Country	Introduction	Health System Design	Access to PC	GP	Burden, Impact of PHC, Lessons
Danmark	5.6 million Unemployment: 14.3% Danes 90% Immigrants 10% Rural 42%	3 levels: State-MoH5 regions Hospital and GP contracts and 98 municipalities Rehab, Prevention, Health Promotion	All Free Medicine medications incur an initial co-payment (app 110euro)	3600 GPs 1600/GP Self employed 70% fee for service, 30% per capitation GPs are independent GPs national contract with renewal every 3rd year Patient list, in 15 KM	Supplementary private health insurance (PHI): aging/dependant
UK	63.7 million, ~ 1/3 large cities Unemployment 6.6% Ethnicity 86% white	Funding – from taxation, ~ 8% GDP	All Free Gate Keep Medicine out of pocket payment	35 000 GPs Independent contractor largely self employed owning premises Teams include administrative and nursing staff	Budget 11% to 8% Longer waiting times, less continuity of care Health inequalities?
Spain	47 million Unemployment rate 27% (2014) Ethnicity 90% caucasian	Funded by Tax 2012 , rights shifted from “citizen” to the “insurer”. Region → health areas → Basic Health Zone (=district) :unit for a PHC team: 5,000 - 20,000 inhabitants.	Free at the point of delivery (except immigrants) Mainly public Prescription are subsidized	29 000 FPs, 2914 Health Centers State workers in health centers	Budget decrease in Primary Care(<14% of Current Health Expenditure). No FM University Dept ! Cons length 3min< Lack of e-records

Turkey	76 million, 23% rural Unemployment rate 9.7 % 2013 & 10.3 2015 (Syrian input)	Public health insurance covers all including refugees also. Health expendature for 2012 is 566 US Dolars/capita Goverm. 76.8% , 15.4% out of pocket expend.	No gate keeping Each individual has a family physician assigned at birth All free, prescription free with minimal copayment Public happy	20 811 FPs, 6717 Fam 3634/ FPhysician Per capitation payment Practices, 3-7 sharing the primary care practice, performance system including also a negative incentive for services, E- records mandatory, central	Sometimes forced for night shifts, MoH related problems.Negative incentives in performance Limited number of FM specialists 60 Univ Departments, 40 Professors, 100 Assoc. Profs.
NL	16.8 Million 79% native Dutch Unemployment rate: 8.7%	Managed competition, providers for contracts & insurance companies for insureds. Government safeguarding, Mandatory basic insurance, ghome care by municipalities	Gate keeping Free GP service Well organised Out Of Hours care in centres near hospitals.	8865 GPs , 2417/GP; patients start paying at the point where they need care (after they are referred by a GP);	Strong primary care enables GPs to take up a coordinating role in the care for Patients; they feel there is a relatively low need for improvement in general practice; Outside office hours well organized

Bosnia	3.8 Million 929 USD/capita exp 9.9% of GDP	85% with health insurance	System starts to be rebuilded again some components like appointments and etc ..	1059 private practices	Beautiful clinics, Educated doctors and nurses, Satisfied clients, Satisfied health insurance fund But, something missing...
France	66,3 Million Christians, 4 or 5 Millions of Muslims 1 or 2 Millions of Jewish Unemployment:10,3 %. Rural: 30%.	Average 11.7% of GPD to health only for care. But the funds are mostly to hospital care.	Each patient over 16 years old must choose a GP 23 euro Fee for service and also per capita. Free universal health care, free health coverage.	70 000 GPs are really part of the primary care	GeP/ family medicine became a specialty as others in 2007. The patient choose his/her GP freely. Strong relationship between patient and GP.
Norway	5.2 million 15% immigrants 74% CoN Unemployement: 4.2%	Public health care system, National Health Insurance, 85% public sources, 15% fees	Free choice of GP Patient List	4 400 GPs (90% group practice) 1 170 / GP	Well defined role of GPs. Flexibility. High patient satisfaction rate. Secondary care run by 4 RHA.Many providers in primary care. Multi-disciplinary challenge. Fees for treatment an obstacle Disadvantaged groups, young

Sweden	10 million (2016) 80% urban 20% foreign background Unemployment rate – 8% (youth 20%)	Decentralized health care 21 councils own &operate most hospitals + primary care - 95% of physicians employees. Central taxes, Competition + consumer choice > efficiency = Devolved internal market system. Expenditures: Per capita 5,319 USD- % of GDP: 10. Public sources %: 82	No gatekeeping Co-payment 15-25 euros / GP visit (max 120 euro/yr) over age 20 years	1200 primary healthcare centres (PHCs): GPs + triage nurses, 3 physician visits/ year /person - 50–70% to GP / 30-50% to secondary Typical GP visit lasts 20-30 minutes	'High capitation' gives a 'holistic', traditionally family medicine-oriented Approach Access problems due to few GPs, IInequity - affluent and urban citizens have better access than rural Co-payments a barrier to access
Italy	61 million 45% urban, 91% European, 1.4 Asian, 1.6 African, 1.8 Romanian, 2.8% Unemployment rate 12.5% (2015)	Public funding, Public / private mix, Public hospitals free, universal access, Private insurance available PHC totally subsidized by National & Regional Health Syts Medicines & investigations partially subsidized 21 different Regional health systems	Capitated gov. Funding: Based on nrs & type of the Patients Gatekeeping Fixed list of FDs' patients> age 6, Universal access & comprehensive cover. Free Primary Care access	1,143/GP	Co-payments for hospital visits, lab and tests Rural areas have problems of recruiting FDs FDs incoming and Health Care inequalities through Italian regions

Hungary	9, 9 million Hungarian 92.3%, Roma 1.9%, unknown 5.8% Unemployment rate 7.8%	Single National Health Insurance Company (IC) Employers pay health insurance after their workers Family doctors own a company (ltd., etc), contracted with the IC and with the local government. FPs office-based single	Fee for service and also per capita (15 cents/service). Patients can choose their GP's GP's cannot order directly for a Image Lab. GP's can not prescribe some drugs. Pay for medicine except disabled	Sometimes 40-90 patients/day, Short consultation time. A new model started in April 2015 in 300 Family practices. Starting group practices with 10-12 physicians t	Residency (specialization) in FP Patients do not have to pay for the service. Successful prevention programs in PHC (cancer screening)
Ireland	4.6 million 38% Rural 94.4% Caucasian Unemployment rate: 10.1%	Two-tier system Public– means tested (40%), Private – optional private insurance State of flux – Gov. policy universal care with free GP care, with eligibility based on age, multi-payer insurer model, social care outside UHI			past 4 years: 38% reduction in practice income GPsgetting older
Bulgaria	7.2 million 74% urban 84.8% Bulgarian; 8.8% Turkish; 4.9% Romany; 85% Bulgarian Orthodox, 13%Muslim,	Compulsory health insurance	Gate keeping Per-capita on the patient list Payment for completion of a package of services for priority cases	1300 registery/GP 96% of GPs work in individual practices 40% specialists in family medicine	GPs take care of the whole family. Effective doctor-patient relationship Continuity of care. Poor cooperation between primary–secondary care A shortage of locum GPs

	- 2% - Others Unemployment rate – 10.6%		Monthly sum as a bonus for working in remote places and in difficult conditions Co-payment -1% of the minimal wages, defined by the Government		Inequable distribution of GPs – urban, rural, remote A large number of uninsured people