Introduction

This edition of *Health at a Glance* introduces a chapter on access to health care, building on recent OECD work in this area (de Looper and Lafortune, 2009). Ensuring adequate access to essential health care services on the basis of individual need is an important health policy goal in all OECD countries. Monitoring health care access is, therefore, an important dimension in assessing the performance of health care systems.

Health care access can be defined as an individual's ability to obtain appropriate health care services (Academy Health, 2004). Potential barriers to access include: financial barriers (not being able to afford the costs of care), geographic barriers (not having enough health care providers in a particular geographic area or excessive travelling distance to providers), racial, cultural and information barriers (including language problems) and barriers in terms of timely access (excessive waiting time to see providers).

The indicators presented in this chapter relate only to financial and geographic barriers to health care. In most cases, the information does not cover all countries and some indicators require more recent data. Further work will be needed to provide a more complete and up-to-date picture in future editions, through collaboration with national experts and data correspondents. No information is provided on waiting times for different services. The OECD is planning to update the earlier information that was reported on waiting times for a set of elective surgeries (Siciliani and Hurst, 2003), as well as to broaden the data collection effort to measure waiting for other health services. This work is expected to enrich the content of this chapter in future editions of *Health at a Glance*.

In looking at financial barriers to care, the indicators that are presented focus on inequalities by income groups. However, the availability of comparable data for some indicators is limited. For instance, it was only possible to gather data on the share of out-of-pocket health expenditure by income groups (Indicator 6.3) for a minority of countries.

This chapter looks at access to both medical and dental care. It begins with a review of the available data on self-reported unmet needs for medical and dental care (Indicator 6.1), as a broad measure of access problems. It is a subjective measure, in the sense that it reflects the opinion of individuals on their needs and the degree to which they are met. Individual responses to survey questions on unmet care needs may be affected by recent policy changes and by cultural factors. It is therefore important to look at results of self-reported unmet care needs along with other indicators of access, such as the degree of public or private health insurance coverage (Indicator 6.2) and the burden of out-of-pocket payments (Indicator 6.3) in order to obtain a more complete assessment of health care access in different countries.

Geographic access to care is measured by the "density" of doctors in different regions within each country (Indicator 6.4). A frequent problem in many OECD countries is that doctors tend to concentrate in urban centres, creating access problems for people living in rural and remote areas. However, it has only been possible to collect specific data on the number of doctors practising in urban and rural areas for a few countries, and even within that group of countries, there are differences in how urban and rural regions are defined.

One approach to measure inequalities in access is to measure inequalities in the actual use of health services for different population groups, taking into account differences in need, where applicable and possible. The last three indicators in this chapter look at the use of doctors and dentists and in recommended screening for cancer by socio-economic status (mainly by income group). The indicators rely on data published in an earlier OECD study (van Doorslaer *et al*., 2004), as well as data gathered by WHO (WHO, 2008b). Much of the information on utilisation rates, however, is derived from studies published some time ago, although efforts to collect more recent data for certain countries generally confirm earlier findings.

More generally, the data used for the indicators are sourced from *OECD Health Data*, and other relevant national and cross-national data surveys and collections.