

## PATIENT EXPERIENCE WITH AMBULATORY CARE

Across EU countries, delivering health care that is patient-centred is becoming a priority in health care policy. Given the importance of utilising people's voice for developing health systems and improving quality of care, national efforts to develop and monitor patient-reported measures have been intensified in recent years. In many countries, responsible organisations have been established or existing institutions have been identified for measuring and reporting patient experiences. These organisations develop survey instruments for regular collection of patient experience data and standardise procedures for analysis and reporting. An increasing number of countries collect not only Patient-Reported Experience Measures (PREMs) but also Patient-Reported Outcome Measures (PROMs) which collect patients' perception on their specific medical conditions and general health, including mobility, pain/discomfort and anxiety/depression, before and after a specific medical intervention (OECD, 2018).

Countries use patient-reported data differently to drive quality improvements in health systems. In order to promote quality of health care through increased provider accountability and transparency, many countries report patient experience data in periodic national health system reports and/or on public websites, showing differences across providers, regions and over time. In addition, Belgium and Norway use patient experience measures in payment mechanisms to promote quality improvement and patient-centred care. The Czech Republic, Denmark, France and the United Kingdom use patient experience data to inform health care regulators for inspection, regulation and/or accreditation. Patient-reported measures are also used in Belgium, Denmark and the Netherlands to provide specific feedback for providers' quality improvement. Several countries including Belgium and Denmark also use patient-reported outcome measures systematically for quality improvement (Fujisawa and Klazinga, 2017; Desomer et al., 2018).

Patients generally report positive experiences in relation to communication and autonomy in the ambulatory health care system. For example, the majority of patients reported that they spent enough time with a doctor during consultation (Figure 6.6) and a doctor involved them in care and treatment decisions (Figure 6.7). For these and other aspects of patient experience, Belgium and Luxembourg have high rates with above 95% of patients reporting positive experiences, while Poland has lower rates. For example, only one in two patients report having been involved in their care and treatment decisions during consultation in Poland. Across European countries, these patient experiences are generally consistent with

the perceived quality of family doctor/GP or health centre services as reported in the European Quality of Life Survey. The perceived quality of care is high in Austria and Luxembourg, while it is low in Poland and Greece (Figure 6.8).

In recent years, reported patient experiences have not changed significantly in most countries. However, Estonia and Sweden have improved some aspects of patient experiences recently.

### Definition and comparability

In order to monitor general patient experience with ambulatory care, the OECD recommends collecting data on patient experience with any doctor in ambulatory care settings. An increasing number of countries have been collecting patient experience data based on this recommendation through nationally representative population surveys, while Portugal collects them through a nationally-representative service user survey.

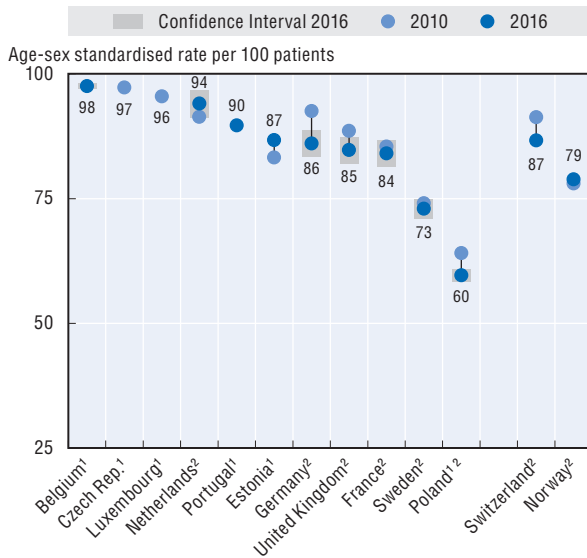
In 11 countries, the Commonwealth Fund's International Health Policy Surveys of 2010 and 2016 were used as a data source, even though there are limitations relating to the sample size and response rates. Data from this source refer to patient experience with a GP, instead of with any doctor including both GP and specialist. In 2016, the Netherlands developed a national population survey and this resulted in improved response rates and data quality. Poland collects data through national survey and the data refer to patient experience with a regular doctor.

Rates for Figure 6.6 and Figure 6.7 are age-sex standardised to the 2010 OECD population, to remove the effect of different population structures across countries.

### References

- Desomer, A. et al. (2018), "Use of patient-reported outcome and experience measures in patient care and policy", *Health Care Knowledge Centre (KCE) Reports*, No. 303, Belgium KCE Health Services Research, Brussels.
- Fujisawa, R. and N. Klazinga (2017), "Measuring Patient Experiences (PREMs): Progress Made by the OECD and its Member Countries 2006-2015", *OECD Health Working Papers*, No. 102, OECD Publishing, Paris, <https://doi.org/10.1787/893a07d2-en>.
- OECD (2018), "Patient-Reported Indicators Survey (PaRIS)", [www.oecd.org/health/paris.htm](http://www.oecd.org/health/paris.htm).

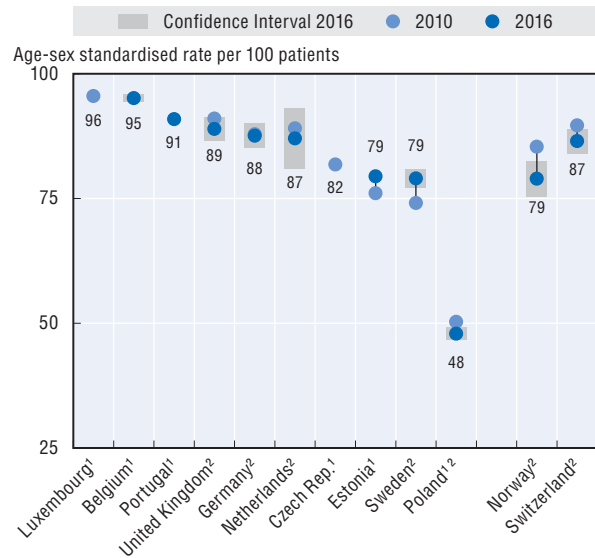
### 6.6. Doctor spending enough time with patient in consultation, 2010 and 2016 (or nearest year)



1. National sources.  
 2. Data refer to patient experiences with GP.  
 Note: 95% confidence intervals have been calculated for all countries, represented by grey areas.  
 Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.

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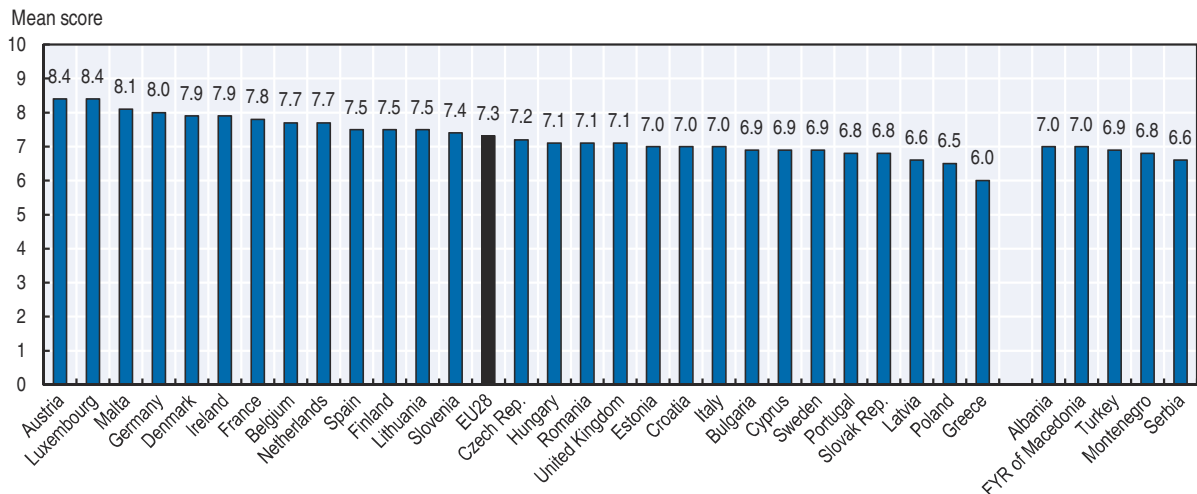
### 6.7. Doctor involving patient in decisions about care and treatment, 2010 and 2016 (or nearest year)



1. National sources.  
 2. Data refer to patient experiences with GP.  
 Note: 95% confidence intervals have been calculated for all countries, represented by grey areas.  
 Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.

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### 6.8. Perceived quality of GP (family doctor) or health centre services, 2016



Note: The mean score is based on a scale from 1 to 10, where 1 means very poor quality and 10 means very high quality. The EU average is unweighted.  
 Source: European Quality of Life Survey 2016.

StatLink <http://dx.doi.org/10.1787/888933835763>



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