

CONSULTATIONS WITH DOCTORS

Consultations with doctors are an important measure of overall access to health services, since most illnesses can be managed in primary care without hospitalisation, and a doctor consultation often precedes a hospital admission.

Generally, the annual number of doctor consultations per person in Asia-Pacific is lower than the OECD average of 6.9, but there are some cross-country variations (Figure 5.4). The doctor consultation rate ranges from above ten in the Republic of Korea, Japan and Hong Kong, China to less than one in Bangladesh and Cambodia. In general, consultation rates tend to be highest in the high-income countries in the region and significantly lower in low-income countries (except Singapore), suggesting that economic situations have some impact on populations' health care-seeking behaviours. It should be noted that in these low-income countries, most primary contacts are with non-doctors (i.e. medical assistants, clinical officers or nurses).

Mainly reflecting the limited supply of doctors (see indicator "Doctors and nurses" in Chapter 5), the number of consultations per doctor is – in most Asia-Pacific countries – higher than the OECD average at 1994 per year, but there is a large cross-country variation (Figure 5.5). Doctors had more than 6 000 consultations on average in the Republic of Korea, Thailand and Hong Kong, China in a year while doctors in Bangladesh, New Zealand and Viet Nam generally had less than 2 000 consultations per year.

It should be noted that the number of consultations per doctor should not be taken as a measure of productivity because consultations can vary in length and effectiveness, and doctors also undertake work devoted to inpatients, administration and research. It is also subject to comparability limitations such as the exclusion of doctors working in the private sector or the inclusion of other health professionals providing primary care in some countries (see box below on "Definition and comparability").

There is a close relationship between doctor consultation rates – a proxy for access to services – and life expectancy at birth, with consultation rates being highest in countries with highest life expectancy (Figure 5.6). This simple correlation, however, does not necessarily imply causality since overall living standards may influence both consultation rates and life expectancy. There are also country examples such as Mongolia where life expectancy is much lower than

expected based on consultation rates, indicating that other factors beyond doctor consultations affect life expectancy, such as geographic accessibility and income level.

While there are large variations in consultation rates across countries, there are also substantial variations in consultation rates between the poorest and richest households within each country (Figure 5.7). Although the poorest quintiles might be expected to have the greatest need for medical consultations, their consultation rates are typically lower than in other households, and especially so in India, Thailand, Sri Lanka, China, Nepal and Indonesia. However, there are some exceptions and people in poor households visit doctors more often than the non-poor, particularly in Bangladesh, Hong Kong, China and the Republic of Korea.

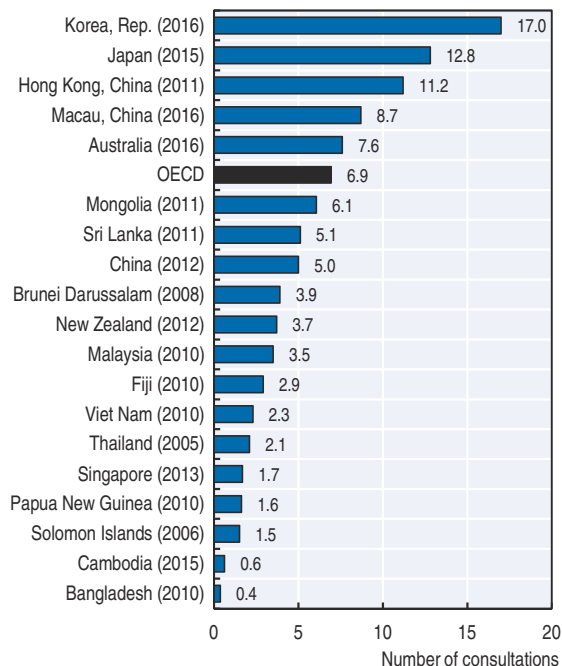
Definition and comparability

Consultations with doctors are defined as contacts with physicians (both generalists and specialists, for more details see indicator "Doctors and nurses" in Chapter 5). These may take place in doctors' offices or clinics, in hospital outpatient departments and in homes.

Two main data sources are used to estimate consultation rates: administrative data and household health surveys. In general, administrative data sources in the non-OECD countries and economies of the Asia-Pacific region only cover public sector physicians or publicly financed physicians, although physicians in the private sector provide a large share of overall consultations in most of these countries. Moreover, outpatient visits recorded in administrative data can be also with non-physicians. The alternative data source is household health surveys, but these tend to produce lower estimates owing to incorrect recall and non-response rates. Administrative data have been used where available but survey data are used for Hong Kong, China, Singapore, Solomon Islands and Sri Lanka. Caution must be applied in interpreting the data from different sources.

The annual number of consultations per doctor is estimated by dividing the number of total consultations in a year by the number of doctors.

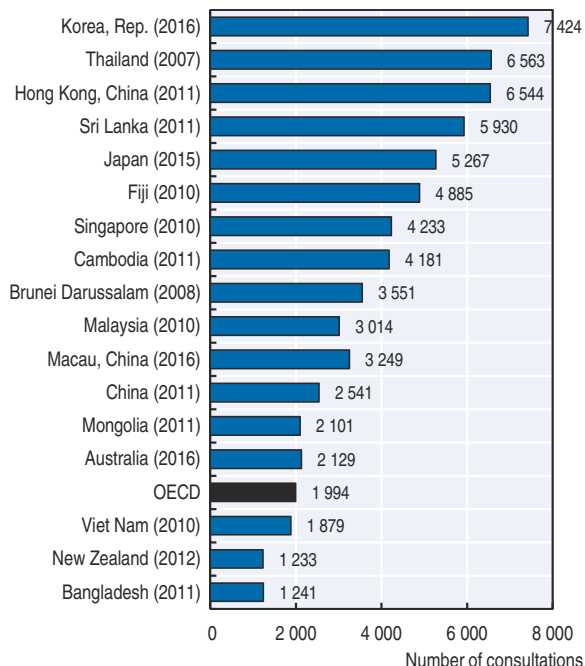
5.4. Doctor consultations per capita, latest year available



Source: OECD Health Statistics 2018; National Data Sources (see Annex A).

StatLink <http://dx.doi.org/10.1787/888933868614>

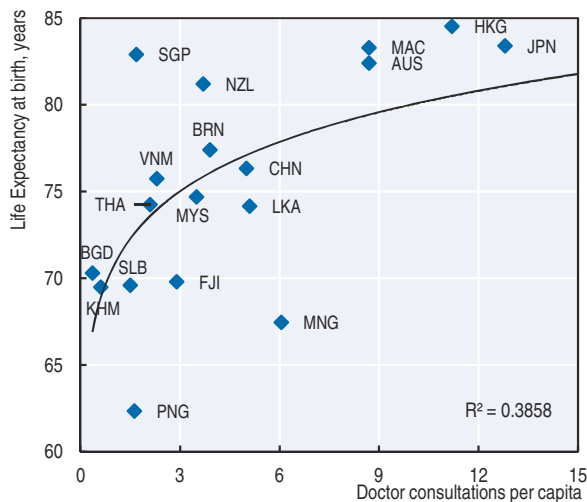
5.5. Estimated number of consultations per doctor, latest year available



Source: OECD Health Statistics 2018; National Data Sources (see Annex A).

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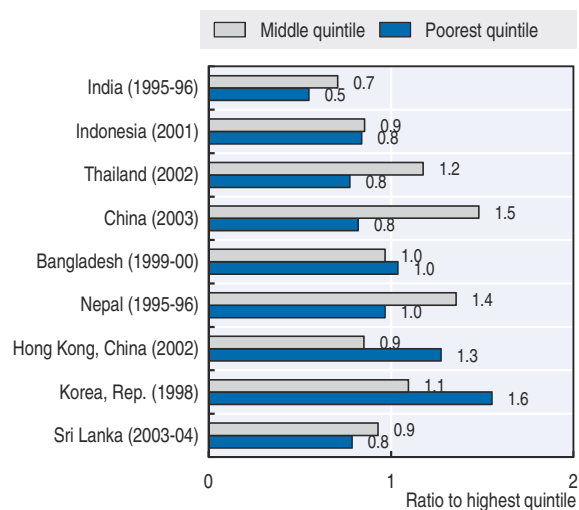
5.6. Doctor consultations per capita and life expectancy at birth, latest year available



Source: OECD Health Statistics 2018; National Data Sources (see Annex A).

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5.7. Ratio of doctor consultation rates in poorest and middle socioeconomic quintiles, compared to highest quintile, latest year available



Source: National Data Sources (see Annex A).

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