

Given the importance of incorporating people's voices into the development of 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, specific organisations have been established or existing institutions have been identified and made responsible for measuring and reporting patient experiences of health care. This has frequently resulted in regular collection of patient experience data and standardised procedures for analysis and reporting.

Countries use patient-reported data differently to drive quality improvements in health systems. 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 and regions, and over time. Canada, the Czech Republic, Denmark, France and the United Kingdom use patient experience measures to inform health care regulators for inspection, regulation and/or accreditation. Patient-reported measures are also used in some Canadian jurisdictions, Denmark, the Netherlands and the United Kingdom to provide specific feedback for providers to support quality improvement (Fujisawa and Klazinga, 2017[12]).

Across OECD countries, the majority of patients reported positive experiences during their health care: that they spent enough time with a doctor during consultation (Figure 6.6), and that a doctor provided easy-to-understand explanations (Figure 6.7) and involved them in care and treatment decisions (Figure 6.8). Japan has a particularly low rate for patient perception of the time spent with a doctor; this is likely to be associated with a high number of consultations per doctor (see indicator "Consultations with doctors" in Chapter 5). Other factors such as survey coverage, response rates and cultural differences in survey response patterns may also contribute to international variations in patient-reported measures, so further research is needed.

Patients' income level is associated not only with access to care (see indicator "Unmet needs for health care" in Chapter 5) but also with their experiences with health care. On average across 11 OECD countries, patients with above-average income reported a better health care experience than patients with below-average income. Patient experiences also vary by health condition (see indicator "Care for people with mental health disorders").

In the years leading up to 2019, patient experiences improved in Estonia, Israel and Poland. Between 2010 and 2020, however, the proportion of patients who reported spending enough time with a doctor during consultation decreased significantly in Germany, Sweden, Switzerland and the United Kingdom, and the proportion of patients being involved in care and treatment decisions decreased significantly in France, Sweden, Switzerland and the United Kingdom. A significant reduction in patients reporting positive experiences was observed in some of these countries in 2020; this may be related to the COVID-19 crisis, to some extent.

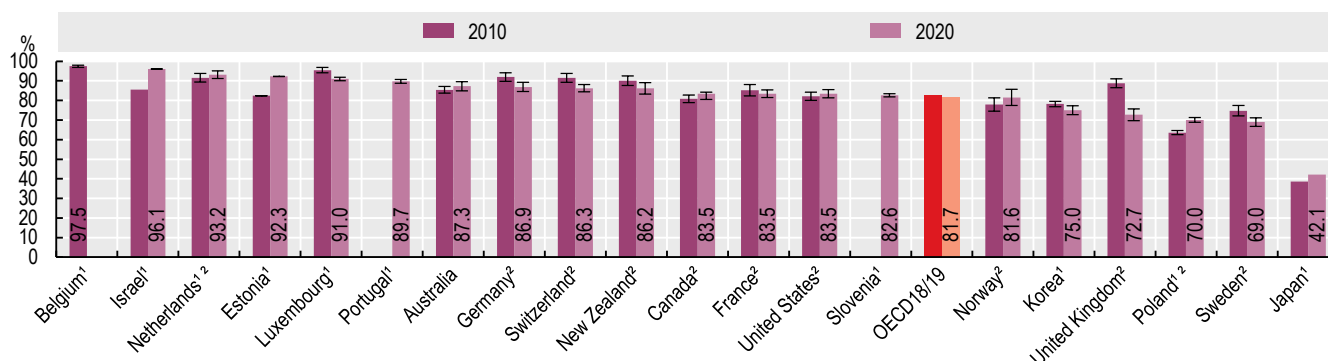
The COVID-19 pandemic has also made clear the need to institutionalise mechanisms to incorporate patient voices in policy decisions that have an impact on patient care (OECD, 2021[6]). A growing number of countries are using patient-reported measures to assess how well health systems are serving people's needs. The OECD's Patient-Reported Indicators Surveys (PaRIS) initiative aims to collect key people-reported outcomes and experiences to improve the performance of health care providers and to drive changes in health systems, based on people's voices (OECD, 2021[13]) (see <https://www.oecd.org/health/paris.htm>).

#### Definition and comparability

To monitor general patient experiences in the health system, the OECD recommends collecting data on patient experiences with any doctor in ambulatory settings. An increasing number of countries have been collecting patient experience data based on this recommendation through nationally representative population surveys, while Japan and Portugal collect them through nationally representative service user surveys. About half of the countries presented, however, collect data on patient experiences with a regular doctor or regular practice, not data on patient experiences with any doctor in ambulatory care. National data refer to years up to 2018.

In 11 countries, the Commonwealth Fund's International Health Policy Surveys 2010 and 2020 were used as a data source, even though there are limitations relating to the small sample size and low response rates. Data from this survey refer to patient experiences with a general practitioner (GP) rather than any doctor, including both GPs and specialists.

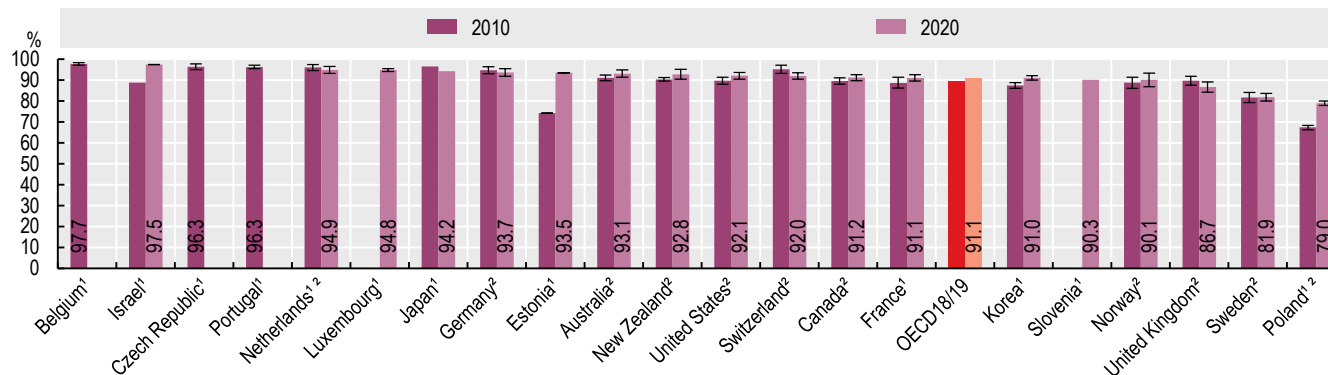
Figure 6.6. Doctor spending enough time with patient during consultation, 2010 and 2020 (or nearest year)



Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refers to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

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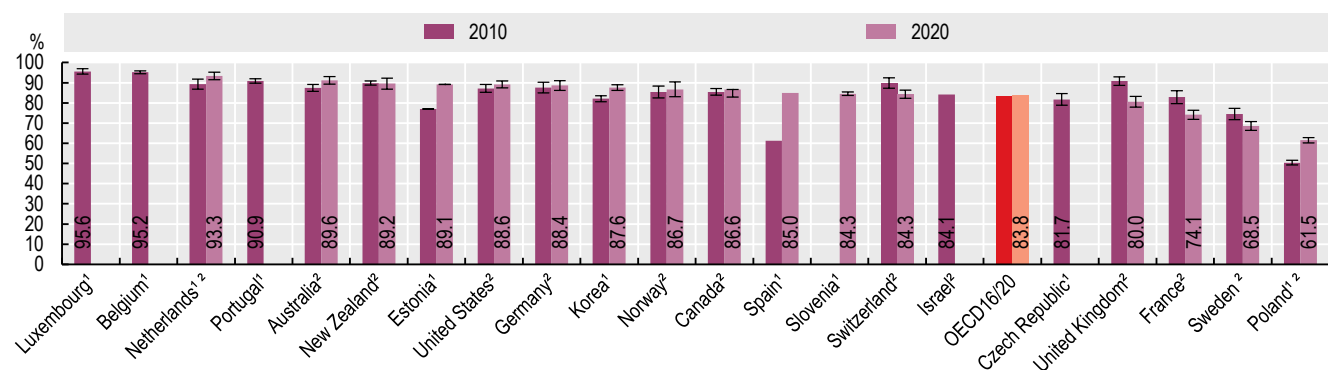
Figure 6.7. Doctor providing easy-to-understand explanations, 2010 and 2020 (or nearest year)



Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refers to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

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Figure 6.8. Doctor involving patient in decisions about care and treatment, 2010 and 2020 (or nearest year)



Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refers to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

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