

Consultations with doctors are an important measure of overall access to health services, since most illnesses can be managed in primary care without hospitalisation and a doctor consultation often precedes a hospital admission. The ability of a country to keep track and promote effective consultations as an alternative to and to prevent hospitalisations is an important waste management measure (see Chapter 2).

Generally, the annual number of doctor consultations per person in nine LAC countries is 3.5, lower than the OECD average of 6.8 (Figure 5.4). The doctor consultation rate ranges from above the OECD average in Cuba to less than one in Venezuela. In general, consultation rates tend to be higher in the high-income countries in the region and significantly lower in low-income countries, suggesting that financial constraints play a role on populations' health care-seeking behaviours, as well as the overall capacity of the system to provide access to services. It is important to point out that there is limited data availability on consultations mainly due to system fragmentation in many countries, which limits the analysis.

The number of consultations per doctor should not be taken as a measure of productivity because consultations can vary in length and effectiveness, doctors also undertake work devoted to inpatients, administration and, in some cases, research, and different health system arrangements can have an impact on consultations characteristics. In addition, in many lower income countries, most primary contacts are with non-doctors (i.e. medical assistants, clinical officers or nurses); especially considering the fact that most countries do not require people to register with specific general practitioners. Keeping these considerations in mind, the number of consultations per doctor per year in nine LAC countries with data is 1381, lower than the OECD average of 2 181 (Figure 5.5). All countries had less than 2 000 consultations a year except in Ecuador.

There is a close relationship between doctor consultation rates – a proxy for access to services – and health care spending per capita, with consultation rates being highest in countries with highest health expenditure (Figure 5.6). This finding points to the fact that more resources available for the health system may result in higher levels of utilisation, for instance, because of a higher likelihood of having more doctors and consultation times available. This is linked to doctor consultation length that has been also found to have a positive association with health care spending per capita and primary care physician density (Irving et al., 2017[6]).

While cultural factors play a role in explaining some of the variations across countries, policies and incentive structures also matter. For instance, from compared analysis in OECD countries, provider payment methods such as fee-for-service create incentives for overprovision of services, while salaried doctors tend to have below

average rates. In addition, higher patient co-payments can result in patients not consulting a doctor because of the cost of care (OECD, 2019[7]). Moreover, inequalities may exist, as wealthier individuals are more likely to see a doctor than individuals in the lowest income quintile, for a comparable level of need. Likewise, income inequalities in accessing doctors are much more marked for specialists than for general practitioner consultations (OECD, 2019[8]).

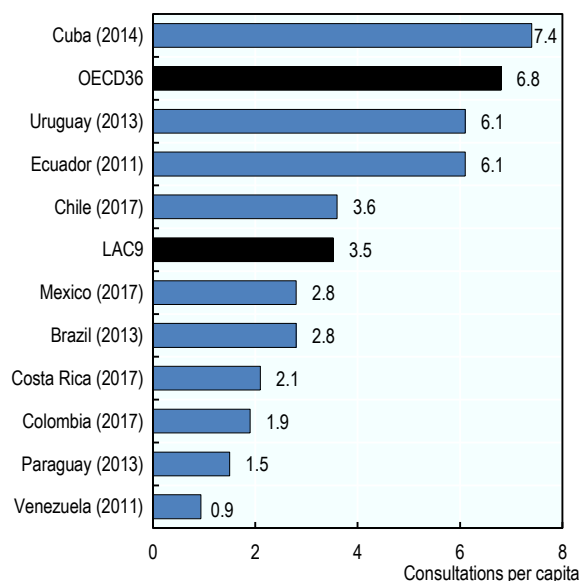
Definition and comparability

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 in homes. Two main data sources are used to estimate consultation rates: administrative data and household health surveys. In general, administrative data sources in the non-OECD countries and economies of the LAC region only cover public sector physicians or publicly financed physicians, 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. Caution must be applied in interpreting the data as it has been extracted from different sources with varying levels of coverage and comparability. The annual number of consultations per doctor is estimated by dividing the number of total consultations in a year by the number of doctors.

References

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- [8] OECD (2019), *Health for Everyone?: Social Inequalities in Health and Health Systems*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/3c8385d0-en>.

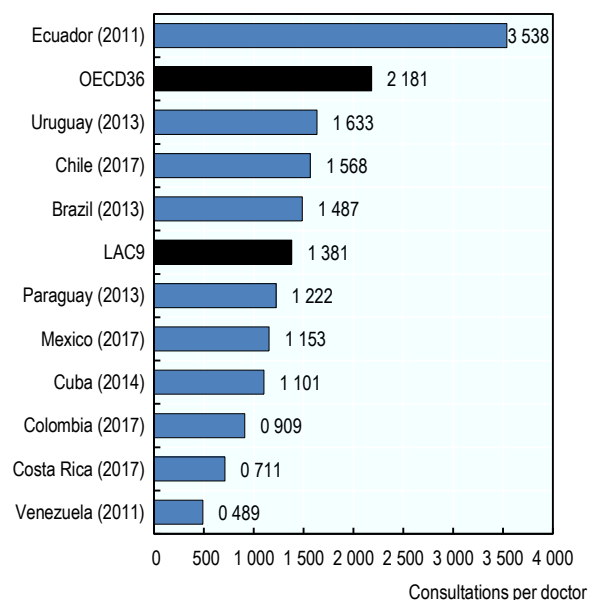
Figure 5.4. Doctors consultations per capita, latest year available



Source: National Sources; OECD Health Statistics 2019 for Chile, Colombia, Costa Rica and Mexico.

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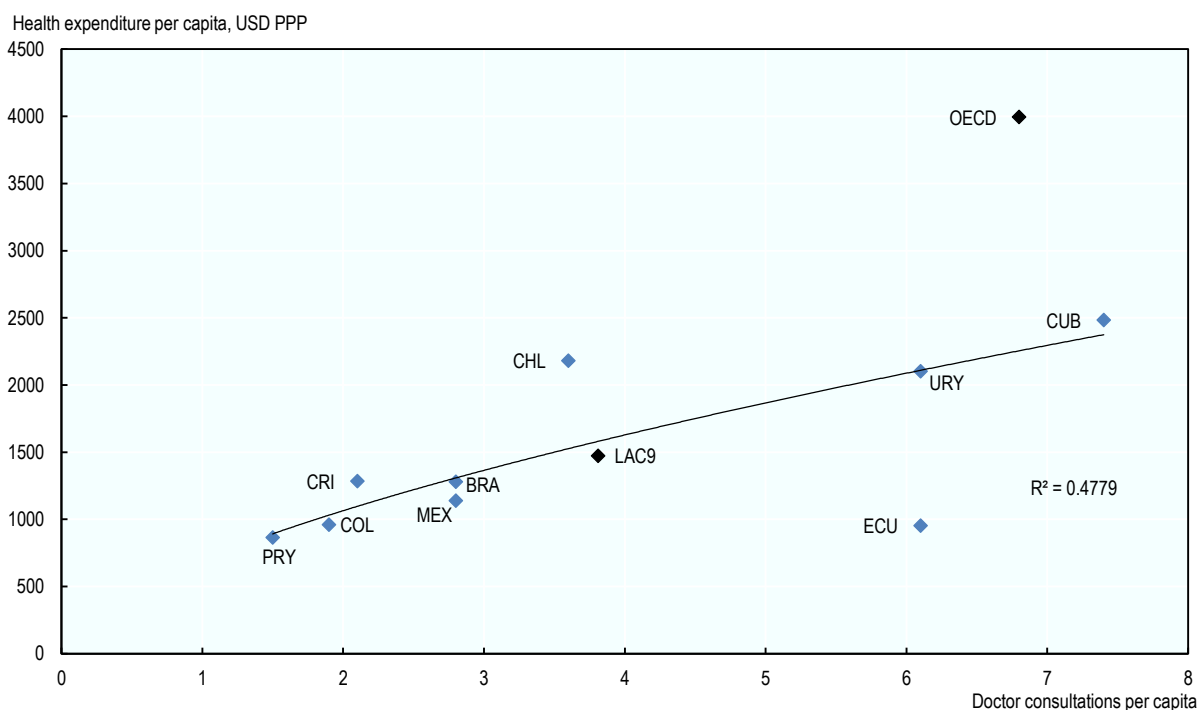
Figure 5.5. Estimated number of consultations per physician, latest year available



Source: National Sources; OECD Health Statistics 2019 for Chile, Colombia, Costa Rica and Mexico.

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

Figure 5.6. Doctor consultations and health expenditure per capita in USD PPP, latest year available



Source: National Sources, Global Health Expenditure Database 2020; OECD Health Statistics 2019 for Chile, Colombia, Costa Rica and Mexico.

StatLink <https://stat.link/cfu5b6>



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