



Editorial

Geographic variation in health care—A special issue on the 40th anniversary of “Small area variation in health care delivery”

In December 1973, Wennberg and Gittelsohn [1] published their seminal article on variations in health care in Vermont. Since then, researchers worldwide seek to advance the understanding of the causes and consequences of unwarranted variation that cannot be explained on the basis of illness, patient preferences, or medical science [2].

It is a matter of particular interest of *Health Policy* to support these efforts by offering a platform of exchange for the international research community. To mark – and celebrate – the 40th anniversary of “Small area variation in health care delivery” [1], *Health Policy* therefore publishes this special issue dedicated to the study of geographic variation in health care and spending on health in high-income countries around the globe. Researchers from Canada, France, Germany, Italy, New Zealand, Spain, Taiwan, Italy, Spain, the United Kingdom and the United States contributed to this volume – testifying that the topic is truly of global importance.

Corallo et al. [3] open the special issue with a systematic review of medical practice variation in OECD countries. They investigated a total of 836 studies and, based on their review, suggest that future studies should focus more on conditions and procedures that are clinically important, policy relevant, and have high levels of public awareness. Bernal-Delgado et al. [4] share the findings of the Atlas of Variations in Medical Practice in the Spanish National Health System with the readers and discuss methodological considerations that had to be taken. Gusmano et al. [5] shift the focus to France and compare ambulatory care sensitive conditions in three regions. Three articles in the special issue seek to understand the causes of variations in health care utilization and health care delivery in their home countries: Eibich and Ziebarth [6] exploit rich microdata to analyse state-level variation in ambulatory care and hospital care in Germany. Ozegowski and Sundmacher [7] focus as well on Germany and investigate geographic inequities in the delivery of health care. Chiou and Lu [8] propose “the leadership style factor” of the county bureau of public health to explain changes in geographic variation in the uptake of cervical cancer screening in Taiwan. Nuti and Seghieri [9] move beyond documenting

or explaining variations and describe the first steps of a long-term approach to proactively address the issue of geographic variation in healthcare in the Tuscany Region in Italy. Their study highlights how unwarranted variation management has been addressed by firstly considering it a high priority objective and by then actively integrating it into the regional planning and control mechanism. Schang et al. [10] take a look at the English experiences and explore to what extent and how Primary Care Trusts (PCTs) have used the NHS Atlas of Variation in Healthcare, which has highlighted small area variation in rates of expenditure, activity and outcome. Finally, Exeter et al. [11] ask themselves “whose data is it anyway” and describe that data from electronic patient management systems, routine national health databases, and social administrative systems have increasingly been used to create maps and analyses communicating the geography of health and illness. They propose a geographical privacy-access continuum framework, which guides data custodians in the dissemination of data while retaining the confidentiality of the patients concerned.

We would like to take the opportunity to thank all contributing authors for an inspiring collection of articles on the topic of “Small area variation in health care delivery” and last but truly not least we as well thank John Wennberg [2] for writing down his memory of how it all started in Vermont 40 years ago in the opening Editorial of this special issue.

References

- [1] Wennberg J, Gittelsohn A. Small area variations in health care delivery: a population-based health information system can guide planning and regulatory decision-making. *Science* 1973;182:1102–8.
- [2] Wennberg J. Forty years of unwarranted variation and still counting. *Health Policy* 2014;114(1):1–2.
- [3] Corallo AN, Croxford R, Goodman DC, Bryan EL, Srivastava D, Stukel TA. A systematic review of medical practice variation in OECD countries. *Health Policy* 2014;114(1):5–14.
- [4] Bernal-Delgado E, García-Armesto S, Peiró S, on behalf of the Atlas VPM Group. Atlas of variations in medical practice in Spain: the Spanish National Health Service under scrutiny. *Health Policy* 2014;114(1):15–30.

- [5] Gusmano MK, Weisz D, Rodwin VG, Lang J, Qian M, Bocquier A, et al. Disparities in access to health care in three French regions. *Health Policy* 2014;114(1):31–40.
- [6] Eibich P, Ziebarth NR. Analyzing regional variation in health care utilization using (rich) household microdata. *Health Policy* 2014;114(1):41–53.
- [7] Ozegowski S, Sundmacher L. Understanding the gap between need and utilization in outpatient care – the effect of supply-side determinants on regional inequities. *Health Policy* 2014;114(1):54–63.
- [8] Chiou S-T, Lu T-H. Changes in geographic variation in the uptake of cervical cancer screening in Taiwan: possible effects of “leadership style factor”? *Health Policy* 2014;114(1):64–70.
- [9] Nuti S, Seghieri C. Is variation management included in regional healthcare governance systems? Some proposals from Italy. *Health Policy* 2014;114(1):71–8.
- [10] Schang L, Morton A, DaSilva P, Bevan G. From data to decisions? Exploring how healthcare payers respond to the NHS Atlas of variation in healthcare in England. *Health Policy* 2014;114(1):79–87.
- [11] Exeter DJ, Rodgers S, Sabel CE. “Whose data is it anyway?” The implications of putting small area-level health and social data online. *Health Policy* 2014;114(1):88–96.

Leonie Sundmacher*
*Department of Health Services Management,
Ludwig Maximilians University Munich,
Schackstraße 4, 80539, Munich, Germany*

Reinhard Busse
*Berlin University of Technology, Health Care
Management, Economics and Management,
Straße des 17. Juni 135, H80, Berlin 10623,
Germany*

*Corresponding author. Tel.: +49 089 3110;
fax: +49 089 2180 993110.

E-mail address:
leonie.sundmacher@tu-berlin.de
(L. Sundmacher)