

4. HEALTH CARE ACTIVITIES

4.1. Consultations with doctors

Consultations with doctors can take place in doctors' offices or clinics, in hospital outpatient departments or, in some cases, in patients' own homes. In many European countries (e.g. Denmark, Italy, Netherlands, Norway, Portugal, the Slovak Republic, Spain and United Kingdom), patients are required or given incentives to consult a general practitioner (GP) about any new episode of illness. The GP may then refer them to a specialist, if indicated. In other countries (e.g. Austria, Czech Republic, Iceland, Japan and Korea), in practice patients may approach specialists directly.

In 2011, the number of doctor consultations per person ranged from over 13 in Korea and Japan, and 11 and over in Hungary, the Czech Republic and the Slovak Republic, to three or fewer in Mexico, Sweden, as well as in South Africa and Brazil (Figure 4.1.1). The OECD average was between six and seven consultations per person per year. Cultural factors play a role in explaining some of the variations across countries, but certain characteristics of health systems also play a role. Countries which pay their doctors mainly by fee-for-service tend to have above-average consultation rates (e.g. Japan and Korea), while countries with mostly salaried doctors tend to have below-average rates (e.g. Mexico and Sweden). However, there are examples of countries, such as Switzerland and the United States, where doctors are paid mainly by fee-for-service and where consultation rates are below average, suggesting that other factors also play a role.

In Sweden, the low number of doctor consultations may be explained partly by the fact that nurses play an important role in primary care (Bourgueil et al., 2006). Similarly, in Finland, nurses and other health professionals play an important role in providing primary care to patients in health centres, lessening the need for consultations with doctors (Delamaire and Lafortune, 2010).

The average number of doctor consultations per person has increased in many OECD countries since 2000. There was a particularly strong rise in Korea, which can be at least partly explained by the rapid increase in the number of physicians during that period (see Indicator 3.1 "Medical doctors"). In some other countries, the number of consultations with doctors fell during that period. This was notably the case in the Slovak Republic, where the number of doctor consultations fell from about 13 to 11 over the past decade, coinciding with a reduction in the number of doctors per capita.

The same information can be used to estimate annual numbers of consultations per doctor in OECD countries. This should not be taken as a measure of doctors' productivity, since consultations can vary in length and effectiveness, and because it excludes the work doctors do on

hospital inpatients, administration and research. There are other comparability limitations reported in the box below on "Definition and comparability". Keeping these reservations in mind, the estimated number of consultations per doctor is highest in Korea and Japan, followed by Turkey and Hungary (Figure 4.1.2).

There are significant differences among population groups within each country in doctor consultations. Chapter 6 on "Access to care" provides additional information on disparities in doctor consultations by income group in a number of countries (Indicator 6.4 "Inequalities in doctor consultations").

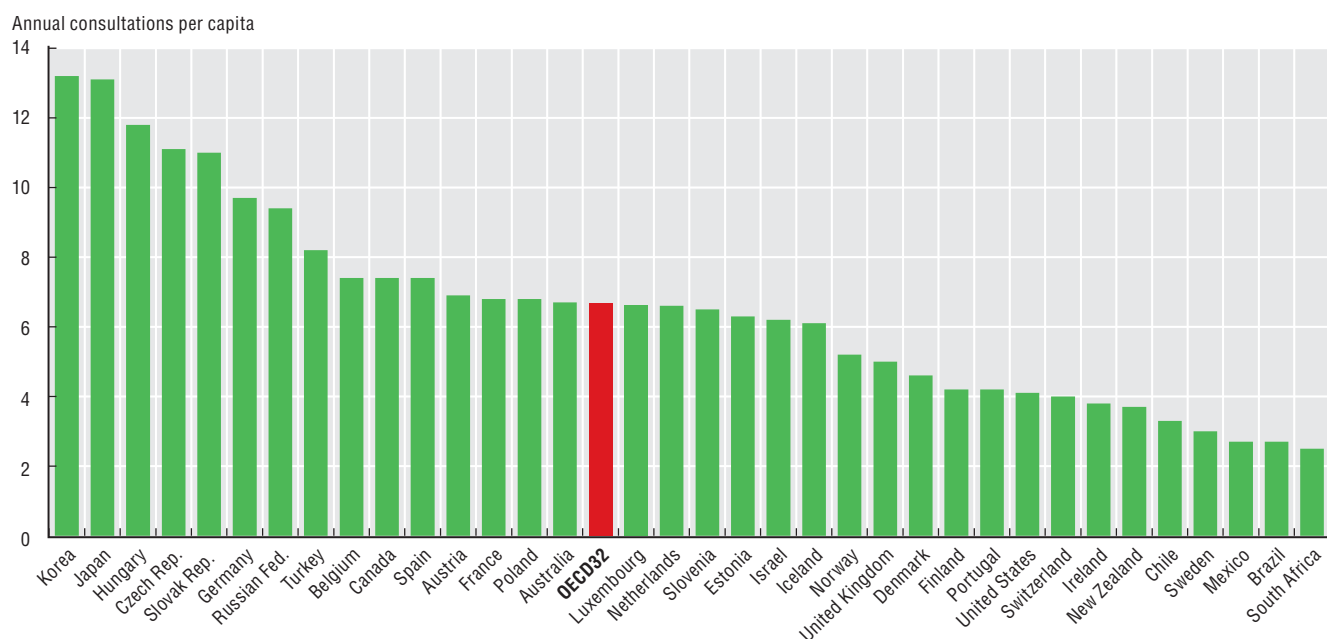
Definition and comparability

Consultations with doctors refer to the number of contacts with physicians (both generalists and specialists). There are variations across countries in the coverage of different types of consultations, notably in outpatient departments of hospitals.

The data come mainly from administrative sources, although in some countries (Ireland, Israel, Italy, Netherlands, New Zealand, Spain, Switzerland, and the United Kingdom) the data come from health interview surveys. Estimates from administrative sources tend to be higher than those from surveys because of problems with recall and non-response rates.

In Hungary, the figures include consultations for diagnostic exams, such as CT and MRI scans (resulting in an over-estimation). The figures for the Netherlands exclude contacts for maternal and child care. The data for Portugal exclude visits to private practitioners, while those for the United Kingdom exclude consultations with specialists outside hospital outpatient departments (resulting in an under-estimation). In Germany, the data include only the number of cases of physicians' treatment according to reimbursement regulations under the Social Health Insurance Scheme (a case only counts the first contact over a three-month period, even if the patient consults a doctor more often, leading to an under-estimation of consultations with doctors). Telephone contacts are included in some countries (e.g. Ireland, Spain and the United Kingdom). In Turkey, a majority of consultations with doctors occur in outpatient departments in hospitals.

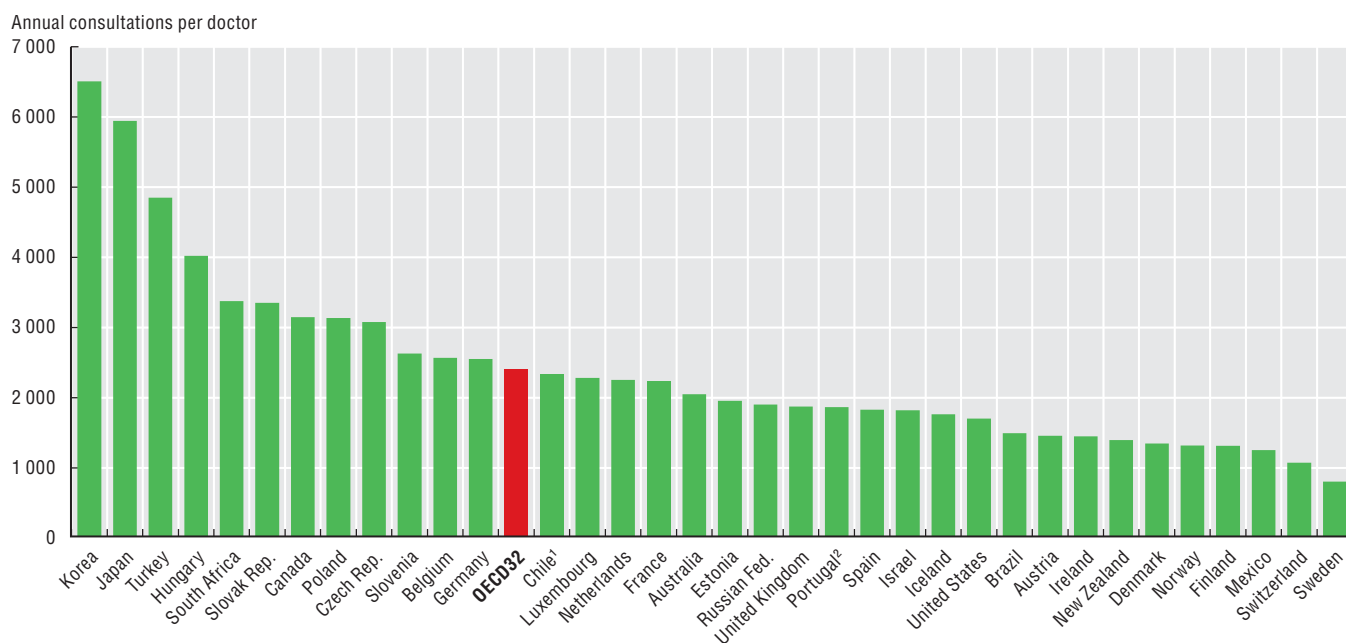
4.1.1. Number of doctor consultations per capita, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917218>

4.1.2. Estimated number of consultations per doctor, 2011 (or nearest year)



1. In Chile, data for the denominator include all doctors licensed to practice.

2. In Portugal, the number of doctors only includes those working in the public sector to be consistent with the data coverage on consultations.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917237>



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