

# OECD Health Statistics 2021

## Definitions, Sources and Methods

### Doctors consultations (in all settings)

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 health care 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- 2003 onwards: AIHW analysis of unpublished Medicare data.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](http://medicarestatistics.humanservices.gov.au/statistics/mbs_group.jsp).

##### Reference period:

- Data prior to 2003 are for calendar years (1<sup>st</sup> January to 31<sup>st</sup> December). Data from 2003 onwards are by financial year (1<sup>st</sup> July to 30<sup>th</sup> 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 2020 | Australian Bureau of Statistics \(abs.gov.au\)](#)).

##### 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 BTOS 0101, 0102, 0103, 0110, and 0200.
- 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).

##### Break in time series:

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

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

## Austria

Source of data: **Main Association of Austrian Social Security Organisations.**

Reference period: 1<sup>st</sup> to 31<sup>st</sup> December.

Coverage:

- Included are visits to doctors in the extramural sector (practices, ambulatory health care centers) with health insurance contracts. This covers "contractual cases of medical care" meaning that all doctor consultations within a quarter are summarized into one case (all visits to one physician by one entitled person).
- Included are visits to the doctor by commuters living abroad who are employed in Austria.
- Excluded are consultations in inpatient departments or day-care settings of hospitals.

Deviation from definition:

- Privately paid consultations (by private health insurance companies or out of pocket) and doctor visits in the outpatient hospital sector are excluded.
- Excluded are cases of temporary (vacation) replacement and preventive medical checkups of contract physicians without basic remuneration.
- Visits for prescribed and scheduled treatment procedures as well as for prescribed laboratory tests are included.
- Visits to maxillofacial surgeons are included.

## Belgium

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

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.

Note: In 2017, the data have been revised since 2006.

## 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 2018 this proportion had dropped to 72.6%.

- 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 2018. The data for 2019 is an estimate based on the trend in the average consultation per person in the previous ten years. The 2019 estimate is subject to revision when the National Physician Database's data for this year becomes available.

## 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](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](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](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: The year 2020 is preliminary, so it is subject to modifications.

## Colombia

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

Coverage: It includes data coming only from public facilities belonging to the Social Insurance.

## Czech Republic

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

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.
- Data of National Registry of Reimbursed Health Services (NRRHS) are available since 2010; application of all exclusion criteria is possible in these detailed data.

## Denmark

Source of data: **National Board of Health**, The National Health Insurance Service Registry.

Coverage:

- Number of visits at the physician's office or visits made to the patient's home. E-mail or telephone contacts are excluded.
- All figures from 1990 onwards were revised in 2011. In 2021 all data from 2013 and onwards were updated. The data for 2020 is provisional data as the National Health Insurance Service Registry is not yet updated and thus the month of December is not included in the numbers.

## 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. See at:

[https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas\\_03Tervishoiuteenused\\_01Vastuvotud/?tablelist=true](https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_01Vastuvotud/?tablelist=true).

- Data for 2000-2012 updated on the basis of revised population figures.

Coverage:

- 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.

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 Information.

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.

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. AvoHILMO-register the information provided. 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.

## France

Source of data: Data are compiled from the following three sources:

1) Activity of self-employed physicians, from the **SNIR database (Système national inter-régimes) managed by CNAMTS**. <http://www.ameli.fr/1-assurance-maladie/statistiques-et-publications/donnees-statistiques/professionnels-de-sante-liberaux/donnees-geographiques/activite-prescriptions-des-medecins.php>.

2) External consultations of physicians from 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) from the Ministère du Travail, de l'Emploi et de la Santé (Secteur Santé). <https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>.

Coverage:

- Institutions included irrespective of their legal status, categories, financing (e.g. private financing contributing to public hospital services) or size.
- Data include external consultations with midwives.

3) Data revised annually from the **INSEE (Institut national de la Statistique et des Etudes économiques)** census.

Coverage:

- France (Metropolitan and D.O.M, i.e. overseas territory).
- Total number of consultations and visits carried out by self-employed and salaried practitioners, generalists and specialists, applied to the average French population for the year considered.
- The SNIR is an information system put in place by the Caisse Nationale d'Assurance Maladie des Travailleurs Salariés (CNAMTS) 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.

Break in time series:

- Break in **2013**: the SAE file was renewed: only the consultations for curative care are taken into account but no more rehabilitative, long term or psychiatric care.
- 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.O.M. (i.e. overseas territory).

## Germany

Source of data: **Federal Ministry of Health**, KG 3-Statistics 2019 (statutory health insurance: accounts for practitioner and dental treatment, measures for the preventive examination/recognition of diseases, prenatal examinations) and KM 6-Statistics 2019 (statutory health insurance: insured persons). Bundesministerium für Gesundheit 2020, *Ergebnisse der KG 3-Statistik 2019 (gesetzliche Krankenversicherung: Abrechnungsfälle ärztlicher und zahnärztlicher Behandlung, Maßnahmen zur Früherkennung von Krankheiten, Mutterschaftsvorsorgefälle)* und *Ergebnisse der KM 6-Statistik 2019 (gesetzliche Krankenversicherung: Versicherte)*; special calculation by the Federal Statistical Office on base of data from the Federal Ministry of Health.

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

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 his doctor more often.

- A substantial under-reporting has to be assumed.

Additional information:

- In the BARMER GEK physician report 2010 (successor product of the GEK-report on ambulatory care), data on a study on doctors' consultations were published. For the survey, Barmer GEK (a compulsory German health insurance fund) has analysed ambulatory data of 1.7 million insured persons of the former Gmünder Ersatzkassen (GEK) for the years 2004 to 2008 and extrapolated 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 for the years 2004 to 2007. Doctor's consultations per inhabitant:

2004: 16.4

2005: 16.9

2006: 17.1

2007: 17.7

- With the newly established accounting allowances for the ambulatory medical care in 2008, direct counting is no longer possible. The current procedure for the calculation of doctor consultations leads to incomplete results which cannot be compared with the prior year results. However, the study assumes that the practising physicians invoiced on the average 7.5 cases of treatment per insured person. If one takes into account that previously 2.5 consultations per case of treatment have been registered, you get a number of 18.1 doctor consultations per inhabitant for the year 2008. Corresponding analyses on dental and dentosurgical treatments are not available.

## 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)**.

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.

## Hungary

Source of data:

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

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

[www.oep.hu](http://www.oep.hu).

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.

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.

## Iceland

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

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.

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

## Ireland

Source of data:

- From 2015: **Annual Healthy Ireland Survey**, commissioned by the Department of Health as part of the Healthy Ireland initiative.

- 2010: **Quarterly National Household Survey** (Labour Force survey) Health Module, **Central Statistics Office.**

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.

## 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](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”.

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.

*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). 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

Source of data: **Società Italiana Medicina Generale (SIMG)**, Health Search (database on patients of GP’s).

<https://www.healthsearch.it/>

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).

### 2/ VISITS TO FAMILY PAEDIATRICIANS

Estimation method: Data is estimated under the hypothesis of an annual average number of contacts for children aged less than 14 years equal to 3 (value obtained from 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/>.

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.

### 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>).

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.

## 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.

## 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.**

Coverage:

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

- Doctor consultations (number per capita) from 2001 to 2011 have been recalculated according to the revised population data after 2011 Census.

## Lithuania

Source of data:

- From 2006: **HI HIC** data from annual reports and Compulsory Health Insurance Database. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html><http://sic.hi.lt/html/en/hsl.htm>.

- Up to 2005: **LHIC** annual report data.

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.

## Luxembourg

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

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

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

- Simple visits and small interventions are included.
- The rate for 2019 is preliminary. In 2016, data have been revised in order to exclude consultations and visits during hospitalisation.

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

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

## Mexico

Source of data: **Bulletin of Statistical Information**. National Health Care System, Vol 1. Ministry of Health, 1980-2019.

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.

## Netherlands

Source of data:

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

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

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

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

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.

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

## 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**.

2018: **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:

- Public hospital as an outpatient;
- Private hospital (including as an inpatient);
- 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.**

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.

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.

## Poland

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

Reference period: Data as at 31<sup>st</sup> December.

Coverage:

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

Break in time series:

- Since 2003: Data on doctor consultations include data from the Ministry of National Defence and the Ministry of the Interior, 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: **Statistics Portugal** - Health statistics (published annually).

Coverage:

- National coverage.

- The number of contacts includes: visits/ consultations of patients in hospitals (public and private sector) and health centres. It includes the consultations with general practitioners and with specialists. Consultations and visits that take place at private offices are not included.

- Data do not include consultations by telephone.

Deviation from definition: Consultations at private offices are not included.

## Slovak Republic

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

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.

## Slovenia

Source of data: **National Institute of Public Health, Slovenia**, computerized report on out-patient specialist services (ZUBSTAT).

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

## Spain

Source of data: **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.mscbs.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.msssi.gob.es/estadEstudios/estadisticas/EncuestaEuropea/home.htm>.

Coverage:

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

- **National Health Survey 2017, European Health Survey in Spain, 2009, 2014.** 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?"

Estimation method:

- Average number of consultations in one year per person.
- Weighted results.
- Figures computed exclude missing values.
- From 2003, probabilistic sample.

Break in time series: 2009.

Note: The 2020 Health interview survey was carried out from July 2019 to July 2020, so the decrease in 2020 data compared with previous years may be explained by the pandemic period.

## 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**, 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.

## Turkey

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

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.

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.

Note: Turkey 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.

## 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.

## United States

Source of data: **Centers for Disease Control and Prevention/National Center for Health Statistics/National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS)**, various years/ United States Visits to Physician Offices and Hospital Outpatient and Emergency Departments. <http://www.cdc.gov/nchs/ahcd.htm>.

- Data can be found at the 2015 Health United States publication- <https://www.cdc.gov/nchs/hs/index.htm>.

Coverage:

- The NAMCS is a national survey designed to provide information on the provision and use of medical care services in office-based physician practices in the United States. Data are collected from medical records on type of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit.
- The scope of the NAMCS covers patient encounters in the offices of non-federally employed physicians classified by the American Medical Association or American Osteopathic Association as office-based, patient-care physicians. Patient encounters with physicians engaged in prepaid practices - health maintenance organisations (HMOs), independent practice organisations (IPAs), and other prepaid practice - are included in NAMCS.
- The NHAMCS is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of non-federal, short-stay or general hospitals.
- NHAMCS collects data on the utilisation and provision of medical care services provided in hospital emergency and out-patient departments. Data are collected from medical records on type of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit.
- The NAMCS, which began in 1973, was conducted annually until 1981, once in 1985, and resumed an annual schedule in 1989.
- The NHAMCS annual data collection began in 1992.
- NAMCS: Visits to hospital-based physicians, visits to specialists in anesthesiology, pathology, and radiology, and visits to physicians who are principally engaged in teaching, research, or administration are excluded.
- The NAMCS excludes telephone contacts and non-office visits.

Estimation method: All places include visits to physician offices and hospital outpatient and emergency departments. National representative sample of the U.S. civilian non-institutionalised population. Estimates are age-

adjusted to the year 2000 standard population using six age groups: under 18 years, 18-44 years, 45-54 years, 55-64 years, 65-74 years, and 75 years and over.

Break in time series: No breaks in time series.

## NON-OECD ECONOMIES

### Brazil

**Source**: Ministério da Saúde/SE/Datasus - Sistema de Informações Ambulatoriais do SUS (SIA/SUS), Indicadores e Dados Básicos - Brasil - 2013. Data available up until 2013.

**Further information**: <http://tabnet2.datasus.gov.br/cgi/deftohtm.exe?idb2013/f01.def>.

### China

Data not available.

### India

Data not available.

### Indonesia

Data not available.

### Russian Federation

#### Sources:

2008 onwards: Federal State Statistics Service (ROSSTAT), Form of Federal Statistical Survey № 1-zdrav "Information on organisations providing health services to population"


1990-2007: World Health Organization Europe - European health for all database (HFA-DB).


#### Coverage:

2008 onwards: Data include visits in all health care institutions, belonging to different administrative entities (state, ministries and large private companies), excluding small health companies (with less than 15 working persons).

1990-2007: Data only include visits to outpatient health care facilities of the Ministry of Health

#### Deviation from the definition:

 **Break in time series in 2014**: Since 2014, the Russian Federation includes Krime Federal Okrug (Crimea).

 **Break in time series in 2008** due to a change of source, coverage and definition:

2008 onwards: Data additionally include the number of prophylactic consultations and visits to dentists.

1990-2007: Data only include outpatient visits.

**Note**: This document, as well as any data and any 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.

### South Africa

**Source**: District Health Information System Database (DHIS). National Department of Health.

- Primary Health Care cases seen by doctor: A patient/client (child or adult) seen by a doctor for a Primary Health Care curative service (diagnosis and treatment).

#### Methodology:

- Number of visits per person to PHC health facilities per year.

- Calculated from PHC headcount divided by total population.