

5. Where does one find the most consumer-friendly healthcare?

5.1 General overview

The situation is commented upon in the following quote from the 2005 WHO European Health Report:

“Good health is a fundamental resource for social and economic development. Higher levels of human development mean that people live longer and enjoy more healthy years of life.

While the health of the 879 million people in the WHO European Region has in general improved over time, inequalities between the 52 Member States in the Region and between groups within countries have widened. In addition to the east-west gap in health, differences in health between socioeconomic groups have increased in many countries.

Reducing inequality is increasingly vital. As most countries have declining birth rates and growing elderly populations, it is particularly important to help children to avoid ill health and to become resilient enough to remain in good health long into old age.”

This and several other reports provide thorough descriptions of the public health situation.

Availability of reports on the performance of healthcare systems, expressed in customer value terms such as quantitative and qualitative output, service and information levels and value for money spent, is not as good. The statistics on healthcare systems tend to focus on quantitative resource inputs such as staff numbers, beds and bed occupancy, and at best, statistics on procedures such as needle time or percentage of patients receiving thrombolysis treatment.

For a country like the United States, where healthcare financing and provision has been looked upon as a service industry, statistics on performance quantity and quality are abundant. Canada is in many ways much closer to several of the European models than it is to American medicine, although outcomes and consumer-related information are somewhat more accessible.

5.2 The Index outcomes

As is illustrated by the Index Matrix, the Index consists of 27 indicators in five sub-areas that describe 30 national healthcare systems. The aim was to select indicators that are relevant for describing a healthcare system that is viewed from the consumer/patient’s angle.

The performances of the national healthcare systems were graded on a three-grade scale for each indicator: Green = good (●), Amber = so-so (◐) and Red = not so good (◑), equalling 3, 2 and 1 points respectively

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| Sub-discipline | Indicator | Country | | | | | | | | | | | | | | |
|---|---|------------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|----------------|
| | | Canada | Lithuania | Luxembourg | Malta | Netherlands | Norway | Poland | Portugal | Romania | Slovakia | Slovenia | Spain | Sweden | Switzerland | United Kingdom |
| Patient rights and information | Healthcare law based on Patients' Rights | ○ | ● | ○ | ○ | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ● | ○ |
| | Patient org. involved in decision-making? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | No-fault malpractice insurance | ○ | ○ | ○ | ○ | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Right to second opinion | ○ | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Access to own medical record | ○ | ● | ● | ○ | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Register of legit doctors | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Electronic Patient Record (% of GPs) | ○ | ○ | ○ | n.a. | ● | ● | ○ | ○ | ○ | ○ | n.a. | ○ | ○ | ○ | ○ |
| | Provider catalogue with quality ranking | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Web or 24/7 telephone HC info | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Waiting times | Family doctor same day access | ○ | ○ | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Direct access to specialist | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Major non-acute operations <90 days | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Cancer therapy < 21 days | ○ | ○ | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | MRI scan < 7days | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Outcomes | Heart infarct mortality | ● | ○ | ○ | ○ | ● | n.a. | ○ | ○ | n.a. | ○ | ○ | ○ | ○ | ○ | ○ |
| | Infant deaths/1000 live births | ○ | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Cancer 5-year survival | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Avoidable deaths – years of Life Lost | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | MRSA infections | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| "Generosity" of public healthcare systems | Cataract operations per 100,000 | ● | n.a. | ● | ○ | ○ | ○ | ○ | ○ | ○ | n.a. | n.a. | ○ | ○ | ○ | ○ |
| | Infant 4-disease vaccination | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Kidney transplants per million pop. | ○ | ○ | ○ | n.a. | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Dental care in public healthcare system | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Pharmaceuticals | Rx subsidy % | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Layman-adapted pharmacopeia? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | New cancer drugs deployment speed | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| | Access to new drugs (time to subsidy) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| TOTAL SCORE | | 550 | 496 | 687 | 568 | 794 | 724 | 447 | 570 | 508 | 532 | 564 | 624 | 740 | 770 | 581 |
| RANK | | 23 | 27 | 11 | 20 | 2 | 7 | 28 | 19 | 26 | 24 | 21 | 14 | 6 | 4 | 17 |

5.3 Results Summary

This third attempt at creating a comparative index for national healthcare systems, and the first to include Canada, confirmed that there is a group of EU member states that all have good healthcare systems as seen from the customer/consumer's point of view.

The scoring was done in such a way that the likelihood that two states should end up sharing a position in the ranking is almost zero. It must therefore be noted that Austria, the Netherlands, France, Switzerland and Germany were very difficult to separate and that very subtle changes in single scores modified the internal order of these five top countries.

Austria emerged as the winner, with a generous healthcare system that provides good access for patients and very good medical results. Austria scored 806 out of 1,000 points and was followed closely by the Netherlands, France, Switzerland and Germany, which is in fifth place with 767 points. Canada, unfortunately, ends up in 23rd place out of 30 states with a score of 550.

Consumer and patient rights are improving. In a growing number of European countries, there is healthcare legislation explicitly based on patient rights, and a functional access to one's medical record is becoming standard. Still, very few countries have hospital/clinic catalogues with quality rankings. Canada ranks very poorly in this sub-discipline in particular.

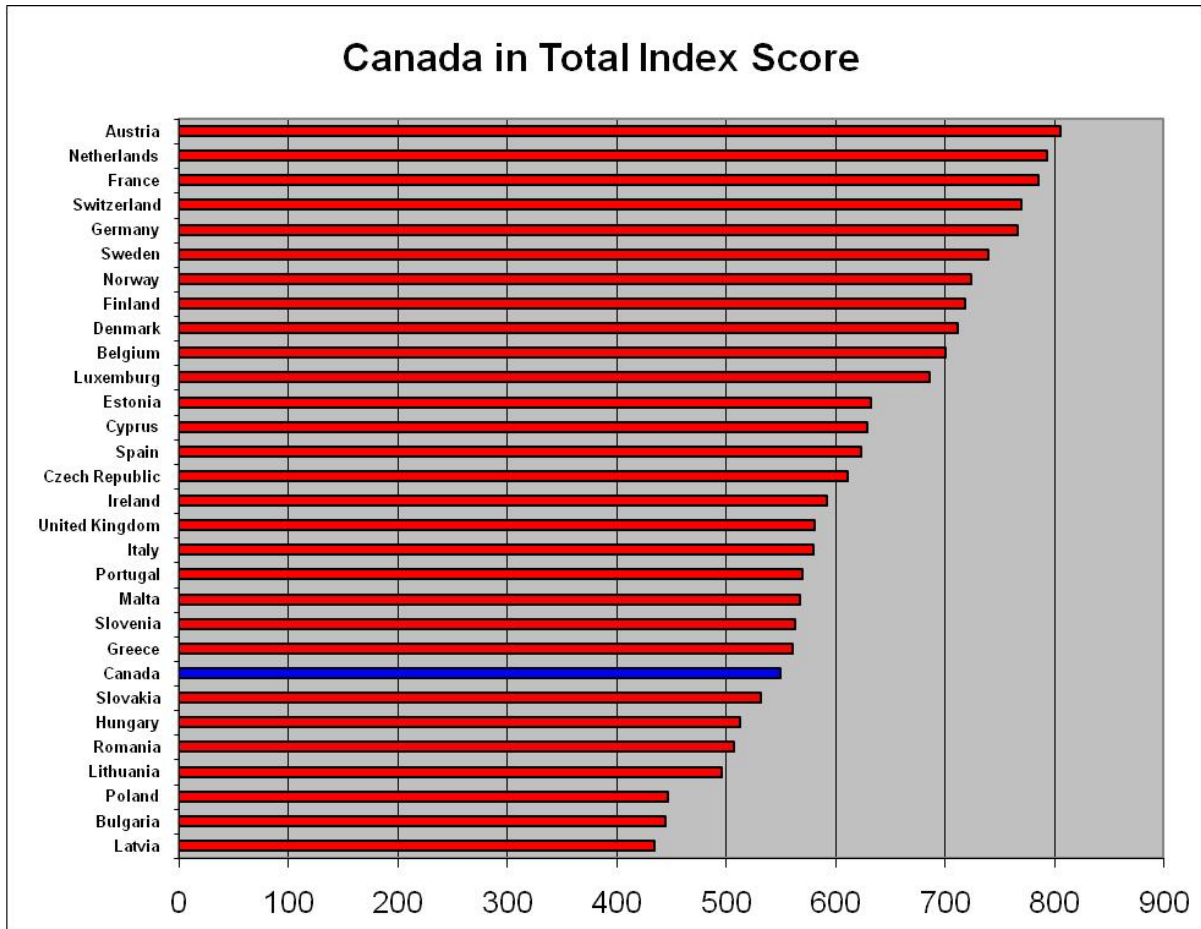
Generally, European healthcare continues to improve but medical outcomes are still appallingly poor in many countries. This is particularly true regarding the number one killer: cardiovascular diseases. Canada, on the other hand, achieves one of its three Green scores for cardiac outcomes.

In some respects, progress is not only slow but also lacking. MRSA infections in hospitals seem to spread and are a significant health threat in one out of two measured countries. Half of the governments systematically delay consumer access to new medicines and not just for reasons of poor national wealth.

Some eastern European EU member systems are doing surprisingly well considering their much smaller healthcare spending in Purchasing Power adjusted dollars per capita. However, readjusting from politically planned to consumer-driven economies does take time.

If healthcare officials and politicians take to looking across borders, and to "stealing" improvement ideas from their EU colleagues, there will be a good chance for a national system to come much closer to the theoretical top score of 1,000. As a prominent example, if Sweden could achieve a German or Austrian waiting-list situation, it would beat current winner Austria by a margin of 75 points!

As more data become available, subsequent versions of the EHCI and the Euro-Canada index will have in all likelihood a modified set of indicators.



5.3.1 Country scores

No country excels across the entire range of indicators. The national scores seem to reflect national and organizational cultures and attitudes rather than mirroring how many resources a country spends on healthcare. In all likelihood, the cultural aspects have deep historical roots. Turning a large corporation around takes a couple of years – turning a country around can take decades!

Countries with pluralistic financing systems, *i.e.*, those that offer a choice of health insurance solutions that also provide the citizen with a choice between providers regardless of whether these are public, private, non-profit or for-profit, generally score high on Patient Rights and Information issues. Under this sub-set of indicators, countries like Denmark and the Netherlands score high on openness and patients' access to their medical information. Scores of countries like Canada, Germany, France, Italy and Greece suffer from what seems to be an expert-driven attitude to healthcare, where patients access healthcare information with healthcare professionals as intermediaries rather than accessing the information directly.

In an attempt to summarize the main features of the scoring of each country included in the Index, the following table gives a somewhat subjective synopsis. To the care consumer – *i.e.*, most of us – describing and comparing healthcare will require some simplifications. (A medical information system dealing with scientific evidence such as individual diagnosis or medication guidelines requires very strict criteria; the Index must be seen as consumer information, and it cannot be considered scientific research.)

| Country | Scoring Synopsis |
|----------------|--|
| Austria | A worthy winner, with very good medical results and excellent accessibility to healthcare. Austria leads the EU on overall cancer survival. Slightly autocratic attitude to patient empowerment? |
| Belgium | Champion for accessibility, suffers on outcome quality. |
| Bulgaria | Not bad considering its modest healthcare expenditure. |
| Canada | Solid outcomes, moderate to poor provision levels, and very poor scores with regard to patients' rights and accessibility. At the top of the bottom quartile in the overall matrix, Canada's very high level of healthcare spending means that when adjusted for bang for the buck, it is 30 th out of 30 in the index. |
| Cyprus | Problematic. No other member state has as high a proportion of privately funded healthcare. The score nevertheless confirms the European Observatory HiT report finding that Cypriot healthcare is on par with the average. |
| Czech Republic | Takes care of its citizens – almost Japanese level of visits to doctors per citizen (15 times/year on average). Good on diabetes care (hope for the 2008 Index). Could reconsider resource distribution between healthcare staff and equipment/pharmaceuticals. |
| Denmark | Champions at Patient Rights and Information. Danes are very satisfied with their primary care but outcomes are not great. |
| Estonia | Estonia, with its population of 1.5 million, keeps proving that a small country can make a dramatic change faster than bigger nations can. It takes more than a dozen years to change a top-down planned economy to a customer-driven one. Good on MRSA infections and efficient financial administration of pharmaceuticals. In top of the value-for-money adjusted scores! |
| Finland | Not too different from Sweden. Very good outcomes. If Finland improves the waiting list situation, it can be a top contender. |
| France | The WHO (2000) world's #1 on healthcare system performance, and a top scorer in the EHCI. Technically efficient and quite generous. Reasonably good outcomes quality but slightly authoritarian. You want healthcare information – ask your doctor! |
| Germany | The customer rules! Could be great but lacks the cutting edge for quality. You want healthcare information – ask your doctor! |
| Greece | Doctors rule. |
| Hungary | It takes more than a dozen years to change a top-down planned economy to a customer-driven one. Sixty years of publicly financed healthcare has resulted in quite good coverage. |
| Ireland | The Health Service Executive reform seems to have started improving a historically dismal performance. Still severe waiting-list problems and less than fantastic outcomes. |
| Italy | Technically not too bad, but CERGAS, an institute for healthcare management, in Milan confirms that autocratic attitudes from doctors (and other Italians in superior positions, in and out of uniform) prevent Italy from scoring high in a consumer index. |
| Latvia | Too lacking in resources and organizational culture to be a consumer-adapted system. The country consists of more than |

| | |
|----------------|---|
| | downtown Riga! |
| Lithuania | A healthcare system in a state of thorough reformation – hope for better score in 2008. |
| Luxembourg | Has what it takes in the form of financial resources. Should be a top scorer. Luxembourgers have been shopping for care in bigger neighbouring countries, and this might have handicapped the development of superior domestic healthcare. |
| Malta | Technically, Maltese healthcare performs not too bad. |
| Netherlands | Hangs on to the Silver medal. Runner-up on Patient Rights after new champs Denmark. Openness, many financing options and good on outcomes quality. Scrap GP gate keeping, do away with waiting times and become Really Great! |
| Norway | Generally, not too bad. In recent years, access problems have been “solved” by pouring money over them – very expensive healthcare! |
| Poland | It takes more than a dozen years to change a top-down planned economy to a customer-driven one. Poor access to new drugs – a cost-saving measure? |
| Portugal | Not as advanced as Spanish neighbours. Good improvement in infant mortality. |
| Romania | Not doing too badly – shares with several of its neighbours the problem of unofficial payments to doctors. Good healthcare obtained this way unfortunately does not score in the EHCI. |
| Slovakia | Not as financially stable as Czech neighbours, and not very consumer-oriented. |
| Slovenia | Similarities to the Austrian system – does reasonably well in the BFB-adjusted score. |
| Spain | Rising year by year. It seems that going for private healthcare is necessary if patients want real excellence. |
| Sweden | Excels at medical outcomes. Really bad (and worsening!) at accessibility and service. |
| Switzerland | In a consumer index, a system based on individual responsibility since time began does score high. Good but expensive. |
| United Kingdom | Mediocre overall performer. Good on heart problems. Star performer on healthcare information! The new Freedom of Information Act will probably improve scores on openness indicators, but that will take time. The NHS shares some fundamental problems with other centrally planned healthcare systems such as Sweden. |

5.3.2 Results in “pentathlon”

The Index is made up of five sub-disciplines. As no country excels across all aspects of measuring a healthcare system, it can therefore be of interest to study how the 30 countries rank in each of the five parts of the “pentathlon.” The scores within each sub-discipline are summarized in the following table:

| Sub-discipline | Austria | Belgium | Bulgaria | Canada | Cyprus | Czech Republic | Denmark | Estonia | Finland | France | Germany | Greece | Hungary | Ireland | Italy | Latvia | Lithuania | Luxembourg | Malta | Netherlands | Norway | Poland | Portugal | Romania | Slovakia | Slovenia | Spain | Sweden | Switzerland | United Kingdom |
|--------------------------------|---------|---------|----------|--------|--------|----------------|---------|---------|---------|--------|---------|--------|---------|---------|-------|--------|-----------|------------|-------|-------------|--------|--------|----------|---------|----------|----------|-------|--------|-------------|----------------|
| Patient rights and information | 17 | 16 | 14 | 12 | 15 | 16 | 25 | 20 | 22 | 20 | 15 | 14 | 14 | 16 | 15 | 11 | 16 | 15 | 14 | 22 | 20 | 12 | 16 | 14 | 13 | 15 | 15 | 18 | 16 | 19 |
| Waiting times | 14 | 15 | 9 | 6 | 13 | 10 | 9 | 7 | 8 | 13 | 14 | 9 | 8 | 6 | 7 | 7 | 8 | 11 | 10 | 10 | 11 | 7 | 7 | 9 | 11 | 8 | 7 | 6 | 14 | 7 |
| Outcomes | 13 | 9 | 5 | 12 | 8 | 9 | 10 | 9 | 12 | 11 | 11 | 8 | 5 | 10 | 10 | 6 | 7 | 12 | 8 | 13 | 12 | 5 | 9 | 5 | 6 | 10 | 10 | 15 | 12 | 9 |
| Generosity of public systems | 9 | 8 | 5 | 7 | 6 | 9 | 7 | 9 | 11 | 11 | 10 | 7 | 11 | 7 | 8 | 7 | 6 | 7 | 8 | 10 | 7 | 8 | 7 | 8 | 6 | 6 | 9 | 11 | 7 | 6 |
| Pharmaceuticals | 9 | 6 | 4 | 5 | 7 | 5 | 10 | 9 | 7 | 8 | 9 | 7 | 5 | 10 | 7 | 4 | 4 | 8 | 5 | 10 | 8 | 5 | 8 | 6 | 6 | 6 | 10 | 10 | 10 | 8 |

As the table indicates, the top position of the Austrian healthcare system is to a great extent a product of good accessibility and very good medical quality, which are the two sub-disciplines carrying the highest weight coefficients.

Denmark is on top on **Patient rights and information**. What is strongly indicated is that the Swedish healthcare system could be a real top contender were it not for the accessibility situation, which by Belgian, Austrian, French or German standards can only be described as abysmal. Finally, some countries, most probably Switzerland, would do better if healthcare data were more readily available.

5.4 National and organizational cultures

Some indicators seem to reflect national and organizational culture rather than formal legislative or financial circumstances. Waiting times, usually considered to be of vital interest to healthcare consumers, seem to be one such area. As was observed by Siciliani & Hurst of the OECD Health Group, the existence of waiting times is strongly correlated with regulations that force the patient to access specialist care by going through a primary care procedure to get a referral to a specialist (the gatekeeping function). In general, countries with gatekeepers exhibit waiting lists – countries where patients are allowed direct access to specialists do not.

In general, countries with a long tradition of plurality in healthcare financing and provision, *i.e.*, those with consumer choice between different insurance providers that do not discriminate between providers that are private for-profit, non-profit or public, show common features in the waiting-list situation and in their readiness to let people seek healthcare in countries other than their homelands.

Canada's healthcare culture falls squarely in the gatekeeping category, with significant waiting lists for treatments, consultations and diagnostics. The absence of any choice amongst providers worsens this situation.