Delivering health care that is responsive and patient-centered is playing a greater role in health care policy across OECD countries. An increasing number of countries collect Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) to support a shift from a volume-based to a value-based model of health system resource management (Canadian Institute for Health Information, 2015).

Long waiting times can generate dissatisfaction for patients because the expected benefits of treatments are postponed, and the pain and disability remains. It may also result in adverse health outcomes when needed care is delayed. Waiting times is the result of a complex interaction between the demand and supply of health services. The demand for health services is determined by the health status of the population, patient preferences and the extent of cost-sharing for patients. Long waiting times can be due to a shortage of doctors or nurses in general or in certain parts of the country, but may also result from poor work organization to respond to demands for health care (Siciliani et al, 2013).

Based on the results of the 2016 Commonwealth Fund International Health Policy Survey collected in 11 OECD countries, less than one third of the population in Australia, the Netherlands and New Zealand reported that they did not get same-or next-day appointment to their regular doctor or any other doctor the last time they needed care. This proportion increases to at least half of the population in Norway and Canada. One consequence of longer waiting times is that the health problems of people may worsen and more people may end up using emergency departments in hospitals, resulting in higher costs. In Canada, more than 40% of the population reported having used emergency departments in hospitals over the past two years, the highest percentage among the 11 countries surveyed.

There are also important differences in waiting times depending on income. In all OECD countries (except the Netherlands), low income people report longer waiting times to access needed care. More than 35% of low income people in Canada and Germany report that they waited six days or more to obtain a doctor’s appointment the last time they needed care, compared with 27% for people with higher-income. Other countries like the Netherlands, but also larger countries like New Zealand and Australia have managed to have a much lower percentage of their population -- poor or rich -- having to wait so long to get a doctor’s appointment.

Waiting times to get an appointment with a specialist doctor also vary widely across countries. On average, 14% of the population in OECD countries reported that they had to wait for more than two months before getting a specialist appointment. This proportion ranges from less than 10% in Germany, France, the United States, the Netherlands and Switzerland, to about 30% in Canada and Norway. Such waiting times may result in delays in establishing clearer diagnosis and beginning any required treatments.

Patients generally report positive experiences when it comes to communication and interaction with their regular doctor. Less than 20% of the population in Australia, the Netherlands, New Zealand, Switzerland and the United Kingdom report that their regular doctor does not spend enough time with them during consultations or do not provide explanations in clear and understandable language. The proportion is slightly higher in France and Sweden, and this has increased since 2013. Various health system characteristics and policies can 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.

Methodology and definitions

Data come from 2016 Commonwealth Fund International Health Policy Survey which covers 11 OECD countries. Data were collected through telephone surveys conducted between March–June 2016 in each country among nationally representative samples of adults 18 years and older. Final country population samples ranged from 1,000 to 7,124. Data were weighted to ensure that the final outcome was representative of the adult population in each country. More information is available at: www.commonwealthfund.org.

Further reading

CIHI – Canadian Institute for Health Information (2015), Wait Times for Priority Procedures in Canada, Ottawa.


Figure notes

14.17. Excludes adults who did not need to make an appointment to see a doctor or nurse.
14.18. Countries are ranked in descending order of the share of all adults that waited six days or more the last time they needed care. Low income is defined as household income less than 50% of the country median. Sample sizes are small (n<100) in the Netherlands and the United-Kingdom. Average differences are not statistically significant in the Netherlands, New Zealand, Australia, Switzerland and Norway.
14.19. Only individuals that saw or needed to see specialist in the past 2 years.
14.17. Did Not Get Same- or Next-Day Appointment with regular or any other doctor Last Time You Needed Care, 2016

Source: 2016 Commonwealth Fund International Health Policy Survey. StatLink © http://dx.doi.org/10.1787/888933534062

14.18. Waited six days or more for appointment last time needed care by income level, 2016

Source: 2016 Commonwealth Fund International Health Policy Survey. StatLink © http://dx.doi.org/10.1787/888933534081

14.19. Waited Two Months or Longer For Specialist Appointment, 2016

Source: 2016 Commonwealth Fund International Health Policy Survey. StatLink © http://dx.doi.org/10.1787/888933534100

14.20. Regular doctor does not often spend enough time with you or explain things so you can understand, 2016

Source: 2016 Commonwealth Fund International Health Policy Survey. StatLink © http://dx.doi.org/10.1787/888933534119