6.4. Inequalities in doctor consultations

Problems of access to health care can be measured by the actual utilisation of health care services and reported unmet health care needs. Any inequalities in health care utilisation and unmet care needs may result in poorer health status and increase health inequalities.

Inequalities in the probability and the number of doctor consultations across different socio-economic groups must take into account differences in need, because health problems are more frequent and more severe among lower socio-economic groups. The adjustment for need provides a better measure of inequity.

Figure 6.4.1 shows the degree of inequities for the probability of a doctor visit in the past year in 17 OECD countries and Brazil through the horizontal inequity index. If this index is greater than zero, then high income groups access doctors more than low income groups, after adjusting for relative need. Doctor visits were more likely among higher income persons in 15 out of 18 countries, although in most countries the degree of inequity is low. This is not the case in the United States, Brazil, Chile and Mexico, where richer people are significantly more likely to visit doctors.

In many countries, there are significant differences in the probability of GP and specialist visits. While the probability of a GP visit tends to be equally distributed in most countries, a different pattern emerges for specialist visits. In nearly all countries, higher income people are more likely to see a specialist than those with low income, and also more frequently. The only exceptions were the United Kingdom, the Czech Republic and Slovenia, where there was no statistically significant difference (Devaux and de Looper, 2012).

Consistent with these findings, an earlier European study found that people with higher education tend to use specialist care more, and the same was true for GP use in several countries (France, Portugal and Hungary) (Or et al., 2008). The study suggests that, beyond the direct cost of care, other health system characteristics are important in reducing social inequalities in health care utilisation, such as the role given to the GP and the organisation of primary care. Social inequalities in specialist use are less in countries with a National Health System and where GPs act as gatekeepers. Countries with established primary care networks may place greater emphasis on deprived populations, and gatekeeping often provides simpler access and better guidance for people in lower socio-economic positions (Or et al., 2008).

Unmet health care needs, as reported in population-based health surveys, is another way of assessing any access problems for certain population groups. A European-wide survey, conducted on an annual basis, provides information on the proportion of people reporting having some unmet needs for medical examination for different reasons. In all countries, people with low incomes are more likely to report unmet care needs than people with high incomes (Figure 6.4.2). The gap was particularly large in Hungary, Italy and Greece. The most common reason reported by low income people for unmet needs for medical examination is cost. In contrast, high income people report that their unmet care needs are due to a lack of time and a willingness to wait and see if the problem would simply go away.

It is important to consider self-reported unmet care needs in conjunction with other indicators of potential barriers to access, such as the extent of health insurance coverage and the amount of out-of-pocket payments. Germany, for example, reports above average levels of unmet care needs, yet it has full insurance coverage, low out-of-pocket payments, and a high density of doctors (Indicators 6.1, 6.2 and 3.1).

Definition and comparability

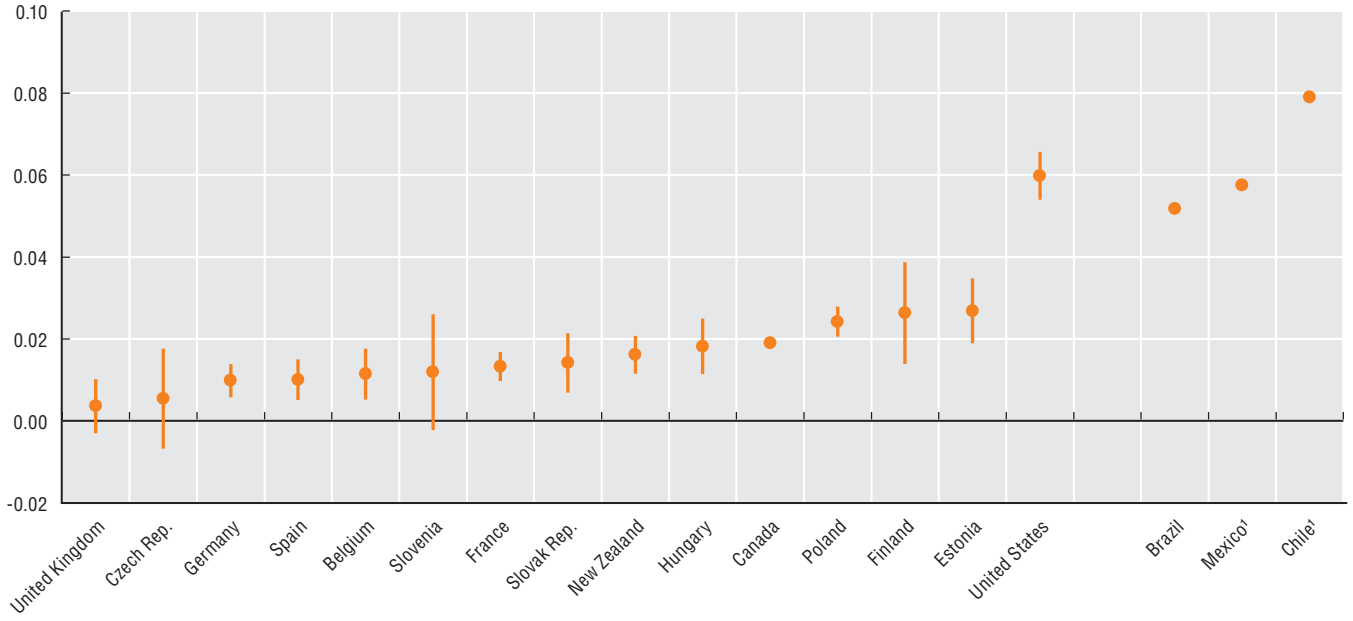
Consultations with doctors refer to the probability of visiting a doctor in the past 12 months, including both generalists and specialists. Data for Brazil, Chile and Mexico come from different studies. They relate to the probability of a doctor visit in the past three months in Chile and the past two weeks in Mexico.

Estimates of the horizontal inequity indices are derived from health interview or household surveys conducted around 2009. Inequalities in doctor consultations are assessed in terms of household income. The probability of doctor visits is adjusted for need, based on self-reported information about health status.

Differing survey questions and response categories may affect cross-national comparisons, and the measures used to grade income can also vary.

Data on unmet health care needs come from the European Union Statistics on Income and Living Conditions survey (EU-SILC). Survey respondents are asked whether there was a time in the previous 12 months when they felt they needed a medical examination but did not receive it, followed by a question as to why the need for care was unmet. The reasons include that care was too expensive, the waiting time was too long, the travelling distance to receive care was too far, a lack of time, or that they wanted to wait and see if the problem got better on its own. Figures presented here cover unmet care needs for any reason. Cultural factors, public expectations and policy debates may affect attitudes to unmet care. Caution is needed in comparing the results across countries.

6.4.1. Horizontal inequity indices for probability of a doctor visit in the past 12 months (with 95% confidence interval), selected OECD countries, 2009 (or nearest year)



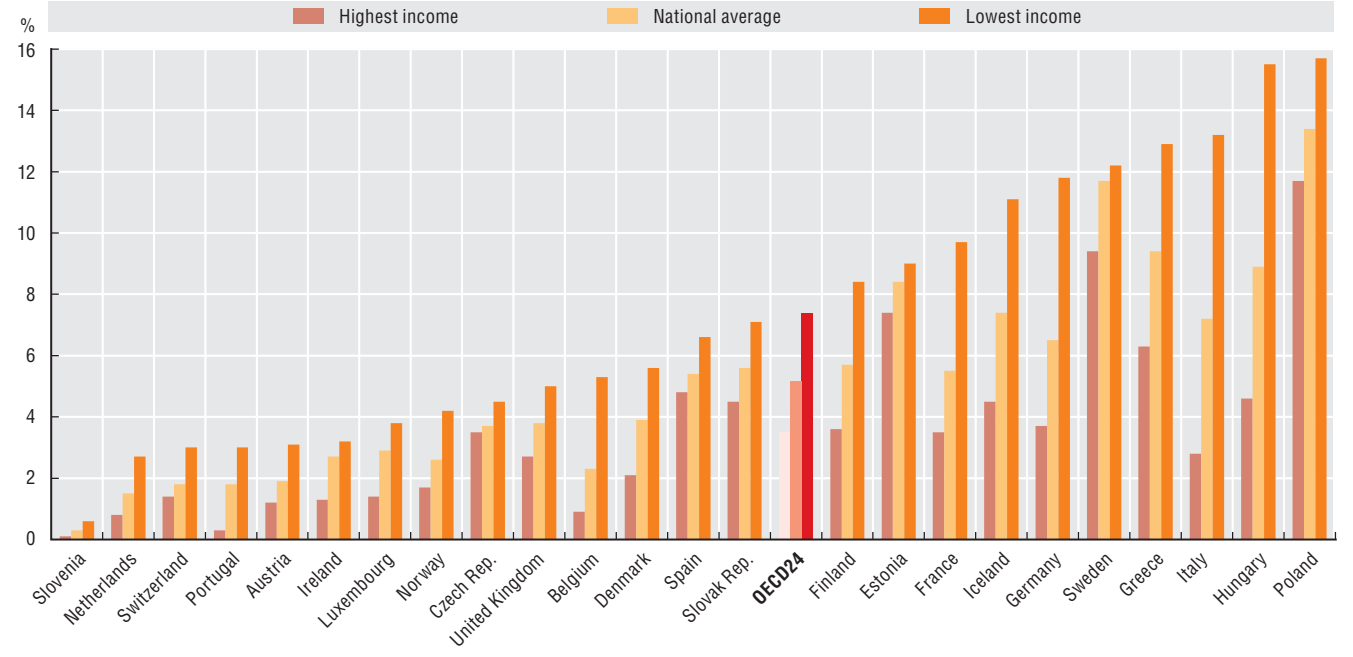
Note: The probability of a doctor, GP or specialist visit is inequitable if the horizontal inequity index is significantly different from zero. It favours high income groups when it is above zero. The index is adjusted for need.

1. Any physician visits in the past thee months in Chile and in the past two weeks in Mexico.

Source: Devaux and de Looper (2012); Almeida et al. (2013); Vasquez et al. (2013); Barraza-Lloréns et al. (2013).

StatLink http://dx.doi.org/10.1787/888932918624

6.4.2. Unmet care needs for medical examination by income level, European countries, 2011



Source: EU-SILC 2011.

StatLink http://dx.doi.org/10.1787/888932918643

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