

# Avoidable Deaths From Treatable Causes

Name	Avoidable Deaths From Treatable Causes
Short/Other Names	Avoidable Mortality From Treatable Causes
Description	<p>Premature deaths that could potentially have been avoided through secondary or tertiary prevention. Mortality from treatable causes is a subset of potentially avoidable mortality.</p> <p>For further details, please see the <a href="#">General Methodology Notes</a>.</p>
Interpretation	Lower rates are desirable.
HSP Framework Dimension	Health System Outcomes: Improve health status of Canadians
Areas of Need	Not applicable
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Indicator Results	<a href="#">Accessing Indicator Results on Your Health System: In Depth</a>
Identifying Information	
Name	Avoidable Deaths From Treatable Causes
Short/Other Names	Avoidable Mortality From Treatable Causes
Indicator Description and Calculation	
Description	<p>Premature deaths that could potentially have been avoided through secondary or tertiary prevention. Mortality from treatable causes is a subset of potentially avoidable mortality.</p> <p>For further details, please see the <a href="#">General Methodology Notes</a>.</p> <p>Mortality rate:</p> <p><math>(\text{Number of deaths at age younger than 75 from treatable causes} \div \text{Total mid-year population younger than age 75}) \times 100,000</math> (age-adjusted)</p> <p>Potential years of life lost (PYLL):</p> <p><math>(\text{The sum of differences between age 75 and age of death from treatable causes} \div \text{Total mid-year population younger than age 75}) \times 100,000</math> (age-adjusted)</p> <p>Place of residence</p> <p>Rate - per 100,000; also expressed as PYLL per 100,000 population</p> <p>Age-adjusted</p> <p>Direct Standardization</p> <p><b>Standard Population:</b> Canada 2011</p> <p><b>Description:</b> Total mid-year population younger than age 75</p> <p><b>Description:</b> Mortality rate:</p> <p>Number of deaths at age younger than 75 from treatable causes</p> <p>Potential years of life lost (PYLL):</p> <p>The sum of differences between 75 and age of death from treatable causes</p> <p><b>Inclusions:</b> For the list of treatable causes, refer to the <a href="#">List of conditions for Potentially Avoidable Mortality and Mortality From Preventable and Treatable Causes Indicators</a> document.</p>
Calculation: Description	
Calculation: Geographic Assignment	
Calculation: Type of Measurement	
Calculation: Adjustment Applied	
Calculation: Method of Adjustment	
Denominator	
Numerator	
Background, Interpretation and Benchmarks	
Rationale	
Interpretation	
HSP Framework Dimension	Health System Outcomes: Improve health status of Canadians
Areas of Need	Not applicable

Targets/Benchmarks	<p>Not applicable</p> <p>Australian Government. National Healthcare Agreement: PI 20-Potentially Avoidable Deaths, 2010. <a href="http://meteor.aihw.gov.au/content/index.phtml/itemId/394495">http://meteor.aihw.gov.au/content/index.phtml/itemId/394495</a>. Published June 8, 2011. Accessed on October 19, 2011.</p> <p>Ministry of Health. Saving Lives: Amenable Mortality in New Zealand, 1996-2006. Wellington, New Zealand: Ministry of Health; 2010.</p> <p>Nolte E, McKee CM. Does Health Care Save Lives? Avoidable Mortality Revisited. London, UK: The Nuffield Trust; 2004.</p>
References	<p>Office for National Statistics (United Kingdom). Definitions of Avoidable Mortality. <a href="http://www.ons.gov.uk/ons/dcp171778_264958.pdf">http://www.ons.gov.uk/ons/dcp171778_264958.pdf</a> . Published May 15, 2012. Accessed on October 19, 2011.</p> <p>Page A, Tobias M, Wright C, et al. Australian and New Zealand Atlas of Avoidable Mortality. Adelaide, Australia: PHIDU, University of Adelaide; 2006.</p> <p>Rutstein DD, Berenberg W, Chalmers TC, et al. Measuring the Quality of Medical Care: A Clinical Method. <i>N Engl J Med</i> 1976( 294): 582-588.</p>
Availability of Data Sources and Results	
Data Sources	<p>Demography division, Statistics Canada, Vital Statistics - Death Database, Statistics Canada</p> <p><b>Type of Year:</b> Calendar</p> <p><b>First Available Year:</b> 2007</p> <p><b>Last Available Year:</b> 2014</p> <p>All provinces/territories</p> <p>National, Province/Territory, Region</p>
Available Data Years	
Geographic Coverage	
Reporting Level/Disaggregation	
Result Updates	
Update Frequency	<p>Every year</p> <p><b>Web Tool:</b> Your Health System: In Depth</p> <p><b>URL:</b> <a href="#">Accessing Indicator Results on Your Health System: In Depth</a></p> <p>Not applicable</p>
Indicator Results	
Updates	
Quality Statement	<p>It is generally acknowledged that not all deaths from potentially avoidable causes can actually be avoided. For example, some deaths from treatable causes may be unavoidable due to late diagnosis or concurrent health problems, while some deaths from preventable causes could be due to unpredictable events against which no protective measures could have been taken.</p>
Caveats and Limitations	<p>An upper age limit of 75 should not imply that some deaths in the population older than 75 could not be avoided. However, multiple comorbidities are common among older adults, making the assignment of a single cause of death challenging.</p> <p>The indicators will be reviewed periodically to assess the upper age limit and potential new avoidable conditions due to better understanding of disease etiology or advances in treatment.</p>
Trending Issues	<p>Not applicable</p> <p>The indicator is calculated based on three years of pooled data. The reference year reflects the mid-point of a three-year period.</p> <p>Avoidable mortality indicators were developed based on the Australian Potentially Avoidable Deaths indicator and the U.K. Office for National Statistics' list of causes of avoidable mortality, followed by expert review of the diagnosis codes and rationales for including each condition.</p> <p>Causes of death were assigned to preventable and treatable subcategories based on two main mechanisms of mortality reduction: incidence and case-fatality reduction. These subcategories are mutually exclusive.</p>

## Comments

In cases where a prevention/treatment overlap exists, the case was assigned to the preventable category; the exceptions were ischemic heart disease and stroke, where a random half of cases were assigned as preventable and the other half assigned as treatable. However, the mutually exclusive nature of the subcategories does not imply that all cases assigned to the preventable group do not have a treatable component, and vice versa.

More information about the indicator can be found in the In Focus section of *Health Indicators 2012*, available on CIHI's website (<https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1791>).

Indicator results are also available on

- Statistics Canada website (<http://www.statcan.gc.ca/pub/82-221-x/2013001/pyll-eng.htm>).