

## People-centredness of ambulatory care

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 identified, and made responsible for measuring, monitoring and reporting patient experiences of healthcare. This has resulted in more 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 healthcare 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 healthcare 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<sup>[1]</sup>).

Across OECD countries, the majority of patients reported positive experiences during their healthcare: that they spent enough time with a regular doctor during consultation (Figure 6.14), and that a regular doctor provided easy-to-understand explanations (Figure 6.15) and involved them in care and treatment decisions (Figure 6.16). Japan reports a particularly low rate of patient perception of sufficient time spent with a doctor, and this probably reflects the high number of consultations per doctor (see section on “Consultations with doctors” in Chapter 5). However, in Korea – which has the highest number of consultations per doctor – four out of five patients reported that doctors spent enough time with them. International variations in patient-reported measures may be influenced by various factors, such as survey coverage, response rates and cultural differences in survey response patterns.

Patients' income level is associated not only with access to care (see section on “Unmet needs for healthcare” in Chapter 5) but also with their experiences of healthcare. On average across the 11 OECD countries that participated in the Commonwealth Fund International Health Policy Surveys 2010 and 2020, patients with above-average income reported better healthcare experience than patients with below-average income across all three measures.

Between 2010 and 2020, patient experiences improved in Estonia and Israel across all three measures. However, the proportion of patients who reported spending enough time with a doctor during consultation decreased significantly in Germany, New Zealand, 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<sup>[2]</sup>). 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 Indicator Surveys (PaRIS) initiative aims to collect key people-reported outcomes and experiences to improve the performance of healthcare providers and to drive changes in health systems, based on people's voices (OECD, 2021<sup>[3]</sup>) (see [www.oecd.org/health/paris.htm](http://www.oecd.org/health/paris.htm)).

### Definition and comparability

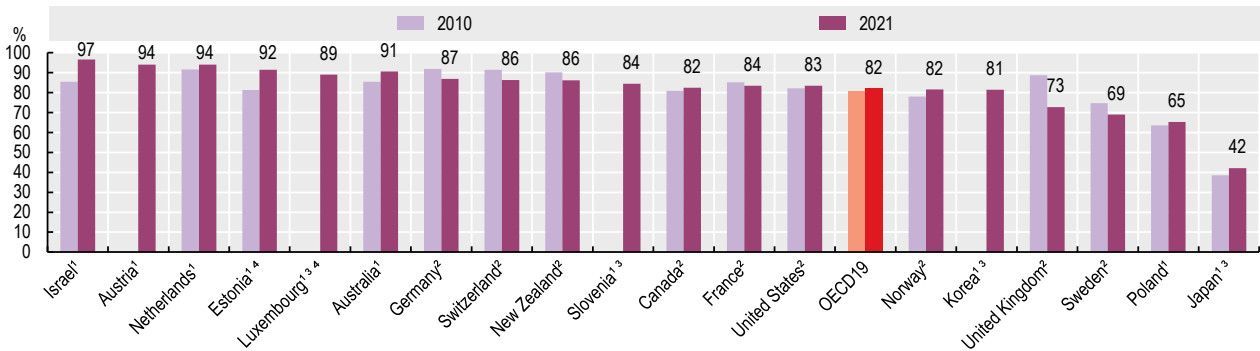
An increasing number of countries have been collecting patient experience data through nationally representative population surveys, or through nationally representative service user surveys (Japan and Portugal). About half of the countries presented, however, collect data on patient experiences with any doctor, while others collect patient-reported experiences with a regular doctor or regular practice.

For 10 countries, the Commonwealth Fund International Health Policy Surveys 2010 and 2020 were used as a data source, even though there are limitations relating to the survey's small sample size and low response rates. Data from this survey refer to patient experiences with a general practitioner. For the Netherlands, which participates in the Commonwealth Fund International Health Policy Surveys, a national survey is used as a data source.

### References

- Fujisawa, R. and N. Klazinga (2017), “Measuring patient experiences (PREMS): Progress made by the OECD and its member countries between 2006 and 2016”, *OECD Health Working Papers*, No. 102, OECD Publishing, Paris, <https://doi.org/10.1787/893a07d2-en>. [1]
- OECD (2021), *Patient-Reported Indicators Surveys (PaRIS)*, OECD, Paris, <http://www.oecd.org/health/paris.htm> (accessed on 26 June 2019). [3]
- OECD (2021), “Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic”, *OECD Policy Responses to Coronavirus (COVID-19)*, OECD Publishing, Paris, <https://doi.org/10.1787/9a5ae6da-en>. [2]

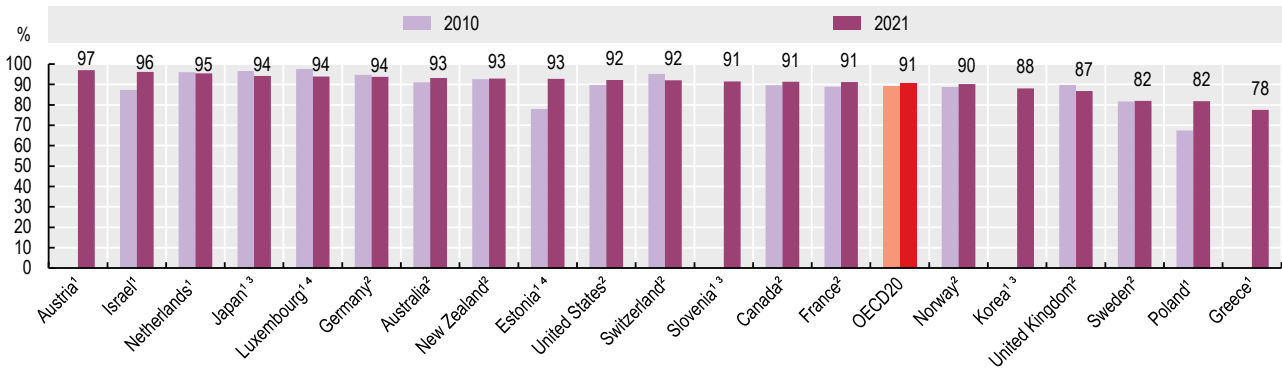
**Figure 6.14. Doctor spending enough time with patient during consultation, 2010 and 2021 (or nearest year)**



1. Data from national sources. 2. Data from Commonwealth Fund International Health Policy Surveys 2010 and 2020. 3. Data refer to patient experiences with any doctor. 4. 2019 data.  
Source: OECD Health Statistics 2023.

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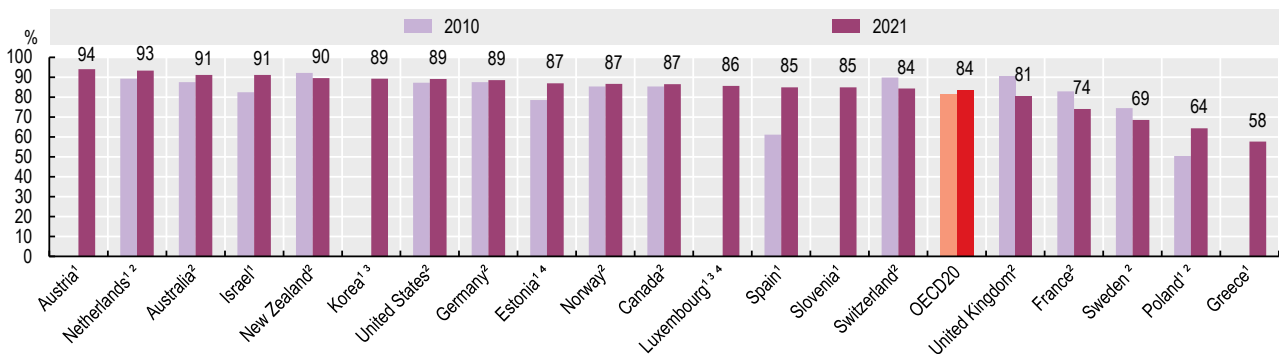
**Figure 6.15. Doctor providing easy-to-understand explanations, 2010 and 2021 (or nearest year)**



1. Data from national sources. 2. Data from Commonwealth Fund International Health Policy Surveys 2010 and 2020. 3. Data refer to patient experiences with any doctor. 4. 2019 data.  
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/vn6hmr>

**Figure 6.16. Doctor involving patient in decisions about care and treatment, 2010 and 2021 (or nearest year)**



1. Data from national sources. 2. Data from Commonwealth Fund International Health Policy Surveys 2010 and 2020. 3. Data refer to patient experiences with any doctor. 4. 2019 data.  
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/8am0wg>



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