EXTENT OF HEALTH CARE COVERAGE

In addition to the share of the population entitled to basic health services, the range of services included in a publicly defined benefit package and the proportion of costs covered are the other dimensions defining the extent of health care coverage in a country. Figure 7.10 assesses these three dimensions of coverage for a selected number of key health care functions. For each function, it displays the share of the costs that is funded collectively – either by government schemes or compulsory insurance arrangements. Differences across countries in the share of the costs covered can be due to the fact that some specific goods and services are included in the public benefit package in one country but not in another (e.g. a particular drug or medical procedure), that cost-sharing arrangements for the same goods and services vary or that some services are only covered for specific population groups in a country.

In the EU, inpatient services in hospitals are more comprehensively covered than any other type of care. Across the EU, 93% of all inpatient costs are borne by government or compulsory insurance schemes. In many countries, patients have access to free acute inpatient care. This is the case, for example, in Denmark, Hungary, Poland, Spain and the United Kingdom, so government and compulsory schemes cover more than 90% of these costs in those countries. In the Netherlands, these services are also free of charge once the annual general deductible has been met. Only in Cyprus, Greece and Ireland is the financial coverage for costs of inpatient care below 70%. In those countries, patients frequently choose treatment in facilities not included in the public benefit package.

More than three-quarters of spending on outpatient care in the EU are borne by government and compulsory health financing schemes (77%). With the exception of Bulgaria and Cyprus, at least 50% of all outpatient medical care costs are financed by compulsory third-party payers in EU countries. In a number of countries, outpatient primary and specialist care are generally free at the point of service but user charges may still apply for specific services or if providers outside the public sector are consulted. This is, for example, the case in Denmark, where 92% of total costs are covered but user charges exist for visits to psychologists and physiotherapists, and the United Kingdom (84%), where care provision outside of NHS commissioned services are not covered.

Public coverage for dental care costs is more limited in the EU with more restricted service packages (frequently limited to children) and higher levels of cost-sharing. Around 30% of total dental care costs are borne by government schemes or compulsory insurance in Europe. More than half of this spending is only covered in a few EU countries: Slovenia (51%), the Slovak Republic (56%), Croatia (61%) and Germany (68%). By contrast, in countries like Italy and the United Kingdom, dental care costs for adults without any specific entitlement are not covered. In countries where dental care is not comprehensively included in the public benefit package, voluntary health insurance may play an important role

in providing financial protection. This is the case in the Netherlands where more than 70% of total costs are borne by these schemes.

Public coverage for pharmaceuticals is also typically less comprehensive than coverage for inpatient and outpatient care. Across the EU, around 64% of all pharmaceutical costs are covered by government and compulsory schemes. Over-the-counter medications – which are available without prescription and are typically not covered by basic coverage schemes – play an important role in some countries (see indicator "Pharmaceutical Expenditure" in Chapter 5). Less than 20% of pharmaceutical costs are covered by government schemes in Cyprus and Bulgaria. In Germany, this proportion reaches 84% as cost-sharing is only moderate with patients generally having to pay a co-insurance rate of 10% for each prescribed pharmaceutical capped at EUR 10 per item within an annual Co-payment Cap.

Therapeutic appliances such as glasses and other eye products, hearing aids and other medical devices are typically covered to a lesser extent than other health services. Government and compulsory insurance schemes cover more than 50% of these expenses in only four EU countries. In case of corrective eye products, compulsory coverage is often limited to paying partially for the cost of glasses, while private households are left to bear the full cost of the frames if they are not covered by complementary insurance.
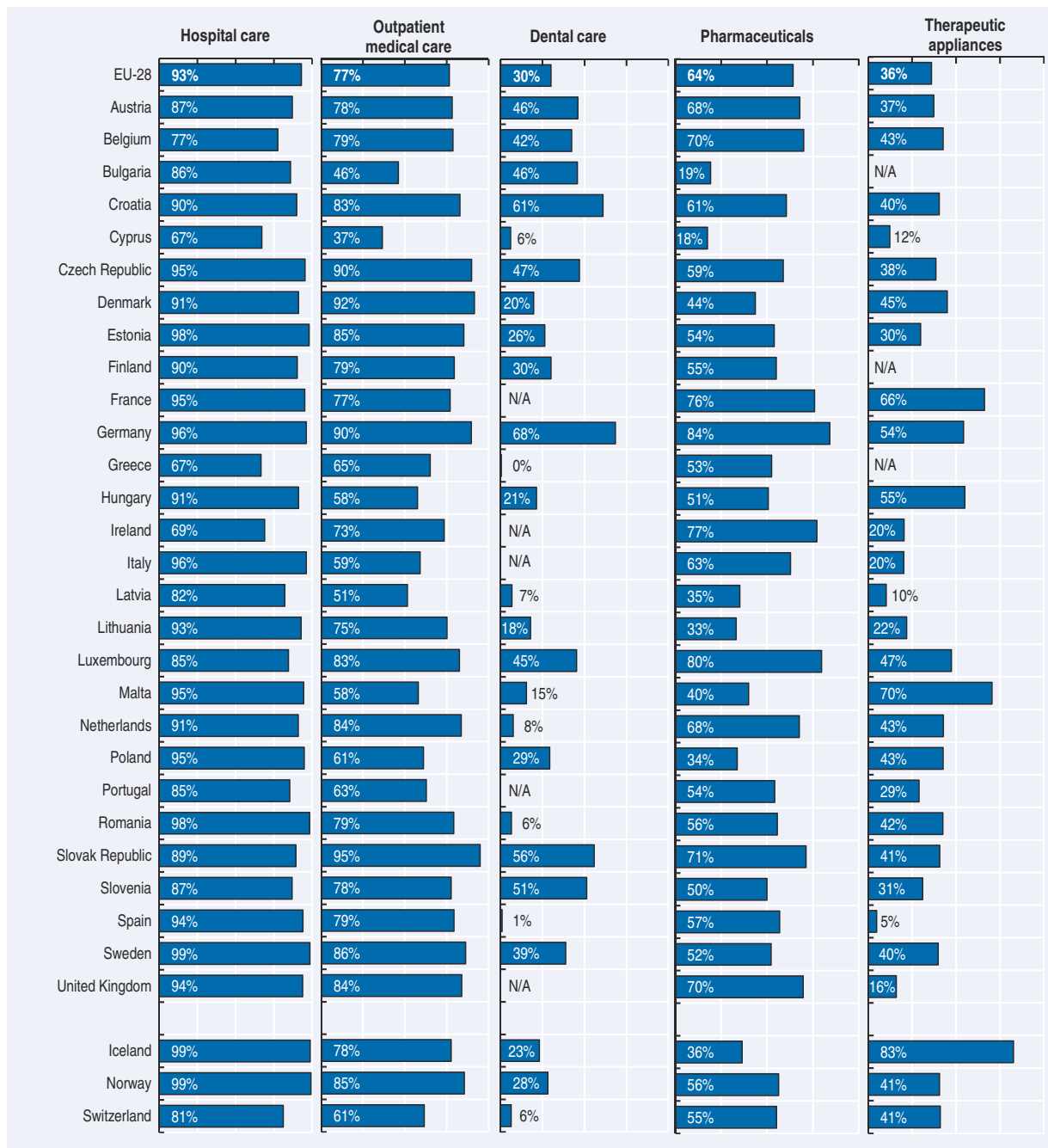
Definition and comparability

Health care coverage is defined by the share of the population entitled to services ("breadth of coverage"), the range of services included in a benefit package ("depth of coverage") and the proportion of costs covered ("height of coverage") by government schemes and compulsory insurance schemes. Financial coverage provided by voluntary health insurance is not considered. The core functions analysed here are defined based on the definitions in the System of Health Accounts (SHA, 2011). Inpatient care refers to inpatient curative and rehabilitative care in hospitals, outpatient medical care to all outpatient curative and rehabilitative care excluding dental care, pharmaceuticals to prescribed and over-the-counter medicines including medical non-durables, and therapeutic appliances mainly to eyewear, hearing aids and other medical devices.

Comparing the shares of financial coverage for different types of services is a simplification as reality is more complex and does not reflect possible trade-offs. For example, a country with more restricted population coverage but a very high depth of coverage may display a lower share of financial coverage than a country where the entire population is entitled to services but with a more limited benefit basket.

7.10. Health care coverage for selected goods and services, 2016

Government and compulsory insurance spending as proportion of total health spending by type of service

	Hospital care	Outpatient medical care	Dental care	Pharmaceuticals	Therapeutic appliances
EU-28	93%	77%	30%	64%	36%
Austria	87%	78%	46%	68%	37%
Belgium	77%	79%	42%	70%	43%
Bulgaria	86%	46%	46%	19%	N/A
Croatia	90%	83%	61%	61%	40%
Cyprus	67%	37%	6%	18%	12%
Czech Republic	95%	90%	47%	59%	38%
Denmark	91%	92%	20%	44%	45%
Estonia	98%	85%	26%	54%	30%
Finland	90%	79%	30%	55%	N/A
France	95%	77%	N/A	76%	66%
Germany	96%	90%	68%	84%	54%
Greece	67%	65%	0%	53%	N/A
Hungary	91%	58%	21%	51%	55%
Ireland	69%	73%	N/A	77%	20%
Italy	96%	59%	N/A	63%	20%
Latvia	82%	51%	7%	35%	10%
Lithuania	93%	75%	18%	33%	22%
Luxembourg	85%	83%	45%	80%	47%
Malta	95%	58%	15%	40%	70%
Netherlands	91%	84%	8%	68%	43%
Poland	95%	61%	29%	34%	43%
Portugal	85%	63%	N/A	54%	29%
Romania	98%	79%	6%	56%	42%
Slovak Republic	89%	95%	56%	71%	41%
Slovenia	87%	78%	51%	50%	31%
Spain	94%	79%	1%	57%	5%
Sweden	99%	86%	39%	52%	40%
United Kingdom	94%	84%	N/A	70%	16%
Iceland	99%	78%	23%	36%	83%
Norway	99%	85%	28%	56%	41%
Switzerland	81%	61%	6%	55%	41%

Note: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines as well as medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. N/A means data not available.
Source: OECD Health Statistics 2018, *https://doi.org/10.1787/health-data-en.*

StatLink ⟐⟐⟐ *http://dx.doi.org/10.1787/888933836371*

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