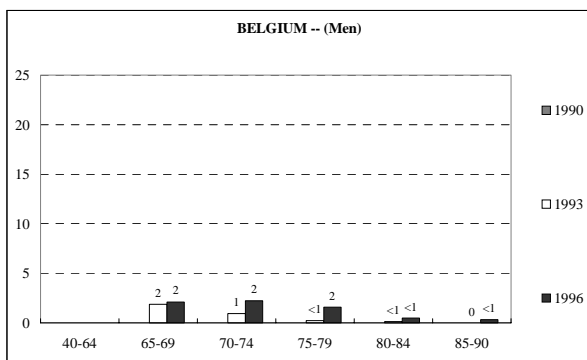
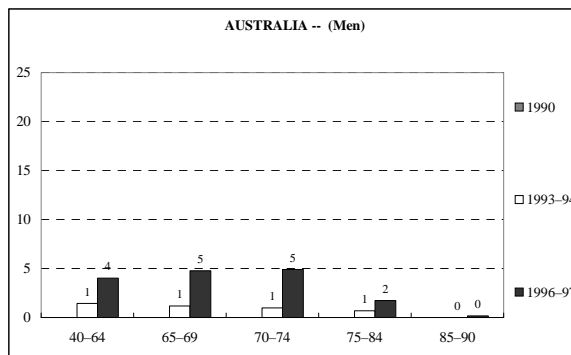
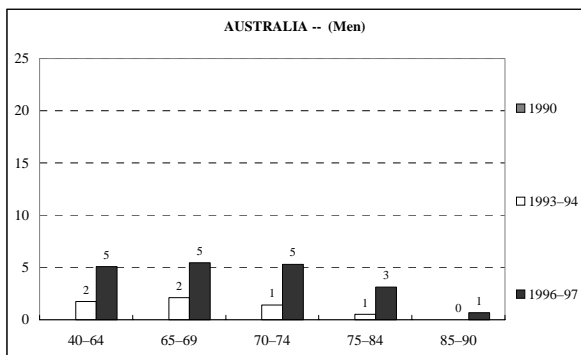
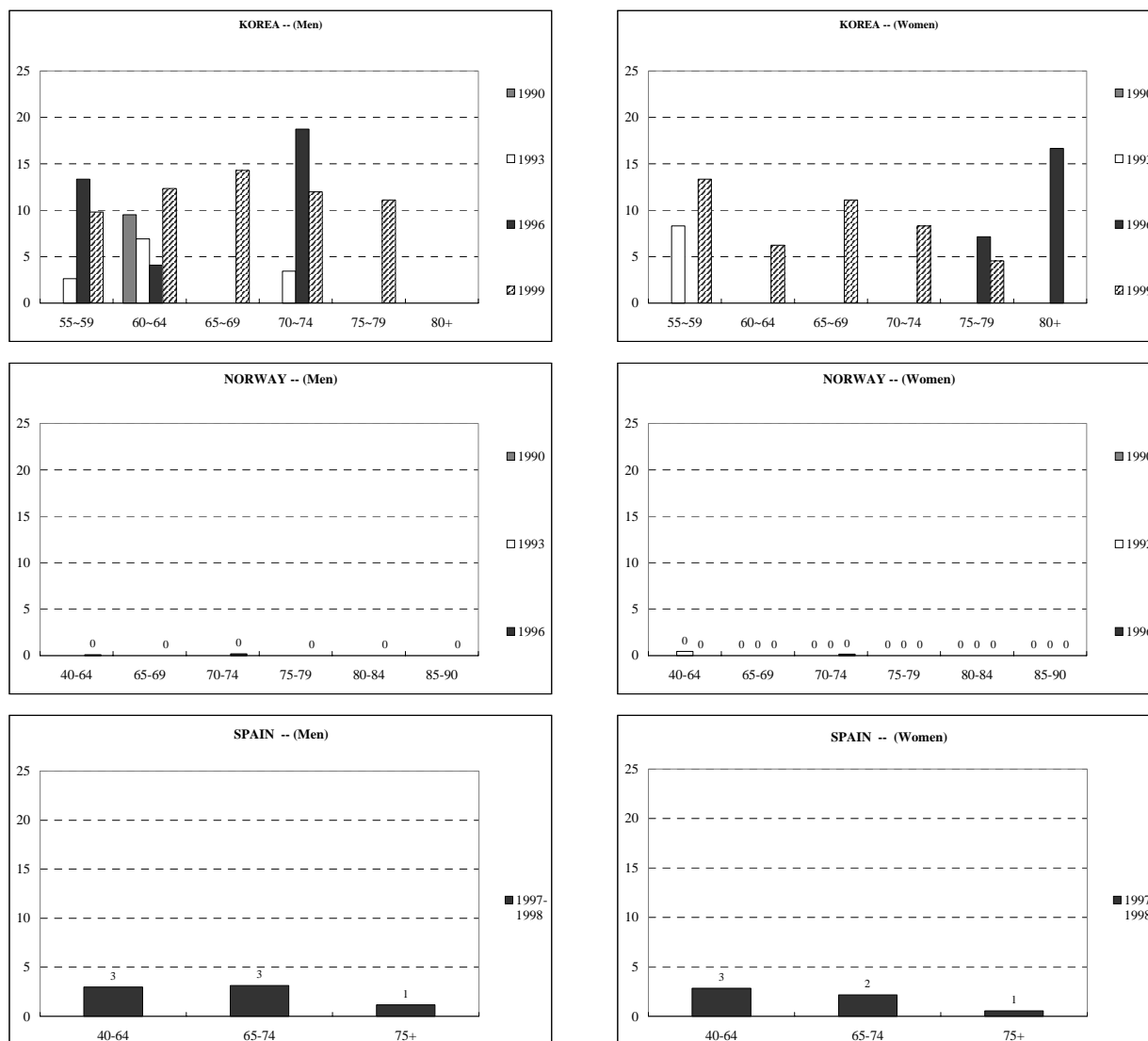


Chart 39a. (cont.) Proportion of AMI patients receiving CABG during the initial admission
As a percentage of AMI admissions (Figures using event-based data)



Note: In some countries the representativeness of the data may be limited to some hospitals and/or certain geographical areas.

Source: The data for Belgium and Norway were provided by the TECH Research Network; Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 39b. Proportion of AMI patients receiving CABG during the initial admission
As a percentage of AMI admissions (Figures using patient-based data)

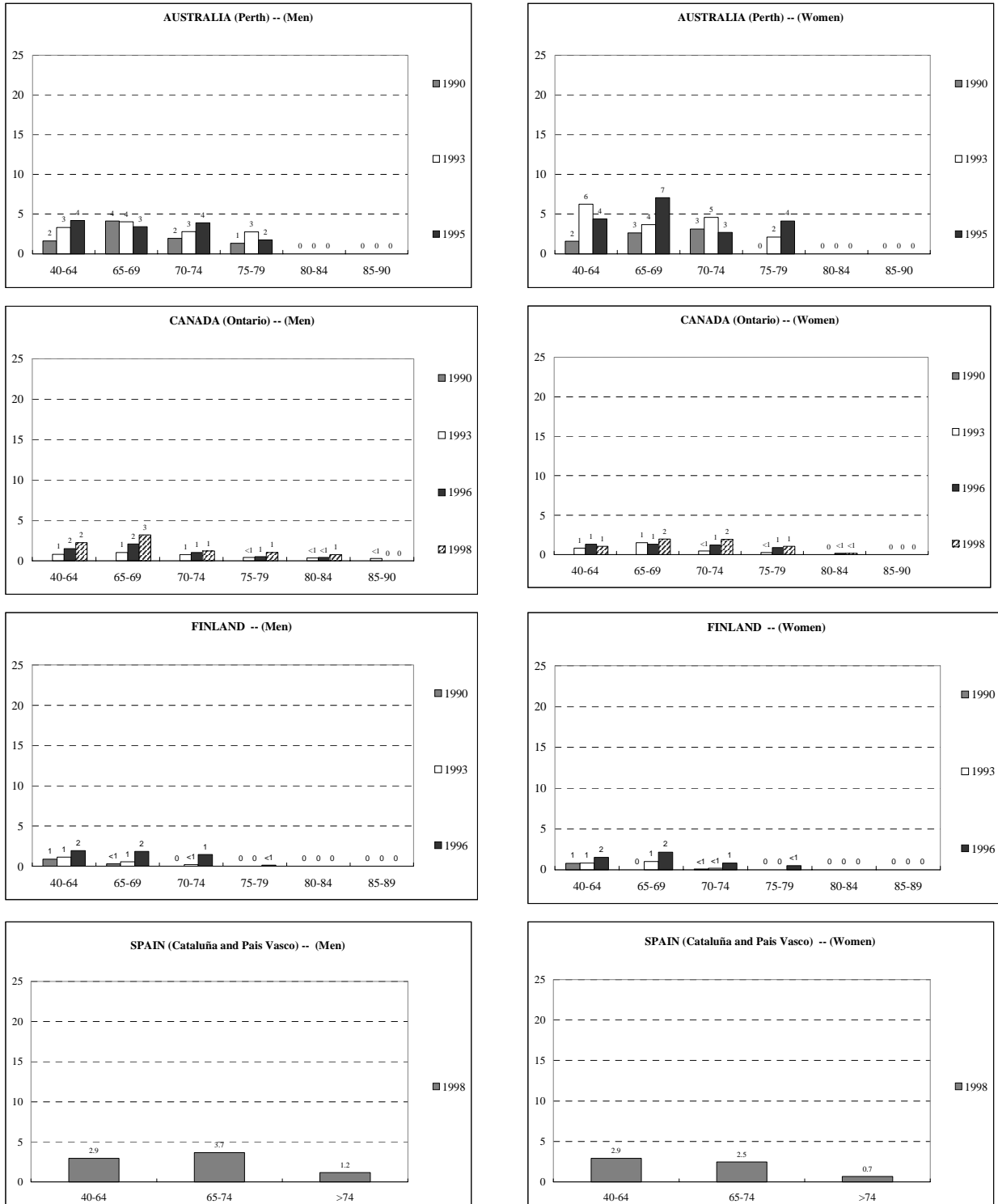
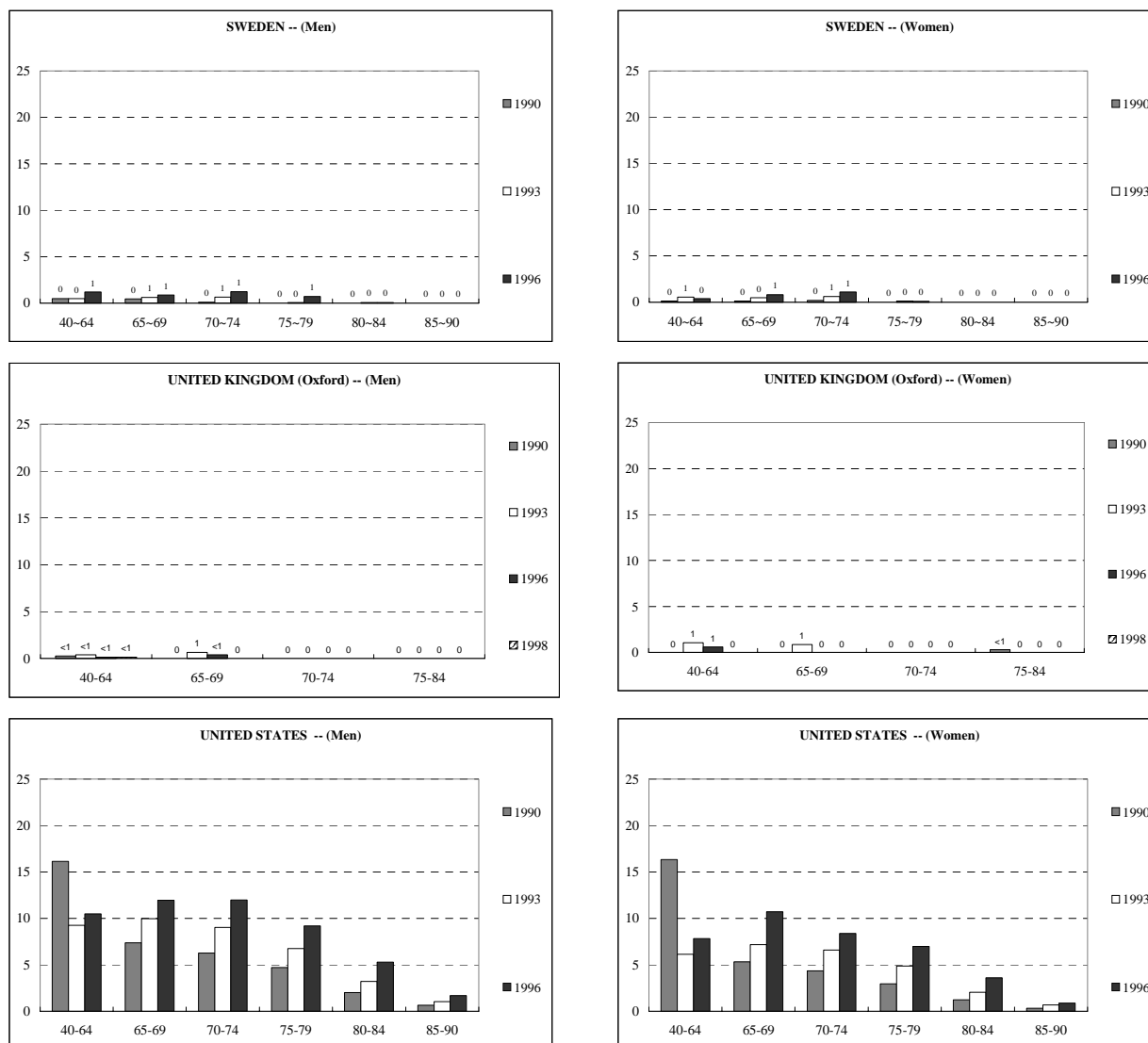


Chart 39b. (cont.) Proportion of AMI patients receiving CABG during the initial admission
As a percentage of AMI admissions (Figures using patient-based data)



Source: The data for Australia (Perth), Canada (Ontario), Finland, Sweden and the US were provided by the TECH Research Network; Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 40. Proportion of AMI patients receiving CABG within 90 days of initial admission
As a percentage of AMI admissions

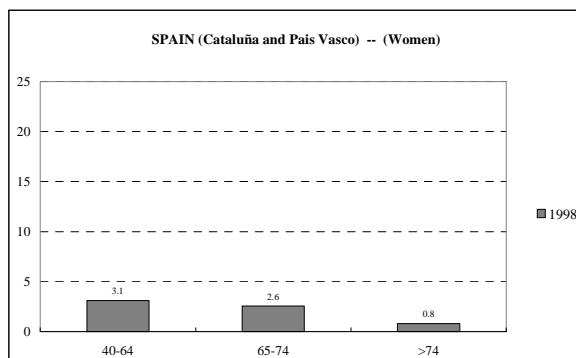
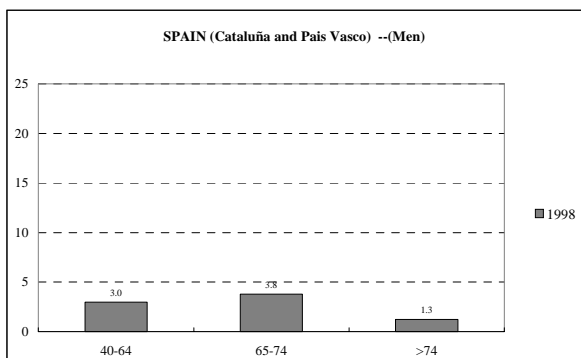
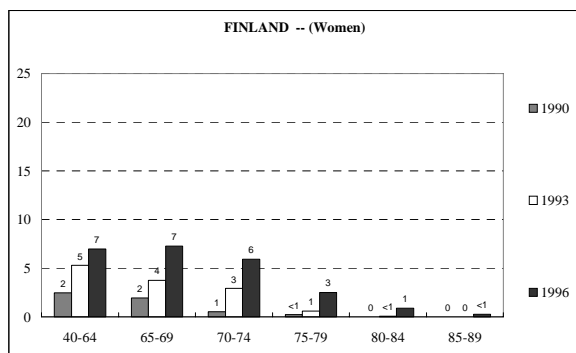
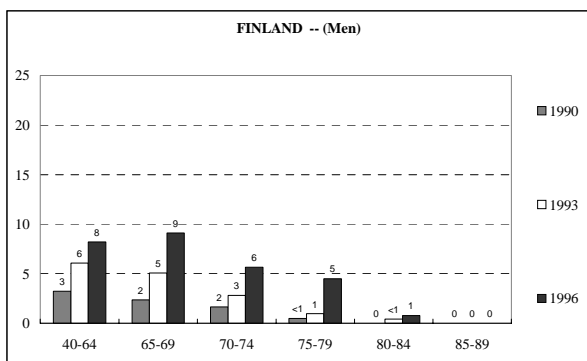
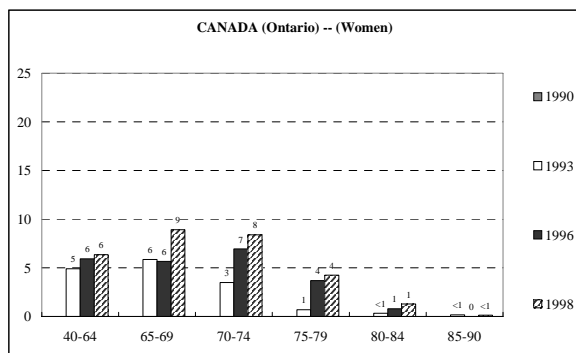
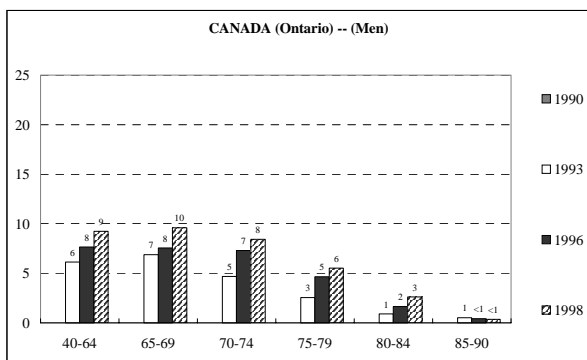
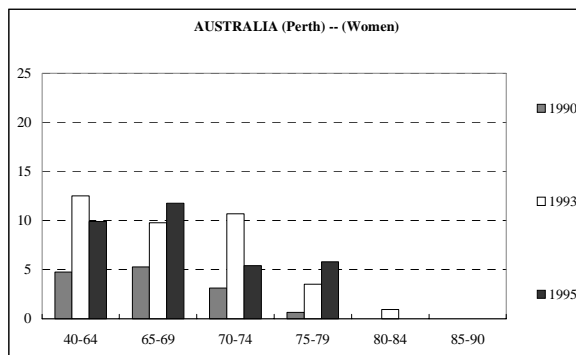
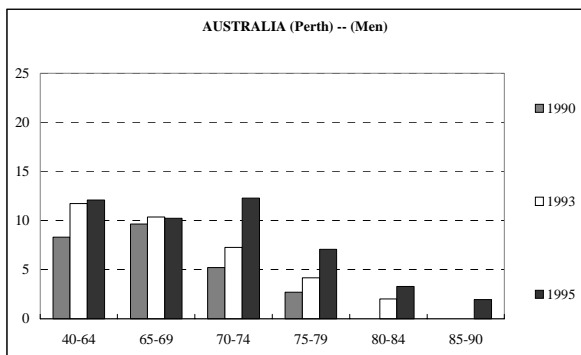
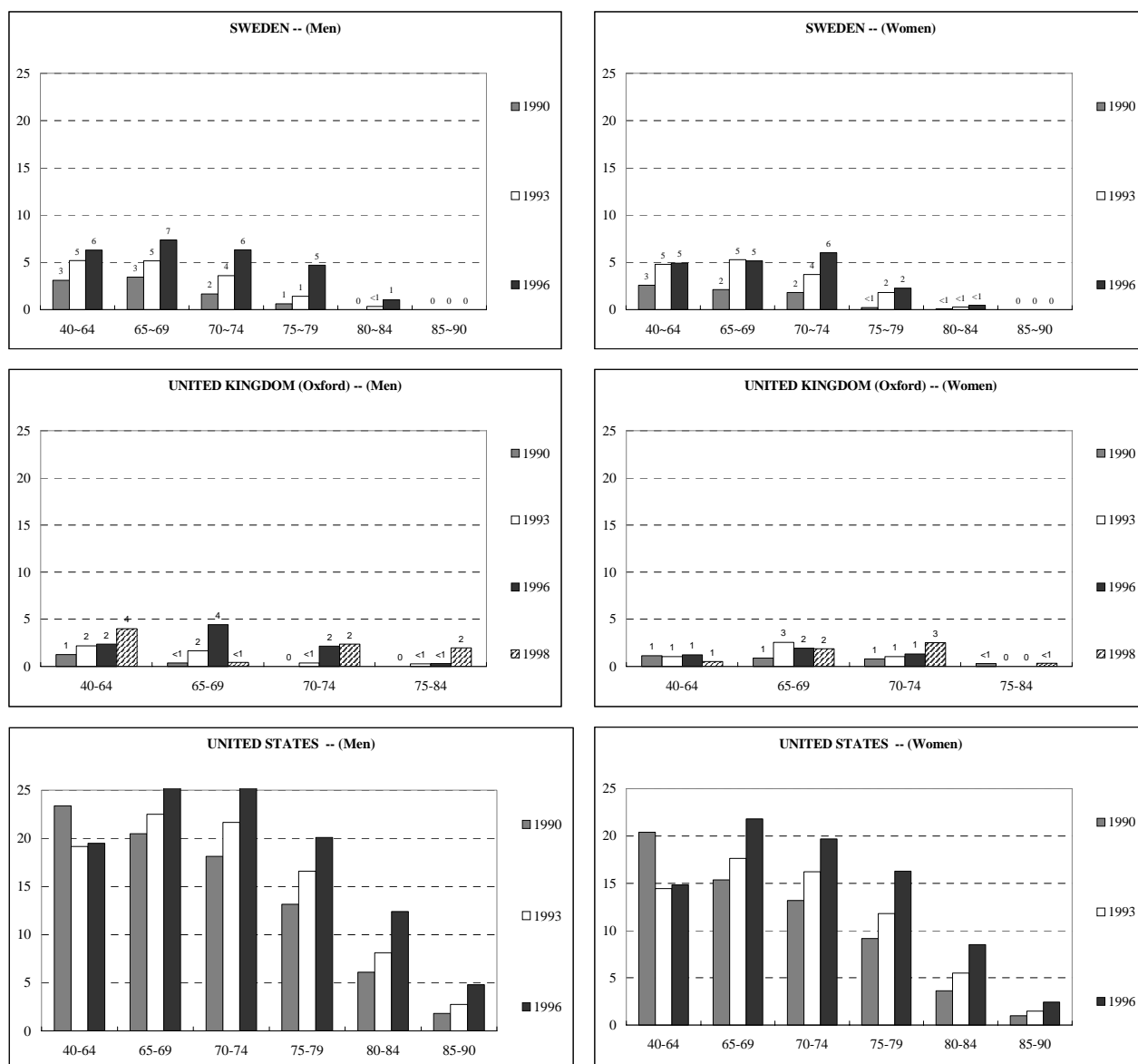


Chart 40. (cont.) Proportion of AMI patients receiving CABG within 90 days of initial admission
As a percentage of AMI admissions



Source: The data for Australia (Perth), Canada (Ontario), Finland, Sweden and the US were provided by the TECH Research Network; Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country report (Spain and UK).
See Table 20 for data sources and data characteristics.

Chart 41. Admission rates for angina
Admissions per 100,000 population aged 40 and over

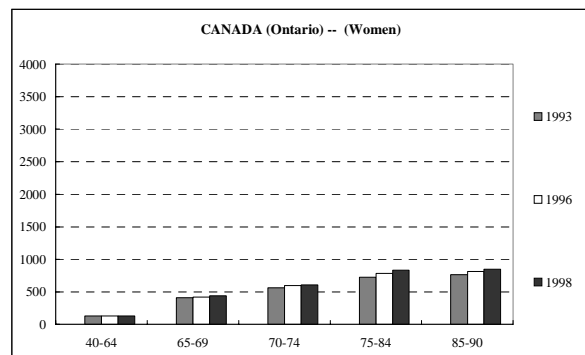
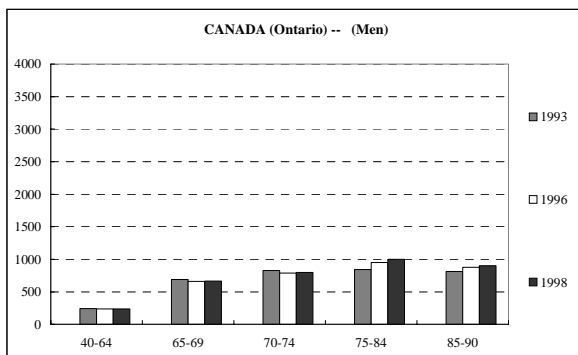
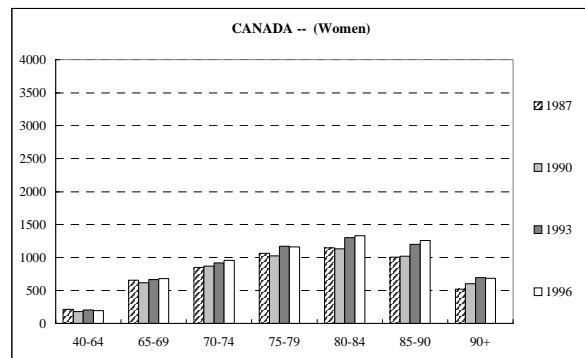
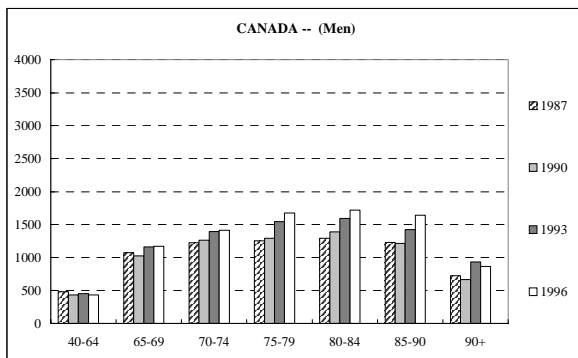
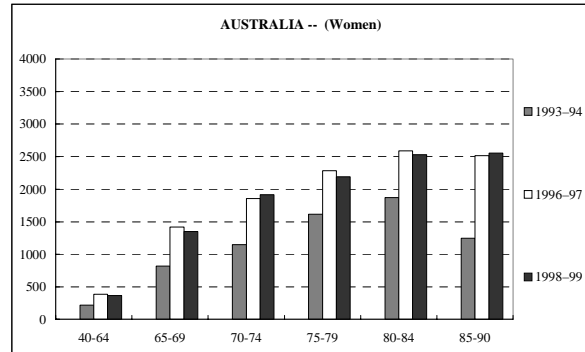
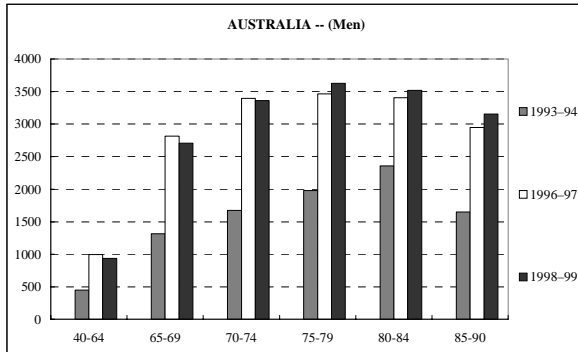
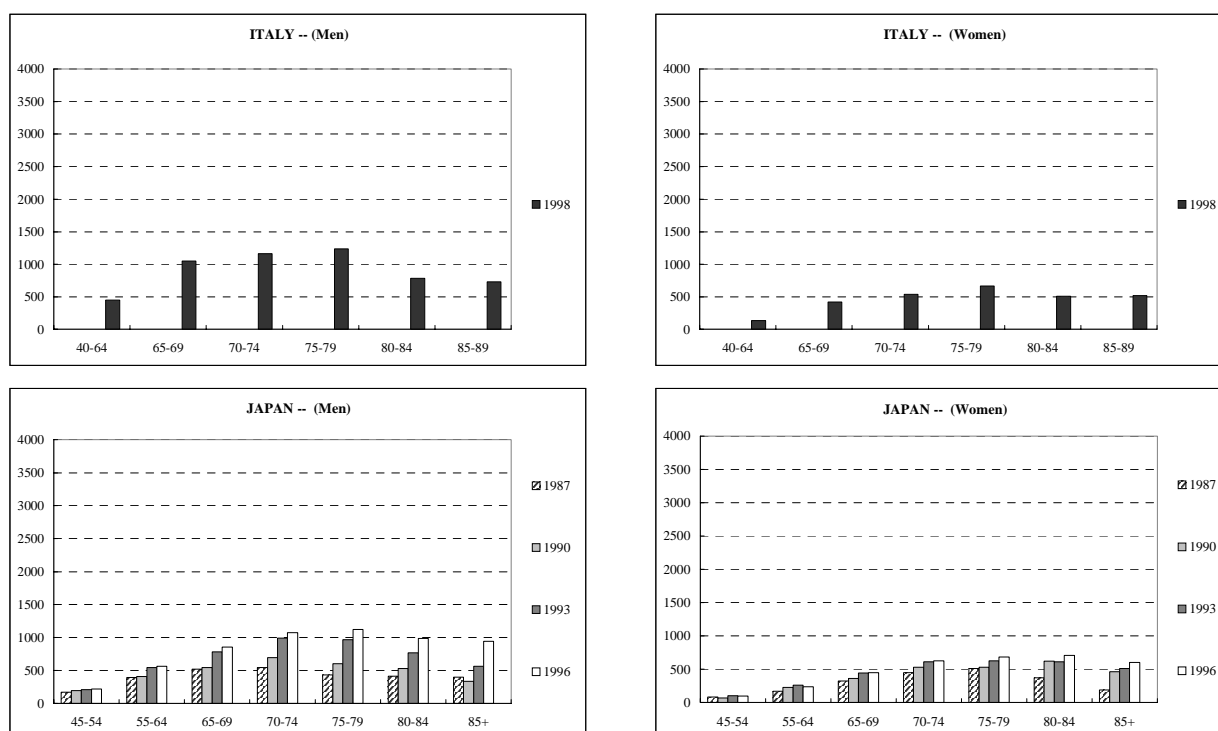


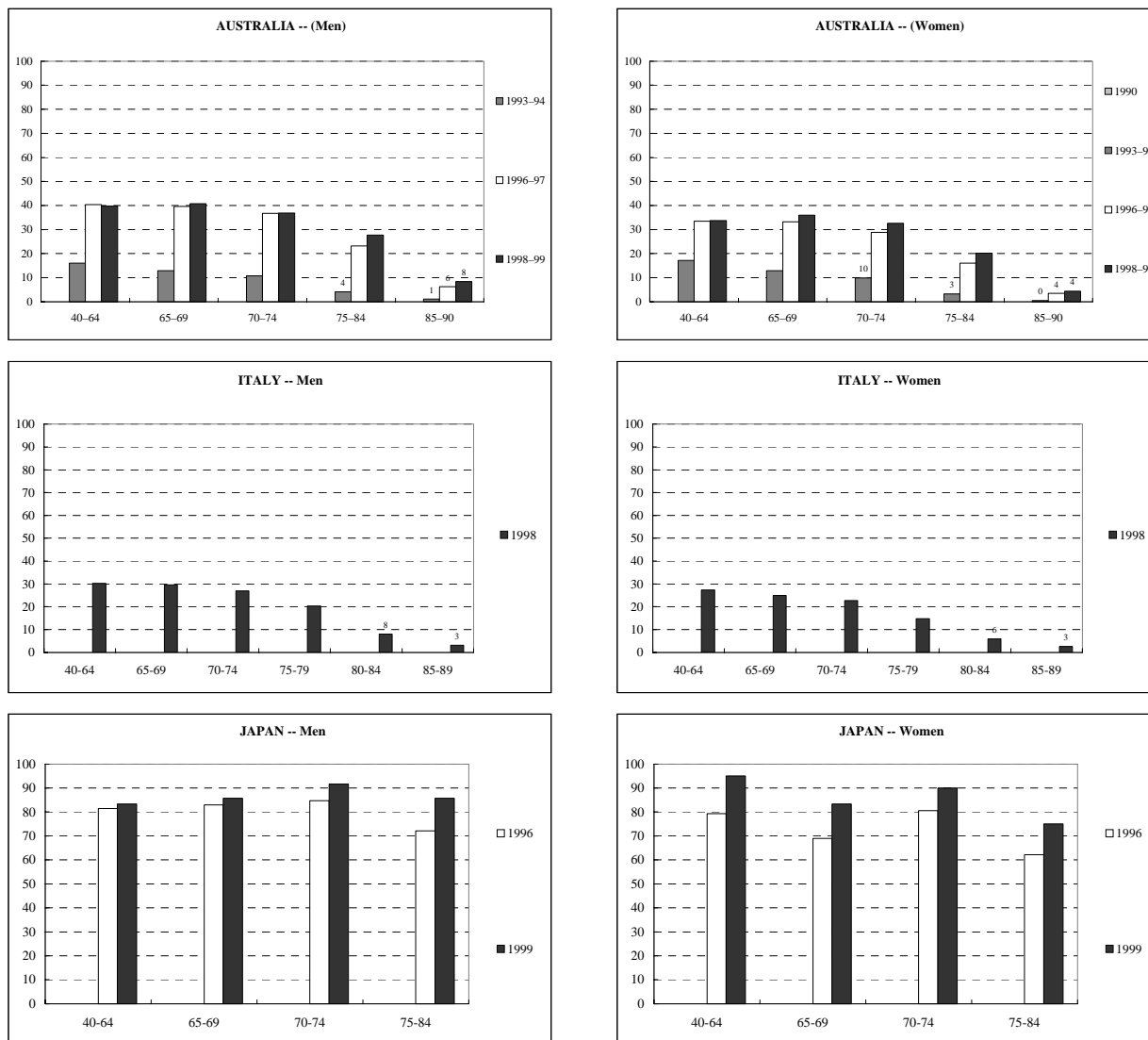
Chart 41. (cont.) Admission rates for angina
Admissions per 100,000 population aged 40 and over



Note: Only for Canada (Ontario) were figures based on patient-based admissions data. For Canada, non-fatal separations with a length of stay less than 3 days were not accounted for. Data for Japan are based on admissions for September; data were multiplied by 12 to obtain an estimate of yearly figures.

Source: AIHW National Hospital Morbidity Database (Australia); Patient Surveys, Ministry of Health and Welfare (Japan); Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Canada, including Ontario, Italy).
See Table 20 for data sources and data characteristics.

Chart 42. Proportion of angina patients receiving cardiac catheterisation during the initial admission
As a proportion of angina admissions (Figures using event-based data)



Note: Data for Japan are based on admissions to tertiary care teaching hospitals as part of the VHJ project.

Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 42. (cont.) Proportion of angina patients receiving catherisation during the initial admission
 As a proportion of angina admissions (Figures using patient-based data)

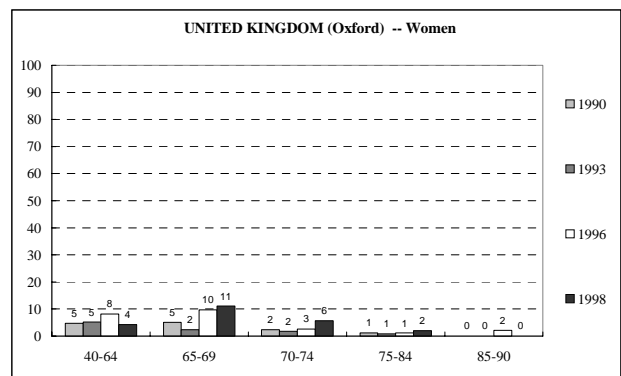
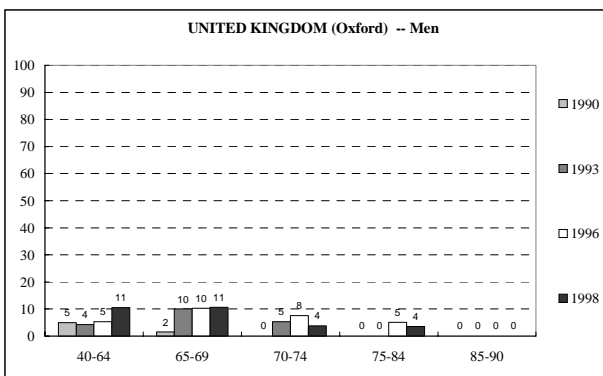
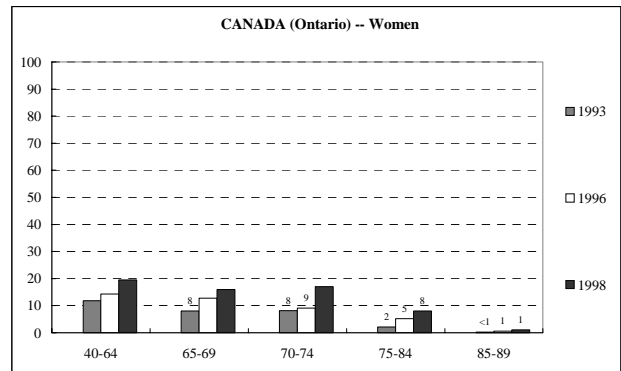
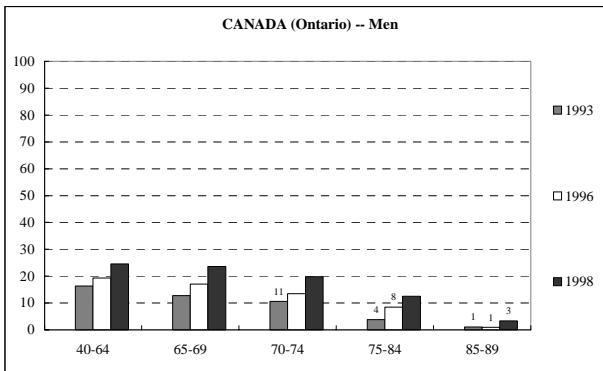
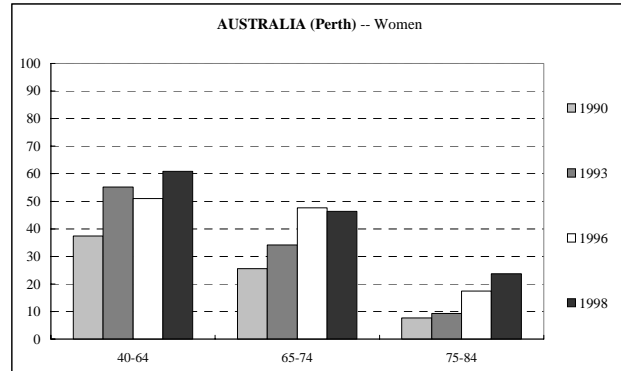
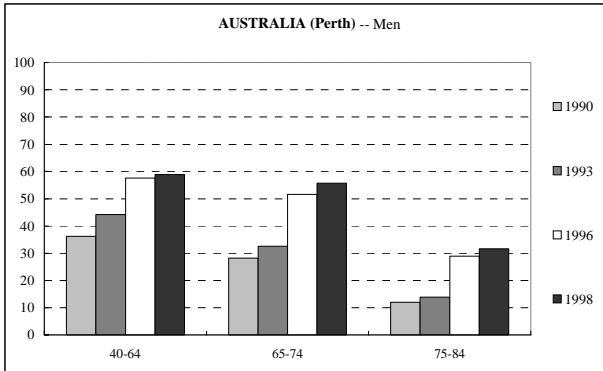
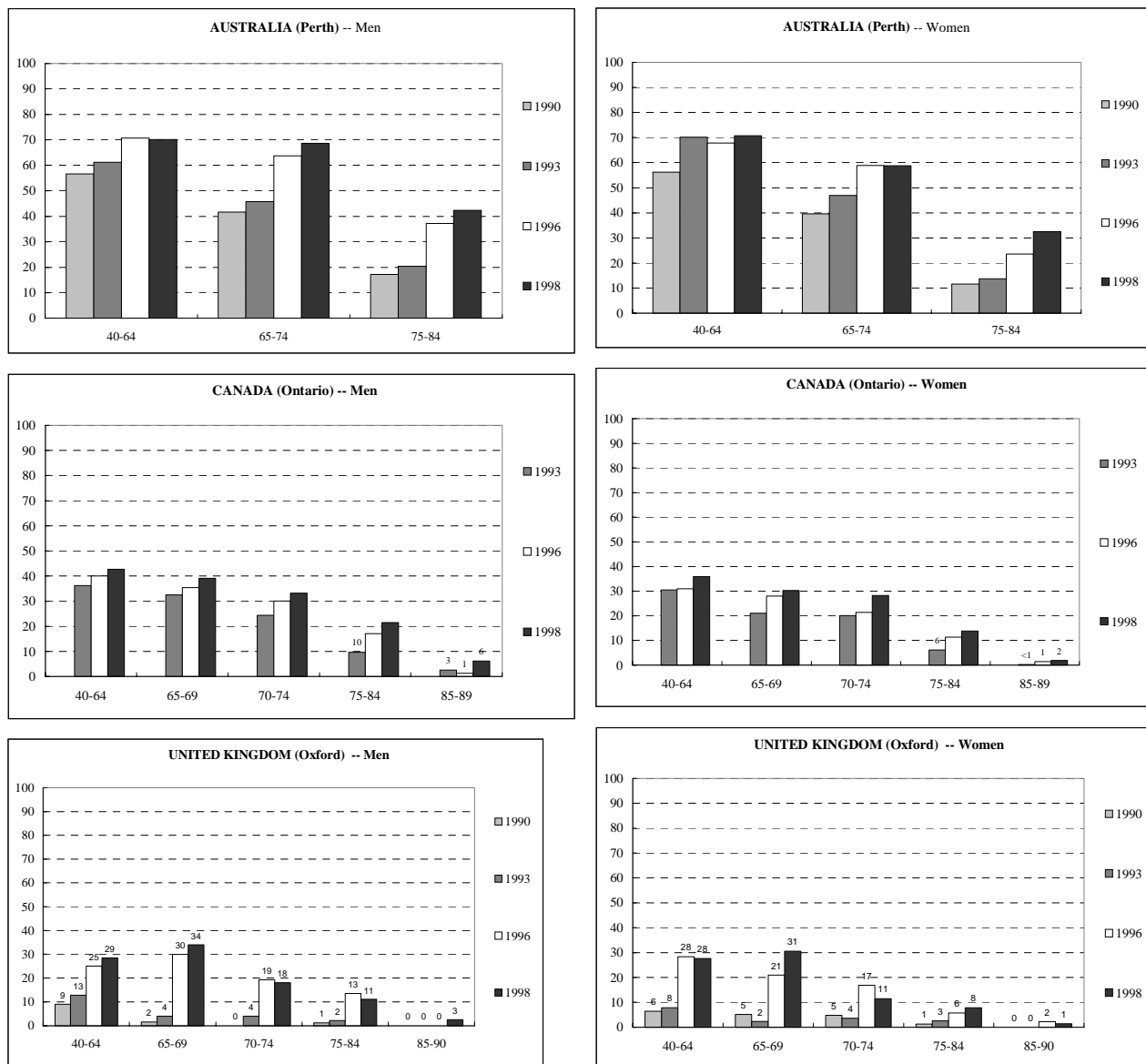
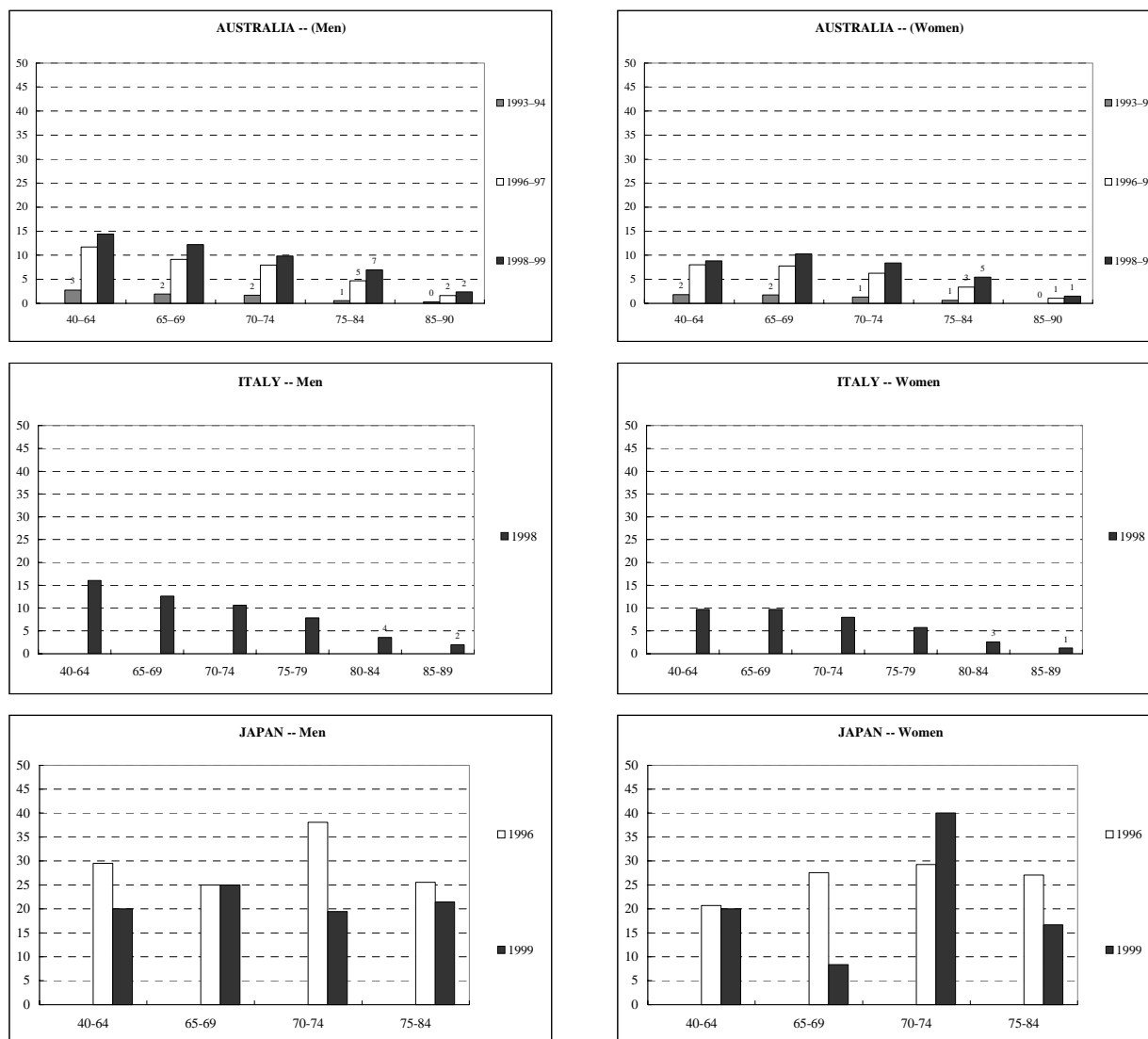


Chart 43. Proportion of angina patients receiving catheterisation during the 90-day episode of care
As a proportion of angina admissions (Figures using patient-based data)



Source: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports.

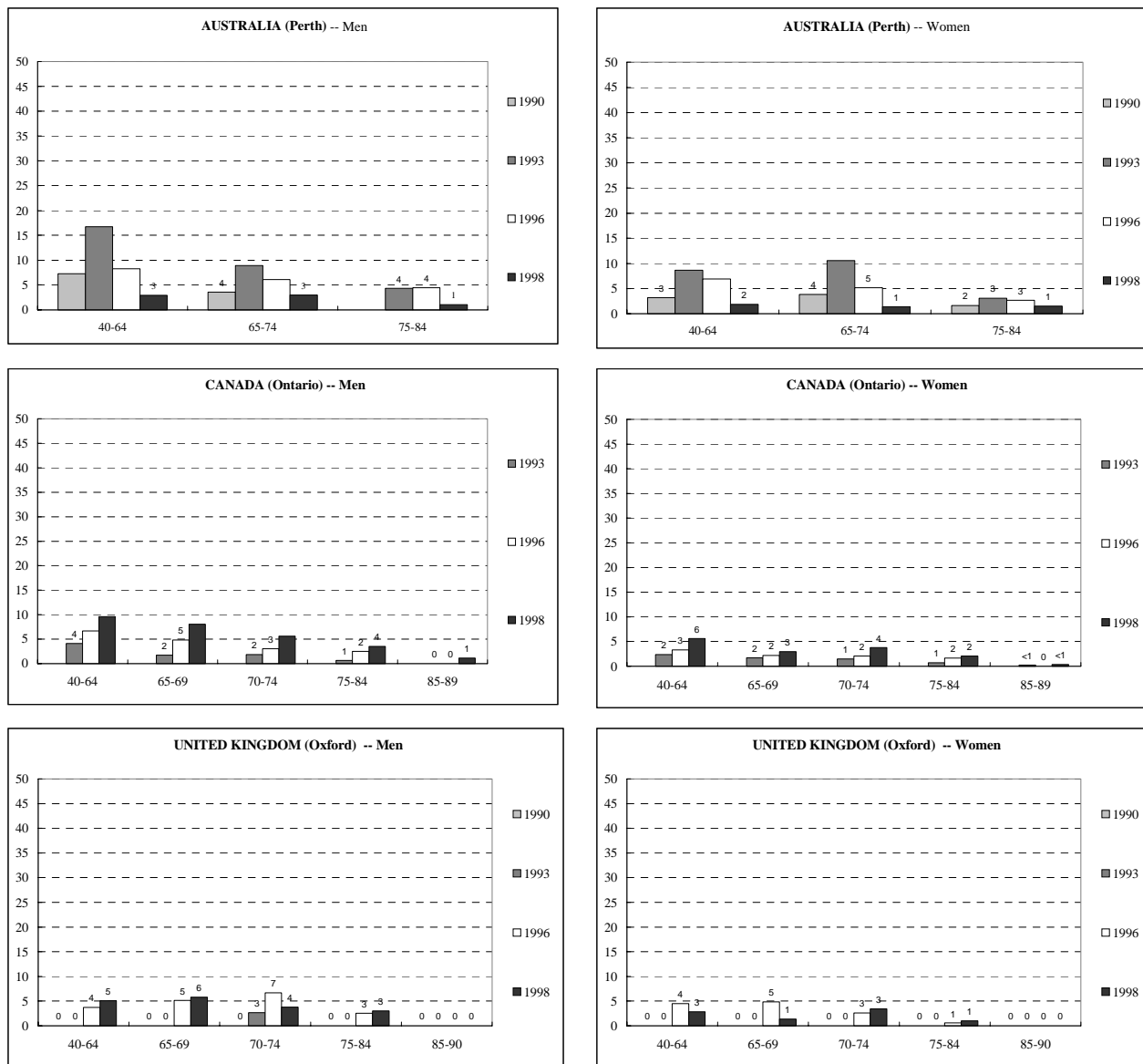
Chart 44. Proportion of angina patients receiving PTCA during the initial admission
 As a proportion of angina admissions (Figures using event-based data)



Note: Data for Japan are based on admissions to tertiary care teaching hospitals as part of the VHJ project.

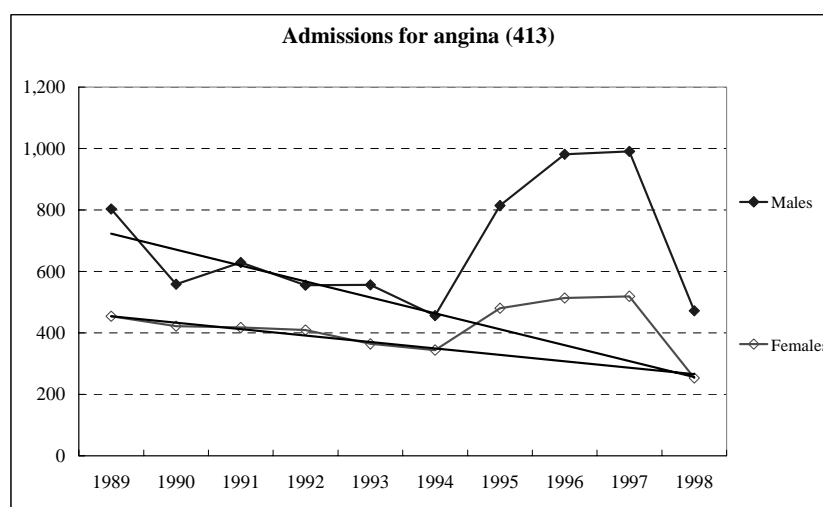
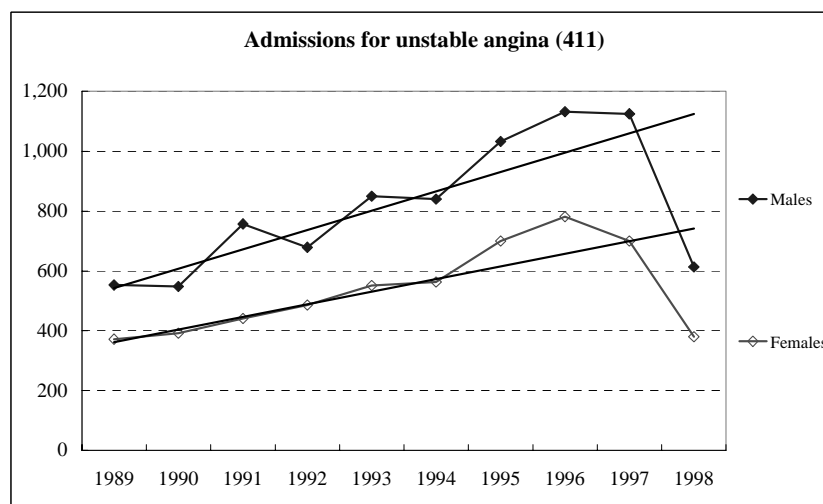
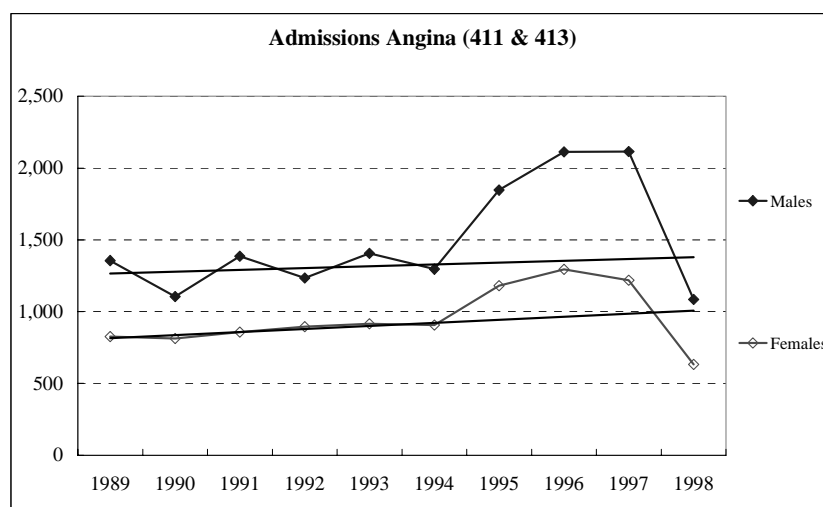
Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 44. (cont.) Proportion of angina patients receiving PTCA during the initial admission
As a proportion of angina admissions (Figures using patient-based data)



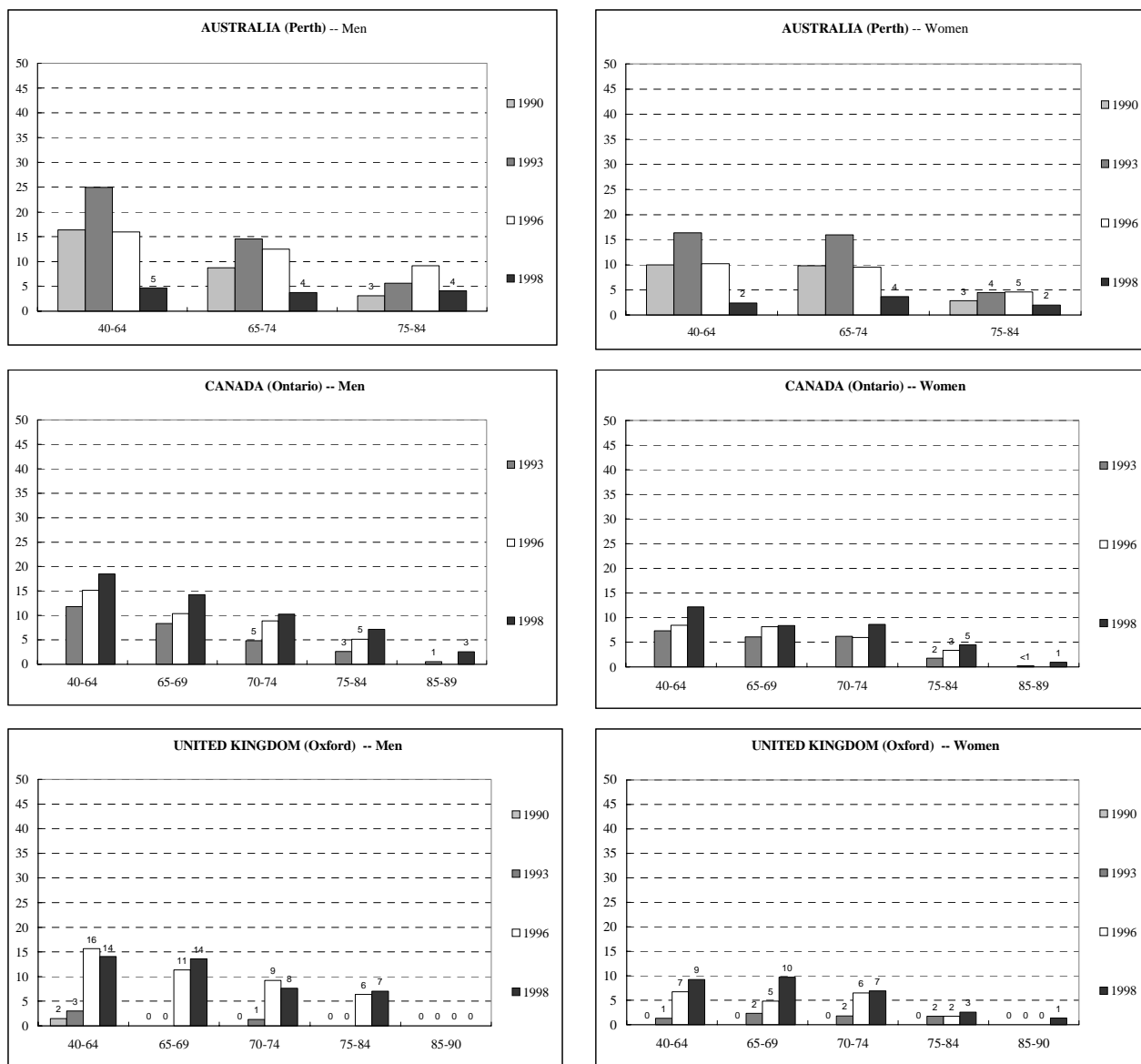
Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 45. Total number of admissions in Perth based on ICD-9 411, 413 and 411 combined with 413.



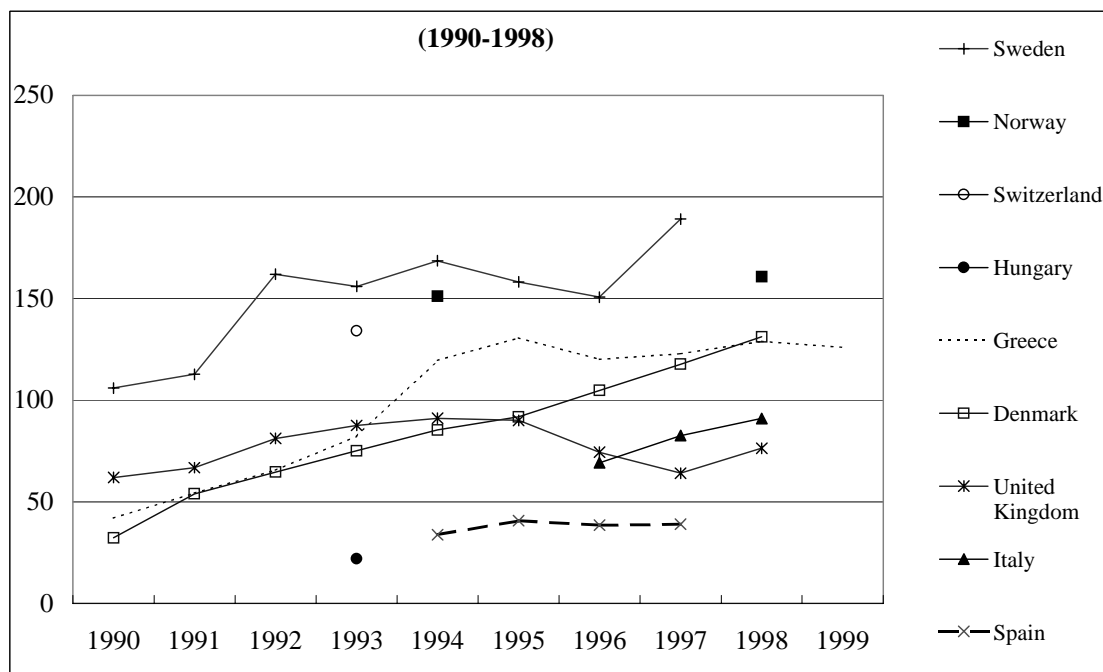
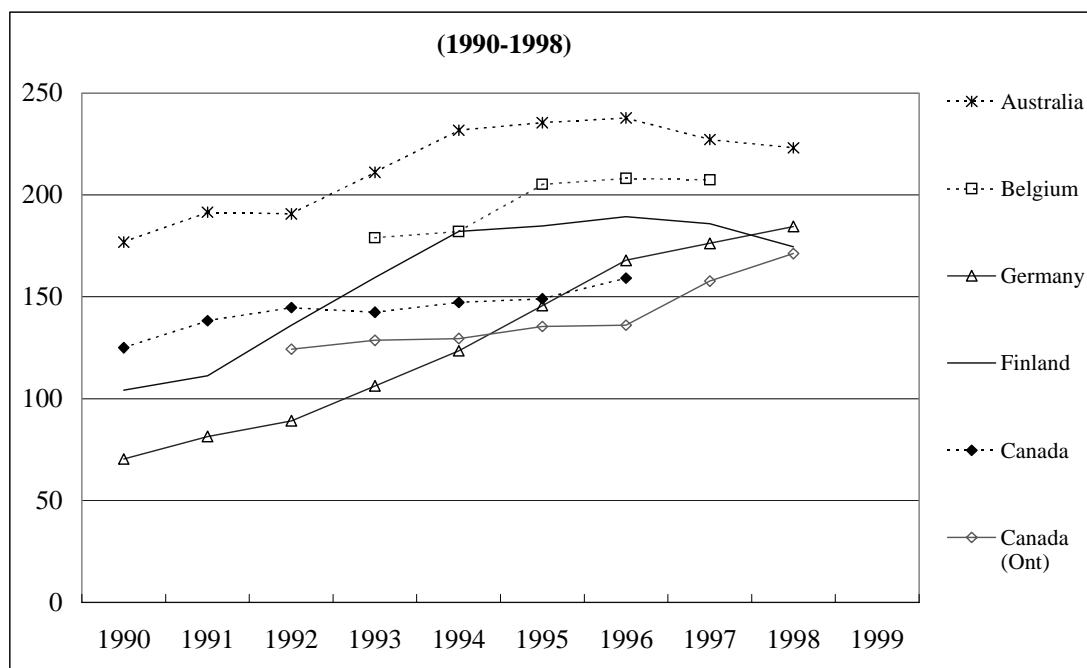
Note: The straight lines on each graph represent linear trendlines based on data points from 1989 to 1994.
Source: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 46. Proportion of angina patients undergoing PTCA during the 90 day episode of care.
As a proportion of angina admissions (Figures using patient-based data)



Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports. See Table 20 for data sources and data characteristics.

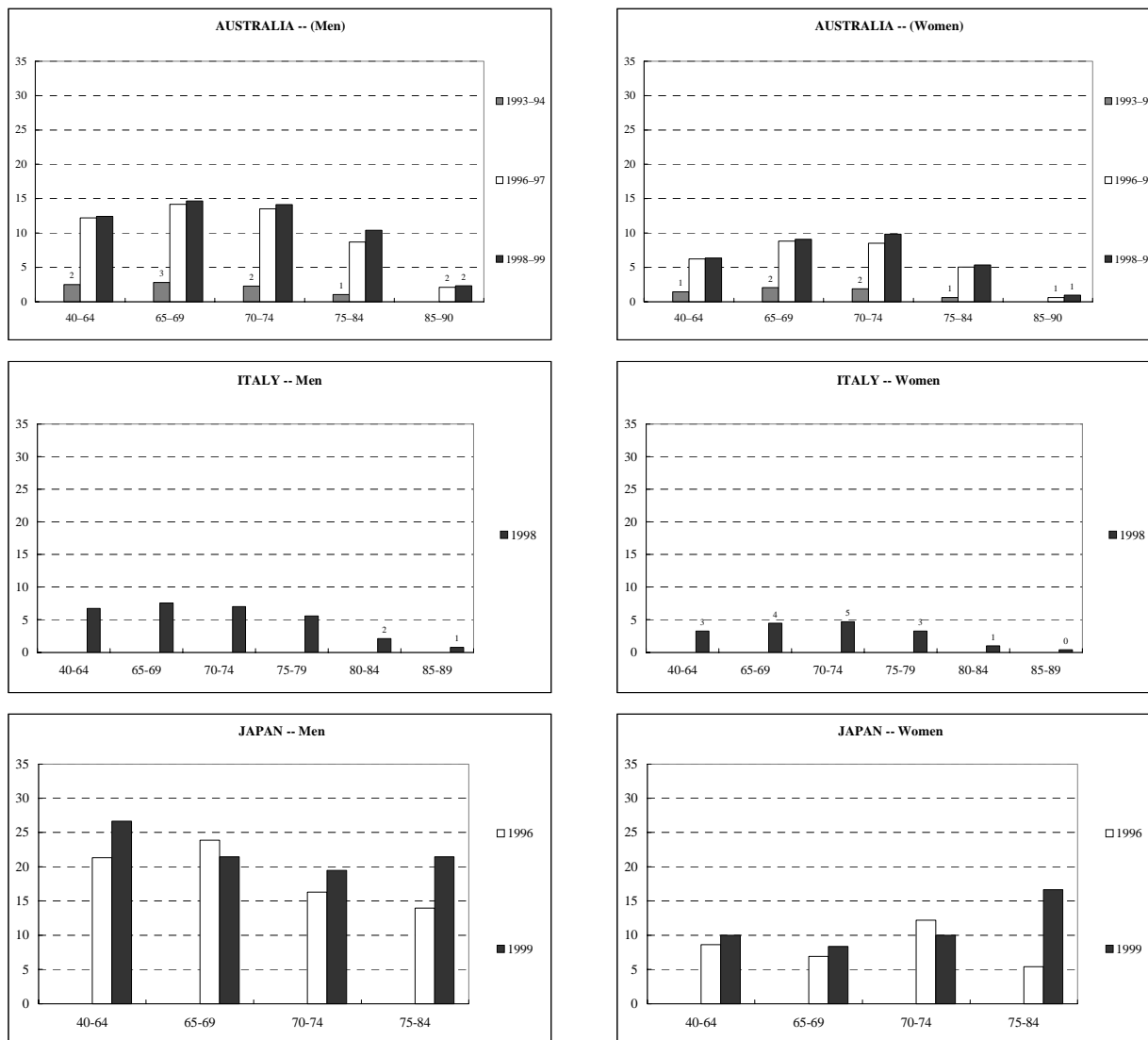
Chart 47. Utilisation rates for CABG procedures
 Number per 100,000 inhabitants aged 40 and over



Note: Data for the United States are not presented here since their much larger values would distort the chart display. The levels are: 409 (1990), 416 (1991), 469 (1992), 475 (1993), 481 (1994), 538 (1995), 548 (1996), 541 (1997). The population aged 40 and over was used as the denominator. Belgium, Canada, Germany, Finland, Italy, Norway, Spain and Sweden were able to provide rates using the 40 and over population as a denominator. For the countries that used the entire population as the denominator, we calculated the denominator as the ratio of the entire population multiplied by the ratio of the entire population to the population 40 and over.

Source: OECD Health Database 2000 (Hungary, Switzerland, the United Kingdom and the United States); Responses to OECD questionnaire "Core set of Indicators for ischaemic heart disease".

Chart 48. Proportion of angina patients receiving CABG during the initial admission.
As a proportion of angina admissions (Figures using event-based data)



Note: Data for Japan are based on admissions to tertiary care teaching hospitals as part of the VHJ project.

Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 48. (cont.) Proportion of angina patients receiving CABG during the initial admission
 As a proportion of angina admissions (Figures using patient-based data)

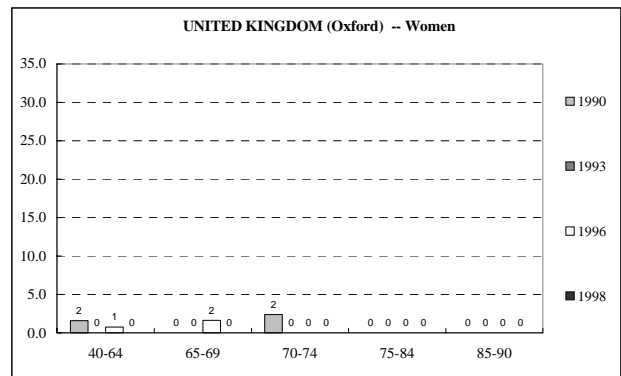
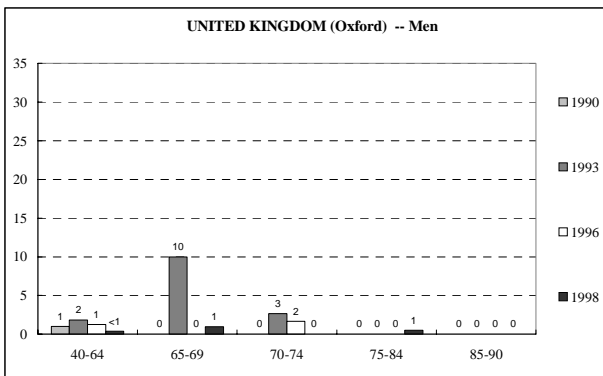
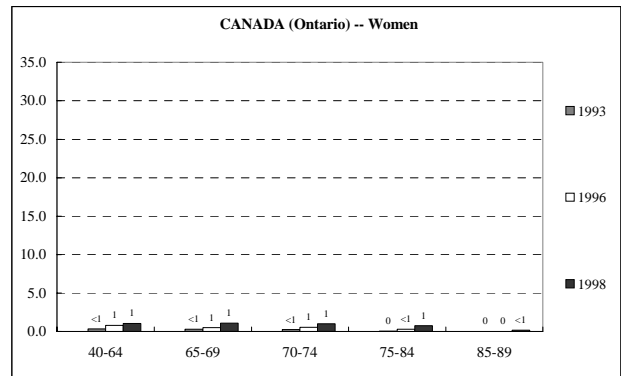
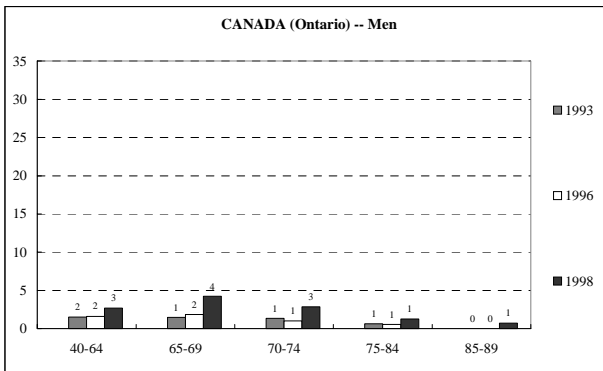
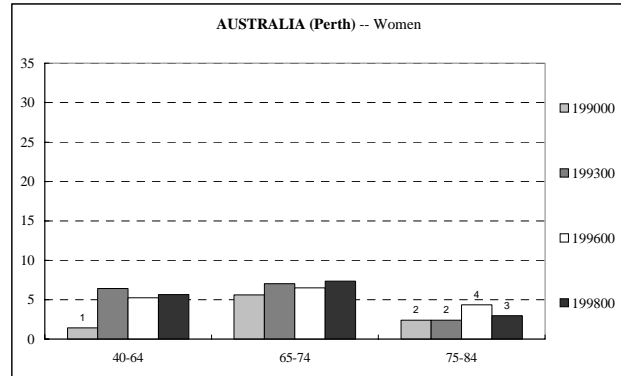
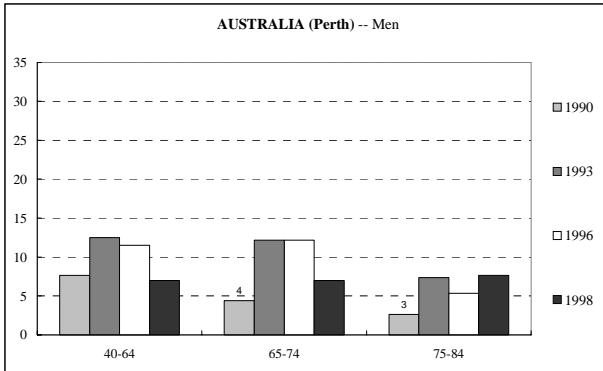
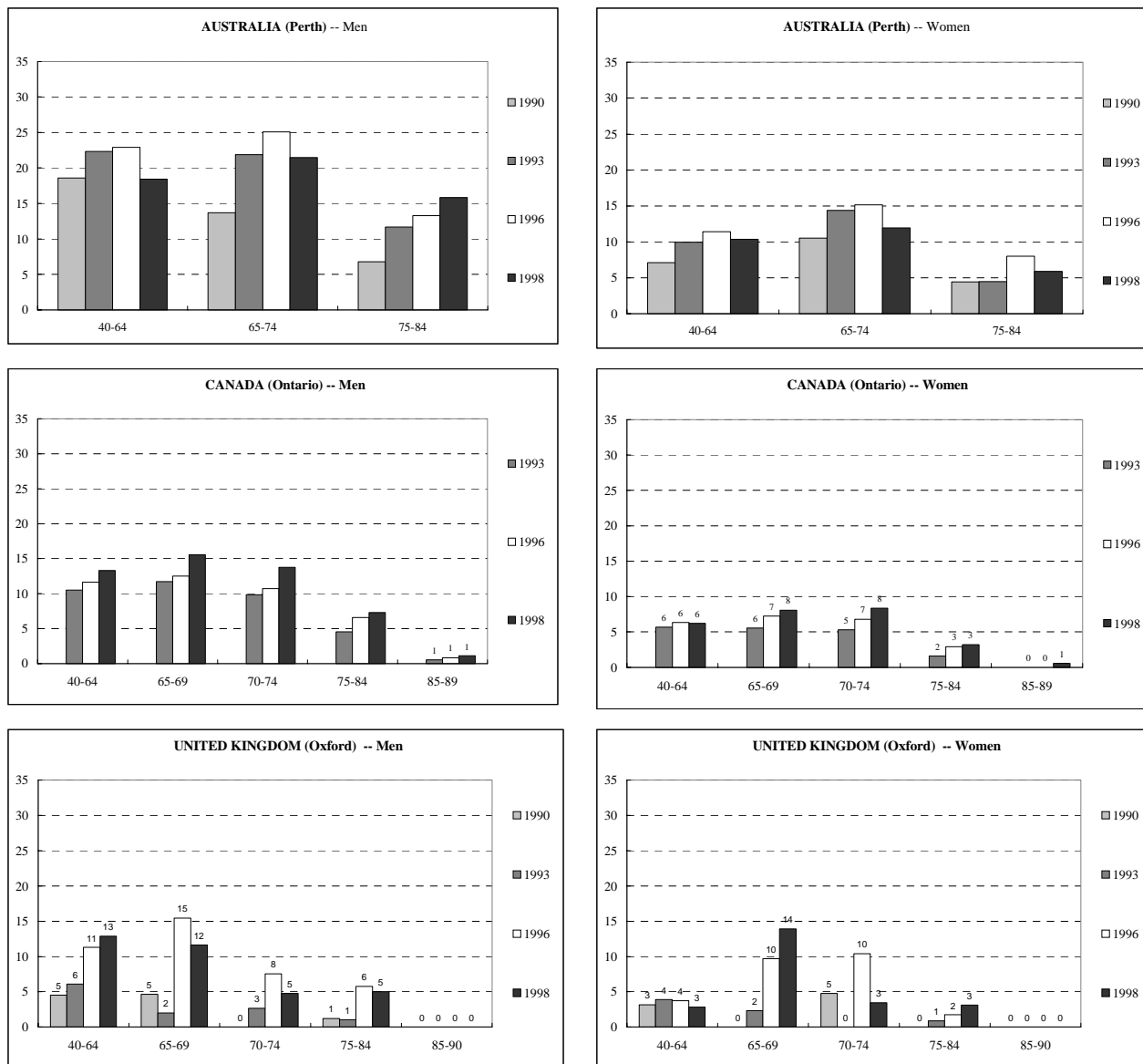


Chart 49. Proportion of angina patients receiving CABG during the 90-day episode of care
As a proportion of angina admissions



Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports.

Chart 50a. Inhospital case fatality rates

As a percentage of AMI admissions (Figures using event-based data)

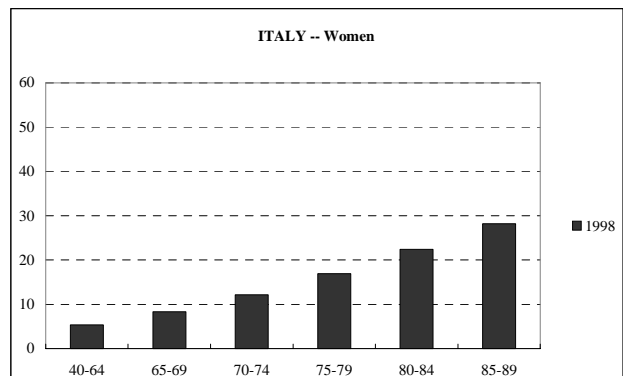
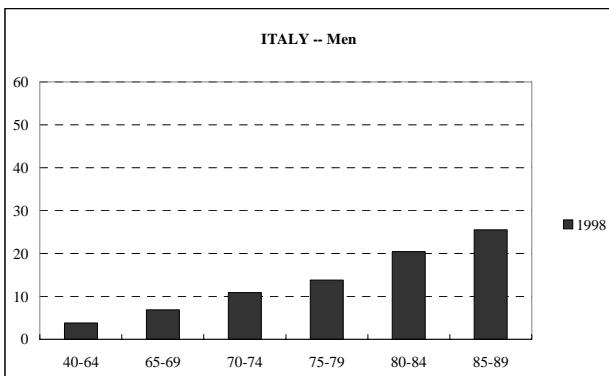
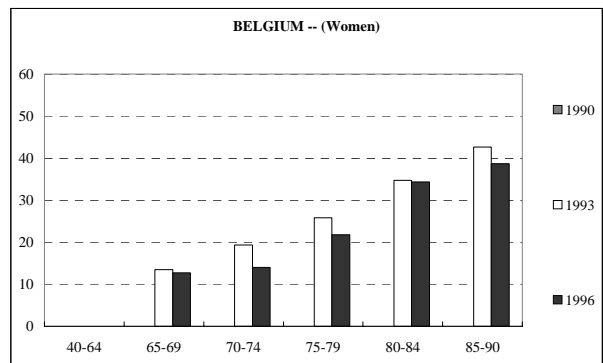
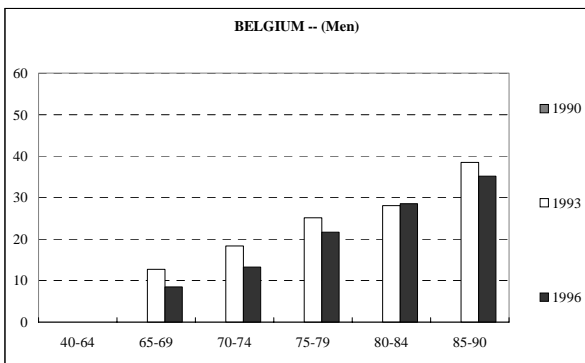
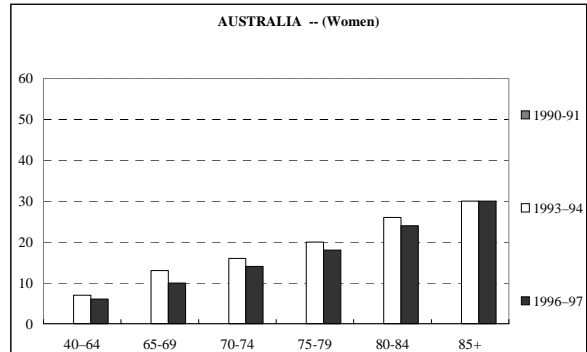
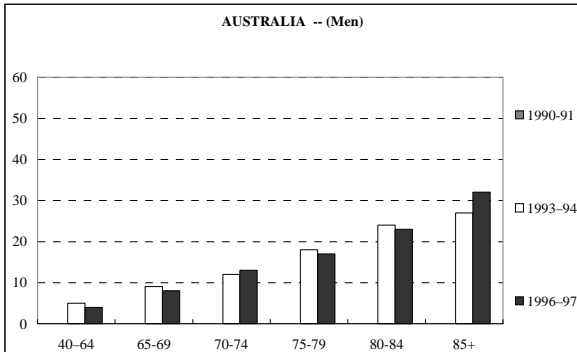
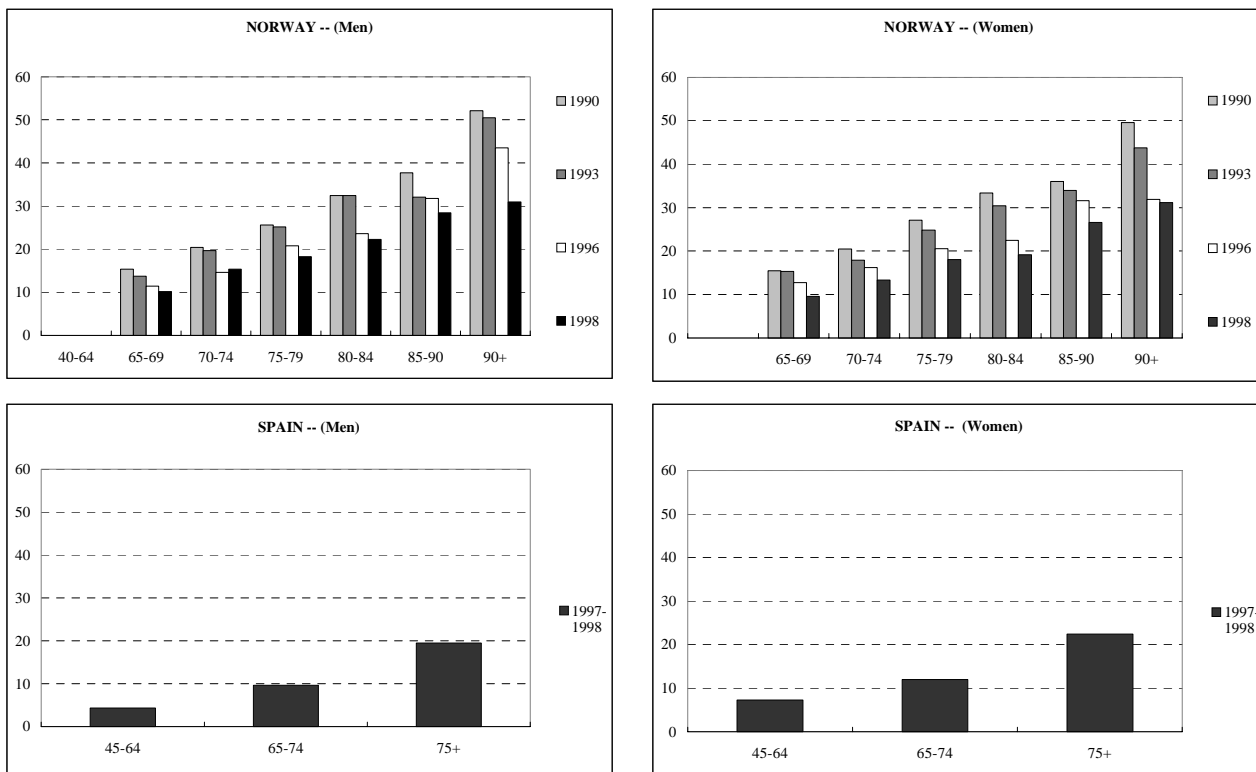


Chart 50a. Inhospital case fatality rates (cont.)

As a percentage of AMI admissions (Figures using event-based data)



Source: The data for Belgium and the UK were provided by the TECH Research Network; Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports; see Table 20 for data sources and data characteristics.

Chart 50b. Inhospital case fatality rates

As a percentage of AMI admissions (Figures using patient-based data)

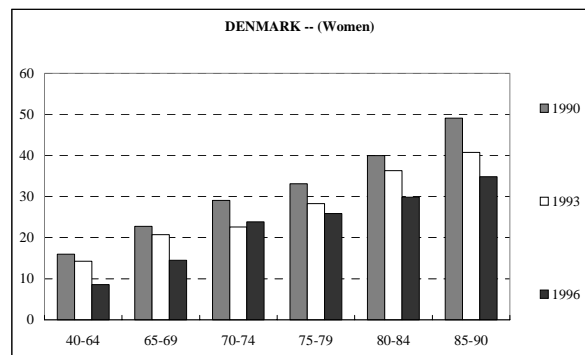
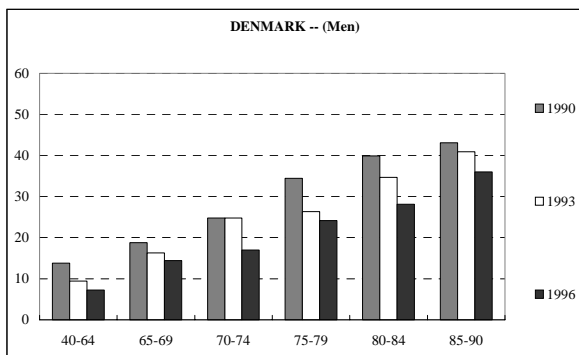
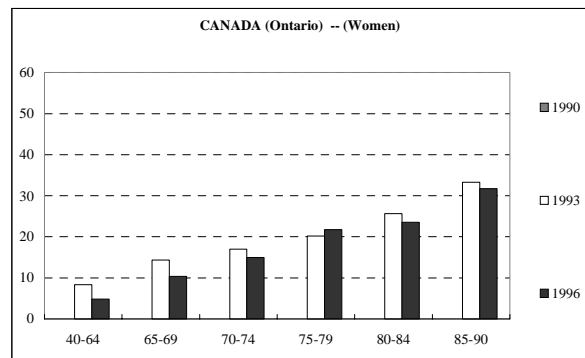
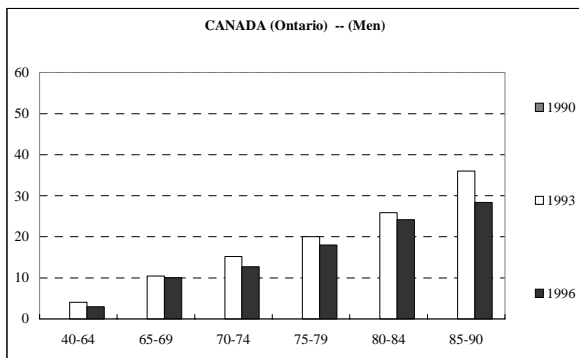
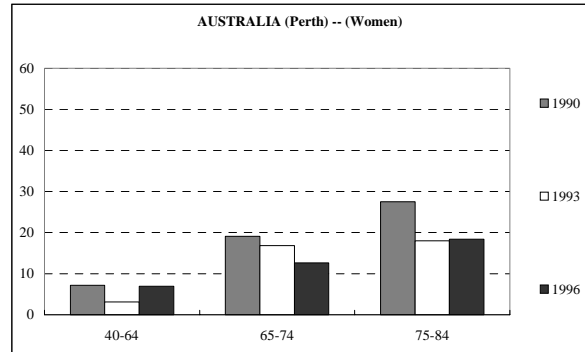
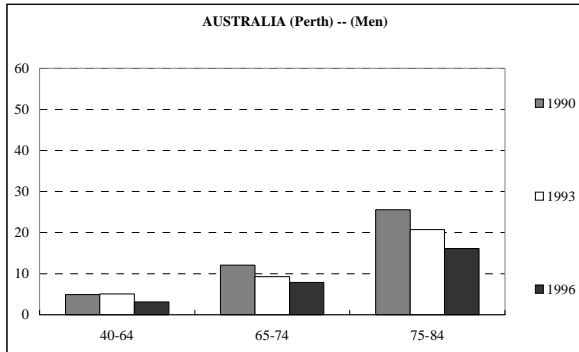
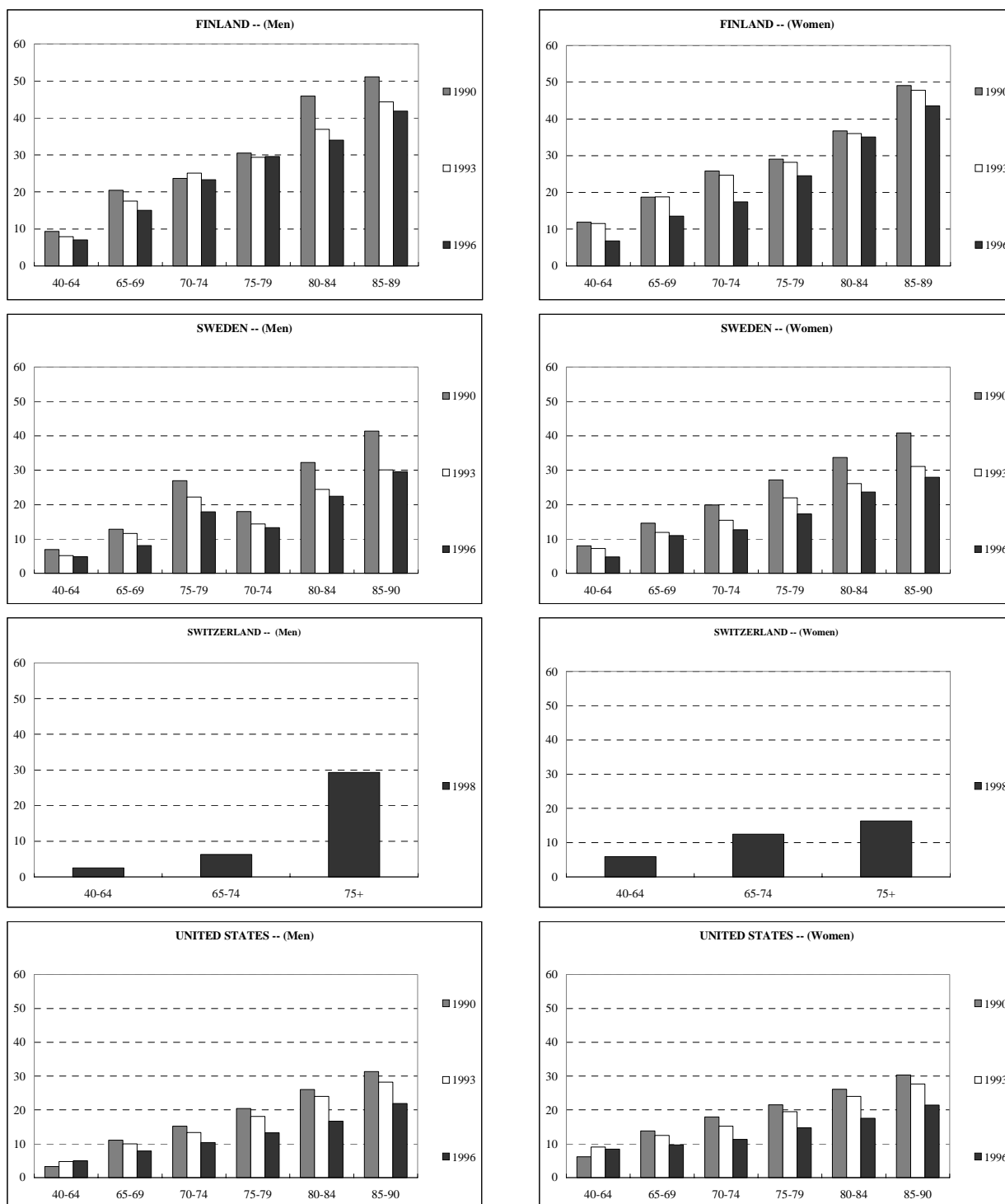


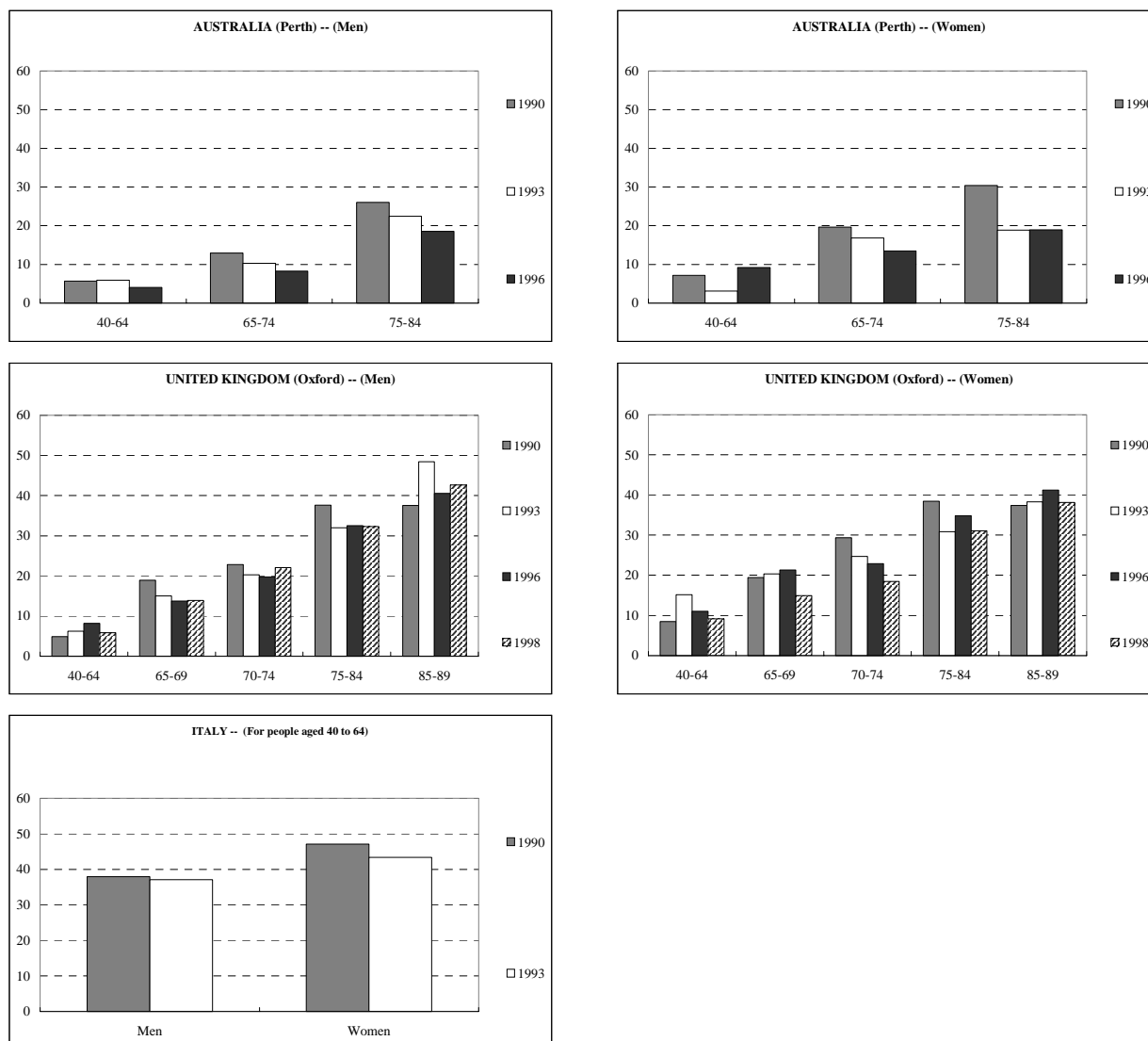
Chart 50b. (cont.) Inhospital case fatality rates
As a percentage of AMI admissions (Figures using patient-based data)



Note: Admissions with a main diagnosis of AMI (ICD-10 I21-I22) for Switzerland.

Source: The data for Canada (Ontario), Denmark, Finland, Sweden and the US were provided by the TECH Research Network; Swiss Hospital Statistics, canton of Vaud, 1998 (Switzerland); otherwise responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports.
See Table 20 for data sources and data characteristics.

Chart 51a. 30-day case fatality rates
As a percentage of AMI admissions



Note: 28-day event for Italy.

Source: MONICA - Friuli Area (Italy); responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports.

See Table 20 for data sources and data characteristics.

Chart 51b. 30-day case fatality rates (TECH)
As a percentage of AMI admissions

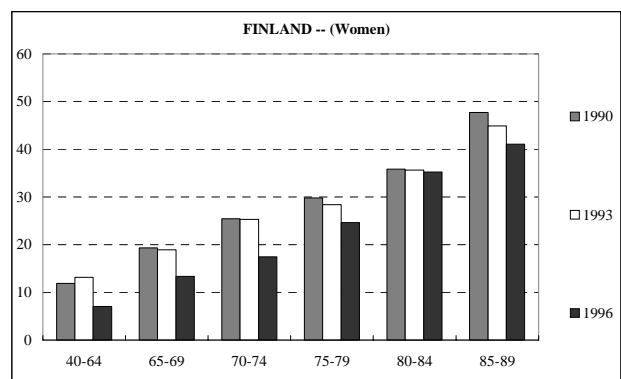
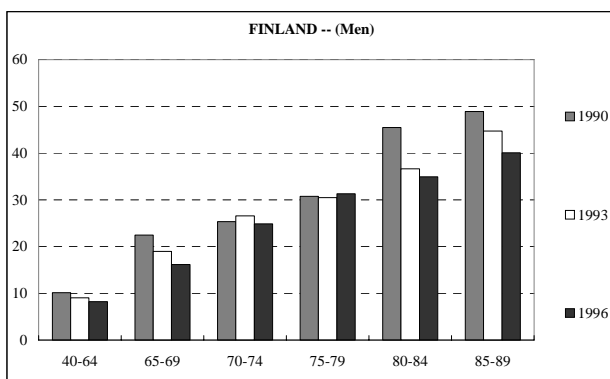
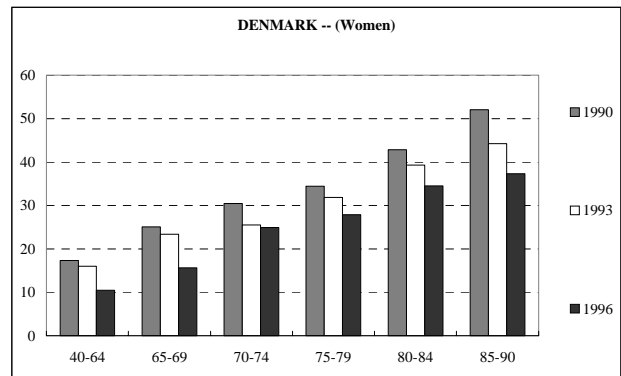
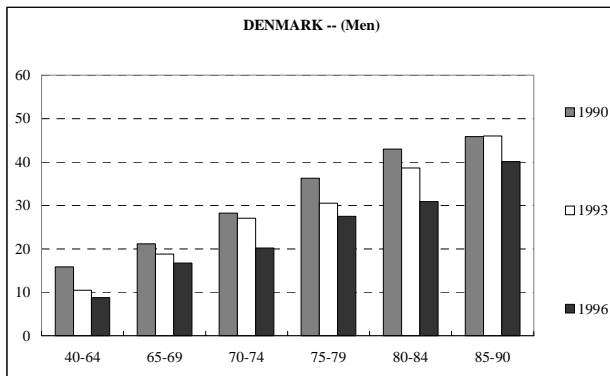
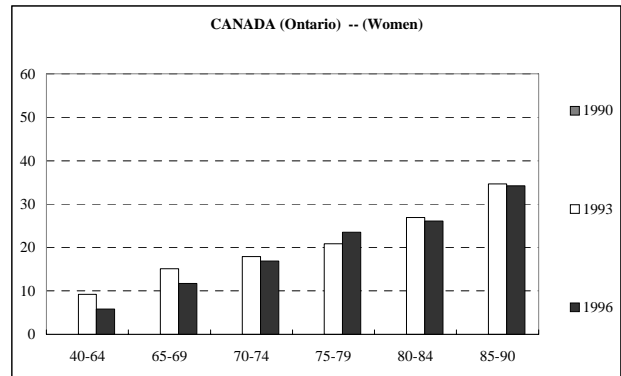
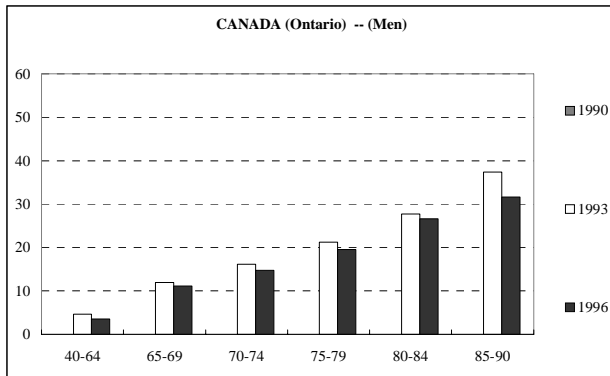
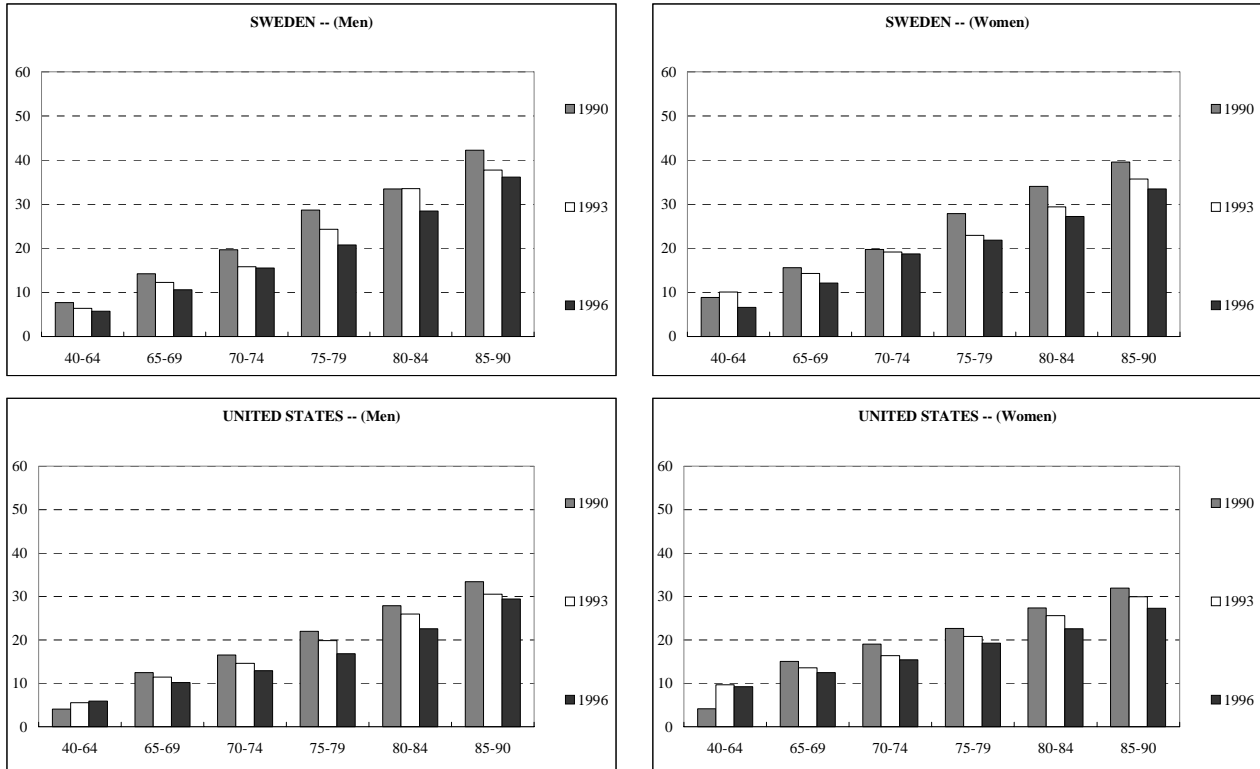
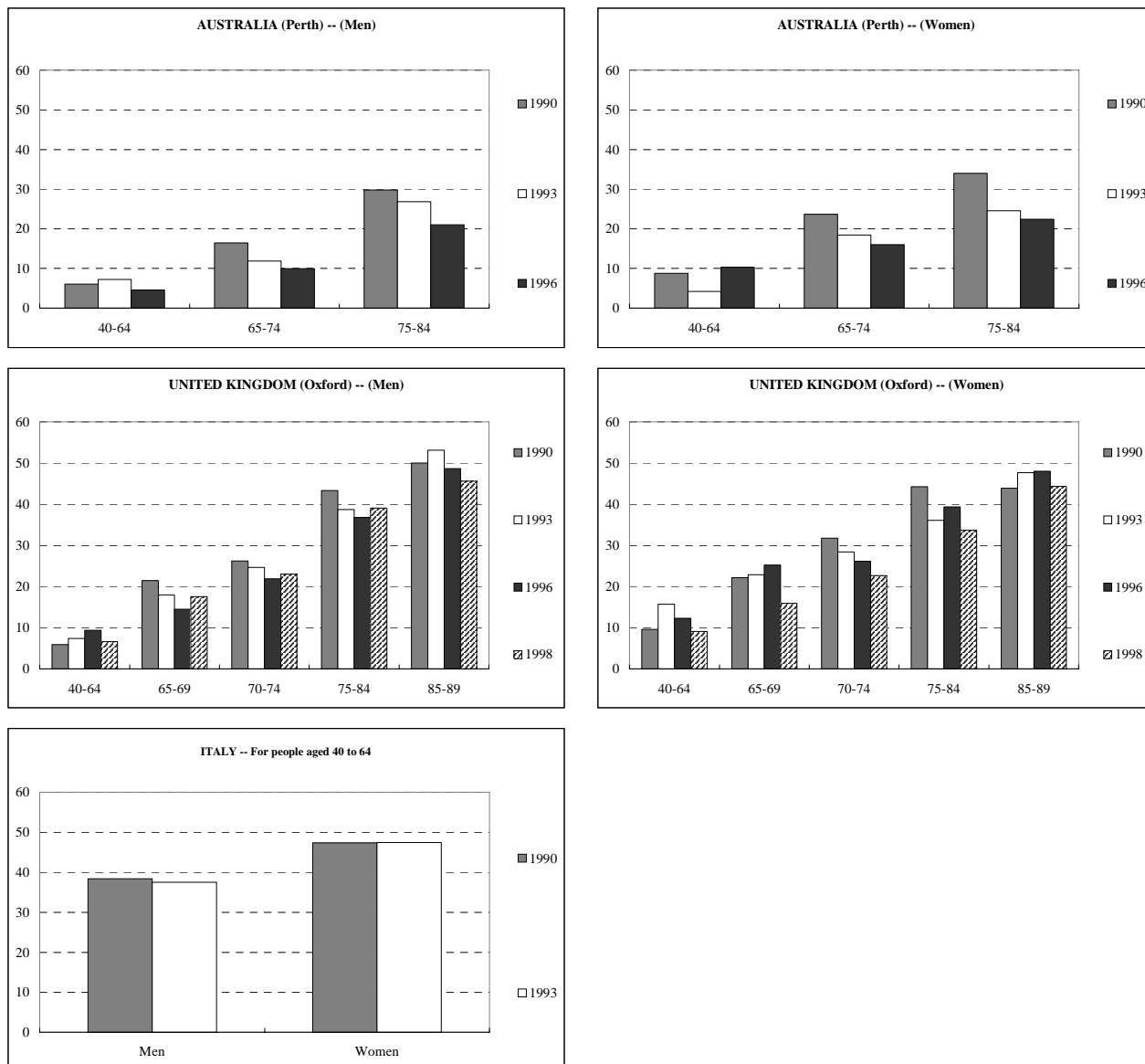


Chart 51b. (cont.) 30-day case fatality rates (TECH)
As a percentage of AMI admissions



Source: See Table 20 for data sources and data characteristics.

Chart 52a. 90-day case fatality rates
As a percentage of AMI admissions



Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports; MONICA - Friuli Area (Italy).
See Table 20 for data sources and data characteristics.

Chart 52b. 90-day case fatality rates (TECH)
As a percentage of AMI admissions

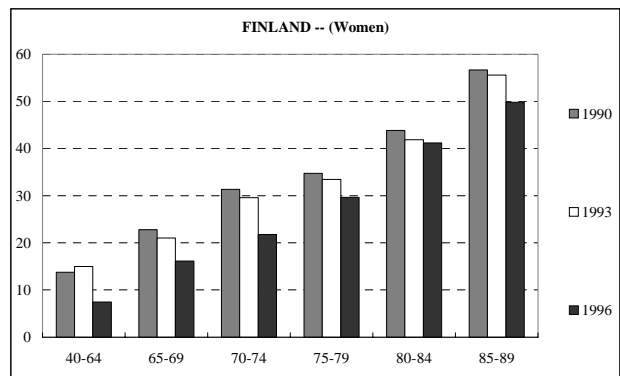
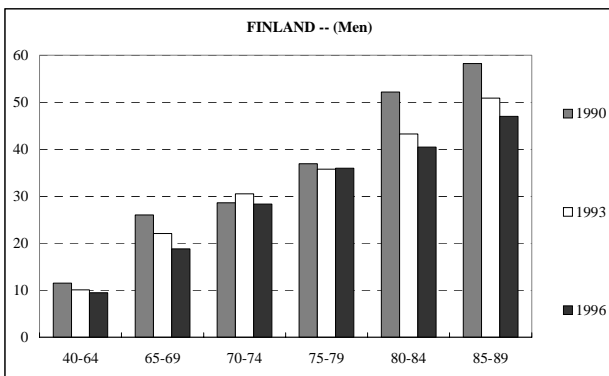
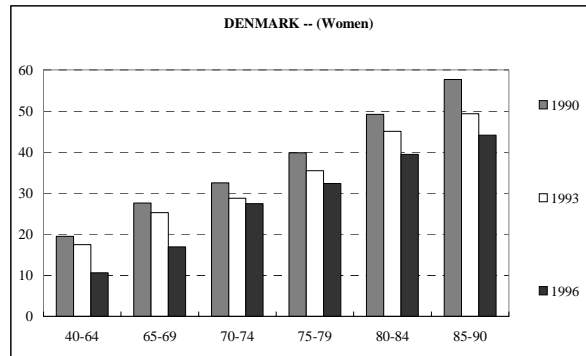
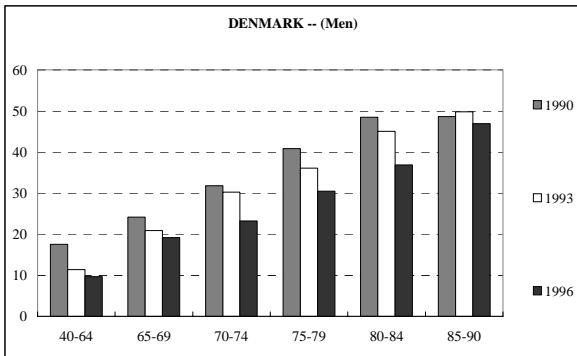
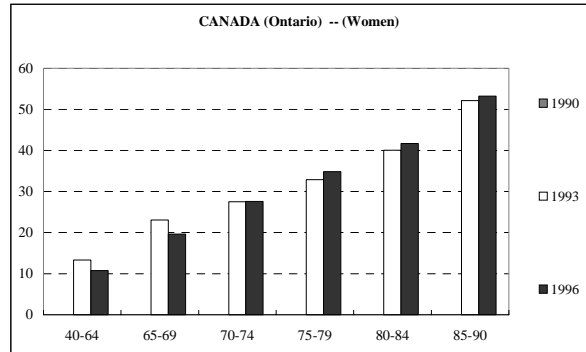
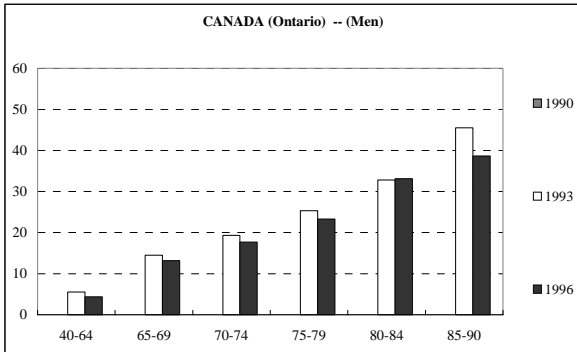
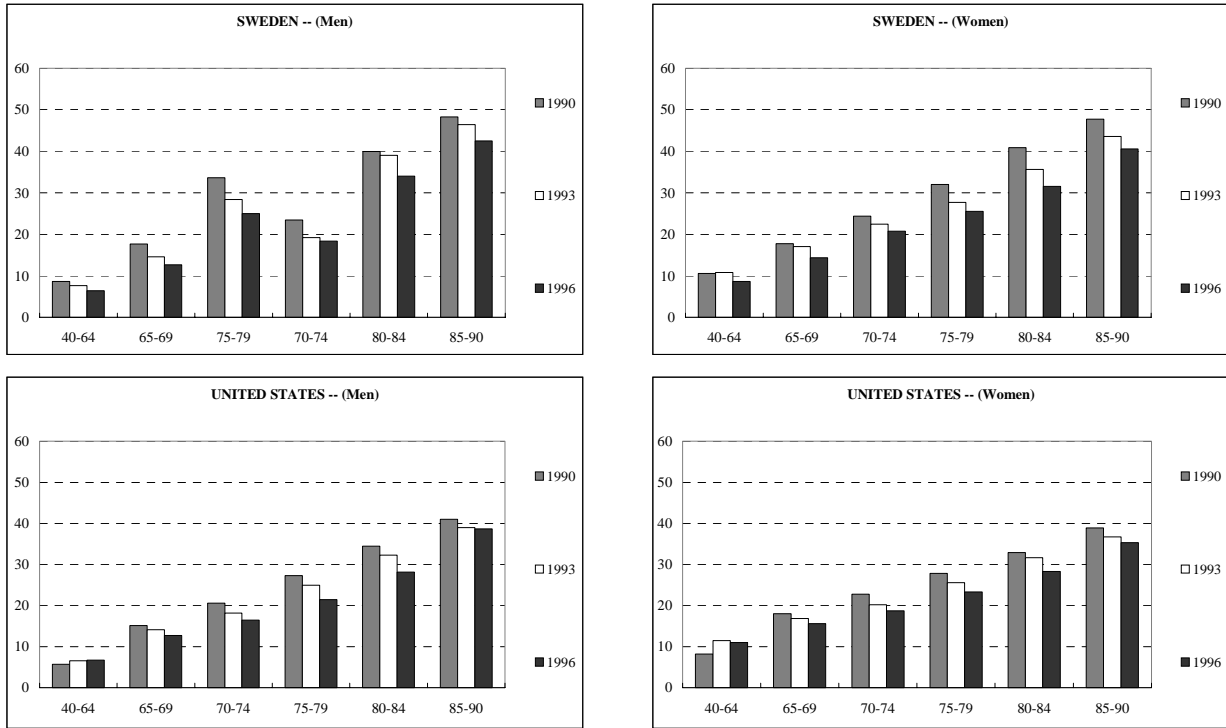
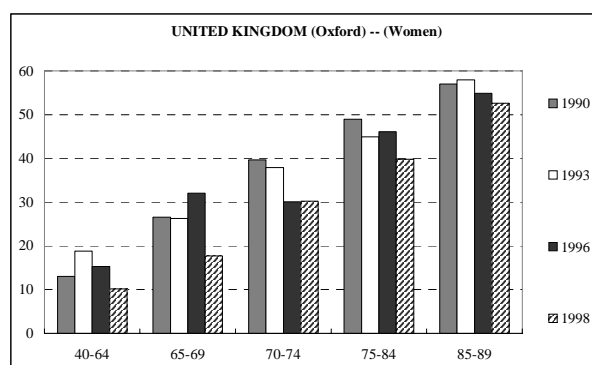
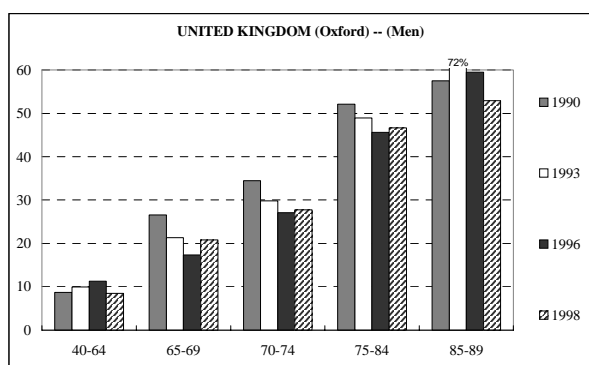
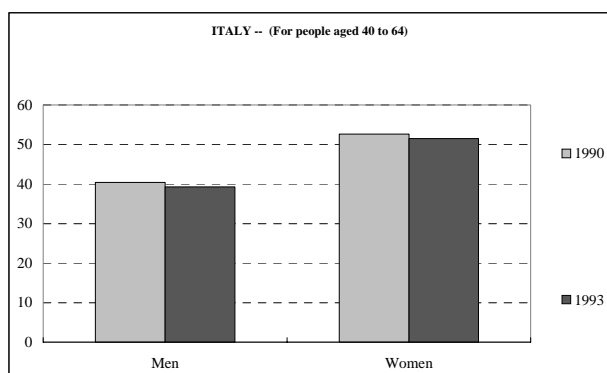
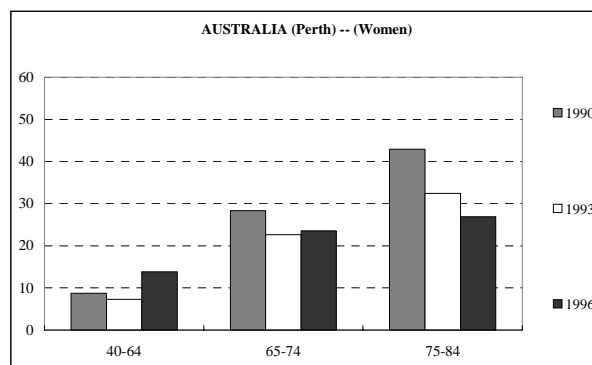
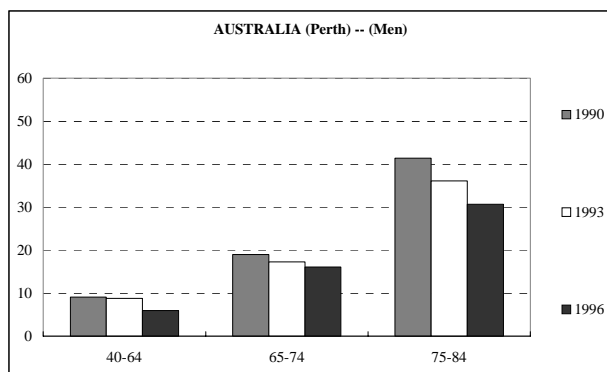


Chart 52b. (cont.) 90-day case fatality rates (TECH)
As a percentage of AMI admissions



Source: See Table 20 for data sources and data characteristics.

Chart 53a. One year case fatality rates
As a percentage of AMI admissions



Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports; MONICA - Friuli Area (Italy).

See Table 20 for data sources and data characteristics.

Chart 53b. One year case fatality rates (TECH)
As a percentage of AMI admissions

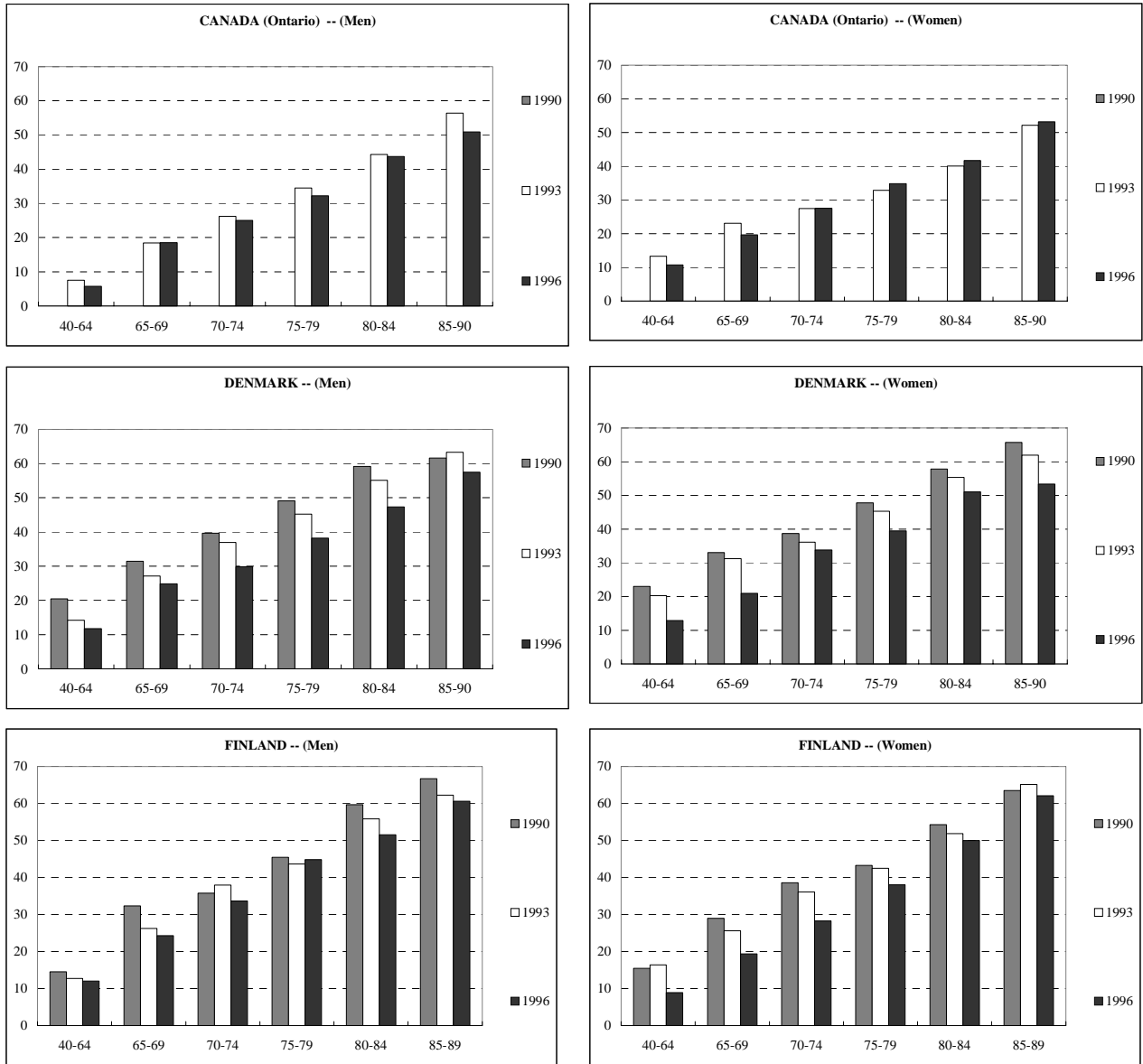
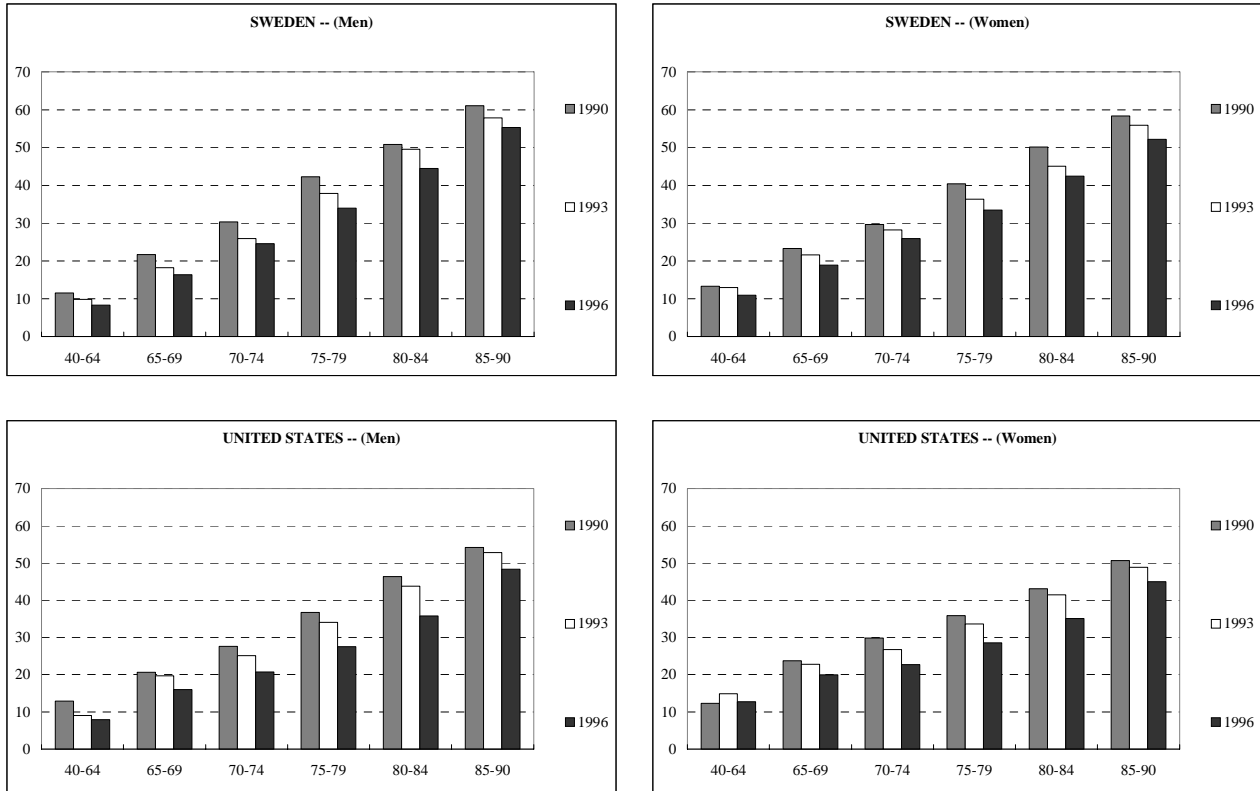


Chart 53b. (cont.) One year case fatality rates (TECH)
As a percentage of AMI admissions



Source: See Table 20 for data sources and data characteristics.

Chart 54. Cumulative inhospital, 90-day and one year case fatality [Men] (TECH)
As a percentage of AMI admissions (Men)

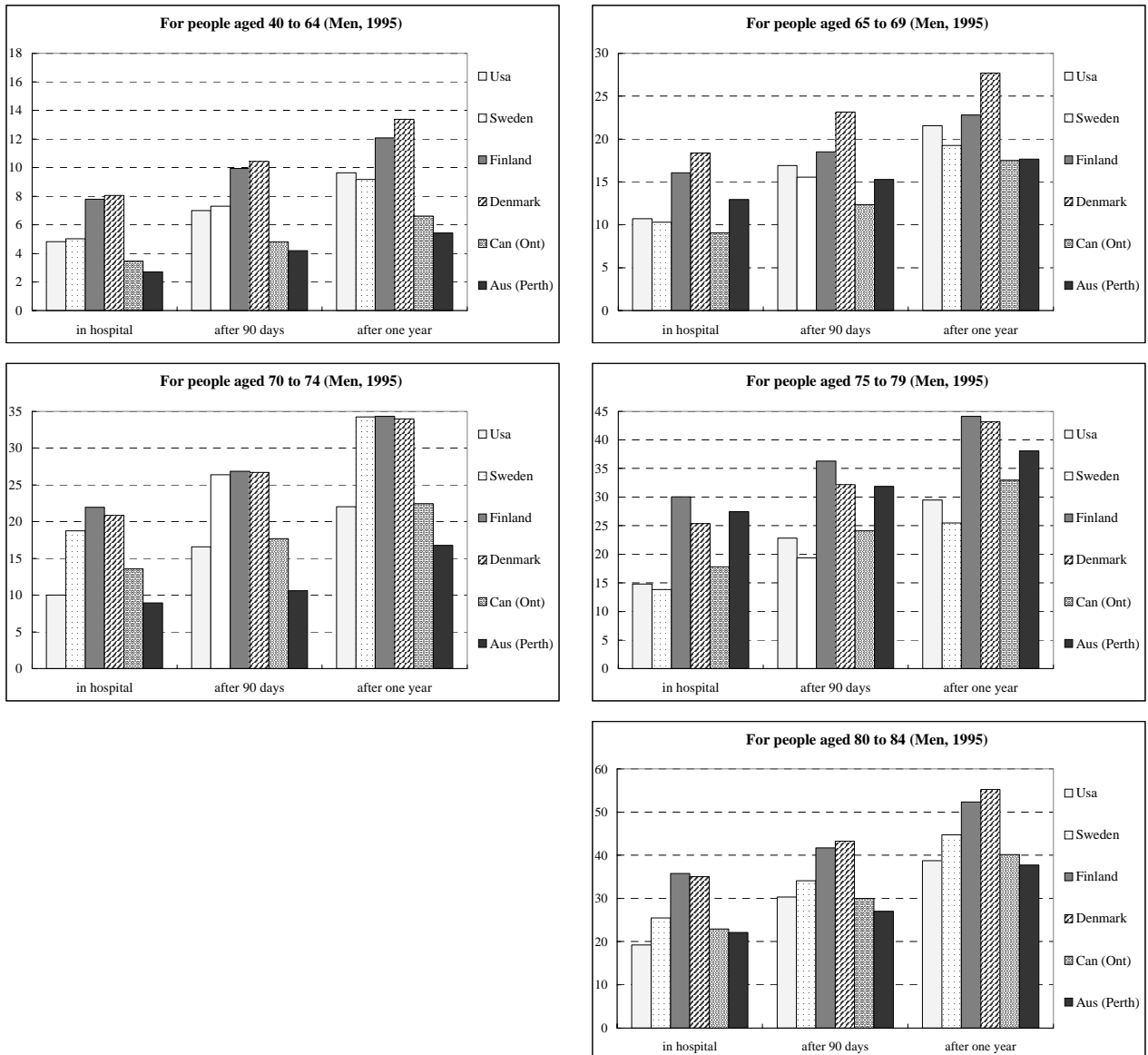
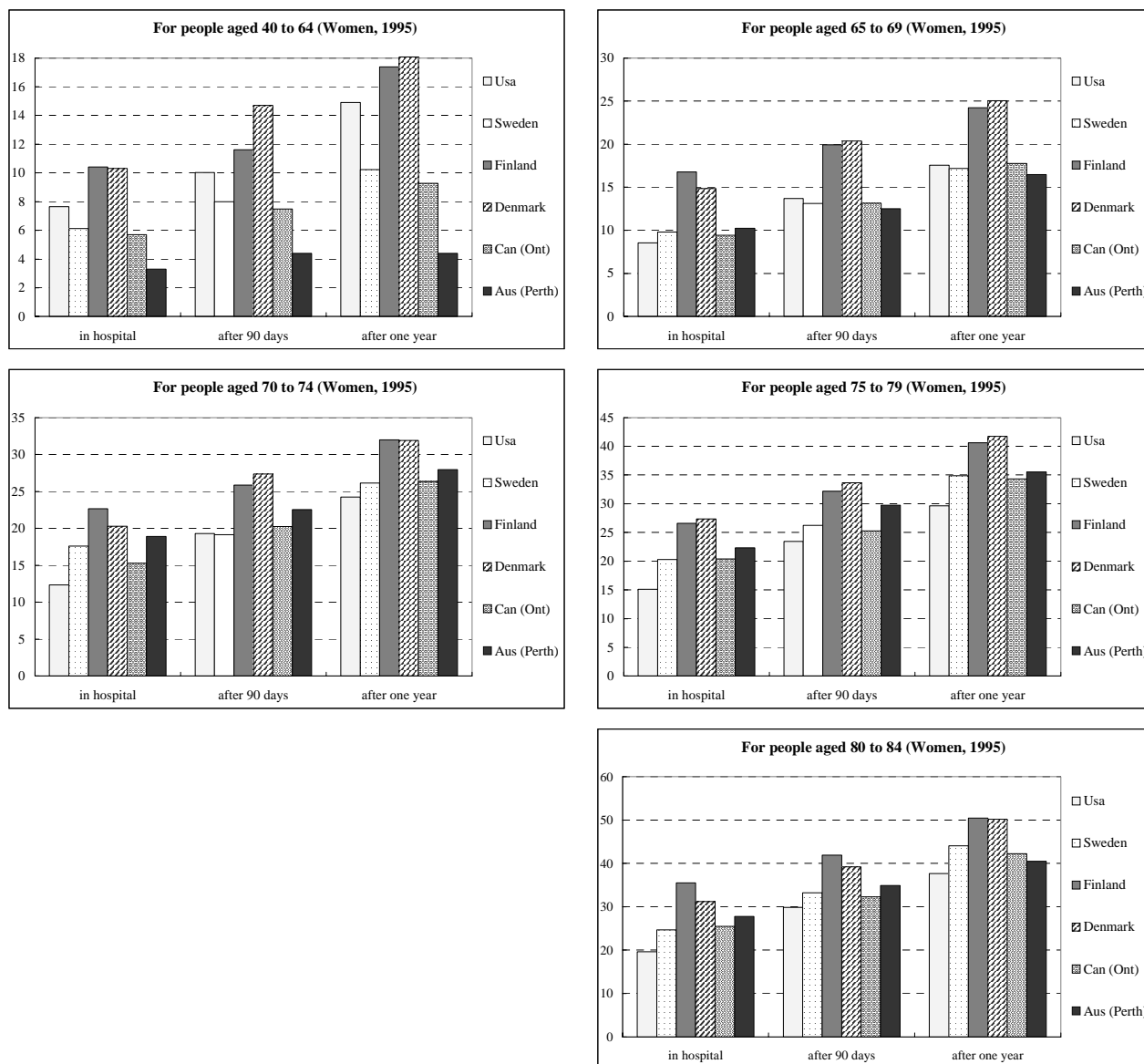


Chart 54. (cont.) Cumulative inhospital, 90-day and one year case fatality [Women] (TECH)
As a percentage of AMI admissions (Women)



Source: See Table 20 for data sources and data characteristics.

Chart 55. Distribution of case fatalities within one year from the initial AMI admission (TECH)
 Inhospital, 30-day, 90-day and one year case fatality

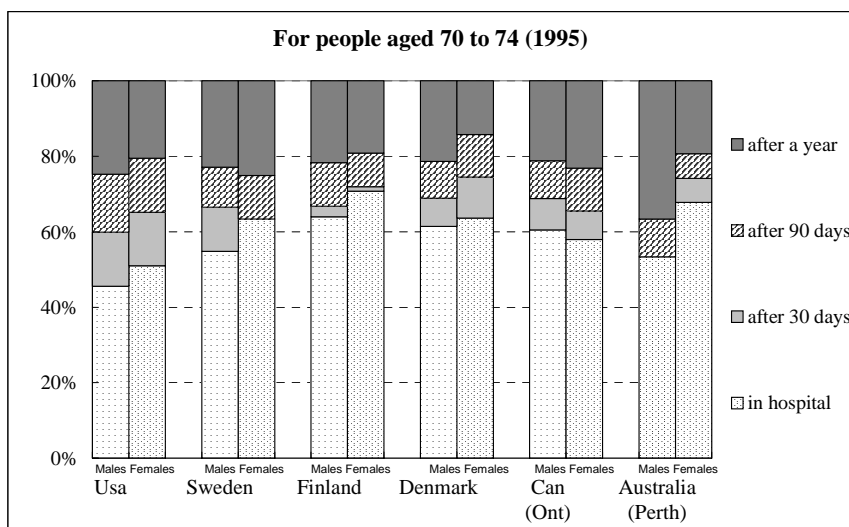
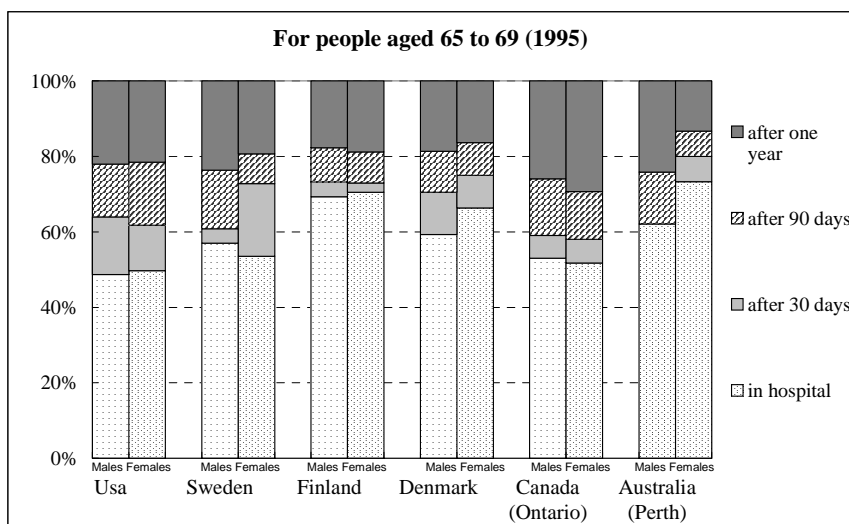
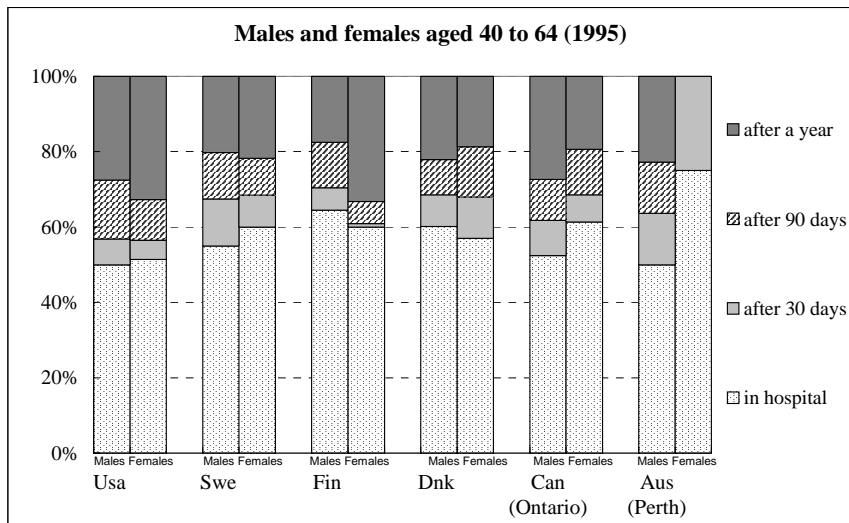
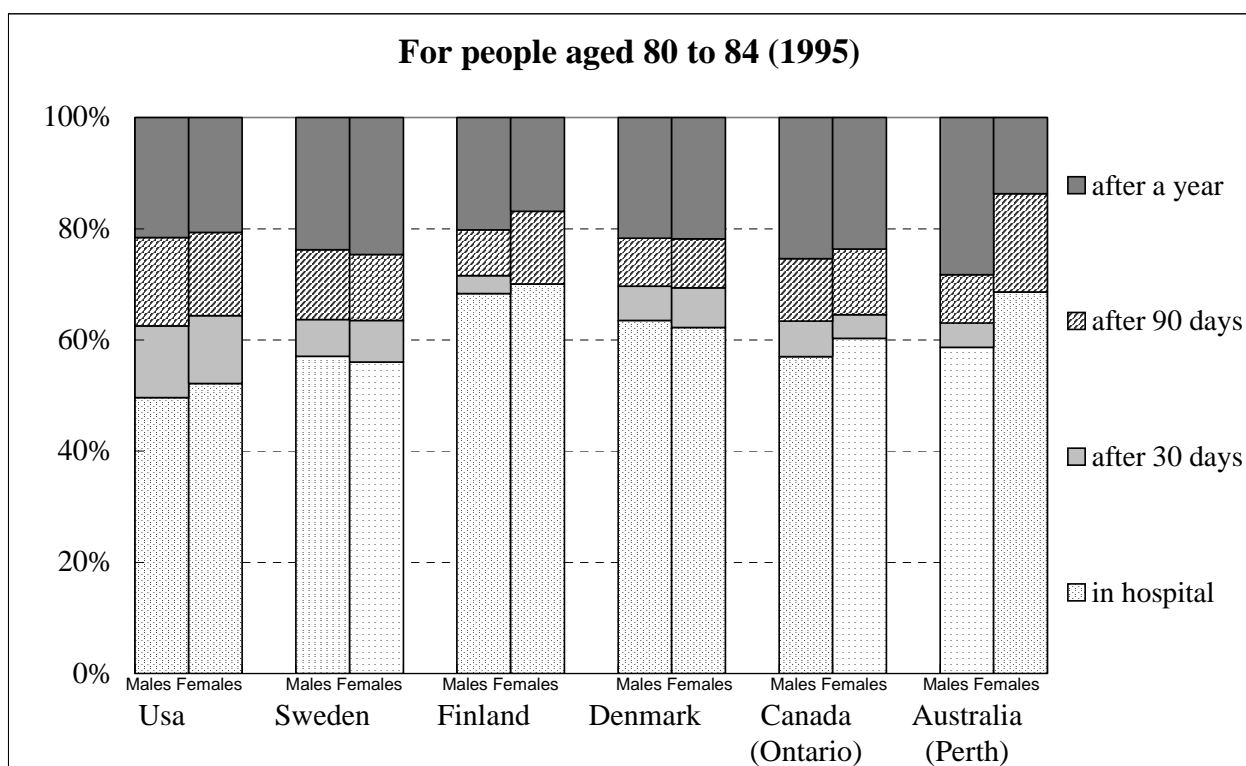
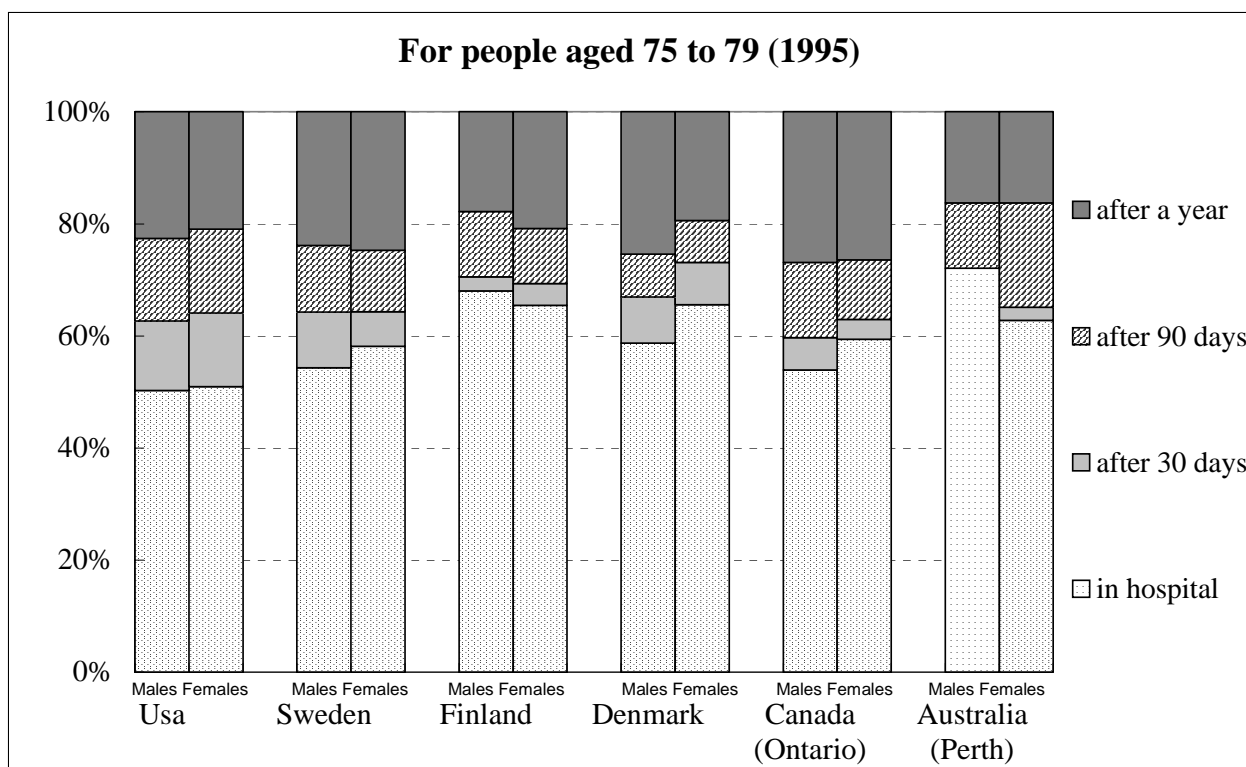


Chart 55. (cont.) Distribution of case fatalities within one year from the initial AMI admission (TECH)



Source: See Table 20 for data sources and data characteristics.

Chart 56. Readmissions for AMI one year following initial admission for AMI (TECH)
As a percentage of AMI admissions

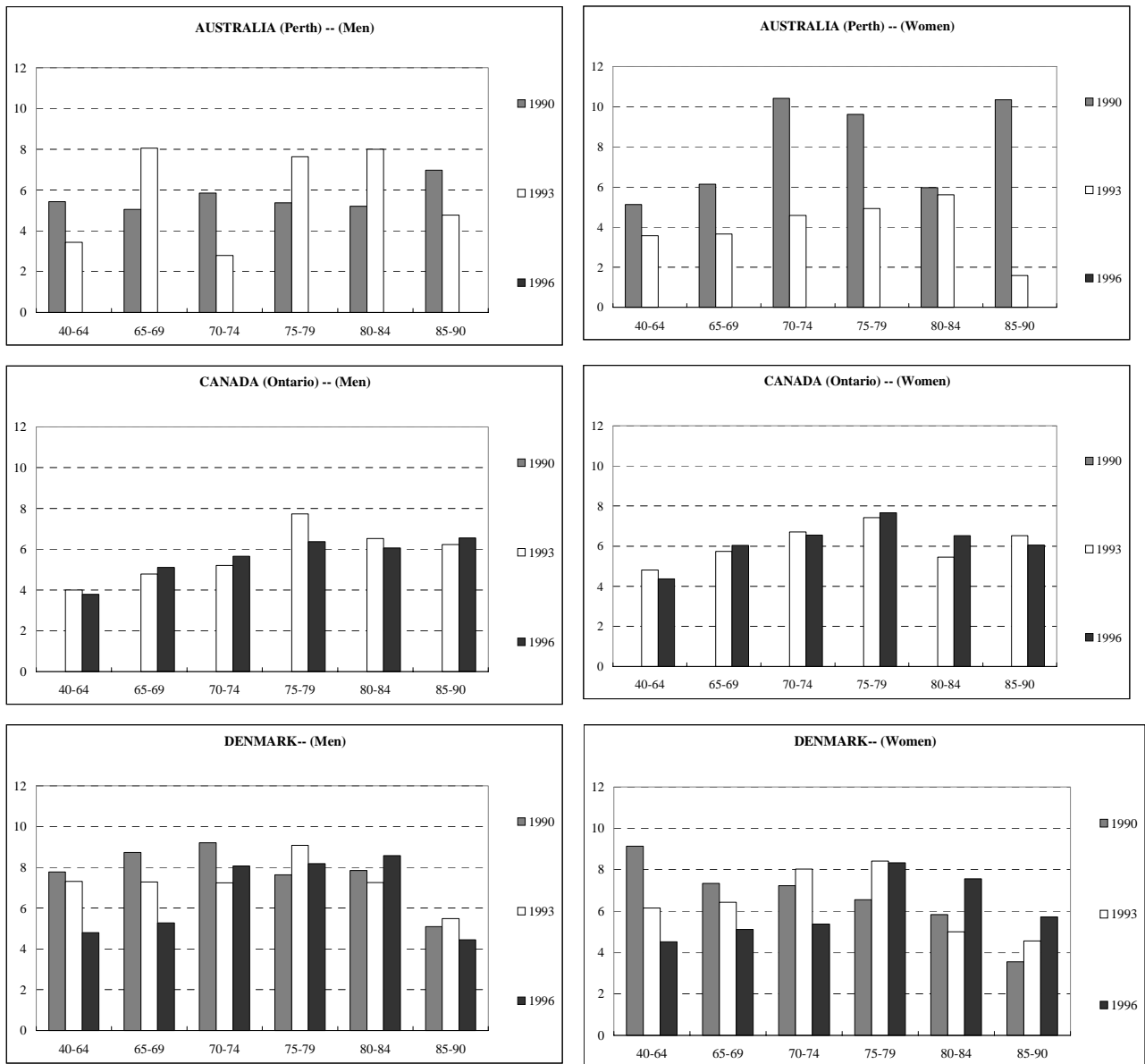
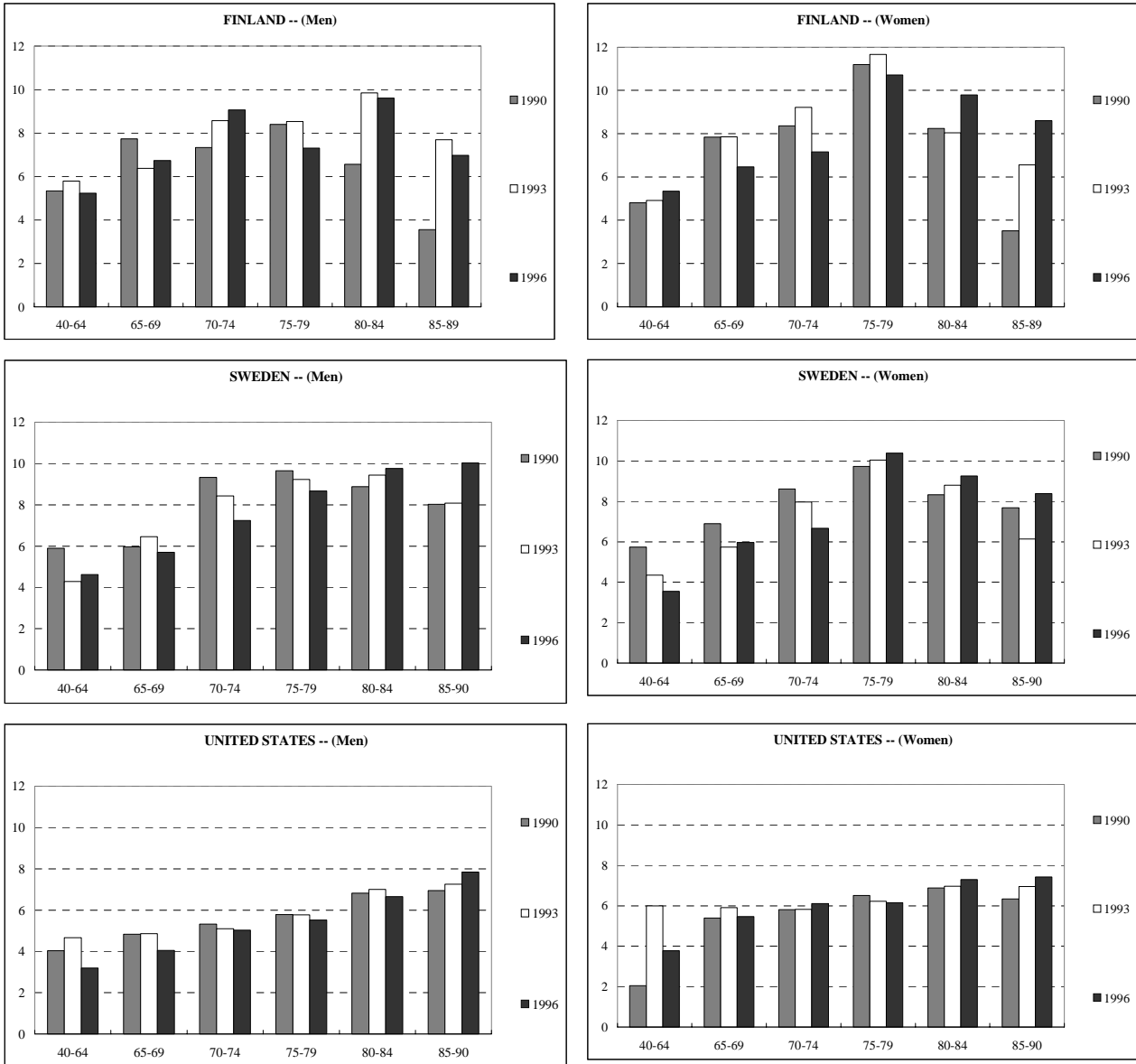
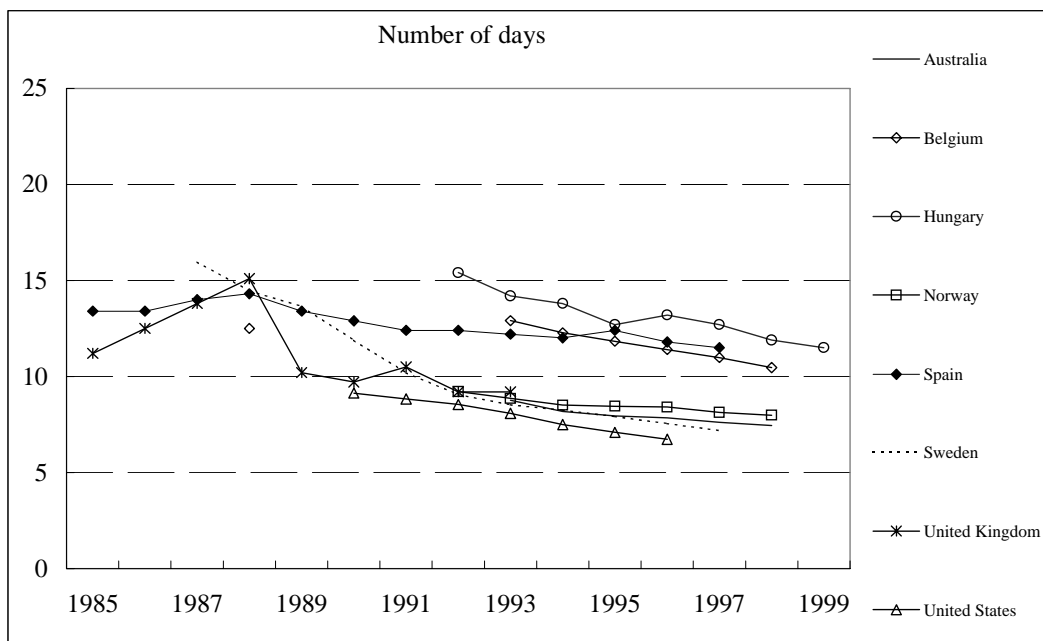
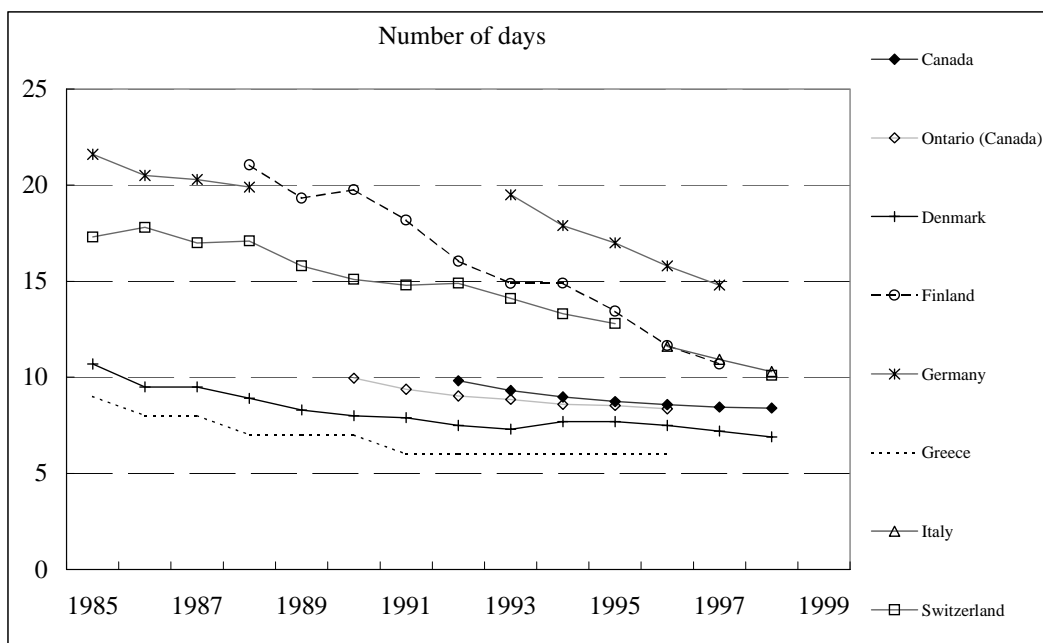


Chart 56. (cont.) Readmissions for AMI one year following initial admission for AMI (TECH)
As a percentage of AMI admissions



Source: See Table 20 for data sources and data characteristics.

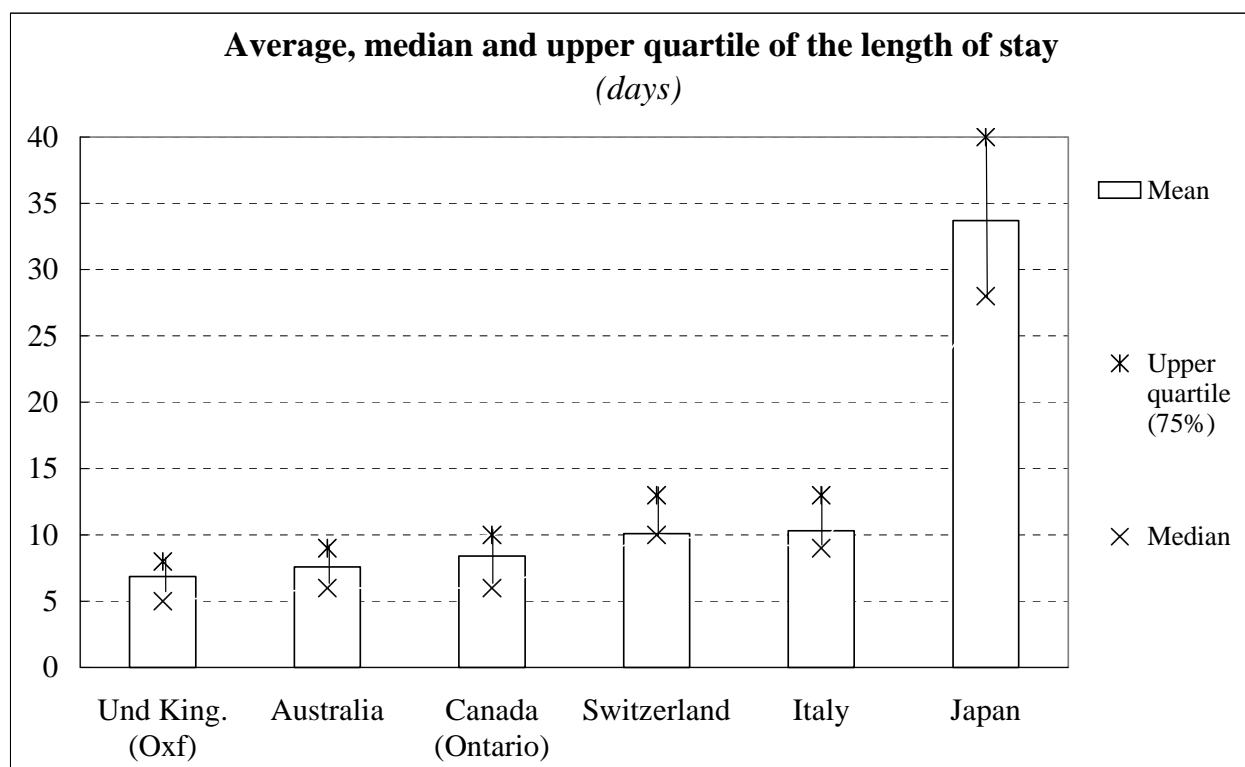
Chart 57. Average length of stay for AMI patients



Note: Data for Japan are available from 1996 onwards. They are not presented here since their much larger values would distort the chart. Those levels are: 32.7 (1996), 35.7 (1997), 33.7 (1998), 32.3 (1999). Data for Australia are for the fiscal years 1993-94 to 1998-99.

Source: Responses to OECD questionnaire “Core set of indicators for ischaemic heart disease” and ARD country reports (Belgium, Canada, including Ontario, Finland, Greece, Italy, Norway). OECD Health Data base 2000 (Denmark, Germany, Hungary, Spain, Switzerland and the United Kingdom).

Chart 58. Distribution of length of stay



Note: Australia - same day admissions are included if patient died inhospital. Japan - the figures are based on admissions to a set of tertiary care teaching hospitals (VHJ project). Switzerland - the figures are based on admissions in the canton of Vaud, 1998; transfers from another hospital, non-acute hospital patients and day cases excluded.

Source: Responses to OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports. See Table 20 for data sources and data characteristics. Chart 59 (Average length of stay by age and sex).

Chart 59. Average length of stay by age and sex

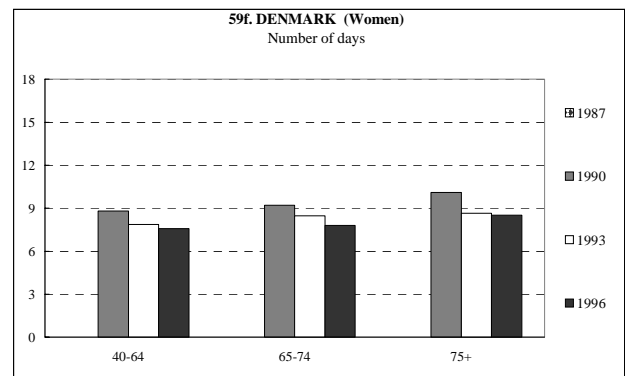
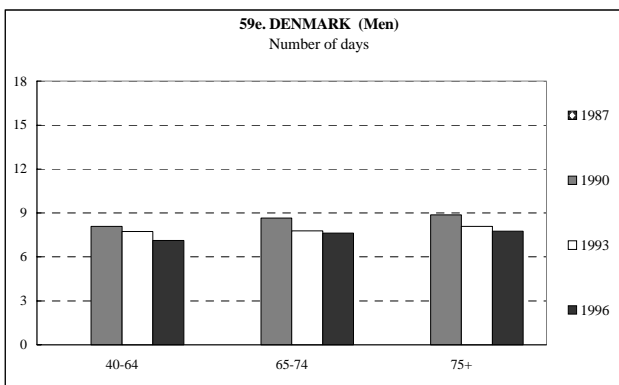
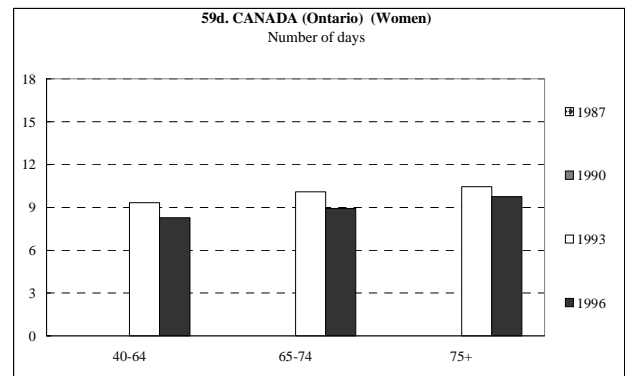
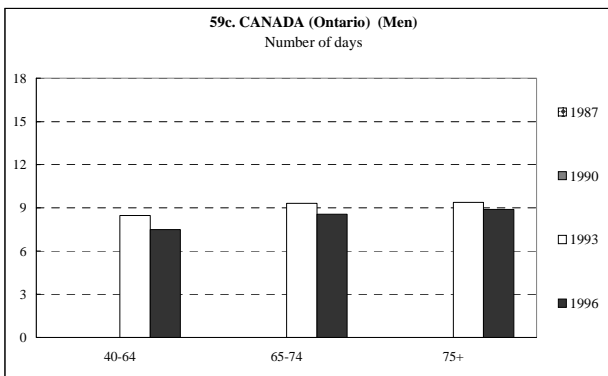
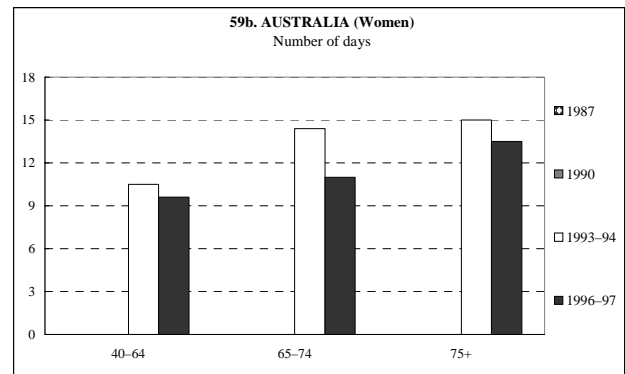
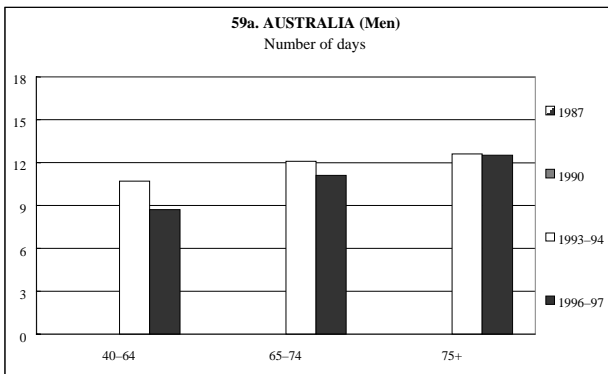
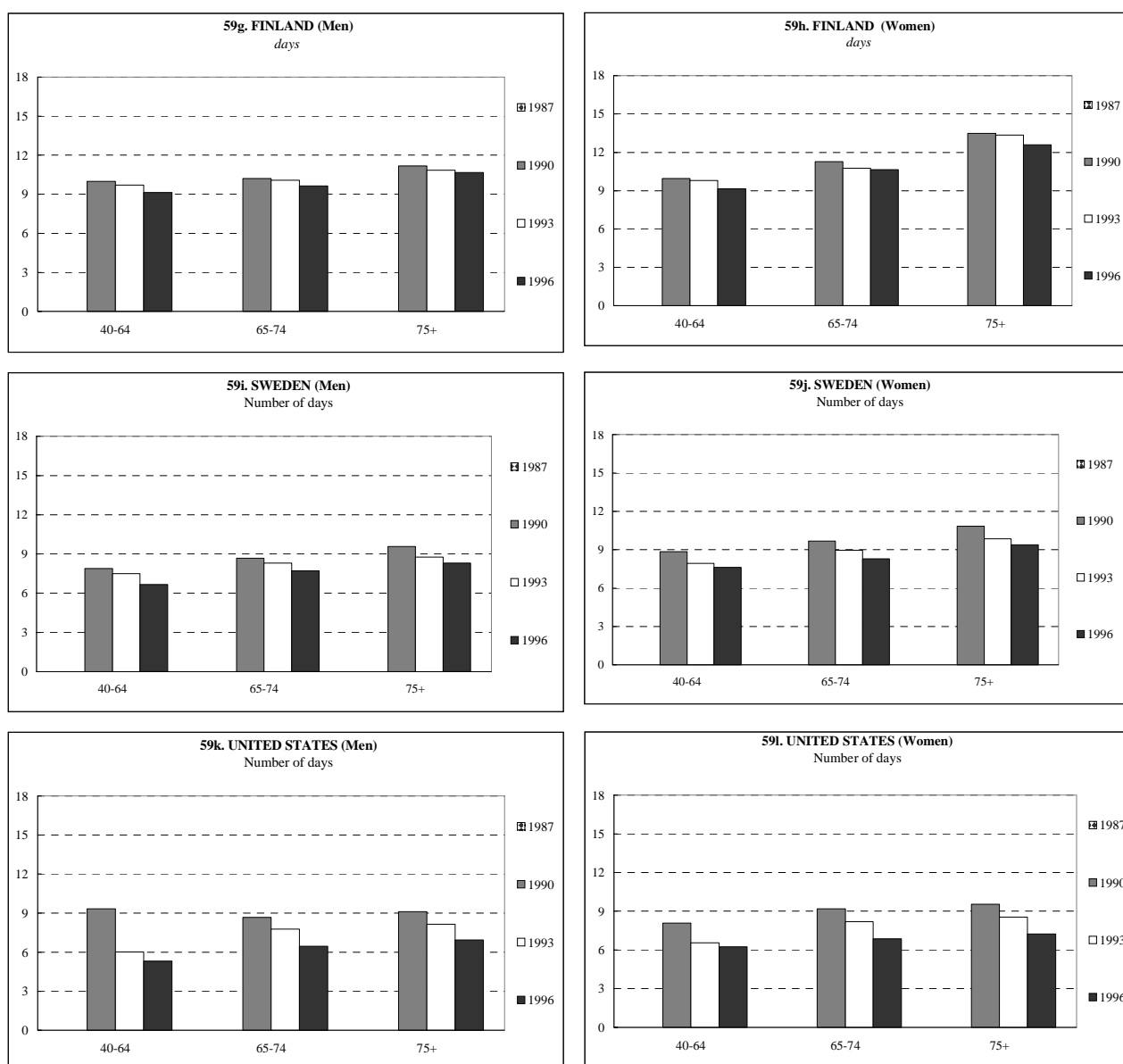


Chart 59. (cont.) Average length of stay by age and sex

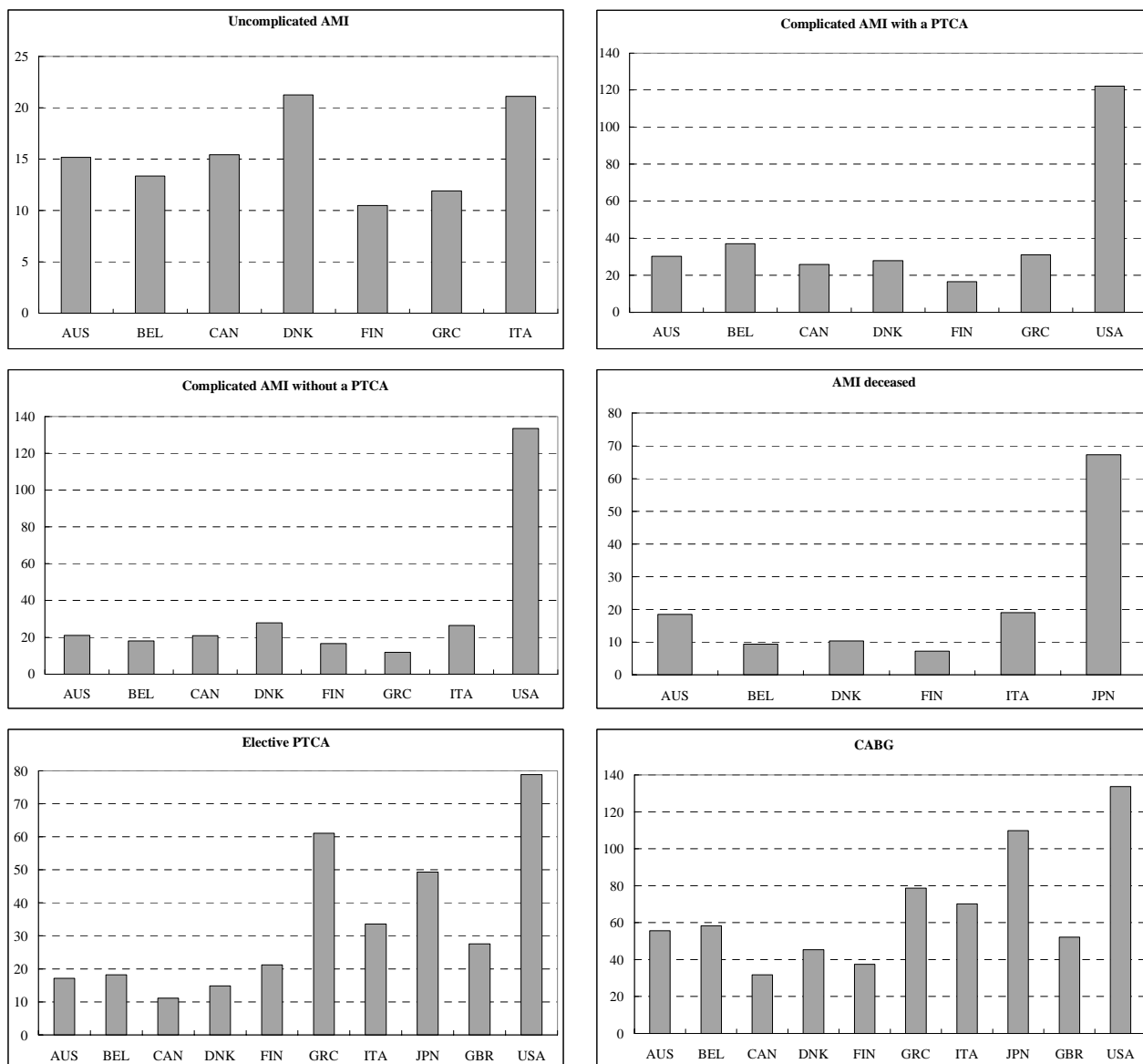


Note: Australia - excludes admissions with length of stay less than 2 days, except if patient died in hospital. or patient was transferred to another hospital and subsequently not transferred to another hospital.

Source: The data for Canada (Ontario), Denmark, Finland and the US were provided by the TECH Research Network; data for the other countries were taken from responses to the OECD questionnaire "Core set of indicators for ischaemic heart disease" and ARD country reports. See Table 20 for data sources and data characteristics.

Chart 60. Unit costs for selected acute care treatments

Average expenditure per selected treatment bundle as a percentage of GDP/capita

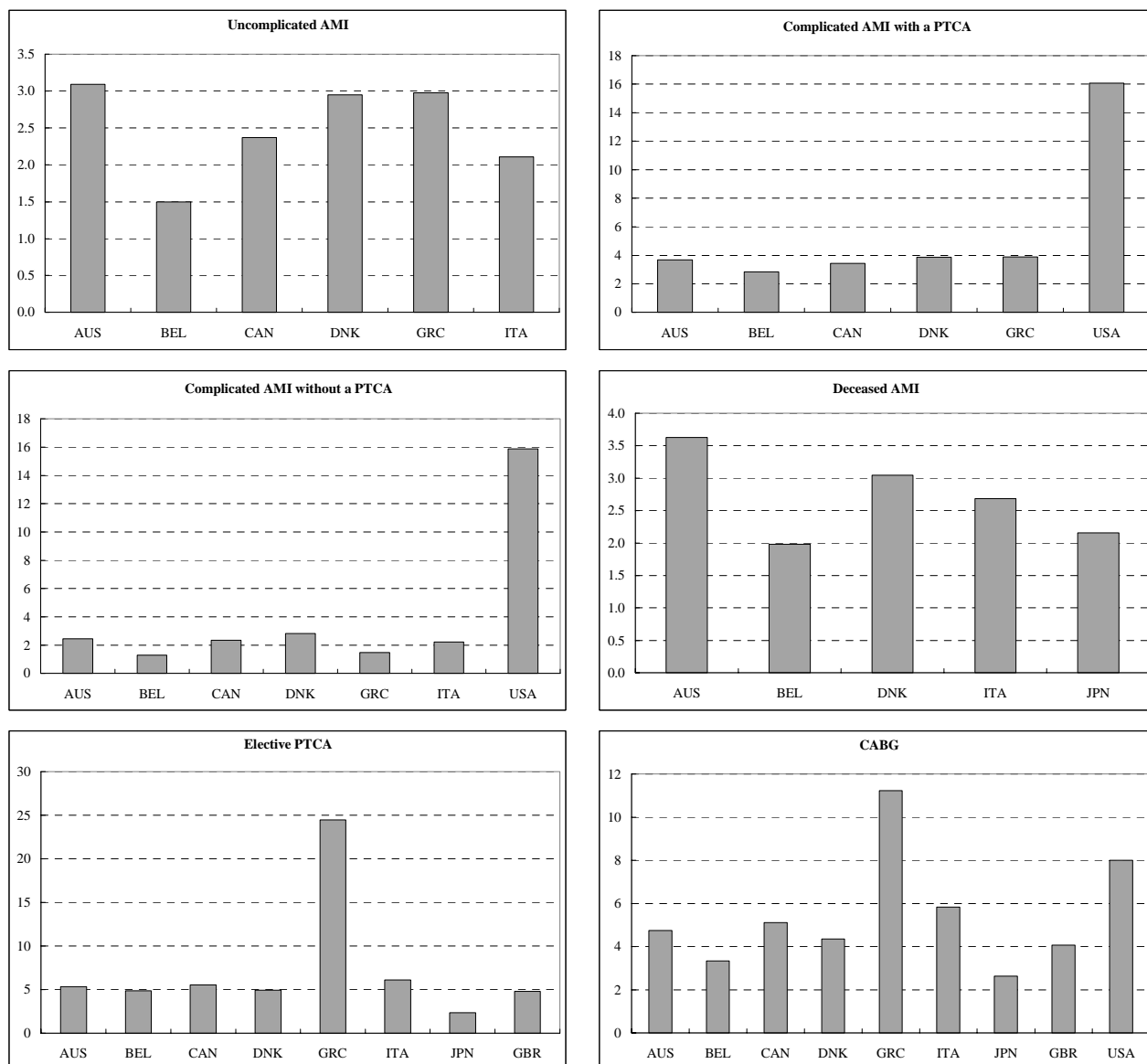


Note: Denmark and Finland use NORD-DRGs. The two graphs for complicated AMI, with PTCA and without PTCA, both use the same DRG (DRG 121 - complicated AMI with no PTCA), therefore the unit cost for complicated AMI with PTCA is underestimated for both Denmark and Finland. Also, DRG 107 (CABG without catheterisation) was used for Denmark and Finland. The corresponding figures for DRG 106 (CABG with catheterisation) are 71.6% for Denmark and 73.7% for Finland.

Unit cost is calculated as average expenditure per selected treatment bundle as a percentage of gdp per capita for the year which data on average expenditure were available (1991 - US; 1993 - UK; 1996 - Canada; 1997 - Denmark; 1998 - Belgium, Italy; 1998-99 - Australia; 1999 - Finland, Greece, Japan).

Source: See Table 23 for the characteristics of the data sources.

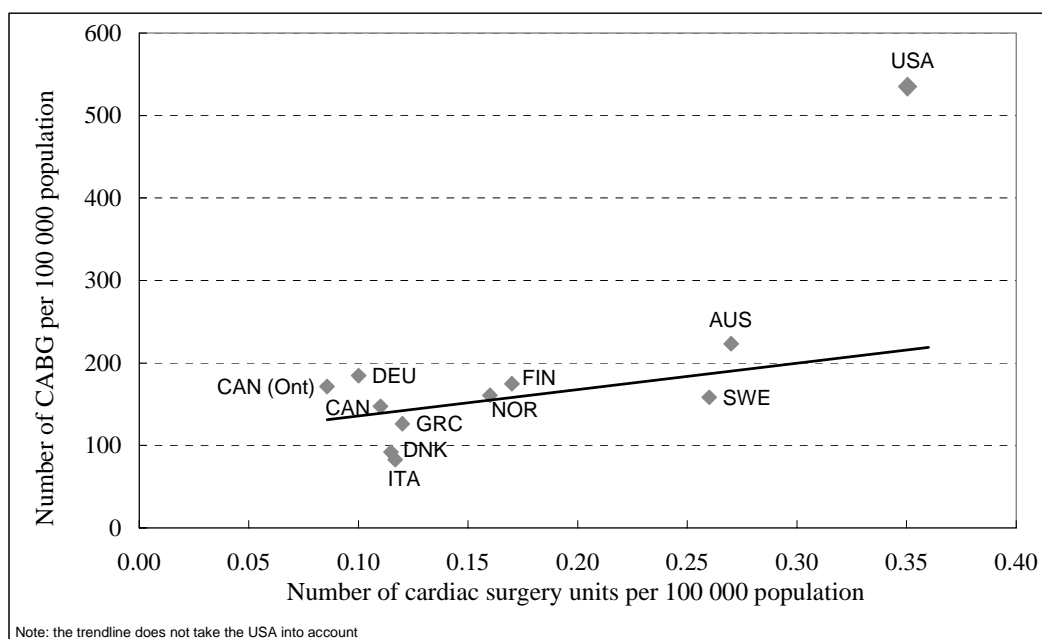
Chart 61. Unit costs per day for selected acute care treatments
 (Average expenditure per selected treatment bundle as a percentage of GDP/capita) divided by ALOS



Note: See Chart 60. Average length of stay was not available for Finland nor for the US for elective PTCA.

Source: See Table 23 for the characteristics of the data sources.

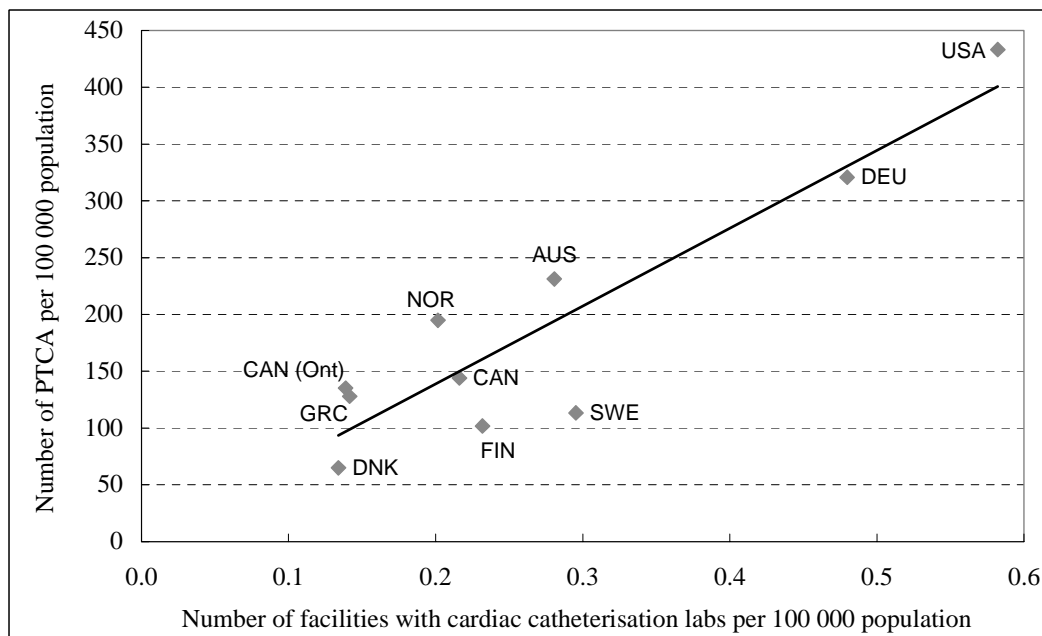
Chart 62a. Utilisation rates for CABG and number of cardiac surgery units, per 100 000 inhabitants



Note: Canada, Denmark, Sweden (1995); United States (1996); Italy (1997); Australia (1998). For Ontario, Finland, Greece and Norway: CABG (1998), cardiac surgery units (2000). Refer to Chart 4 for additional notes.

Source: For number of CABG per 100,000 population see Chart 47. For number of cardiac surgery units per 100,000 population see Chart 4.

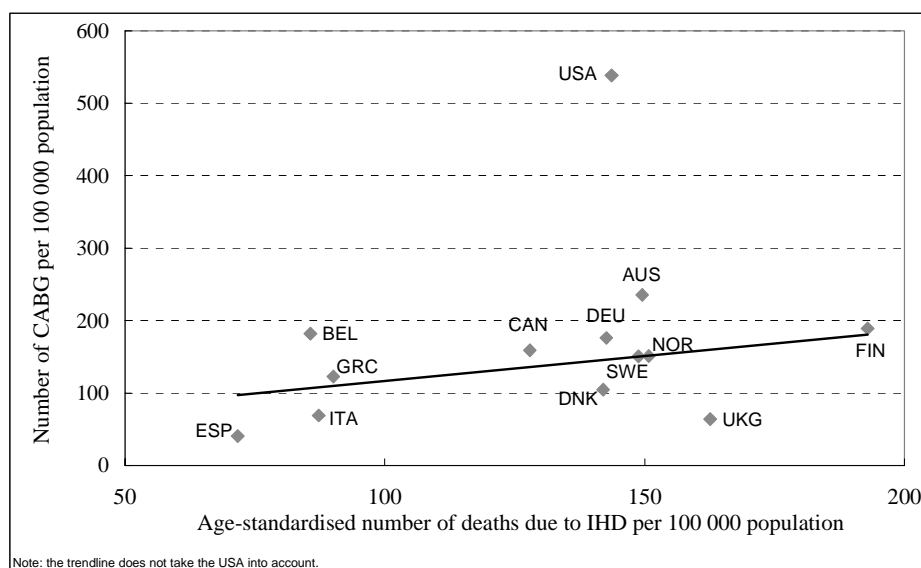
Chart 62b. Utilisation rates for PTCA and no. of catheterisation facilities, per 100 000 inhabitants



Note: Canada, Ontario, Denmark, Sweden (1995); Germany, United States (1996); Greece (1999). For Australia, Finland and Norway: PTCA (1998), catheterisation laboratories (2000). The figures for facilities includes all facilities able to do cardiac catheterisation due to the difficulty of separating these facilities from those additionally equipped to do PTCA. Refer to Chart 3 for additional notes.

Source: For number of PTCA per 100,000 population see Chart 35. For number of cardiac catheterisation laboratories per 100,000 population see Chart 3.

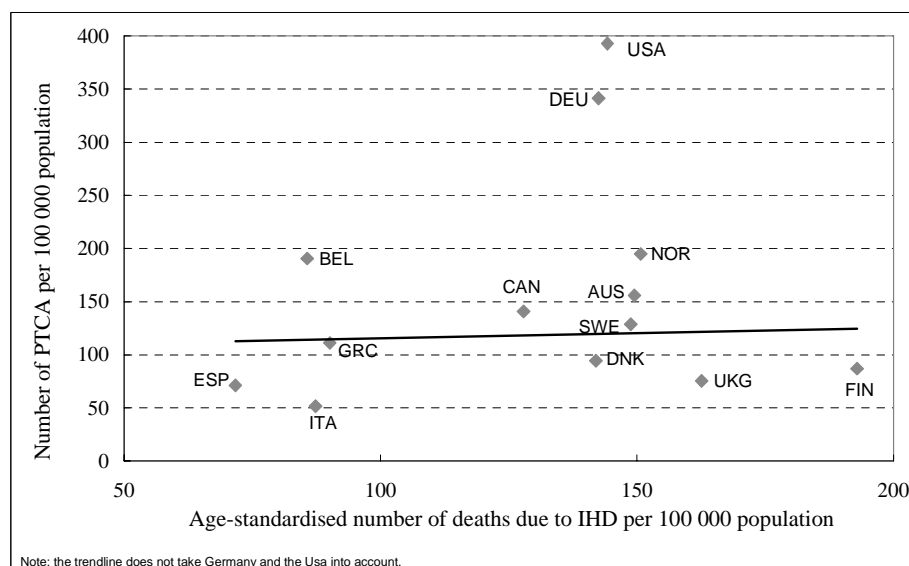
Chart 63a. Utilisation rates for CABG and IHD mortality, per 100 000 inhabitants



Note: Belgium, Norway (1994); Australia, Spain (1995); Denmark, Finland, Sweden (1996); Canada, Germany, Greece, United Kingdom, United States (1997). For Italy: mortality (1995) and CABG (1996). Data standardised to the European population aged 40 and over.

Sources: For number of CABG per 100,000 population see Chart 47. For IHD mortality - OECD Health Database (2000).

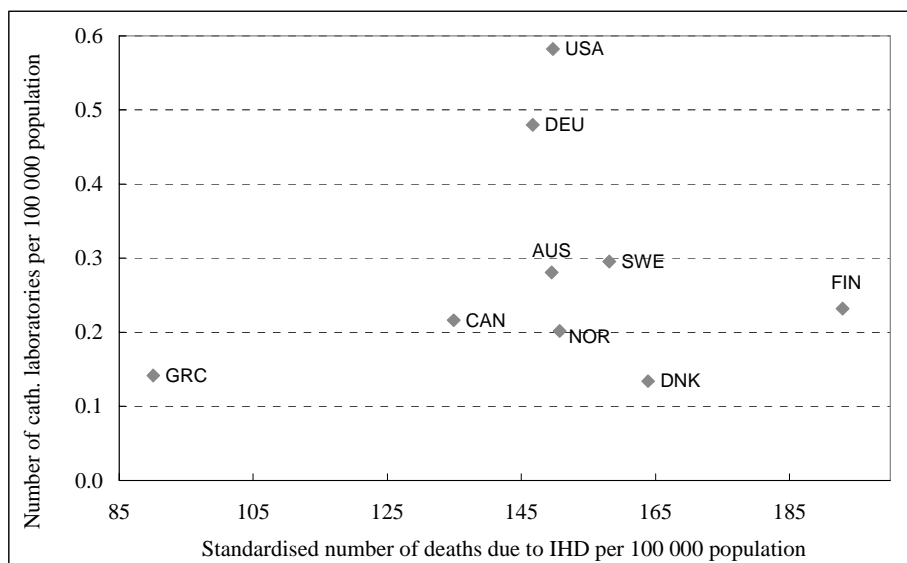
Chart 63b. Utilisation rates for PTCA and IHD mortality, per 100 000 inhabitants



Note: Belgium (1994); Australia, Spain (1995); Denmark, Finland, Sweden (1996); Canada, Germany, Greece, United Kingdom, United States (1997). For Italy: mortality (1995) and PTCA (1996); for Norway: mortality (1995) and PTCA (1998). Data standardised to the European population aged 40 and over.

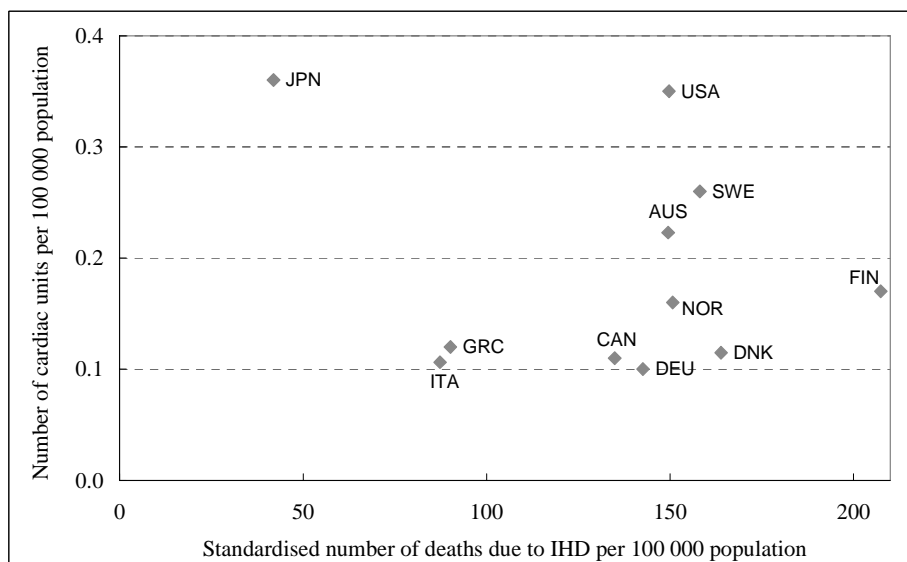
Sources: For number of PTCA per 100,000 population see Chart 35. For IHD mortality - OECD Health Database (2000).

Chart 63c. Number of catheterisation laboratories and IHD mortality, per 100 000 inhabitants



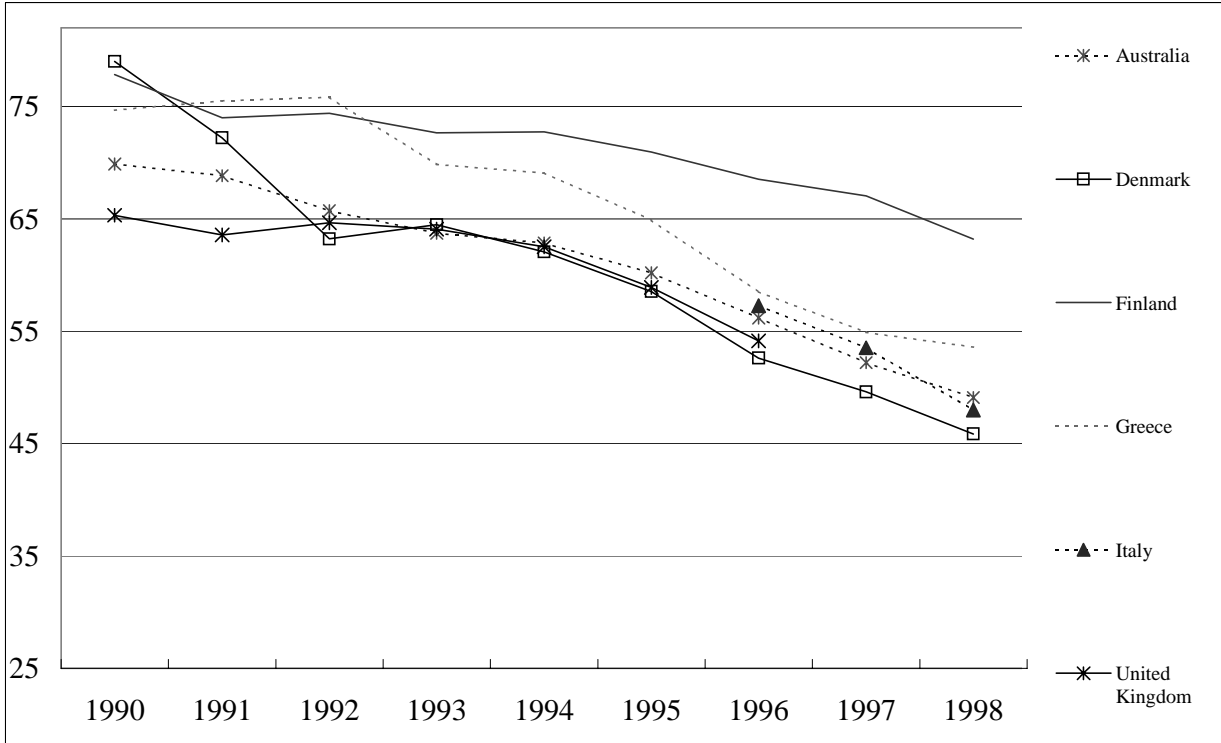
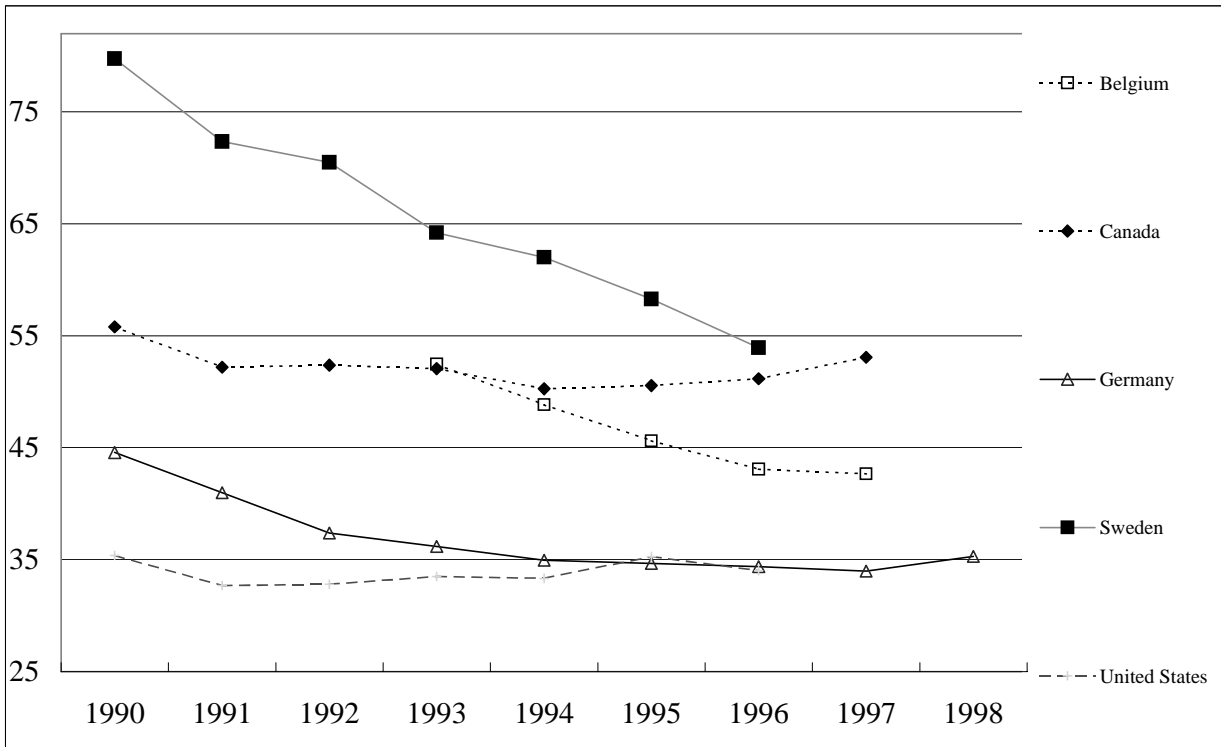
Note: Canada, Denmark, Sweden (1995); Germany, Japan, United States (1996); for the other countries: cath lab (2000); for Australia, Norway: mortality (1995); for Finland: mortality (1996); for Greece: mortality (1997); for Hungary: mortality (1998). Data standardised to the European population aged 40 and over.
Sources: For number of catheterisation laboratories see Chart 3. For IHD mortality - OECD Health Database (2000).

Chart 63d. Number of cardiac surgery facilities and IHD mortality, per 100 000 inhabitants



Note: Australia, Canada, Denmark, Finland, Sweden (1995); Japan, United States (1996); for Norway: mortality (1995) and facilities (2000); for Italy: mortality (1995) and facilities (1996); for Greece: mortality (1997) and facilities (2000); for Germany: mortality (1997) and facilities (1998). Data standardised to the European population aged 40 and over.
Sources: For number of cardiac surgery facilities see Chart 4. For IHD mortality - OECD Health Database (2000).

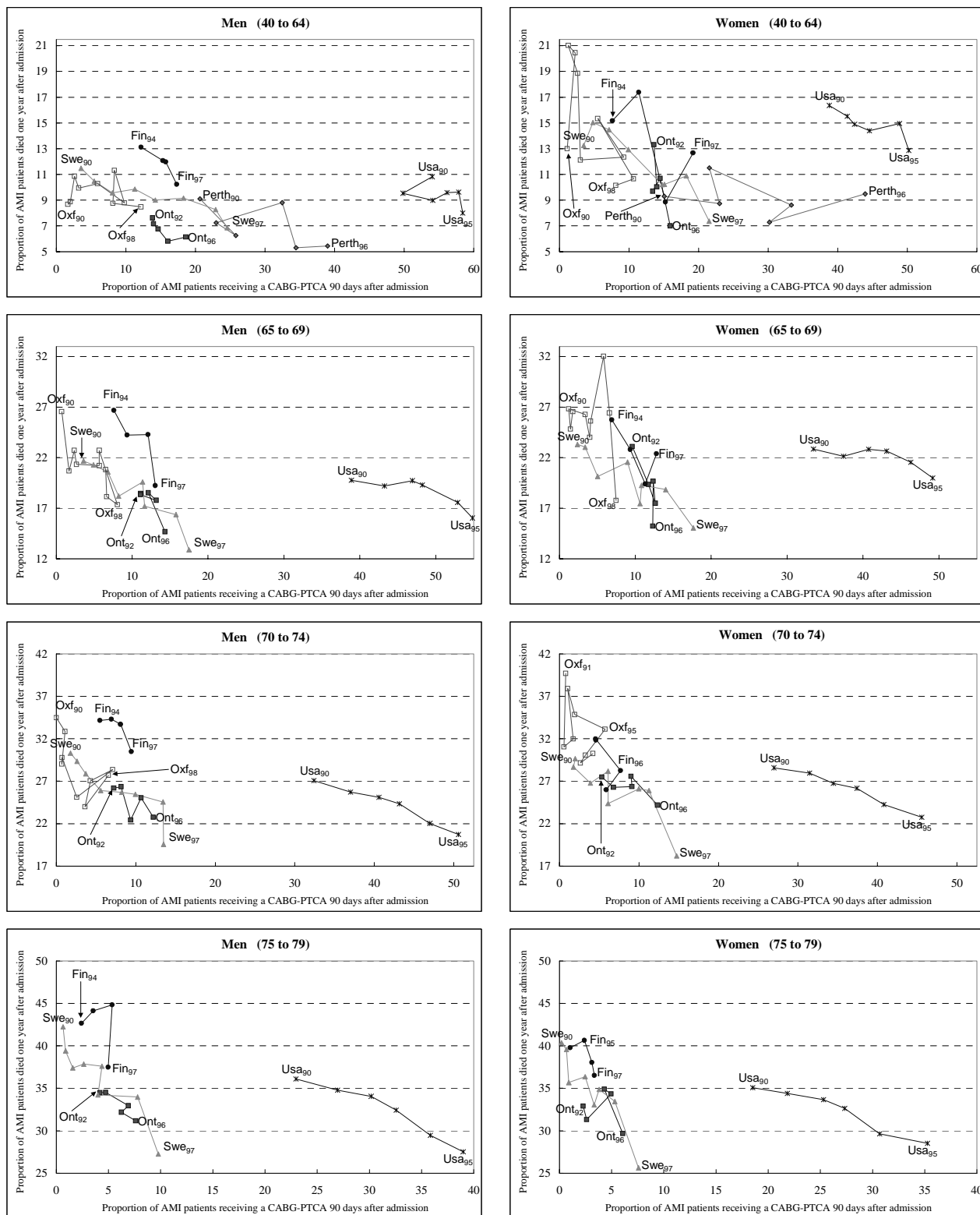
Chart 64. Utilisation of CABG as a proportion of total revascularisation procedures



Note: Numerator (CABG per 100 000 inhabitants). Denominator (CABG+PTCA per 100 000 inhabitants).

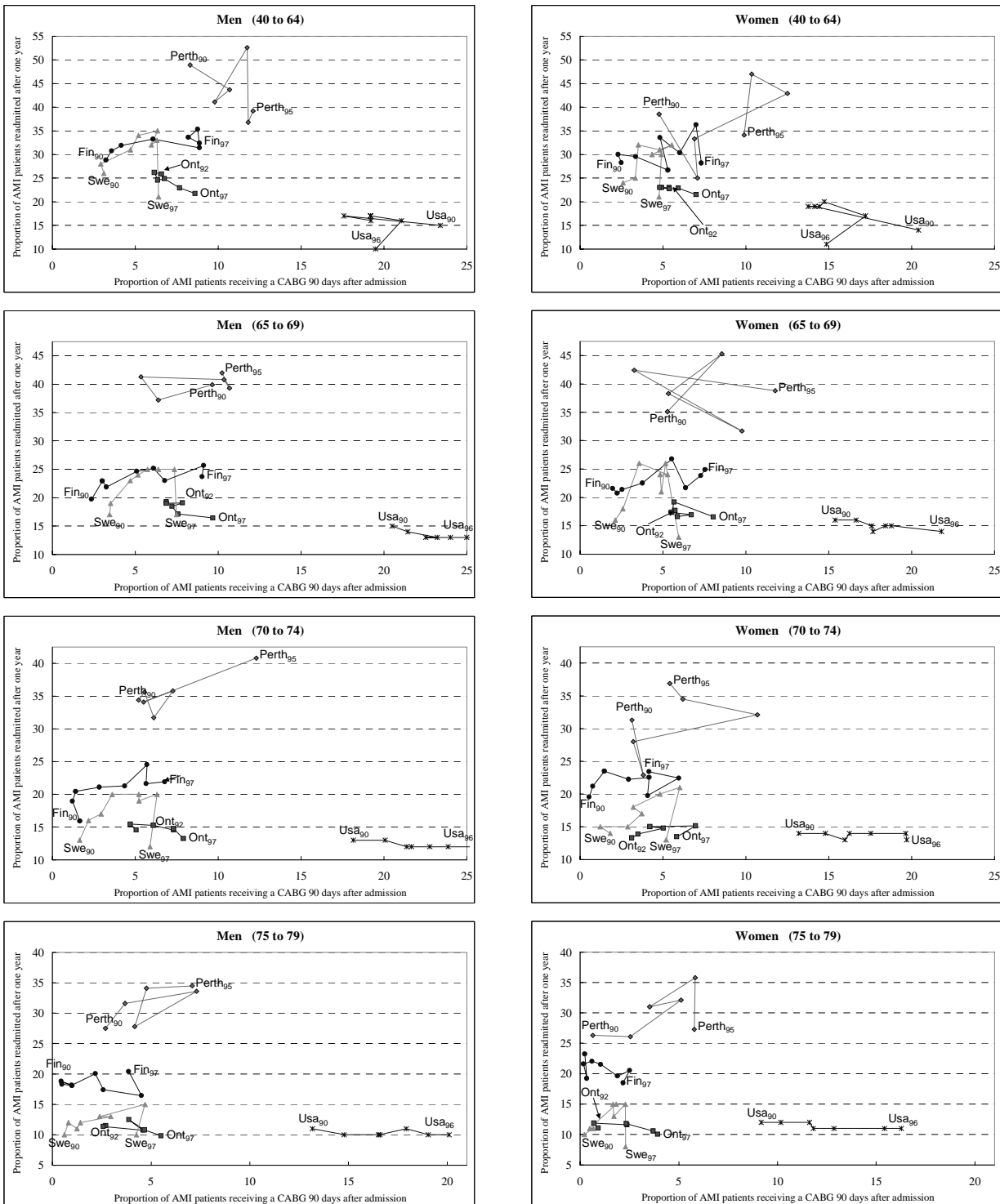
Sources: For number of CABG per 100,000 population see Chart 47. For number of PTCA per 100,000 population see Chart 35.

Chart 65. One-year case fatality rates and use of revascularisations for 90-day episode of care



Note: Australia-Perth (1990-95); Canada-Ontario (1992-96); Finland (1990-97); United States (1990 - 1995).
Source: One-year case fatality - Perth (Chart 53a); Ontario, Sweden and United States (Chart 53b - TECH). CABG - See Chart 40 (data provided by TECH). PTCA - See Chart 37 (data provided by TECH).

Chart 66. One-year readmission rates and use of CABG for 90-day episode of care



Note: Australia-Perth (1990-95); Canada-Ontario (1992-97); Finland (1990-97); Sweden (1990-97); United States (1990-96).
Source: One-year readmission - See Table 21 - TECH. CABG - See Chart 40 (data provided by TECH).

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