Consultations with doctors

Consultations with doctors can take place in doctors' offices or clinics, in hospital outpatient departments or, in some cases, in patients' own homes. In many countries (e.g., Denmark, Italy, Netherlands, Norway, Portugal, Slovak Republic, Spain and United Kingdom), patients are required or given incentives to consult a general practitioner (GP) about any new episode of illness. The GP may then refer them to a specialist, if indicated. In other countries, patients may approach specialists directly.

In 2013, the number of doctor consultations per person ranged from over 12 in Korea and Japan, to less than three in Mexico, Finland and Sweden, as well as in South Africa and Brazil (Figure 6.1). The OECD average was about 6.5 consultations per person per year, with most countries reporting between five and eight consultations. Cultural factors appear to play a role in variations across countries, although certain health system characteristics may also be important. Some countries where doctors receive fee-forservice tend to have above-average consultation rates (e.g. Japan and Korea), while countries with mostly salaried doctors tend to have below-average rates (e.g. Mexico, Finland and Sweden). However, there are examples of countries such as Switzerland and the United States where doctors are paid mainly by fee-for-service and where consultation rates are below average, suggesting that other factors are also important.

In Sweden and Finland, the low number of doctor consultations may also be explained partly by the fact that nurses and other health professionals play an important role in providing primary care to patients in health centres, lessening the need for consultations with doctors (Delamaire and Lafortune, 2010).

The average number of doctor consultations per person has increased in many OECD countries since 2000. This was particularly the case in Korea, partly explained by the rapid increase in the number of physicians during that period. In some other countries, the number of consultations with doctors per person fell. This was the case in Japan, the Czech Republic and the Slovak Republic, although the number remains well above average in these three countries.

Information on the number of doctor consultations per person can be used to estimate the annual numbers of consultations per doctor. This indicator should not be taken as a measure of doctors' productivity, since consultations can vary in length and effectiveness, and because it excludes the work doctors do on hospital inpatients, administration and research. Keeping these reservations in mind, the estimated number of consultations per doctor is highest in Korea and Japan, followed by Turkey and Hungary (Figure 6.2). On the other hand, the estimated number of consultations per doctor was lowest in Sweden and Finland, where consultations with doctors in both primary care settings and hospitals tend to be concentrated more for patients with more severe and complex cases.

The number and type of doctor consultations can vary among different population groups in each country. An OECD study found that the probability of a visit to the GP tends to be equally distributed in most countries, but in nearly all countries, higher income people are more likely to see a specialist than those with low income, and also more frequently (Devaux and de Looper, 2012).

Definition and comparability

Consultations with doctors refer to the number of contacts with physicians, including both generalists and specialists. There are variations across countries in the coverage of these consultations, notably in outpatient departments of hospitals. The data come mainly from administrative sources, although in some countries (Ireland, Israel, Italy, Netherlands, New Zealand, Spain, Switzerland and United Kingdom) the data come from health interview surveys. Estimates from administrative sources tend to be higher than those from surveys because of problems with recall and non-response rates.

In Hungary, the figures include consultations for diagnostic exams such as CT and MRI scans (resulting in an over-estimation). The figures for the Netherlands exclude contacts for maternal and child care. The data for Portugal exclude visits to private practitioners, while those for the United Kingdom exclude consultations with specialists outside hospital outpatient departments (resulting in an under-estimation). In Germany, the data include only the number of cases of physicians' treatment according to reimbursement regulations under the Social Health Insurance Scheme (a case only counts the first contact over a threemonth period, even if the patient consults a doctor more often, leading to an under-estimation). Telephone contacts are included in some countries (e.g. Ireland, Spain and United Kingdom). In Turkey, a majority of consultations with doctors occur in outpatient departments in hospitals.

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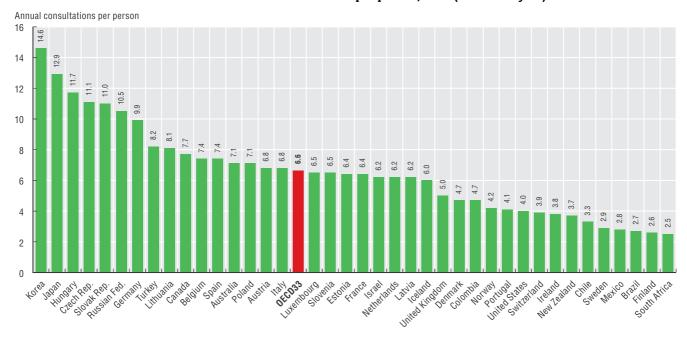
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A corrigendum has been issued for this page. See http://www.oecd.org/about/publishing/Corrigendum-HealthataGlance2015.pdf

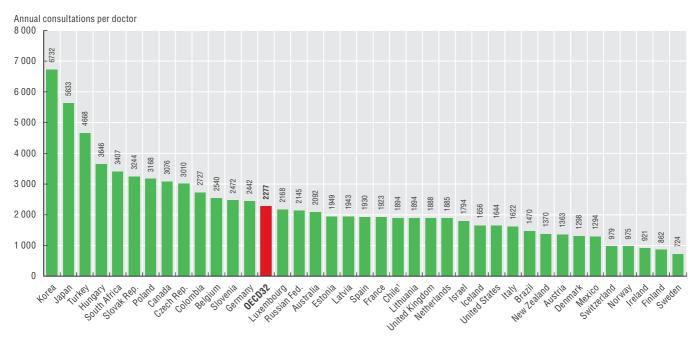
6.1. Number of doctor consultations per person, 2013 (or nearest year)



Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink http://dx.doi.org/10.1787/888933280967

6.2. Estimated number of consultations per doctor, 2013 (or nearest year)



1. In Chile, data for the denominator include all doctors licensed to practice. Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.

StatLink as http://dx.doi.org/10.1787/888933280967

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

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