Financial and geographic access to care

There are important variations across OECD health systems in the degree of coverage for health services and goods. In most countries, public coverage is higher for hospital care and doctor consultations, while direct OOP payments are higher for pharmaceuticals, dental care and eye care (glasses) resulting in a relatively greater proportion of people reporting unmet care needs for the latter group of health services and goods.

In contrast to publicly funded care, which, in theory, is based on need, direct out-of-pocket (OOP) payments by households rely on people’s ability to pay. In 2014, about 2.8% of total household consumption was dedicated to medical spending on average in OECD countries. This share was above 4% in Greece, Hungary, Korea and Switzerland and below 2% in France, Germany, Luxembourg, Turkey and the United Kingdom.

Unmet health care needs, as reported in population-based surveys, are a good way of assessing any access problems for certain population groups. Data on unmet care needs presented here come from two main sources: 1) the 2015 European Union Statistics on Income and Living Conditions survey (EU-SILC) which asks whether people whether there was a time in the previous year when they felt they needed a medical examination but did not receive it for a number of reasons, including that the care was too expensive, the waiting time was too long or the travelling distance was too far; and 2) the 2016 Commonwealth Fund International Health Policy Survey which asks whether people did not visit a doctor when they had a medical problem, skipped a medical test or treatment that was recommended by a doctor, or did not fill prescription for medicines or skipped doses because of cost in the past year.

In 2015, in all European countries covered by the EU-SILC survey, low income people were more likely to report unmet care needs than people with high incomes. The gap was particularly large in Greece, Italy and Latvia. The most common reason reported by low-income people for unmet needs for medical examination is cost. Based on the EU-SILC survey, the proportion of people reporting unmet needs for dental care was 50% higher than for medical examination on average across EU countries in 2015.

Similarly, the results from the 2016 Commonwealth Fund International Health Policy Survey, which was carried out in 11 OECD countries, show that people in low-income households are more likely to report unmet care needs due to cost than those with income above the median. In the United States where the percentage of the population reporting unmet care needs due to cost is the highest among these 11 countries, 43% of adults in low-income households reported foregoing some health care due costs compared with 32% for adults in households with above median income. The proportion of the population reporting foregoing health care due to cost was also relatively high in the Switzerland, while it was the lowest in the United Kingdom.

Access to medical care also requires an adequate number and proper distribution of physicians in all parts of the country. Shortages of physicians in certain regions can increase travel times to access medical care and therefore result in greater unmet care needs. The uneven distribution of physicians is a growing concern in many OECD countries, especially in those countries with remote and sparsely populated areas.

Countries use a range of policy levers to influence the choice of practice location of physicians, including: 1) providing financial incentives for doctors to work in underserved areas; 2) increasing enrolments in medical education programmes of students coming from specific geographic regions; 3) regulating the choice of practice location of doctors (for all new medical graduates or targeting more specifically international medical graduates); and 4) re-organising health service delivery to improve the working conditions of doctors in underserved areas and promoting tele-medicine (OECD, 2016).

Methodology and definitions

OOP payments are borne directly by a patient where neither public nor private insurance covers the full cost of the health good or service. They include cost-sharing and other expenditures paid directly by private households, and also include estimations of informal payments to health care providers in some countries. Only expenditure for medical spending (i.e. excluding the health part of long-term care) is presented here. Data on unmet care needs come from EU-SILC. Survey respondents are asked whether there was a time in the past 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. Data presented here cover unmet care needs for financial, geographic and waiting list. Low income represent the poorest fifth of the population. High income richest fifth of the population.

The number of physicians includes general practitioners and specialists actively practicing medicine during the year in both public and private institutions. Density of physicians is defined as the number of active physicians per every 1 000 people. Data from the Commonwealth Fund on unmet care needs including medical examination and treatment due to cost by income level are available online: (see annex F)

Further reading


Figure notes

14.6: Countries are ranked in descending order of the national average. Data for the Netherlands and Switzerland are for 2014 rather than 2015.
14.7: New Zealand and United Kingdom 2010; Canada, Chile, Luxembourg and United States 2011; Australia, Belgium, Denmark, Israel, Japan, and Sweden 2012; and Korea 2014.
Information on data for Israel: http://dx.doi.org/10.1787/888932315602.
14.5 Out of pocket medical expenditure as a share of final household expenditures, 2014

Source: OECD Health Statistics 2016

StatLink http://dx.doi.org/10.1787/888933533891

14.6 Unmet care needs only for medical examination by income level, 2015

Source: EU Survey on Income and Living Conditions (EU-SILC)

StatLink http://dx.doi.org/10.1787/888933533910

14.7 Physician density by regions (Territorial Level 2), 2013

Source: Regions at a Glance, 2016

StatLink http://dx.doi.org/10.1787/888933533929
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