

Consultations with doctors are an important measure of overall access to health services, since most illnesses can be managed without hospitalisation, and a doctor consultation often precedes an hospital admission. In general, consultation rates tend to be highest in the high and middle-income economies in the Asia/Pacific region, and significantly lower in low-income economies.

The number of doctor consultations per person per year ranges from about thirteen in Japan and the Republic of Korea, to fewer than two in Bangladesh, Cambodia, the Solomon Islands and Papua New Guinea (Figure 3.2.1). Generally, doctor consultation rates in the developing Asia/Pacific countries and economies are much lower than the OECD average (6.4 consultations per person per year).

Cultural factors may play a role in explaining some of the variations. For example, Japan; the Republic of Korea; Hong Kong, China and Macao, China have the highest rates, despite quite different health financing and delivery systems. On the other hand, payment of physicians by fee-for-service, which has been suggested as explaining some of the variations across OECD countries, does not appear to be an explanatory factor in the Asia/Pacific region.

Information on consultations can be used to estimate annual numbers of consultations per doctor in countries. This estimate varies by nearly six-fold across Asia/Pacific countries and economies (Figure 3.2.2). The range is comparable to that reported across OECD countries, although on average there are many more consultations per doctor in the Asian economies covered (about 4 000), compared to the OECD average (2 300). The number of consultations per doctor should not be taken as a measure of productivity, since consultations can vary in length and effectiveness, and because it excludes work devoted to inpatients, administration and research. It is also subject to the comparability limitations (see box below on “Definition and comparability”), and in particular variations across countries as to the extent to which physicians conduct routine consultations.

Figure 3.2.3 shows a close relationship between doctor consultation rates and life expectancy, with consultation rates highest in the countries with highest life expectancy. This simple correlation does not necessarily imply causality, since overall living standards may influence both consultation rates and life expectancy. There are also country examples such as Mongolia where relatively high consultation rates are associated with low life expectancy, indicating that other factors beyond doctor consultations can affect life expectancy.

While there are large variations in consultation rates across countries, there are also substantial variations in consultation rates between the poorest and richest households within each country. Figure 3.2.4 shows the ratio of doctor consultation rates in the poorest and middle socio-economic quintiles to that in the richest quintile in a group of countries where data are available. Although the poorest

quintiles might be expected to have the greatest need for doctor consultations, their consultation rates are lower than in other households in most countries, and especially so in India and Indonesia. However, in other countries, people in poor households visit doctors more often than the non-poor, particularly in Hong Kong, China and the Republic of Korea, suggesting that access is based more on needs than ability to pay.

Definition and comparability

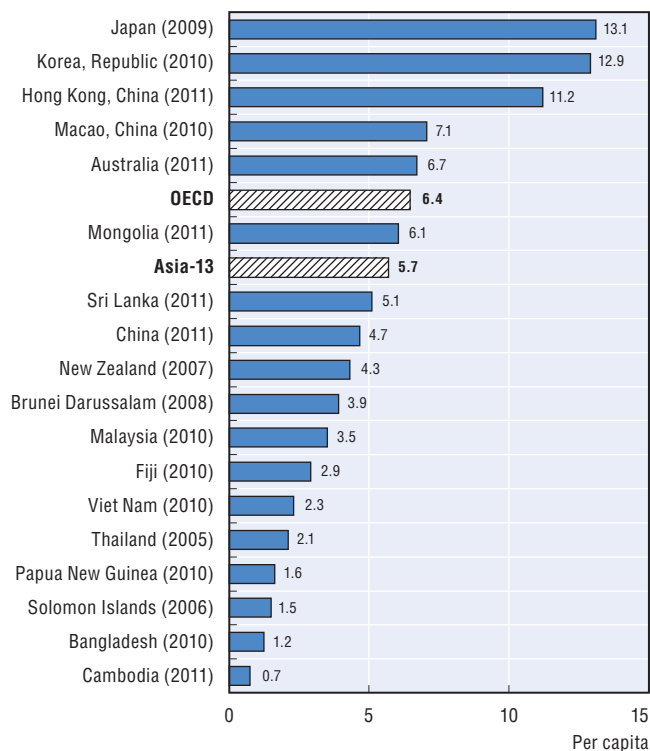
Consultations with doctors are defined as contacts with physicians (both generalists and specialists). These may take place in doctors' offices or clinics, in hospital outpatient departments, and in homes. Doctors include physicians qualified in either allopathic medicine or other forms of medicine such as Chinese traditional medicine, ayurveda or homeopathy.

Two main data sources are used to estimate consultation rates: administrative data and household health surveys. In general, administrative data sources in the non-OECD economies of the Asia/Pacific region only cover public sector physicians or publicly financed physicians. Since physicians in the private sector provide a large share of overall consultations in most of these countries, existing administrative data sources do not cover these. The alternative data source is household health surveys, but these tend to produce lower estimates owing to incorrect recall and non-response rates.

Administrative data have been used where available. It is assumed in many cases that the data for outpatient visits refer to out patient visits to physicians, however, since visits can also be with non-physicians, consultation rates may be over-estimated. In Papua New Guinea and Solomon Islands, most reported outpatient visits in the public sector may in fact be with non-physicians, such as nurses.

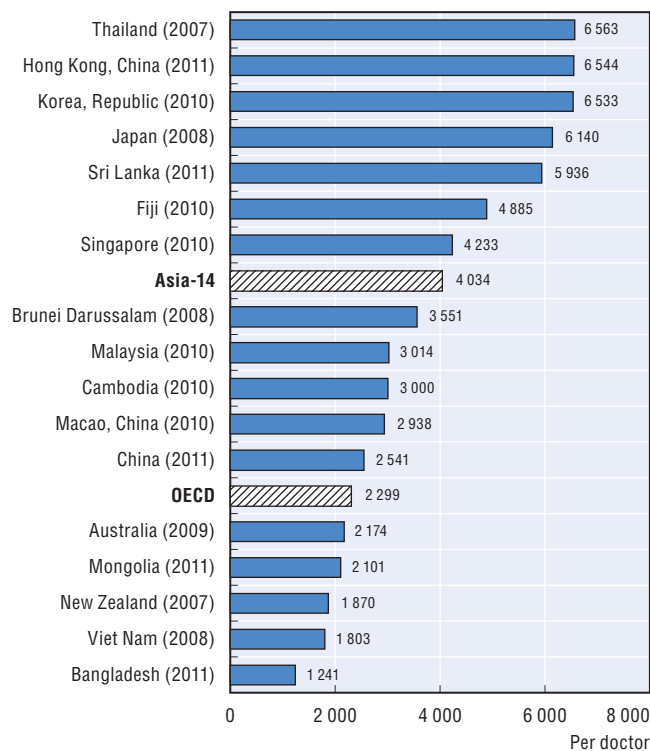
In those countries where administrative data only cover the public sector (such as Hong Kong, China, Solomon Islands, Sri Lanka), household survey data have been used to obtain an estimate of the ratio of private sector to public sector consultation rates. For many countries (such as China, Mongolia, Thailand, Viet Nam), there was insufficient information to fully assess the data sources, and the comprehensiveness of coverage of private sector consultations could not be assessed. In these cases, caution must be applied in interpreting the data.

3.2.1. Doctor consultations per capita, latest year available



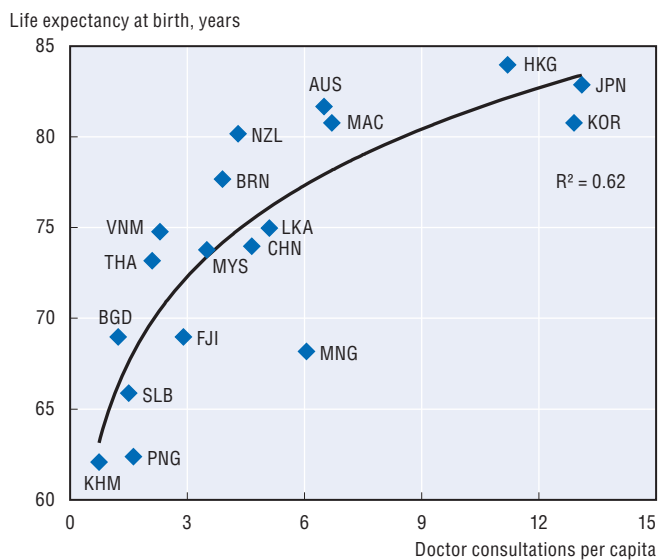
Source: OECD Health Data 2012; national data sources (see Annex A).

3.2.2. Number of consultations per doctor, latest year available



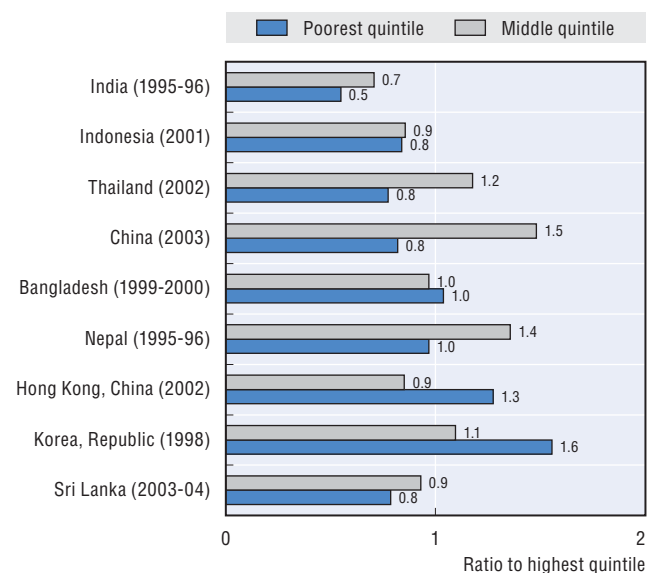
Source: OECD Health Data 2012; national data sources (see Annex A).

3.2.3. Doctor consultations per capita and life expectancy at birth, latest year available



Source: OECD Health Data 2012; national data sources (see Annex A).

3.2.4. Ratio of doctor consultation rates in poorest and middle socioeconomic quintiles, compared to highest quintile



Source: National data sources (see Annex A).

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