

Consultations with doctors are an important measure of overall access to health services, since most diseases can be managed effectively in primary care without hospitalisation, and a doctor consultation often precedes a hospital admission.

Generally, the annual number of doctor consultations per person in Asia-Pacific is lower than the OECD average of 6.7, but there are some cross-country variations (Figure 5.4). The doctor consultation rate ranges from above ten per person in the Republic of Korea, Japan and Hong Kong, China to less than one per person in Bangladesh and Cambodia. In general, consultation rates tend to be highest in the high-income countries and territories in the region (except Singapore) and significantly lower in low-income countries, suggesting that income levels have some impact on populations' health care-seeking behaviours. It should be noted that in low-income countries most primary contacts are with medical assistants, clinical officers or nurses, and not with doctors.

Mainly reflecting the limited supply of doctors (see indicator "Doctors and nurses" in Chapter 5), the number of consultations per doctor is – in most Asia-Pacific countries – higher than the OECD average at 2 144 per year, but there is a large cross-country variation (Figure 5.5). Doctors had more than 6 000 consultations on average in the Republic of Korea, Sri Lanka, Thailand and Hong Kong, China in a year, while a doctor in Bangladesh, Mongolia, and Viet Nam generally delivers less than 2 000 consultations per year.

The number of consultations per doctor should not be taken as a measure of productivity as consultations can vary in length and effectiveness, and doctors also undertake work devoted to inpatients, administration and research. This measure is also subject to comparability limitations such as the exclusion of doctors working in the private sector or the inclusion of other health professionals providing primary care in some countries (see box below on "Definition and comparability").

There is a close relationship between doctor consultation rates – a proxy for access to services – and healthy life expectancy at birth, with consultation rates being highest in countries reporting the highest healthy life expectancy (Figure 5.6). This

simple correlation, however, does not necessarily imply causality since overall living standards may influence both consultation rates and life expectancy. There are also country examples such as Mongolia (Singapore) where healthy life expectancy is much lower (higher) than expected based on consultation rates, indicating that other factors, such as geographical accessibility and income level, affect life expectancy.

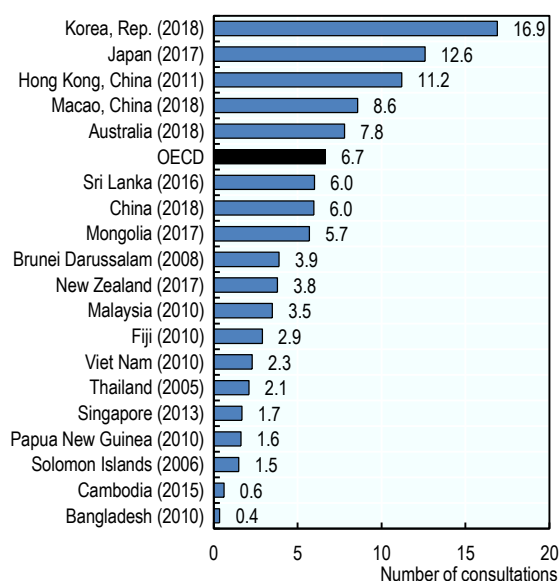
Definition and comparability

Consultations with doctors are defined as contacts with physicians (both generalists and specialists, for more details see indicator "Doctors and nurses" in Chapter 5). These may take place in doctors' offices or clinics, in hospital outpatient departments and at home.

Two main data sources are used to estimate consultation rates: administrative data and household health surveys. In general, administrative data sources in non-OECD countries and territories of the Asia-Pacific region only cover public sector physicians or physicians remunerated by the public sector, although physicians in the private sector provide a large share of overall consultations in most of these countries. Moreover, outpatient visits recorded in administrative data can be also with non-physicians. The alternative data source is household health surveys, but these tend to produce lower estimates owing to incorrect recall and non-response rates. Administrative data have been used where available but survey data are used for Hong Kong, China, Singapore, Solomon Islands and Sri Lanka. Caution must be applied in interpreting the data from different sources.

The annual number of consultations per doctor is estimated by dividing the number of total consultations in a year by the number of doctors.

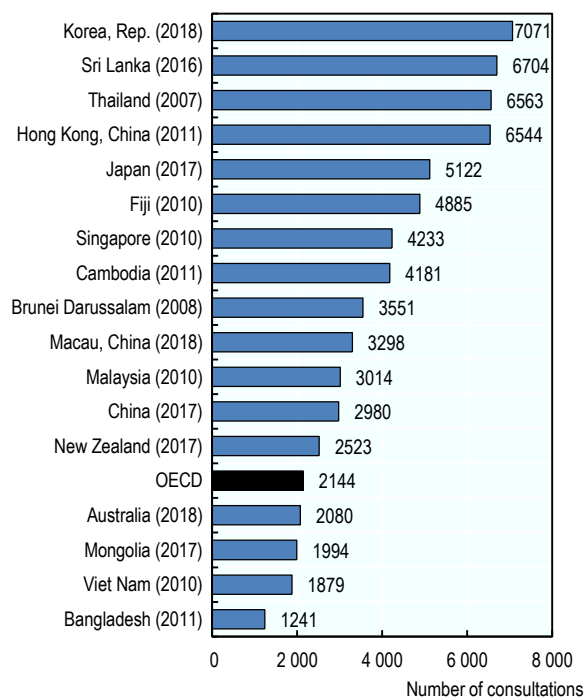
Figure 5.4. Doctor consultations per capita, latest year available



Source: OECD Health Statistics 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/u7pgw3>

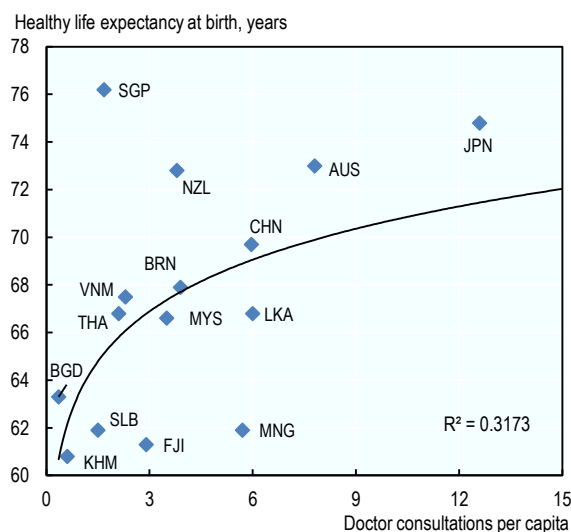
Figure 5.5. Estimated number of consultations per doctor, latest year available



Source: OECD Health Statistics 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/3qefgw>

Figure 5.6. Doctor consultations per capita and healthy life expectancy at birth, latest year available



Source: OECD Health Statistics 2020; WHO GHO 2020; National Data Sources (see Annex A).

StatLink <https://stat.link/t2m4rk>



From:

Health at a Glance: Asia/Pacific 2020

Measuring Progress Towards Universal Health Coverage

Access the complete publication at:

<https://doi.org/10.1787/26b007cd-en>

Please cite this chapter as:

OECD/World Health Organization (2020), "Consultations with doctors", in *Health at a Glance: Asia/Pacific 2020: Measuring Progress Towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/cdcd8600-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>.