

OECD Health Statistics 2025

Definitions, Sources and Methods

Total doctors consultations (including teleconsultations) **New**

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
- teleconsultations

Exclusion

- 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:

- **AIHW** analysis of unpublished Medicare Benefits Schedule data.

Reference period:

- Data are by financial year of processing for payment (not financial year the service was provided) and are reported under the second half of the financial year, e.g. 2019-20 data are reported as 2020 data.
- December Estimated Resident Population (ERP) data from the ABS publication (cat. No. 3101.0) are used as the denominator to calculate the corresponding financial year's per capita data.

Coverage:

- General practitioner consultations, selected services provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner on behalf of a medical practitioner, and specialist consultations, involving non-inpatients.
- All relevant services for which a Medicare benefit was paid. Excluded are details of services to public inpatients and public outpatients of hospitals, public Accident and Emergency Department patients, and services covered by the Department of Veterans Affairs National Treatment Account. Also excluded are:
 - services covered by third party or workers' compensation,
 - services rendered for insurance or employment purposes,

- services that are funded directly by other Australian Government programs (e.g. health screening services), and
 - services funded directly by State/Territory Government programs.
- Data for table “Teleconsultations” include GP and specialist non-hospital consultations. Items are from MBS BTOS 0101, 0102, 0103, 0110, and 0200.
- ‘Total doctor consultations’ include GP and specialist non-hospital face-to-face, telehealth, and telephone consultations.
- With effect from 13 March 2020 through to 31 December 2021, in response to COVID-19, a number of temporary telehealth and telephone consultation items were introduced into the Medicare Benefits Schedule. Data for these items are included in ‘Total Doctor Consultations’ and in ‘Doctor Teleconsultations’.

From 1 January 2022 onwards ongoing MBS telehealth arrangements remain in place and provide for a wide range of telephone and video services by qualified health practitioners and support safe and equitable telehealth services which are informed by the MBS Review Taskforce Principles.

Patients in areas declared a natural disaster can access telehealth services from any GP or medical practitioners in general practice. Eligible regions are State or Territory Local Government Areas identified as a natural disaster at the time of the service.

Deviation from the definition:

- Some consultations may have involved prescribed and scheduled treatment procedures. MBS data does not enable the reason for attendance with a medical practitioner to be identified.

Estimation method:

- For services in-scope of the Medicare Benefits Schedule arrangements, the data are a complete enumeration.

Break in time series:

- Commencing 13 March 2020, temporary MBS telehealth items were introduced into the MBS, to reduce the risk of community transmission of COVID-19 and to provide protection for patients and health care providers. The significant increase in utilisation of doctor teleconsultations from 2020 has been due to the take-up of the new items, with a corresponding decrease in ‘face-to-face’ consultations.

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:

Estimation method:

Break in time series:

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), as well as teleconsultations.

Deviation from the definition:

Estimation method:

Break in time series:

Canada

Source of data: **Canadian Institute for Health Information**, National Physician Database. *Shift to Virtual Care: Impact on Physician Practice Patterns, April 2019 to March 2021 — Data Tables*. Ottawa, ON: CIHI; 2022.

<https://www.cihi.ca/en/virtual-care-impact-of-covid-19-on-physician-practice-patterns>.

Coverage:

- Total number of services provided by family physicians, medical specialists and surgical specialists that were billed to provincial medical care plans in five provinces (Ontario, Manitoba, Saskatchewan, Alberta and British Columbia) and that were included by CIHI in the service group "consultations and visits". These five provinces account together for 71% of the Canadian population. Services provided by physicians are broken down by CIHI into three service groups: 1. consultations and visits, 2. physiotherapy and counselling, 3. other procedures and services. For reporting total doctor consultations, only services included in the service group "consultations and visits" were considered. Quebec was also included. Data was taken from Régie de l'assurance maladie du Québec: QC_SM22_2020 RappPDF (6.5 services per capita in the six provinces in 2020).

- *Exclusions:*

* Imaging and laboratory specialists, imaging and laboratory services, and anesthesia services.

* Services provided by physicians that were included by CIHI in the following two service groups: physiotherapy and counselling; other procedures and services.

Estimation method:

- Table 7d of <https://www.cihi.ca/en/virtual-care-impact-of-covid-19-on-physician-practice-patterns> shows virtual service volume (12-month average) by service group in fiscal years 2019-20 and 2020-21 in five

provinces and the proportion of all services that virtual services represent. The total number of services per capita for the service group “consultations and visits” was estimated to be 6.2 for the calendar year 2020, in dividing the sum of one quarter of service volume in 2019-20 and three quarters of service volume in 2020-21 by the average annual population of the five provinces in 2020.

- Provisional data.

Chile

Source of data: **Ministry of Health (MINSAL)**, Department of Health Statistics and Information (DEIS), Resúmenes Estadísticos Mensuales, REM. This database collects data on care performed in the establishments belonging to the National System of Health Services (Sistema Nacional de Servicios de Salud, SNSS).

Coverage:

- Information is incorporated from 2020. It should be noted that this information has been available since June 2020 and only includes teleconsultations for medical care performed in public facilities belonging to the National Health Services System, SNSS. The population to calculate the total care per inhabitant corresponds to the FONASA beneficiary population. The information is only for public sector.

Note: Total doctor consultations does not exactly correspond to the sum of in-person consultations and teleconsultations, because the data for in-person consultations cover information from both public and private sectors, while teleconsultations and total consultations cover information from the public sector only.

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

Data not available.

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; 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: The number of teleconsultations, and consultations at the physician's office and visits made to the patient's own home. Both physical and virtual contact are included. E-mail consultations are excluded. Consultations with nurses under doctors delegation cannot be excluded.

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 and teleconsultations with outpatient departments in hospitals are not included.

Estimation method:

Break in time series:

Estonia

Source of data: **National Institute for Health Development**. Annual statistical report of health care providers "Outpatient consultations and home visits" (teleconsultations' data since 2021). See at: https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_01Vastuvotud/AV10.px. **Estonian Health Insurance Fund** (EHIF) database (teleconsultations data for 2015-2020) on the EHIF website: <https://www.tervisekassa.ee/koik-teenused>

Statistics Estonia (average annual population) on the website of Statistics Estonia.

https://andmed.stat.ee/en/stat/rahvastik_rahvastikunaitajad-ja-koosseis_rahvaarv-ja-rahvastiku-koosseis/RV0211

Reference period: annual average.

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

Deviation from the definition: 2015-2019 data include teleconsultations with family physicians only (funded by the Health Insurance Fund). From 2020, also specialist medical practitioners' teleconsultations data are available.

Estimation method:

Break in time series: Since 2020, data include teleconsultations with all physicians (for 2020 teleconsultations data funded by the Health Insurance Fund from EHIF database).

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.
- Teleconsultations of patients at the ambulatory care in public primary health care are included
- Contacts in public specialised care, contacts in providers of private health care and contacts with occupational health services may include telecontacts.

Deviation from the definition: Contacts in public specialised care may include visits to professionals other than physicians.

Estimation method:

Break in time series: As from 2019, day surgery will be combined with outpatient visits.

France

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).

Dentist consultations (in person)

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 dental surgeons/dentists estimated with the **DCIR database** (*Datamart de Consommation inter-régimes*) that contains all reimbursement information handled by the national system of health insurance.

The total number of acts (consultations, visits, dental surgery, preventive care, prostheses) carried out by all self-employed dental surgeons as of December 31 of each year is then computed **by DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*). Activity of dental surgeons/dentists salaried in health care centers estimated with the DCIR database is taken into account from 2013 onwards. The total number of acts carried out by dental surgeons/dentists salaried in health care centers is then computed by **DREES**.

2) External consultations of dentists 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>.

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).

- 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”.

- Healthcare institutions are taken into account irrespective of their legal status, categories, financing (e.g., private financing contributing to public hospital services) or size. Dental centers (“centres de santé dentaire”) that employ salaried dentists are included in the analysis from 2013 onwards.

Deviation from the definition:

Estimation method:

Break in time series:

- Break in 2000 due to the change of coverage, from Metropolitan France to Metropolitan France + D.R.O.M. (i.e., overseas departments).

- Break in 2001 due to the inclusion of hospital consultations. Before 2001, only ambulatory care consultations were taken into account. However, the share of dentist consultations performed in hospitals in the total number of consultations is so low that it does not affect the updated series.

- Break in 2013: there is a double counting of some consultations before 2013 that cannot be corrected.

Activity of dental surgeons/dentists salaried in dental centers is taken into account from 2013 onwards.

Total doctor consultations (including teleconsultations)

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, teleconsultations 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. Activity of physicians salaried in health care centers estimated with the DCIR database is taken into account. The total number of consultations, teleconsultations 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>.

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 (from 2015 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. External consultations with midwives are not included.

- Teleconsultations are included in this aggregate but they are excluded from the “*Doctor consultations (in person)*” indicator.

Deviation from the definition:

Estimation method:

Break in time series:

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)*; 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>.

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.

Estimation method:

Break in time series:

Greece

Data not available.

Hungary

Source of data:

- From 2021: National Institute of Health Insurance Fund Management (NEAK, in Hungarian), www.neak.gov.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.

- Laboratory, pathology, CT, MRI and other diagnostic examinations are not included.

Deviation from the definition:

Estimation method:

Break in time series:

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

Note:

- The population numbers from 2020 have been recalculated retrospectively on the basis of the final census data of 1 October 2022.

Iceland

Data not available

Ireland

Data not available.

Israel

Source of data: 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 consultations (including teleconsultations) with generalist and specialist physicians at the physician's office or in the patient's home. The data have been calculated from 2015. Teleconsultations that were scheduled in advance were included. 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.

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

Data not available.

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 include remote consultations (by telephone, video, etc.).

Korea

Source of data:

Ministry of Health and Welfare, Health Insurance Review & Assessment Service, Statistics of Health Care Utilization.

Latvia

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

Reference period: 1st January to 31st December.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments 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>.

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:

- Data refer 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 (annual average number) in Luxembourg as the denominator.
- Simple visits and small interventions are included for the consultations.
- Physicians can ask a direct teleconsultation fee or an hourly rate for teleconsultations. However, it is not possible to link patients to the hourly rate and therefore the number of teleconsultations is probably underestimated.
- The rate for 2023 is preliminary.

Deviation from the definition: when a patient has 2 consultations on the same day, 1 visit and 1 teleconsultation, only the first consultation is counted (6 teleconsultations / millions of consultations in 2020).

Mexico

Data not available.

Netherlands

Source of data: Data from the **Health Interview Survey**.

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.
- Includes consults by telephone with the general practitioner since 2010.
- Contacts with the GP include visits to the GP's practice, home visits and telephonic consults. It is not possible to exclude the consults by telephone or email. Contacts with the medical specialist can take place in the outpatient department, in a hospital department, in the emergency department, in a practice outside the hospital or in a private clinic. The questionnaire does not state whether telephone and email consultations should be included in these contacts with the medical specialist. Thus, the figures presented here are the same as those for 'Average number of consultations/visits with a physician per person per year'.

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

Deviation from the definition:

Estimation method:

Break in time series:

New Zealand

Data not available.

Norway

Source of data: **The Norwegian Health Economics Administration (HELFO), Norwegian Patient register**, both under **The Norwegian Directorate of Health**.

Reference period:

Coverage:

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.

Poland

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

Portugal

Source of data: Statistics Portugal - Hospital Survey and Portal SNS - Medical consultations in primary health care (number of in-person medical consultations, number of non-face-to-face or non-specific medical consultations and number of medical consultations at home).

Reference period: Annual.

Coverage: Medical consultations and medical teleconsultations carried out by all hospitals acting in Portugal and medical consultations, medical teleconsultations and medical consultations at home carried out by health units with one or more health care centres (ACES in Portuguese) located in mainland Portugal. Data related to services not dependent on ACES were not considered and data available does not include consultations registered in the Vitacare system. No data available for medical consultations, medical teleconsultations and medical consultations at home carried out by health care centres located in the autonomous regions (Região Autónoma dos Açores and Região Autónoma da Madeira).

Deviation from the definition: 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).

Estimation method:

Break in time series:

Slovak Republic

Estimation method:

Break in time series:

Dentist consultations (in person)

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 dentists and primary dental clinics specialised units of stomatology and dentistry are included (stomatology, orthodontics, periodontia, prosthetic dentistry, maxillofacial surgery, dentistry for children, stomatological medical first aid service unit for adults, stomatological medical first aid service unit for children and adolescents, dentoalveolar surgery, mucosal diseases of the oral cavity, implantologia, mucogingival surgery, dentistry, oral hygiene).

Deviation from the definition:

Estimation method:

Break in time series:

Total doctor consultations (including teleconsultations)

Source of data: National Health Information Center NHIC)

Reference period: 31st December.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series:

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 and all teleconsultations with generalist and specialist medical practitioners, teleconsultations "direct-to-patient".

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>.

Reference period:

Coverage:

2021 onwards:

- Data include consultations/teleconsultations 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/teleconsultations to physicians working in hospital

(public and private sector) and in-person consultations in out-patient clinics depending on a general hospital (public and private sector).

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

2019 and 2020:

- Data include consultations/teleconsultations to generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System at the end of the calendar year (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 in-person consultations to physicians working in hospital (public and private sector) and in-person consultations in out-patient clinics depending on a general hospital (public and private sector).

- Geographical coverage is complete.

Deviation from the definition:

- *2021 onwards:* Data do not include consultations to private primary care physicians (generalist practitioners and paediatricians), nor teleconsultations with specialist medical practitioners working in out-patient clinics depending on a general hospital (public or private sector).

- *2019 and 2020:* Data do not include teleconsultations to physicians working in hospital (public or private sector), nor to specialized out-patient clinics depending on a general hospital (public or private sector).

Further information:

Estimation method:

Break in time series: From 2021, data include not only consultations/teleconsultations to generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System, but also consultations/teleconsultations to physicians working in hospital (public and private sector) and in-person consultations to physicians working in out-patient clinics depending on a general hospital.

Sweden

Source of data: **Swedish Association of Local Authorities and Regions (SALAR), Verksamhetsstatistiken.**

Reference period:

Coverage:

Deviation from the definition: Consultations through text is included that may not always be synchronous (e.g., chat). Telemonitoring is not included. The regions' ability to extract data differs: Not all teleconsultations get registered and it's not always possible to assure that clinical services has been given.

Estimation method:

Break in time series:

Switzerland

Data not available.

Türkiye

Data not available.

United Kingdom

Source of data: Unavailable from each of the four UK nations at present.

Coverage: Only GP consultations available for England at present.

Further information: Data development being explored again.

United States

Data not available.

NON-OECD ECONOMIES

Bulgaria

Data are not available.

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.

Cyprus

No data available.

Romania

Source of data: **National Institute for Statistics.**

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

Coverage: Covers all public and private sector (including not for profit). Includes all consultation in hospitals, ambulatories, polyclinics, diagnosis and treatment centres, specialised medical centres, health centres and other healthcare providers. Data for teleconsultations collected since reference year 2022. The telemedicine network was regulated in 2020. Per capita refers to resident population on July 1st of each year.

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