

## 4. HEALTH CARE ACTIVITIES

### 4.1. Consultations with doctors

Consultations with doctors can take place in doctors' offices or clinics, in hospital outpatient departments or, in some cases, in patients' own homes. In many European countries (e.g. Denmark, Italy, Netherlands, Norway, Portugal, Slovak Republic, Spain and United Kingdom), patients are required, or given incentives, to consult a general practitioner (GP) "gatekeeper" about any new episode of illness. The GP may then refer them to a specialist, if indicated. In other countries (e.g. Austria, Czech Republic, Iceland, Japan, Korea and Sweden), patients may approach specialists directly.

The number of doctor consultations per person per year ranges from over 11 in Japan and Korea, and in the Czech and Slovak Republics, to less than 3 in Mexico and Sweden (Figure 4.1.1). The OECD average is nearly 7 consultations per person per year. Cultural factors appear to play a role in explaining some of the variations across countries. For example, Japan and the Czech Republic are among the countries with the highest consultation rates although they report very different levels of health status and have very different physician density. But certain characteristics of health systems may also play a role in explaining these variations. There are signs that countries which pay their doctors mainly by fee-for-service tend to have above-average consultation rates (e.g. Japan and Korea), while countries which pay them mainly by salary tend to have below-average rates (e.g. Mexico and Sweden). However, there are examples of countries, such as Switzerland and the United States, where doctors are paid mainly by fee-for-service and where consultation rates are also below-average, suggesting that other factors also play a role. (See Table A.7 in Annex A for more information on the mode of payments of doctors in each country.)

In Sweden, the low number of doctor consultations may be explained partly by the fact that nurses play an important role in primary care, with many first contacts with patients carried out by nurses. Similarly, in Finland, nurses and other health professionals play an important role in providing primary care to patients in health centers, lowering the need for consultations with doctors (Bourgueil et al., 2006).

The average number of doctor consultations has increased in most countries since 1990. The rise was particularly strong in Mexico, which started with a very low level in 1990. This can be at least partly explained by the rapid increase in physician density in Mexico during that period (see Indicator 3.2). In Sweden, the number of doctor consultations remained stable, while in Canada and the United Kingdom, it fell by about

1% per year between 1990 and 2007 (Figure 4.1.2). In Canada, the decrease can be attributed to the reduction in the proportion of consultations paid through fee-for-services, the only consultations identified and reported here.

Information on consultations can be used to estimate annual numbers of consultations per doctor in OECD countries. This estimate should not be taken as a measure of doctors' productivity, partly because consultations can vary in length and effectiveness and partly because it excludes the work doctors do on inpatients, administration and research. It is also subject to the comparability limitations reported in the box below on "Definition and deviations". Keeping these reservations in mind, this estimate varies nine-fold across OECD countries (Figure 4.1.3). Again, it is possible that some cultural factors play a part, because there is clustering of the two OECD Asian countries and the central and eastern European countries at the top of the ranking.

Chapter 6 on "Access to Care" provides additional information on disparities in the number of doctor consultations by income group (Indicator 6.5).

#### Definition and deviations

Consultations with doctors refer to the number of contacts with physicians (both generalists and specialists). There are variations across countries in the coverage of different types of consultations, notably the coverage of consultations in outpatient departments of hospitals.

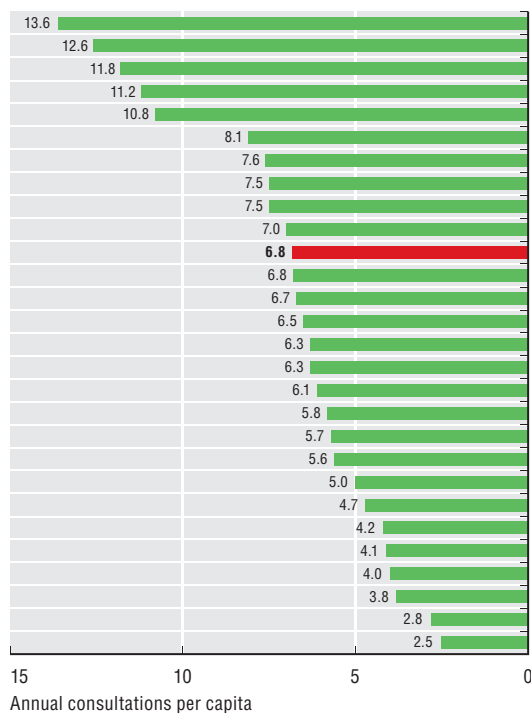
The data come mainly from administrative sources, although in some countries (Italy, Netherlands, Spain, Switzerland, GP consultations in the United Kingdom and specialist consultations in New Zealand) the data come from health interview surveys. Estimates from administrative sources tend to be higher than those from surveys because of incorrect recall and non-response rates.

The figures for the Netherlands exclude contacts for maternal and child care. The data for Portugal and Turkey exclude visits to private practitioners, while those for the United Kingdom exclude private consultations with specialists.

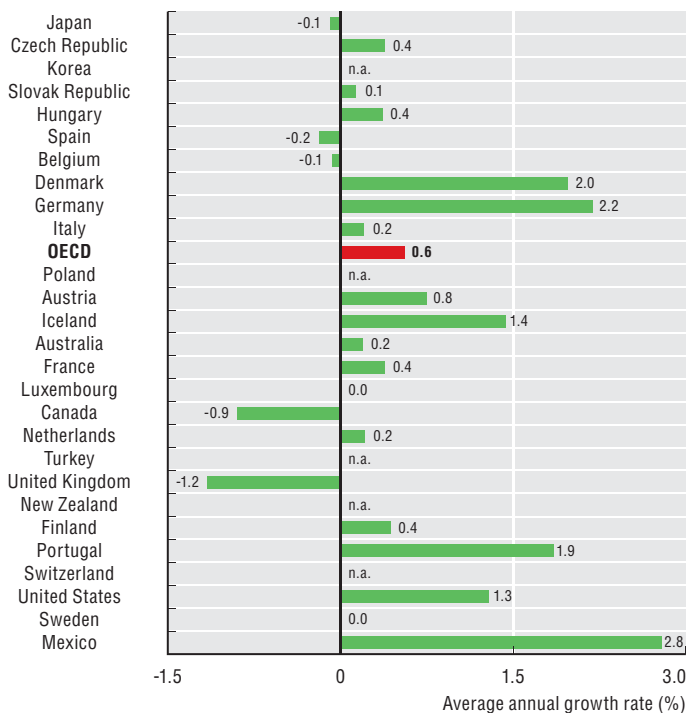
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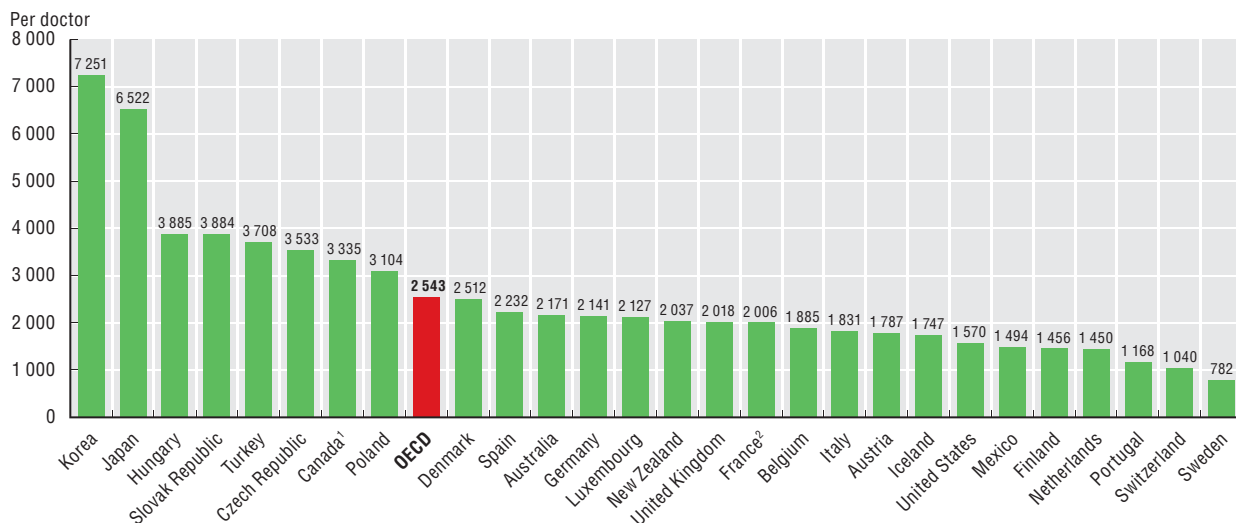
**4.1.1 Doctors consultations per capita, 2007 (or latest year available)**



**4.1.2 Change in the number of doctors consultations per capita, 1990-2007**



**4.1.3 Estimated number of consultations per doctor, 2007 (or latest year available)**



1. In Canada, the number of doctors only includes those paid fee-for-services to be consistent with the data on consultations.
2. In France, estimates of consultations in hospital out-patient departments have been added for more complete coverage.

Source: OECD Health Data 2009.

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