

3. SATISFACTION WITH PUBLIC SERVICES

Accessibility, responsiveness and quality of healthcare

Although most OECD countries have achieved universal (or near universal) coverage for a core set of health services, including consultations with doctors and hospital care, issues of affordability and accessibility still hinder the use of health services. Access to medical care requires enough doctors, equitably distributed across the country. An under-supply of doctors can lead to longer waiting times or patients having to travel far to access services (OECD, 2021). The number of doctors per person varies substantially across OECD countries. On average, in 2021, there were almost 4 active physicians per 1 000 people across 30 OECD countries with comparable data. This ranged from just over 2.5 per 1 000 in Mexico, Korea, Japan and the United States to over 5 per 1 000 in Austria and Norway (Figure 3.10).

Waiting time is one measure of the timeliness of service delivery. Excessive waiting times can affect both perceptions of quality and the effectiveness of healthcare services. In 2021, the median waiting time for cataract surgery (one of the most frequent surgical interventions in OECD countries) was nearly three months (86 days). Waits were shortest in Italy (16 days), Hungary (25 days) and Poland (36 days), and longest in Costa Rica (247 days) and Australia (172 days) (Figure 3.11). Across OECD countries, waiting times had decreased by an average of 4 days in 2021 compared to before the pandemic, reflecting concerted policy efforts to address backlogs caused by the disruption of services. Nevertheless, four countries saw an increase in waits for cataract surgery: Australia (+74 days), New Zealand (+25 days), Norway (+23 days) and Canada (+5 days).

Healthcare providers must deal with various health problems daily, including infectious, chronic and life-threatening diseases and injuries. Some of the most frequent and severe health problems in OECD countries are cardiovascular diseases (including heart attacks and strokes) and various types of cancer. These are, by far, the two main causes of death in OECD countries, with cardiovascular diseases accounting for about one-third of all deaths and cancers for about one-quarter. While cardiovascular disease and cancer can be reduced through greater prevention efforts (e.g. reductions in tobacco and alcohol use and better eating habits), early detection is also critical, as is providing effective and timely treatments when they are diagnosed. A good indicator of the quality of acute care is the 30-day case-fatality rate after someone is admitted to hospital for an ischaemic stroke. This measure reflects the care processes, such as timely transport to hospital and effective medical interventions (OECD, 2015). Indeed, countries with lower 30-day mortality rates for ischaemic stroke also had lower 30-day mortality rates for acute myocardial infarction, suggesting some characteristics of acute care delivery are relevant across a range of acute illnesses (OECD/European Union, 2022). On average across the OECD, in 2020, the age-standardised mortality rate after hospital admission for ischaemic stroke

was 8.1 per 100 admissions in people aged 45 and over. The lowest rates were in Japan (3.0) and Iceland (3.4) among OECD countries, whereas Mexico (21.1) had the highest (Figure 3.12).

Methodology and definitions

Practising physicians are defined as the number of doctors providing care directly to patients, actively practising medicine during the year in public and private institutions. Physician density is the ratio of the number of physicians to the population.

Median waiting time for cataract surgery refers to the time elapsed from the date patients were added to the waiting list for the procedure (following specialist assessment) to the date they were admitted for treatment.

The case-fatality rate for ischaemic stroke measures the percentage of people aged 45 and over who die within 30 days of admission to the hospital. The rates presented in Figure 3.12 refer to patients who died in the same hospital where they were initially admitted (i.e. unlinked data). Rates are age-sex standardised.

Further reading

OECD/European Union (2022), *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris, <https://doi.org/10.1787/507433b0-en>.

OECD (2021), *Health at a Glance 2021: OECD Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/ae3016b9-en>.

OECD (2015), *OECD Reviews of Healthcare Quality: Japan 2015: Raising Standards*, OECD Reviews of Healthcare Quality, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264225817-en>.

Figure notes

“OECD” presents the unweighted average across countries. If OECD countries are not displayed it is because data are not available.

3.10. Data for Australia, Belgium, the Czech Republic, Estonia, France, Israel, Japan, Korea, Latvia, Lithuania, Mexico, Netherlands, Slovenia and Spain are for 2020. Data for Denmark, Poland, Sweden and the United States are for 2019. Data for Finland are for 2018.

3.11. Data for Australia, Estonia, Finland, Norway and Poland are for 2020. Most recent available data for Denmark are from 2018.

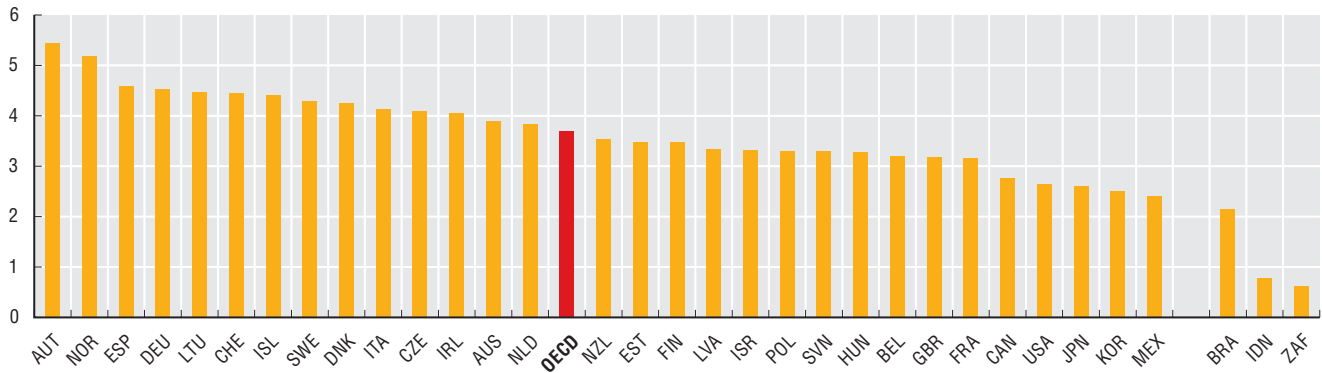
3.12. Data for Belgium, Canada, Chile, the Czech Republic, Denmark, Estonia, Finland, Germany, Israel, Korea, the Netherlands, New Zealand, Norway, Slovenia, Spain and Sweden are for 2019. Data for Australia, Poland and the United States are for 2018. Data for Colombia, Japan and Mexico are for 2017.

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3.10. Practising physicians per 1 000 people, 2021

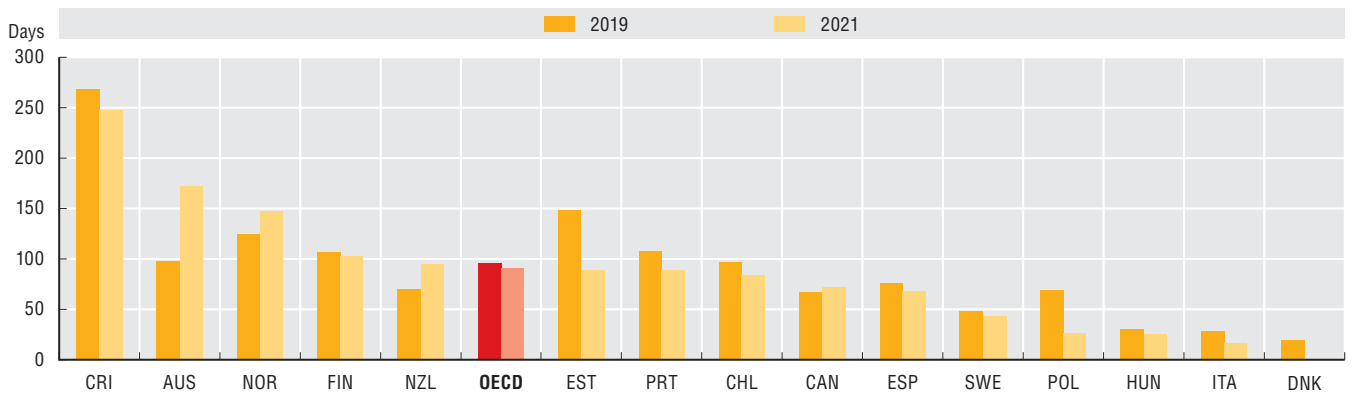
Active physicians per 1 000 population



Source: OECD (2021), Health Statistics (database).

StatLink <https://stat.link/3xk8sq>

3.11. Median waiting time for cataract surgery from specialist assessment to treatment, 2019 and 2021

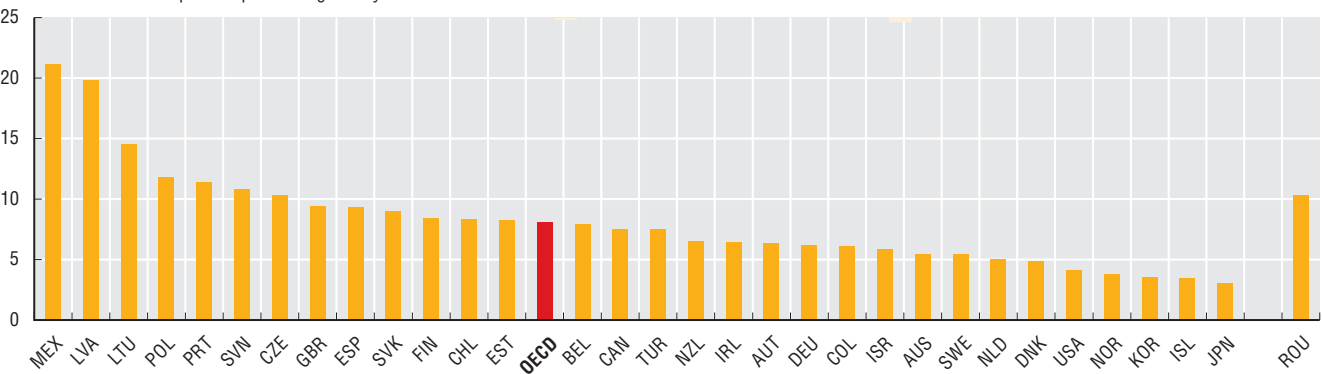


Source: OECD (2021), Health Statistics (database).

StatLink <https://stat.link/ydht53>

3.12. Thirty-day mortality rate after ischaemic stroke, 2020

Age-sex standardised rate per 100 patients aged 45 years or over



Source: OECD (2021), Health Statistics (database).

StatLink <https://stat.link/tfkmg5>



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