

Given the importance of incorporating people's voices into the development of health systems and improving quality of care, national efforts to develop and monitor patient-reported measures have been intensified in recent years (see Chapter 2). In many countries, specific organisations have been established or existing institutions have been identified and made responsible for measuring and reporting patient experiences. These organisations develop survey instruments for regular collection of patient experience data and standardise procedures for analysis and reporting.

Countries use patient-reported data differently to drive quality improvements in health systems. To promote quality of health care through increased provider accountability and transparency, many countries report patient experience data in periodic national health system reports and/or on public websites, showing differences across providers, regions and over time. Canada, the Czech Republic, Denmark, France and the United Kingdom use patient experience measures to inform health care regulators for inspection, regulation and/or accreditation. Patient-reported measures are also used in some Canadian jurisdictions, Denmark, the Netherlands and the United Kingdom to provide specific feedback for providers to support quality improvement (Fujisawa and Klazinga, 2017[1]; Desomer et al., 2018[2]). Germany plans to use patient surveys as part of external quality assurance in the hospital sector.

Across OECD countries, the majority of patients reported that they spent enough time with a doctor during consultation (Figure 6.41), and that a doctor provided easy-to-understand explanations (Figure 6.42) and involved them in care and treatment decisions (Figure 6.43). For all three aspects of patient experience, Belgium and Luxembourg score highly at above 95% of patients with positive experiences; Poland has lower rates, but patient experiences have improved significantly over the past decade. Patient experiences also improved in Estonia in recent years.

Japan has a low rate for patients' perception of the time spent with a doctor, and this is likely to be associated with a high number of consultations per doctor (see indicator "Consultations with doctors" in Chapter 9). However, in Korea, which has by far the highest number of consultations per doctor in OECD countries, a higher proportion of patients report that their doctors spent enough time during consultation.

Patients' income level is associated not only with access to care (see indicator "Unmet needs for health care" in Chapter 5) but also with their experiences with health care. On average across 11 OECD countries, patients with above-average income report a better health care experience than patients with below-average income. Patient experiences also vary by health condition (see indicator "Care for people with mental health disorders").

In order to ensure delivery of people-centred health care across population groups, health care professionals in OECD

countries are under increasing pressure to address patient needs, but measures of patient-reported experiences and health outcomes are still limited across countries. The OECD's PaRIS initiative aims to collect key people-reported outcomes and experiences to improve the performance of health care providers and to drive changes in health systems, based on people's voices (OECD, 2018[3]) (see <https://www.oecd.org/health/paris.htm>).

### Definition and comparability

To monitor general patient experiences in the health system, the OECD recommends collecting data on patient experiences with any doctor in ambulatory settings. An increasing number of countries have been collecting patient experience data based on this recommendation through nationally representative population surveys, while Japan and Portugal collect them through nationally representative service user surveys. About half of the countries presented, including Poland, however, collect data on patient experiences with a regular doctor or regular practice, not data on patient experiences with any doctor in ambulatory care. National data refer to years up to 2018.

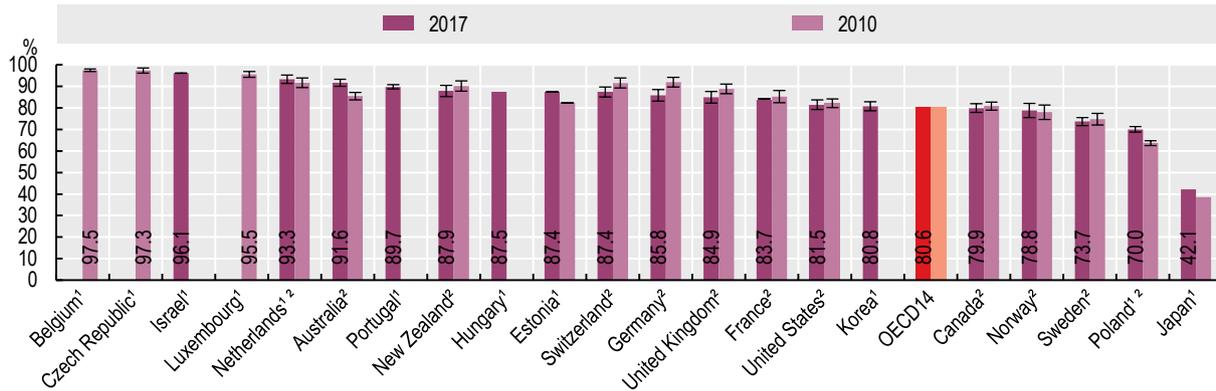
In 11 countries, the Commonwealth Fund's International Health Policy Surveys 2010 and 2016 were used as a data source, even though there are limitations relating to the small sample size and low response rates. Data from this survey refer to patient experiences with a GP rather than any doctor, including both GPs and specialists.

Patient experience indicators are not age-standardised to the 2010 OECD population because high-quality health care needs to be provided to all patients regardless of age, and patient experiences are not consistently associated positively with age across countries.

### References

- [2] Desomer, A. et al. (2018), *Use of patient-reported outcome and experience measures in patient care and policy – Short report*, <http://www.kce.fgov.be>.
- [1] 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://dx.doi.org/10.1787/893a07d2-en>.
- [3] OECD (2018), *Patient-Reported Indicators Surveys (PaRIS) - OECD*, <http://www.oecd.org/health/paris.htm>.

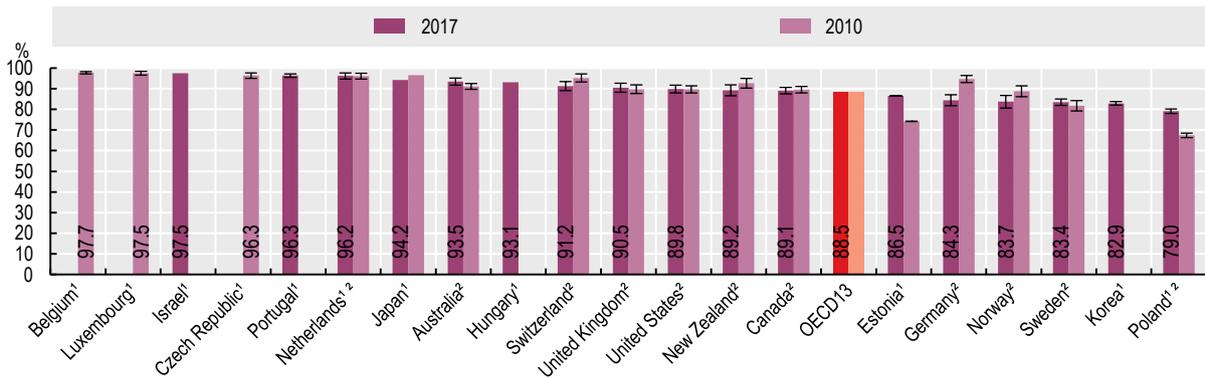
Figure 6.41. Doctor spending enough time with patient during consultation, 2010 and 2017 (or nearest year)



Note: H line shows 95% confidence intervals. 1. National sources. 2. Data refer to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.

StatLink <https://doi.org/10.1787/888934016721>

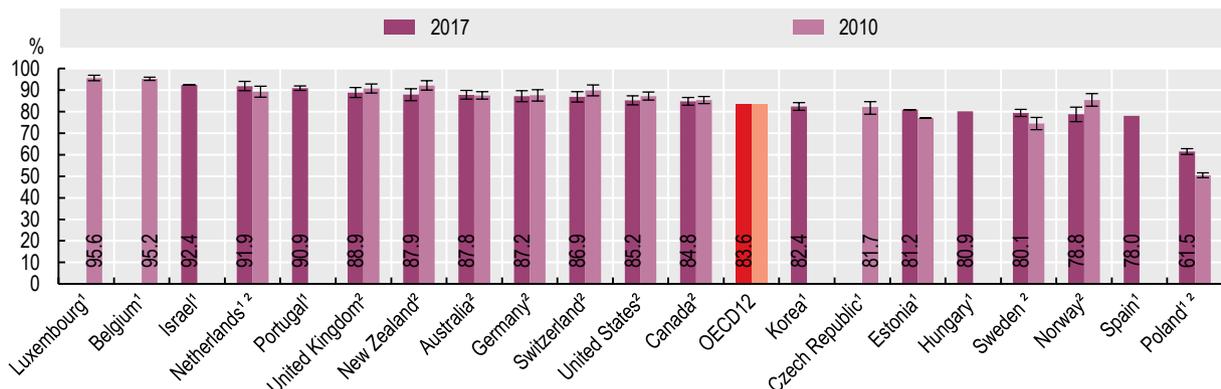
Figure 6.42. Doctor providing easy-to-understand explanations, 2010 and 2017 (or nearest year)



Note: H line shows 95% confidence intervals. 1. National sources. 2. Data refer to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.

StatLink <https://doi.org/10.1787/888934016740>

Figure 6.43. Doctor involving patient in decisions about care and treatment, 2010 and 2017 (or nearest year)



Note: H line shows 95% confidence intervals. 1. National sources. 2. Data refer to patient experiences with regular doctor or regular practice.  
Source: Commonwealth Fund International Health Policy Survey 2016 and other national sources.

StatLink <https://doi.org/10.1787/888934016759>



**From:**  
**Health at a Glance 2019**  
OECD Indicators

**Access the complete publication at:**  
<https://doi.org/10.1787/4dd50c09-en>

**Please cite this chapter as:**

OECD (2019), "Patient experiences of ambulatory care", in *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/56137421-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>.