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THE COMMONWEALTH FUND

Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008

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2008 Scorecard Methodology

- Uses same framework and indicators as in 2006 Scorecard
  - Five dimensions of health system performance: healthy lives, quality, access, efficiency, and equity
  - Updates original set of 37 indicators with most recent data, when available
- Scores are simple ratios of U.S. average performance to benchmark
  - Benchmarks are levels achieved by other countries or top U.S. states, regions, health plans, or providers (exception: access and preventive care indicators have policy goals or targets)
  - Updates benchmarks whenever they improved
- To score dimensions, we average ratio scores for all indicators within dimension; dimension scores are then averaged for overall score
- Time trends capture at least two years of data; more than one-third of updates cover three to five years of data.

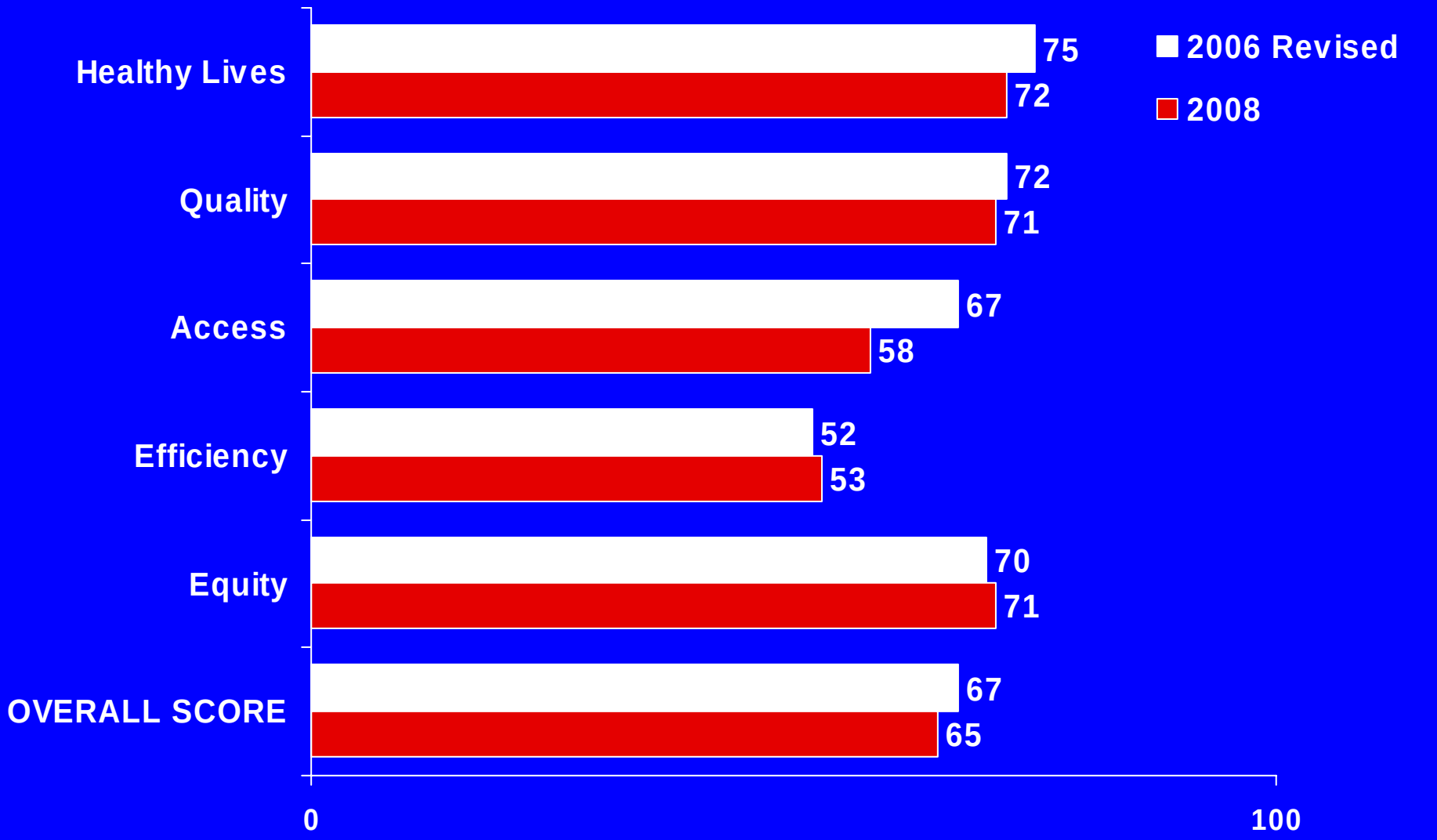
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

2008 Scorecard Overview Findings: Overall Score is 65 Out of 100

- **Overall U.S. health system performance relative to benchmarks failed to improve between 2006 and 2008**
  - **Steep declines in access and affordability**
  - **Gains in U.S. health outcomes fell far behind other countries**
  - **Uneven performance on quality, yet encouraging pockets of improvement**
  - **Broad evidence of fragmented and inefficient care: efficiency scores especially low**
  - **Wide disparities by income, race/ethnicity persist**
- **Substantial variation across the U.S., with as much as fivefold spread between top and bottom regions, states, plans, or providers**
- **Highest costs in world -should expect higher value in return.**
  - **Reaching benchmarks could save 100,000 lives and $100 billion annually**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

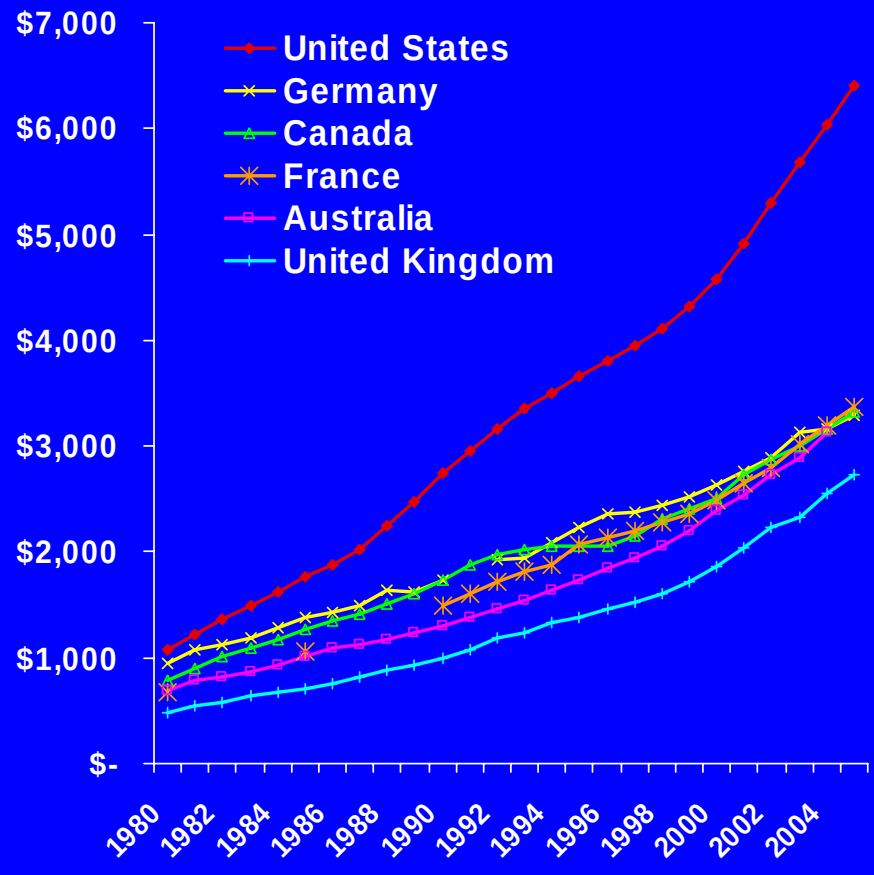
Scores: Dimensions of a High Performance Health System



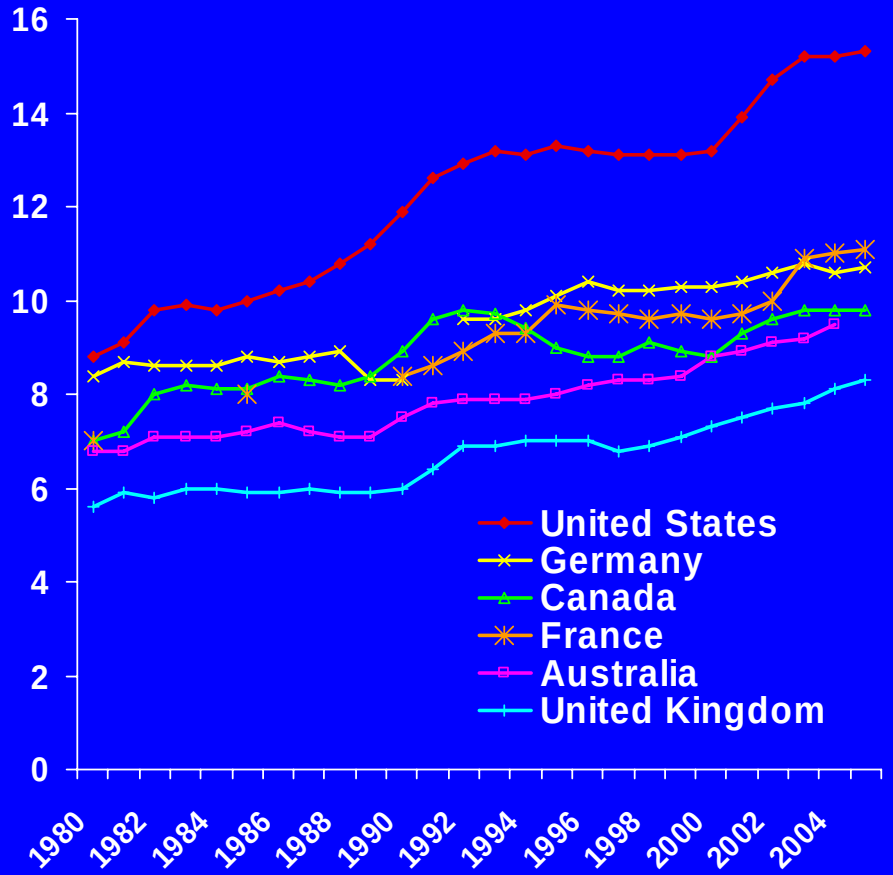
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

International Comparison of Spending on Health, 1980–2005

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



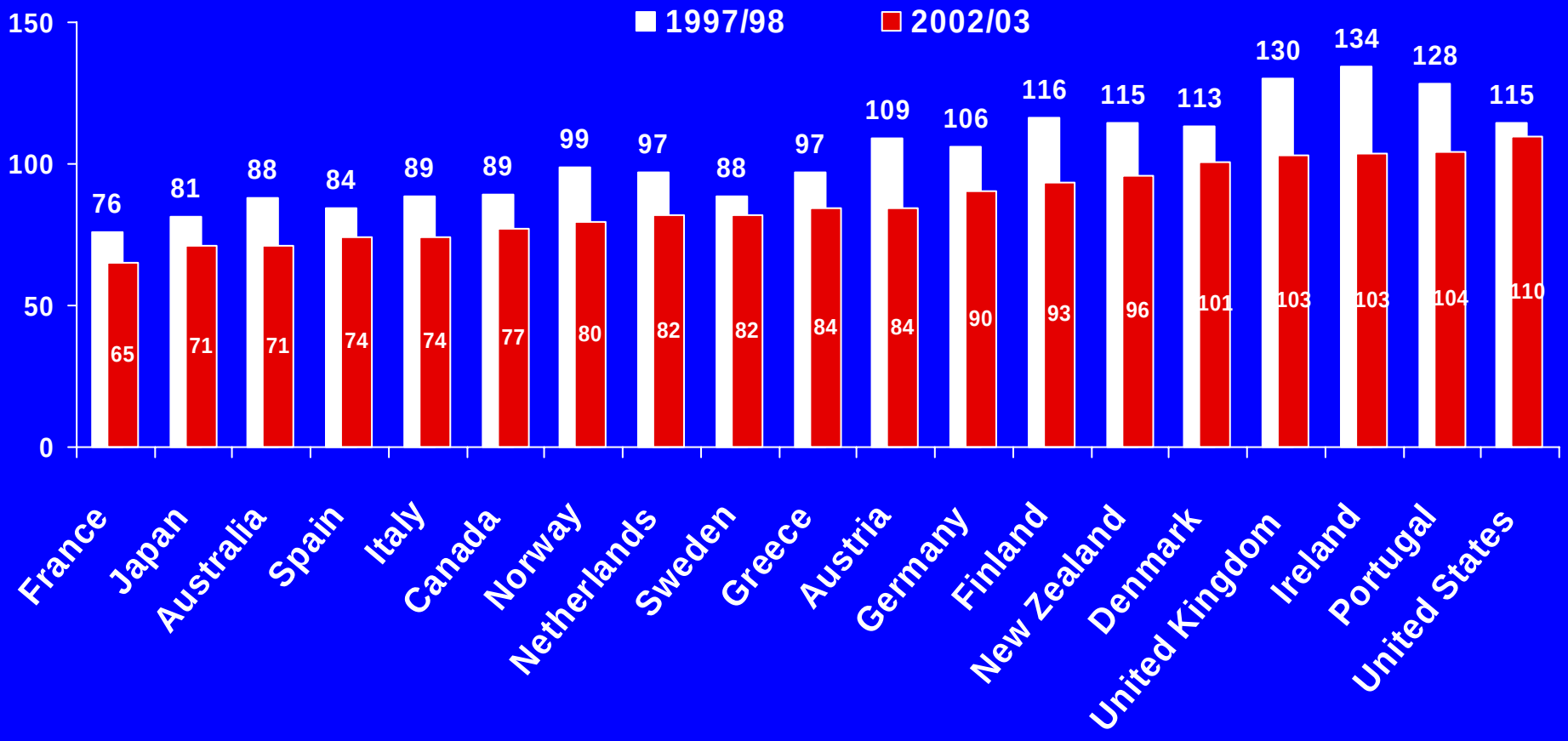
Total expenditures on health as percent of GDP



* PPP=Purchasing Power Parity.
Data: OECD Health Data 2007, Version 10/2007.

Mortality Amenable to Health Care

Deaths per 100,000 population*

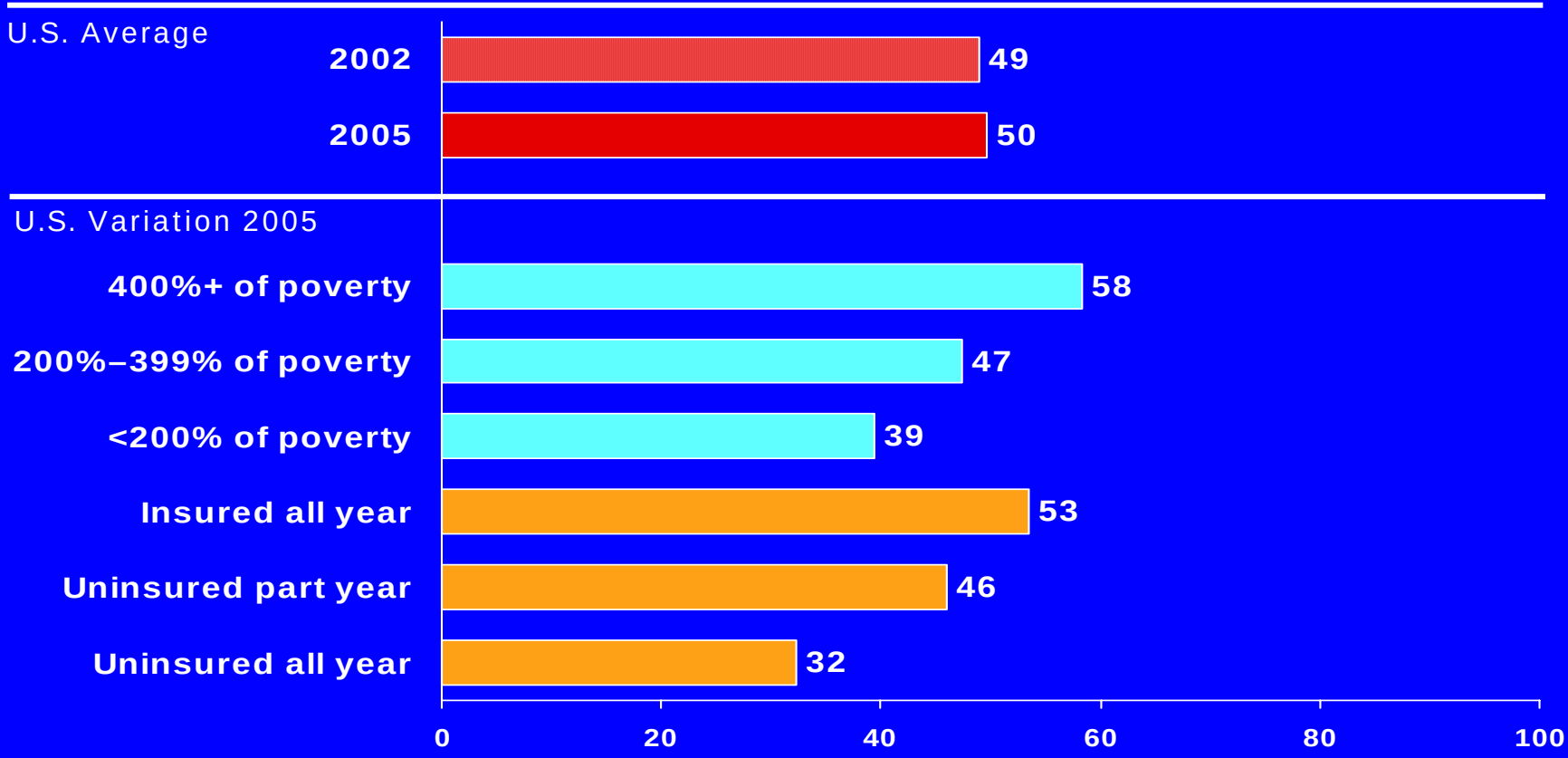


* Countries' age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections. See report Appendix B for list of all conditions considered amenable to health care in the analysis.
Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Receipt of Recommended Screening and Preventive Care for Adults

Percent of adults (ages 18+) who received all recommended screening and preventive care within a specific time frame given their age and sex*

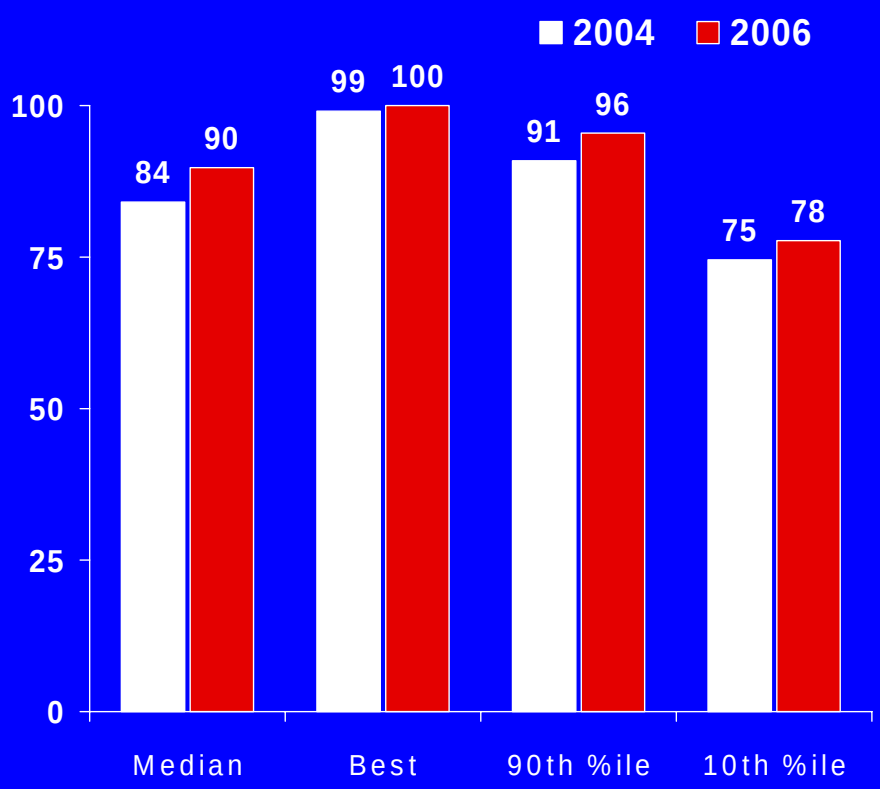


* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot. See report Appendix B for complete description.
Data: B. Mahato, Columbia University analysis of Medical Expenditure Panel Survey.

Hospitals: Quality of Care for Heart Attack, Heart Failure, and Pneumonia

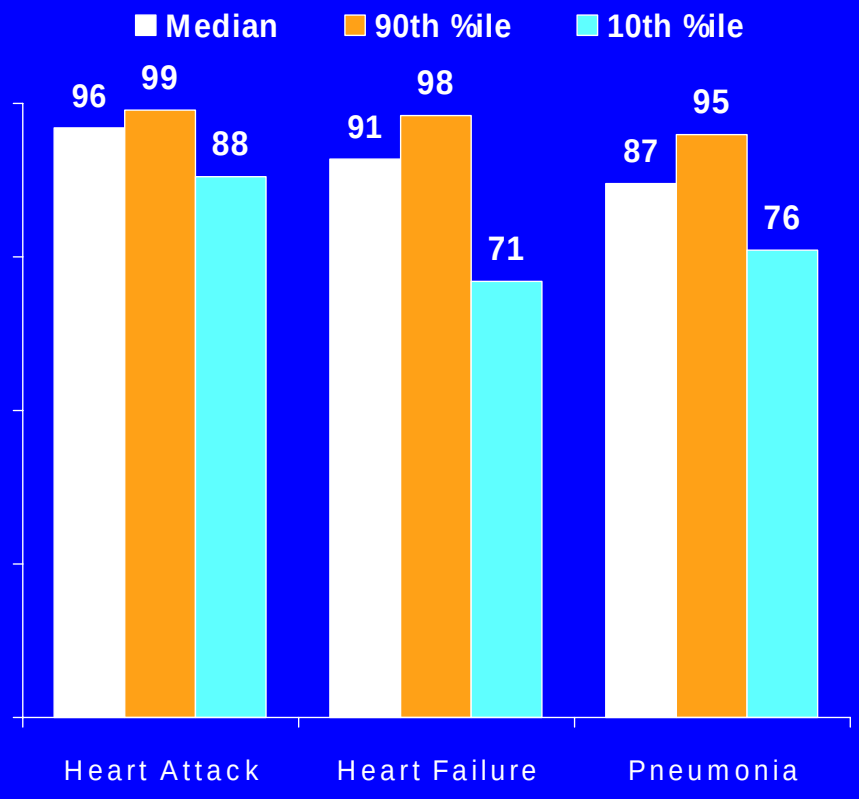
Overall Composite for All Three Conditions

Percent of patients who received recommended care for all three conditions*



Individual Composites by Condition, 2006

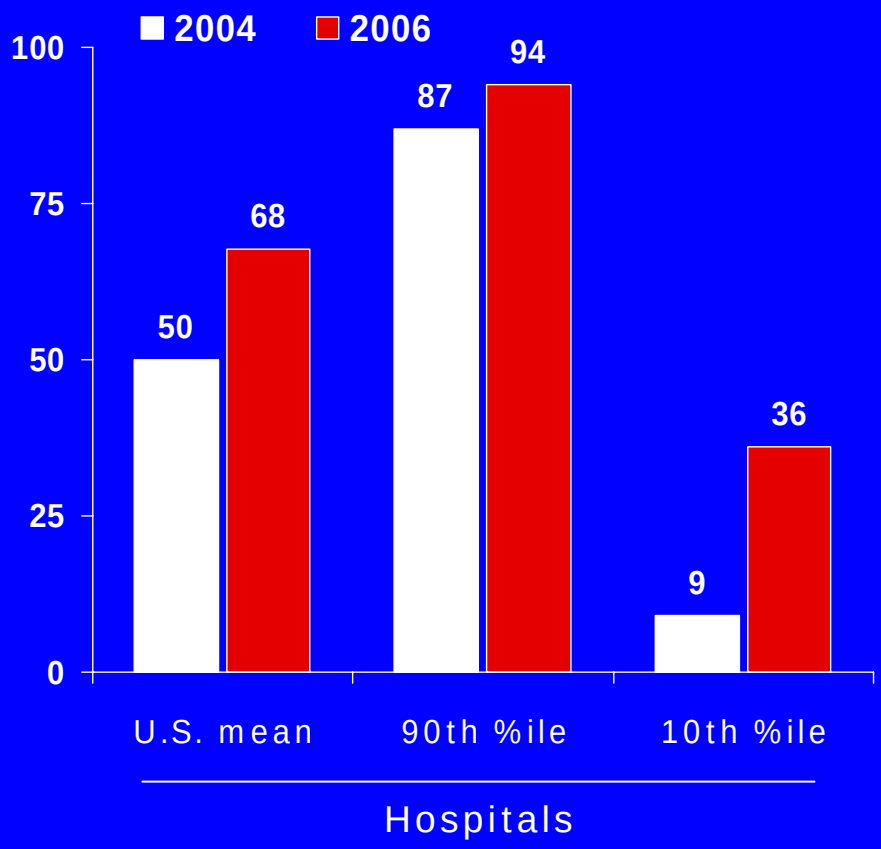
Percent of patients who received recommended care for each condition*



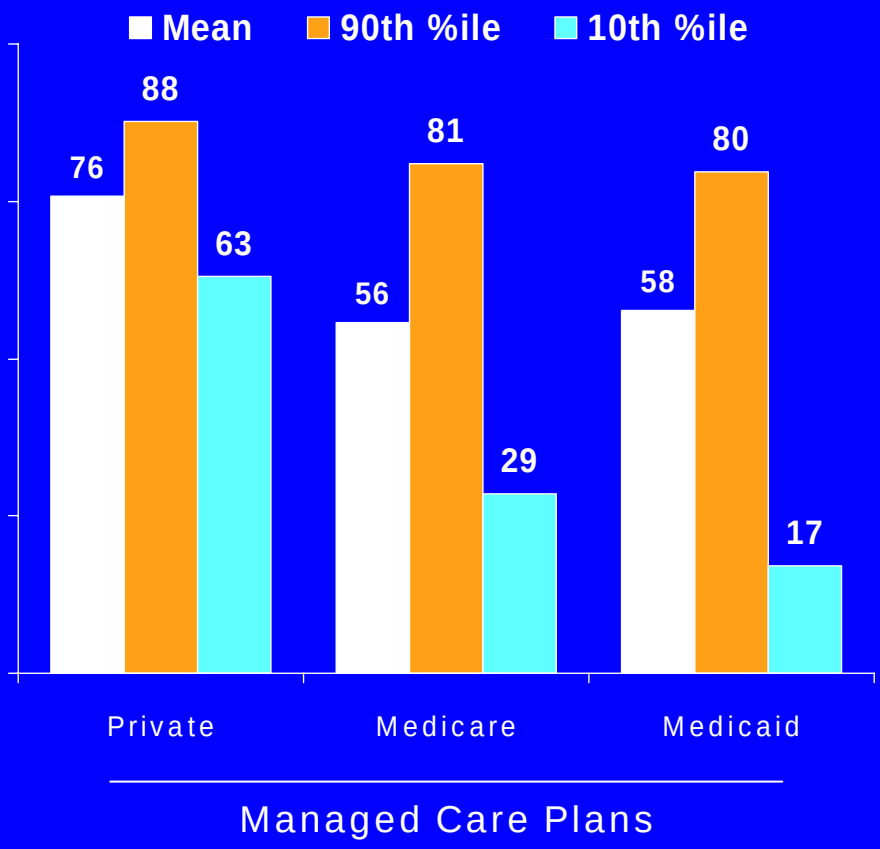
* Composite for heart attack care consists of 5 indicators; heart failure care, 2 indicators; and pneumonia care, 3 indicators. Overall composite consists of all 10 clinical indicators. See report Appendix B for description of clinical indicators.
Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

Transition Care: Hospital Discharge and Follow-Up Care for Chronically Ill Patients

Percent of heart failure patients discharged home with written instructions*



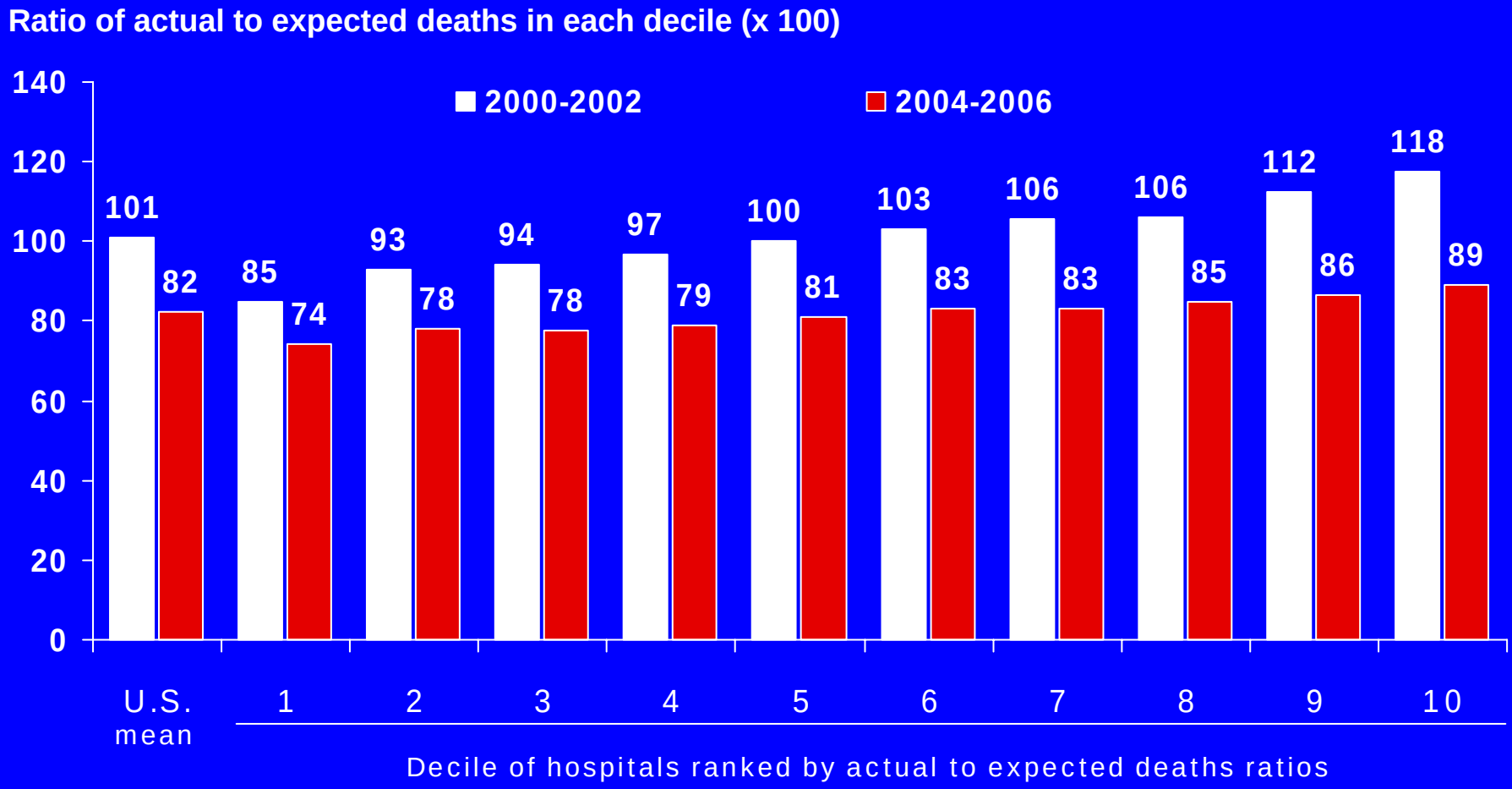
Percent of patients hospitalized for mental illness with follow-up within 30 days after discharge, 2006



Data: Heart failure discharge instructions—A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare; follow-up after hospitalization for mental illness—Health Plan Employer Data and Information Set (NCQA 2007).

Hospital-Standardized Mortality Ratios

Standardized ratios compare actual to expected deaths, risk-adjusted for patient mix and community factors.* Medicare national average for 2000=100

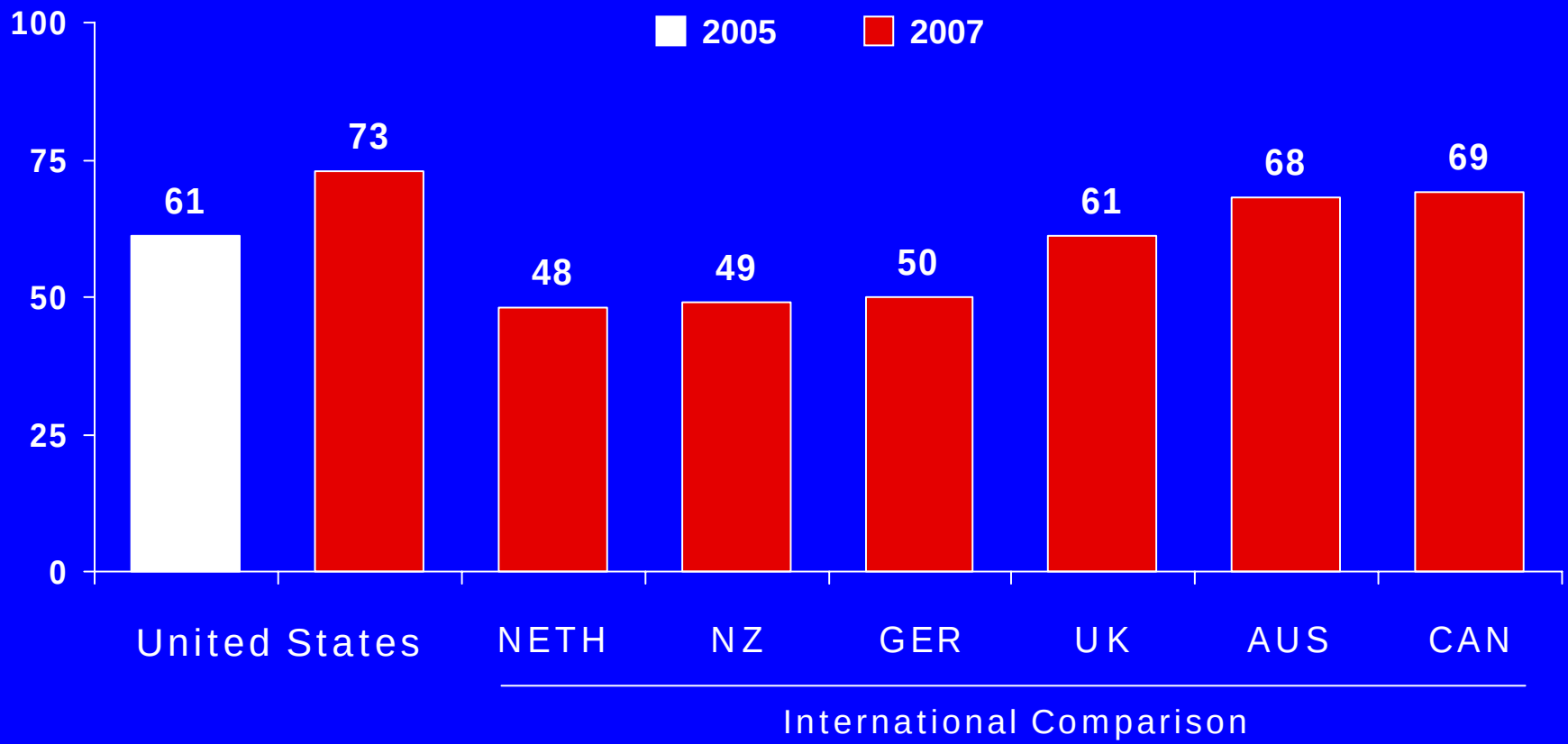


* See report Appendix B for methodology.

Data: B. Jarman analysis of Medicare discharges from 2000 to 2002 and from 2004 to 2006 for conditions leading to 80 percent of all hospital deaths.

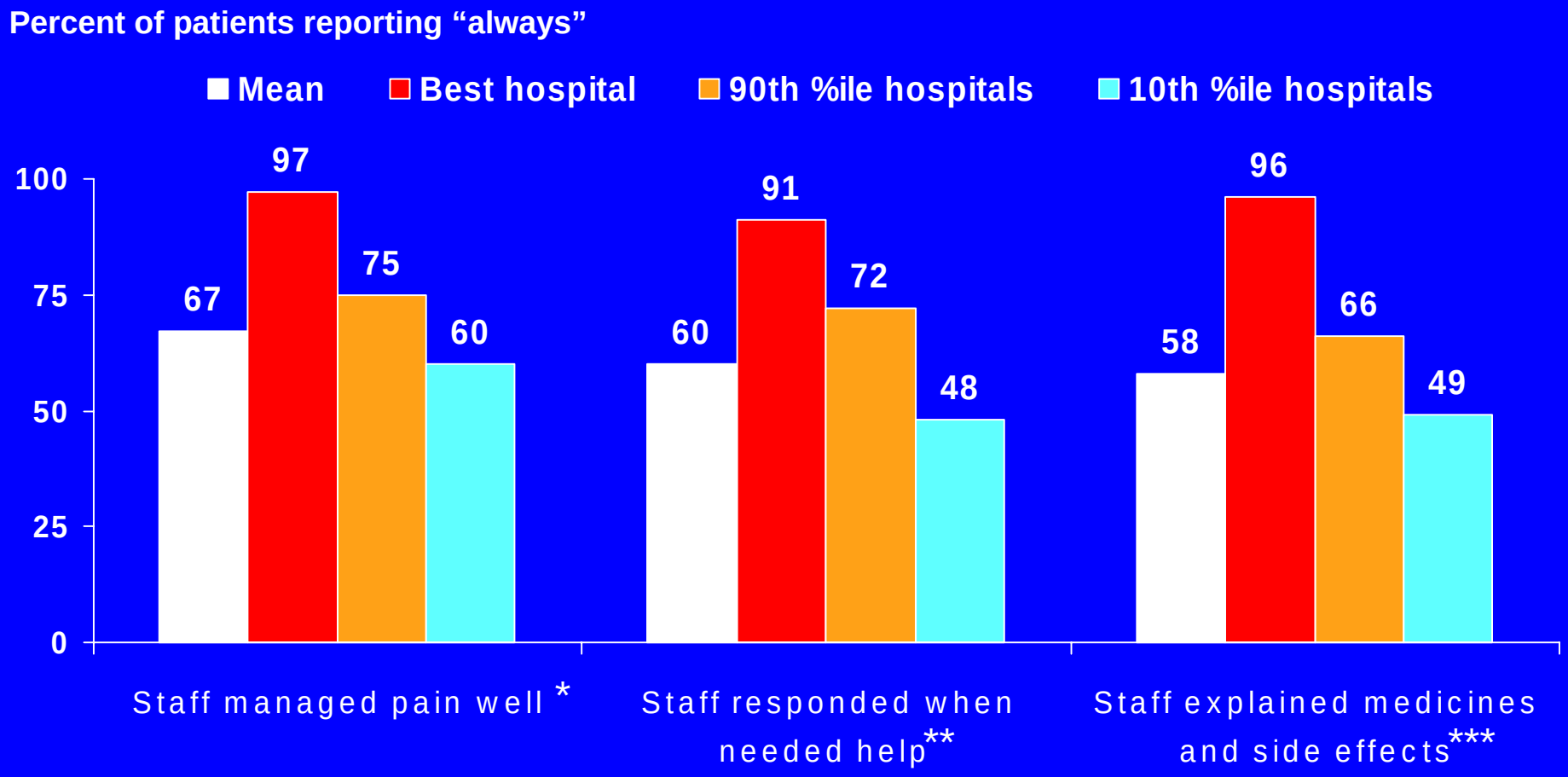
Difficulty Getting Care on Nights, Weekends, Holidays Without Going to the Emergency Room, Among Sicker Adults

Percent of adults who sought care reporting "very" or "somewhat" difficult



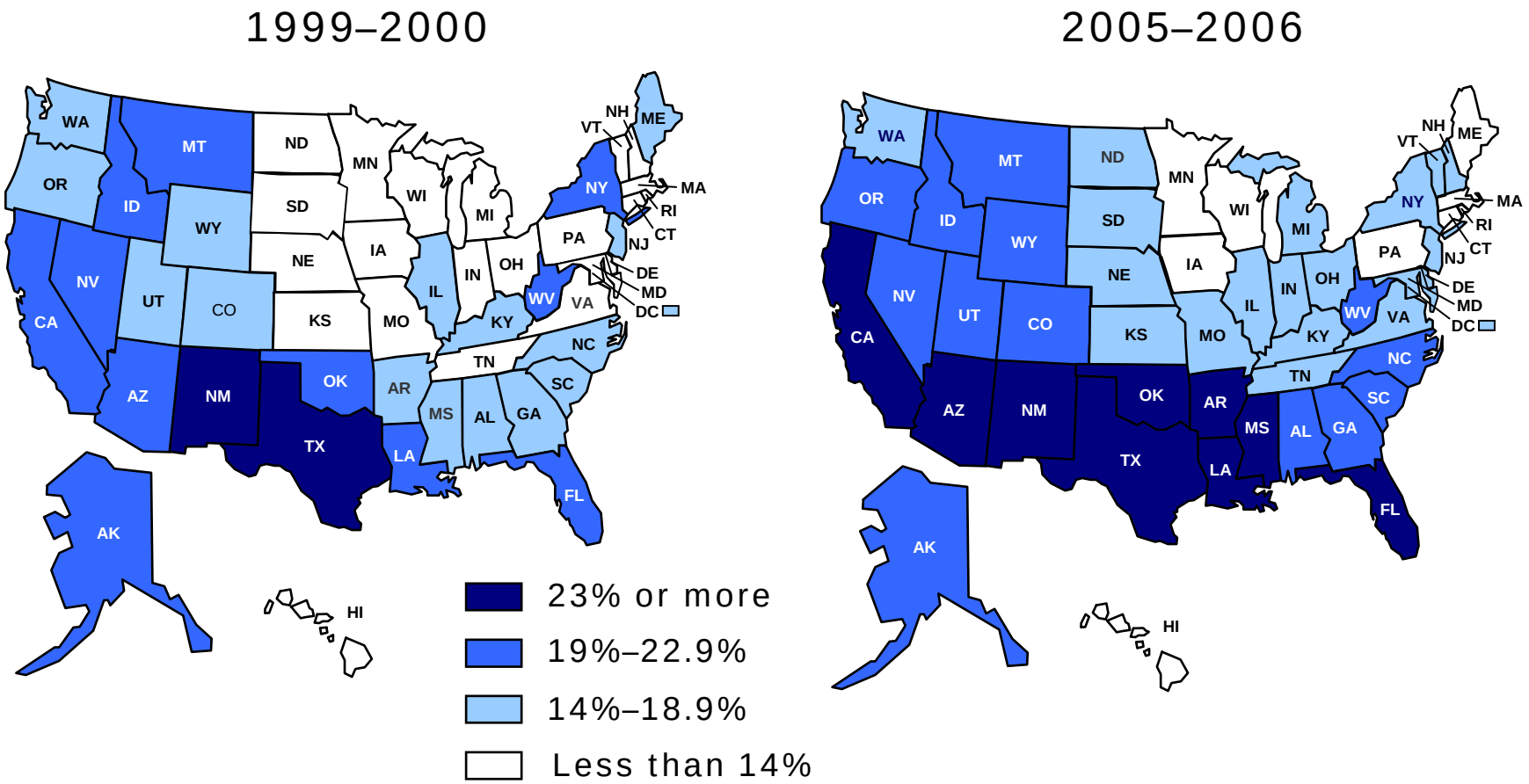
AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

Patient-Centered Hospital Care: Staff Managed Pain, Responded When Needed Help, and Explained Medicines, by Hospitals, 2007



* 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.
Data: CAHPS Hospital Survey (Retrieved from CMS Hospital Compare database at www.hospitalcompare.hhs.gov).

Percent of Adults Ages 18–64 Uninsured by State

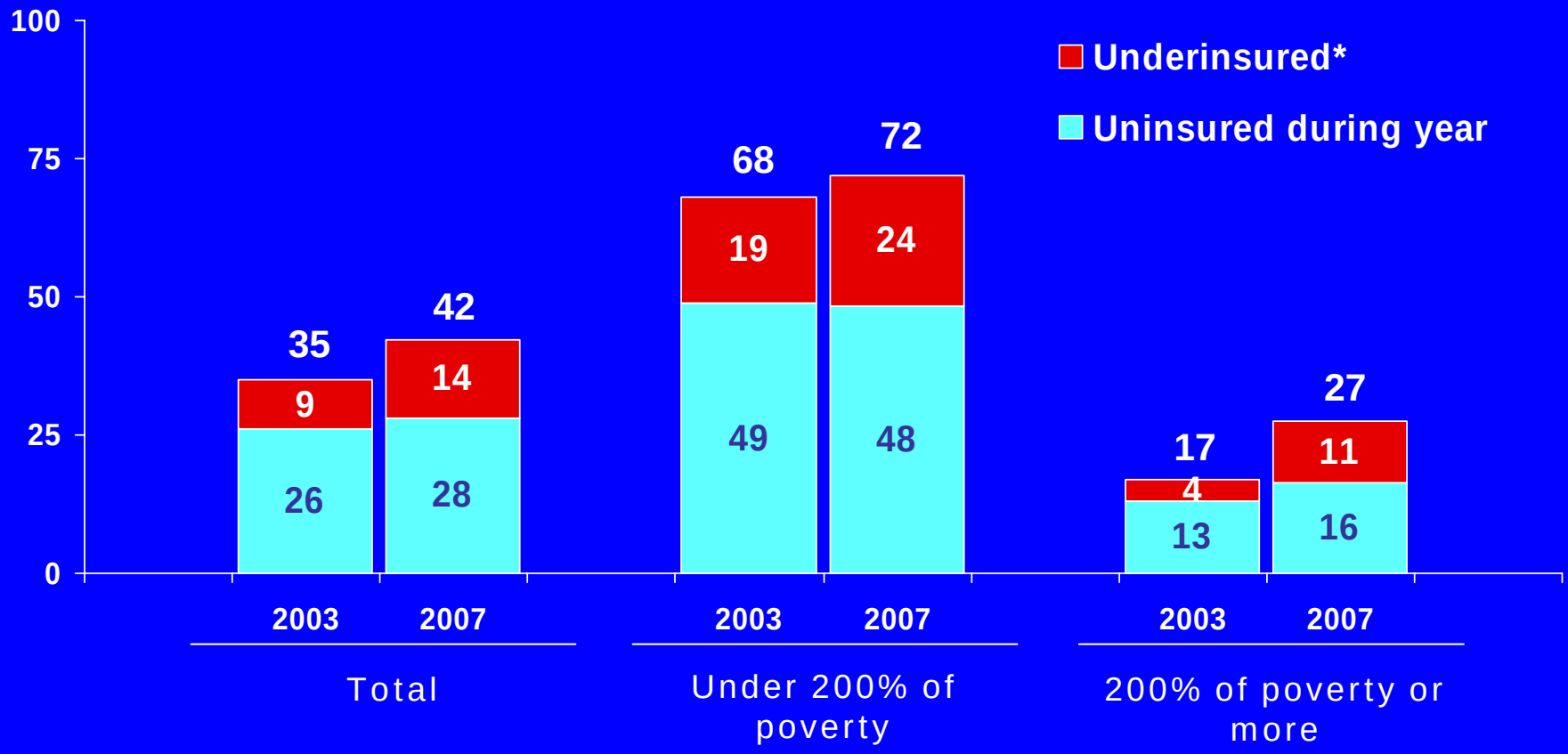


Data: Two-year averages 1999–2000, updated with 2007 Current Population Survey correction, and 2005–2006 from the Census Bureau's March 2000, 2001 and 2006, 2007 Current Population Survey.

Uninsured and Underinsured Adults, 2007 Compared with 2003

75 Million Adults Were Uninsured or Underinsured in 2007

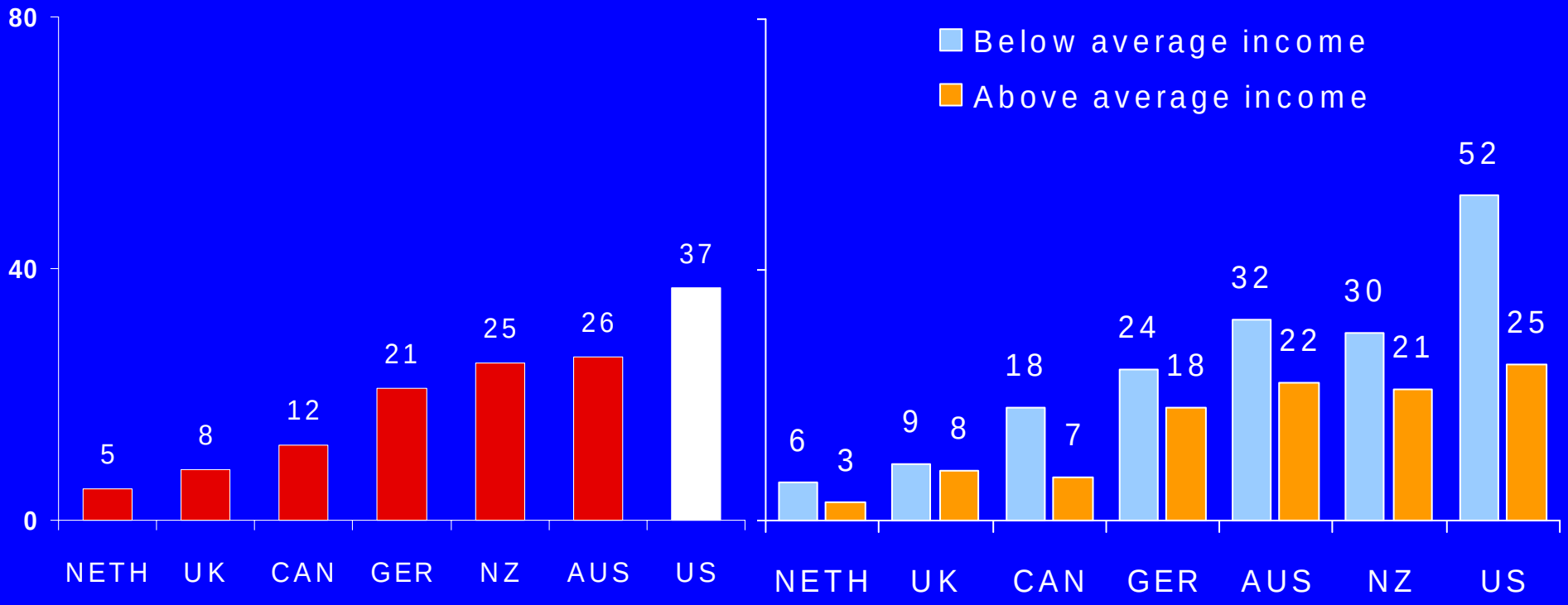
Percent of adults (ages 19–64) who are uninsured or underinsured



* Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income, or 5% or more of income if low-income (<200% of poverty); or deductibles equaled 5% or more of income.
Data: 2003 and 2007 Commonwealth Fund Biennial Health Insurance Survey.

Access Problems Because of Costs, By Income, 2007

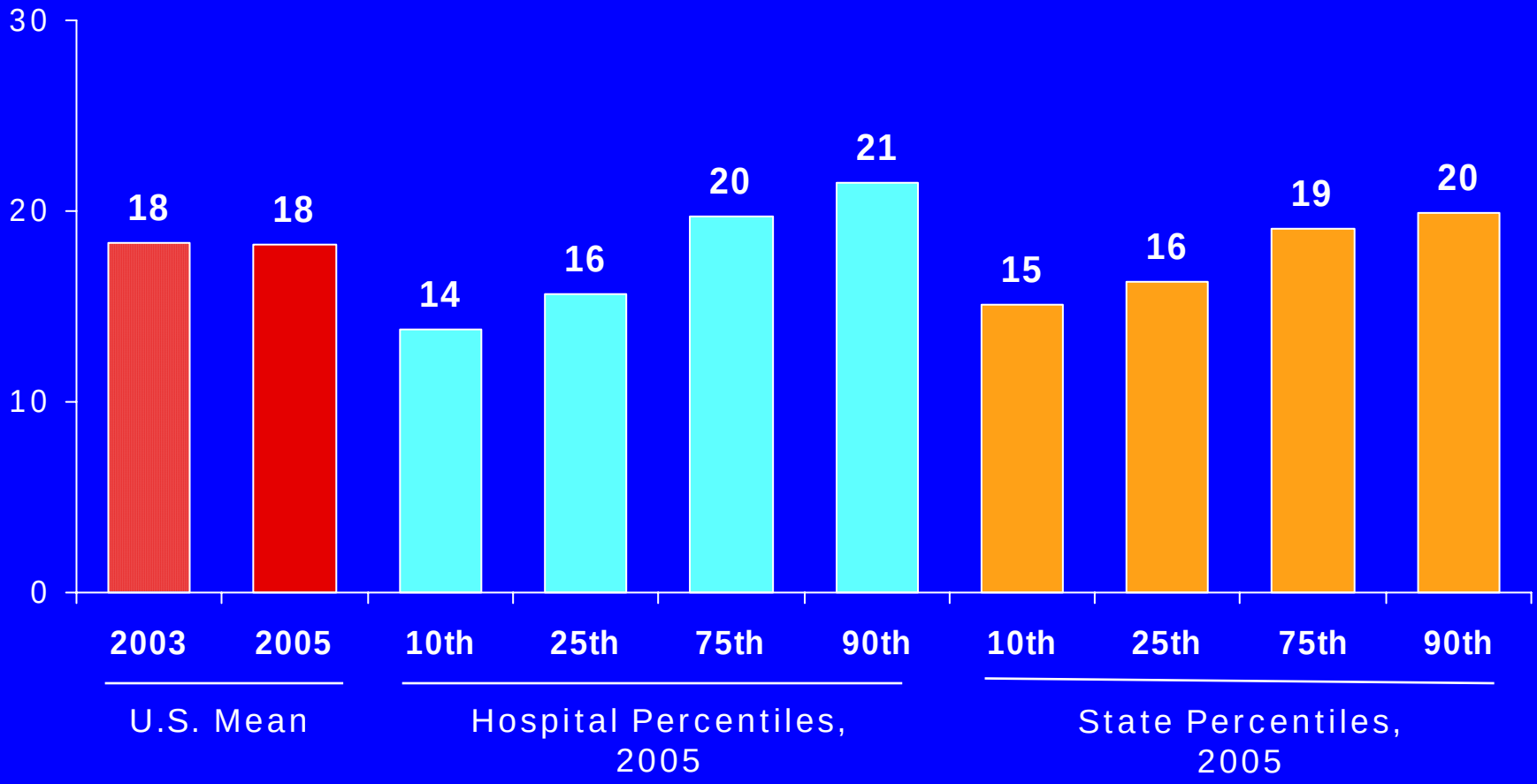
Percent of adults who had any of three access problems* in past year because of costs



* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.
AUS=Australia; CAN=Canada; GER=Germany; NET=Netherlands; NZ=New Zealand; UK=United Kingdom; US=United States.
Data: 2007 Commonwealth Fund International Health Policy Survey.

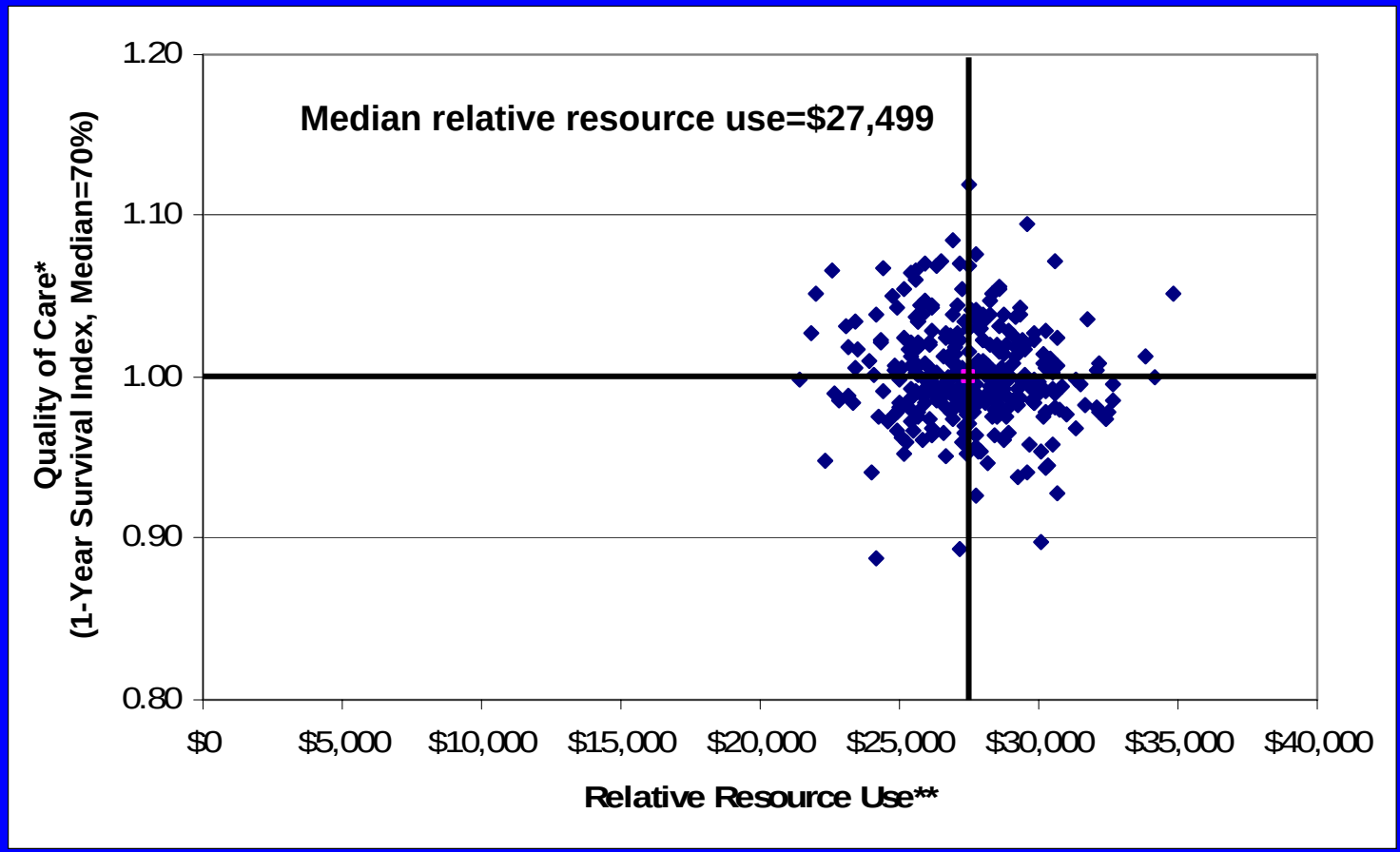
Medicare Hospital 30-Day Readmission Rates

Percent of Medicare beneficiaries admitted for one of 31 select conditions who are readmitted within 30 days following discharge*



* See report Appendix B for list of conditions used in the analysis.
Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Quality and Costs of Care for Medicare Patients Hospitalized for Heart Attacks, Hip Fractures, or Colon Cancer, by Hospital Referral Regions, 2004



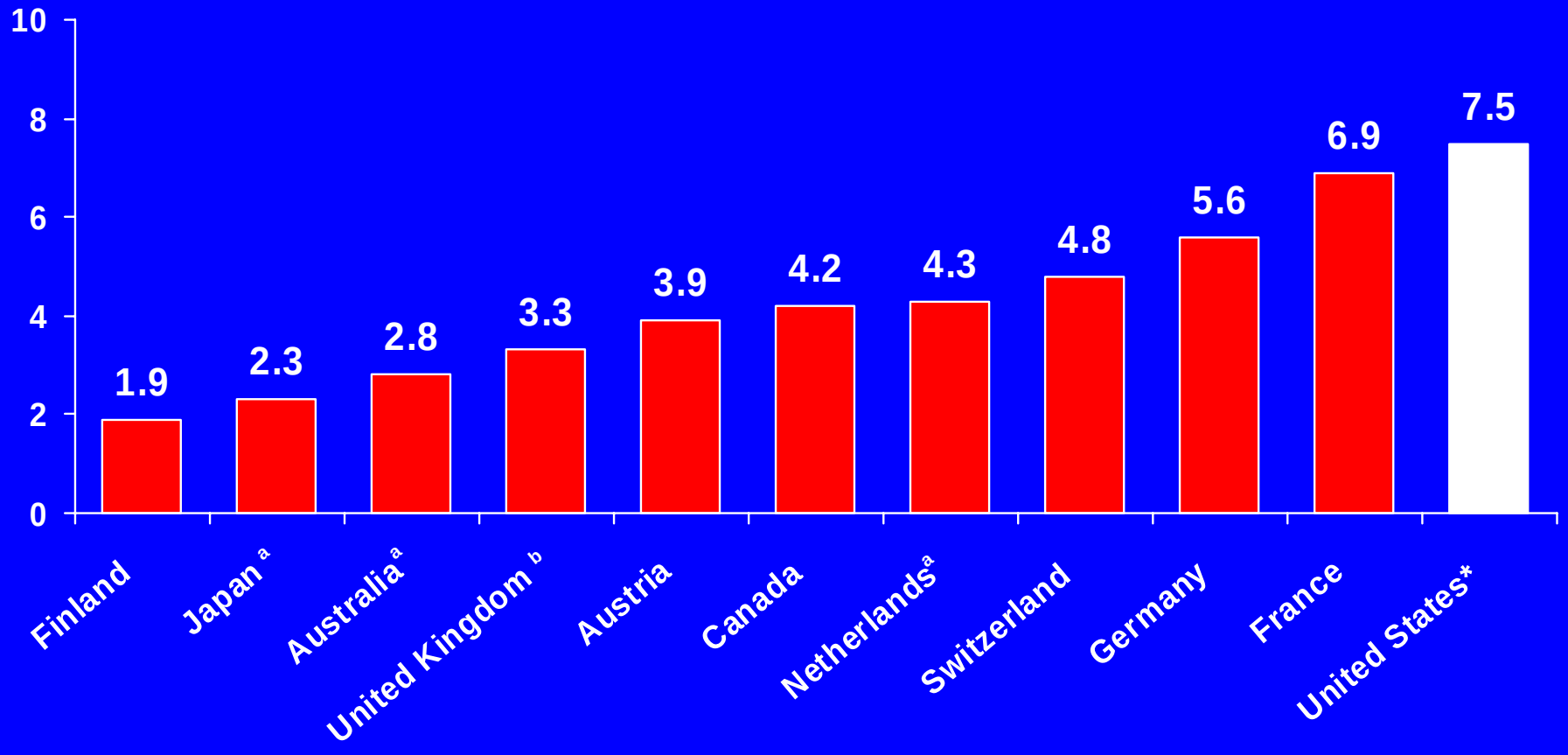
* Indexed to risk-adjusted 1-year survival rate (median=0.70).

** Risk-adjusted spending on hospital and physician services using standardized national prices.

Data: E. Fisher, J. Sutherland, and D. Radley, Dartmouth Medical School analysis of data from a 20% national sample of Medicare beneficiaries.

Percentage of National Health Expenditures Spent on Insurance Administration, 2005

Net costs of health insurance administration as percent of national health expenditures



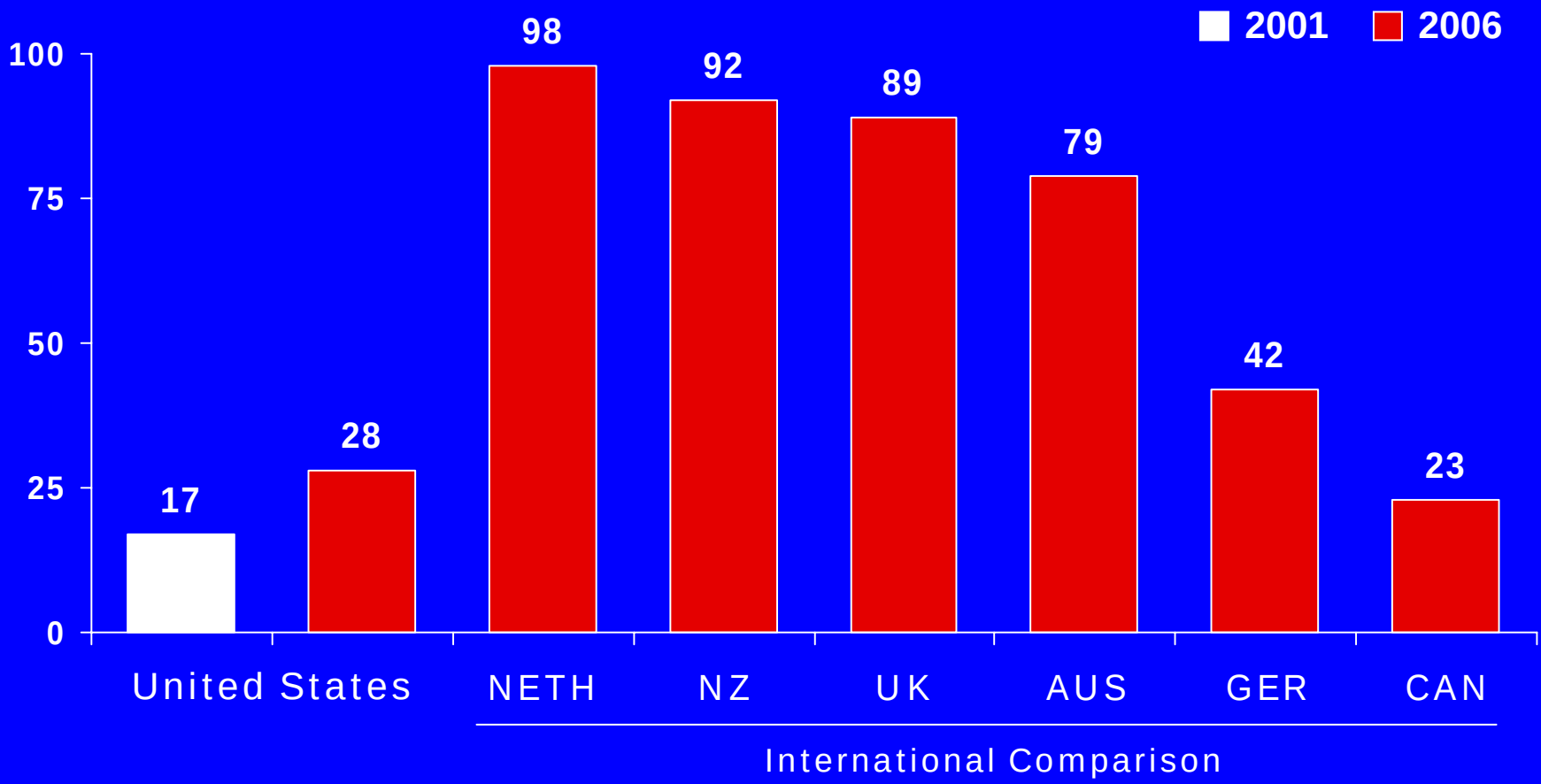
[a] 2004 [b] 2001

* Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.

Data: OECD Health Data 2007, Version 10/2007.

Physicians' Use of Electronic Medical Records

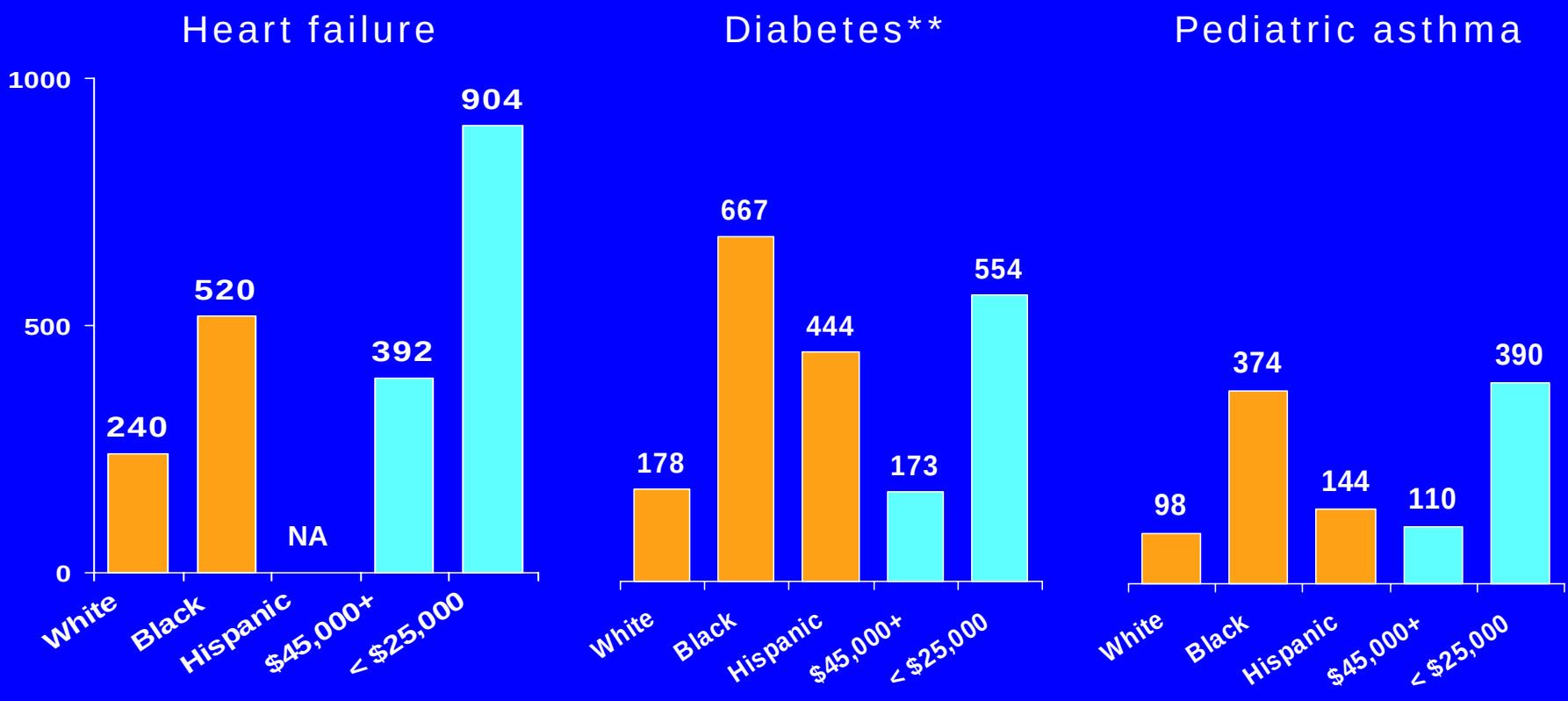
Percent of primary care physicians using electronic medical records



AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
Data: 2001 and 2006 Commonwealth Fund International Health Policy Survey of Physicians.

Ambulatory Care–Sensitive (Potentially Preventable) Hospital Admissions, by Race/Ethnicity and Patient Income Area, 2004/2005*

Adjusted rate per 100,000 population



* 2004 data for diabetes and pediatric asthma; 2005 data for heart failure. ** Combines 4 diabetes admission measures: uncontrolled, short-term complications, long-term complications, and lower extremity amputations.
Patient Income Area=median income of patient zip code. NA=data not available.
Data: Race/ethnicity—Healthcare Cost and Utilization Project, State Inpatient Databases and National Hospital Discharge Survey (AHRQ 2007); Income area—HCUP, Nationwide Inpatient Sample (AHRQ 2007, retrieved from HCUPnet at http://hcupnet.ahrq.gov).

Summary and Implications

- **Gaps between average performance and benchmarks make compelling case for change**
  - **Large opportunities to save lives, improve patient experiences, and reduce spending on ineffective, wasteful care**
- **What receives attention gets improved**
  - **Large, focused quality improvement and public reporting initiatives lead to positive activities and outcomes**
  - **Measurable and actionable benchmarks provide targets for improvement**
- **Better primary care and care coordination hold potential for improved outcomes at lower costs**
  - **Improve transitions between hospitals and outpatient care with better discharge planning and follow-up care**
  - **Strengthen primary care system to ensure adequate access, ongoing care management, and care coordination**
- **Align incentives to promote more effective and efficient use of staff, IT, and clinical resources**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Aiming Higher

- Necessary to pursue strategies that take a whole-system approach: improve access, quality, and efficiency simultaneously
- Commission recommends five strategies for broad improvement:
  1. Universal and well-designed coverage that ensures affordable access and continuity, with low administrative expenses
  2. Incentives aligned to promote higher quality and efficient care
  3. Care that is organized around the patient
  4. Investment in public reporting, evidence-based medicine, and health information technology to deliver the best care
  5. National policies and collaboration to set and achieve goals
- Rising costs, declining access and uneven quality put families, businesses, and public programs at risk
- Bold leadership and commitment are urgently needed for the nation's health and economic security

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Related Publications and Reports

- **Commission Reports:**
  - **Commission on a High Performance Health System, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, The Commonwealth Fund, November 2007.**
  - **Commission on a High Performance Health System, *Aiming Higher: Results from a State Scorecard on Health System Performance*, The Commonwealth Fund, June 2007.**
  - **Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*, The Commonwealth Fund, September 2006.**
- **C. Schoen et al., How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007, *Health Affairs* Web Exclusive, June 10, 2008.**
- **C. Schoen et al., *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, The Commonwealth Fund, December 2007.**
- **S. R. Collins et al., *A Roadmap to Health Insurance for All: Principles for Reform*, The Commonwealth Fund, October 2007.**

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