

Responsiveness of health systems to patient needs

Responsive and patient-centred health systems involve providing patients with access to health services within reasonable waiting times and treating them with respect and dignity.

Waiting times to see a doctor or nurse and to get a specialist appointment

Long waiting times to receive health services is an important policy issue in many OECD countries. Long waiting times can generate dissatisfaction for patients and may result in adverse health outcomes when needed care is delayed. Such waiting times may be due to a shortage of doctors or nurses in general or in certain parts of the country, but may also result from poor work organisation to respond to demands for health care (Siciliani et al., 2013).

Among the OECD countries that participated in the 2013 Commonwealth Fund International Health Policy Survey, around three-quarters of people in Germany and New Zealand reported that they were able to get an appointment with a doctor or nurse when they felt they needed care on the same day or the next day. This proportion fell to less than half of people in Canada and the United States. In Canada, one-third of the population reported that they had to wait six days or more to get a doctor or nurse appointment, while this proportion reached more than a quarter of the population in the United States. One consequence of this longer waiting time is that more people end up using emergency departments in hospitals (Commonwealth Fund, 2013). This suggests a need to increase the number and improve the geographic distribution of generalist doctors and nurse practitioners working outside hospitals in these countries and/or to have contractual requirements that primary care practices provide arrangements for after-hours care.

Waiting times to get an appointment with a specialist doctor also vary widely across countries. While 80% of the population in Switzerland and the United Kingdom reported in 2013 that they were able to get an appointment with a specialist in less than a month, this was the case for less than 50% of the population in Canada and Norway. In these two latter countries, over a quarter of the population reported having to wait more than two months to get an appointment with a specialist. Such waiting times may result in delays in establishing clearer diagnosis and beginning any needed treatments.

Patient experience with ambulatory care

A major trend in many OECD countries is to promote greater interactions between doctors and patients, so that patients can be more involved in the management of their health problems and in decisions about treatment options reflecting their preferences.

Among the OECD countries participating in the 2013 Commonwealth Fund Survey, patients generally reported positively on the communication and explanations they were given by their doctors, and their involvement in care and

treatment decisions. Various health system characteristics and policies can influence doctors' behaviour towards patients and hence have an impact on patient experiences, including the organisation of health care delivery, remuneration methods, systematic monitoring and reporting of patient experiences and the medico-legal policies for protecting patients' interests.

The use of Internet and e-mail have transformed the way people interact with public service providers in many sectors and could, in theory, be implemented in medical practice to enhance the practitioner-patient relationship. However, the use of those online means of communication remains limited due to legal concerns and other reasons. Among the OECD countries that participated in the 2013 Commonwealth Fund Survey, only about 8% of patients reported having communicated at least one medical concern to their regular doctor/practice via e-mail over the past two years.

The uptake is generally higher in countries where regular doctors/practices inform more their patients about the possibility to raise their concerns via e-mail such as in the Netherlands and Switzerland. In the Netherlands, general practitioners have a financial incentive to provide e-mail consultations because most of them receive a fixed payment for each patient registered with them (regardless of whether they provide them with face-to-face consultations, phone consultations or e-mail consultations), while others are paid based on fees for services with email consultations being paid about half the rate of face-to-face consultations.

Methodology and definitions

Data for the four figures come from the 2013 Commonwealth Fund International Health Policy Surveys collecting patient experience data every three years since 1998. For Figure 12.15, regular practice includes doctor's group, health centre or clinic but excludes hospital emergency departments. More information is available at: www.commonwealthfund.org.

Further reading

Commonwealth Fund (2013), "2013 International Health Policy Survey in Eleven Countries", November 2013.

OECD (2013), *Health at a Glance 2013: OECD Indicators*, OECD, Paris, http://dx.doi.org/10.1787/health_glance-2013-en.

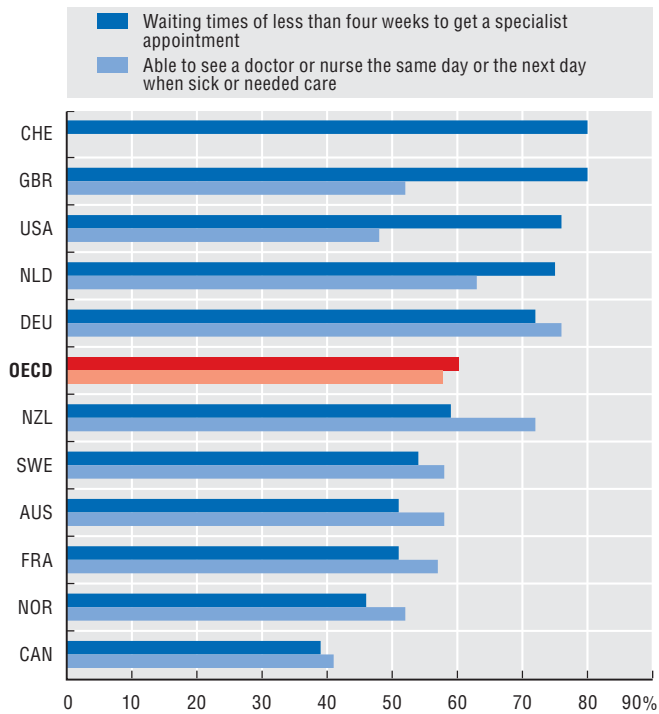
Siciliani, L., M. Borowitz and V. Moran (2013), *Waiting Time Policies in the Health Sector: What Works?*, OECD Health Policy Studies, OECD, Paris.

Figure notes

12.12: The question on waiting times for a doctor or nurse appointment was asked differently in Switzerland.

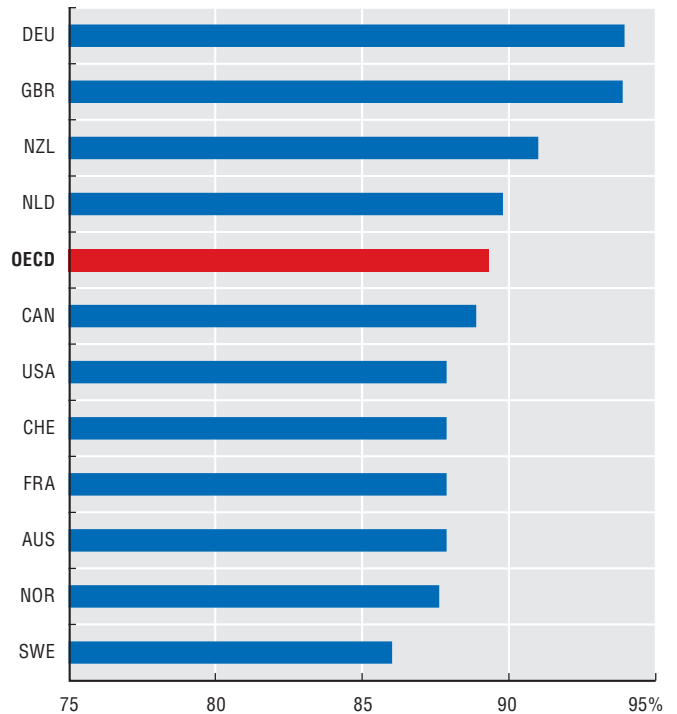
Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

12.12. Waiting times for a doctor or nurse appointment and a specialist appointment, 2013



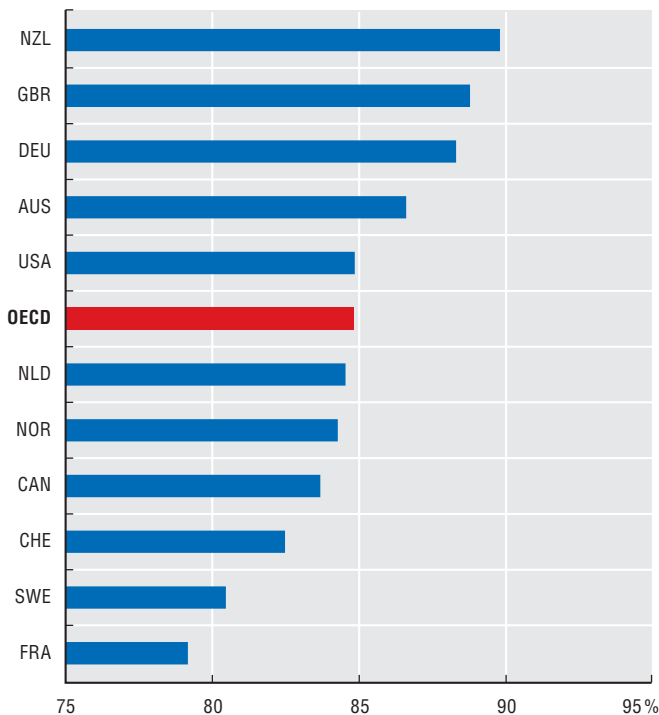
Source: Commonwealth Fund International Health Policy Survey 2013.
StatLink <http://dx.doi.org/10.1787/888933249453>

12.13. Regular doctor providing easy-to-understand explanations, 2013



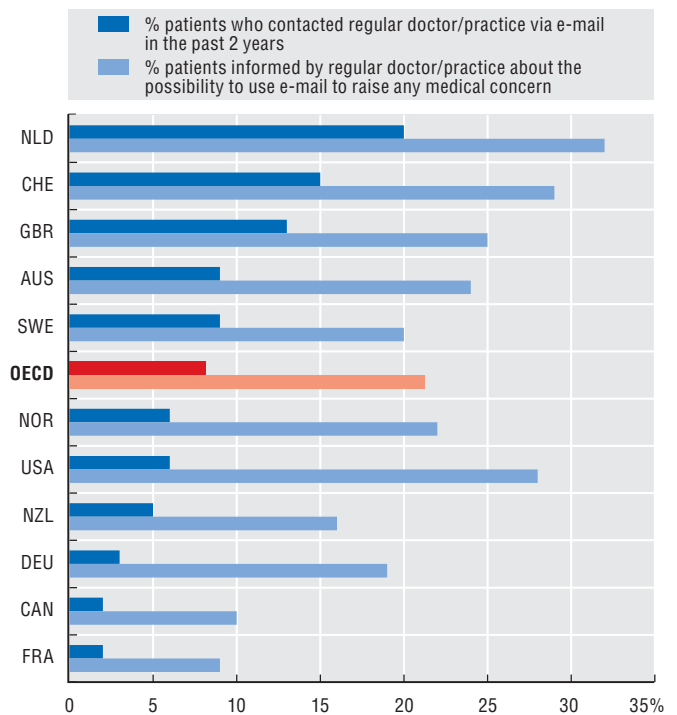
Source: Commonwealth Fund International Health Policy Survey 2013.
StatLink <http://dx.doi.org/10.1787/888933249463>

12.14. Regular doctor involving patient in decisions about care and treatment, 2013



Source: Commonwealth Fund International Health Policy Survey 2013.
StatLink <http://dx.doi.org/10.1787/888933249472>

12.15. Use of e-mail to communicate with regular doctor/practice for any type of medical concern, 2013



Source: Commonwealth Fund International Health Policy Survey 2013.
StatLink <http://dx.doi.org/10.1787/888933249481>



From:
Government at a Glance 2015

Access the complete publication at:
https://doi.org/10.1787/gov_glance-2015-en

Please cite this chapter as:

OECD (2015), "Responsiveness of health systems to patient needs", in *Government at a Glance 2015*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/gov_glance-2015-60-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.