

Consultations with doctors

Consultations with doctors are, for many people, the most frequent contact with health services, and often provide an entry point for subsequent medical treatment. Consultations can take place in doctors' clinics, hospital outpatient departments or, in some cases, patients' own homes. Increasingly, consultations occur online or by video call, to improve access for remote populations, or for consultations after regular hours.

In 2017, the number of doctor consultations per person ranged from less than 3 in Mexico and Sweden, to almost 17 in Korea (Figure 9.1). The OECD average was 6.8 consultations per person per year, with most countries reporting between four and ten. Among key partners, consultation rates were also less than 3 in Colombia, Costa Rica, South Africa and Brazil.

Cultural factors play a role in explaining some of the variations across countries, but incentive structures also matter. Provider payment methods and the levels of co-payments are particularly relevant. For example, in Korea and Japan, health providers are paid through fee-for-service, thus creating incentives for overprovision of services, while countries with mostly salaried doctors tend to have below-average rates (e.g. Mexico, Finland and Sweden). However, in Switzerland and the United States, doctors are paid mainly by fee-for-service but consultation rates are below average. In these countries, patient co-payments can be high, which may result in patients not consulting a doctor because of the cost of care (see indicators in Chapter 5 on access).

Recent reforms to expand the role of nurses across many OECD countries can also partially explain low rates of consultations with doctors. This may involve nurses working as generalists to support GPs, focusing on health promotion, or as single-disease specialists. In many cases, nurses also have the authority to prescribe pharmaceuticals and order medical tests and exams. In Canada, Finland, Ireland, New Zealand, Sweden, the United Kingdom and the United States, nurses are authorised to work at high levels of advanced practice in primary care – in all these countries doctor consultation rates are below the OECD average (Maier, Aiken and Busse, 2017[1]).

The average number of doctor consultations per person across OECD countries has remained relatively stable since 2000 (between 6.5 and 6.8). However, some countries have seen large increases over time (Germany, Korea, Lithuania and Turkey), while in a few countries, numbers have fallen. This was the case in Japan and Spain, although consultations remain above the OECD average in both 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 vary in length and effectiveness; and because it excludes services doctors deliver for hospital inpatients, as well as time spent on research and administration. Keeping these comparability issues in mind, the estimated number of consultations per doctor is highest in Korea, Japan and

Turkey (Figure 9.2). Numbers were lowest in Sweden and Norway, where consultations with doctors in both primary care and hospital settings tend to be focused towards patients with more severe and complex cases.

The number and type of doctor consultations can vary among different socio-economic groups. Wealthier individuals are more likely to see a doctor than individuals in the lowest income quintile, for a comparable level of need (see indicator on "Use of primary care services" in Chapter 5). Income inequalities in accessing doctors are much more marked for specialists than for general practitioner consultations (OECD, 2019 [2]).

Definition and comparability

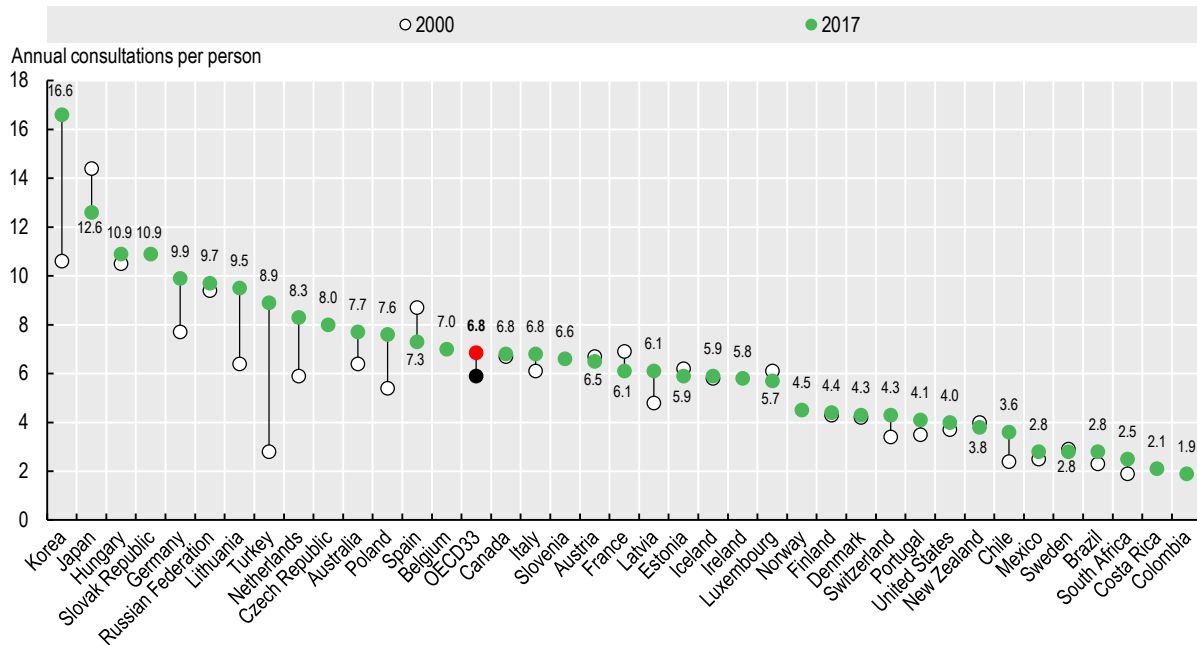
Consultations with doctors refer to the number of contacts with physicians, including generalists and specialists. There are variations across countries in the physicians counted (e.g. physicians on parental or sick leave) and in the coverage of these consultations, notably in outpatient departments of hospitals. Data come mainly from administrative sources, although in some countries (Ireland, Italy, Netherlands, New Zealand, Spain and Switzerland) 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, figures include consultations for diagnostic exams such as CT and MRI scans (resulting in an over-estimation). Figures for the Netherlands exclude contacts for maternal and child care. Data for Portugal exclude visits to private practitioners (resulting in an under estimation). In Germany, data include only the number of cases of physicians' treatment according to reimbursement regulations of the social health insurance scheme. This may lead to both underestimation (a case only counts the first contact over a three-month period, even if the patient consults a doctor more often) and overestimation (contacts that are not face-to-face, such as laboratory testing, are counted). Telephone contacts are included in a few countries (e.g. Spain). In Turkey, the most consultations with doctors occur in outpatient departments in hospitals.

References

- [1] Maier, C., L. Aiken and R. Busse (2017), "Nurses in advanced roles in primary care: Policy levers for implementation", *OECD Health Working Papers*, No. 98, OECD Publishing, Paris, <https://dx.doi.org/10.1787/a8756593-en>.
- [2] OECD (2019), *Health for Everyone? Social Inequalities in Health and Health Systems*, OECD Publishing, Paris, <https://doi.org/10.1787/3c8385d0-en>.

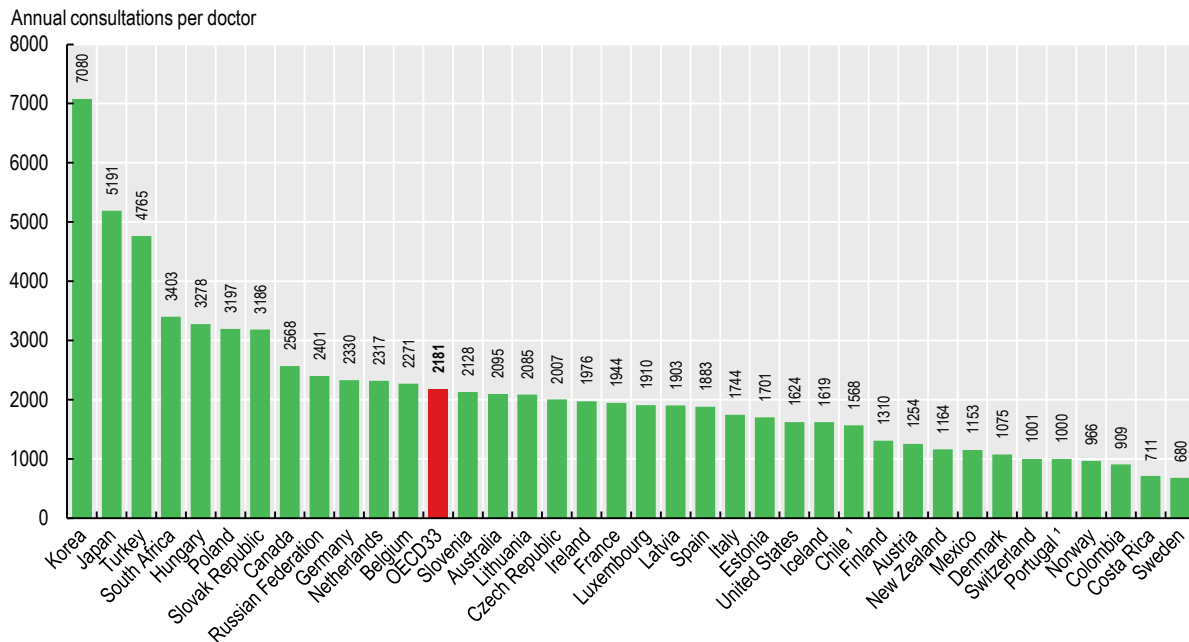
Figure 9.1. Number of doctor consultations per person, 2000 and 2017 (or nearest year)



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017633>

Figure 9.2. Estimated number of consultations per doctor, 2017 (or nearest year)



1. In Chile and Portugal, data for the denominator include all doctors licensed to practice.

Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934017652>



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