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Taking the Pulse of the U.S. Health Care System Quality, Safety and Efficiency International and National Perspectives

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August 21, 2006

Harvard Quality Colloquium

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US Health System: International and National Experiences

- U.S. highest cost health system in the world yet often fails to deliver high quality, high value care
- Quality varies widely despite centers of excellence
- Access is of increasing concern
 - Uninsured and underinsured
- International view of safety, quality and access from patients' perspectives
 - US mixed performance
 - US stands out for poor care coordination, safety concerns and access barriers due to cost
 - Shared challenges in managing transitions and chronic care
- Opportunities and targets to improve care

Taking the Pulse

2005 Survey of "Sicker" Adults in Six Countries

- Telephone survey of sicker adults ages 18 and older in Australia, Canada, Germany, New Zealand, U.K., and U.S.
- Adults met at least one of the following criteria:
 - Self reported health status is fair or poor
 - Serious illness in the past 2 years
 - Hospitalized or had major surgery in the past 2 years
- Survey sample included 7,000 "sicker" adults: 702 Australia, 751 Canada, 1,503 Germany, 704 New Zealand, 1,770 United Kingdom, and 1,527 United States
- Conducted by Harris Interactive March 2005 to June 2005
- Focus on safety, coordination, patient-physician communication and access experiences

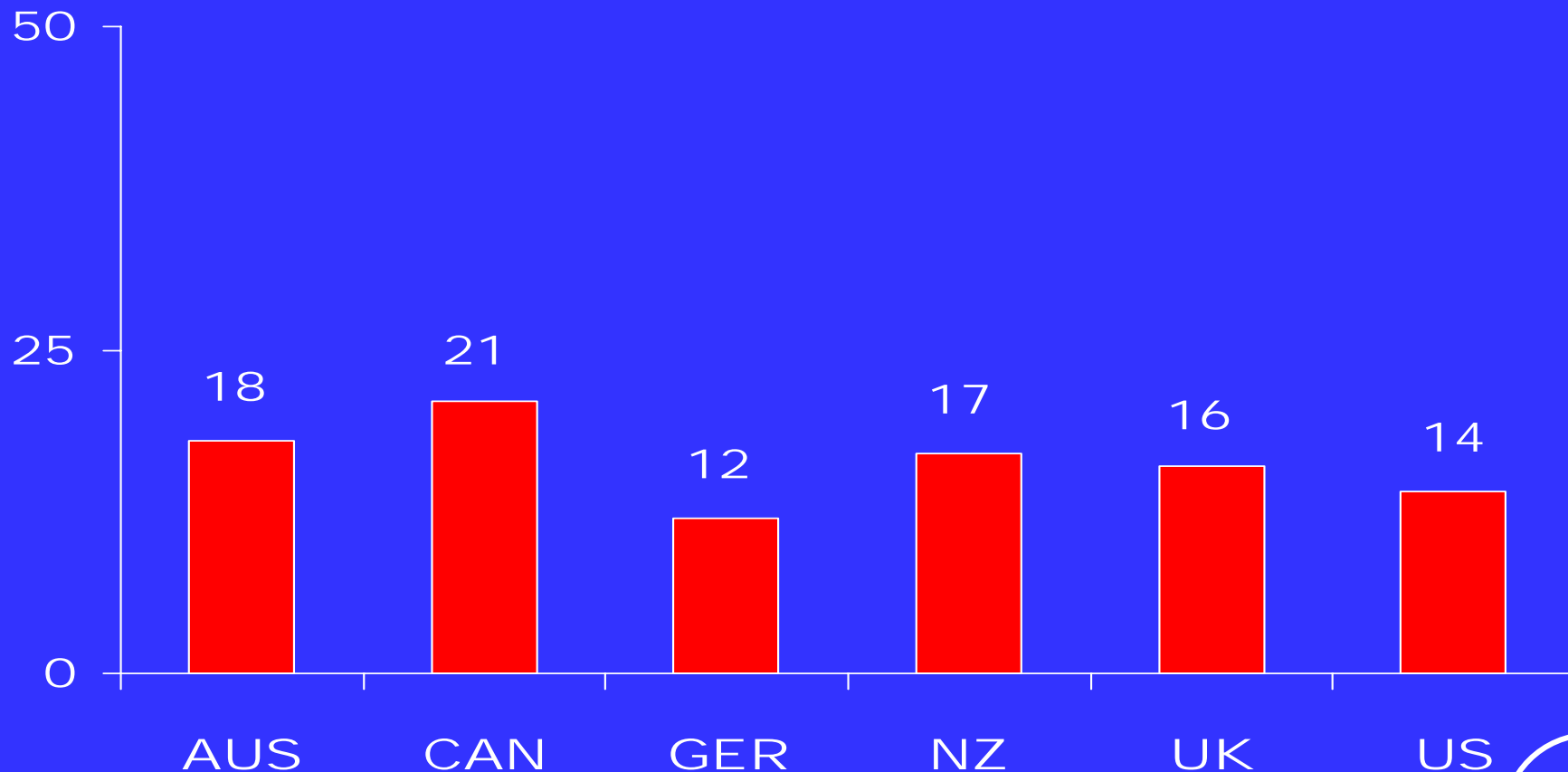
Hospital Stay and Discharge Experiences

- Missed opportunities to discuss risks with patients
- Medication review
- Care coordination and transition care at discharge

Were Risks Explained Before A Hospital Procedure in an Understandable Way?

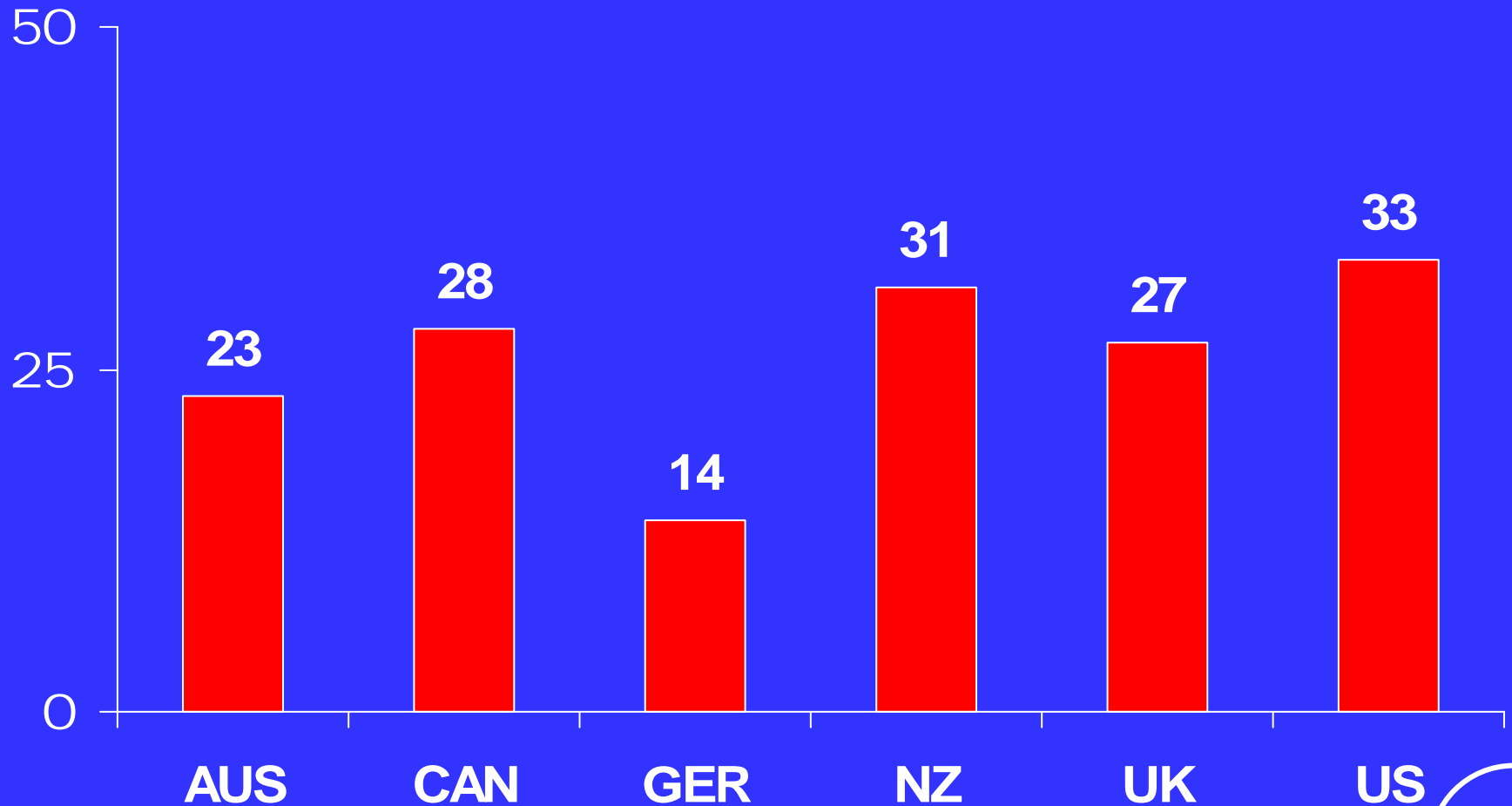
Base: Hospitalized in past 2 years

Percent said risks were NOT explained



Failure to Discuss Medications Used Before Hospitalized on Discharge

Percent of patients with new prescription who said prior medications were not reviewed at discharge



Deficiencies in Transition Planning When Discharged from the Hospital

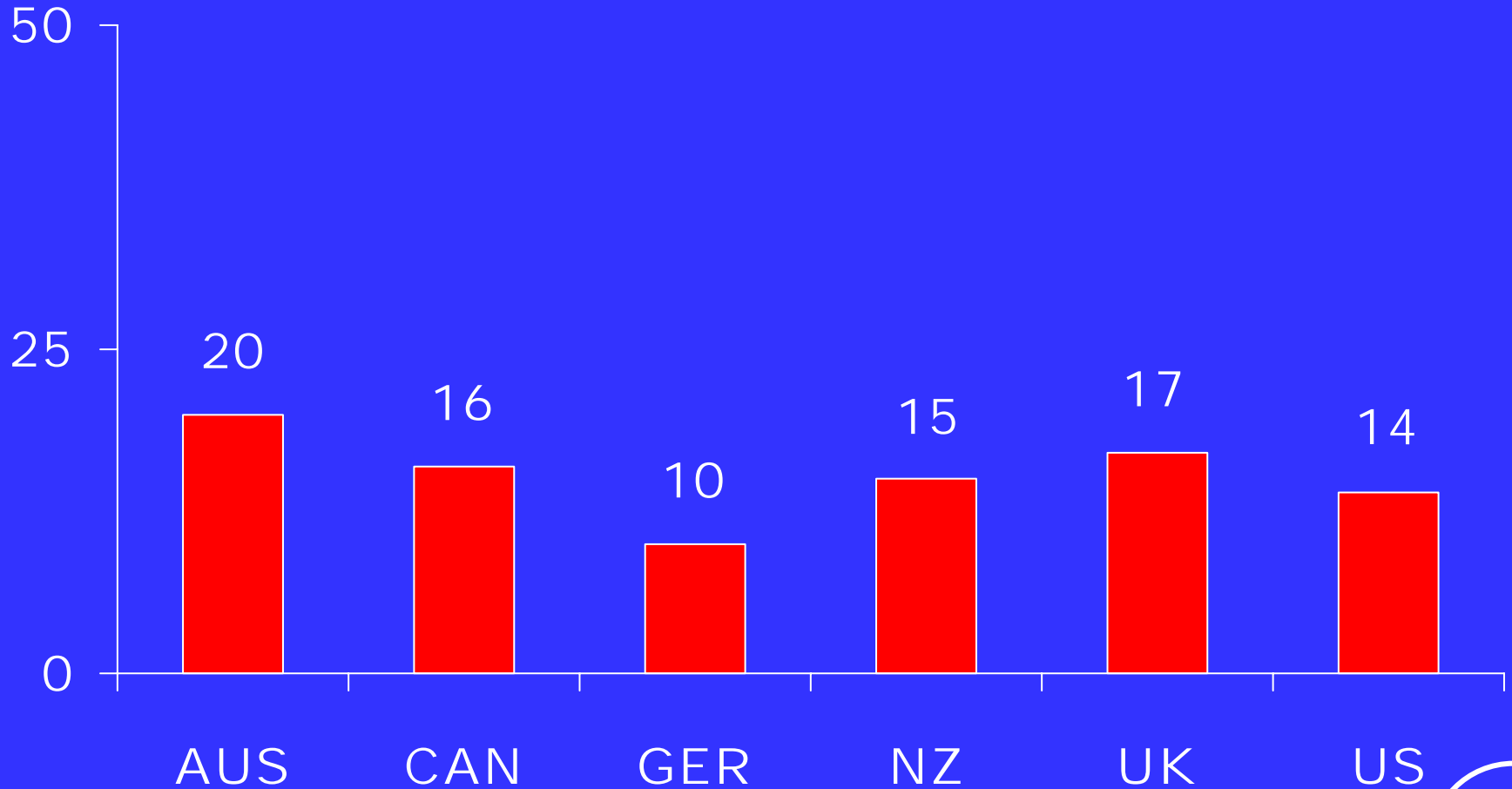
Base: Hospitalized in past 2 years

Percent who reported when discharged:	AUS	CAN	GER	NZ	UK	US
Did NOT receive instructions about symptoms to watch and when to seek further care	18	17	23	14	26	11
Did NOT know who to contact with questions about condition or treatment	9	12	12	9	12	8
Hospital did NOT arrange for follow-up visits	23	30	50	23	19	27
% any of the above	36	41	60	33	37	33

Readmitted to a Hospital or Went to ER as a Result of Complications after Discharge

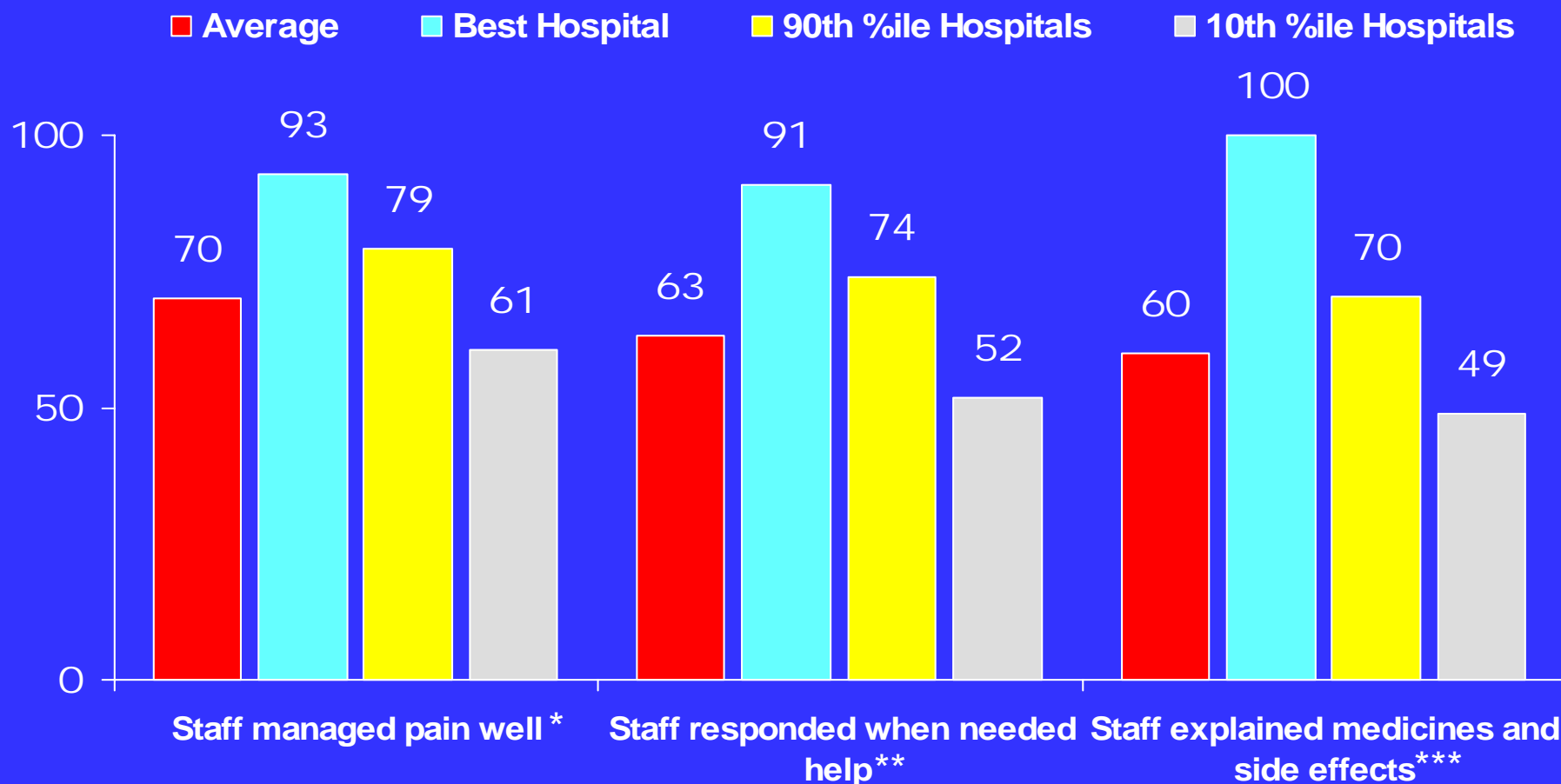
Base: Hospitalized in past 2 years

Percent readmitted or ER visit due to complications



U.S. Variations in Patient-Centered Hospital Care: Staff Managed Pain, Responded When Needed Help, and Explained Medicines, 2005

Percent of patients reporting "always"



*Patient's pain was well controlled and hospital staff did everything to help with pain

**Patient got help as soon as wanted after patient pressed call button and in getting to the bathroom/using bedpan

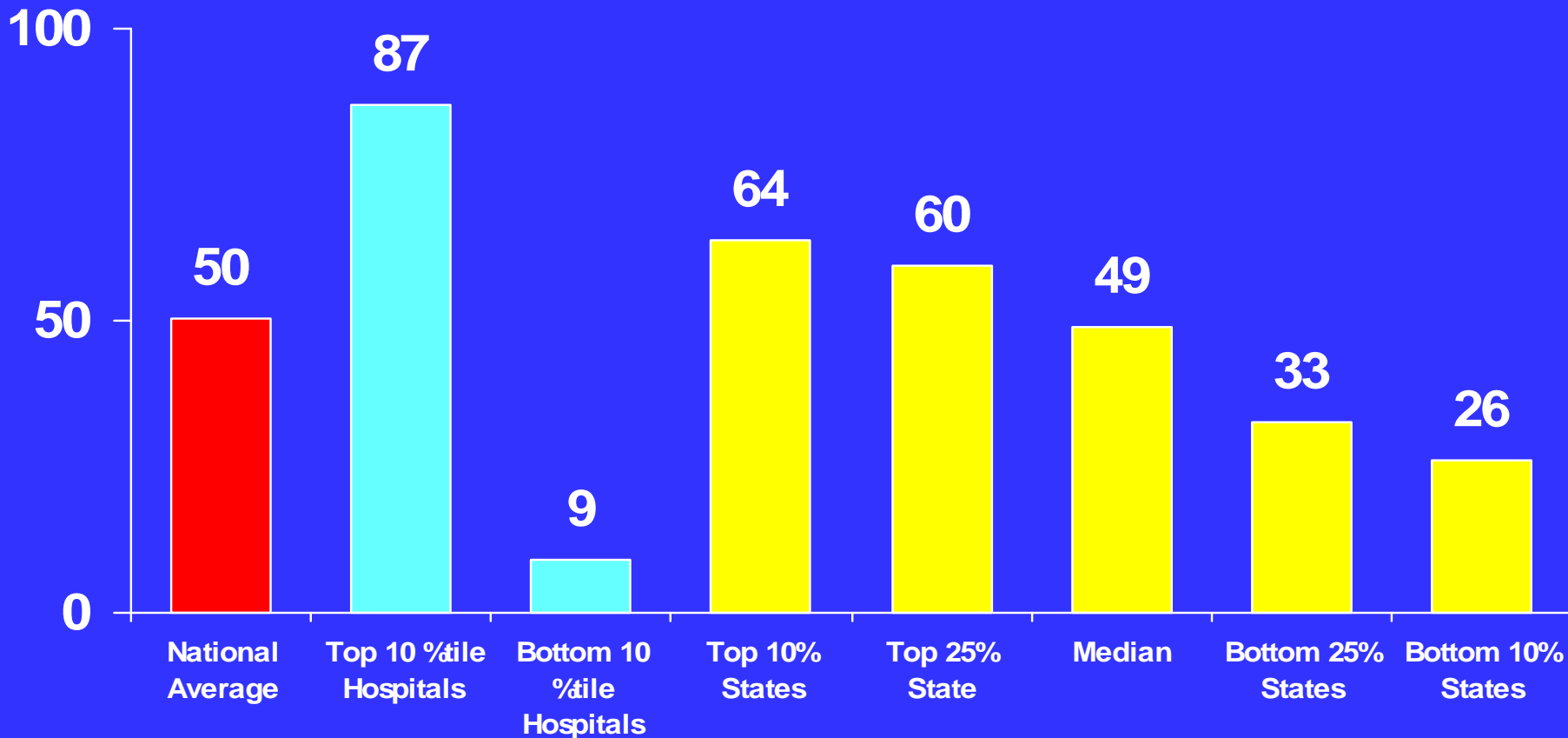
***Hospital staff told patient what medicine was for and described possible side effects in a way that patient could understand

SOURCE: 2005 CAHPS Hospital Survey results for 254 hospitals. National CAHPS Benchmarking Database



U.S. Heart Failure Patients Given Written Instructions or Educational Materials When Discharged, 2004

Percent of heart failure patients discharged home with written instructions or educational material*



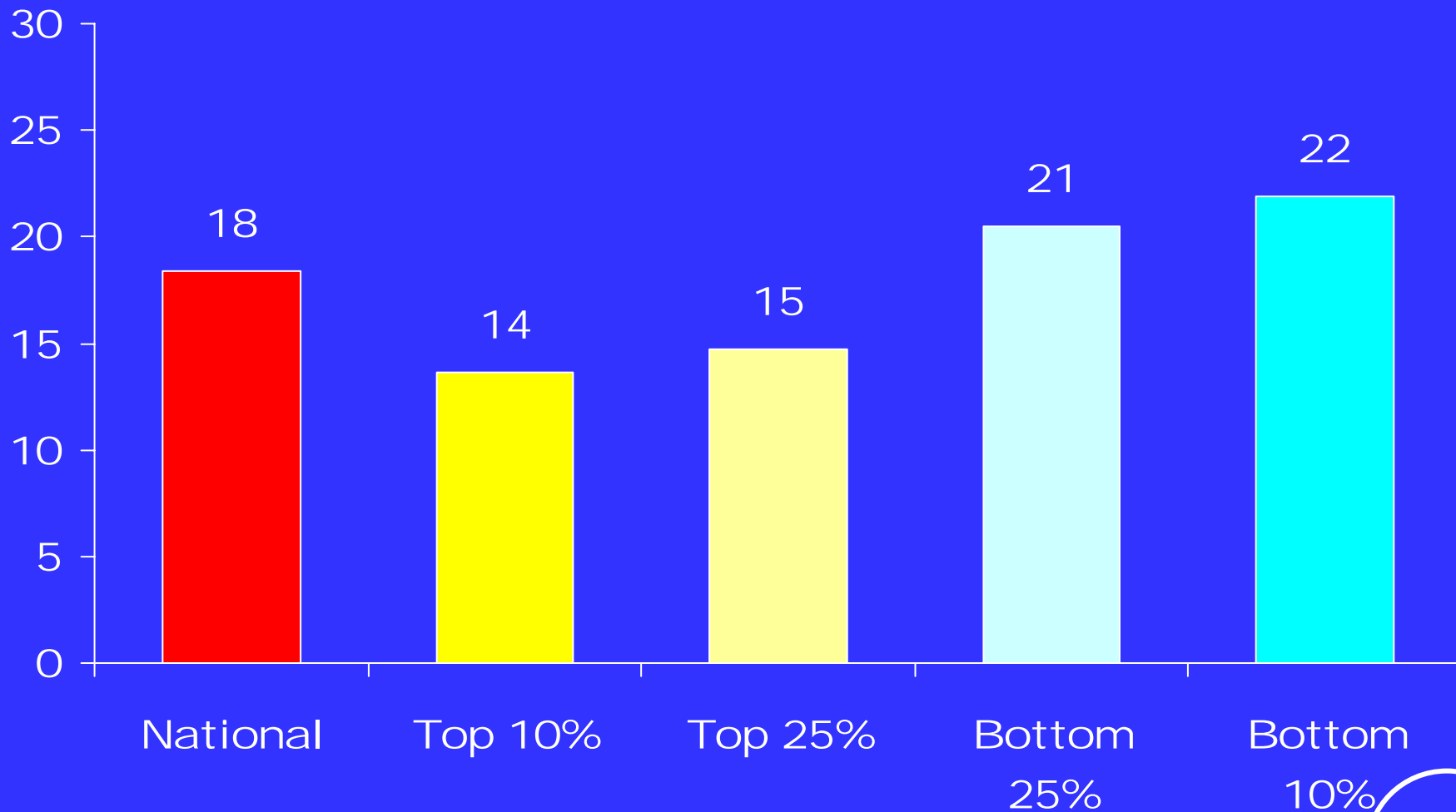
*Discharge instructions must address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen

SOURCE: A. Jha and A. Epstein, Harvard University analysis of Hospital Quality Alliance national reporting system; State estimates – Hospital Compare database at www.hospitalcompare.hhs.gov

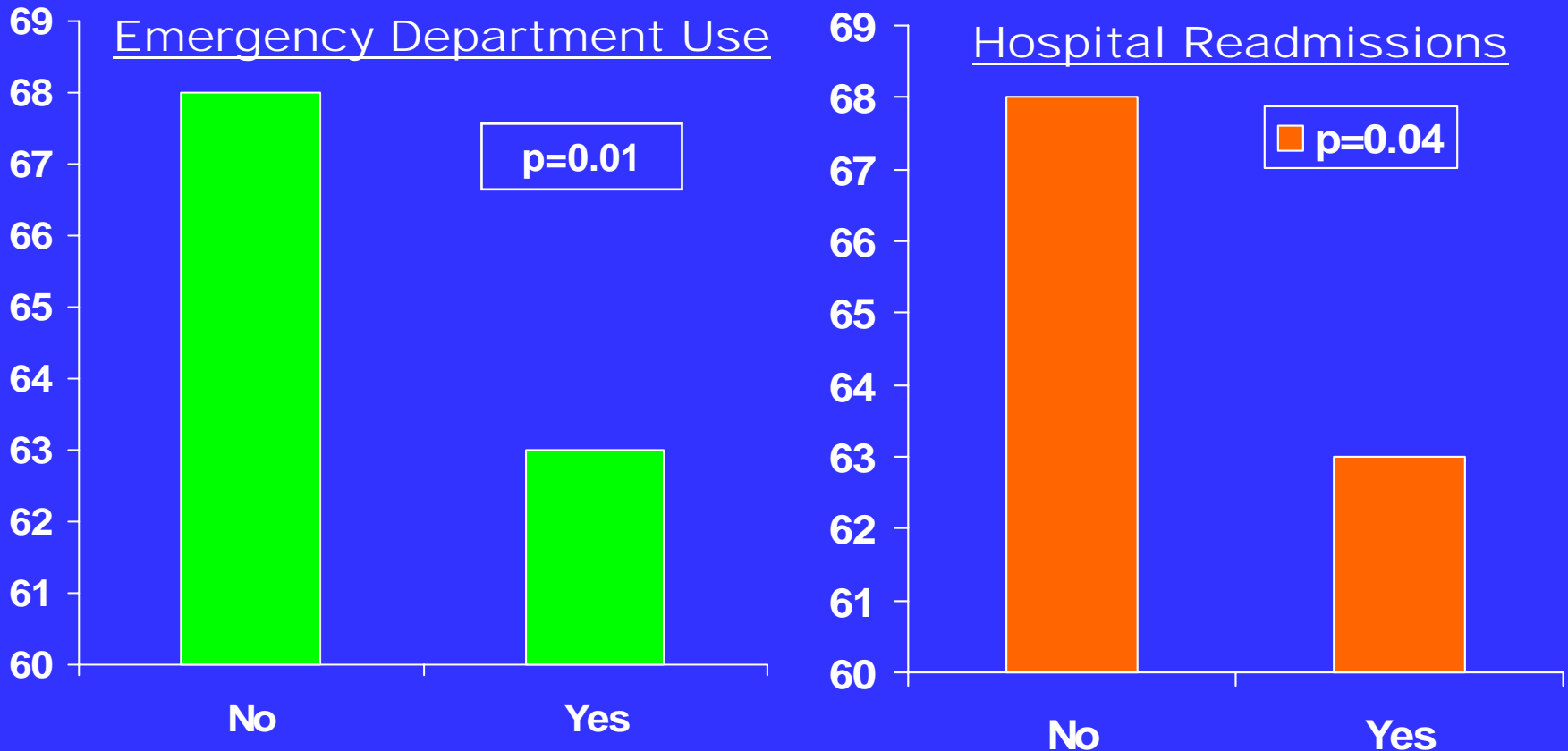


U.S. Hospital 30-Day Readmission Rates, Medicare Variations by State, 2003

Rate of hospital readmission within 30 days



Coordinated Care Across Sites of Care Makes a Difference Care Transition Measure Scores,* Emergency Department Use, and Hospital Readmissions



* When I left the hospital, I had a good understanding of the things I was responsible for in managing my health; when I left the hospital, I clearly understood the purpose for taking each of my medications; The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.

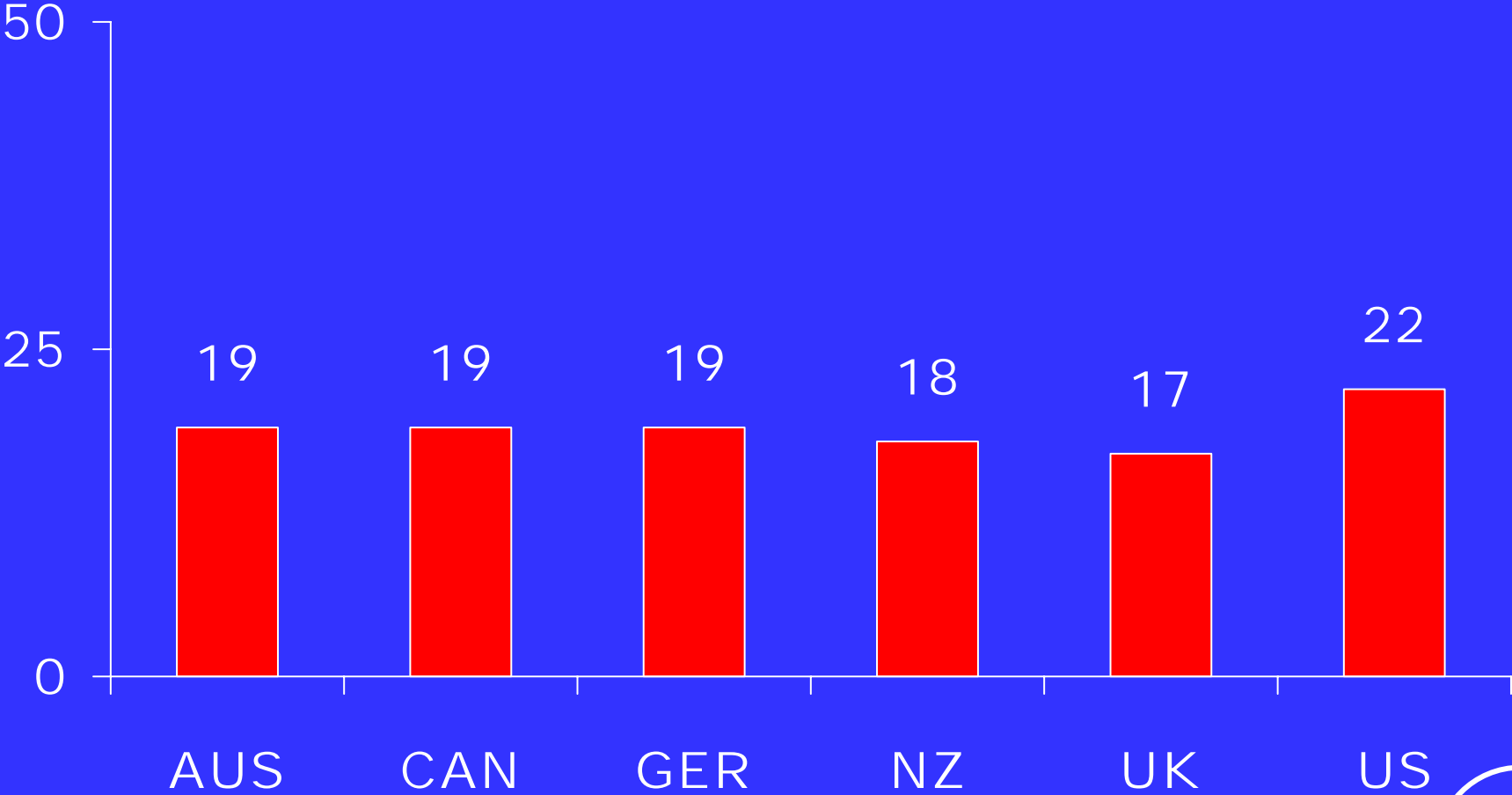
Source: E.A. Coleman, "Windows of Opportunity for Improving Transitional Care," Presentation to The Commonwealth Fund Commission on a High Performance Health System, March 30, 2006.



Safety: Medication, Medical and Diagnostic Test Errors

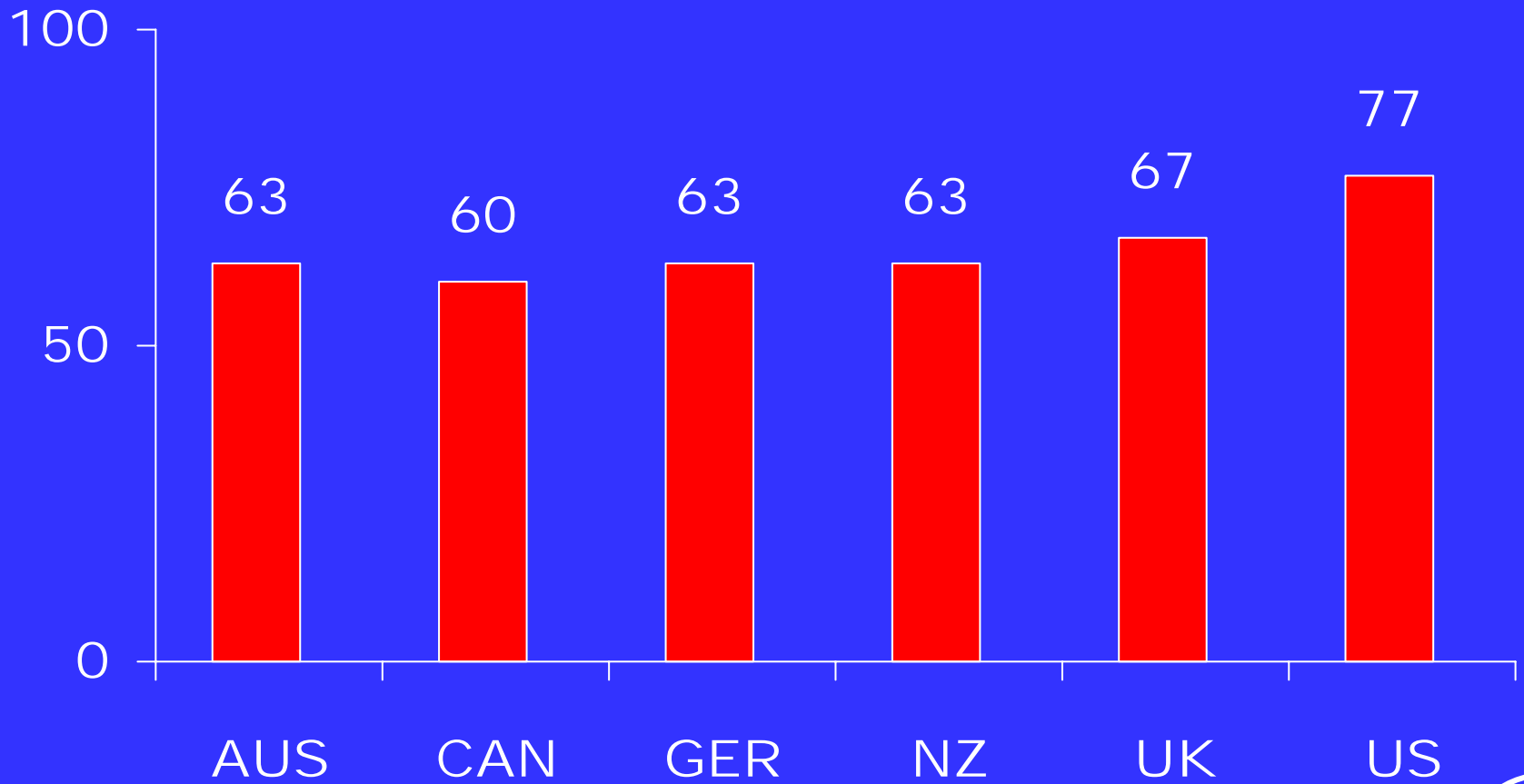
Medical Mistake or Medication Error In Past Two Years

Percent reporting either mistake or medication error



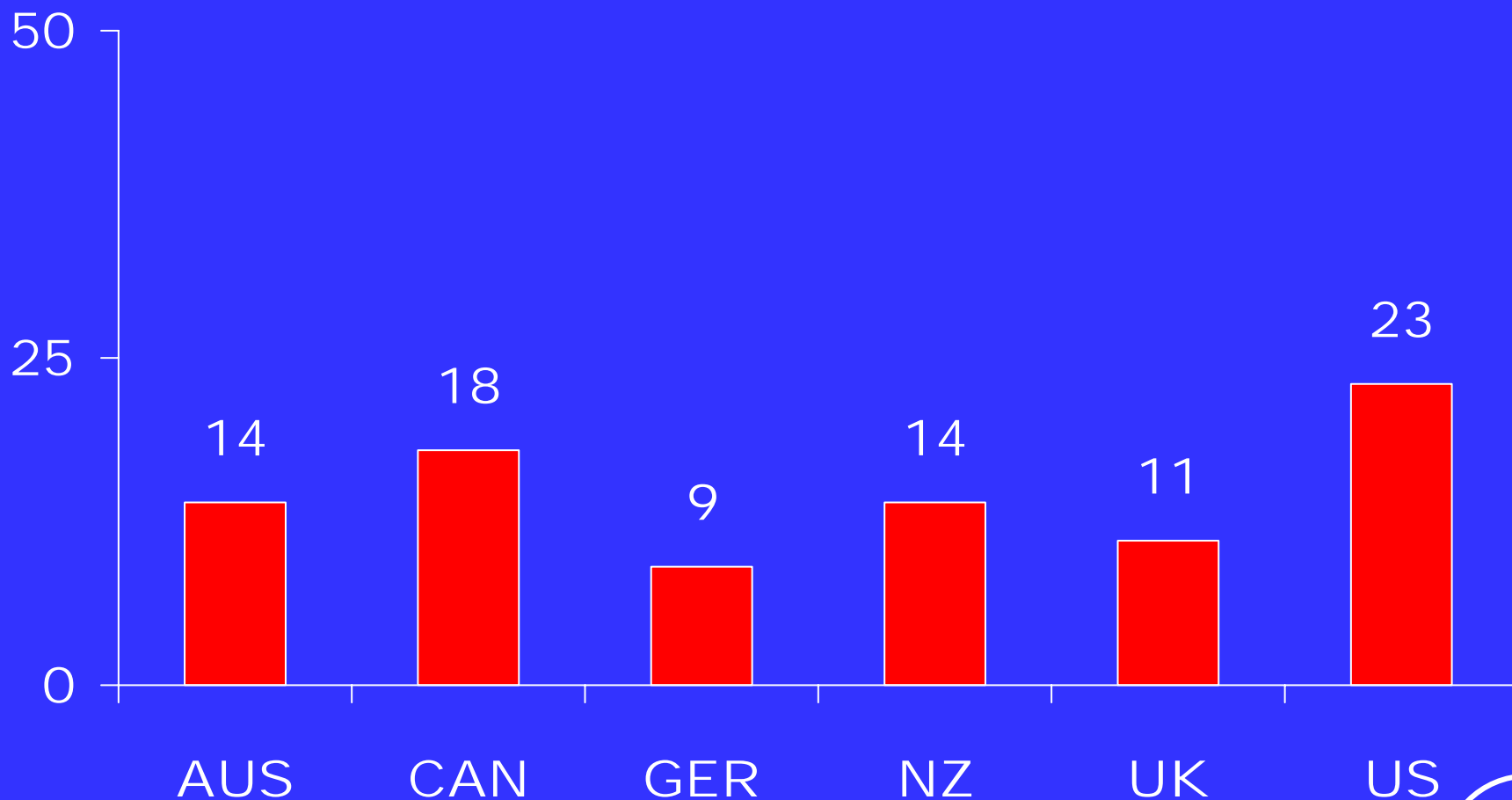
Medical Mistake or Medication Error Occurred Outside the Hospital

Base: Experienced medical mistake or medication error
Percent saying error occurred outside the hospital



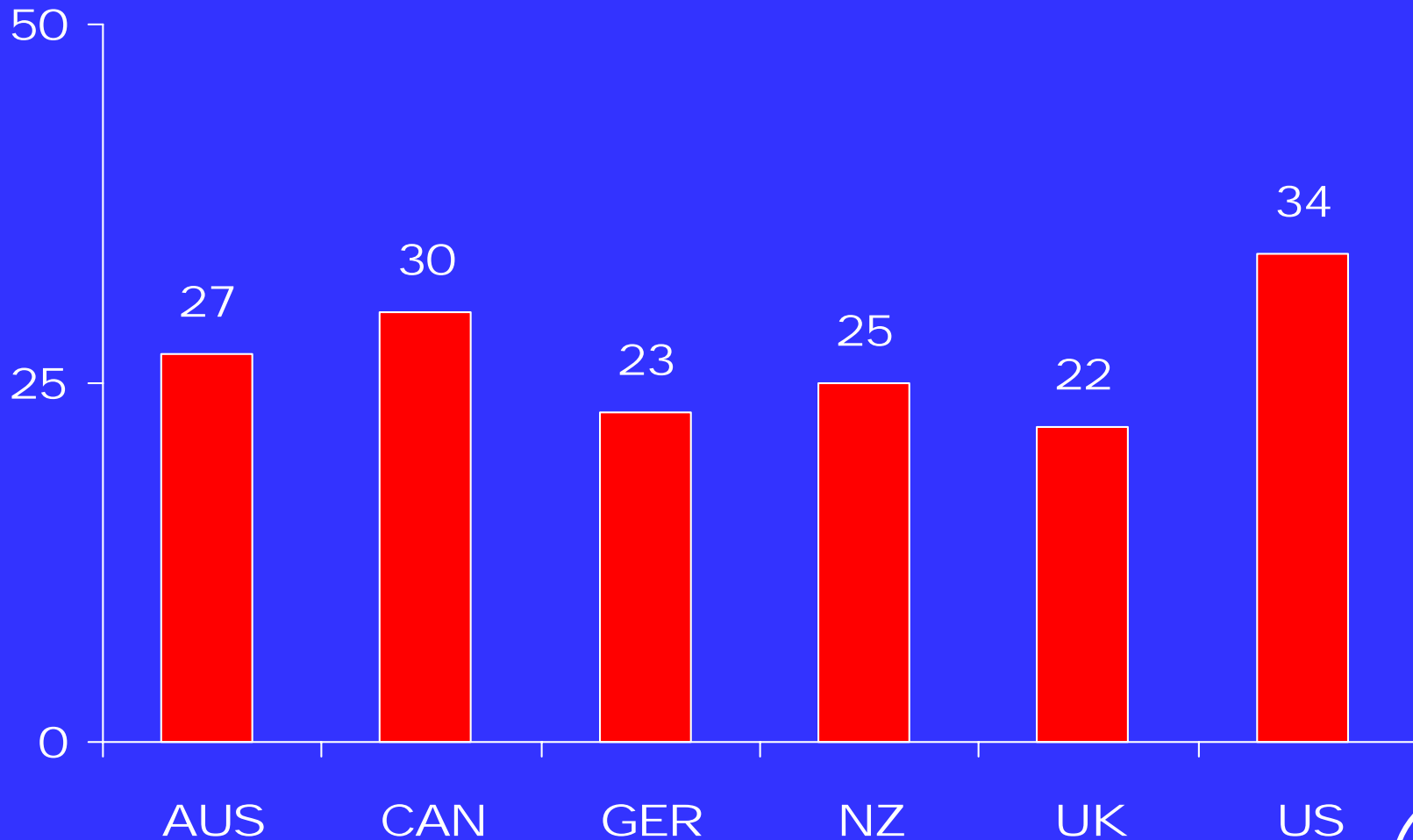
Incorrect Lab/Diagnostic Test or Delay in Receiving Abnormal Test Results

Percent reporting either lab test error in past two years



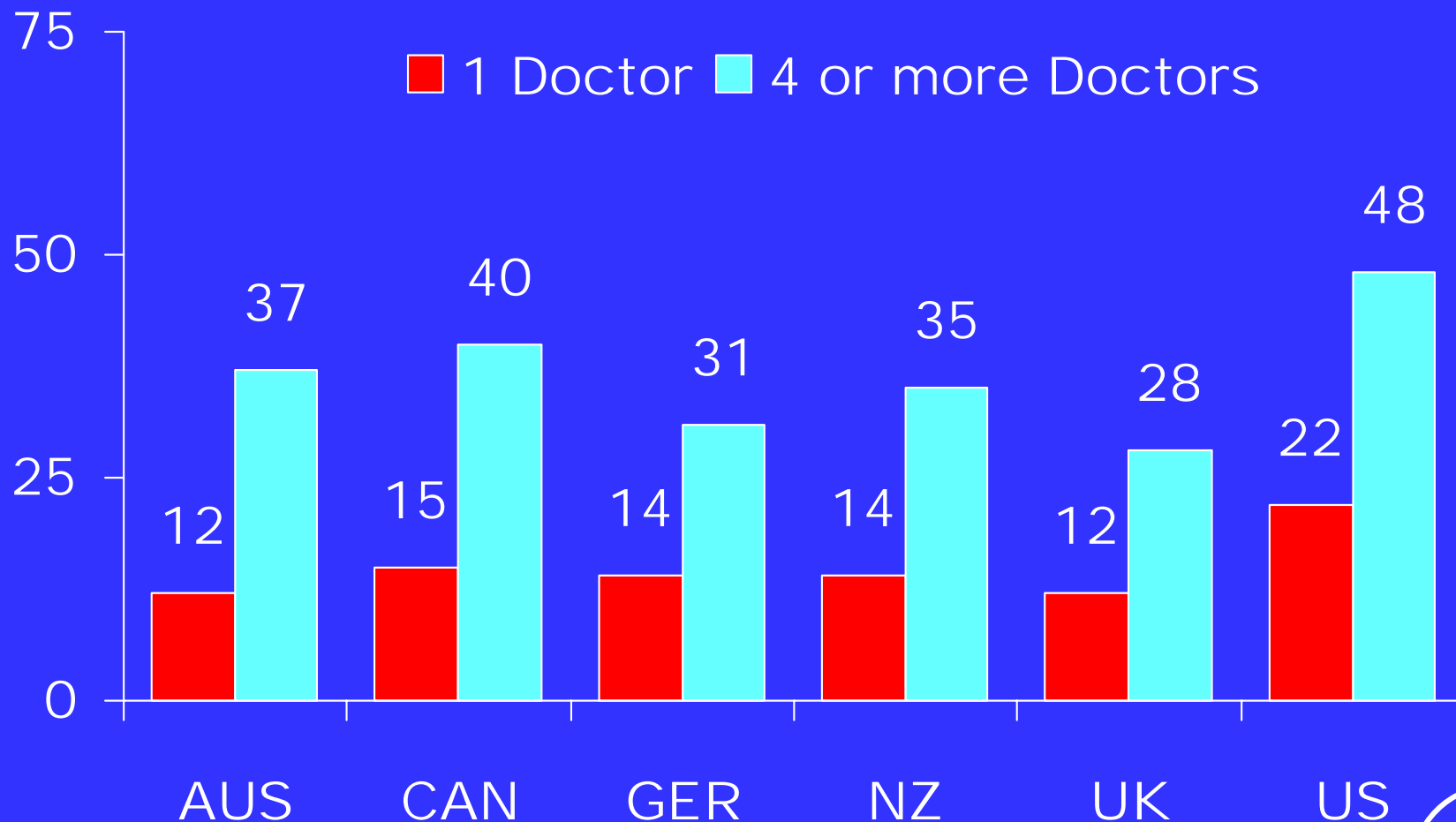
Any Error: Medical Mistake, Medication Error or Test Error in Past 2 Years

Percent



Mistake Any Error By Number of Doctors Seen in Past 2 Years

Percent



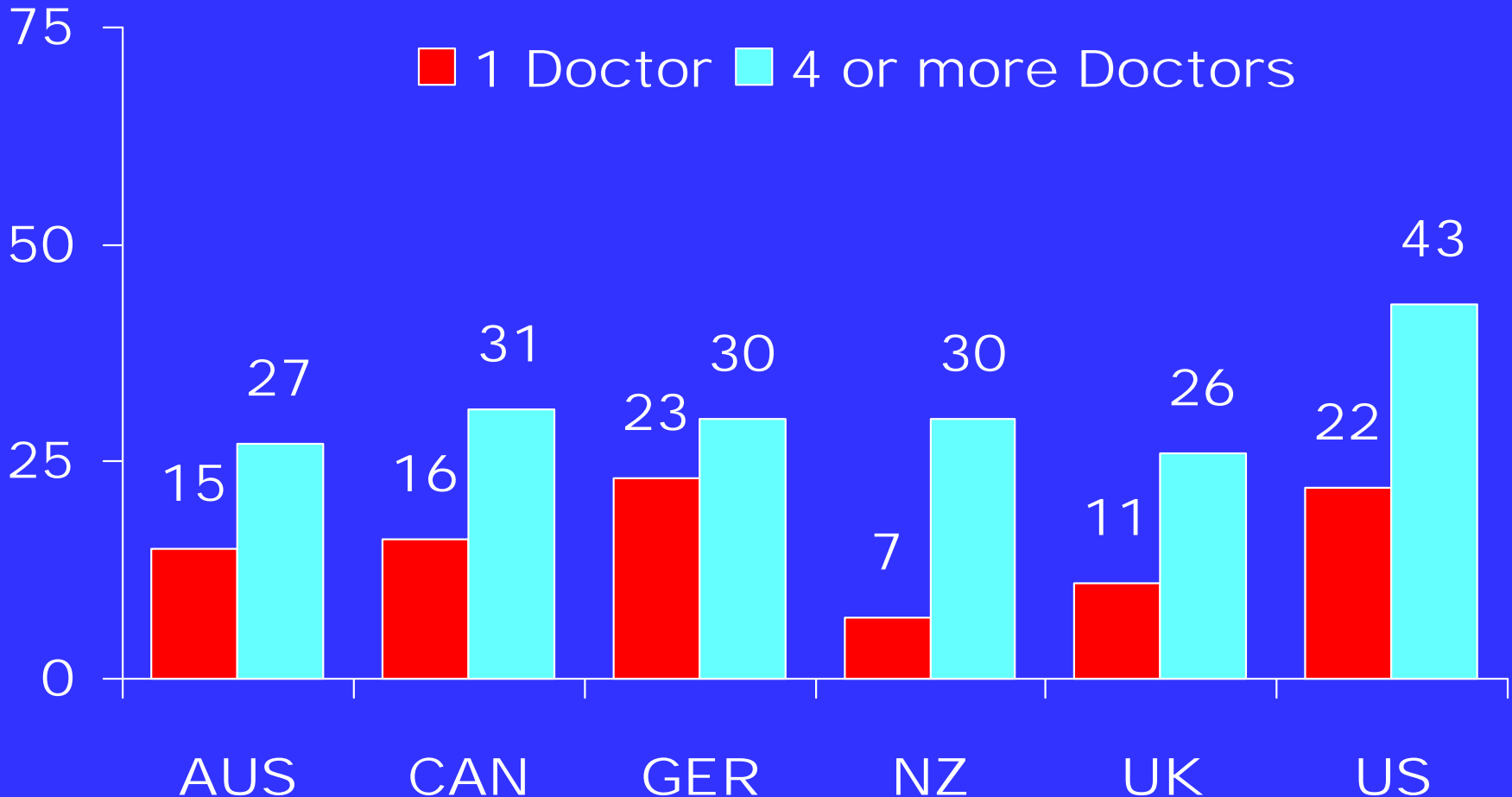
Care Coordination and Patient -Doctor Communication

Care Coordination

Percent saying in the past 2 years:	AUS	CAN	GER	NZ	UK	US
Test results or records not available at time of appointment	12	19	11	16	16	23
Duplicate tests: doctor ordered test that had already been done	11	10	20	9	6	18
Percent who experienced either coordination problem	19	24	26	21	19	33

Coordination Problems by Number of Doctors

Percent



*Either records/results did not reach doctors office in time for appointment OR doctors ordered a duplicate medical test

Prescription Medications

Base: Adults with chronic disease on regular medications

Percent saying doctor:*	AUS	CAN	GER	NZ	UK	US
Does NOT review medications, including RX by other doctors	46	38	35	42	42	40
Does NOT explain side effects	36	40	47	33	48	49

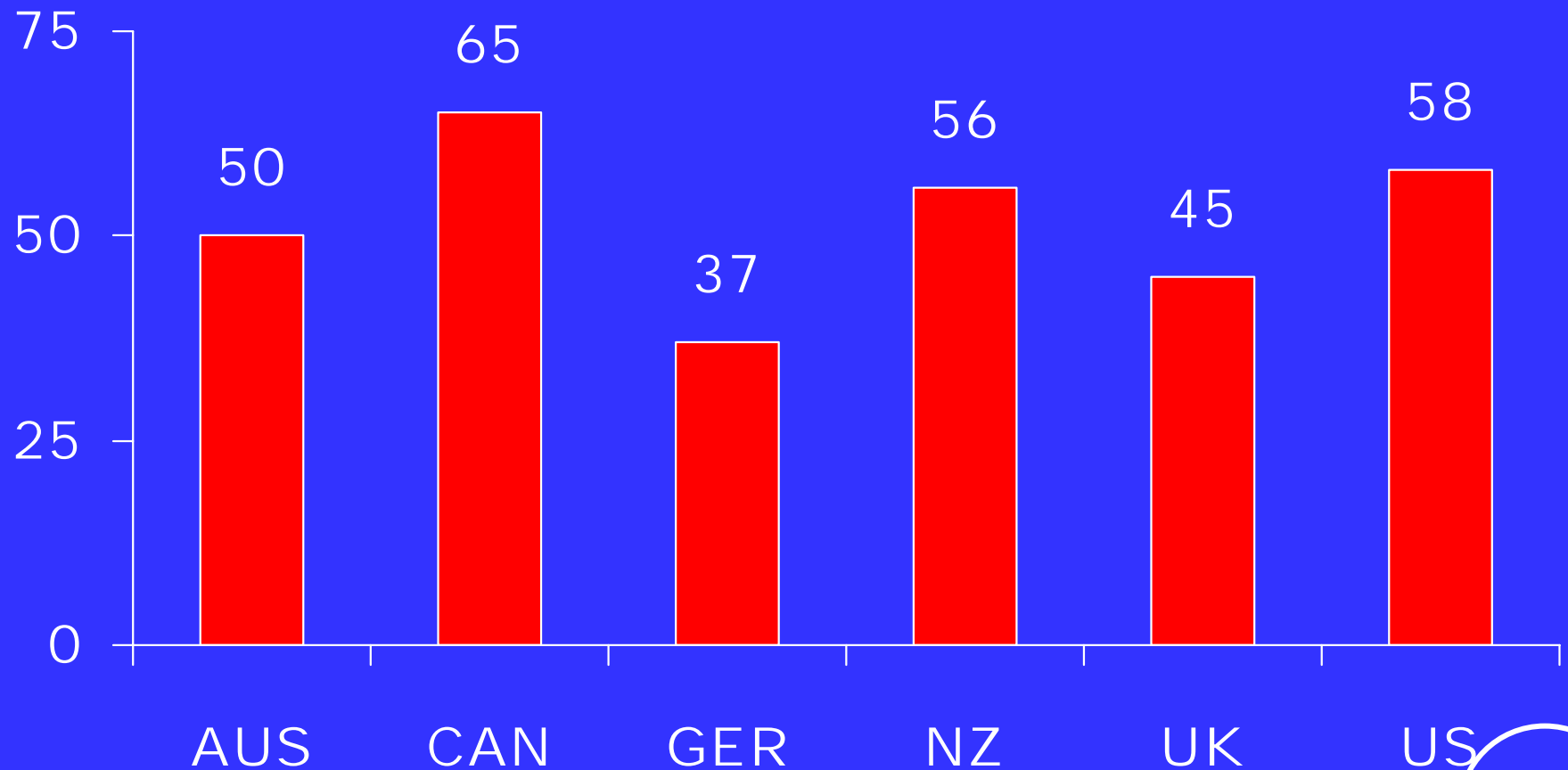
*Doctor only sometimes, rarely or never



Doctor Gives You Plan for Self-Management

Base: Adults with chronic disease

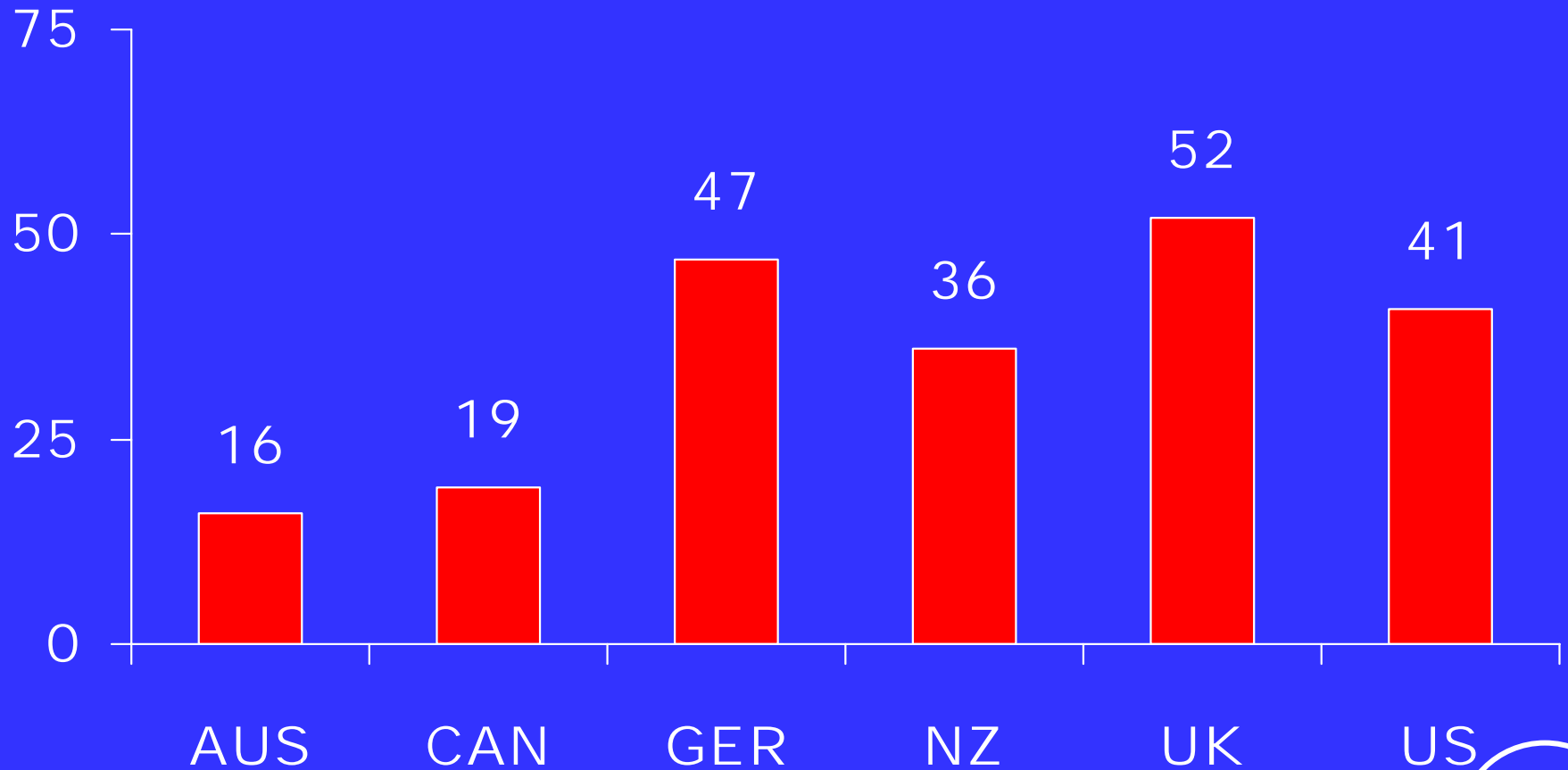
Percent given self-management plan



Doctor's Office Has a Nurse Regularly Involved in Care Management

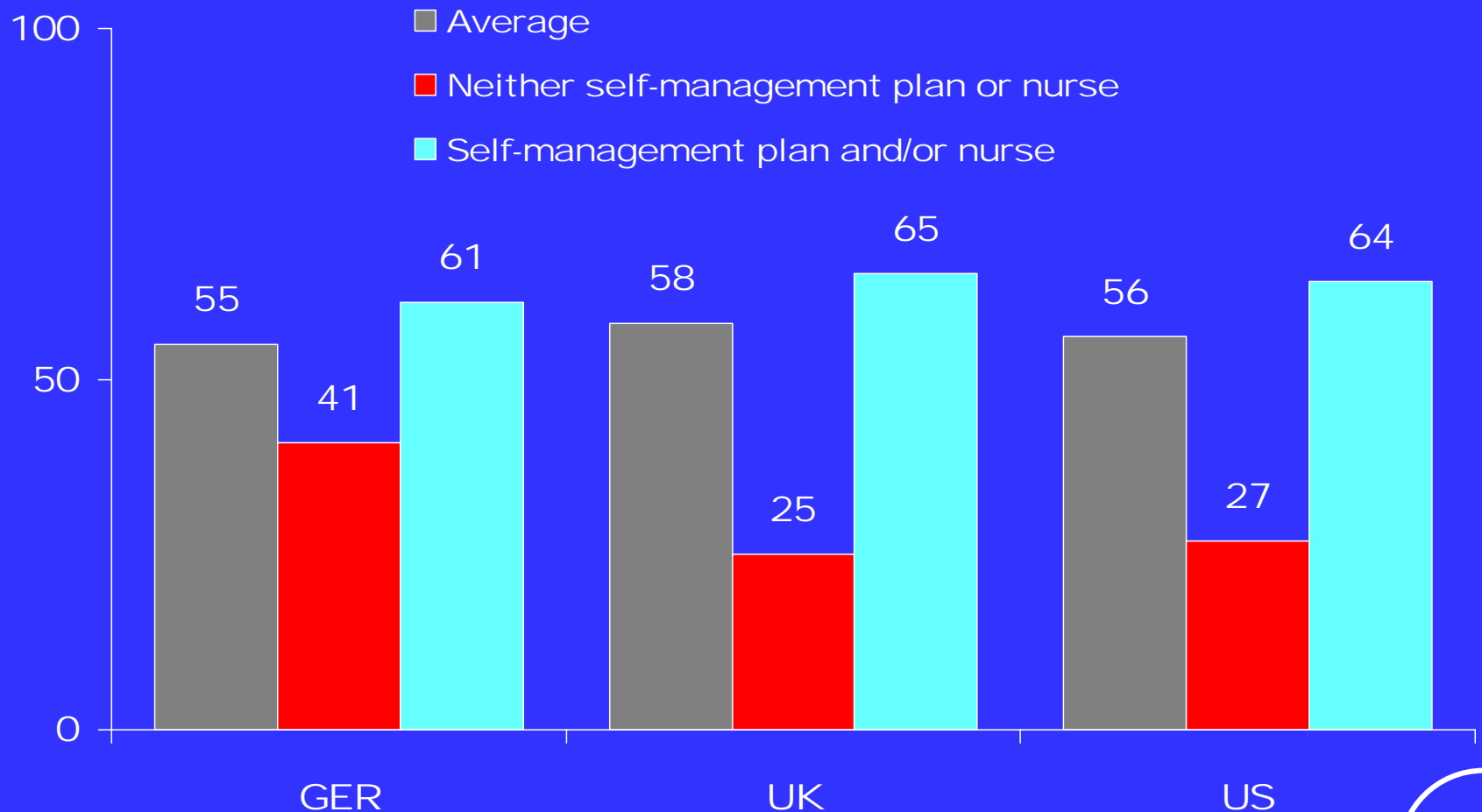
Base: Adults with chronic disease

Percent have nurse involved



Adults with Diabetes Who Received Recommended Care, by Self-Management Plan or Nurse Involvement

Includes Hemoglobin A1C and cholesterol checked, and feet and eyes examined



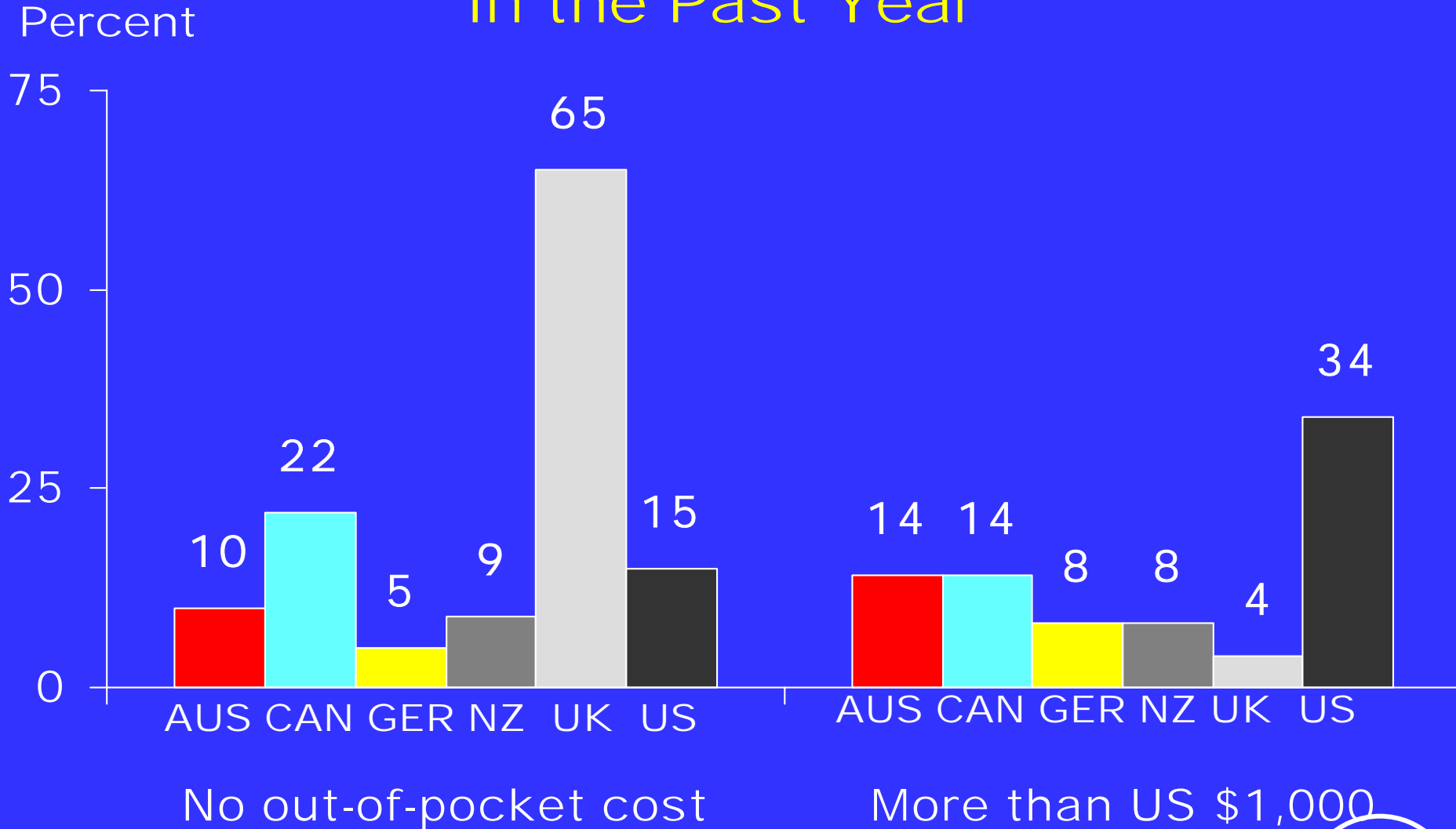
Access

Cost-Related Access Problems

Percent in past year due to cost:	AUS	CAN	GER	NZ	UK	US
Did not fill prescription or skipped doses	22	20	14	19	8	40
Had a medical problem but did not visit doctor	18	7	15	29	4	34
Skipped test, treatment or follow-up	20	12	14	21	5	33
Percent who said yes to at least one of the above	34	26	28	38	13	51



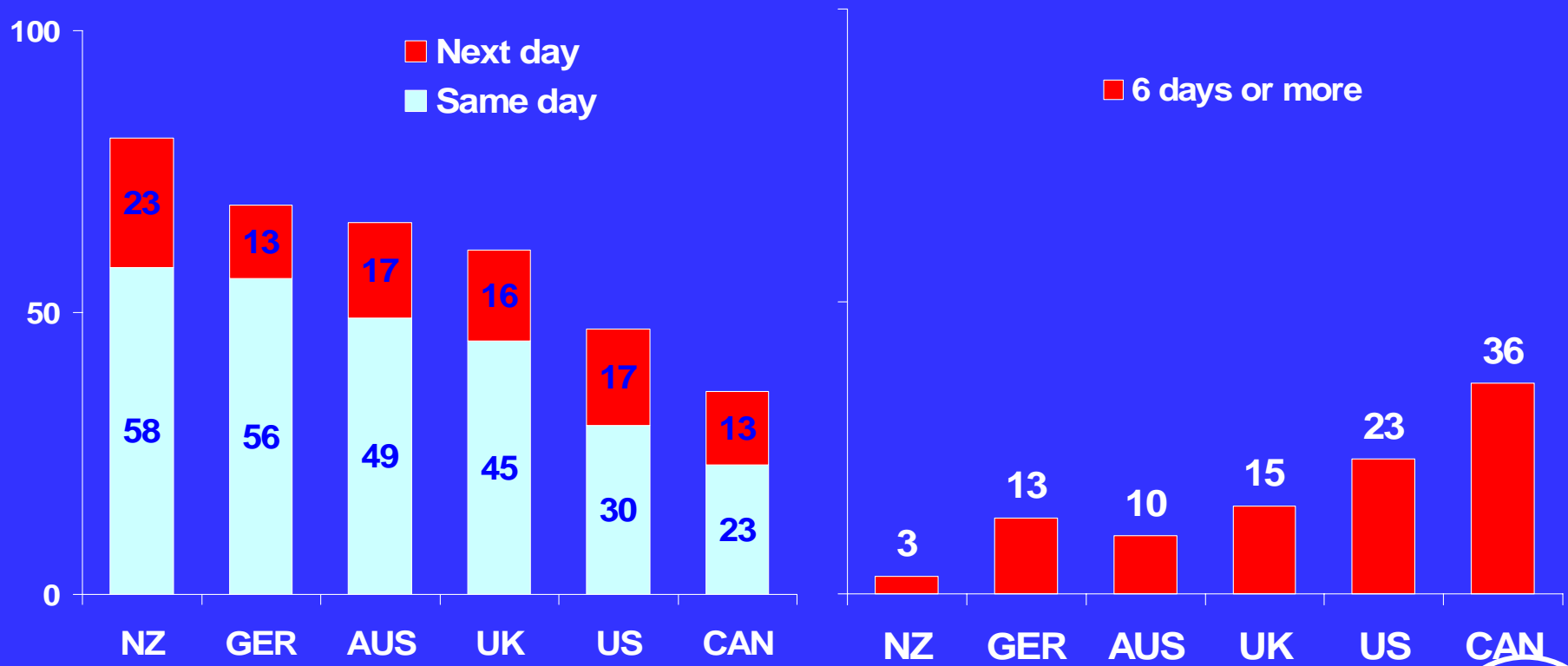
Out-of-Pocket Medical Costs in the Past Year



Waiting Time to See Doctor When Sick or Need Medical Attention, Sicker Adults in Six Countries, 2005

Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor?

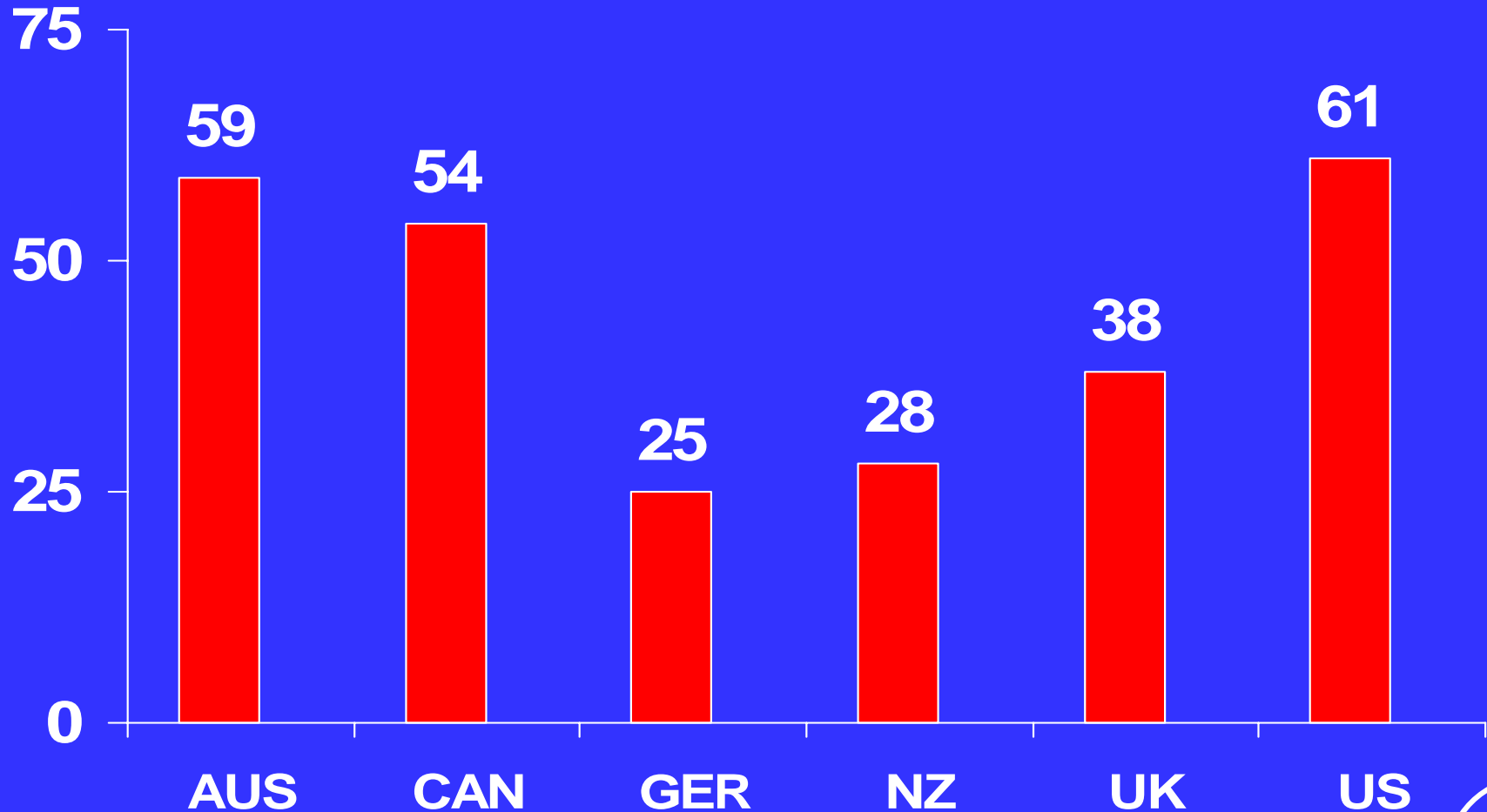
Percent of adults



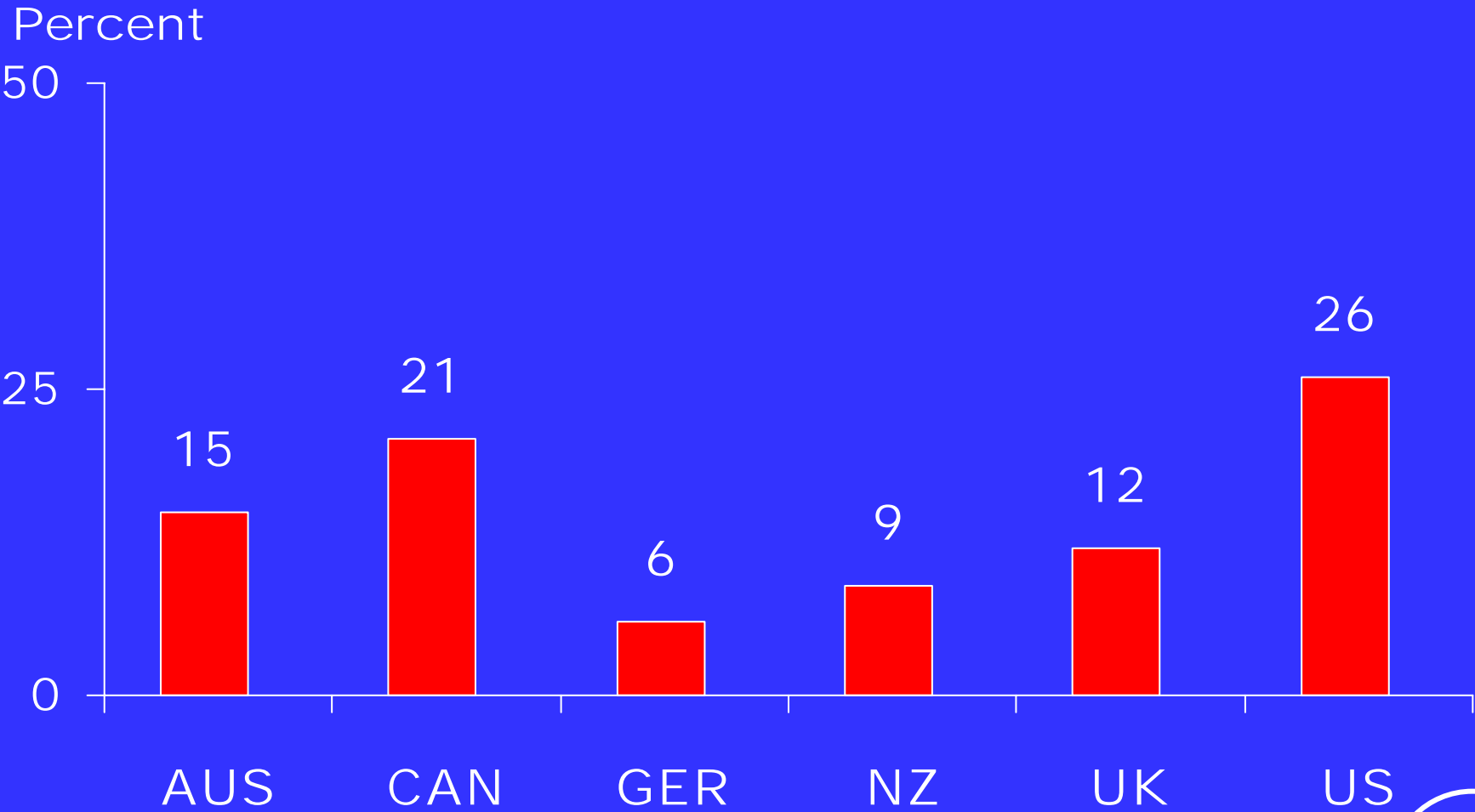
SOURCE: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. Taking the Pulse of Health Systems, Health Affairs November 2005)

Difficulty Getting Care on Nights, Weekends, Holidays Without Going to The ER

Percent Saying "Very" or "Somewhat Difficult"



Went to the ER for Condition that Could Have Been Treated by Regular Doctor if Available



International View Summary

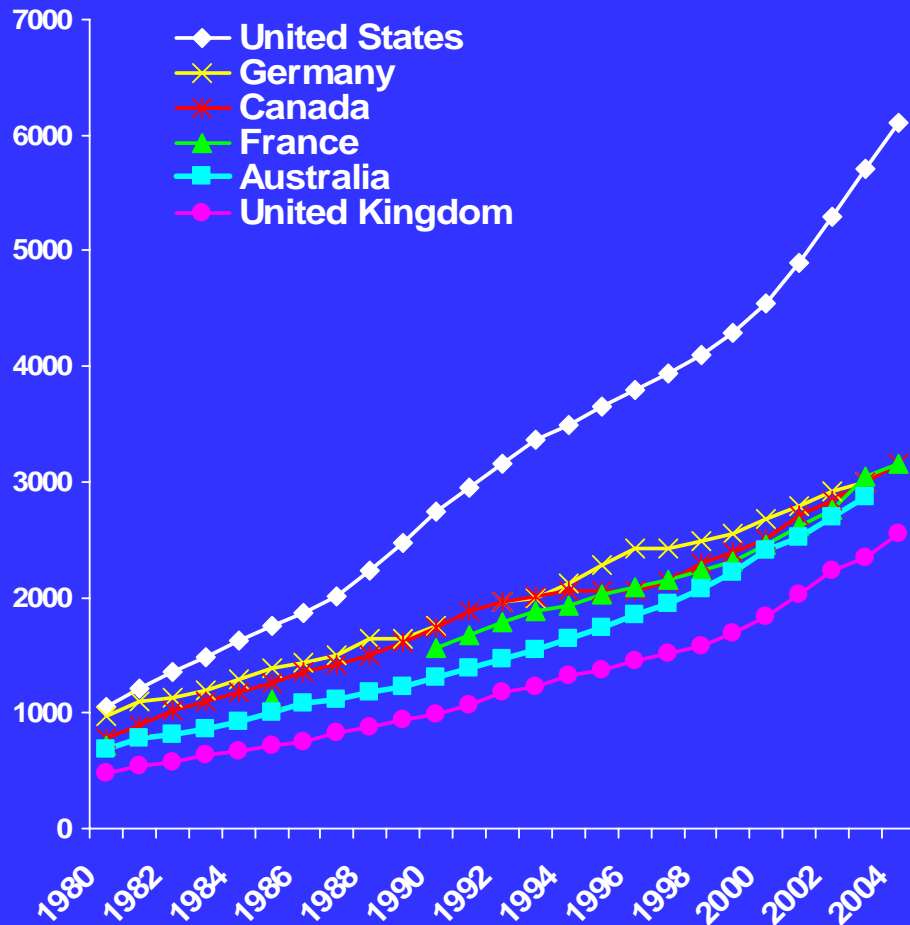
- U.S. an outlier on cost barriers with evidence of poorly coordinated fragmented care, lack of primary care access
- Medical Errors: High rates in multiple areas
 - Patients reported errors occur outside the hospital
- Shared challenges across countries
 - Coordination: Failures to coordinate well across sites of care, especially during transitions
 - Chronic Care: Gaps in engaging patients and use of teams to help manage care
 - Opportunities to learn from exchange

US Health Care System - Trends

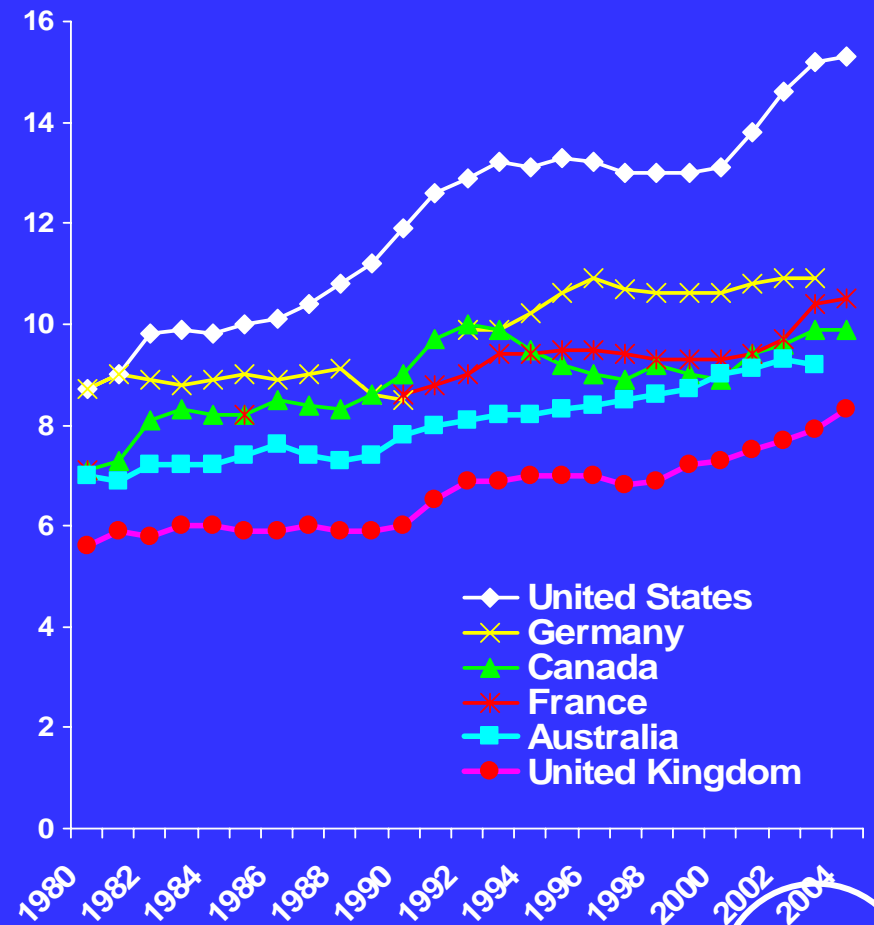
- **Markedly higher health care expenditures but variable performance in international comparisons**
- **Wide variations in quality and costs**
- **Access of increasing concern**
- **Fragmented insurance and care systems**
 - **Uninsured and underinsured**
- **Need to improve Access, Quality and Efficiency**

International Comparison of Spending on Health, 1980-2004

Average spending on health per capita (\$US PPP)



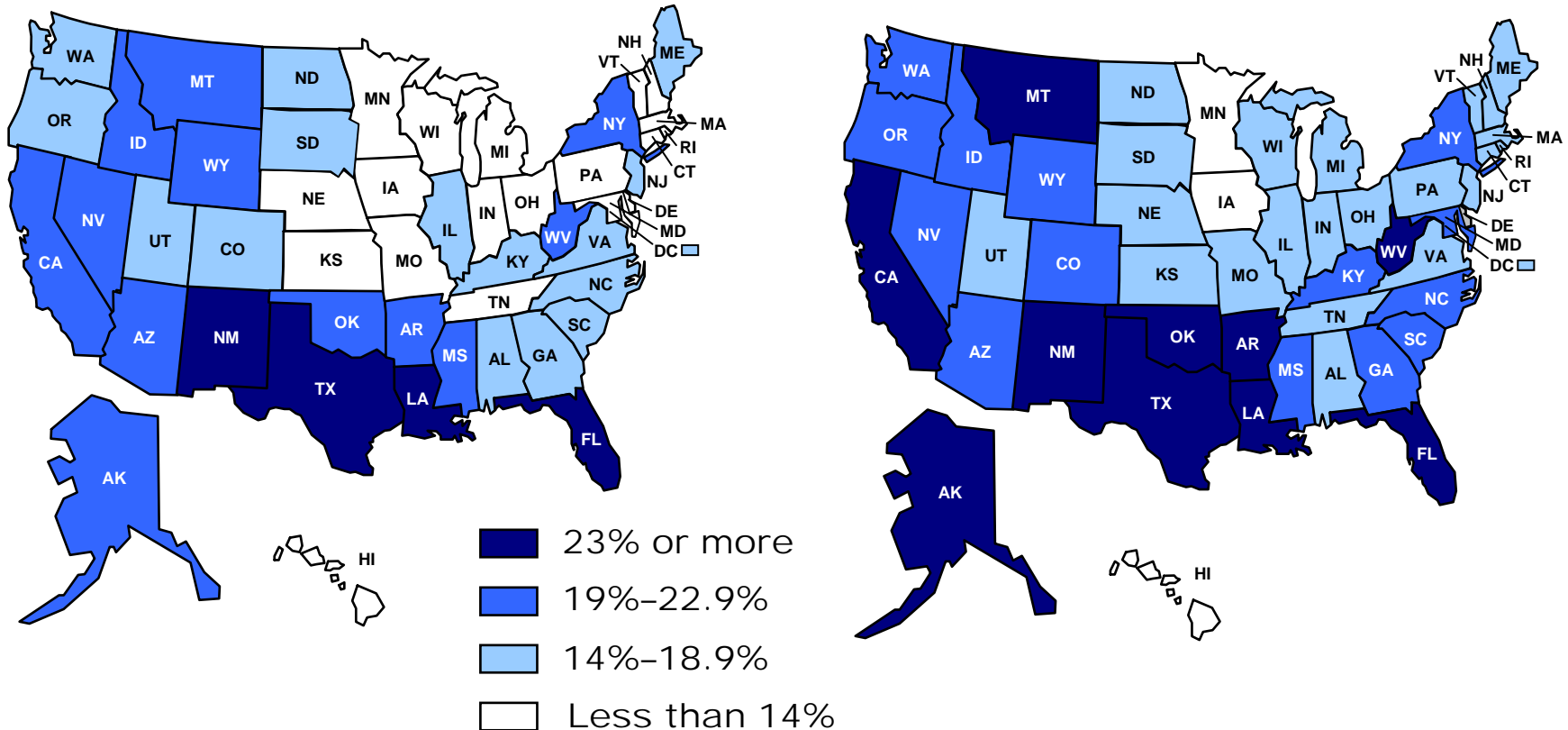
Total expenditures on health as % GDP



Percent of Adults Ages 18–64 Uninsured by State

1999–2000

2003–2004

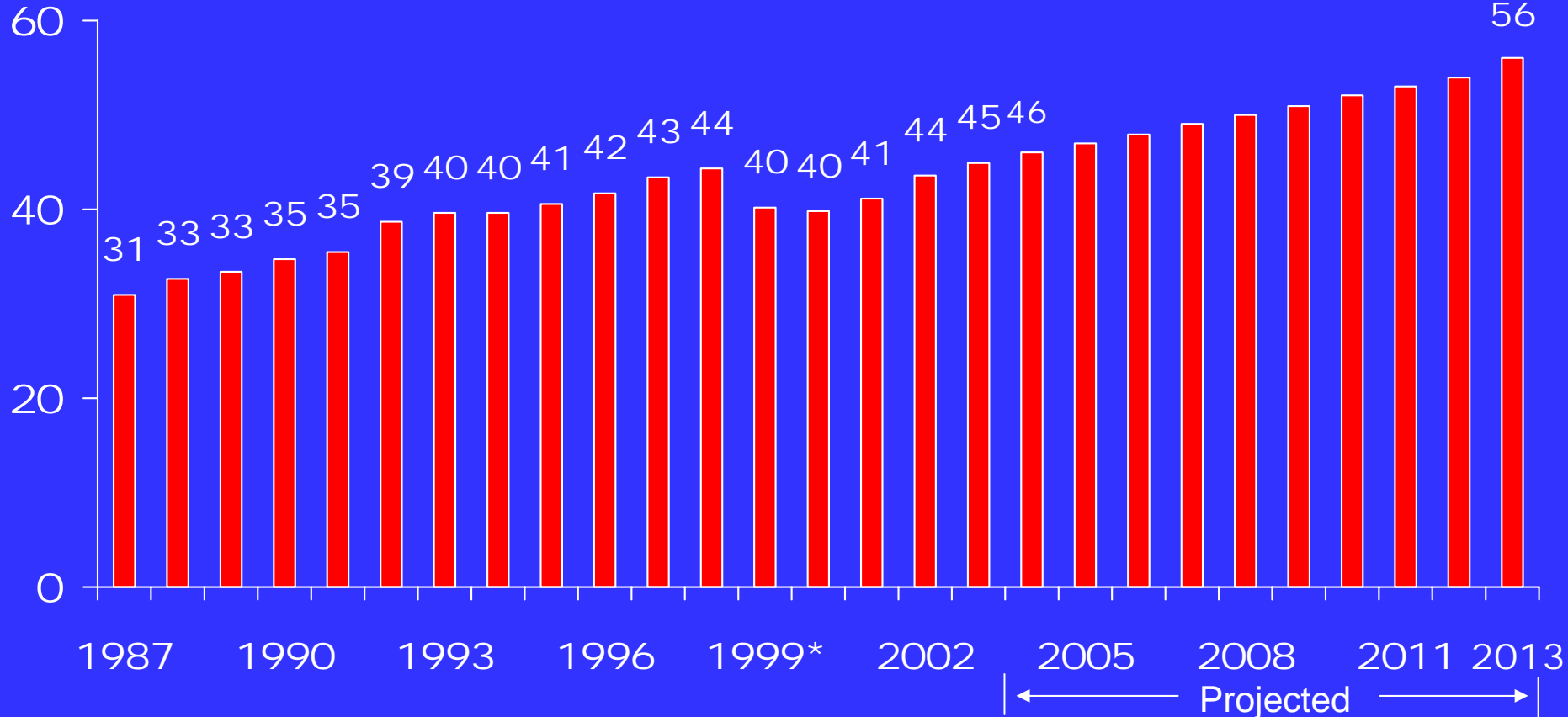


SOURCE: Two-year averages 1999–2000 and 2003–2004 from the Census Bureau’s March 2000, 2001 and 2004, 2005 Current Population Surveys. Estimates by the Employee Benefit Research Institute.



46 Million Uninsured in 2004; Increasing Steadily Since 2000

Millions uninsured



*1999–2003 estimates reflect the results of follow-up verification questions and implementation of Census 2000-based population controls.

Note: Projected estimates for 2004–2013 are for nonelderly uninsured based on T. Gilmer and R. Kronick, "It's the Premiums, Stupid: Projections of the Uninsured Through 2013," *Health Affairs* Web Exclusive, April 5, 2005.

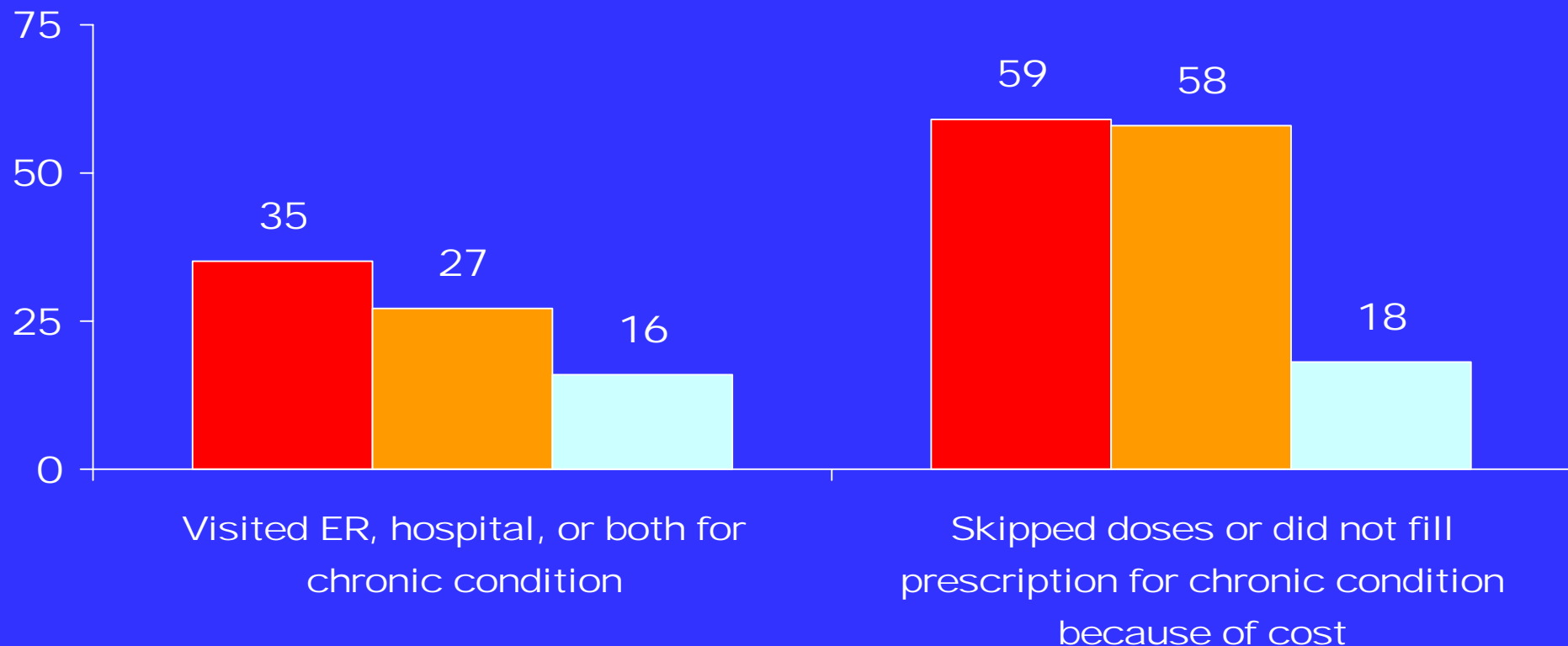
Source: U.S. Census Bureau, March CPS Surveys 1988 to 2005.



U.S. Adults Without Insurance Are Less Likely to Be Able to Manage Chronic Conditions

Percent of adults ages 19–64 with at least one chronic condition*

■ Uninsured now ■ Insured now, time uninsured in past year ■ Insured all year



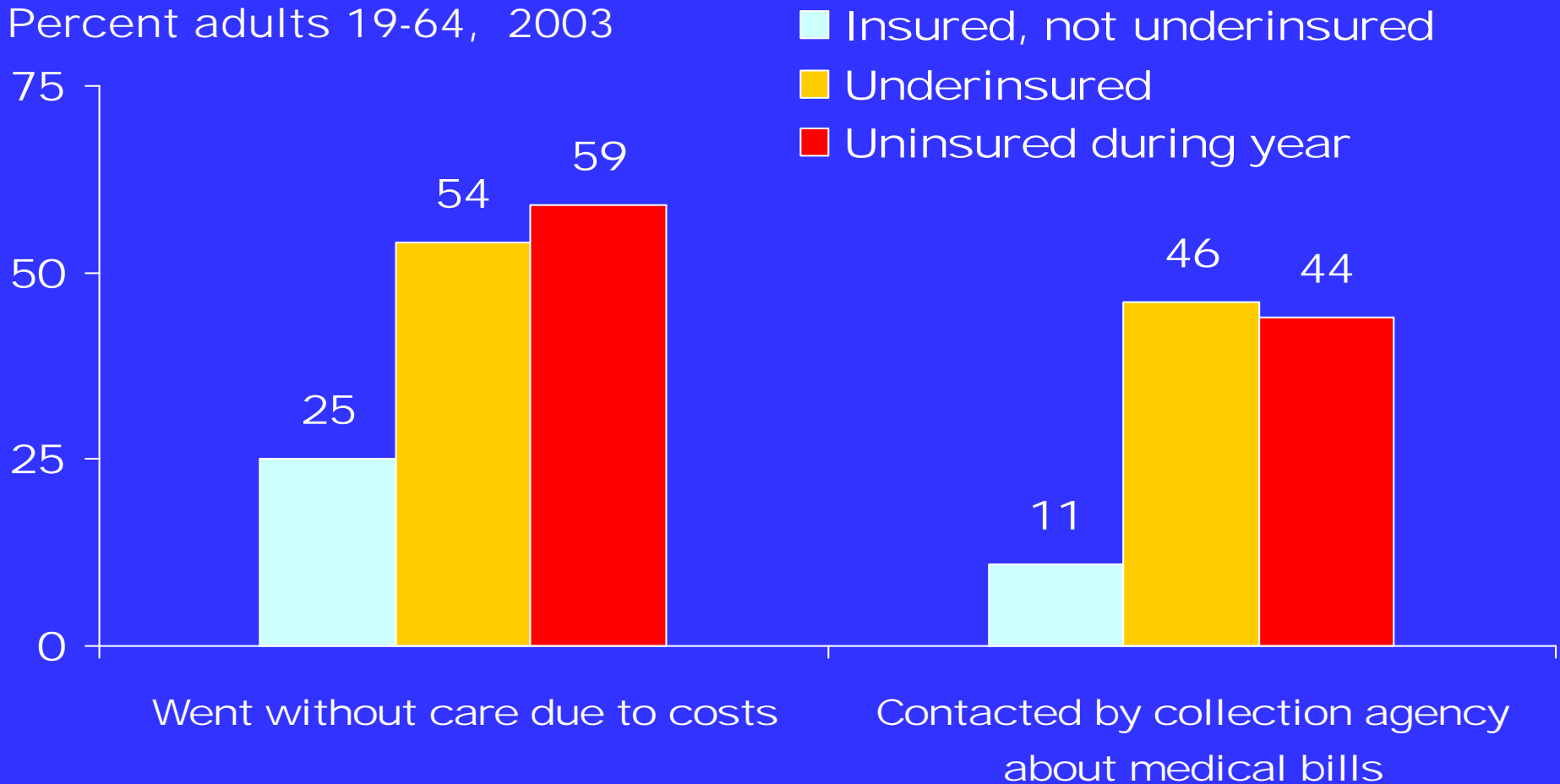
* Hypertension, high blood pressure, or stroke; heart attack or heart disease; diabetes; asthma, emphysema, or lung disease.

Source: The Commonwealth Fund Biennial Health Insurance Survey (2005).



"Underinsured" and Uninsured Adults Experience High Rates of Access Problems and Financial Stress

Percent adults 19-64, 2003



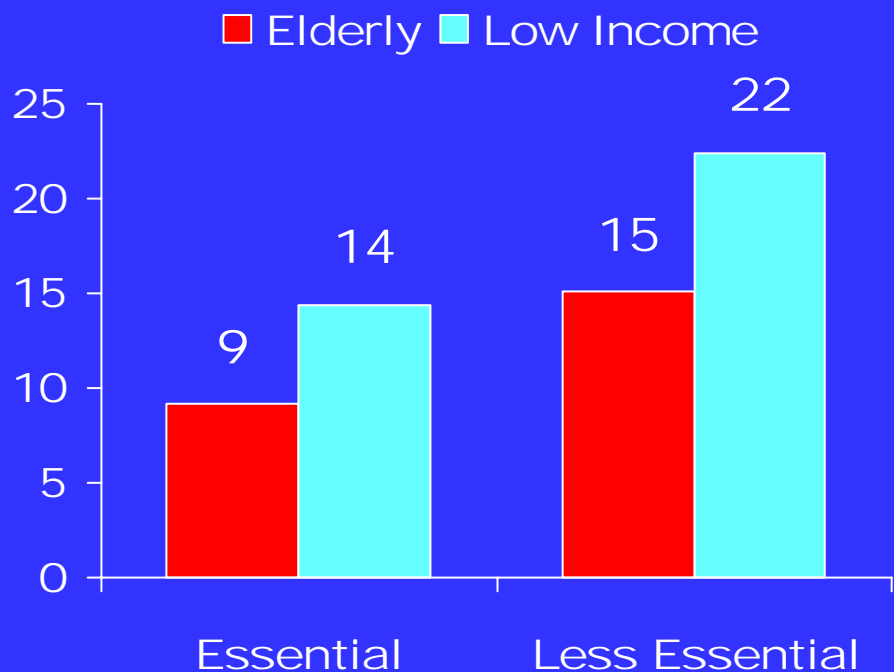
* Did not fill a prescription; did not see a specialist; skipped recommended care; or did not see doctor when sick because of costs.

Source: C. Schoen, et al., "Insured but Not Protected: How Many Adults Are Underinsured?" *Health Affairs* Web Exclusive, June 14, 2005.

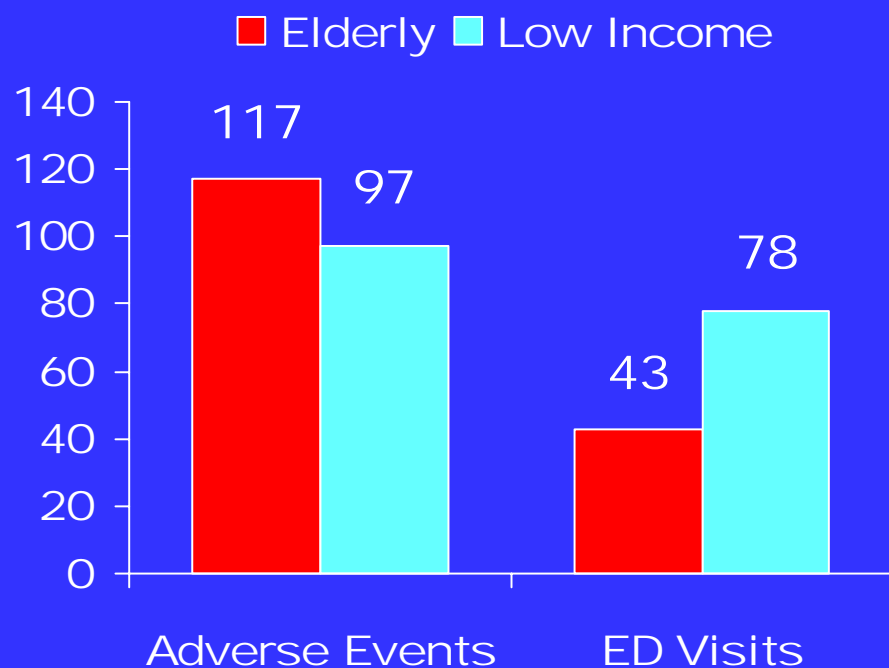


Cost-Sharing Reduces Use of Both Essential and Less Essential Drugs and Increases Risk of Adverse Events

Percent reduction in drugs per day



Percent increase in incidence per 10,000



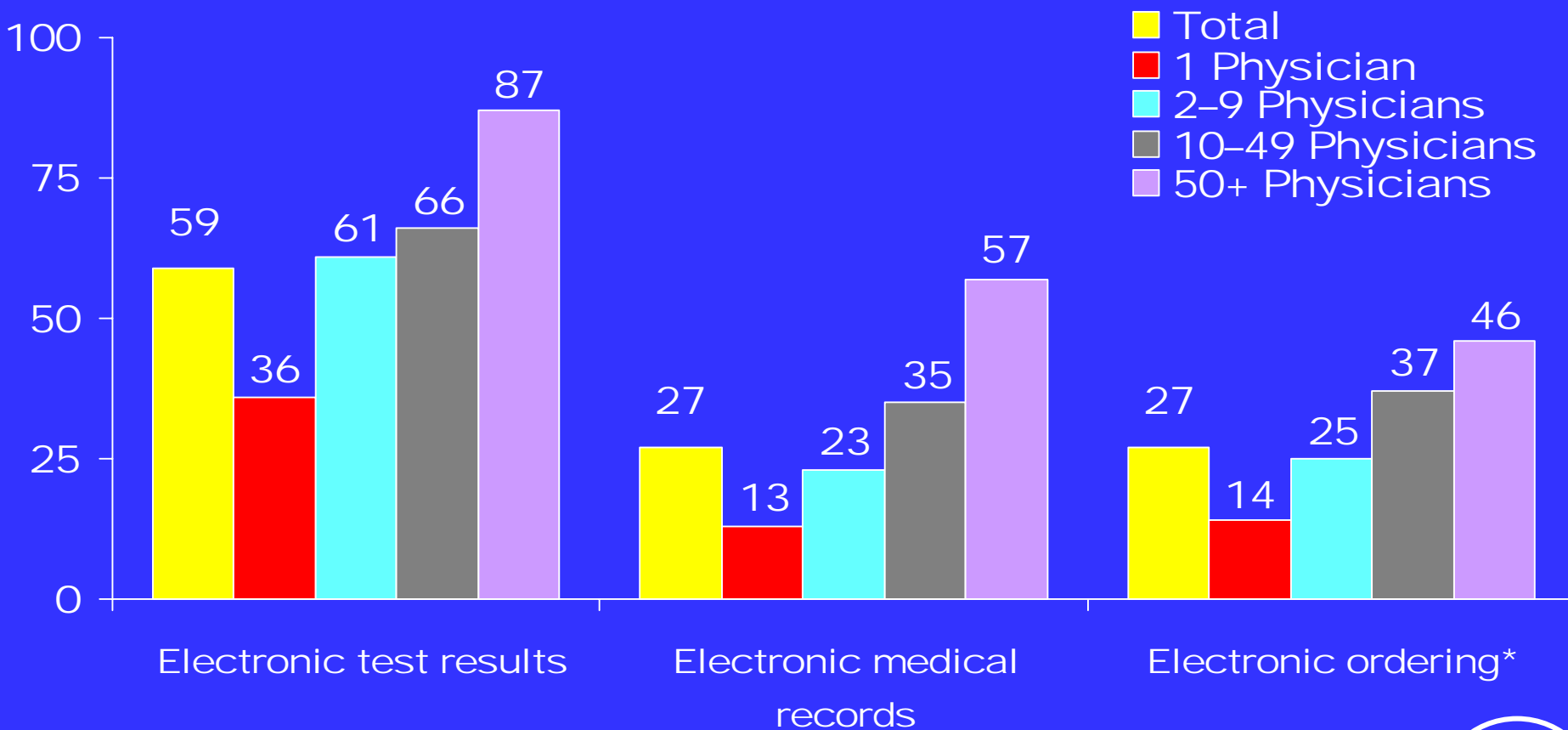
Source: R. Tamblyn et al., "Adverse Events Associated With Prescription Drug Cost-Sharing Among Poor and Elderly Person," *JAMA* 285, no. 4 (2001): 421–429.



Inadequate Clinical Information Systems

U.S. Doctors Electronic Access to Test Results, Medical Records and Electronic Ordering

Percent who "routinely/occasionally" use the following:

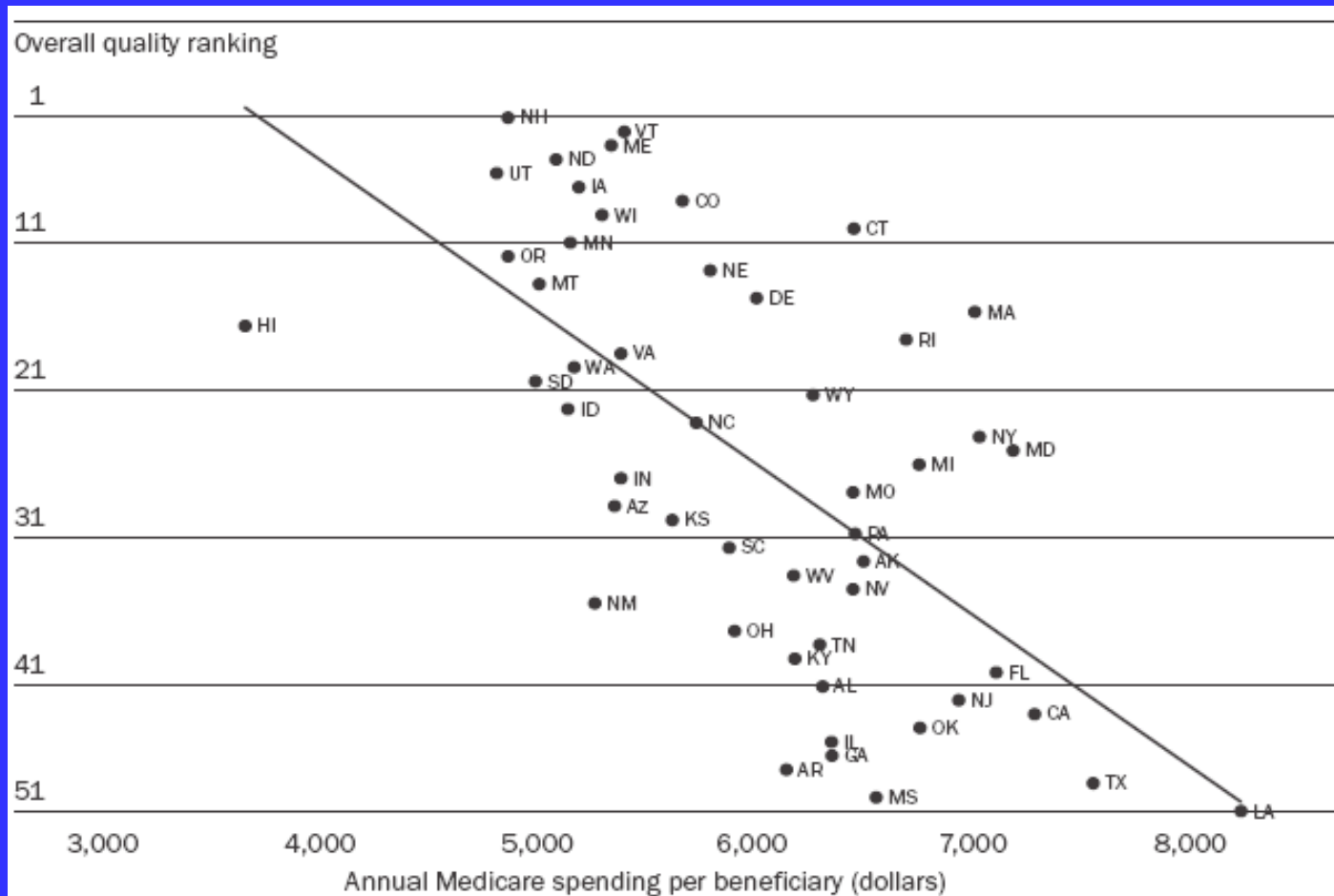


* Electronic ordering of tests, procedures, or drugs.

Source: A. Audet, M. Doty, J. Peugh et al., "Information Technologies: When Will They Make It Into Physicians' Black Bags?" *Medscape General Medicine*, December 7, 2004.



Quality and Medicare Spending Vary Across U.S. States, 2000–2001



SOURCES: Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998–1999 to 2000–2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305–312.

NOTE: For quality ranking, smaller values equal higher quality.



Take Away Messages

- We should expect more given the resources committed to health care.
- Coordination is a key aspect of safety and effective care
 - This includes across sites of care
- Unacceptably wide variation in the quality and cost of care – patient experiences as well as clinical indicators provide targets for improvement
- Information technology -- lagging behind
- Re-design toward more integrated care, with evidence based practice goals
- Insurance and access are essential for improving quality and safety
- Physician leadership is critical

Acknowledgements

With appreciation to:

- Co-Authors: Robin Osborn, Phuong Trang Huynh, Michelle Doty, Kinga Zapert, Jordan Peugh and Karen Davis
- For 2005 Six Country of Sicker Adults and 2004 Five Country Survey of Primary Care All Adults see:
 - Schoen et al. "Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries," *Health Affairs*, November 3, 2005
 - Schoen et al. "Primary Care and Health System Performance: Adults' Experiences in Five Countries" *Health Affairs* October 28, 2004.
- For international and national studies on U.S. quality and care

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