Slovenia

The OECD Patient-Reported Indicator Surveys (PaRIS) is a groundbreaking initiative that fills a critical gap in health data by measuring the health outcomes and care experiences of people. This is an essential piece of information still lacking: the views of those directly concerned by health services – the patients – about their experience with the healthcare system and the outcomes as reported by them. By capturing the perspectives of over 107 000 people across 1 800 primary care practices in 19 countries, PaRIS provides an internationally comparable assessment of how outcomes and experiences of primary care users 45 years and older vary across countries and how healthcare systems deliver the care people with chronic conditions need.

As the global population of people living with chronic conditions continues to grow, the need for healthcare systems to adapt to their needs has never been more urgent. PaRIS plays a crucial role in informing this shift by offering data that supports the reorganisation of healthcare around the care experiences and health outcomes that matter most to people. Unlike disease-specific assessments, PaRIS takes a broader approach, measuring how healthcare impacts people's lives across various dimensions. This comprehensive perspective has the potential to revolutionise the way we assess the performance of healthcare systems on a global scale.

PaRIS findings emphasise the need for more people-centred and co-ordinated care, especially for the 80% of primary care users aged 45 years and older that live with at least one chronic condition and the 50% that live with multiple (two or more) chronic conditions. Targeted policies are essential to address inequalities, enhance care co-ordination, and build trust in healthcare systems. Encouraging patient involvement in care decisions and fostering strong relationships with healthcare professionals can lead to better health outcomes, greater trust in the system, and increased confidence in managing their own health. At the same time, a well-staffed healthcare workforce and primary care practices organised around people's needs are key to achieving improved patient outcomes and experiences.

This country note leverages the main findings of the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS),* to provide a focused assessment of Slovenia. Drawing on the analysis of the ten key patient-reported outcome and experience measures used in the survey (Table 1), it explores findings in the Slovenian context and compares them to the OECD PaRIS average. The OECD PaRIS average is the simple average of the 17 OECD member countries participating in PaRIS.

Box 1. Key findings – Slovenia

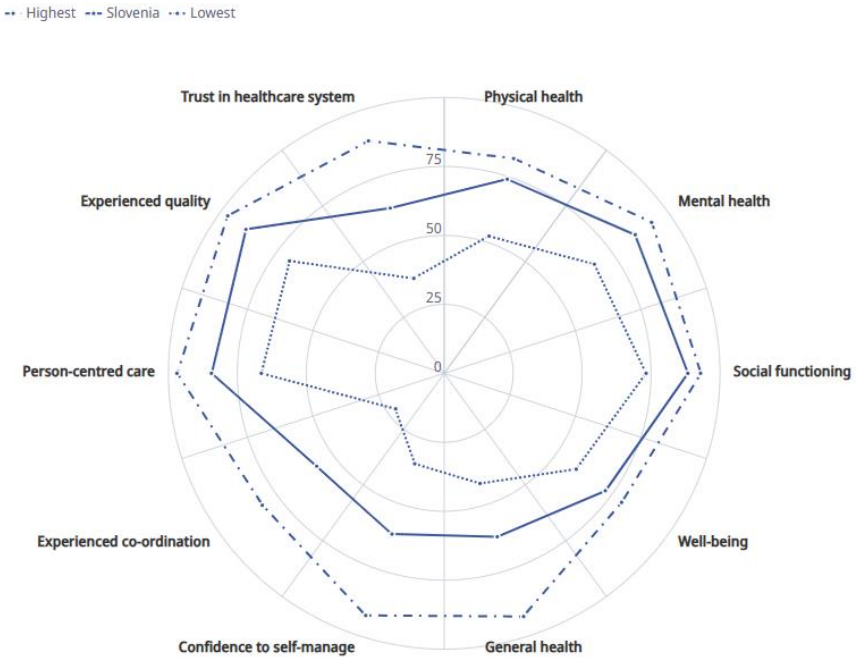
- **Nearly three-quarters (74%) of people with chronic conditions in Slovenia report good physical health,** as measured by physical function, pain, and fatigue. This is above the OECD PaRIS average of 70% and one of the highest in PaRIS.
- **More than four out of five (85%) people with chronic conditions in Slovenia report good mental health,** which refers to quality of life, emotional distress, and social health. This is slightly above the OECD PaRIS average of 83%.
- **Slightly more than half (57%) of people with chronic conditions in Slovenia report good care co-ordination**, which is just below the OECD PaRIS average of 59% and 24 percentage points below the highest-performing country (81%).
- **Nearly nine out of ten (89%) people with chronic conditions in Slovenia report experiencing good quality of care**, which is slightly above the OECD PaRIS average of 87% and 8 percentage points lower than the highest-performing country (97%).
- In Slovenia, **most people (96%) with two or more chronic conditions are managed in primary care practices where non-physician staff is involved** in chronic disease management; this is 13 percentage points above the OECD PaRIS average.
- **More than a quarter of the people (26%) with two or more chronic conditions in Slovenia are managed in primary care practices that offer follow-up and regular consultations of more than 15 minutes**; this is below the OECD PaRIS average of 47%.
- **One in five (20%) patients are managed in primary care practices that report being well-prepared to co-ordinate care**, which is significantly below the OECD PaRIS average of 56%.
- **A mere 5% of patients are managed in practices that can exchange medical records electronically**, which is far below the OECD PaRIS average of 57%.

How well does Slovenia deliver care to people with chronic conditions?

In Slovenia people with chronic conditions have experiences of healthcare and health outcomes comparable to the OECD PaRIS average, and people with chronic conditions in Slovenia more often report good social functioning than the OECD PaRIS average (Chapter 2). This assessment is based on the 10 key patient-reported outcome measures (PROMs) – *physical health, mental health, social functioning, well-being and general health* and patient-reported experience measures (PREMs) – *confidence to self-manage, experienced co-ordination of care, experienced person-centred care, experienced quality of care and trust in healthcare system* (Figure 1).

Figure 1. PaRIS 10 key indicators

Percentage of people with one or more chronic conditions reporting positive outcomes or experiences



Note: For all indicators, percentage values are shown, measuring the percentage of people reporting a positive outcome or experience (for example, patients reporting being in good, very good or excellent general health). See Table 1, for more information on the cutoffs for positive responses and the scales used. Highest (lowest) represents the highest (lowest) values found for each indicator among 17 PaRIS countries.
Source: OECD PaRIS 2024 Database.

In Slovenia, the likelihood of achieving good social functioning is above most countries in PaRIS, while the likelihood of achieving other good health outcomes for people with chronic conditions is comparable to the OECD PaRIS average (Figure 1).

- Nearly three-quarters (74%) of people with chronic conditions in Slovenia report good **physical health**, as measured by physical function, pain, and fatigue. This is above the OECD PaRIS average of 70% and one of the highest in PaRIS, with only an 8 percentage point difference to the highest-performing country (82%).
- More than four out of five (85%) people with chronic conditions in Slovenia report good **mental health**, which refers to quality of life, emotional distress, and social health. This is slightly above the OECD PaRIS average of 83% and 8 percentage points below the highest-performing country (93%).
- Nearly nine out of ten (88%) people with chronic conditions in Slovenia report good **social functioning**, which measures how well people carry out their usual social activities and roles. This is above the OECD PaRIS average of 83% and only 5 percentage points below the highest-performing country.
- Nearly three-quarters (72%) of people with chronic conditions in Slovenia report positive **well-being**, which reflects mood, vitality, and fulfilment. This is just above the OECD PaRIS average of 71% and 8 percentage points below the highest-performing country.
- Nearly two-thirds (62%) of people with chronic conditions in Slovenia report good **general health**, which is slightly below the OECD PaRIS average of 66% and 31 percentage points below the highest-performing country (93%).

In Slovenia, the likelihood of achieving good health experiences for people with chronic conditions is comparable to the OECD PaRIS average (Figure 1).

- Nearly two-thirds (61%) of people with chronic conditions in Slovenia feel **confident managing their own health**, which is above the OECD PaRIS average of 59% but 31 percentage points lower than the highest-performing country.
- Slightly more than half (57%) of people with chronic conditions in Slovenia report good **care co-ordination**, which is just below the OECD PaRIS average of 59%. However, the 24 percentage point difference with the highest-performing country (81%) reveals room for improvement.
- More than four out of five (84%) people with chronic conditions in Slovenia report highly **person-centred care**, which is just below the OECD PaRIS average and is 13 percentage points lower than the highest-performing country.
- Nearly nine out of ten (89%) people with chronic conditions in Slovenia report **experiencing good quality of care**, which is slightly above the OECD PaRIS average of 87% and 8 percentage points lower than the highest-performing country.
- Nearly two-thirds (63%) of people with chronic conditions in Slovenia **trust their healthcare system**, which is just above the OECD PaRIS average of 62%.

Table 1. PROMs and PREMs in PaRIS

Patient-Reported Outcome Measures (PROMs)	
Physical health	Response to four questions measuring physical function, pain and fatigue, response options scale of 1-5. Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 16.2-67.7. Percentage of patients reporting positive outcome (T-score of 42 or more, equivalent to being in "good" physical health or better, as compared to "fair" or "poor" health, based on PROMIS reference population) shown in Figure 1. Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Mental health	Response to four questions on quality of life, emotional distress and social health, response options scale of 1-5. Average score of patients. Raw scale 4-20 converted to T-score metric in which 50 is the mean and 10 the standard deviation of the PROMIS reference population. T-score range of 21.2-67.6. Percentage of patients reporting positive outcome (T-score of 40 or more, equivalent to being in "good" mental health or better, as compared to "fair" or "poor" health, based on PROMIS reference population) shown in Figure 1. Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Social functioning	Response to question: "In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]", response options range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (compared to fair or poor). Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Well-being	Response to five questions measuring well-being (have felt cheerful and in good spirits, calm and relaxed, active and vigorous, fulfilled in daily life, fresh and rested), response options scale of 0-5. Average score of patients (raw scale 0-25 converted to 0-100 scale). Percentage of patients reporting positive outcome (score >=50, indicating not at risk of clinical depression) shown in Figure 1. Data instrument: WHO-5 Well-being Index.
General health	Response to question: "In general, would you say your health is …" where response options range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (as compared to fair or poor). Data instrument: PROMIS® Scale v1.2 – Global Health scale.
Patient-Reported Experience Measures (PREMs)	
Confidence to self-manage	Response to question: "How confident are you that you can manage your own health and well-being?", response options range from not confident at all (0) to very confident (3). Percentage of patients that are confident or very confident (compared to somewhat confident or not confident at all). Data instrument: P3CEQ Questionnaire.
Experienced co-ordination	Response to five questions measuring care co-ordination (care joined up, single named contact, overall care plan, support to self-manage, information to self-manage). Response options scale of 0-3. Average score of patients (on a scale of 0-15). Percentage of patients reporting positive experience (scored 50% or more across 5 questions, i.e. scale score >=7.5) shown in Figure 1. Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.
Person-centred care	Response to eight questions measuring if care is person-centred (discussed what is important, involved in decisions, considered "whole person", no need to repeat information, care joined up, support to self-manage, information to self-manage, confidence to self-manage). Response options scale of 0-3. Average score of patients (on a scale of 0-24). Percentage of patients reporting positive experience (scored 50% or more across 8 questions, i.e. scale score >=12) shown in Figure 1. Data instrument: P3CEQ Questionnaire, data available only for people with chronic condition/s.
Experienced quality	Response to question: "When taking all things into consideration in relation to the care you have received, overall, how do you rate the medical care that you have received in the past 12 months from your primary care centre?", response options scale of range from poor (1) to excellent (5). Percentage of patients that responded good, very good or excellent (compared to fair, poor, and not sure). Data instrument: Adapted from Commonwealth Fund International Health Policy Survey.
Trust in healthcare system	Response to question: "How strongly do you agree or disagree that the healthcare system can be trusted?", response options range from strongly disagree (1) to strongly agree (5). Percentage of patients that agree or strongly agree (compared to neither agree nor disagree, disagree, strongly disagree). Data instrument: Based on OECD Guidelines on Measuring Trust and similar to questions in selected national surveys.

Source: See Chapter 2 for more details.

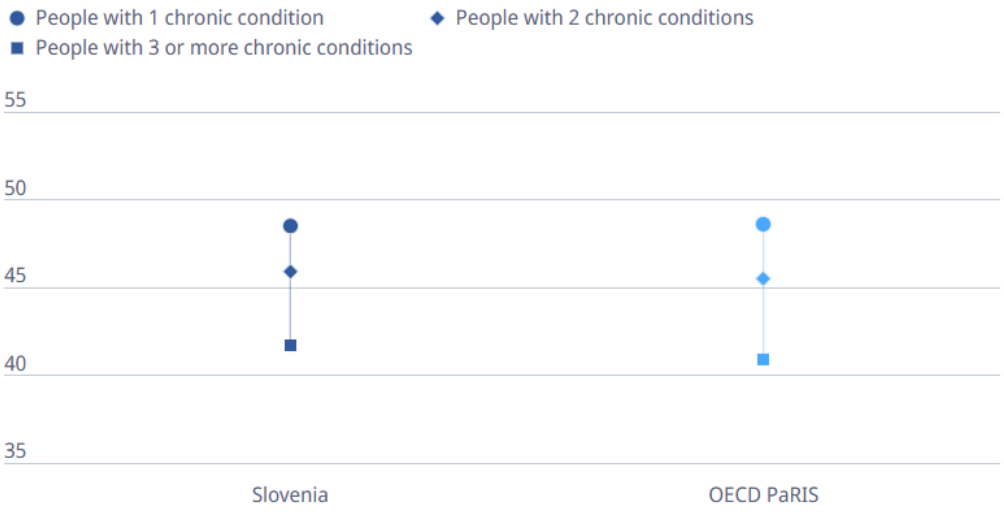
People with multiple chronic conditions report favourable health outcomes, and those with three more conditions in Slovenia tend to fare better than the OECD average

People living with multiple chronic conditions report lower levels of physical and mental health, well-being and social functioning compared to those who live with one chronic condition (Chapter 3). This pattern observed in Slovenia is consistent with the OECD PaRIS average. Specifically:

- In Slovenia, people with three or more chronic conditions are less likely to report better health compared to those with two chronic conditions. This pattern is consistent with other countries' results.
- People living with multiple chronic conditions in Slovenia have poorer physical health compared to those living with only one chronic condition with a seven-point difference, a pattern consistent with the PaRIS average. The physical health scores for people with one, two, or three or more chronic conditions in Slovenia are comparable to the OECD PaRIS average (Figure 2). For example, people with three or more chronic conditions in Slovenia have a physical health score below the good-fair cutoff of 42, like the OECD PaRIS average.

Figure 2. Physical health for people with one, two and three or more chronic conditions

Average PROMIS physical health T-score

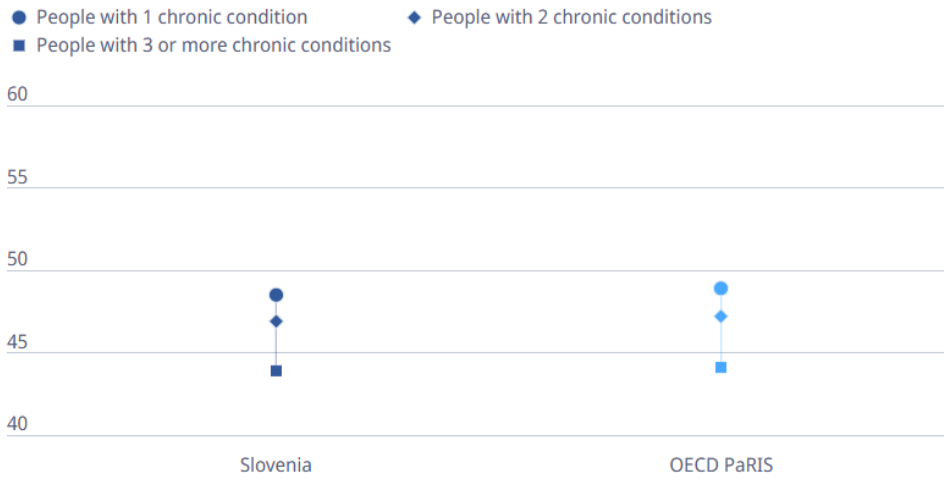


Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for physical health is a T-score metric with a range of 16-68, and a good-fair cutoff of 42, higher values represent better physical health.
Source: OECD PaRIS 2024 Database.

Similarly, Slovenia performs comparable to the OECD PaRIS average regarding the mental health of people living with one, two, and three or more chronic conditions. People with three or more chronic conditions in Slovenia report poorer mental health than those with one chronic condition with a five-point difference, close to the OECD PaRIS average (Figure 3).

Figure 3. Mental health for people with one, two and three or more chronic conditions

Average PROMIS mental health T-score

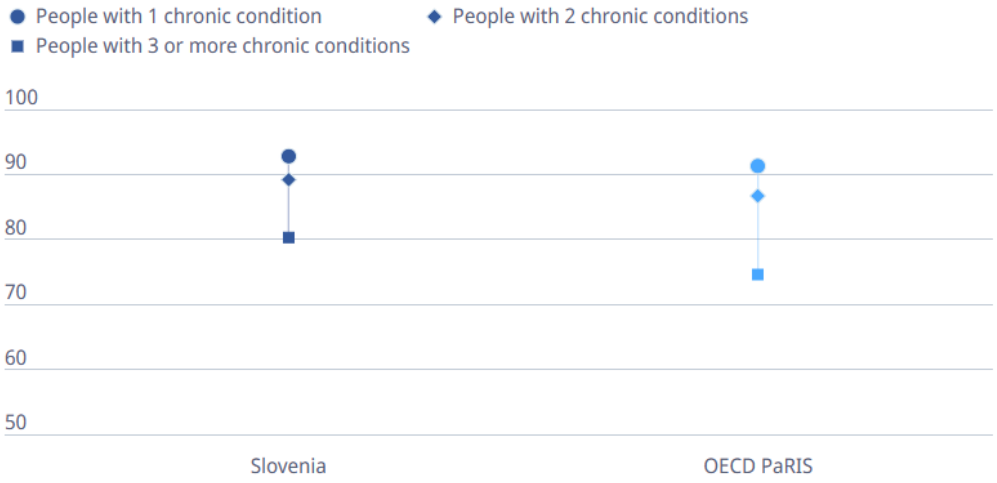


Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health component for mental health is a T-score metric with a range of 21-68, and a good-fair cutoff of 40, higher values represent better mental health.
Source: OECD PaRIS 2024 Database.

As in other OECD countries, people with multiple chronic conditions in Slovenia less often report good social functioning than people with one chronic condition (Figure 4) but in Slovenia this gap is smaller than in most other countries. While 93% of people with one chronic condition in Slovenia have good social functioning, this goes down to 80% of people with three or more chronic conditions, which is 6 percentage points above the OECD PaRIS average for people with three or more chronic conditions.

Figure 4. Social functioning for people with one, two and three or more chronic conditions

Percentage of people reporting good, very good, or excellent social functioning



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. PROMIS® Scale v1.2 – Global Health item on social functioning. Percentage of patients that responded good, very good or excellent (as compared to fair or poor) to the question: "In general, please rate how well you carry out your usual social activities and roles [further specified in questionnaire]".
Source: OECD PaRIS 2024 Database.

Slovenia performs slightly above average in two primary care features, and below average in two others

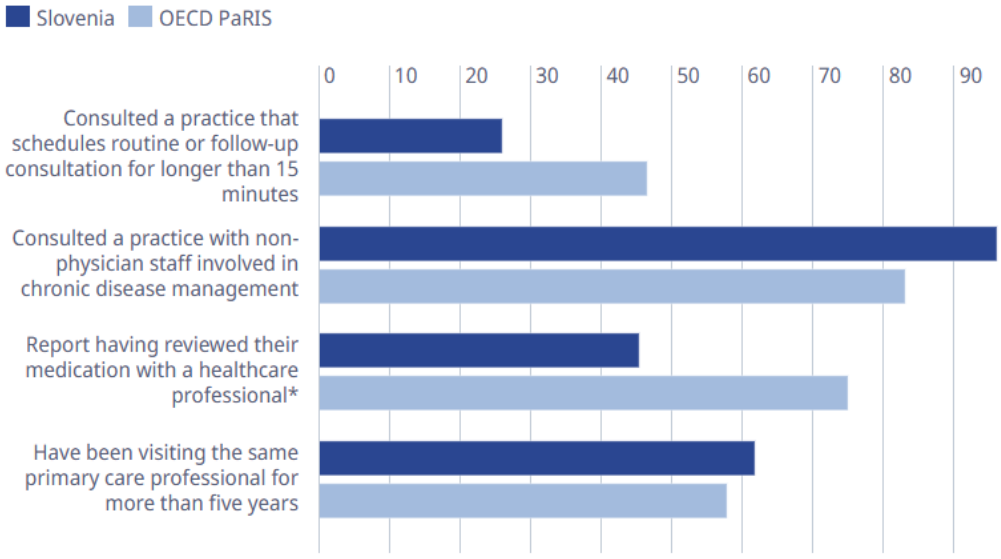
Primary care consultation features associated with higher levels of experienced quality care are related to time, both time-scheduled for regular, follow-up consultations, and length of relationship with the same primary care professional (Chapter 3). The role of staff other than physicians supporting the management of people with chronic conditions also plays a role in improving healthcare delivery for people with multiple chronic conditions (Chapter 3). Systematic medication reviews for people with multiple chronic conditions can enhance medication safety, efficacy and care co-ordination.

Slovenia performs slightly above average in two primary care features, and below average in the other two (Figure 5):

- More than a quarter of the people (26%) with two or more chronic conditions in Slovenia are managed in primary care practices that offer follow-up and regular consultations of more than 15 minutes; this is more than 20 percentage points lower compared to the OECD PaRIS average.
- In Slovenia, most of the people (96%) with two or more chronic conditions are managed in primary care practices where non-physician staff is involved in chronic disease management; this is 13 percentage points above the OECD PaRIS average.
- More than two out of five people (45%) with three or more chronic conditions in Slovenia report that their medication was reviewed by a healthcare professional over the past 12 months; this is below the OECD PaRIS average of 75%.
- Three out of five people with two or more chronic conditions (62%) in Slovenia report being with the same primary care professional for more than five years; this is comparable to the OECD PaRIS average (58%).

Figure 5. Primary care delivery for people with multiple chronic conditions

Percentage of people with two or more chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. *Results for patients with three or more chronic conditions reporting their medication was reviewed by a healthcare professional over the past 12 months.
Source: OECD PaRIS 2024 Database.

People-centred care: Slovenia faces challenges in care co-ordination, digital health literacy, and practice's ability to exchange records electronically

People-centred care, healthcare systems addressing the needs of people, is an essential indicator of the quality and performance of healthcare systems and primary care practices (Chapter 4). PaRIS data show that a people-centred approach that prioritises strong patient engagement and effective care co-ordination, is associated with enhanced health outcomes and patient experiences. This approach is particularly beneficial in managing chronic conditions, as it empowers patients to actively participate in decisions about their health.

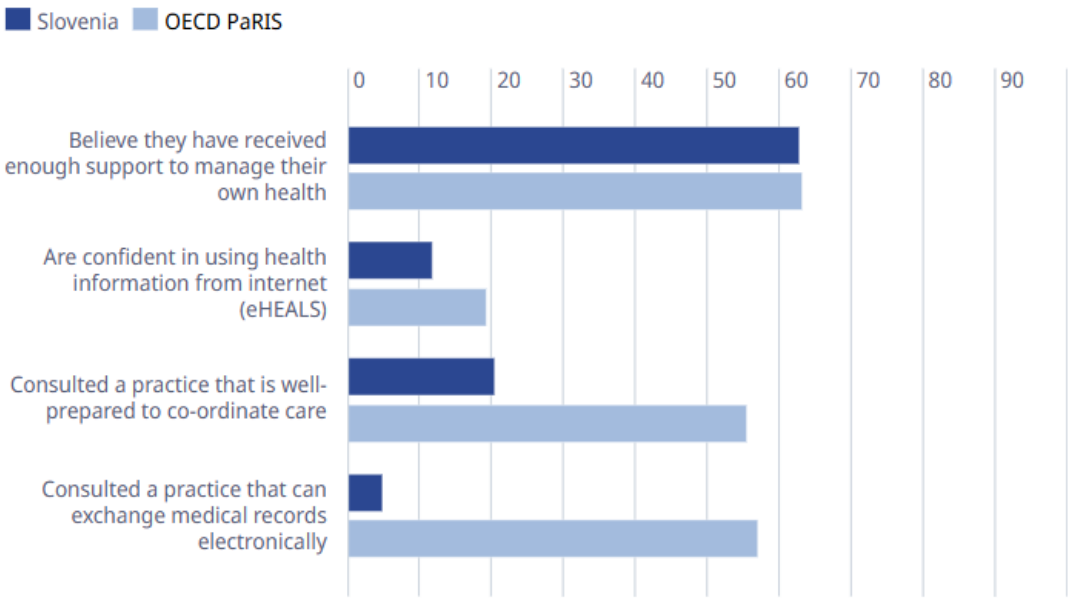
On several indicators of people-centred care, Slovenia demonstrates mixed performance compared to the OECD PaRIS average (Figure 6):

- Around 63% of people with chronic conditions in Slovenia receive enough support to manage their own health, this equals the OECD PaRIS average of 63%.
- Only 12% of people with chronic conditions in Slovenia reports confidence in using health information from the internet, which is below the OECD PaRIS average of 19% (range of 5-34%).
- Only 20% of people with chronic conditions are managed in primary care practices that report being well-prepared to co-ordinate care, which is below the OECD PaRIS average of 56%.
- A mere 5% of people with chronic conditions are managed in practices that can exchange medical records electronically, which is far below the OECD PaRIS average of 57%.

These results highlight Slovenia's strengths in patient support but reveal significant challenges in care co-ordination, digital health literacy, and electronic medical record adoption in primary care settings.

Figure 6. Co-production, co-ordination and use of digital tools in primary care

Percentage of people with chronic conditions



Note: Results for people with one or more chronic conditions matched to a practice. Co-production: Patient receiving enough support and confidence in using health information from the internet (eHEALS) are reported by patients. Co-ordination: Patients managed in practices well prepared to co-ordinate care and that can exchange medical records electronically are reported by patients and participating primary care practices. OECD PaRIS average does not include the United States for practice-level indicators.
Source: OECD PaRIS 2024 Database.

Like in most other countries, there are inequalities between genders and income levels in Slovenia

Among people with chronic conditions, there are differences in well-being and trust in the healthcare systems between genders in Slovenia, both indicators being lower for women (Figure 7 and Figure 8).

- This gender gap mirrors results for other countries; Slovenia performs comparable to the OECD PaRIS average in terms of well-being for women.
- While about 68% of men in Slovenia have trust in the healthcare system, the percentage for women is lower (59%). These results for trust are close to the OECD PaRIS averages for men (67%) and women (58%).
- The gender gap in trust in Slovenia (10 percentage points) is comparable to the OECD PaRIS average gap (9 percentage points).

Figure 7. Well-being reported by men and women

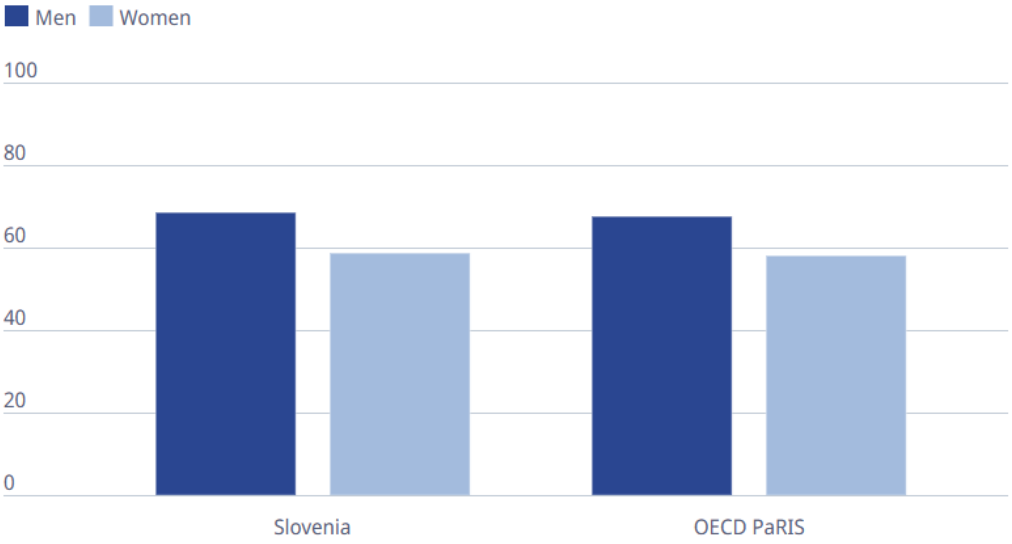
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest.
Source: OECD PaRIS 2024 Database.

Figure 8. Trust in healthcare system reported by men and women

Percentage of people with chronic conditions reporting trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: "How strongly do you agree or disagree that the healthcare system can be trusted?", "strongly agree, agree" versus "neither agree nor disagree, disagree, strongly disagree".
Source: OECD PaRIS 2024 Database.

As in other countries, people with chronic conditions and higher incomes report higher well-being and trust in the healthcare system (Figure 9 and Figure 10):

- Across OECD PaRIS countries, people with higher incomes report about 13% better well-being than those with lower incomes. Slovenia levels are slightly above the OECD PaRIS average in both groups.
- Seven out of ten people with chronic conditions with higher incomes (71%) in Slovenia trust the healthcare system, compared to 61% of people with lower incomes. Trust levels in the healthcare system across income groups are comparable to the OECD PaRIS average for both high (70%) and low (59%) income groups.
- The gap in trust in healthcare between high- and low-income groups in Slovenia is comparable to the OECD PaRIS average (11 percentage points).

Figure 9. Well-being by income level

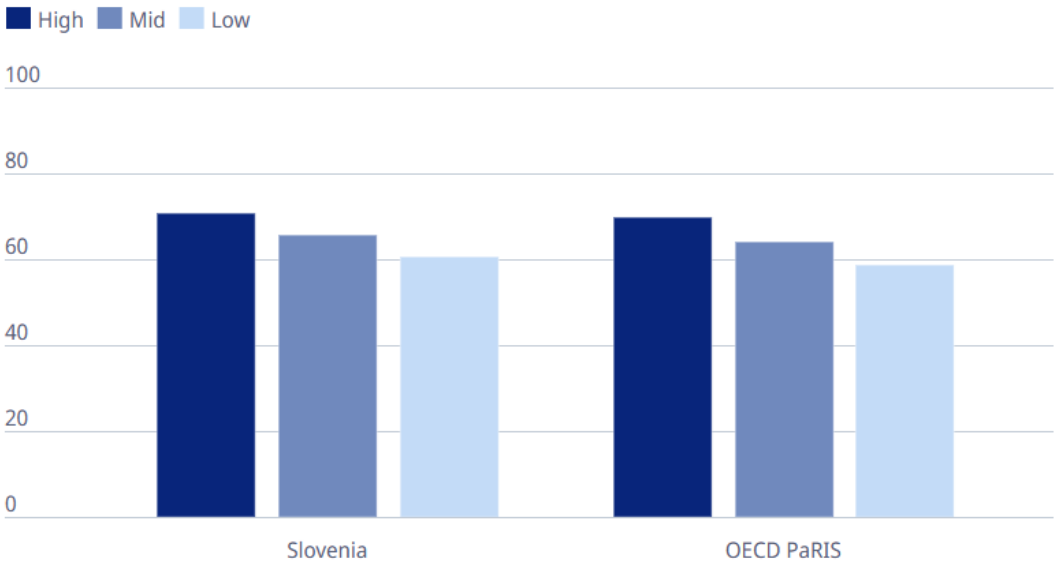
Average well-being index for people with chronic conditions



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. WHO-5 well-being index. Response to five questions measuring well-being. Raw scale 0-25 converted to 0-100 scale with 0 being the lowest possible well-being and 100 the highest.
Source: OECD PaRIS 2024 Database.

Figure 10. Trust in healthcare system reported by income level

Percentage of people with chronic conditions reporting trusting the healthcare system



Note: OECD PaRIS average is calculated based on the data from participating OECD member countries. Trust in healthcare system: Response to question: “How strongly do you agree or disagree that the healthcare system can be trusted?”, “strongly agree, agree” versus “neither agree nor disagree, disagree, strongly disagree”.
Source: OECD PaRIS 2024 Database.

Key features of PaRIS

PaRIS at a glance

PaRIS contains information on patient-reported outcomes and experience measures as well as health behaviours and capabilities, sociodemographic characteristics from patients and primary care practice characteristics information from healthcare providers. The data collection took place in 2023-24 and first results were released in the publication, *Does Healthcare Deliver: Results from the Patient-Reported Indicator Surveys (PaRIS)*.

Results span 107 011 primary care users (aged 45 years and older) and 1 816 primary care practices in 19 countries: Australia, Belgium, Canada, Czechia, France, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Romania, Saudi Arabia, Slovenia, Spain, Switzerland, the United States and Wales (United Kingdom). All results in this country notes are age-sex standardised to adjust for the different demographic profiles of the countries. In Figure 1, highest (lowest) represents the highest (lowest) values found for each indicator among 17 PaRIS countries. In Italy and the United States, eligibility criteria for patient participation differed from the guidelines, therefore, these countries are not included in this figure. For detailed information on national sampling procedures and other methodological details, see Chapter 7 of the report.

Results from Slovenia are based on 3 240 patients and 81 primary care practices. Patients were selected by probability sampling from registries of patients of participating practices. All primary care practices from the registry of family physicians at the National Health Insurance Institute were invited to participate in the survey.

In Slovenia, primary care practices responded to the questionnaire online. Patients responded to the questionnaire online and via paper-and-pencil surveys.

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The full book is available in English: OECD (2025), *Does Healthcare Deliver?: Results from the Patient-Reported Indicator Surveys (PaRIS)*, OECD Publishing, Paris, https://doi.org/10.1787/c8af05a5-en.

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