Women’s and men’s health care utilisation from a cost perspective

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligen försvaras i hörsal Arvid Carlsson, Academicum, Medicinaregatan 3, Göteborg

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av

Ingrid Osika Friberg

Fakultets opponenter:
Professor Lars Hultkrantz
Handelshögskolan vid Örebro universitet

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Ingrid Osika Friberg

Department of Public Health and Community Medicine, Institute of Medicine, Sahlgrenska Academy at University of Gothenburg, Sweden, 2018.

Abstract
The aim of this thesis was to explore sex differences in health care utilisation and costs (i) in a region in Sweden, (ii) in treatment of dialysis patients across the region, and (iii) in the treatment of specified dermatological diagnoses at an outpatient specialist clinic. Data were retrieved from medical records and health care and pharmaceutical databases, including cost estimates and survey data, and were analysed stratified by sex. The results showed that total per capita cost for health care was 20 per cent higher for women than for men. When total health care consumption was adjusted for reproduction and costs associated with sex-specific morbidity the cost difference declined to 8 per cent. The remaining cost difference could be explained by women’s substantially higher costs for mental health problems and diseases of the muscles and joints. Women were more likely to receive less expensive primary care, while men were more likely to receive specialist care. No differences in health-care-related dialysis costs were found between women and men, but the health-care-related costs of patients on in-centre dialysis were more than twice as high as those of patients on home dialysis. Men were more than three times more likely to receive home dialysis if they lived with a spouse compared to if they lived alone – an association that was not found among women. Additionally, patients had a higher likelihood of having home dialysis if they received pre-dialysis information from more sources and if the information was perceived as comprehensive and of high quality. The treatment for eczema and psoriasis demonstrated substantially greater cost for men, whilst women were more inclined to self-care in their home.

In conclusion, to ensure the provision of gender equal and equitable health care services, it is important to disaggregate and analyse public health care spending by gender, including the impact of unpaid care work.

Keywords: Sex, gender, health care economics and organisations, health care costs, dialysis, eczema, psoriasis, Sweden