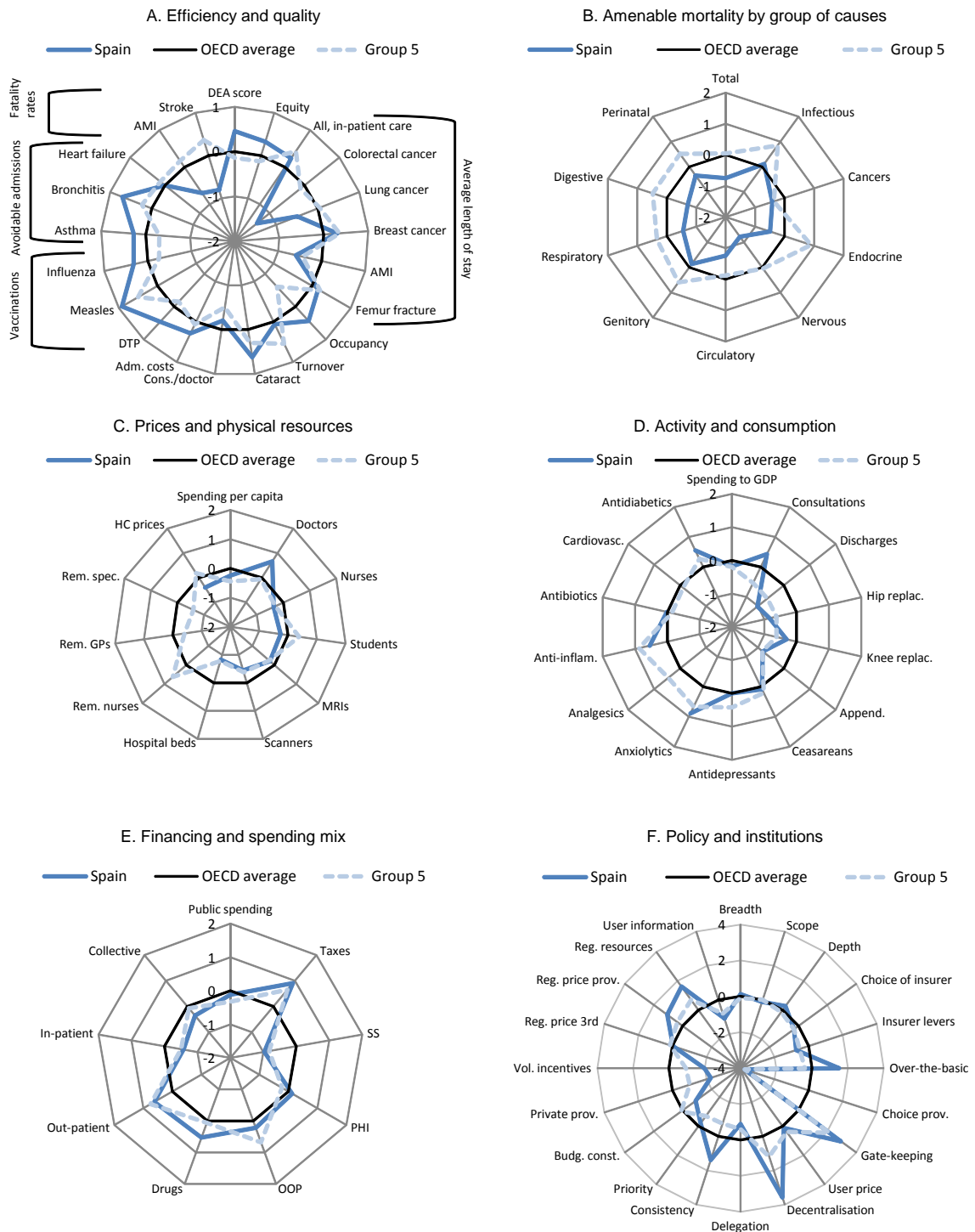


## Spain: health care indicators

### Group 5: Denmark, Finland, Mexico, Portugal, Spain



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the average OECD country). In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area). In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations. In Panel F, data shown are simple deviations from the OECD average.

Source: OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

## SPAIN

**GROUP 5:** Mostly public insurance. Health care is provided by a heavily regulated public system and the role of gate-keeping is important. Patient choice among providers is limited and the budget constraint imposed *via* the budget process is rather soft.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
High DEA score and low inequalities in health status	Spending <i>per capita</i> remains below the OECD average			More reliance on PHI to provide additional health coverage	
Mixed signals on output efficiency in the in-patient (acute) sector	Less acute care beds and nurses	Less hospital discharges <i>per capita</i>	Lower in-patient care		
High quality of out-patient and preventive care	More doctors and less medical students	More doctor consultations <i>per capita</i>	Higher out-patient share	Little choice of providers. Less private provision (in particular for out-patient care) and volume incentives. Heavily regulated prices and resources	
Low administrative costs				Higher decentralisation but high degree of consistency. User information on quality of price of services remains limited	Better sharing experiences and improving information on the quality of services across regions could strengthen pressures for improving efficiency in health care provision