

USING INDIVIDUAL-LEVEL LINKED DATA SETS TO ESTIMATE HEALTHCARE COSTS FOR NEW ZEALAND

MCLEOD, H.

BODE³ Programme, University of Otago, Wellington

New Zealand is fortunate to have access to rich data on health system costs but is only starting to realise the full potential of the available data. We recently published the first national estimates for New Zealand of the pattern of health system expenditure per person by age, gender and proximity to death¹.

The National Health Index (NHI) number was used to link mortality records to administrative health care datasets. A de-identified record of healthcare expenditure was created for each person of all publically funded health care events: hospitalisations and inpatient procedures; inpatient laboratory tests and pharmaceuticals; some private hospitalisations; outpatient and emergency department events; community laboratory tests and pharmaceuticals; and general practice costs and consultations. Costs were attributed to each event and were inflation-adjusted to 2011.

Data not yet included in the linked data set are: some community care, rest-home and hospice care costs. This means costs proximal to death are underestimated but work is under way to estimate these costs.

The age-specific health costs-per-person can be used in health expenditure projections, for cost-effectiveness analyses, and for considering how public health expenditure is distributed across the life course. The work forms an initial part of a larger study of the impact of longevity on cost trajectories at the end of life. The importance of these trajectories for future healthcare planning will be outlined and discussed.

¹ Blakely, T., Atkinson, J., Kvizhinadze, G., Nghiem, N., McLeod, H., & Wilson, N. (2014). Health system costs by sex, age and proximity to death, and implications for estimation of future expenditure. *N Z Med J*, 127(1393), 12-25. URL: <http://www.ncbi.nlm.nih.gov/pubmed/24816953>