

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, the Netherlands, Norway, Portugal, the Slovak Republic, Spain and the 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, the Czech Republic and Iceland), patients may approach specialists directly.

The number of doctor consultations per person per year is highest in Hungary, the Czech Republic and the Slovak Republic, while it is lowest in Cyprus, Malta and Sweden (Figure 3.2.1). The EU average is 6.3 consultations per person per year, with most member states reporting 4 to 7 visits per person per year. Cultural factors appear to play a role in explaining some of the variations across countries, although certain health system characteristics may also play a role. Some countries which pay their doctors mainly by fee-for-service tend to have above-average consultation rates (e.g. Belgium and Germany), while other countries that have mostly salaried doctors tend to have below-average rates (e.g. Finland and Sweden).

In Sweden, the low number of doctor consultations may also 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).

In many European countries, the average number of doctor consultations per person has increased since 2000 (Figure 3.2.1). This is consistent with the increase in the number of doctors per capita in most countries over the past decade (see Indicator 3.1). In the Czech Republic and the Slovak Republic, there has been a substantial reduction in the number of doctor consultations per capita over the past decade, although the number remains well above the EU average. In Spain also, there has been a marked decline in the number of doctor consultations per person since 2000.

The number of doctor consultations varies not only across countries, but also among different population groups in each country. This is particularly the case for consultations with medical specialists. A recent OECD study, using health interview surveys carried out between 2006 and 2009, provides evidence on inequality in doctor consultations by income group in a number of European countries (Devaux and de Looper, 2012). Figure 3.2.2 shows the horizontal inequity index – a measure of inequality in health care use adjusted for differences in need – regarding the probability of having at least one visit to a generalist or a specialist during the year. The probability favours low income groups when it is below zero, and high income groups when it is above zero. The index is adjusted for differences in need for health care because health problems are more frequent and severe among lower income groups.

The probability of a generalist (GP) visit is equally distributed in most countries (Figure 3.2.2). When inequality does exist, it is often positive, indicating a pro-rich distribution, but the degree of inequality is small. Lower income people, however, consult a GP more frequently (results not shown). A different story emerges for specialist visits – in nearly all countries, high income people are more likely to see a specialist than those with low income (Figure 3.2.2), and also more frequently.

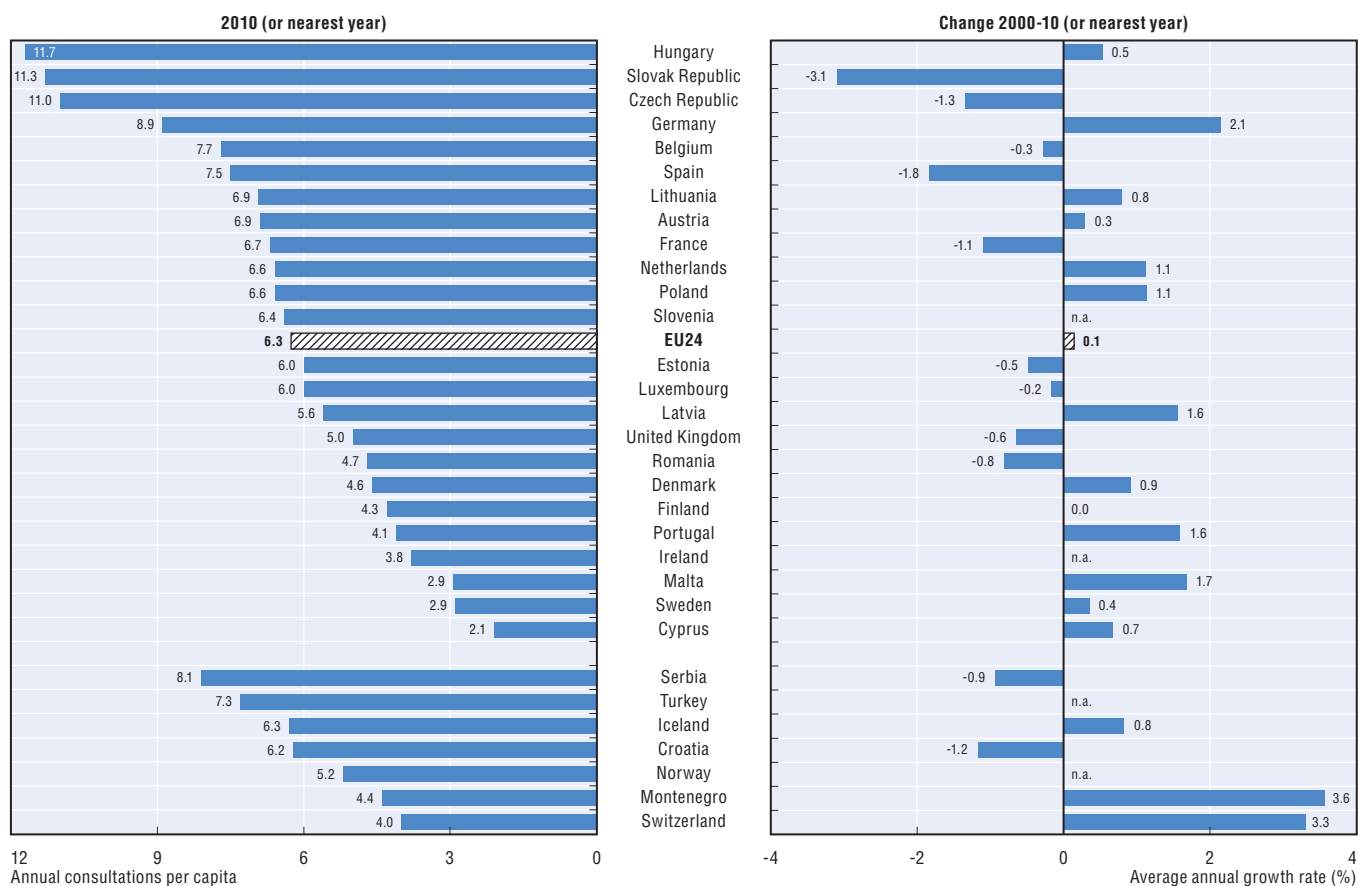
Definition and comparability

Consultations with doctors refer to the number of contacts with physicians, including 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, Italy, the Netherlands, 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.

The figures for the Netherlands exclude contacts for maternal and child care. The data for Portugal exclude visits to private practitioners, which is also largely the case in Malta, while those for the United Kingdom exclude consultations with specialists outside hospital. In Luxembourg, doctors consultations outside the country are not included (these consultations account for a higher number than in other countries). In Germany, the data include only the number of cases of physicians' treatment according to reimbursement regulations under the Social Health Insurance Scheme (a treatment only counts the first contact over a three-month period, even if the patient consults a doctor more often). Telephone contacts are included in several countries (e.g. the Czech Republic, Ireland, Spain and the United Kingdom).

The horizontal inequity indices shown here refer to the probability of a visit to a generalist or a specialist in a given year by income group. The data come from health interview surveys conducted between 2006 and 2009. Inequalities in doctor consultations are assessed in terms of household income. The number of doctor consultations is adjusted for need, based on self-reported information about health status. Differing survey questions and response categories may affect cross-national comparisons. The measures used to grade income can also vary. Caution is therefore needed when interpreting inequalities in doctor consultations across countries.

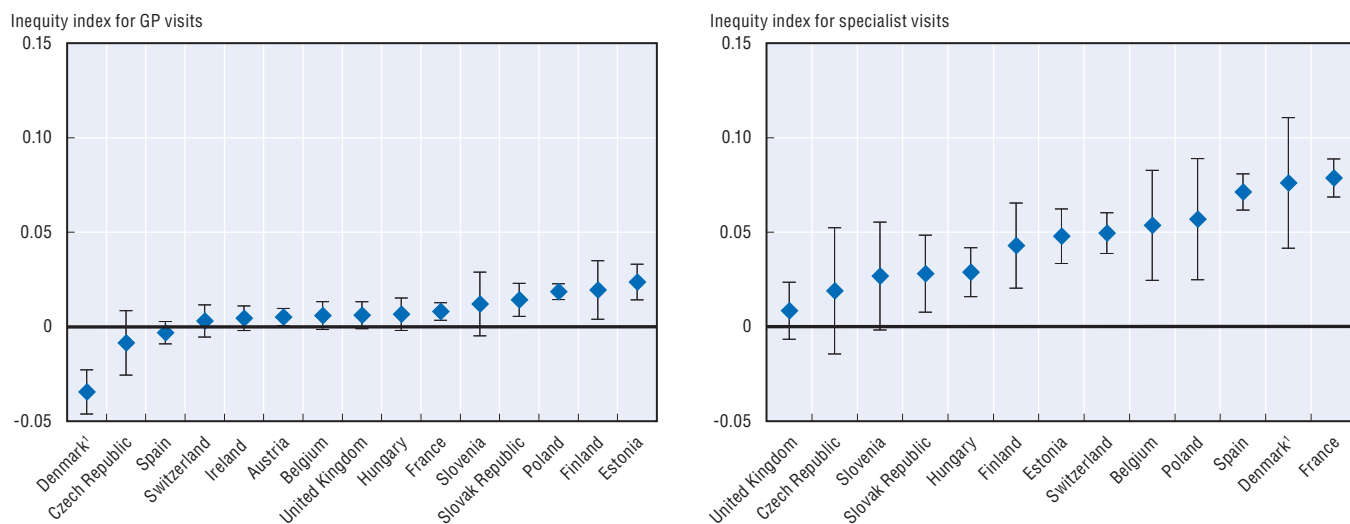
3.2.1. Doctors consultations per capita, 2010 and change between 2000 and 2010 (or nearest year)



Source: OECD Health Data 2012; WHO European Health for All Database.

StatLink <http://dx.doi.org/10.1787/888932704228>

3.2.2. Inequity index for the probability of a visit in the past 12 months, adjusted for need, 2009 (or nearest year)



1. Visits in the past three months in Denmark.

Source: Devaux and de Looer (2012).

StatLink <http://dx.doi.org/10.1787/888932704247>