The share of people using ambulatory care that feel they were given the chance to ask questions or raise concerns varies three-fold across health systems…

Doctor giving opportunity to ask questions or raise concerns, 2013 (or latest year)

- Belgium: 97.7
- Luxembourg: 95.3
- Switzerland: 94.4
- Czech Republic: 94.0
- Germany: 94.0
- Netherlands: 92.5
- United Kingdom: 92.2
- New Zealand: 92.0
- Portugal: 91.8
- Canada: 88.3
- Australia: 88.3
- United States: 86.7
- OECD 19: 85.0
- Norway: 83.4
- Estonia: 83.2
- France: 82.8
- Israel: 78.4
- Sweden: 79.8
- Japan: 75.8
- Poland: 69.8

We need to better understand what people themselves think of health care.

- The OECD benchmarks some aspects of patient experience in 19 countries, in ambulatory care… but we need to expand this survey to other care settings (such as in-patient and mental health care facilities), and to more countries.
- Patient-reported outcome measures are in use for some conditions, such as hip and knee surgery… but different measures in different countries make international comparisons difficult.
- And the biggest users of health care – people with multiple, long-term conditions – are not being asked at all.

The PaRIS initiative will address each of these critical information gaps and build a people-centred view of health system performance.

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Information on data for Israel:
http://oe.cd/israel-disclaimer

1. National sources.
2. Data refer to patient experiences with regular doctor.
Note: 95% confidence intervals represented by H.

… but we lack such critical information for nearly every other health care sector.

Source: OECD Health Statistics, 2016
When is health care successful?
When patients state that their well-being is better as a result.

Health systems seek to improve people’s well-being and their ability to play an active role in society. Yet health systems know very little about how often they achieve this.

Cure and survival rates give only a partial picture of health system performance.

The success of health systems is typically measured by survival rates, or rates of cure, after treatment. Often, though, differences in clinical outcomes between the best- and worst-performing providers of care are small.

It is only when we measure outcomes reported by patients themselves – such as quality of life – that important differences in the outcomes of care emerge.

Patient-reported indicators measure whether people benefit from health care, not what their care providers do.

Patients report on outcomes that matter to them – whether treatment reduced their pain, for example, or if it helped them live more independently.

People also report on their experience of being treated – whether the treatment was properly explained, for example, or if they felt involved in decisions about their care.

Monitoring these indicators internationally will provide new tools to improve health care policy and practice.

Rates of knee replacement vary hugely across OECD health systems. Is this justified?

[Graph showing rates of knee replacement across OECD countries over time]

…asking the people who have had the operation is the way to find out.

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