

OECD Health Statistics 2025

Definitions, Sources and Methods

Doctors consultations (in person)

Average number of **consultations/visits with a physician** per person per year.

Inclusion

- consultations/visits both to generalist and specialist medical practitioners
- consultations/visits at the physician's office
- consultations/visits in the patient's home
- consultations/visits in outpatient departments in hospital and ambulatory healthcare centres

Exclusion

- telephone and email contacts
- visits for prescribed laboratory tests
- visits to perform prescribed and scheduled treatment procedures, e.g. injections, physiotherapy etc.
- visits to dentists
- visits to nurses
- consultations during an inpatient stay or a day care treatment

Note: If the source is administrative data, the rate should be calculated based on the average annual population.

Sources and Methods

Australia

Source of data:

- 2003 onwards: AIHW analysis of unpublished Medicare data.
- Prior to 2003: **Medicare Benefits Schedule (MBS)** Statistics. See at: http://medicarestatistics.humanservices.gov.au/statistics/mbs_group.jsp.

Reference period:

- Data prior to 2003 are for calendar years (1st January to 31st December). Data from 2003 onwards are by financial year of processing for payment, not financial year the service was provided (1st July to 30th June) and are reported under the second half of the financial year, e.g. 2019-20 data are reported as 2020 data.
- The December Australian Estimated Resident Population (ERP) data from the ABS website (cat. No. 3101.0) are used as the midpoint of the given financial year denominator. (National, state and territory population, June 2024 | Australian Bureau of Statistics (<https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>)).

Coverage:

- Data to 1975 represent GP services for which a fee-for-service payment was made by a registered medical benefits organisation or as part of the Pensioner Medical Service. Calculated per enrolled person.
- Data from 1975 to 2002 (inclusive) represent Category 1 Professional Attendances by GPs and Specialists claimed under the universal Medibank and Medicare schemes.
- Data from 2002-03 (reported as 2003) onwards include Broad Type of Service (BTOS) groups 0101 (GP attendances), 0102 (Enhanced primary care), 0103 (Other non-referred attendances), 0110 (Practice nurse services on behalf of a GP), and 0200 (Specialist attendances).

- Data from 2002-03 (reported as 2003) onwards in table “Consultations” include GP and specialist non-hospital face-to-face consultations only.
- Due to the Medicare scheme providing coverage for all Australians, the Estimated Resident Population for the given year is used as the denominator (with number of consultations as the numerator).
- Data relate to services rendered on a ‘fee-for-service’ basis for which Medicare benefits were paid. Data excludes services that do not attract a Medicare benefit, such as services to: public patients in hospitals, patients attending public Accident and Emergency Departments and public Outpatient Clinics, and services funded under the Department of Veterans’ Affairs Treatment Account.

Break in time series:

From 2003 onwards, the following breaks in time series apply:

- data are reported by financial year of processing rather than by calendar year.
- GP and specialist non-hospital telehealth and telephone consultations are excluded.
- optometry consultations are excluded.

Austria

Source of data:

Federation of Social Insurances; Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

Reference period:

1st January to 31st December.

Coverage:

As the source data on doctor visits are based on claims data from the public health insurance funds, the following physician visits are not included in the data:

- Visits to outpatient departments of hospitals financed by the private hospital financing fund PRIKRAF that do not have a contract with a public health insurance fund.
- Extramural visits to (privately paid) doctors or outpatient health care centers and clinics without a contract with a public health insurance fund.

Included are visits to physicians in the extramural setting (physicians' offices, outpatient health care centres and clinics) and to hospital outpatient departments. Included are doctor consultations in person and teleconsultations.

- Visits to doctors in the extramural sector (data source: Federation of Social Insurances): This includes visits to doctors who are contractors of at least one public health insurance belonging to the Federation of Social Insurances. Visits to (privately paid) physicians without a health insurance contract are excluded. Visits are counted per day and per contractual partner.
- Visits to doctors in hospital outpatient departments (data source: Austrian Federal Ministry of Social Affairs, Health, and Consumer Protection): Outpatient visits paid for by public health insurance are fully covered. Privately paid visits to doctors (mostly through private health insurance) in hospitals financed by the provincial health fund and in hospitals of the Austrian Workers' Compensation Board (AUVA) are included. Visits to doctors in outpatient departments of hospitals financed by the private hospital financing fund PRIKRAF that do not have a contract with a public health insurance fund are not included. Visits to doctors per day and speciality are counted, not outpatient visits.

Visits to doctors specialising in the following fields are included

- General medicine
- Paediatrics and adolescent medicine
- Internal medicine (general internal medicine, internal medicine and angiology, internal medicine, endocrinology and diabetology, internal medicine, gastroenterology and hepatology, internal medicine, haematology and internal oncology, internal medicine and cardiology, internal medicine and nephrology, internal medicine and pneumology, internal medicine and rheumatology)
- Pulmonology (lung medicine)
- Urology
- Surgery (general surgery, general surgery and visceral surgery, general surgery and vascular surgery, paediatric and adolescent surgery, cardiac surgery, thoracic surgery)
- Neurosurgery
- Trauma surgery
- Plastic Surgery (plastic, reconstructive and aesthetic surgery)

- Anaesthesiology and intensive care
- Orthopaedics and orthopaedic surgery (including orthopaedics and traumatology)
- Gynaecology and obstetrics
- Dermatology and sexually transmitted diseases
- Ophthalmology and optometry
- Ear, nose, and throat medicine
- Psychiatry (including psychiatry and neurology, including psychiatry and psychotherapeutic medicine)
- Neurology (including neurology and psychiatry)
- Child and adolescent psychiatry (including child and adolescent psychiatry and psychotherapeutic medicine)
- Physical medicine (including physical medicine and rehabilitation)
- Radiology
- Nuclear medicine
- Radiotherapy – radiation oncology
- Interdisciplinary hospital outpatient departments

Included are visits to the doctor's office, visits to the patient's home and teleconsultations by persons resident abroad who are employed in Austria (and have public health insurance in Austria).

Excluded are:

- Visits to (or billing by) doctors specialising in the following fields:
 - Medical and chemical laboratory diagnostics
 - Blood group serology and transfusion medicine
 - Hygiene and microbiology, microbiological-serological laboratory diagnostics
 - Immunology
 - Medical biology
 - Histology and embryology
 - Pharmacology and toxicology
 - Pathology and histology
 - Virology
 - Medical genetics
 - Occupational and occupational medicine
 - Dentistry, oral and maxillofacial medicine
 - Oral and maxillofacial surgery
 - Non-curative freelance doctors
- Visits to physicians for the purpose of providing laboratory services (regardless of the physician's medical specialty)
- Visits to physicians for the purpose of providing (usually prescribed) physiotherapy (exercise therapy), regardless of the physician's medical speciality
- Visits to (or billing by) non-medical specialist groups
 - Psychotherapists
 - Clinical psychologists
 - Physiotherapists
 - Occupational therapists
 - Speech therapists
 - Orthopaedic shoemakers and technicians (production of prostheses)
 - Bandage makers
 - Rental companies for medical aids and appliances
 - Opticians
 - Hearing aid acousticians
 - Laboratory (also cytodiagnostic), EEG
 - Home pharmacies, public pharmacies
 - Emergency services, transport
- Doctor visits
 - in nursing homes and retirement homes,
 - inpatient or outpatient rehabilitation centres,
 - spa, convalescent or other homes,

– as part of an inpatient or day-care hospital stay.

Deviation from the definition:

– Teleconsultations are included (see note).

Estimation method:

Break in time series:

Note:

– Until 2019, only physical consultations in the doctor's office were invoiced in Austria. Teleconsultations were only carried out in exceptional cases and were generally not chargeable. With the emergence of the COVID-19 pandemic, teleconsultations were introduced for the first time in 2020. However, these are not specifically indicated in the billing system used by the social insurance institutions. As a result, the number of (face-to-face) consultations cannot be accurately reported from 2020 onwards.

Belgium

Source of data: **INAMI**, Institut National d'Assurance Maladie-Invalidité, données comptables (National Institute for Health Insurance).

Reference period:

Coverage:

- This number includes advice, patient's visit to physician's office (general practitioners and specialists), physician's visit to patient's home and medical assistance during urgent transfer to a hospital (in an ambulance).
- Day patient cases are not included.
- The number refers to the number of contacts with patients who are not self-employed divided by the population of people who are not self-employed.
- In 2017, the data have been revised since 2006.

Deviation from the definition:

Estimation method:

Break in time series:

Canada

Source of data:

- **Canadian Institute for Health Information**, National Physician Database (since 1990); Medical Care Database (for data before 1990).
- **Régie de l'assurance maladie du Québec**, Tableau SM.22, for the Quebec data starting in 1999.

Coverage:

- Until 1998: Based on the count of all services that are identifiable as visits, consultations and assessments for which a fee-for-service payment was made by a provincial medical care insurance plan. That is, all services for which payment was made on any other basis, as well as visits that are not identifiable as such because they are part of a fee for a procedural service are excluded.
- In the 1980's, there was a tendency in most provinces to break up composite fees into their components. This has resulted in an apparent increase in visit and examination services. The count includes visits made by physicians to hospital inpatients or to patients in other institutions (e.g. homes for the aged).

Break in time series: 1999.

- Starting in 1999, the count excludes inpatient consultations and visits that could be identified as such. Includes visits with unspecified location (the majority of visits in Ontario).
- Includes an estimate for consultations/visits under alternative modes of remuneration. For a given amount of remuneration within a province, it was assumed that the same number of consultations and visits was provided under alternative modes of remuneration as under the fee-for-service mode. Fee-for-service payments made up 89.4% of total clinical payments to Canadian physicians in 1999; by 2022 this proportion had dropped to 71.1%.
- Doctors' contacts per capita are shown for the Net Canadian Population calculated by excluding the members of the Royal Canadian Mounted Police, the Canadian Armed Forces personnel and inmates in federal and provincial penitentiaries.

- Starting in 1999, the data from the National Physician Database do not include Quebec, Nunavut and the Northwest Territories. Data for Yukon are included in 1999-2000 through 2005-2006 and from 2013-2014 onwards.
- Starting in 1999, the Quebec data used in the calculation are from Tableau SM.22 of the Régie de l'assurance maladie du Québec. Similarly to the rest of Canada, the calculation for Quebec excludes inpatient consultations and visits and includes an estimation of consultations provided under alternative modes of remuneration.
- The latest data available from the National Physician Database are for 2022.

Chile

Source of data: **INE (National Statistics Institute), Statistical Compendium** (Spanish Only). The original source is the **Ministry of Health**.

- 2010 Compendium:

http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/compendio_estadistico2010_eng.php?lang=en;- 2011 Compendium:

http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/pdf/2011/1.6estadisticas_salud.pdf;

- 2012 Compendium:

http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/pdf/2012/estadisticas_salud.pdf.

- Information for 2012 is updated, the information includes establishments belonging and not belonging to the National Service of Health Services, SNSS.

- 2013 onwards: The source is the administrative registry from health sector (private and public) through the Monthly Statistical Summary (REM, Resumen Estadístico Mensuales and REMSAS, Resumen Estadístico Mensual de la Autoridad Sanitaria) which are consolidated at a central level in the Ministry of health. The information includes establishments belonging and not belonging to the National Service of Health Services, SNSS.

Coverage:

- Data coverage is nationwide.

- Data are automatically collected monthly from the health establishments' information systems and validated and published by the Department of Health Statistics and Information (DEIS).

- Data include consultations, controls and emergency consultations provided by physicians working for the public sector (National System of Health Services, SNSS) and those from the private establishments that supply data to MINSAL (not all private sector is represented).

- Data exclude, therefore, queries issued by professionals other than physicians.

Break in time series: 2018. The decrease in 2018 is explained by a sub-reporting (lower taxation) of some health care activities from the private sector; these are facilities that do not belong to the National System of Health Services, NPSNSS.

Note: Data for 2023 are preliminary.

Colombia

Source of data: **Individual Register of Health Services Providers (RIPS), Ministry of health and social protection.**

Coverage: National.

Deviation from the definition: The information available refers to visits in health institutions. There is no information on consultations/visits in the patient's home or outpatients.

- The collection of the RIPS data started in 2009. Therefore, there is no information available before 2009.

Costa Rica

Source of data:

- *From 2022 onwards:* Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund) and Annual Report of private hospitals that sent information.

- *Till 2021:* Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund).

Coverage:

- Provisional data for 2023: Only includes data for public hospitals.
- *From 2022 onwards:* It includes data coming from all public hospitals and some private hospitals.
- *Till 2021:* It includes data coming only from public facilities belonging to the Social Insurance.

Break in time series: 2022 (inclusion of some private hospitals).

Czechia

Source of data: Institute of Health Information and Statistics of the Czech Republic. **National Registry of Reimbursed Health Services (NRRHS).**

Reference period:

Coverage:

- Data on outpatient consultations include all examinations/treatments provided by physicians (both GP's and specialists) in ambulatory health establishments and in ambulatory wards of inpatient health establishments.
- Included are: home visits and visits to social care establishments, preventive visits.
- Excluded are: teleconsultations.
- Data of National Registry of Reimbursed Health Services (NRRHS) are available since 2010; application of all exclusion criteria is possible in these detailed data.

Deviation from the definition:

Estimation method:

Break in time series:

Denmark

Source of data: **Danish Health Data Authority**, The National Health Insurance Service Registry.

Reference period:

Coverage: Number of consultations at the physician's office or visits in the patient's own home. Consultation without subsidy from the national health insurance are not included.

The population is limited to persons who were living in Denmark when they had their consultation.

Deviation from the definition: Visits in outpatient departments in hospitals are not included. Visits to nurses under doctors delegation cannot be excluded from the data. For some patients with chronic obstructive pulmonary disease and Type 2 diabetes it is not possible to distinguish between consultations in person and teleconsultations. Visits are considered as being in person for these patients.

Estimation method:

Break in time series:

Estonia

Source of data:

- 1970-1989: **Statistics Estonia**, Annual statistical report of health care providers (<http://www.stat.ee/en>), amended by the National Institute for Health Development, based on annual health and health care statistical publications of this period published by the Ministry of Health.
- 1990 onwards: **National Institute for Health Development**, Annual statistical report of health care providers "Outpatient consultations and home visits". See at: https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_01Vastuvotud/?tablelist=true.

Reference period: annual average.

Coverage: all health care service providers which hold a relevant activity licence.

- Doctors' consultations include specialist and family physician out-patient receptions and home visits. All types of health care providers are covered, private providers included. Military forces included from 2010.
- Data do not include specialist, family physician and nurse telephone consultations and nurse out-patient reception and home visits.
- Doctors' consultations do not include dentist out-patient receptions, home visits or telephone consultations.

Deviation from the definition:

Estimation method: For 1970-1989, published number of consultations includes dentist consultations (<http://www.stat.ee/en>). Using available partial data and published annual rates of dentist consultations per person per year, the gaps were filled and new rates per person calculated.

Break in time series:

- 1989: change in calculation method, home visits (annual rate 0.7-0.8) not included.
- 1991: system changed, Estonian independence was restored.

Finland

Source of data: **THL Finnish Institute for Health and Welfare**, Department of Data and Analytics.

Reference period:

Coverage:

- The number of contacts made by specialists and general practitioners divided by the population.
- Contacts in public primary health care, public specialised care, providers of private health care and contacts with occupational health services are included.
- Visits/consultations of patients at the ambulatory care physician's offices and visits made to the patient's home are included.

Deviation from the definition:

Estimation method:

Break in time series: In 2011, the THL Finnish Institute for Health and Welfare expanded the social welfare and health care reporting system so that the primary care community-based care is collected at the individual level information on the national register. This change affected the number of visits to the physician and to dentist. In 2011, visits to the doctor and dentist visits are for 2013 by March. Register of primary health care visits (AvoHILMO) provided the information. In 2011, coverage of the information submitted from organizations at the time was the basic health care, and 99% of oral health care for 97%. From 2012 onwards the data is complete. As from 2019, day surgery will be combined with outpatient visits.

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (DREES)**, Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé. Data are compiled from the following three sources:

1) Activity of self-employed physicians estimated with the **DCIR database** (*Datamart de Consommation inter-régimes*) that contains all reimbursement information handled by the national system of health insurance.

This information system is put in place by the *Caisse Nationale d'Assurance Maladie* (CNAM) since 1977. This system allows for the gathering and incorporation of information on the activity of professions related to health into the national plan, which gives rights to reimbursement by the health insurance, maternity, and accident at work offices. The total number of consultations and visits carried out by self-employed practitioners, generalists and specialists is then computed by **DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*), which is the statistical service of the Ministry for Solidarity and Health. It was previously computed by CNAM, with the same methodology. Activity of physicians salaried in health care centers estimated with the DCIR database is taken into account from 2013 onwards. The total number of consultations and visits carried out by practitioners, both generalists and specialists, salaried in health care centers, is then computed by **DREES**.

2) External consultations of physicians in all hospitals extracted from the **SAE file** (*Statistique annuelle des établissements de santé/Annual statistics of health institutions*) **managed by DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*). <https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>.

Since 2013, external consultations of physicians in all hospitals estimated with the **PMSI database** (*Programme de médicalisation des systèmes d'information*) that contains all reimbursement information handled by the national system of health insurance in all hospitals. The PMSI can be considered more reliable because the SAE data were declarative.

3) Annual average population (data may be revised each year) estimated by the French National Statistical Institute **INSEE** (*Institut national de la Statistique et des Études Économiques*) using population census. <https://www.insee.fr/fr/statistiques/serie/001641584>.

Data were revised in 2023 (years 2013 to 2021).

Reference period: yearly data.

Coverage:

- France including overseas departments and regions (D.R.O.M).
- Healthcare institutions are taken into account irrespective of their legal status, categories, financing (e.g., private financing contributing to public hospital services) or size. Health care centers (“centres de santé”) that employ salaried doctors are included in the analysis from 2013 onwards. External consultations with midwives are not included.
- Before 2011, stomatology was considered as a medical specialty in France. Since 2011, stomatology no longer exists in France, but a new specialty was created “chirurgie orale” (oral surgery), which can either be a dentist specialty or a medical specialty. The activity of stomatologists is included in the “doctor consultations”. The activity of physicians specialised in oral surgery is included in the “doctor consultations”, whereas the activity of dentists specialised in oral surgery is included in the “dentists consultations”.
- Teleconsultations are not included in the aggregate but they are included in the “*Total doctor consultations (including teleconsultations)*” pilot indicator.

Deviation from the definition:

Estimation method:

Break in time series:

- Break in 2013: External consultations of physicians in all hospitals are computed with the PMSI instead of the SAE file.
- Break in 2001 due to the inclusion of hospital consultations. Before 2001, only ambulatory care consultations were taken into account.
- Break in 2000 due to the change of coverage, from Metropolitan France to Metropolitan France + D.R.O.M. (i.e., overseas departments).

Germany

Source of data: **Federal Ministry of Health**, KG 3-Statistics 2023 (statutory health insurance: accounts for practitioner and dental treatment, measures for the preventive examination/recognition of diseases, prenatal examinations) and KM 6-Statistics 2023 (statutory health insurance: insured persons); Bundesministerium für Gesundheit 2024, *Ergebnisse der KG 3-Statistik 2023 (gesetzliche Krankenversicherung: Abrechnungsfälle ärztlicher und zahnärztlicher Behandlung, Maßnahmen zur Früherkennung von Krankheiten, Mutterschaftsvorsorgefälle)* und *Ergebnisse der KM 6-Statistik 2023 (gesetzliche Krankenversicherung: Versicherte)* and **Central Research Institute of Ambulatory Health Care in Germany**, Zi Trend report on statutory health care; Zentralinstitut für die kassenärztliche Versorgung in der Bundesrepublik Deutschland 2025, *Zi-Trendreport zur vertragsärztlichen Versorgung, Bundesweiter tabellarischer Report vom 1. Quartal 2021 bis zum 2. Quartal 2024*, page 78, table 26; special calculation by the **Federal Statistical Office** on base of data from the Federal Ministry of Health and the Central Research Institute of Ambulatory Health Care in Germany.

- See information at <http://www.gbe-bund.de> or <http://www.bmg.bund.de> or www.zi.de.

Reference period: During the year.

Coverage:

- Included are medical services like outpatient remedial medical treatments or specialist outpatient palliative care, integrated care (outpatient medical treatment) and measures for the early recognition of illnesses (without dental early recognition).

Deviation from the definition:

- Consultations with doctors represent only the number of cases of physician treatments according to reimbursement regulations under the Social Health Insurance Scheme. One case of treatment only counts the first contact in three months even if the patient consults their doctor more often.

- A substantial under-reporting has to be assumed.

Additional information:

- In the BARMER GEK physician report 2023, data on a study on doctors' consultations were published. The BARMER GEK (a compulsory German health insurance fund), which covers about 8.7 million enrollees, analyses ambulatory data of more than 80 million treatment cases and about 650 million billing codes of the former Gmünder Ersatzkassen (GEK) on an annual basis and extrapolates these figures for the total population. Information on calendar days on which physicians provided individual services to individual patients form the basis for the analysis on doctors' consultations within a calendar year. These reports are available under: <https://www.barmer.de/presse/infothek/studien-und-reporte/arztreporte>.

Doctor's consultations per inhabitant of the past four years were:

2021: 15.32

2020: 14.70

2019: 15.3

2018: 15.1

- With the newly established accounting allowances for the ambulatory medical care in 2008, direct counting has no longer been possible. The current procedure for the calculation of doctor consultations leads to incomplete results which cannot be compared with the results prior to this change.

Estimation method:

Break in time series: Data from 2019 onwards exclude teleconsultations.

Greece

Source of data:

- Until 2006: **Social Insurance Institute, Annual Statistical Report.**

- From 2017 onwards: **ELSTAT, Ministry of Health, National Organization for the Provision of Healthcare Services (EOPYY).**

Reference period: 31st December.

Coverage:

Until 2006

- Half of the workers and employees in Greece.

- Annual periodicity.

- The figures represent the mean number of visits to doctors working in/contracted with the Social Insurance Institute.

- Visits performed by privately practising doctors who are paid directly by a household budget are excluded.

Since 2017

- Annual periodicity.

- The figures represent the mean number of visits to doctors working in/contracted with the National Organization for the Provision of Healthcare Services (EOPYY) and the number of visits in outpatient departments in public hospital and public ambulatory health care centres.

Deviation from the definition:

Estimation method:

Break in time series: Yes, please see above.

Hungary

Source of data:

- Up to 1993: **Central Statistical Office (KSH in Hungarian), Yearbook of Health Statistics.** www.ksh.hu.

- From 1994: **Hungarian National Health Insurance Fund (OEP in Hungarian), Statistical Yearbook.** www.oep.hu.

- From 2020, **National Directorate General for Hospitals (OKFŐ in Hungarian)** www.okfo.gov.hu.

Reference period:

Coverage:

- Physician consultations include contacts of family practice and outpatient care.

- Following the definition, episodes of dental care are not included.

- From 1994 laboratory, pathology, CT, MRI and other diagnostic examinations are not included.

- From 1994, the number of family practice contacts is taken from the Yearbook of Health Statistics by the Central Statistical Office; the number of outpatient contacts are taken from the Statistical Yearbook by the Hungarian National Health Insurance Fund.

Deviation from the definition:

Estimation method:

Break in time series:

- 1994. Since 1994, data are based on itemised financial report.

- 2007. The decrease in doctors' consultations in 2007 was related to the introduction of co-payment in the course of the healthcare reform that started at the end of 2006, and finished at the middle of 2008.

- From 2020: Due to a technical transition the data have been revised.

Note:

- The population numbers for the period between 2012 and 2022 have been recalculated retrospectively on the basis of the final census data of 1 October 2022.

- From 2020: The decrease in the number of doctor consultations (in person) is due to the COVID-19 pandemic.

Iceland

Source of data: **Directorate of Health.**

Reference period:

Coverage:

- Contacts with doctors in health centres and self-employed general practitioners (visits to the health centres and visits to the patient's home).

- Contacts with specialists, both for ambulatory care in hospitals and in their private practice, are included.

- All telephone consultations are excluded as they are not payable services.

Deviation from the definition:

Estimation method:

Break in time series: As of 2008, visits to certain units for diagnostic purposes have been excluded.

- Since 2015: Data not submitted since a) data on services provided by physicians in private practice are not available and b) data on outpatient visits to hospitals cannot be broken down by the profession of the health care staff. Only data on outpatient services provided by primary health care centers are available.

Ireland

Source of data:

- From 2015: **Annual Healthy Ireland Survey**, commissioned by the Department of Health as part of the Healthy Ireland initiative (<https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/>).

- 2010: **Quarterly National Household Survey** (Labour Force survey) Health Module, **Central Statistics Office** (<https://www.cso.ie/en/statistics/labourmarket/quarterlynationalhouseholdsurvey/>).

Reference period: Calendar year.

Coverage:

From 2015:

- Data refers to the average number of consultations visits with a general practitioner or medical or surgical consultant per person per year and is estimated from data collected in the annual Healthy Ireland survey. The estimate is calculated by grossing the number of consultations in the last 4 weeks to an average annual estimate.

- Consultations by phone are included in this survey.

- Data refer to population aged 15 years old and over.

- For data 2017-2019, the data for the medical or surgical consultant component was estimated using information from the Healthy Ireland 2016 survey as this information was not available from the year 2017-2019. An adjustment was made to account for population increase over the period using population estimates from the Central Statistics Office.

Pre 2010:

- Data refer to the number of times during the past 12 months a person had consulted a General Practitioner or had visited a medical or surgical specialist as an out-patient in relation to their own health. Consultation

with a GP includes those in a GP's practice, at patient's home or by telephone (excluding phone calls for test results). Visits to psychiatry and antenatal clinics are included as outpatients.

- Data refer to adults aged 18 years old and over.

Deviation from the definition: Refer to Coverage section above.

Estimation method: Refer to Coverage section above.

Break in time series:

- For 2015: Refer to Coverage section above for break in series reason.

- For 2020-2023, data is not available as it was not collected in the annual Healthy Ireland Survey.

Israel

Source of data: From 2015 Health Information Division in the **Ministry of Health**. The data was collected from the 4 HMOs in Israel, according to the registry in each HMO.

Coverage: It includes visits/consultations with generalist and specialist physicians at the physician's office or in the patient's home. The data have been calculated from 2015. Consultations also include requests for renewal of prescriptions.

Deviation from the definition: Data do not include visits/consultations with private providers.

Estimation method: The data are based on absolute numbers of consultations as were documented in all four HMOs in Israel. Average number of consultations/visits per person per year was calculated in accordance to the population data of HMO's members.

Break in time series: Break in 2015.

Source of data: 1996, 2000, 2009: **Central Bureau of Statistics**, Health Surveys (supplement to Labour Force Survey). http://www.cbs.gov.il/www/briut/health09_e.pdf.

Coverage:

- National representative sample of non-institutionalised civilian population, excludes nomad population in the southern region (about 0.7% of the population).

- Survey participants were asked if (and how many times) any member of the household visited a doctor, such as a family doctor, children's doctor or psychiatrist, during the last two weeks (house calls included, dentist visits telephone consultations not included).

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Until 2013:

Source of data: **ISTAT**, Istituto Nazionale di Statistica (National Institute of Statistics). Italian health interview survey "Health conditions and recourse to health services".

Reference period: Last 12 months or last 4 weeks (only for GP's visits).

Coverage: - Sample survey. Data refer to doctor consultations self-reported by the patients.

Deviation from the definition: It is not possible to exclude visits for prescribed laboratory tests and visits to perform prescribed and scheduled treatment procedures, e.g. injections, physiotherapy, etc.

Estimation method: None.

Break in time series: 2014. See below.

Since 2014:

- The total of visits is the sum of visits to general practitioners, visits to family paediatricians, visits to specialists in the National Health System, visits to specialists paid by patients (out of pocket). Teleconsultations are excluded. The average number of consultations/visits with a physician per person per year is calculated dividing the total of visits by the resident population (annual average).

1/ VISITS TO GENERAL PRACTITIONERS and 2/ VISITS TO FAMILY PAEDIATRICIANS

Source of data: **Società Italiana Medicina Generale (SIMG)**, Health Search (database on patients of GP's). <https://www.healthsearch.it/>.

Reference period: Year.

Coverage: the data source contains information on more than 1 million patients. Data on patients is recorded in the database by about 1,000 GP's (selected on voluntary basis).

Deviation from the definition: None.

Estimation method:

- Visits to GPs: the average number of contacts in a year by gender and age group is applied to the data of the resident population aged 14 years and over to obtain an estimate of the number of GPs visits in a year. - Visits to family paediatricians: the average number of contacts for children aged less than 14 years is estimated by the GP's Health Search database for younger patients.

3/ VISITS TO SPECIALISTS IN THE NATIONAL HEALTH SYSTEM

Source of data: **Ministry of Economy**, Sistema Tessera Sanitaria (administrative data on outpatient services – doctor consultations, surgery, lab tests, diagnostic tests – provided by the NHS).

<https://sistemats1.sanita.finanze.it/portale/>.

Reference period: Year.

Coverage: Visits to specialists in the NHS (out of pocket visits are excluded).

Deviation from the definition: it is not possible to exclude visits for prescribed laboratory tests and visits to perform prescribed and scheduled treatment procedures, e.g. injections, physiotherapy, etc.

Estimation method: None.

4/ VISITS TO SPECIALISTS OUTSIDE THE NATIONAL HEALTH SYSTEM PAID BY PATIENTS (out of pocket)

Source of data: **ISTAT**, Household Budget Survey (sample survey <https://www.istat.it/it/archivio/71980>) and Monthly Survey of Consumer Prices (sample survey <https://www.istat.it/it/archivio/252466>).

Reference period: Year.

Coverage: Out of pocket visits to specialists.

Deviation from the definition: None.

Estimation method: the number of out-of-pocket visits is estimated by dividing the annual expenditure of households for out-of-pocket visits to specialists by the average price of specialist visits. Expenditure and average prices are by geographical area.

Break in time series: Since 2014, the number of visits is obtained using administrative sources and survey data as described above.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, Health Insurance Bureau survey.

Coverage:

- The figures refer to days of out-patient surgery per subscriber who is covered by the whole public health insurance system.

- Data before 1984 cannot be compared to the data after 1984, as the Health Service System for the Aged was established in 1983, and the Medical Care Service Program for Retired Employees was established in 1984.

Deviation from the definition: Data include remote consultations (by telephone, video, etc.).

Korea

Source of data:

- From 2014: **Ministry of Health and Welfare, Health Insurance Review & Assessment Service**, Statistics of Health Care Utilization.

- Until 2013: **Ministry of Health and Welfare, Korea Institute for Health and Social Affairs**, The Patient Survey Report.

Coverage:

- From 2014: Administrative data cover consultation fees, including national health insurance, medical care, Patriots-Veterans benefits, industrial accident insurance benefit, and automobile insurance.

- Until 2013: The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008. Data cover patients who have a consultation with physicians and specialised doctors in hospitals and clinics.

Break in time series: 2014. Change in data source.

Latvia

Source of data: **Centre for Disease Prevention and Control**; Statistical Report.

Reference period: 1st January to 31st December.

Coverage:

- The number of outpatient contacts excludes calls for ambulance as they form a separate group of health care services in Latvia.

Deviation from the definition:

Estimation method:

Break in time series:

Lithuania

Source of data:

- From 2006: **HI HIC** data from annual reports and Compulsory Health Insurance Database. Report “Health Statistics of Lithuania”, available from <https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

- Up to 2005: Lithuanian Health Information Centre annual report data.

Reference period:

Coverage: All health care institutions should report, but quality and coverage of private health care institutions, especially having no contract with Compulsory Health Insurance Fund, reporting is not complete.

Deviation from the definition:

Estimation method:

Break in time series:

Luxembourg

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.

Reference period:

Coverage:

- Relates to the total number of consultations performed in Luxembourg of the resident population covered by the statutory health insurance scheme outside hospitals or in outpatient departments in hospital.

- The rates presented in the database are calculated with the resident population covered by the statutory health insurance scheme in Luxembourg (annual average) as the denominator.

1995	387.862
1996	393.113
1997	398.462
1998	403.996
1999	410.708
2000	418.182
2001	424.037
2002	428.457
2003	433.424
2004	439.628
2005	444.783
2006	449.972
2007	455.752
2008	463.179
2009	470.660

- Simple visits and small interventions are included.
- The rate for 2023 is preliminary. In 2016, data have been revised in order to exclude consultations and visits during hospitalisation.

Deviation from the definition:

Estimation method:

Break in time series: 2009: method for calculating resident population covered by the statutory health insurance scheme in Luxembourg (annual average) has changed.

2009	465.632
2010	473.088
2011	481.890
2012	492.555
2013	501.925
2014	510.673
2015	518.165
2016	526.733
2017	535.940
2018	545.837
2019	556.648

Mexico

Source of data: **Bulletin of Statistical Information.** National Health Care System, Vol 1. Ministry of Health, 1980-2020. From 2021 onwards, the data is from the Service Provision Subsystem (SIS).

Coverage:

- Since 2004: Data include consultations offered by Social Protection in the Health System of the Ministry of Health.
- Since 1994: Data include private facilities with inpatient service.
- Data refer to consultations of generalists and specialists in medical units.
- Data exclude teleconsultations.

Netherlands

Source of data:

- 2005 onwards: Data from the **Health Interview Survey**.

<https://opendata.cbs.nl/statline/#/CBS/en/dataset/83005ENG/table?dl=54222>.

- Before 1997: **Vademecum Gezondheidsstatistiek**, table 8.5 and Maandbericht Gezondheidsstatistiek (several issues).

- 1997-2004: **Integrated System of Social Surveys (POLS)**.

Reference period:

Coverage:

- Contacts with general practitioners and specialists are included. Contacts for maternal and child health care are not included, nor are discharge planning visits in the hospital and nursing home.

Deviation from the definition: includes consults by telephone with the general practitioner since 2010.

Estimation method:

Break in time series: 2010 and 2014. Questionnaire and setup of survey changed in 2010 and 2014.

New Zealand

Source of data:

2003: **New Zealand Health Survey 2002/03**.

2007: **New Zealand Health Survey 2006/07.**

2012: **New Zealand Health Survey 2011/12.**

2017: **New Zealand Health Survey 2017/18.**

Coverage:

- Data include GP and specialist consultations.
- The 2002/03 survey involved 12929 adults aged 15 years old and over. Data were collected from September 2002 to January 2004 using face to face interviewing. The consultation figure is for the adult population 15+.
- For the 2006/07 survey comprehensive health information was collected from more than 17000 New Zealanders – 12488 adults and 4922 children, from October 2006 to November 2007. The consultation figure is for the total population (adults and children).
- The 2011/12 survey collected information on 12596 adults aged 15 years old and over and 4558 children aged under 15 years (17175 total respondents) from June 2011 to August 2012. The consultation figure is for the total population (adults and children).
- The 2017/18 survey collected information on 13,869 adults aged 15 years old and over and 4,723 children aged under 15 years (18,592 total respondents) from July 2017 to June 2018. Where a respondent answered “Don’t know” or declined to answer either the GP question or the specialist question, they were excluded from the combined “GP’s and specialists” figures.

Notes on general practitioner consultations sourced from the 2002/03, 2006/07, 2011/12 and 2017/18 NZ Health Surveys:

- Survey participants were asked how many times they had seen a GP in the previous 12 months.
- The mean number of visits to a GP in the past 12 months for the total population in 2011/12 was 2.92.
- The mean number of visits to a GP in the past 12 months for the total population in 2017/18 was 2.8.
- The mean number of visits to a GP in the past 12 months for the adult population in 2017/18 was 2.86.

Notes on specialist consultations sourced from the 2002/03, 2006/07, 2011/12 and 2017/18 NZ Health Survey:

- A medical specialist was defined as a doctor who specialises in a branch of medicine other than general practice. Medical specialists include general physicians, general surgeons, paediatricians, cardiologists, dermatologists, geriatricians, obstetrics and gynaecology specialists, neurologists, urologists, ear nose and throat surgeons, rheumatologists, ophthalmologists, orthopaedic surgeons and many more types of doctors.
- Participants were asked how many times they had seen a medical specialist (the most common types were listed on a show card) in the previous 12 months. If they had seen a specialist they were asked where the last visit took place.
- The mean number of visits to a specialist in the past 12 months for the total adult population in 2011/12 was 0.75.
- The mean number of visits to a specialist in the past 12 months for the total population in 2017/18 was 0.87.
- The mean number of visits to a specialist in the past 12 months for the adult population in 2017/18 was 0.93.

Inclusions for specialists consultations:

- a) Public hospital as an outpatient;
- b) Private hospital (including as an inpatient);
- c) Specialist's private room or clinic.

Exclusions for specialists consultations:

- Hospital as an inpatient/overnight in a public hospital/admitted.

Norway

Source of data:

- 2011 onwards: **The Norwegian Health Economics Administration (HELFO) Norwegian Patient register, both under The Norwegian Directorate of Health.**
- 2006-2010: **The Norwegian Health Economics Administration (HELFO) and Statistics Norway.**

Reference period:

Coverage:

- 2011 onwards: The figure includes general practice, medical specialists and ambulatory health care centres, home health care services and outpatient consultations in hospitals (general hospitals, mental

hospitals, psychiatric departments in general hospitals, departments for treatment of substance abuse) conducted by physicians. Telephone contacts are not included.

- 2006-2010: The figure includes general practice, medical specialists and ambulatory health care centres, and home health care services, registered by HELFO. Telephone contacts are not included.

Deviation from the definition: In 2021, teleconsultations with hospital doctors cannot be identified and are included.

Estimation method:

- 2015: For consultations per citizen, 2014 is used as a reference year for medical specialists due to a lack of data.

- 2006-2010: Outpatient consultations with doctors in hospitals are estimated. Based on 2011 and 2012 data from Norwegian Patient register, it is estimated that 57 per cent of the consultations in hospitals (general hospitals, mental hospitals, psychiatric departments in general hospitals, departments for treatment of substance abuse) are conducted by physicians.

Break in time series:

Poland

Source of data: **Statistics Poland**, ZD-3 report on ambulatory health care.

Reference period: Consultations provided during a year. When calculating ratios per capita, population as of 30 June were used.

Coverage:

- Consultations provided by doctors in out-patient health care.

Deviation from the definition: Until 2019, data can include doctor teleconsultations.

Estimation method:

Break in time series:

- Until 2019, data can include doctor teleconsultations.

- Since 2003: Data on doctor consultations include data from the Ministry of National Defence and the Ministry of the Interior and Administration, which were not included before.

- Since 1998: Consultations provided by doctors conducting publicly funded medical practices are included.

- Since 1991: Data include preventive examinations and consultations provided in admission rooms in general hospitals.

Portugal

Source of data:

- Between 1985 and 2012: Statistics Portugal - Hospital Survey and Health Care Centres Survey.

- From 2014 onwards: Statistics Portugal - Hospital Survey and Portal SNS - Medical consultations in primary health care (number of in-person medical consultations and number of medical consultations at home).

Reference period: Annual.

Coverage:

- Between 1985 and 2012: National coverage for medical in-person consultations carried out in hospitals (public and private sector) and health centres.

- From 2014 onwards: National coverage for medical in-person consultations carried out in hospitals (public and private sector). Coverage of mainland Portugal for medical in-person consultations and medical consultations at home carried out by health units with one or more health care centres (ACES in Portuguese). Data related to services not dependent on ACES were not considered and data available does not include consultations registered in the Vitacare system.

Deviation from the definition:

- Between 1985 and 2012: Data does not include medical consultations in the patient's home and consultations at physician's office.

- From 2014 onwards: Data does not include medical consultations in the patient's home carried out by hospitals and consultations at physician's office. Data does not include health care centres located in the autonomous regions (Região Autónoma dos Açores and Região Autónoma da Madeira).

Break in time series: 2014 (change in data source and coverage).

Slovak Republic

Source of data: **National Health Information Center (NHIC).**

Reference period: 31st December.

Coverage: - In 2019, data were recalculated since 2007.

- In the updated data, patients' visits in out-patient units of physicians and in out-patient departments in hospitals as well as visits to patient's home are included. All specialised departments are included but specialised units of stomatology and dentistry are excluded.

Deviation from the definition:

Since 2019, Doctor consultations (in person) have been removed due to data are included in the item Total doctor consultations (including teleconsultations) and because the consultation types cannot be separated.

Slovenia

Source of data:

☐ From 2023: Out-patient services database (SZBOP), National Institute of Public Health, Slovenia.

☐ Up to 2022: computerized report on out-patient specialist services (ZUBSTAT), National Institute of Public Health, Slovenia.

Reference period: calendar year.

Coverage: All visits/consultations of patients in out-patient health care at primary and secondary level and visits made to the patient's home.

Deviation from the definition:

Estimation method:

Break in time series: From 2023 - With the year 2023, there has been a substantive and informational update of the data collection system in Slovenia. The reporting of providers remains the same, as both public and private providers are included in the reporting. The coverage remains at the national level. The decline in the share of medical services can be attributed to the new methodology and new method of reporting.

Spain

Source of data:

2019 onwards: **Ministry of Health.** From **Primary Care Information System (SIAP)** and **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm>.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm>.

Until 2017: **Ministerio de Sanidad** (Ministry of Health) and **Instituto Nacional de Estadística - INE** (National Statistics Institute).

- Encuesta Nacional de Salud (National Health Survey), 1987-2006, 2011 and 2017.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/encuestaNacional/home.htm>.

- Encuesta Europea de Salud en España (European Health Interview Survey (EHIS), 2009, 2014, 2020.

<http://www.ine.es>, <http://www.sanidad.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>.

Reference period:

Coverage:

2019 onwards:

- Data include consultations to generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System (consultations carried out within the regular working hours, regardless of whether their modality was on demand, arranged/scheduled, or urgent/without an appointment), as well as consultations to physicians working in hospital (public and private sector) and consultations to physicians working in out-patient clinics depending on a general hospital (public and private sector) at the end of the calendar year.

Geographical coverage is complete; therefore, the rate is calculated based on the annual general population in the corresponding year.

Until 2017:

- Population 0+ except for 2009 data, where population was aged 16 years and over, and 2014 and 2020 where population was 15 years and over.

- **National Health Survey 2017, European Health Survey in Spain, 2009, 2014, 2020.** The question includes telephone, home and office visits: “When was the last time you consulted a GP or family doctor on your own behalf?” If the answer is “Within the last 4 weeks”, then “How many times have you consulted a GP or family doctor in the last 4 weeks?”. The same 2 questions were asked for specialists (including visits to outpatient and emergency departments, but not contacts while in hospital as an inpatient).

- **National Health Survey 2006, 2011.** Question: “When was the last time you consulted a doctor (personally or by telephone) on your own behalf for any problem, discomfort or illness? (Dentists, diagnostic procedures and consultations while in hospital as an inpatient are not included)”. Those who answer “Less than 4 weeks” move on to the next two questions where they answer the number of times they consulted a) a GP or family doctor or b) a specialist.

- **National Health Survey 1987, 1993, 1995, 1997, 2001, 2003.** Question: “Have you consulted a doctor for any problem, discomfort or illness in the last two weeks?” If the answer is affirmative, “How many times did you see the doctor?”.

Deviation from the definition:

- *2019 onwards:* Data do not include consultations to private primary care physicians (generalist practitioners and paediatricians).

- *Until 2017:* Data include telephone consultations.

Estimation method:

Until 2017:

- Average number of consultations in one year per person.

- Weighted results.

- Figures computed exclude missing values.

- From 2003, probabilistic sample.

Break in time series:

- 2019: change in data source (data include not only consultations to generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System, but also consultations to physicians working in hospital - public and private sector - and in out-patient clinics depending on a general hospital - public and private sector -inf).

- 2009 and 2014: change in reference population.

Sweden

Source of data: **Swedish Association of Local Authorities and Regions/SALAR.**

Coverage: Data on all settings of doctor’s consultations, public and private sector.

Switzerland

Source of data: **Federal Statistical Office (FSO),** Neuchâtel, Swiss Health Survey, 2002, 2007, 2012 and 2017.

Coverage:

- This survey only covers people aged 15 years and older in private households, excluding collective households (retirement homes, institutions for the disabled, etc).

- Data cover generalists and specialists.

Türkiye

Source of data: **General Directorate for Health Services, Ministry of Health.**

Reference period: Annual.

Coverage:

- Relevant department of the Ministry of Health regarding the Primary Health Care Visits data.
- The data indicate the number of per capita visits in a year.
- Data include per capita visits to the primary, secondary, and tertiary health care facilities of the Ministry of Health, university hospitals and private hospitals.

Note: Türkiye significantly improved the supply of services under the Health Transformation Program (HTP) between 2003 and 2013. In the scope of this program, access to healthcare has increased, leading to an acceleration in the rise of the number of doctor consultations between these years.

Deviation from the definition:

Estimation method:

Break in time series:

- Since 2002, per capita visits to private clinics, specialty branch centers and private outpatient clinics are also included.
- MoND-affiliated health care facilities are included since 2012.

United Kingdom

Source of data:

Calculated by the **Information Centre for Health and Social Care** using data from:

- *England and Wales*: **Office for National Statistics (ONS)**, General Household Survey.
- *Northern Ireland*: **Continuous Household Survey** (GP consultations) and **Northern Ireland Statistics and Research Agency** (Outpatient visits).

Further information at: <http://www.ic.nhs.uk>.

- *Scotland*: Practice Team Information (PTI), **ISD Scotland**, as at 29th October 2013.

<http://www.isdscotland.org/Health-Topics/General-Practice/GP-Consultations/>. GP Consultation source: 59, 53, 51, 49, 48, 58, 60, 59, 59 and 60 Practice Team Information practices that submitted complete GP data for the years ending 31 March 2004 to 2013 respectively. Figures are standardised by age, sex and deprivation. Population source: Community Health Index (CHI) record, as at 30 September 2003, 2004, 2005, 2006, 2007 2008, 2009, 2010, 2011 and 2012 respectively.

Coverage:

- Pre 2003: Data for Great Britain only. Data for the UK from 2003-2008. 2009: Data for Great-Britain only.
- Data not available for 1997 or 1999 as the General Household Survey was not carried out in those years.
- 2014 update: No data supplied since 2009 due to issues with actually finding a source that can deliver such data. We are actively seeking a source for future year's collections.
- 2017 update – a data source for England has now been found but will not be initially publishing until September 2018. Scotland were able to provide data (see Scotland metadata above) but for the time being, these data will not be used until England have published, this most likely being in time for next year's collection.
- An approximation of the number of National Health Service General Practice consultations per person per year over a 12-month period derived from the ONS General Household Survey in Great Britain and from the Continuous Household Survey in Northern Ireland for all ages in private households, giving average number of consultations with a National Health Service general practitioner per year. The mean number of NHS hospital outpatient department consultations per person per year was added to the average number of GP consultations. Until 2008 this has been added to the mean number of NHS hospital outpatient department consultations per person per year. 2009 figures refer only to GP consultations per person per year over a 12 month period.
- Figures do not include consultations of physicians in the independent sector and do not take into account consultations of specialists outside hospital outpatient departments.
- NHS GP consultations component (from the General Household Survey) of the figures comprises home visits, GP surgery consultations, consultations with a GP at a health centre, and telephone consultations.
- Caution should be exercised when comparing one year to another as variations caused by averaging male/female rates from the General Household Survey can exaggerate differences between one year and another (this would account for a large part of the 0.6 difference between 1996 and 1998, for example).
- Data from the surveys from 2003 are grossed and weighted. Data from Annual Abstracts are for financial years.
- In 2005, the GHS changed from a financial year to a calendar year.

Break in series: 2003, 2008, 2009.

- Pre 2003: Data for Great Britain only. Data for the UK from 2003-2008. 2009: Data for Great-Britain only.

United States

Source of data: **Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS)**, various years.

Weblink: <https://datatools.ahrq.gov/meps-hc>.

Coverage:

- The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of healthcare use, expenditures, sources of payment, and insurance coverage for the U.S. civilian non-institutionalized population. MEPS is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research) and the National Centre for Health Statistics (NCHS).

- MEPS is comprised of three independent component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC where the data consultation is obtained is part of the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of healthcare use and expenditures, support health services research, and can be used to assess healthcare policy implications.

- The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian non-institutionalised population, with oversampling of Hispanics and blacks.

Estimation method: Survey.

- Nationally representative sample of the U.S. civilian non-institutionalised population.

- Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each respective year (December 31 of each year).

- Estimates for doctor consultations are derived by calculating the means events per person for emergency room visits, inpatient stays, office-based physician visits, and outpatient physician visits.

Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Bulgaria

Source of data: **National Centre for Public Health and Analyses at the Ministry of Health.**

Reference period:

Coverage: Consultation/visits both to generalist and specialist medical practitioners, at the physician's office, in the patient's home and in outpatient departments in hospital are covered.

The rate is calculated based on the average annual population.

Deviation from the definition:

Estimation method:

Break in time series:

Croatia

Source of data: Croatian Institute of Public Health, Databases on Primary Health Care and Outpatient Specialist Health Care.

Reference period: Calendar year.

Coverage: Covers all public and private institutions and practices in primary health care and outpatient specialist care.

Deviation from the definition:

Estimation method:

Break in time series:

Cyprus

Source of data: The annual reports “Health and Hospital Statistics” and the “Demographic Report” both published by CYSTAT. Up to 2018, the mid-year population was used. From 2019 onwards, the average population has been used.

2021 onwards: For the health services provided through the General Health System (GHS) the data is obtained from the Health Insurance Organisation.

Reference period: The reference year.

Coverage:

Up to 2018: Attendances at general, rural, and special hospitals and health centres of the public sector only.

Deviation from the definition: Deviation due to incomplete coverage (the doctor consultations to physicians not contracted with the GHS are not included)

Estimation method:

Break in time series: 2019, 2020.

2019: The General Health Scheme (GHS) was introduced in the 2nd semester of the year for primary care. The figure refers to the number of outpatient attendances at general, rural, and special hospitals and health centres of the public sector only. A break in the series appears due to the change in the Health Care System (the number of attendances at the public sector has been decreased).

2020: Attendances at the hospitals and health centers of the public sector and the physicians practising at the private sector under the GHS. A break in the series appears due to the change in the health care system and the inclusion of the attendances to the physicians practising at the private sector under the GHS.

Data for reference years 2018-2022 has been revised according to the revised population figures resulted from the latest population census that was carried out in 2021.

Romania

Source of data: Until 2004: Ministry of Health.

Since 2005: **National Institute for Statistics.**

Reference period: calendar year, as existing on 31st December

Coverage:

1980 – 2004: data cover Ministry of Health network (public sector). Includes all consultations in all types of ambulatory medical units.

Since 2005: data cover public and private (including not for profit) sector. Includes all consultations in all types of ambulatory medical units. Until 2012, in some categories of big sanitary units such as ambulatories, polyclinics, diagnosis and treatment centres, specialised medical centres the dentist consultations couldn't be identified therefore, the number per capita of medical consultations is slightly overestimated.

- Since 2002 data was updated based on usual resident population on July 1st of each year.

Deviation from the definition: -

Estimation method: -

Break in time series: -

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>