

Patient-reported experience

Promoting more people-centred care has become a growing priority across EU countries to improve the quality of care and the responsiveness to patients' needs and expectations. 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^[1]).

A growing number of countries are using patient-reported measures to assess how well health systems are serving people's needs. A number of national and European efforts have been undertaken to develop and use patient-reported experience measures (PREMs) and patient-reported outcomes measures (PROMs) to promote quality improvement and to monitor progress for patients, providers and policy makers. For example, patient-reported measures are used in Denmark and the Netherlands to provide feedback to individual providers to support quality improvement. In Denmark and France, PREMs are used by health care regulators for inspection, regulation and/or accreditation (Fujisawa and Klazinga, 2017^[2]). In addition, the OECD's Patient-Reported Indicator Surveys (PaRIS) initiative is collecting patient-reported data on outcomes and experiences to improve the performance of health care providers and to drive changes in health systems, based on people's voices (OECD, 2021^[3]).

Across nine EU countries, the majority of people report positive experiences in their interactions with doctors. Most people report that doctors spent enough time with them during consultation (Figure 6.5), that doctors provided easy-to-understand explanations (Figure 6.6) and involved them in care and treatment decisions (Figure 6.7). In 2020, the proportion of people rating positively their experience with doctors on these three aspects was particularly high in the Netherlands while it was lower in Poland and Sweden. Caution is required in interpreting variations across countries as differences in survey coverage, response rates and cultural differences in survey response patterns may contribute to international variation.

Most countries saw improvement on these patient-reported metrics over the past decade. For example, Estonia observed an almost 20 percentage point increase in patients reporting that their doctor provided easy-to-understand explanations between 2010 and 2019. However, some countries experienced reductions in positive rating of patient experience. The proportion of patients who reported spending enough time with a doctor during consultation decreased significantly in Germany, Sweden and Switzerland, and the proportion of patients being involved in care and treatment decisions decreased significantly in France, Sweden and Switzerland. Reduction in patients reporting positive experiences may be related to the COVID-19 crisis, which has impacted access and use of medical services for routine care (OECD, forthcoming^[4]).

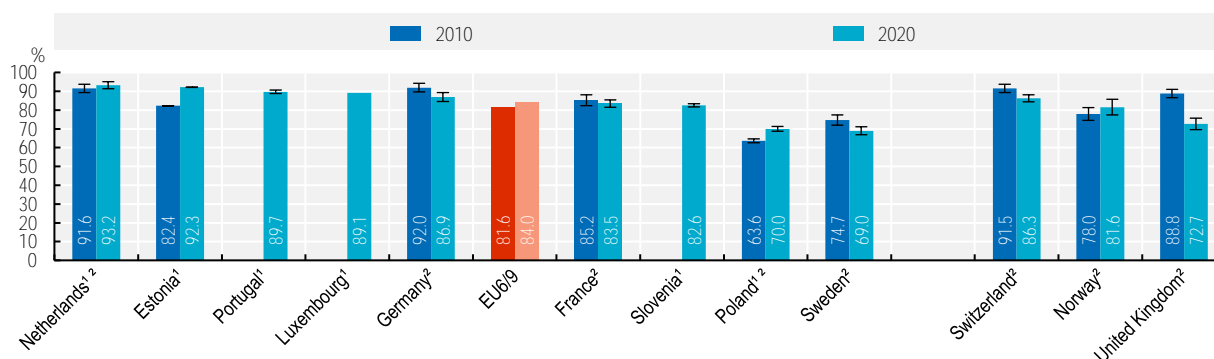
Definition and comparability

Data refer to patient experiences with any doctor in ambulatory settings in some countries, but patient experiences with a regular doctor or regular practice in others. While most countries collect these data through nationally representative population surveys, Portugal collects them through nationally representative service user (patient) surveys. The Commonwealth Fund's International Health Policy Surveys 2010 and 2020 were used as a data source for France, Germany, Norway Sweden, Switzerland and the United Kingdom, even though there are limitations relating to the small sample size and low response rates.

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>. [2]
- OECD (2021), *Patient-Reported Indicators Surveys (PaRIS)*, OECD, Paris, <http://www.oecd.org/health/paris.htm>. [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>. [1]
- OECD (forthcoming), *Ready for the Next Crisis? Investing in Resilient Health Systems*, OECD Publishing, Paris. [4]

Figure 6.5. Doctor spending enough time with patient during consultation, 2010 and 2020 (or nearest year)

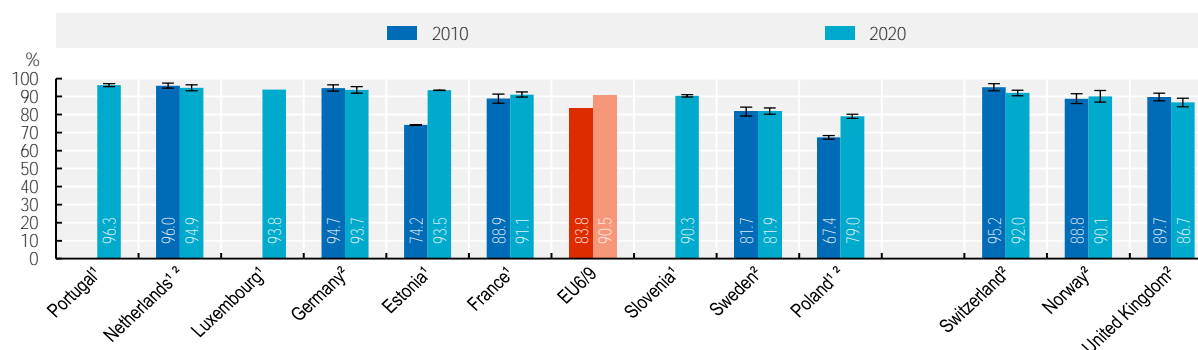


Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refer to patient experiences with regular doctor or regular practice.

Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

StatLink <https://stat.link/14et2s>

Figure 6.6. Doctor providing easy-to-understand explanations, 2010 and 2020 (or nearest year)

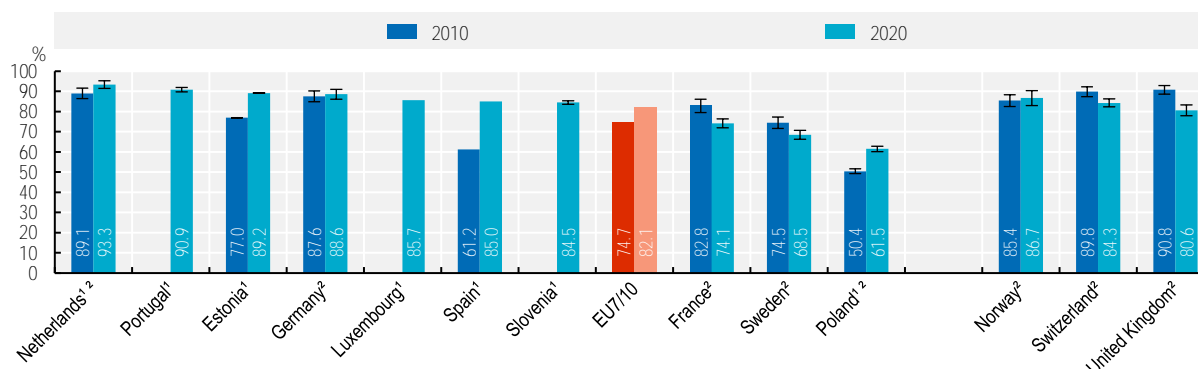


Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refer to patient experiences with regular doctor or regular practice.

Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

StatLink <https://stat.link/dch4na>

Figure 6.7. Doctor involving patient in decisions about care and treatment, 2010 and 2020 (or nearest year)



Note: H lines show 95% confidence intervals. 1. Data from national sources. 2. Refer to patient experiences with regular doctor or regular practice.

Source: Commonwealth Fund International Health Policy Survey 2010 and 2020 and other national sources.

StatLink <https://stat.link/d2wz3i>



From:

Health at a Glance: Europe 2022

State of Health in the EU Cycle

Access the complete publication at:

<https://doi.org/10.1787/507433b0-en>

Please cite this chapter as:

OECD/European Union (2022), “Patient-reported experience”, in *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/3a19c8cc-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, as well as any data and 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. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.