

## 8. QUALITY OF CARE

### 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 experience empowers patients and the public, involves them in decisions on health care delivery and governance, and provides insight into the extent to which they are health-literate and have control over the treatment they receive. Across countries, using the health care user as a direct source of information is becoming more prevalent for health system monitoring, planning and decision making, and efforts to measure and monitor patient experiences have actually led to health care quality improvements (Fujisawa and Klazinga, forthcoming).

Since the mid-1990s, there have been efforts to institutionalise measurement and monitoring of patient experiences. In many countries, responsible organisations have been established or existing institutions have been taking charge of measuring and reporting patient experiences. They developed survey instruments for regular collection of patient experience data and standardised procedures for analysis and reporting. An increasing number of countries collect not only Patient-Reported Experience Measures (PREMs) but also Patient-Reported Outcome Measures (PROMs) which collect patients' perception on their specific medical conditions and general health, including mobility, pain/discomfort and anxiety/depression, before and after a specific medical intervention such as hip and knee replacement.

A growing number of countries are using patient-reported data to drive quality improvements in health systems. Patient experience data are reported in periodic national health system reports or on public websites, showing differences across providers, regions and over time. Korea, Norway, Sweden and the United Kingdom use patient experience measures in payment mechanisms or for fund allocations to promote quality improvement and patient-centred care, and Australia, Canada, the Czech Republic, Denmark and France use them to inform health care regulators for inspection, regulation and/or accreditation. Patient-reported measures are also used in some Canadian jurisdictions, Denmark, France and the Netherlands to provide specific feedback for providers' quality improvement. In England, PROMs and patients' feedback about their experience are used to inform patient choice and to incentivise service improvement. For example, PROMs data for patients undergoing some procedures such as hip and knee replacement are used for benchmarking hospitals. The use of PROMs can also enable the potential shift from a volume-based to a value-based model of health system resource management (Canadian Institute for Health Information, 2015).

Patients generally report positive experiences when it comes to communication and autonomy in the ambulatory health care system. Across countries, the majority of

patients report positive experiences with regards to time spent with the doctor (Figure 8.39), easy-to-understand explanations (Figure 8.40), opportunities to ask questions or raise concerns (Figure 8.41), as well as involvement in care and treatment decisions (Figure 8.42). For all four aspects of patient experience, Belgium and Luxembourg score high at above 95% of patients reporting positive experiences. Poland has lower rates with fewer than one in two patients reporting having been given the opportunity to ask questions or been involved in their care and treatment during consultation. The proportion of patients with positive experience has decreased since 2010 in Australia, France, the Netherlands and Switzerland, but countries with lower rates such as Sweden and Poland have improved some aspects of patient experiences in recent years (Commonwealth Fund, 2010).

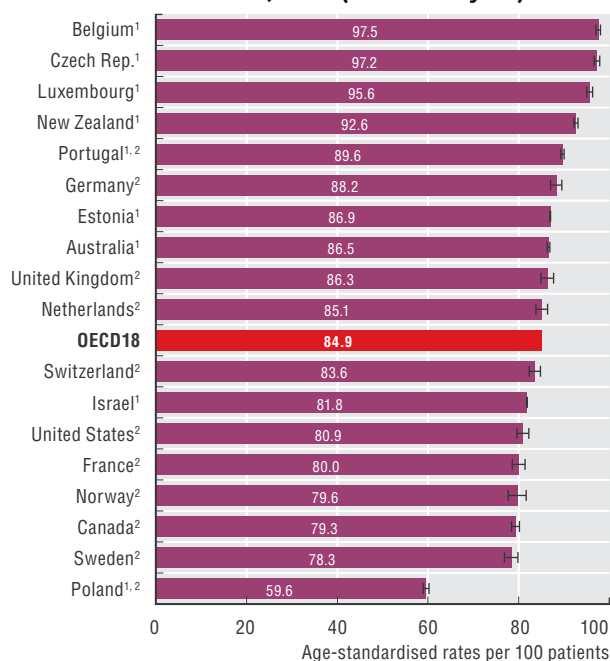
#### Definition and comparability

In order to measure and monitor general patient experience in the health system, the OECD recommends collecting data on patient experience with any doctor in ambulatory settings. An increasing number of countries have been collecting patient experience data based on this recommendation through nationally representative population surveys while Japan and Portugal collect them through nationally-representative service user surveys. Some countries, however, collect data on patient experience with a regular doctor. For about half the countries presented, the Commonwealth Fund's *International Health Policy Surveys 2010 and 2013* were used, even though there are critiques relating to the sample size and response rates. Data from this survey refer to patient experience with a regular doctor rather than any doctor.

Rates are age-sex standardised to the 2010 OECD population, to remove the effect of different population structures across countries.

#### References

- CIHI – Canadian Institute for Health Information (2015), “CIHI Proms Forum, Background Document”, [www.cihi.ca/proms](http://www.cihi.ca/proms).
- Commonwealth Fund (2010), “2010 International Health Policy Survey in Eleven Countries”, Chartpack, Commonwealth Fund, New York.
- Fujisawa, R. and N. Klazinga (forthcoming), “Measuring Patient Experiences (PREMs): Progress Made by the OECD and its Member Countries 2006-2015”, *OECD Health Working Papers*, Paris.

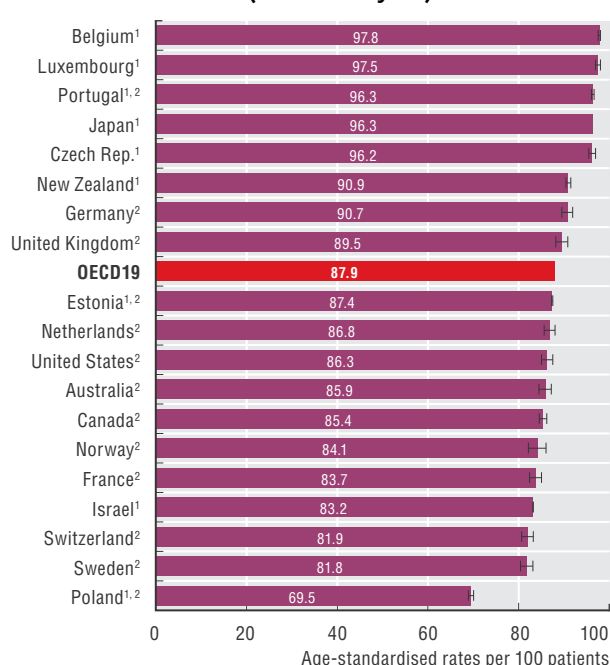
**8.39. Doctor spending enough time with patient in consultation, 2013 (or nearest year)**

Note: 95% confidence intervals represented by H.

1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink <http://dx.doi.org/10.1787/888933281241>

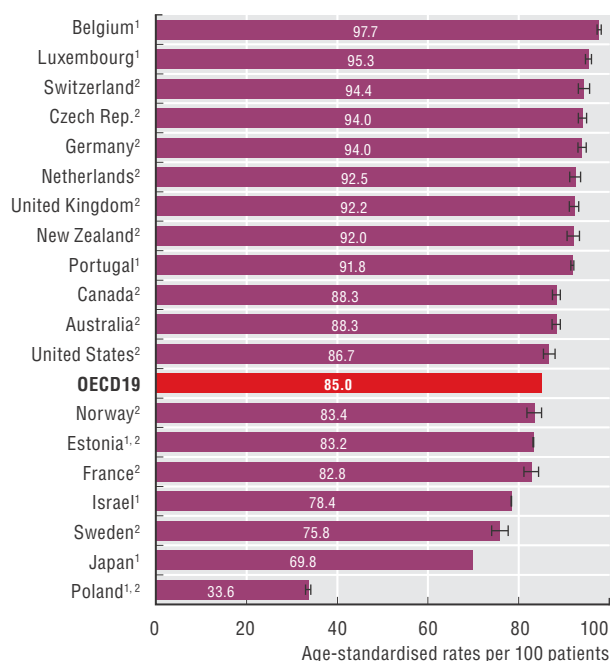
**8.40. Doctor providing easy-to-understand explanations, 2013 (or nearest year)**

Note: 95% confidence intervals represented by H.

1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink <http://dx.doi.org/10.1787/888933281241>

**8.41. Doctor giving opportunity to ask questions or raise concerns, 2013 (or nearest year)**

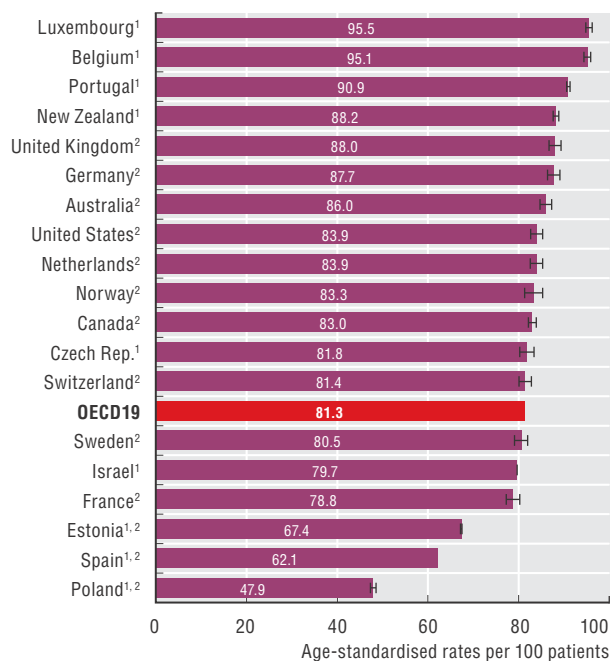
Note: 95% confidence intervals represented by H.

1. National sources. 2. Data refer to patient experiences with regular doctor.

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

StatLink <http://dx.doi.org/10.1787/888933281241>

Information on data for Israel: <http://oe.cd/israel-disclaimer>

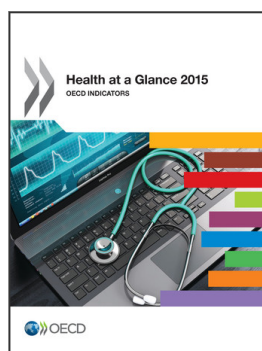
**8.42. Doctor involving patient in decisions about care and treatment, 2013 (or nearest year)**

Note: 95% confidence intervals represented by H.

1. National sources. 2. Data refer to patient experiences with regular doctor.

Source: Commonwealth Fund International Health Policy Survey 2013 and other national sources.

StatLink <http://dx.doi.org/10.1787/888933281241>



**From:**  
**Health at a Glance 2015**  
OECD Indicators

**Access the complete publication at:**  
[https://doi.org/10.1787/health\\_glance-2015-en](https://doi.org/10.1787/health_glance-2015-en)

**Please cite this chapter as:**

OECD (2015), "Patient experience with ambulatory care", in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: [https://doi.org/10.1787/health\\_glance-2015-58-en](https://doi.org/10.1787/health_glance-2015-58-en)

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to [rights@oecd.org](mailto:rights@oecd.org). Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at [info@copyright.com](mailto:info@copyright.com) or the Centre français d'exploitation du droit de copie (CFC) at [contact@cfcopies.com](mailto:contact@cfcopies.com).