

Responsiveness of health systems to patient needs

Health systems are increasingly focusing on making their services more people-centred. This includes people's experiences when interacting with health care providers, and empowering them to co-produce their health, especially with the help of digital technologies, which have democratised access to health information. Many countries collect patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs), due to their importance for improving health system performance.

PREMs measure patients' experiences of health care, while PROMs measure aspects related to their quality of life, including symptoms, functional status and physical, mental and social health. In 2018 the OECD launched the Patient-Reported Indicator Surveys (PaRIS) initiative to collect internationally comparable PREM and PROM data.

Good communication with providers helps patients play a greater role in their own health, by allowing them to make informed decisions about their care. The Commonwealth Fund International Health Policy Surveys collect data on patient experiences in 11 OECD countries. According to the 2017 round, which focused on adults aged 65 and over, a vast majority of patients reported that their doctor often or always explains things in a way that they can understand. The share ranges from 94% in Australia and New Zealand to 78% in Sweden (Figure 14.12).

Long waits for health services can worsen symptoms and have a negative impact on patient experience. In 2020, 67% of adult patients in Sweden, 62% in Canada, and 53% in Norway did not get an appointment with a doctor or a nurse the same or next day the last time they needed care. In contrast, the shares were just 25% in Germany, 34% in the Netherlands and 35% in Australia. Among adults who self-reported a lower income than the national average, the share was 59% in New Zealand (versus 39% for the whole population), 43% in Australia (versus 35%), and 59% in the United States (versus 51%) (Figure 14.13).

Waiting times for elective (non-urgent) surgery are generally much longer than for doctor's appointments. In 2019, the median waiting time for cataract surgery (the most frequent surgical intervention in most OECD countries nowadays) was nearly three months (87 days), a fall of 10 days from 2014. Patients in Italy (25 days), Hungary (30 days) and Denmark (36 days) had the shortest waits, while those in Poland (246 days), Estonia (148 days) had the longest. Denmark, Poland and Hungary have reduced their waiting times (in relative terms) the most: since 2014 they fell by 44% in Denmark, 41% in Poland and 31% in Hungary. In contrast, waiting times in Estonia (54%), Norway (39%) and Portugal (34%) have increased the most during this period (Figure 14.14). The pandemic is likely to increase waiting times for elective surgeries, with many rescheduled or postponed to respond to the peak in demand for intensive care for COVID-19 patients.

Methodology and definitions

Data for Figure 14.12 come from the 2017 Commonwealth Fund International Health Policy Survey of Older Adults (aged 65 and above) in 11 OECD countries. Interviews were conducted between March and June over the phone (except for Switzerland, where they were conducted online).

Data for Figure 14.13 come from the Commonwealth Fund International Health Policy Survey which interviewed people aged 18 and above between February and May 2020. Interviews were conducted over the phone and online (in Sweden, Switzerland and the United States). Samples ranged from 607 to 4 530, and data were weighted to ensure representativeness of the national population.

Lower-income adults are defined as those whose self-reported household pre-tax income is "somewhat below" or "much below" the national average (the questionnaire provides respondents with the actual national average income as a reference), while for higher-income adults it is "somewhat above" or "much above" the national average.

Median waiting time for cataract surgery refers to the time elapsed from the date patients were added to the waiting list for the procedure (following specialist assessment) to the date they were admitted for treatment.

Further reading

Doty, M. et al. (2020), "Income-related inequalities in affordability and access to primary care in eleven high-income countries", Commonwealth Fund website, www.commonwealthfund.org/publications/surveys/2020/dec/2020-international-survey-income-related-inequalities.

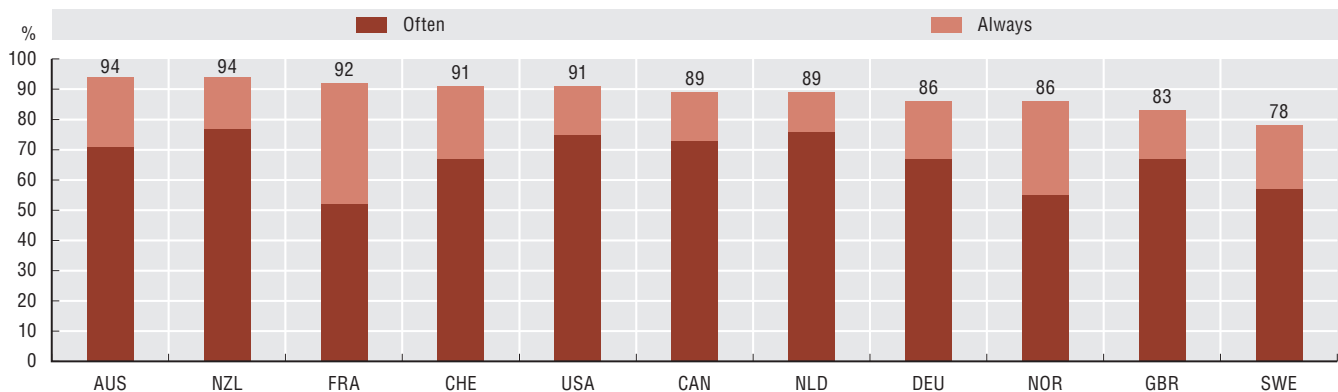
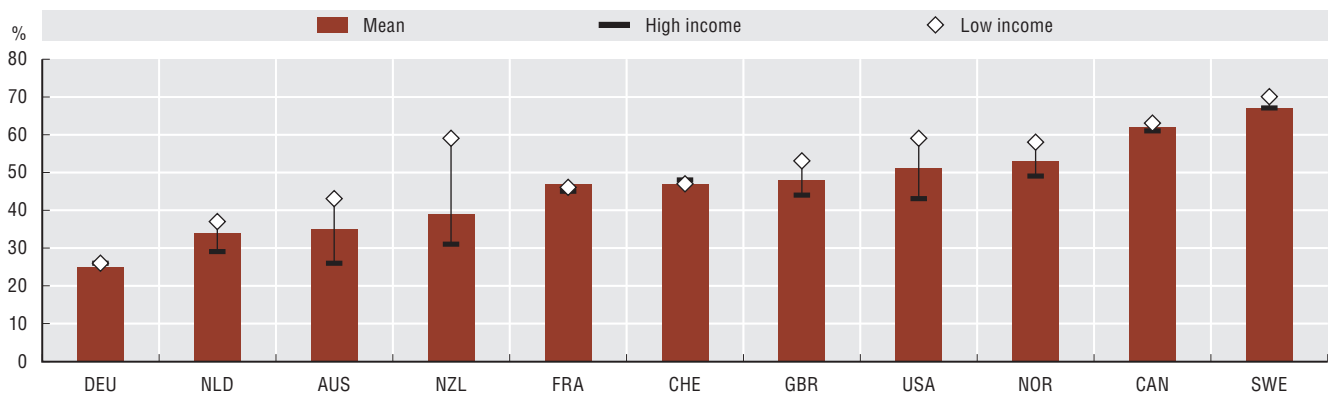
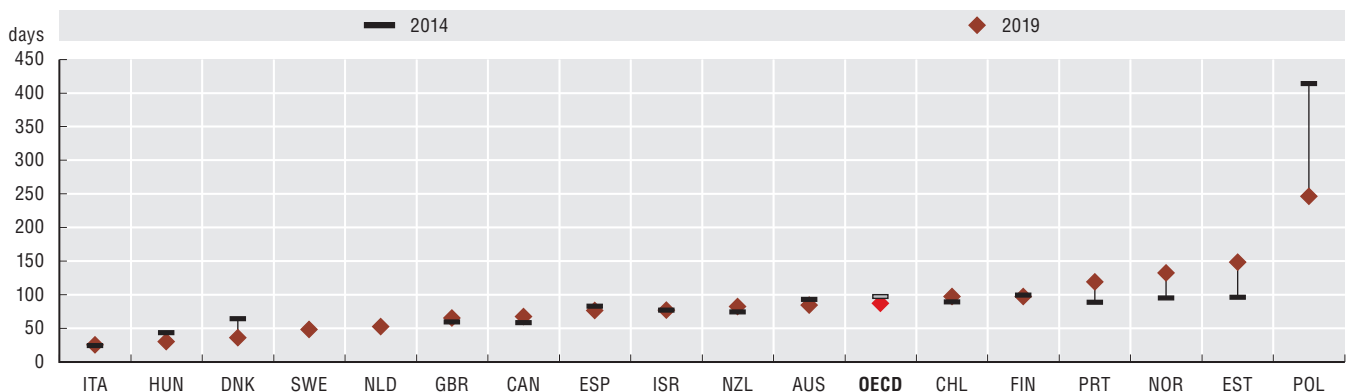
OECD (2020), *Waiting Times for Health Services: Next in Line*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/242e3c8c-en>.

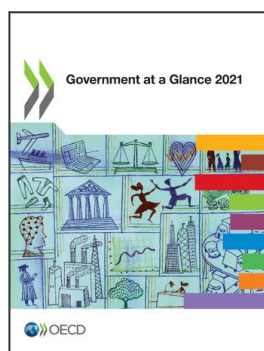
OECD (2019), *International Data Collection Guidelines: Patient-Reported Outcome Measures (PROMs) for Hip and Knee Replacement Surgery*, OECD, www.oecd.org/health/health-systems/OECD-PaRIS-hip-knee-data-collection-guidelines-en-web.pdf.

Figure notes

14.14. Data for Australia, Denmark, Finland, New Zealand, Norway, Poland, Portugal and the United Kingdom are for 2018 instead of 2019. Data for Israel are for 2016 instead of 2019. Data for the Netherlands refer to the mean, resulting in an over-estimation. Data for Norway are also an over-estimation because they start from the date when a doctor refers a patient for specialist, whereas in other countries they start only once a specialist has assessed the patient and decided to add the person to the waiting list for treatment.

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14.12. Percentage of adults aged 65 and above who report that their doctor always or often explains things in a way that is easy to understand, 2017Source: Commonwealth Fund (2017) *International Health Policy Survey of Older Adults*.StatLink <https://doi.org/10.1787/888934259617>**14.13. Percentage of people who did not get same or next-day appointment with doctor or nurse the last time they needed care, 2020**Source: Commonwealth Fund (2020), *International Health Policy Survey*.StatLink <https://doi.org/10.1787/888934259636>**14.14. Median waiting time for cataract surgery from specialist assessment to treatment, 2014 and 2019**Source: OECD (2020) *Health Statistics* (database).StatLink <https://doi.org/10.1787/888934259655>



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