

Consultations with doctors are, for most people, the most frequent contacts with health services and often provide an entry point for subsequent medical treatment. Consultations can take place in different settings, including doctors' offices, hospital outpatient departments or patients' own homes. Increasingly, consultations can also take place online and through video calls, through the development of teleconsultations (Oliveira Hashiguchi, 2020). The use of teleconsultations increased greatly during the COVID-19 pandemic as a way to protect both patients and doctors and avoid spreading the virus. For example, in France, the number of teleconsultations reached close to 1 million per week in April 2020 compared to around 10 000 per week before March. In Norway, the share of teleconsultations with a general practitioner rose from 5% before the pandemic to almost 60% during the pandemic.

In 2018, on average across EU countries, people had between six and seven physical (face-to-face) consultations with a doctor in that year. The number of consultations with doctors was highest in the Slovak Republic, Hungary, Germany, Lithuania and the Netherlands, with nine consultations or more per year. It was lowest in Sweden, Greece, Denmark and Finland (Figure 7.13).

Differences in health service delivery and payment methods can explain some of the variations across countries. In Sweden, Finland and Ireland, the low number of doctor consultations can be explained partly by the fact that nurses and other health professionals play an important role in primary care centres, lessening the need to consult doctors. In these countries, nurses can play a greater role in the management of patients with chronic diseases and in dealing with patients with minor health issues (OECD, 2020). Some countries, which pay their doctors mainly by fee-for-service (e.g. the Slovak Republic, the Czech Republic or Germany), tend to have higher consultation rates than other countries where doctors are mainly paid by salaries or capitation (Finland, Denmark, Sweden). The level of co-payment may also explain some of the variations across countries. In Switzerland and Ireland, for example, patient co-payments are high for a large proportion of the population, which may result in fewer consultations.

The estimated number of consultations per doctor is highest in Poland, Hungary and the Slovak Republic, with more than 3 000 consultations per doctor per year. It is lowest in Sweden, Denmark, Austria, Finland and Bulgaria with less than 1 500 consultations per doctor (Figure 7.14). This indicator should not be taken as a measure of doctors' productivity, since consultations can vary in length and effectiveness, and also because it excludes other services delivered by doctors for hospital inpatients, time spent on research, administration or care co-ordination, as well as new ways of interacting with patients.

Looking at trends over time in the estimated number of consultations per doctor per year, the number has decreased

slightly since 2000 in Austria, Denmark, France, Germany and Sweden, as the number of doctors has increased more rapidly than the number of traditional consultations, whereas it has increased in Poland (Figure 7.15).

As already noted, alternatives to traditional face-to-face consultations are growing rapidly in many countries through the use of digital technologies, providing new opportunities to facilitate patient and doctor interactions in various ways. In 2019, primary care physicians in Sweden and the United Kingdom were more likely to report offering patients web-based communication options such as prescription refill, test results or visit summary viewing capabilities than those in France, Switzerland, Norway and the Netherlands (Michelle et al., 2019).

Definition and comparability

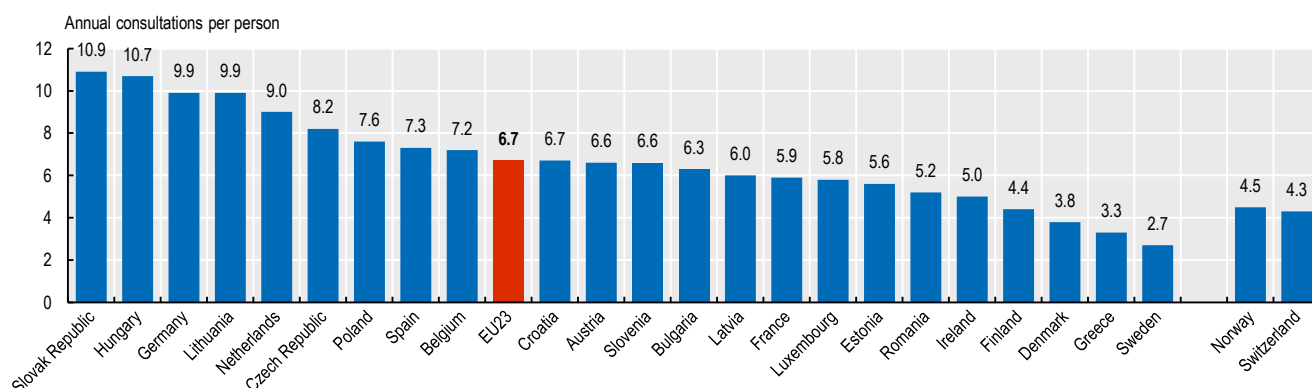
Consultations with doctors refer to the number of face-to-face contacts with physicians, including both generalists and specialists. There are variations across countries in the coverage of different types of consultations, notably in outpatient departments of hospitals. The data come mainly from administrative sources, although in some countries (Ireland, the Netherlands, Spain and Switzerland) the data come from health interview surveys. Data from administrative sources tend to be higher than those from surveys because of problems with recall and non-response rates, leading to an under-estimation.

The data for the Netherlands exclude contacts for maternal and child care. In Austria and Germany, the data include only the number of cases of physicians' treatment according to reimbursement regulations under the Social Health Insurance Scheme (a case only counts the first contact over a three-month period, even if the patient consults a doctor more often, leading to an under-estimation). Telephone contacts are included in a few countries (e.g. Ireland, Spain).

References

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Figure 7.13. Number of doctor consultations per person, 2018 (or nearest year)

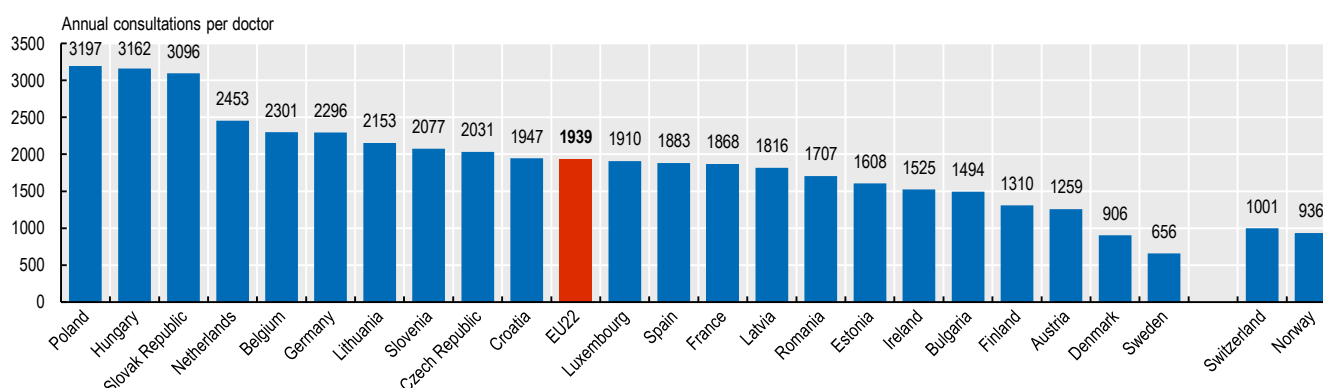


Note: The EU average is unweighted.

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/a1f7ey>

Figure 7.14. Estimated number of consultations per doctor, 2018 (or nearest year)

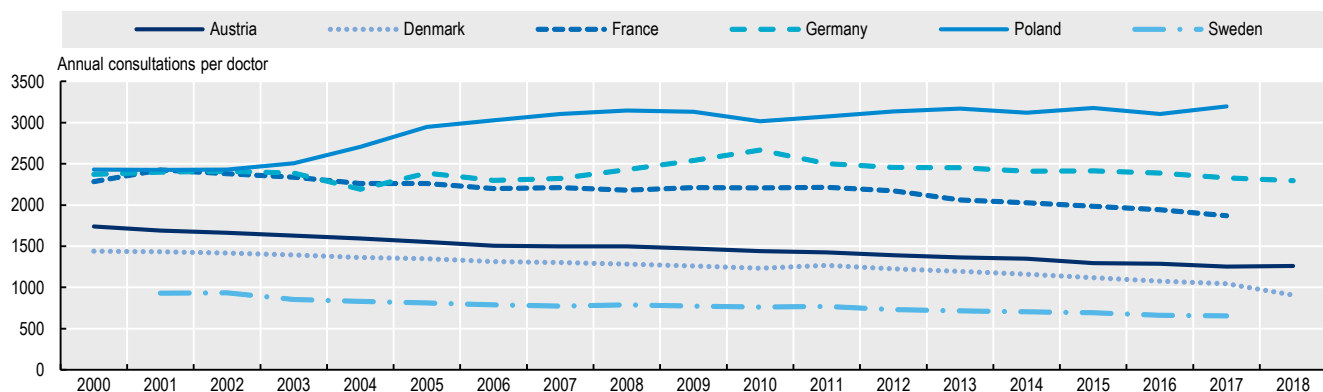


Note: The EU average is unweighted.

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/me45ya>

Figure 7.15. Evolution in estimated number of consultations per doctor, selected countries, 2000-18



Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/x8meg2>



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