

56. Health outputs and output-based efficiency measures

Health output indicators provide information on the quantity of goods and services provided by health care systems. When considered together with input indicators, they can provide some measures of productivity or efficiency in health care delivery. Key indicators of health care activities include doctor consultations, the occupancy rates of hospital beds and the average length of stay in hospitals.

In 2008, the average number of doctor consultations per person in the OECD was 6.9 per year, a slight increase from 2000. In Sweden and Finland, the low number of doctor consultations may be partly explained by the fact that many first contacts with patients are carried out by nurses.

In 2008, on average across the OECD, 76% of available acute care hospital beds were utilised for curative care. Israel and Norway report the highest occupancy rates, while the Netherlands and Mexico had the lowest rates. As the number of acute care hospital beds has decreased over the years in most countries, occupancy rates have tended to increase.

The average length of stay in hospitals has decreased in OECD countries, reflecting the expansion of early discharge programmes, the planned shift to day-case surgery for suitable procedures, and the use of less invasive procedures and improvements in pre-admission assessment facilitating day-of-surgery admission, where appropriate. This reduction has been particularly rapid in Japan, Poland and the Netherlands. The average length of stay in hospitals for acute care is often considered a measure of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. However, shorter stays tend to be more service-intensive and costly per day. Too short a stay could even signal a potential for more adverse health outcomes.

Methodology and definitions

Consultations with doctors refer to the number of contacts with a doctor in a given year, and include visits with both general practitioners and specialists under both public and private delivery or funding. Data come from administrative sources, although data are estimated from health interview surveys in some countries: Italy, the Netherlands, Spain, Switzerland, general practitioner consultations in the United Kingdom and specialist consultations in New Zealand. Data for the Netherlands exclude consultations for maternal and child care. Data for Portugal and Turkey exclude visits to private practitioners, while data for the United Kingdom exclude private consultations with specialists.

The occupancy rate for acute care beds is calculated as the number of hospital bed-days related to acute care divided by the number of available acute care beds (which is multiplied by 365 days). Acute care beds are those available for “curative care” as defined by the OECD’s *Manual A System of Health Accounts* (OECD, 2000). Comparisons should consider that, in some countries, acute care beds can also be utilised for other purposes (long-term care, rehabilitation and/or palliative care). In the Netherlands, the calculation is based on the number of licensed beds rather than number of available beds. In Hungary and Ireland, the indicator does not include, or only partially includes, private sector beds. Data for Finland are estimated.

Average length of stay for acute care is the average number of days that patients spend in hospital for curative care as defined in the Manual.

Further reading

OECD (2009), *Health at a Glance 2009: OECD Indicators*, OECD Publishing, Paris.

Figure notes

Population data are from OECD statistics.

56.1: Data are not available for Ireland, Spain and Norway. Data for 2000 are not available for Chile and this country is not included in the OECD average. Data for the following countries differ from 2000: Switzerland and Korea (2002); New Zealand (2003). Data for the following countries differ from 2008: Italy (2005); Sweden and Greece (2006); Switzerland, the United States, Portugal, New Zealand, Canada, Luxembourg, Belgium and Japan (2007); Israel (2009).

56.2: Data are not available for Denmark, Finland, Iceland, Korea, New Zealand, Poland and Sweden. Data for the following countries differ from 2008: Australia and Greece (2006); Italy and Portugal (2007). Data for Luxembourg are only available for 2007. Data for Canada are estimated for 2007. Data for Chile and Estonia are for 2003 rather than 2000.

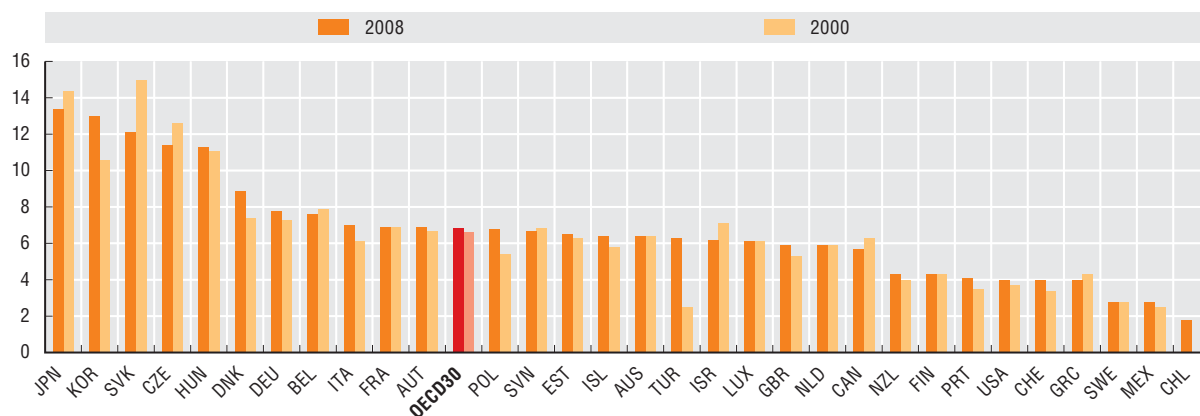
56.3: Data are not available for Korea and Chile. Data for the following countries differ from 2008: Denmark and New Zealand (2005); Australia and Greece (2006); Belgium, Canada, Italy, Luxembourg, Portugal, and Sweden (2007); Israel (2009). Data for Estonia are for 2003 rather than 2000.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

XII. GOVERNMENT PERFORMANCE INDICATORS FROM SELECTED SECTORS

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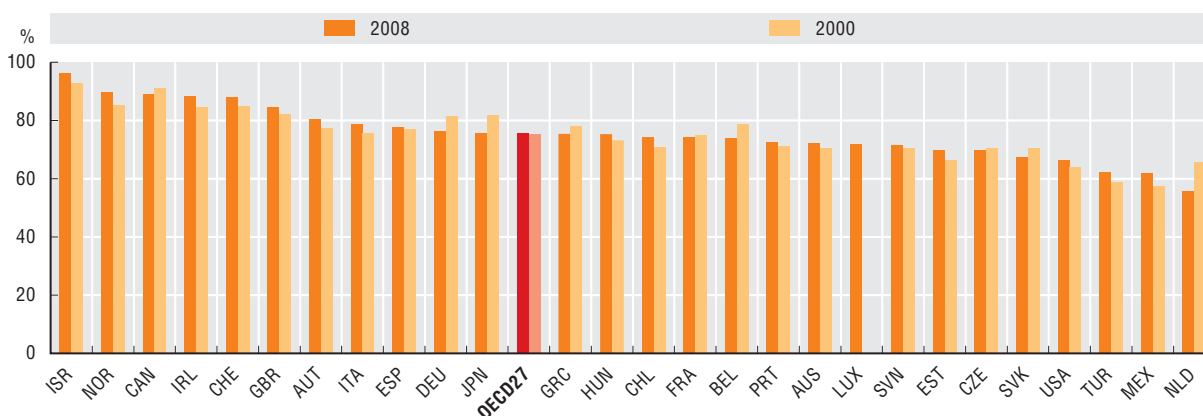
56.1 Doctors' consultations per person (2000 and 2008)



Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932391659>

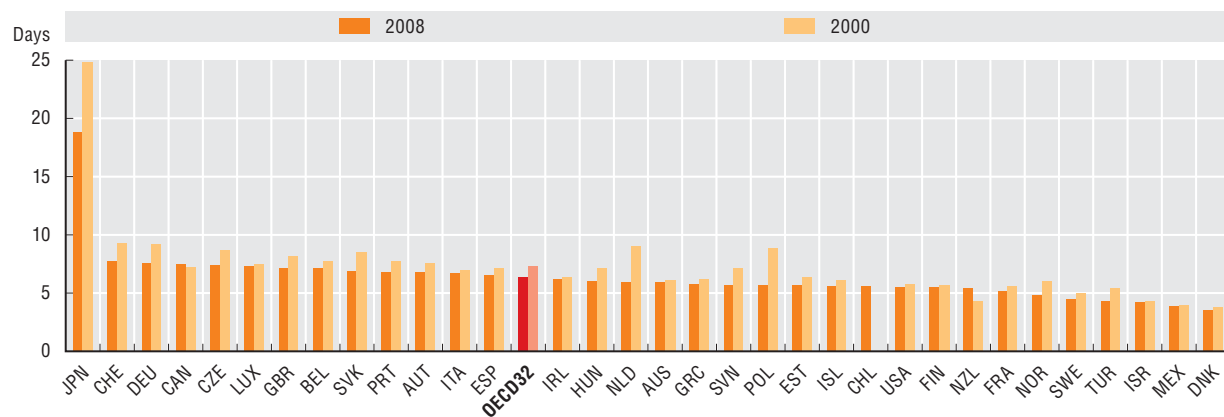
56.2 Occupancy rate of acute care hospital beds, percentage (2000 and 2008)



Source: OECD Health Data 2010.

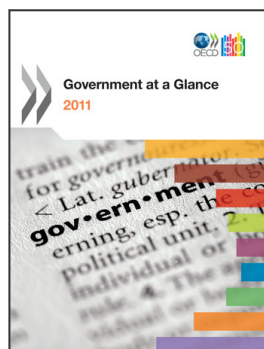
StatLink <http://dx.doi.org/10.1787/888932391678>

56.3 Average length of stay for acute care (2000 and 2008)



Source: OECD Health Data 2010.

StatLink <http://dx.doi.org/10.1787/888932391697>



From:
Government at a Glance 2011

Access the complete publication at:
https://doi.org/10.1787/gov_glance-2011-en

Please cite this chapter as:

OECD (2011), “Health outputs and output-based efficiency measures”, in *Government at a Glance 2011*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/gov_glance-2011-62-en

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