

5. QUALITY OF CARE

5.14. Patient experience with ambulatory care

Delivering health care that is responsive and patient-centered is playing a greater role in health care policy across OECD countries. Measuring and monitoring patient experiences empowers patients and the public, involves them in decisions on health care delivery and governance, and provides insight to the extent that they are health-literate and have control over the treatment they receive.

Since the mid-1990s, there have been efforts to institutionalise measurement and monitoring of patient experiences. A number of countries have developed survey instruments for regular data collection and monitoring and in several countries, including the United Kingdom, the Netherlands and Norway, responsible organisations have recently been established. In these countries, patient experiences are reported in periodic national health system reports or on public websites, demonstrating differences across providers, regions and over time. There is evidence that such reporting has actually triggered improvements by providers (Iversen et al., 2011). In the United Kingdom, it is also used in the payment mechanism to reward providers for delivering patient-centered care (Department of Health, 2011).

Patients generally report positive experiences when it comes to communication and autonomy in the ambulatory health care system. Patients report positively on time spent with the doctor (Figure 5.14.1), explanations given (Figure 5.14.2), opportunities to ask questions or raise concerns (Figure 5.14.3), as well as involvement in care and treatment decisions (Figure 5.14.4). But there are some differences across countries, and the proportion of patients reporting positive experiences ranges from around 75% in Sweden to over 95% in certain countries, depending on the indicator. There is no clear gender difference in patient experiences across countries, but in the Netherlands higher proportions of men consistently report positive experiences than women. The proportion of patients with positive experiences has increased in recent years in countries such as Australia, Canada and New Zealand. The improvement was large in the United States while it was modest in the United Kingdom (Commonwealth Fund, 2004, 2007, 2010).

Generally, when a country scores relatively well on one dimension of patient experience, it scores relatively well on others. For example, Luxembourg scores high for all four aspects of patient experiences. However, the Czech Republic is an exception with relatively low scores on patient involvement in decision-making, but high scores on all the communication indicators.

Various health system characteristics and policies influence doctors' behaviour towards patients and hence have an impact on patient experiences, including the organisation

of health care delivery, remuneration methods, systematic monitoring and reporting of patient experiences and the medico-legal policies for protecting patients' interests. Based on the data currently available, it is not yet possible to conclude that a particular policy is associated with improved patient experiences. There is a need for more comparable data from countries on measures of patient experiences across a broader array of health services.

Definition and comparability

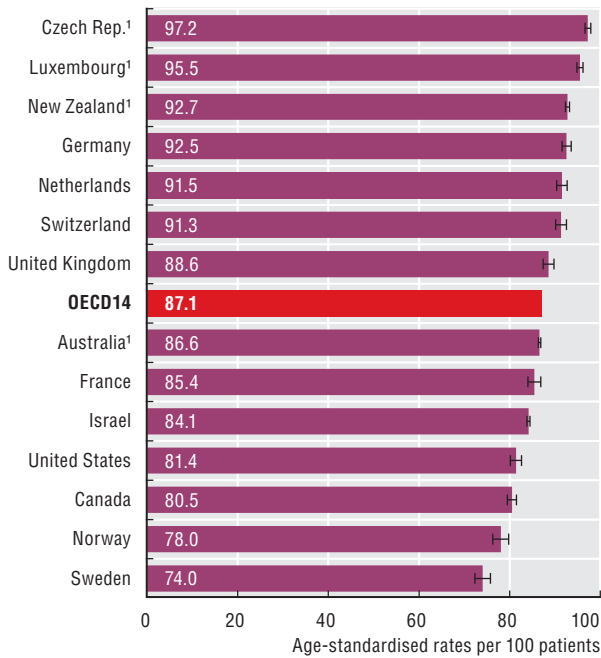
Since the late 1990s, international efforts have been made to collect patient experience measures through surveys developed by the Picker Institute, and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys by the US Agency for Healthcare Research and Quality (AHRQ). WHO also collected different dimensions of patient experience in its 2000/01 World Health Survey, and the Commonwealth Fund's *International Health Policy Survey* has been collecting patient experience data every three years since 1998.

Since 2006, the OECD has been involved in developing and validating a tool to measure patient experiences systematically. In order to measure general patient experiences in health care system, the OECD recommends monitoring patient experiences with any doctor rather than asking patients about their experiences with their regular doctor.

For most of the countries, the Commonwealth Fund's *International Health Policy Survey 2010* was used as the data source, even though there are a number of critiques relating to the sample size, representativeness and response rates. Further efforts are needed to improve international comparability of these indicators. Data presented refer to patient experiences with their regular doctor rather than any doctor. Data collected through other national surveys were reported here for Australia (for Figure 5.14.1), the Czech Republic, Israel, Luxembourg and New Zealand (for Figures 5.14.1, 5.14.2 and 5.14.4). Reference periods are sometimes different across countries. For example, New Zealand data are for doctors' visits in previous three months only. For all countries, rates are age-sex standardized to the 2010 OECD population, to remove the effect of different population structures across countries.

5.14. Patient experience with ambulatory care

5.14.1. Regular doctor spending enough time with patient in consultation, 2010 (or nearest year)



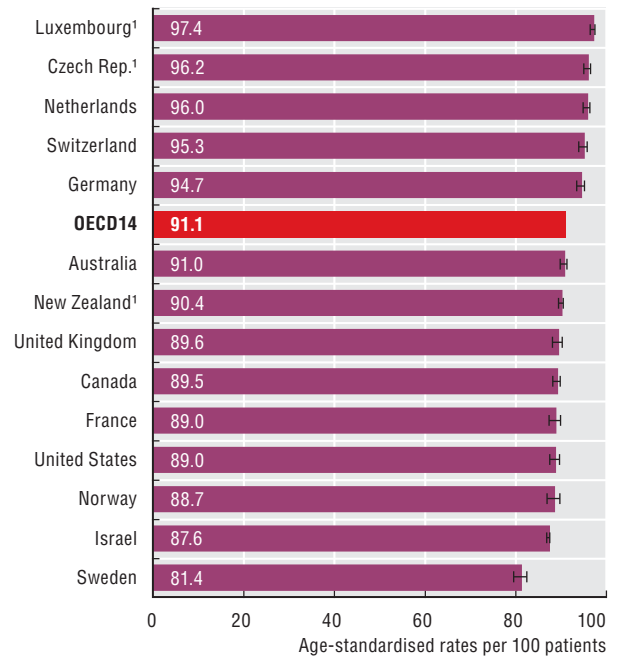
Note: 95% confidence intervals represented by |—|.

1. Patient experience with any doctor.

Source: The Commonwealth Fund International Health Policy Survey 2010 and other national sources.

StatLink <http://dx.doi.org/10.1787/888932918415>

5.14.2. Regular doctor providing easy-to-understand explanations, 2010 (or nearest year)



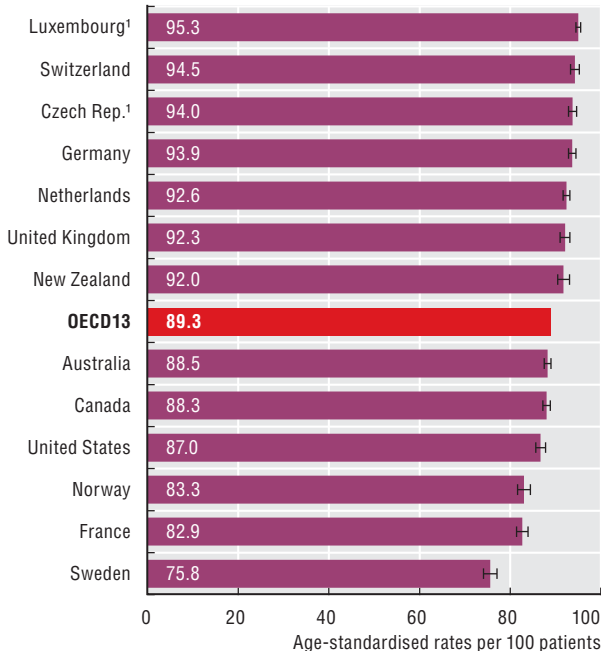
Note: 95% confidence intervals represented by |—|.

1. Patient experience with any doctor.

Source: The Commonwealth Fund International Health Policy Survey 2010 and other national sources.

StatLink <http://dx.doi.org/10.1787/888932918434>

5.14.3. Regular doctor giving opportunity to ask questions or raise concerns, 2010 (or nearest year)



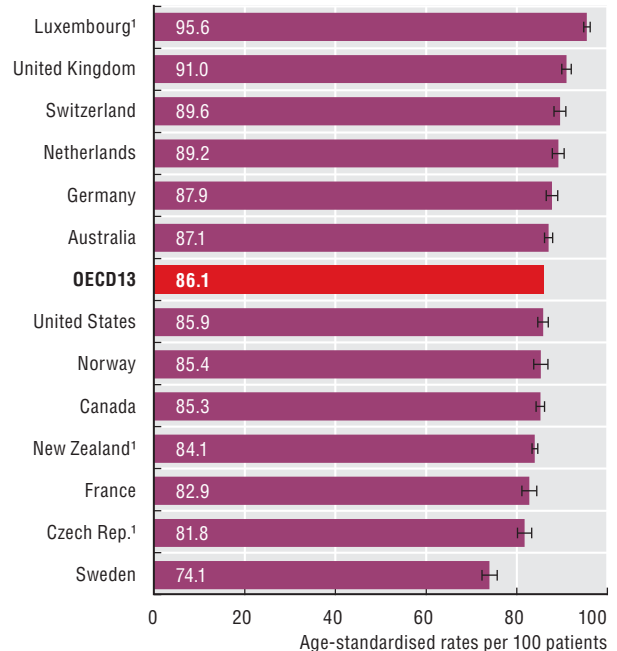
Note: 95% confidence intervals represented by |—|.

1. Patient experience with any doctor.

Source: The Commonwealth Fund International Health Policy Survey 2010 and other national sources.

StatLink <http://dx.doi.org/10.1787/888932918453>

5.14.4. Regular doctor involving patient in decisions about care and treatment, 2010 (or nearest year)



Note: 95% confidence intervals represented by |—|.

1. Patient experience with any doctor.

Source: The Commonwealth Fund International Health Policy Survey 2010 and other national sources.

StatLink <http://dx.doi.org/10.1787/888932918472>



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