

HEALTHCARE TIME SAVED

INDEX 2025



**CONSUMER
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Time is a double-edged sword for the world's most advanced healthcare systems. Some countries have now become more efficient than ever at managing the time of both their patients and medical staff: Denmark and the Netherlands are tied for first place with sixty points, followed by Switzerland with fifty-five points and Luxembourg in fourth place with fifty points. Sadly, others have failed to integrate time-saving technologies or take measures to reduce unnecessary frustrations. Ireland occupies last place, with only fifteen points. Second to last is Canada at twenty points and Italy at twenty-five points. Yet other healthcare systems occupy the middle ground in between, with clear advantages and disadvantages. Such is the case for entries like the United Kingdom, the United States, Germany, and South Korea (sharing the fifth rank with 45 points), France, Norway, and Belgium (all in the 11th position with thirty-five points each).

Previous trends have accelerated since our last report, where medical analysts anticipated that countries would require [a minimum of three](#) and a maximum of six years to address the medical backlog generated by the COVID-19 pandemic. If anything, the prediction proved overly optimistic. Compared to 2022, the UK's National Healthcare System still faces a waiting list of [7.46 million](#) cases as of December 2024, higher than the 7.21 million in 2022. Fortunately, trends have pointed to a decrease in the last four months, down from 7.64 million in August 2024. Nevertheless, updated estimates suggest [it will take as long as a decade](#) to clear all the delays in the NHS. The effects will continue to be felt in higher morbidity (rate of illnesses) and mortality rates (deaths occurring due to an acute or chronic condition) in a vicious cycle. [A study of 312,661 individuals](#) across the United States found that those with an underlying illness were far likelier to delay care even when adjusting for other demographic factors like age and regional variations. In turn, a large backlog will lead to higher mortality and higher rates of chronic illness, further complicating attempts at treatment.

Delays do not just raise a problem for treatment but also for the ongoing crisis of trust. The more time has been wasted, the more profound the loss of faith in the medical profession, with a recent [2025 Gallup poll](#) revealing that confidence in the medical profession has fallen by 12 points, from 65% during the early 2000s to 53% today, the



lowest since the 1990s. Skeptical individuals tend to ignore symptoms out of distrust towards the medical establishment. Unfortunately, these individuals may be forced to abandon their skepticism, but only when it is too late.











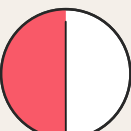



















Some systems' centralized and overly bureaucratized nature prevents any reforms necessary to tackle ongoing issues. Digitalization could help doctors see more patients effortlessly, but a heavily regulated system will create artificial barriers to new technology, leaving everyone doing old-fashioned paperwork instead. Such unnecessary costs can also lead to lost opportunities to collaborate with the private sector and prevent any needed reforms in favor of preserving a decaying status quo.

Considering these challenges, we ranked twenty of the top healthcare systems worldwide to help consumers and policymakers understand the time management issues their home countries might face and what can be learned from better-performing entries. We considered seven large dimensions for time saved: an average appointment for non-chronic patients, an average appointment for chronic patients, traveling to hospital services by car for patients, primary physician appointments, elective surgery appointments, blister packs, and birth control. All twenty states have similar aggregate and per capita GDP levels, income distribution, and education. Controlling for such differences allows us to focus solely on the variations in healthcare provision and insurance – from the single-payer NHS to Switzerland's mandatory private insurance system.

Our second edition of this index builds on our existing analysis using academic articles in the field, reports by bodies such as the OECD and the EU, online statistics, and our own research. Compared to the previous version, we have doubled the list of countries with ten new contenders: the Netherlands, Austria, Luxembourg, Ireland, Norway, Finland, South Korea, Canada, Belgium, and Denmark. Another significant change to the methodology is the addition of points that are in line with our other indices. This allows for easier comparisons between healthcare systems across countries and within each category.



OVERALL SCORE: TOP TEN COUNTRIES FOR HEALTHCARE TIME MANAGEMENT AMONG HIGHLY DEVELOPED ECONOMIES

COUNTRY	POINTS	RANK
 DENMARK	 60	 1
 NETHERLANDS	 60	 1
 SWITZERLAND	 55	 3
 LUXEMBOURG	 50	 4
 UNITED STATES	 45	 5
 UNITED KINGDOM	 45	 5
 GERMANY	 45	 5
 SOUTH KOREA	 45	 5
 JAPAN	 40	 9
 AUSTRIA	 40	 9

A first impression of the overall results shows that no country achieved the maximum score of 75 points, meaning that there is room for improvement even for the top contenders. For example, the benefits of blister packs to Denmark are unclear, and there is no reliable data on the innovation potential of new blister pack technology. As expected, the three lowest scorers impose the most considerable time costs on their patients and exhibit all the structural issues discussed in the introduction. Ireland earns the lowest score in the rankings at just 15 points. Part of the explanation lies in the slow digitalization of the country's healthcare sector. [A 2023 OECD](#) report ranked the country [as the worst in digital health](#) policies among advanced countries. To its credit, Ireland is now attempting to transition towards a digitized healthcare system. Nevertheless, it has struggled to integrate IT know-how into its workforce. According to a [2024 Eirevo survey](#), 62% of Irish healthcare workers consider themselves "digitally poor" in their roles despite a clear majority (65%) of the same respondents describing their workplaces as "highly digitalized".

Another familiar issue for Irish healthcare is that of disproportionately high delays, especially when it comes to elective surgeries. Official figures are [based on a list system](#) for counting delays, only measuring how long people already in the queue have been waiting for. While important from the point of view of medical planning, this methodology does not give an accurate representation of what patients can expect from their healthcare system. Once the analysis includes the total wait times to completion of treatment and hospital discharge, the average duration jumps to [90 days \(3 months\)](#). That value is considerably higher than the median number of 49 days for the entire index and closer to Austria (91 days) or Norway (105 days) than to the United States and Switzerland (both averaging only 28 days), another symptom of inefficiency in Irish healthcare.

The third difficulty concerns the high number of inconveniences the average Irish patient experiences, even when traveling to a hospital or a pharmacy. The mean distance for patient/doctor surveys was 33 miles to the nearest healthcare facility, representing around 25 minutes of travel by car for each appointment. Because emergency contraception is only available over the counter and non-emergency birth

control requires a prescription, consumers have to travel an extra 5 minutes to go to a pharmacy as well. Removing such minor yet constant frustrations would improve Irish patients' lives significantly.

After Ireland, Canada represents the second lowest result in the index. The most striking statistic is the mean wait time for elective surgery at 112.4 days (and a median of 210 days), the most significant number in the entire dataset. It matches the general observations by the Canadian Medical Association, whose most recent [2023 survey](#) reported that Canada had the largest percentage of people waiting more than a year for their treatment (20%), more than the UK (19%) or Australia (12%). Alarming, waiting times are incredibly high for primary care visits, at 14 days on average, the second highest in the index after the United States. The wider public is all too aware of the system's woes, with [73% of Canadians](#) wanting to see major reform.

One solution for this situation is to address the poor integration of digital services. While [93% of all Canadian doctors](#) use electronic medical records, these online platforms are not integrated with one another, meaning that everyone is operating in silos. Patients then find far less reason to access their records, with just [51% having even checked](#) their medical files in the last 12 months. To incentivize more patients and doctors to use the network, the [Shared Canadian Pan-Interoperability Roadmap](#) should include more telemedicine and arm Canadians with the power to share their own medical information with different medical professionals if they choose to do so. The rewards patients and medical professionals stand to reap from a switch to telemedicine are significant – at least 49.5 minutes saved for each non-chronic patient and 57 minutes for chronically ill individuals each year.

More profoundly, Canada must shift its health provision away from a purely publicly-funded scheme, as it is the cause of the misallocation of resources at a very high cost. Once adjusted for age, Canada has the [fourth highest healthcare spending](#) percentage of GDP (ninth in per capita terms) among OECD countries. At the same time, it has [fewer physicians](#), hospital beds, CT scanners, MRI machines, and IT services than most highly developed economies. Learning from the top countries in the index, like

Switzerland and the Netherlands, and opening up the sector to private enterprise allows Canada to expand its healthcare provision without compromising coverage. The public increasingly recognizes that such an arrangement would be superior to current circumstances, with [69%](#) wanting to see a new private-public arrangement. It is now simply a matter of political will to cut down on the needless suffering of those stuck in an agonizing wait.

Finally, Italy has the third lowest score. Though generally regarded as a high-quality sector, Italian healthcare is the perfect example of a system held back by excessive rules and regulations. Doctors and nurses are bound by a [rigid in-person visitation system](#) for chronic cases that mandates them to make at least several consultations daily, an average of one hour of extra time spent per person. Moreover, Italy lacks the forward-looking digital approach of other countries in the European Union. Whereas the EU average for citizens interacting with public administrators and public services is close to 70 percent, [only 55.1% of Italians](#) do the same.

The contrast with the top three entrants is stark. These countries feature a mix of healthcare models, with a preference toward private cooperation: Denmark is publicly financed yet decentralized around local administrations, whereas the Dutch and Swiss systems are based on a combination of private providers and mandatory private health insurance. The Danish system treats the reduction of waiting times as a high policy priority. The results confirm this – the Scandinavian country is already so time-efficient that introducing more online consultations would gain no extra minutes. Patients are usually seen on the same day by their general practitioner in Denmark, and the average elective surgery wait is a little over a month. Similarly, Swiss time savings are only 1 minute 40 seconds for non-chronic individuals and 5 minutes for chronic cases. All three countries can boast close proximity to hospitals and pharmacies (between 17 minutes and 40 seconds for Switzerland, 16 minutes for Denmark, and 15 minutes for the Netherlands), with clear and accessible rules for emergency birth control. All other countries on the list can stand to gain from studying and emulating their success.

IMPLICATIONS AND BENEFITS FOR CONSUMERS

There are several upsides to choosing one of the top ten countries: less time spent on average appointments for chronic and non-chronic patients, more convenient trips to the nearest hospital or pharmacy, and more benefits from technological innovations in blister packs.

- The top five selections offer the best experience all around
- Only three countries (Japan, South Korea, and Denmark) are time-efficient enough not to benefit from a switch to telemedicine at all
- The median result (representing the middle value in the dataset) for primary care physician wait times is only 4.75 days, suggesting a general improvement in the speed of general practitioners' services. By contrast, the median value for elective surgery appointments is significantly higher at 49 days
- Most countries allow for emergency contraception, though a plurality do so only behind the counter (prompting more time lost going to and from a pharmacy)

Research note: We strive to improve the quality of this index's underlying data every year and aim to refine its methodology further. We sometimes face contradictory information, given that different countries measure healthcare indicators differently. For instance, Australia defines waiting times according to patient lists (starting with the moment the person appears on the list and up to admission to the hospital for surgery). At the same time, the UK relies on a comprehensive referral-to-treatment framework, starting with general practitioner referrals and ending with discharge from the hospital. We have accounted for such differences where applicable.

Furthermore, our assessment is not a normative judgment. Of course, what makes a healthcare system "good" or "bad" goes beyond assessing its time management and relies on personal experience with that sector. Therefore, please note that our assessments are strictly quantitative and non-normative.

Our aim is to highlight measurable conclusions based on the data available at the time of this index.

TOTAL SCORE

COUNTRY	POINTS	RANK
Denmark	60	1
Netherlands	60	1
Switzerland	55	3
Luxembourg	50	4
United States	45	5
United Kingdom	45	5
Germany	45	5
South Korea	45	5
Japan	40	9
Austria	40	9
France	35	11
Norway	35	11
Belgium	35	11
Finland	30	14
Sweden	30	14
Spain	30	14
Australia	25	17
Italy	25	17
Canada	20	19
Ireland	15	20

METHODOLOGY

The present version of the index uses a simple weighting method, though it allows for hierarchical results across dimensions. For instance, the score for average time saved per telemedicine consultation session will always be a maximum of 15 points. At the same time, other categories, such as blister packs, receive a net lower score of a maximum of five points.

The result is an easy-to-use and easy-to-understand simple sum aggregation scheme, where the maximum possible score is 75.

1. Telemedicine – time saved on an average appointment for non-chronic patients
“Telemedicine” broadly refers to using technology to diagnose from a distance. Zoom

chats, video recordings, and phone calls fit this definition. “Non-chronic” denotes any illness that lasts fewer than three months.

Time saved is represented by subtracting the average duration of a general practitioner consultation in each respective entry from the average length of a telemedicine consultation to arrive at a precise figure in minutes.

Calculating a mean can prove more difficult when studies only discuss median values. Deriving the mean from the median then depends on the distribution. If it was symmetrical, then the mean is equal to the median. If not, the report added the median to the sum of deviations from the median divided by the total number of data points.

Of course, spending less time on each patient is not automatically desirable since it could, in extreme cases, lead to a less precise diagnosis and unsatisfactory treatment. However, an overall improvement in time management remains essential because it allows medical staff to cater to the needs of more patients while making their increasing workloads more efficient. It is also important to remember that being seen at all can make the difference between a life saved and one condemned to long-term suffering or worse.

For these reasons, the conservative estimate of the total potential time saved on average appointments is the sole category in which points are awarded—see section 3 below.

2. Telemedicine – time saved on traveling to hospital services by car for patients

Telemedicine can prevent the waste of precious time on the road trying to reach a hospital, particularly when that facility is several hours away.

The variable represents the total average of rural and urban distances in car travel. Like the “consultation” category, calculating a mean can prove more difficult when studies only discuss median values. Deriving the mean from the median then depends on the distribution. If it is symmetrical, then the mean is equal to the median. If not, the report added the median to the sum of deviations from the median divided by the total number of data points.

Another commonality is that distance alone does not award points as it is situational. Depending on the severity of a condition, one may still need to go to the hospital following a telemedicine consultation.

For these reasons, the conservative estimate of the total potential time saved on average appointments is the sole category in which points are awarded—see section 3 below.

3. Total potential time saved on average appointments across medical disciplines for non-chronic patients (conservative estimate)

This figure is a realistic estimate of how many total minutes a single non-chronic person can save on primary care appointments throughout a standard year.

The formula is as follows – the minutes saved during the consultation are added to minutes saved on distance (full explanation for that category in section 2) to arrive at the total possible time gained for a single consultation. Then multiply the result by the [OECD average](#) of 6.8 consultations per year, then multiply again by the [standard 17% substitution rate](#), which is the percentage of all total activities that telemedicine could replace.

Being a realistic, minimal, and quantifiable expectation, the category is the one to award points. The maximum score a country can achieve in this category is 15 points.

≤20 minutes = 15 points

>20 and ≤30 minutes = 10 points

>30 and ≤40 minutes = 5 points

>40 minutes = 0 points

4. Total potential time saved on average appointments across medical disciplines for non-chronic patients (optimistic scenario)

This figure is an idealized estimate of how many total minutes a non-chronic person can save on primary care appointments throughout the year.

The formula is as follows – the minutes saved during the consultation are added to minutes saved on distance (full explanation for that category in section 2) to arrive at the total possible time gained for a single consultation. Then multiply the result by the OECD average of 6.8 consultations per year, then multiply again by the [maximum 75% substitution rate](#), the percentage of all total consultations that telemedicine could fully replace.

The category does not award points and is only meant to be illustrative. Even if many

consultations are unnecessary, entirely replacing consultations in entire fields with telemedicine may be neither feasible nor often desirable (given the complications of each specialization regarding adequate diagnoses and treatments). Nonetheless, it is interesting to consumers and medical professionals to know the full opportunity costs - just how much time the process may take that they could have invested elsewhere in their lives.

5. Telemedicine – time saved on an average appointment for chronic patients

Chronic patients are those who have been ill for more than three months. Diabetes, heart disease, long-lasting mental health issues, asthma, and high blood pressure are all examples of chronic conditions. People who suffer from chronic illness routinely require longer and more frequent consultations and trips to and from hospitals. Based on the nature of some illnesses, some people may not be able to leave their homes at all, requiring the report to record the time costs of home visits where available.

Like in the case of non-chronic appointments, time saved is represented by subtracting the average duration of a general practitioner consultation in each respective entry from the average length of a telemedicine consultation to arrive at a precise figure in minutes.

Another generally accurate observation is that calculating a mean can prove more difficult when studies only discuss median values. Deriving the mean from the median then depends on the distribution. If it was symmetrical, then the mean is equal to the median. If not, the report added the median to the sum of deviations from the median divided by the total number of data points.

Given the very varied nature of chronic diseases, the category does not earn a country any points.

6. Total potential time saved on average appointments across medical disciplines for chronic patients (realistic scenario)

This figure is a realistic estimate of how many total minutes a single chronic person can save on primary care appointments throughout a standard year.

The formula is as follows – the minutes saved during the consultation are added to minutes saved on distance (full explanation for that category in section 2) to arrive

at the total possible time gained for a single consultation. Then multiply the result by the average for chronic sufferers of 7.2 consultations per year, then multiply again by the standard 17% substitution rate, which is the percentage of all total activities that telemedicine could replace.

Being a realistic, minimal, and quantifiable expectation, the category is the one to award points. Saving time is especially important for chronically ill individuals since it means less effort to see the doctor and more time spent on something one values. In other words, there is an increase in quality of life - and every little addition matters when one has to live with a disease in the long run.

The maximum score a country can achieve in this category is 15 points.

$\leq 30 = 15$ points

> 30 and $\leq 40 = 10$ points

> 40 and $\leq 50 = 5$ points

$> 50 = 0$ points

7. Total potential time saved on average appointments across medical disciplines for chronic patients (optimistic scenario)

This figure is an idealized estimate of the total minutes a single chronic patient can save on primary care appointments throughout a standard year.

The formula is as follows - the minutes saved during the consultation are added to minutes saved on distance (full explanation for that category in section 2) to arrive at the total possible time gained for a single consultation. Then multiply the result by the standard 7.2 consultations per year, then multiply again by the maximum 75% substitution rate, which is the percentage of all total consultations that telemedicine could fully replace.

The category does not award points and is only meant to be illustrative. Even if many consultations are unnecessary, entirely replacing consultations in entire fields with telemedicine may be neither feasible nor often desirable. This is doubly true for patients with chronic illnesses, some of whom require round-the-clock care. Nonetheless, it is of interest to consumers and medical professionals to know the full opportunity costs - just how much time the process may take that could be freed up for other activities in their lives.

8. Average wait times for a primary physician appointment (measured in days)

While saving time on consultation lengths is essential, patients often have difficulty scheduling appointments with their family doctor. Not being seen on time can, at best, needlessly prolong discomfort. At worst, it can mean that a deadly illness that could have been treated goes unnoticed.

In some cases, deriving the mean involves calculating the weighted average based on different age groups, illnesses, and medical specialties (aiming to achieve as clear a picture as possible based on all the available information).

The maximum score for this section is 10 points.

≤ 5 days = 10 points

> 5 and ≤ 10 days = 5 points

> 10 days = 0 points

9. Average wait times for an elective surgery appointment (measured in days)

While not a response to a life-threatening condition, opting for elective surgery can vastly increase a patient's quality of life. Moreover, the wait for an elective surgery appointment is a standard gauge of how time-efficient an overall healthcare system can be. Several months-long queues point toward an expansive backlog of cases, with extreme cases taking years to access medical services.

The maximum score for this category is 10 points.

≤ 30 = 10 points

> 30 and ≤ 60 = 5 points

> 60 = 0 points

10. Blister packs – time saved for patients and/or staff in some illustrative cases

Blister packs denote a wide range of standard products in the form of individual medicines wrapped in a foil that must be removed piece by piece. Or they are small boxes designed to hold all the pills one has to take in a day.

Blister packs offer a much safer and more convenient way of sorting medication than traditional pill bottles. They help elderly patients keep track of their daily requirements and help pharmacists dispense medicines to consumers in a timely fashion.

Information on the time savings from blister packs is sparse, available only to a few

entries on the list. Because of this, the index examines both the time saved by patients and that gained by pharmacists.

Each country mentioned receives 5 bonus points.

11. Blister packs – time saved based on new blister packaging technology

Blister machines can automatically provide unit-dose packaging of individual pills without pharmacists or patients having to sort medication by hand, boosting safe medication use. Investing in such forward-looking technology is a mark of innovation and market openness in a country, promising benefits to the medical sector.

Since there is insufficient data on new blistering machines, the report assigns points to only a few notable entries. The benefits are quantified in minutes and hours saved for pharmacists and pharmaceutical companies.

The category nets each country mentioned with 5 bonus points.

12. Birth control – availability of emergency contraception

It is no exaggeration to say that contraception has profoundly changed notions of human intimacy, social relations, and family planning (whether the change has been net positive or negative is a normative, not a descriptive question). A less studied, though no less important, aspect of contraception is the time and convenience saved for women in terms of access.

Being able to simply order emergency contraception like ulipristal, progestin-only, or combined pills enables anyone to skip lengthy doctor visits, trips to and from the pharmacy, and waiting in a clinic or pharmacy. Ultimately, artificial barriers disproportionately impact the poorest in society, who have to suffer extra costs in time and money they cannot afford, and also increase risks for women who cannot or do not want to become pregnant.

The report focuses on whether emergency contraception is available without a prescription in the first place. The three possible answers are yes with no restrictions, no without any exceptions, or yes, but behind-the-counter (meaning one cannot purchase it on their own in the aisles and needs to ask a pharmacist to buy the product instead). Responses consider the listed national/federal level policy only.

In the case of a behind-the-counter answer, the index provides an additional estimate

of the mean time spent trying to reach a pharmacy or clinic.

The maximum points each country can receive in this section is 10 points.

Yes = 10 points

Yet but behind-the-counter = 5 points

No = 0 points

13. Birth control – availability of non-emergency birth control

Non-emergency birth control refers to the use of progestin and estrogen combination pills and progestin-only pills that can take up to a week to start preventing pregnancy. Having clear access to such pills allows women to more easily plan their lives in the long term (not just in the case of an emergency).

The two possible answers are yes and over the counter or no and behind the counter. Similar to the previous entry, answers include the average time spent traveling to a pharmacy or clinic.

The maximum points each country can receive in this section is 5 points.

Yes = 5 points

No = 0 points

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ABOUT THE CONSUMER CHOICE CENTER



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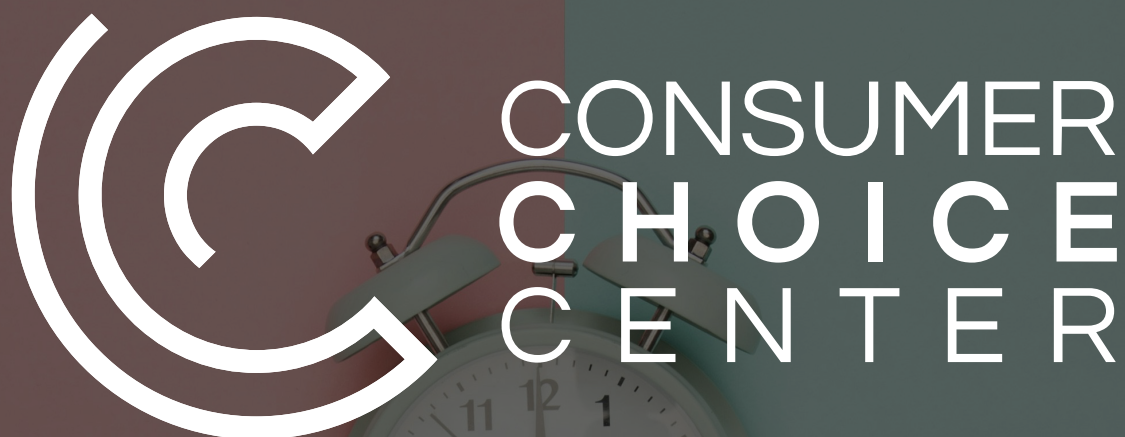
The Consumer Choice Center is a non-profit organization dedicated to defending the rights of consumers around the world. Our mission is to promote freedom of choice, healthy competition, and evidence-based policies that benefit consumers. We work to ensure that consumers have access to a variety of quality products and services and can make informed decisions about their lifestyle and consumption.

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