



## NEWS RELEASE

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### Commonwealth Fund Commission on a High Performance Health System Releases Chartbook Assessing the U.S. Health System

*Chartbook Details Shortfalls in Access, Quality, and Efficiency,  
and Suggests Ways to Improve*

Washington, D.C., October 3, 2005—The United States health system is fraught with waste and inefficiency, and in dire need of reform, according to a new report from The Commonwealth Fund Commission on a High Performance Health System, released today at a Capitol Hill briefing co-sponsored by the Fund and the Alliance for Health Reform.

[\*A Need to Transform the U.S. Health Care System: Improving Access, Quality, and Efficiency\*](#), a chartbook compiled by Commission staff Anne Gauthier and Michelle Serber, focuses on all aspects of health care system performance, painting a stark picture of a fragmented system with widespread differences in access to health care and the quality of care received by patients. The report also points to promising opportunities for system transformation, such as high-cost care management, enhancements in care coordination, disease management, and developing networks of high performing providers under Medicare, Medicaid and private insurance.

The Commission on a High Performance Health System, formed in June 2005, is charged with moving the country toward a health care system with better access, quality, and efficiency. In its initial 5-year term, the Commission will track performance targets, develop policy options, and disseminate innovative practice changes to improve the U.S. health care system. In 2006, the Commission will issue its first scorecard documenting the progress or lack thereof in achieving 5, 10, and 15-year goals toward improving the health care system.

In a commentary posted today on the Fund's website, "[\*Tale of Two Health Systems\*](#)," James J. Mongan, M.D., president and CEO of Partners HealthCare and chairman of the Commission says, "Typically, the problem of the uninsured is not discussed in the same conversations as are problems of health care quality, safety, and effectiveness. But in fact these are inseparable elements of a high-performing health system. Shame on us if we were to improve the system for the 85 percent of the population with coverage and leave the other 45 million of our countrymen behind. Health plans can help move us toward a high-performing health system. But to increase access to care, the government must play a lead role."

The new report cites Medicare, which comprised one-fifth of all personal health care spending in 2003, as an important mechanism for change. Innovations in the private sector are also important for promoting high quality, high efficiency, and cost effective care.

The report notes that rates of preventive care are not where they could or should be, and that survival rates for certain conditions indicate there is room for improvement. For example, the five-year survival rates for kidney transplant and colorectal cancer in the U.S. are relatively low compared to other nations.

"Medication errors, medical mistakes, and variations in care compromise the quality of health care a person receives. We need standardized practices, tailored to individual patient characteristics and conditions, to improve care for everyone," said Stephen C. Schoenbaum, M.D., executive vice president at The

Commonwealth Fund and executive director of the new Commission. “The Commission is working toward that goal.”

Mongan and Schoenbaum addressed these issues at today’s briefing, “Toward a High Performance Health System: Public-Private Efforts to Make Health Care Safer and More Effective,” along with panelists Gary Yates, M.D., chief medical officer of of Sentara Health, Dora Hughes, M.D., health policy advisor to Senator Barack Obama (D-IL), and Madeleine Smith of the House Ways and Means Subcommittee on Health majority staff.

“Transformation of the U.S. health system, while challenging, is possible,” said Anne Gauthier, senior policy director for the Commission. “The Commission will seek opportunities to help change the delivery and financing of health care, and will identify both public and private policies and practices that would lead to those improvements.”

Highlights from the chartbook include:

### **Need for Better Access and Coverage**

- Although the U.S. spends more than twice as much on health care per capita as other industrialized nations, Americans do not live as long as individuals in some industrialized countries.
- Between 1987 and 2003, the working middle class saw the greatest increase in uninsured individuals.
- In 2004, 45.8 million individuals were uninsured, and that number is projected to exceed 50 million by the end of the decade; 26% of adults 19 to 64 were either uninsured all year or part of the year, while another 9% of adults, or 16 million people, were underinsured.
- Of uninsured adults, 61% reported having problems filling prescriptions, seeing a specialist, receiving a treatment or medical test, or even seeking advice on a medical problem.
- Those with no insurance, sporadic coverage, or insurance that exposes them to catastrophic out-of-pocket costs are more likely to go without care.

### **Need for Quality Enhancements**

- Almost half of U.S. adults do not receive the level of care recommended for a particular condition.
- Preventive care is often overlooked: Nearly half the patients in one study did not receive reminders for preventive care.
- Communication barriers affect quality of care: In a survey of U.S. adults, over 50% of individuals did not feel as though their doctor always spent adequate time with them
- Nearly one-third of those surveyed in the U.S. had left a doctor’s office in the past two years without getting an important question answered.
- Expanding the use of information technology could facilitate communication and benefit both patients and physicians; only about one-fourth (27%) of physicians currently have electronic medical records.

### **Need for Greater Efficiency**

- The U.S. has higher health care costs than other industrialized nations: The U.S. spends 14.6 percent of gross domestic product (GDP) on health care, compared to 9.6 percent in Canada and 7.7 percent in the United Kingdom.
- Lack of care coordination can play a role in test results or records not being available at the time of appointment; duplicate testing; and receipt of conflicting information from different physicians. Nearly one-third (31%) of Americans who had seen a doctor in the past two years report these types of care coordination problems.
- Standardization of practices can also create more effective care while decreasing costs. Administrative costs are the fastest rising component of health expenditures.
- Medicare spending varies widely across the states, but higher Medicare spending per beneficiary does not necessarily correlate with higher-quality care. Better information on quality and total costs of care could improve both quality and efficiency.

**The Commonwealth Fund is a private foundation supporting independent research on health and social issues.**