

Effective primary health care is the cornerstone for efficient, people-centred, and equitable health systems. Strengthening primary care has been identified as an effective policy tool to improve care coordination and health outcomes and reduce wasteful spending, by limiting unnecessary hospitalisations and associated costs in hospitals and other parts of the health system. However, in many EU and OECD countries, primary care has not yet fully realised this potential (OECD, 2020).

Primary health care is a complex concept that stretches across different types of services and providers. No definitive consensus exists on which services or providers should be included. Data presented here defines spending on primary health care as general outpatient, dental and home-based curative care, as well as preventive services (collectively termed as “basic care services”) when provided by ambulatory care providers – meaning that care in hospitals or outpatient specialist care are not included. Using this as a proxy, primary health care accounts for around 13% of health spending on average across EU countries, ranging from less than 10% in the Slovak Republic and Romania to more than 17% in Lithuania and Estonia (Figure 5.11). Primary health care spending as a share of total health spending remained relatively constant over the last five years in most EU countries, suggesting expenditure growth in line with overall health spending. Exceptions to this are Latvia and Romania – where primary health care spending grew on average by about 10% per year over the last five years – or Finland and the Slovak Republic, where primary health care spending retracted in real terms since 2013.

On average across EU countries, half of primary care spending is on general outpatient care services. A further 39% is related to dental care. Prevention services (9%) as well as home visits by GPs or nurses (2%) make up a much smaller proportion of spending on primary care. Looking at specific country examples, the share of general outpatient care provided by ambulatory providers is particularly high in Poland and reaches 12% of all health spending. In Germany, Austria and Romania, spending on general outpatient care is much lower in relative terms, accounting for less than 4.5% of total health spending (Figure 5.11).

In Lithuania and Estonia, the relatively large weight of primary care in total health spending is explained by the importance of dental care, which accounts for 50% of primary health care spending. In both countries, dental care constitutes 9% of their total health budget – nearly twice the EU average (5% of all health spending). Conversely, dental care spending is comparatively small in Poland, Belgium, Spain, the Netherlands and Romania, where it represents only around 3% of total health spending.

The “basic care services” described above can be delivered in various settings, including hospitals. The proportion of spending on all basic care services that are delivered by the ambulatory care sector may be interpreted as an approximate measure of allocative efficiency, as it could indicate what is delivered in the most appropriate setting. Nevertheless, the

cross-country comparability of this measure remains limited due to the diversity of organisational models for primary health care across EU countries. For example, some EU countries have established dedicated primary health care units within hospitals. Across EU member states, 85% of all basic care spending is for services delivered by ambulatory care providers (Figure 5.12). This share stood at 90% or more in Belgium, Denmark, Latvia, Spain, Lithuania and Romania but was less than 75% in Estonia, Luxembourg and Switzerland.

Definition and comparability

International comparisons of what is spent on primary health care have to date been largely absent due to both the lack of a commonly accepted definition, and an appropriate data collection framework. Working with data and clinical experts and international partners, OECD has developed a methodological framework to estimate primary health care spending. The results presented here are based on this methodology (Mueller and Morgan, 2018).

Estimates are based on data submitted using the System of Health Accounts 2011 framework. The following functions are first identified as basic care services:

- General outpatient curative care (e.g. routine visits to a GP or nurse for acute or chronic treatment)
- Dental outpatient curative care (e.g. regular control visits as well as more complex oral treatment)
- Home-based curative care mainly refer to home visits by GPs or nurses
- Preventive care services (e.g. immunisation or health check-ups)

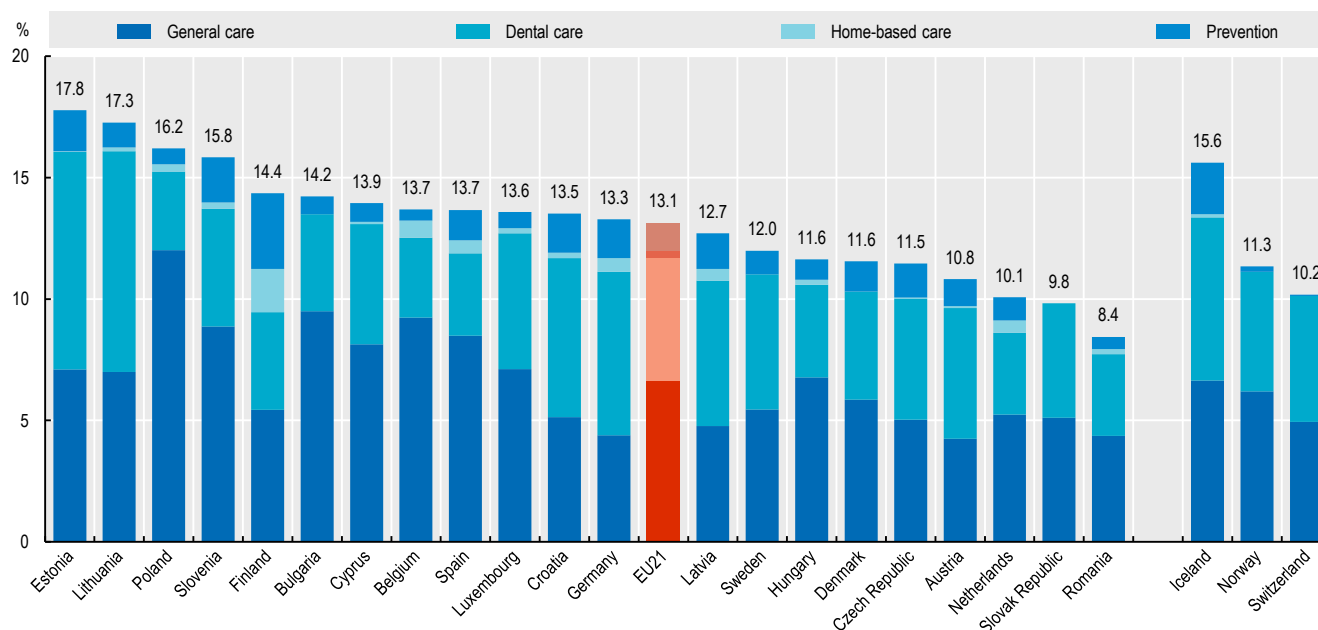
Where basic care services are provided by ambulatory health care providers such as medical practitioners, dentists, ambulatory health care centres and home health care service providers, this can be considered as a proxy for primary health care. It should be stressed that this proxy measure is a simplified approach to operationalise a complex multi-dimensional concept.

Comparability for this indicator is still limited and depends on countries’ capacity and methods used to distinguish between general outpatient and specialist services.

References

- Mueller, M. and D. Morgan (2018), “Deriving preliminary estimates of primary care spending under the SHA 2011 framework”; <http://www.oecd.org/health/health-systems/Preliminary-Estimates-of-Primary-Care-Spending-under-SHA-2011-Framework.pdf>.
- OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a92adee4-en>.

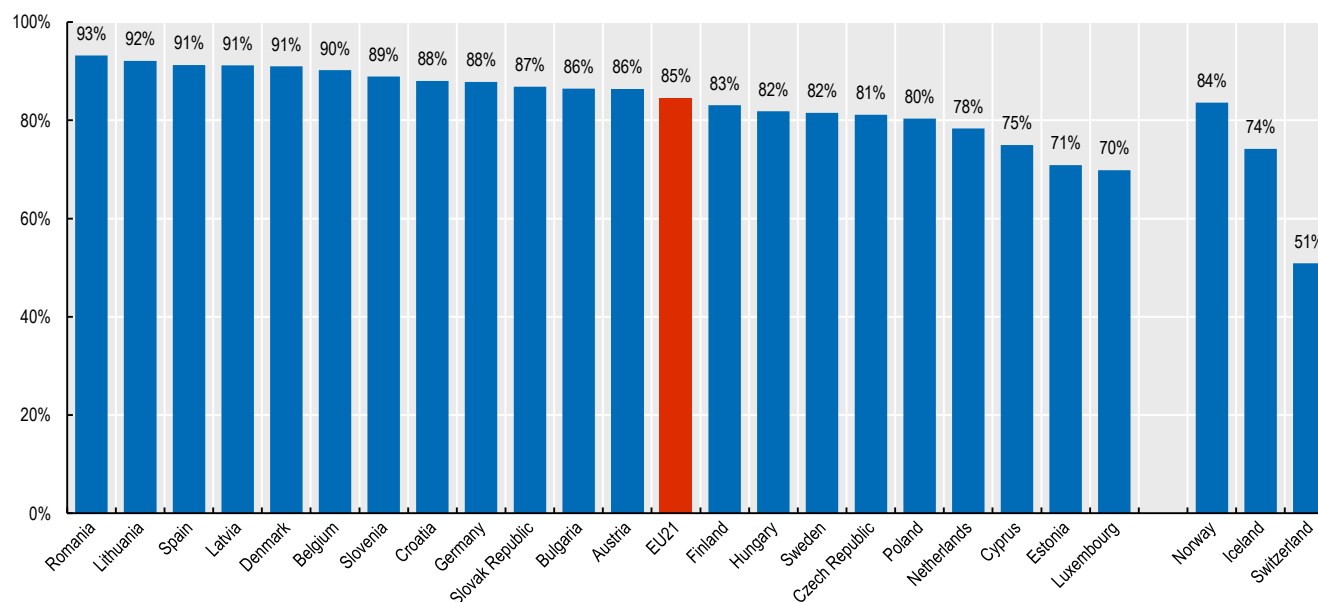
Figure 5.11. Spending on primary health care services as share of total health spending, 2018



Note: The EU average is unweighted.
Source: OECD Health Statistics 2020.

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Figure 5.12. Basic care spending delivered by ambulatory care providers as share of total basic care spending, 2018



Note: Basic care services refers to general outpatient care, dental care, home-based care and preventive care. If provided by ambulatory care providers this is used as a proxy for primary health care. The EU average is unweighted.
Source: OECD Health Statistics 2020.

StatLink <https://stat.link/o67gqk>



From:

Health at a Glance: Europe 2020

State of Health in the EU Cycle

Access the complete publication at:

<https://doi.org/10.1787/82129230-en>

Please cite this chapter as:

OECD/European Union (2020), "Expenditure on primary health care", in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/c050dd46-en>

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