



Health Research Brief

Volume 3: Issue 1 (Q3, 2017) | Department of Health Manila, Philippines

QUALITY SERIES

Overuse and Underuse of Medical Services

[1] Evidence for overuse of medical services around the world (Brownlee et al)
[2] Evidence of underuse of effective medical services around the world (Glasziou et al)



RECOMMENDATIONS



Define appropriate care through adoption of locally-relevant clinical practice guidelines (CPGs)



Monitor overuse and underuse relative to CPGs, and link these to incentives/disincentives.



Systematically address the slow uptake of effective, affordable, but often non-promoted interventions.

KEY FINDINGS

1. Overuse and underuse can occur simultaneously

2. Effect of underuse can be cumulative such that underuse at the earlier stage can magnify or worsen underuse at later stages

3. Underuse often reveals a misallocation of resources in the health system whereby effective and cost-effective care may be overlooked vis-a-vis more expensive, heavily marketed albeit less effective interventions

METHODOLOGY

A review of literature was done to produce these papers, which are the first and second installments of a four-part series on Right Care by the Lancet.

RESULTS

A. Overuse

Robust evidence exists on widespread overuse of medical services. However, detecting overuse is difficult as gauging it requires appropriately defined care. Overuse can potentially harm individuals and health systems:



(1) physically and psychologically,



(2) inflict unnecessary financial burden to patients by increasing healthcare costs,

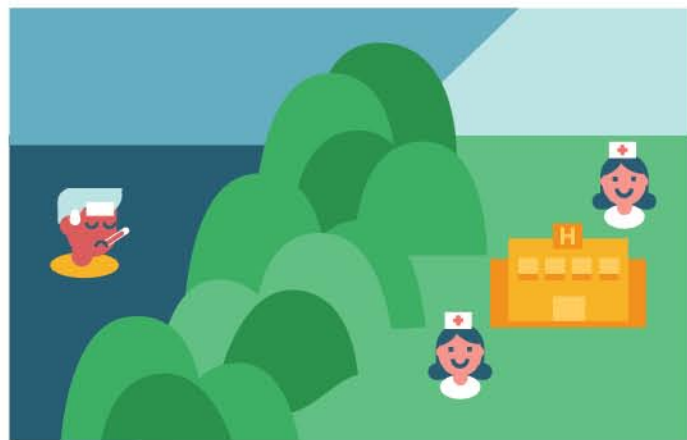


(3) wasting and diverting resources for public health spending

B. Underuse

- Few research in country settings or globally has focused on determining the prevalence or the degree to which services are underused. Most studies center on recognizing inappropriate use, rather than overuse or underuse per se.

- Underuse can be seen at every stage of care:
(1) **Access to health care** due to remoteness, poverty, lack of coverage, or immigration status become the first roots of underuse.

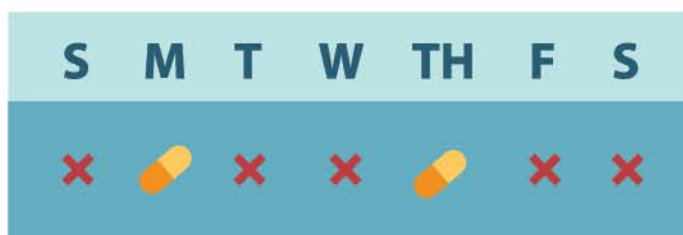


(2) **Availability in the health system** because of the lack of resources, human resource shortage, regulatory control and similar factors.

(3) **Clinician uptake** or discrepancy between evidence and guidelines and what clinicians do in practice,



(4) **Patient use and adherence** or the response of the patient to physician's advice, as seen in missed scheduled visits, non-adherence to medication and non-acceptance of recommended care.



- Underuse can cause patients to have:



unrelieved symptoms



worsen disability or disease, or even death



financial burdens



lost time due to extended hospital stay



diminished ability to be part of the daily life in the community

Produced by the Department of Health, Health Policy Development and Planning Bureau

Editorial Board: USec. Lilibeth David, Dir. Kenneth Ronquillo, Dr. Beverly Lorraine Ho. **Design and Illustration:** Jake Matthew Kho. This summary was developed by Hanna Thea Cayabyab and Rosario Pilar Monzales from the DOH-HPDPB. Health Research Briefs provide a summary of relevant literature or commissioned studies to promote evidence-informed decision-making. The views expressed in this publication do not necessarily reflect the views of the Department of Health.

The source material can be found here:

Brownlee, S et al. 2017. Evidence for overuse of medical services around the world. Right Care Series. The Lancet. 390: 156 -168

Glasziou, P et al. 2017. Evidence for underuse of medical services around the world. Right Care Series. The Lancet. 390: 169 - 177



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL