

Unmet needs for medical care and dental care

Access to health care may be prevented for a number of reasons related either to the functioning of the health care system itself (like the cost of a doctor visit or medical treatment, the distance to the closest health care facility, or waiting lists) or to personal reasons (like fear of not being understood by the doctor or not having the time to seek care). People who forgo health care when they need it may jeopardize their health status. Any inequalities in unmet care needs may result in poorer health status and increase health inequalities.

Around 3% of the population on average across Europe reported unmet needs for medical care due to cost, travelling distance and waiting lists in 2013, according to the European Union “Statistics on Income and Living Conditions” survey. But there are large variations across countries (Figure 7.4). Larger shares of the population report unmet needs in Latvia, Greece, Poland and Estonia, while less than 1% of the population reported unmet needs in the Netherlands, Austria, Spain, Luxembourg and the Czech Republic. Unmet needs for medical examination are consistently higher among people in low income groups compared with those in high income groups (Figure 7.4). The gap was particularly large in 2013 in Latvia, Italy and Greece.

A higher proportion of the population in European countries reports some unmet needs for dental care than for medical care, reflecting the fact that public coverage for dental care is generally lower in most countries. Latvia (18.9%), Portugal (14.3%), Iceland (11.1%) and Italy (10%), reported the highest rates of unmet needs for dental care among European countries in 2013 (Figure 7.5). In these countries, there were large inequalities in unmet dental care needs between low and high income groups. On average across European countries covered under this survey, nearly 10% of low income people reported having some unmet needs for dental care, compared with 1.6% for high income people.

Countries participating in the Commonwealth Fund International Health Policy Survey, and other countries using the same survey module, collect data on unmet care needs for doctor visits, medical care and prescribed pharmaceutical drugs due to cost. As expected, the results from these surveys show consistently higher unmet care needs for financial reasons among low income people compared with high income people (Figure 7.6). The largest proportions of unmet care needs in 2013 were found in the United States, while the United Kingdom had the lowest rates, followed by

Sweden. There were large gaps in unmet care needs between high and low income people in the Czech Republic, France and the United States.

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. For instance, the rate of unmet care needs decreased in Germany, following the abolition of a quarterly fee of EUR 10 charged to patients.

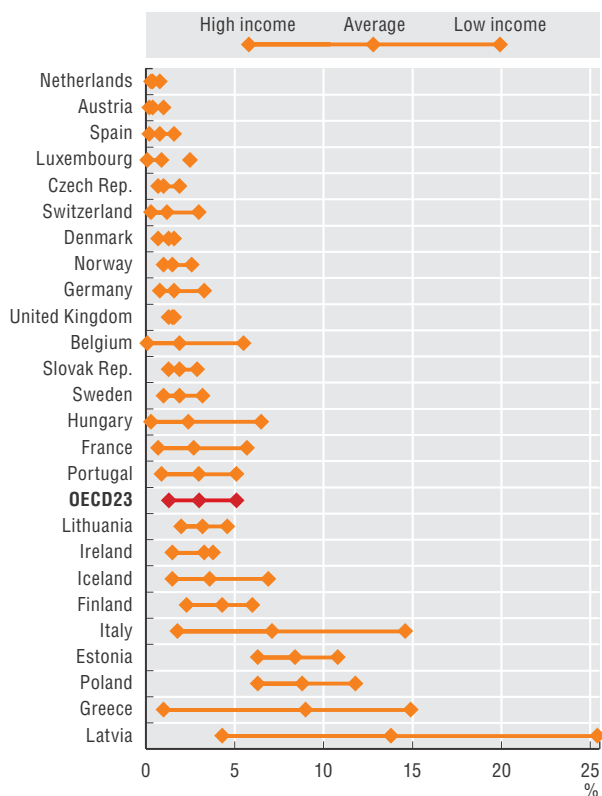
Strategies to improve access to care for disadvantaged or underserved populations need to tackle both financial and non-financial barriers, as well as promoting an adequate supply and proper distribution of doctors, dentists and other medical practitioners (see the indicator on “Geographic distribution of doctors”).

Definition and comparability

Data on unmet care needs come from two main sources. First, the European Union Statistics on Income and Living Conditions survey (EU-SILC) ask survey respondents whether there was a time in the previous 12 months when they felt they needed a medical or dental examination but did not receive it, followed by a question as to why the need for care was unmet (with the reasons including 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 problem got better on its own). The data presented in Figures 7.4 and 7.5 cover unmet care needs due to cost, waiting time and travelling distance.

The second source is the 2013 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, treatment, or follow-up that was recommended by a doctor, or did not fill prescription for medicines or skipped doses because of cost in the past year. This survey was carried out in eleven countries. Similar questions were also asked in the national survey in the Czech Republic a few years earlier (2010).

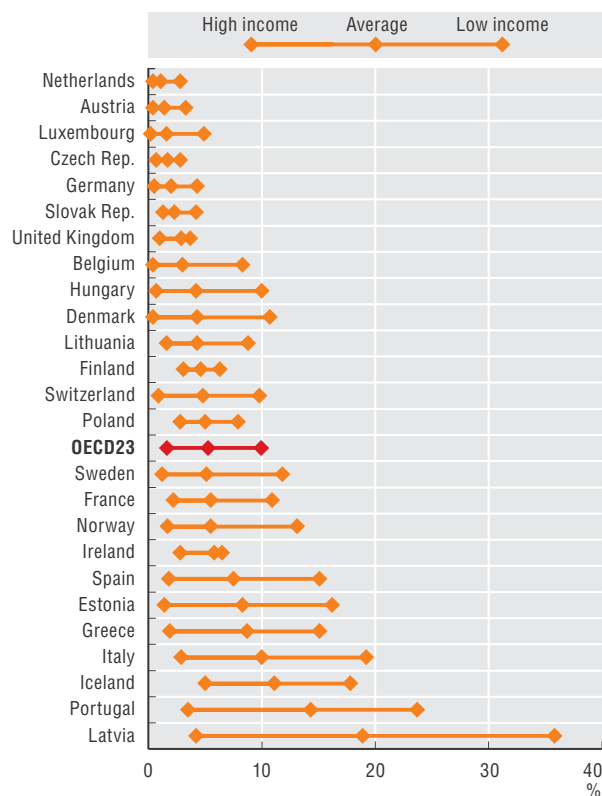
7.4. Unmet care needs for medical examination, by income level, 2013



Note: Unmet care needs for following reasons: too expensive, too far to travel, or waiting time.
Source: EU-SILC 2013.

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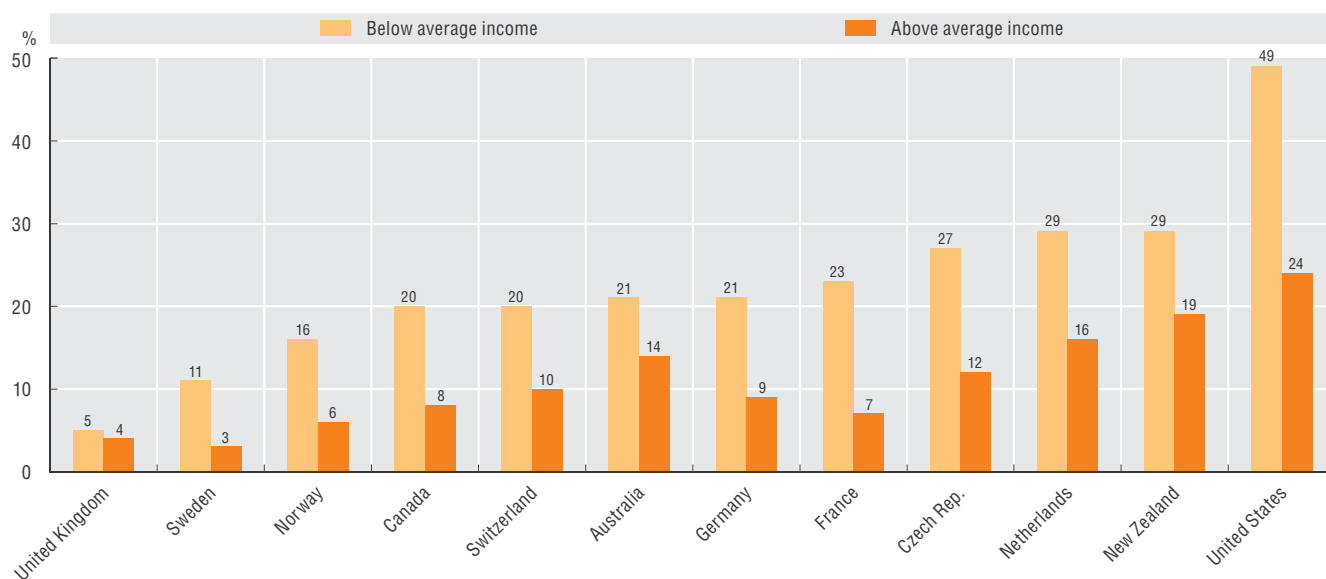
7.5. Unmet care needs for dental examination, by income level, 2013



Note: Unmet care needs for following reasons: too expensive, too far to travel, or waiting time.
Source: EU-SILC 2013.

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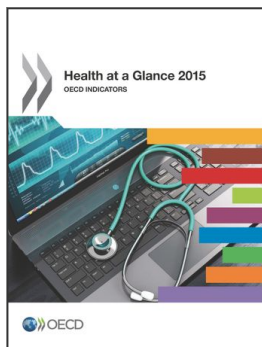
7.6. Unmet care needs due to cost, by income level, 2013



Note: Either did not visit doctor when they had a medical problem, did not get recommended care or did not fill/skipped prescription.
Source: 2013 Commonwealth Fund International Health Policy Survey, complemented with data from the national survey for the Czech Republic (2010).

StatLink <http://dx.doi.org/10.1787/888933281066>

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



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