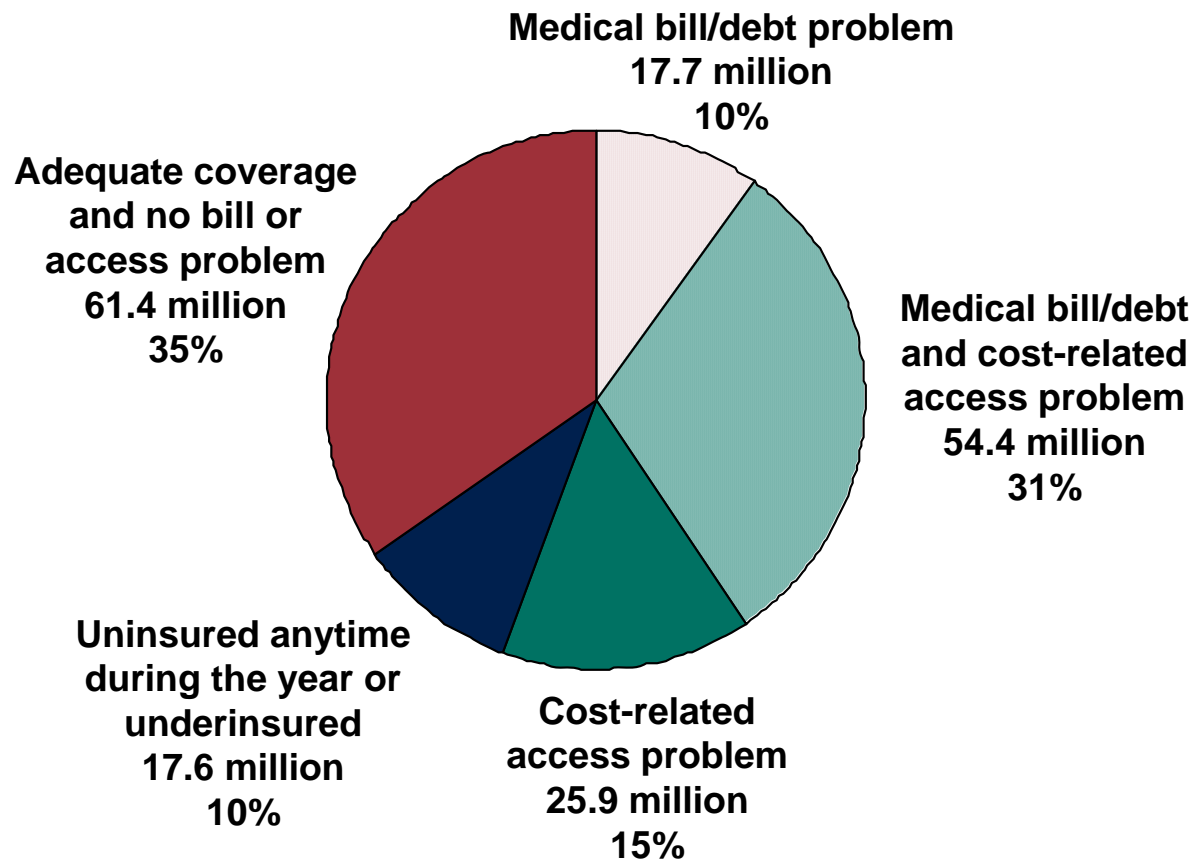
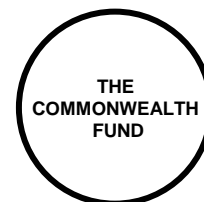


An Estimated 116 Million Adults Were Uninsured, Underinsured, Reported a Medical Bill Problem, and/or Did Not Access Needed Health Care Because of Cost, 2007



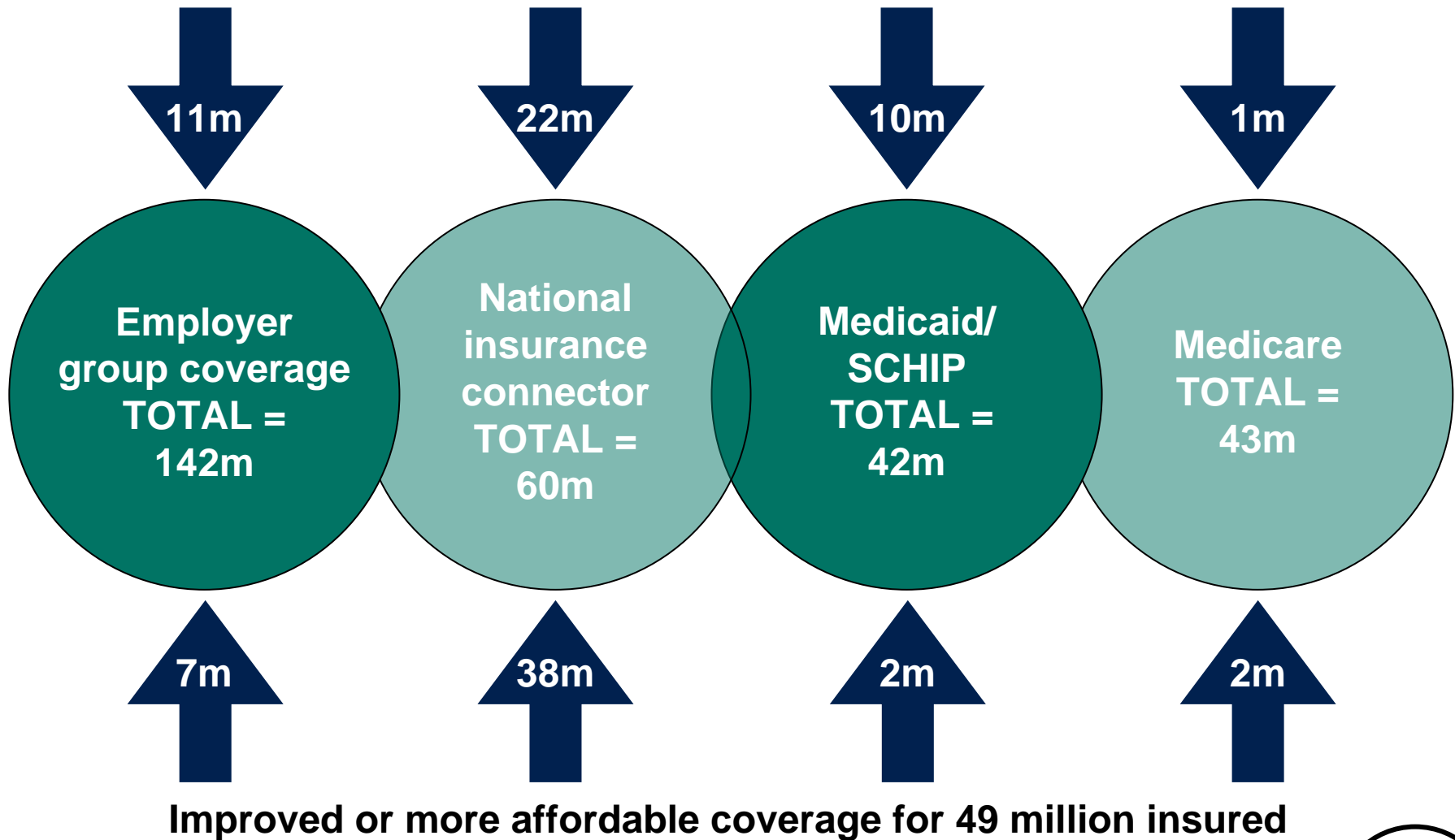
177 million adults, ages 19–64

Source: S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families: Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007*, The Commonwealth Fund, Aug. 2008.



Building Blocks for Automatic and Affordable Health Insurance for All ²

New coverage for 44 million uninsured in 2008

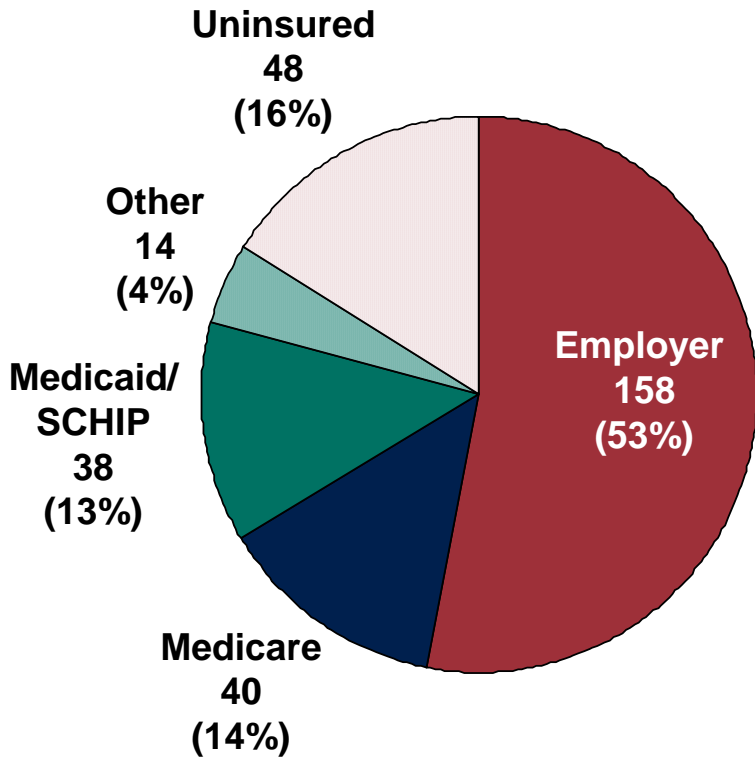


Source: Based on analysis in C. Schoen, K. Davis, and S. R. Collins, "Building Blocks for Reform: Achieving Universal Coverage with Private and Public Group Health Insurance," *Health Affairs*, May/June 2008 27(3):646-57, from Lewin Group modeling estimates.

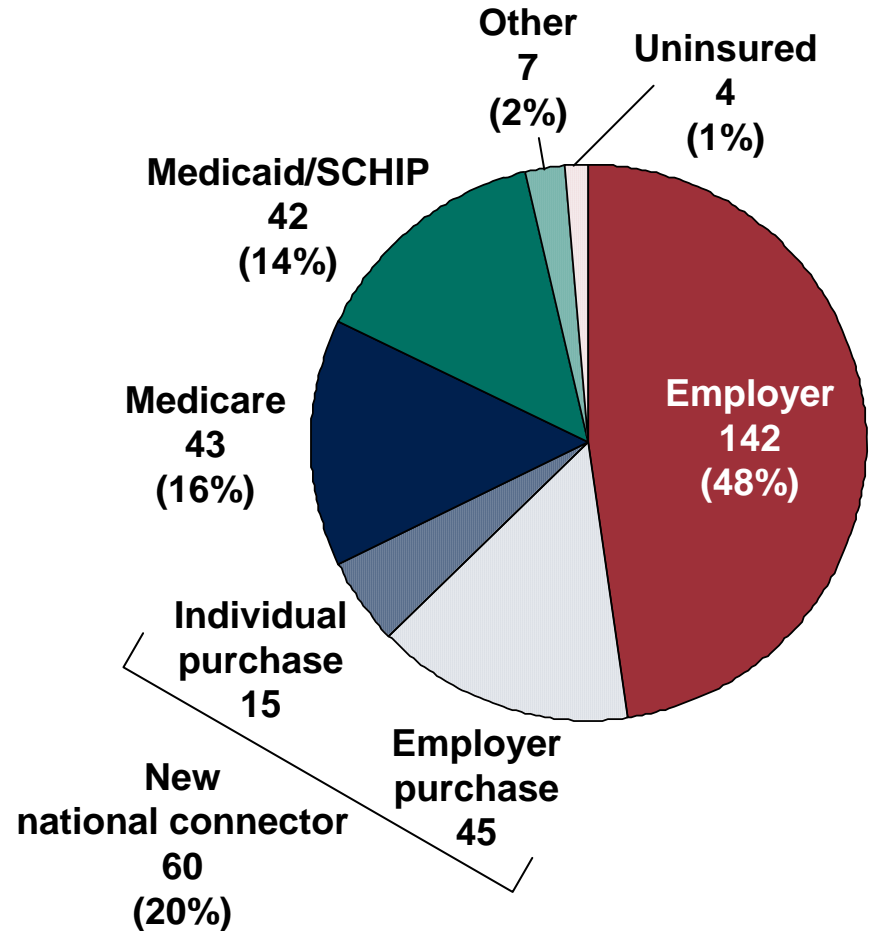


Building Blocks with Connector and Public Plan Option, 2008

Current law (millions)



Connector & public plan option (millions)



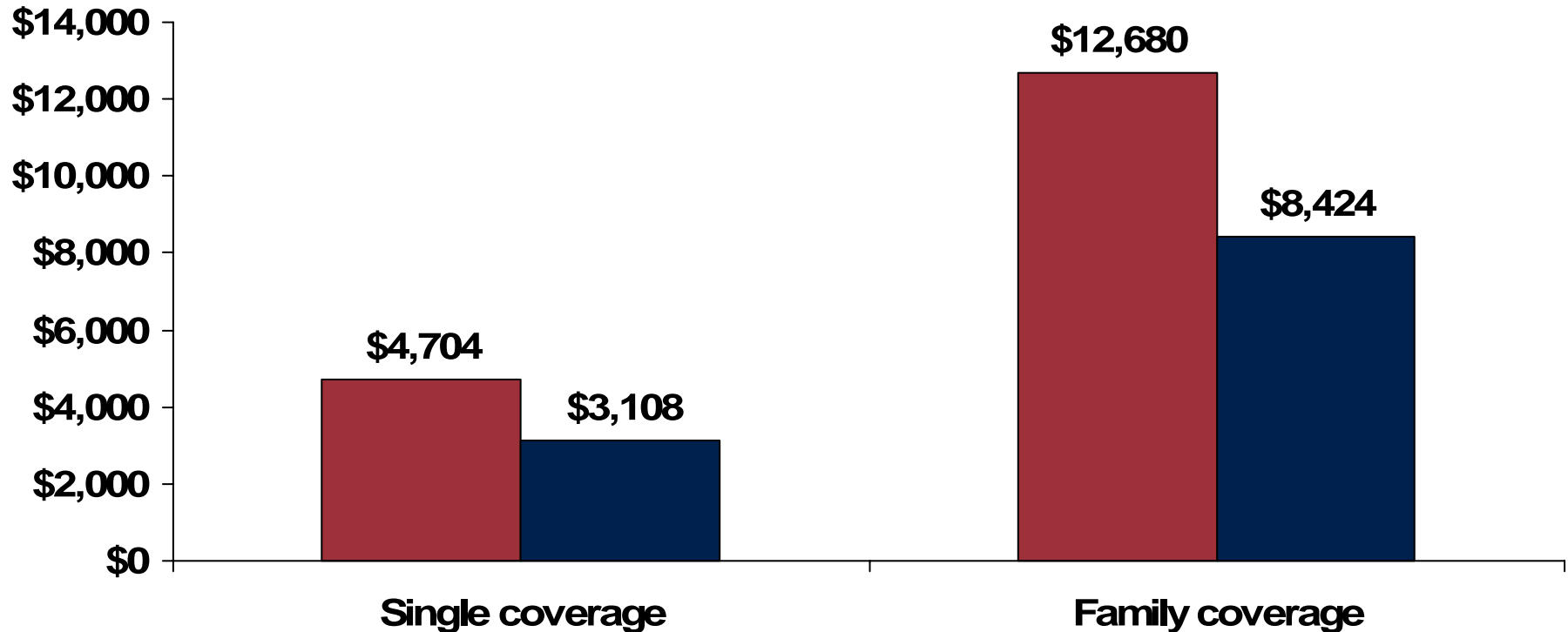
Total population = 298 million



Source: Based on analysis in C. Schoen, K. Davis, and S. R. Collins, "Building Blocks for Reform: Achieving Universal Coverage with Private and Public Group Health Insurance," *Health Affairs*, May/June 2008 27(3):646-57, from Lewin Group modeling estimates.

Building Blocks Lowers Annual Premiums for Individuals and Families

- Average premium for employer coverage
- Average premium for Medicare Extra plan

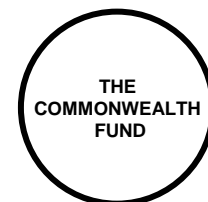
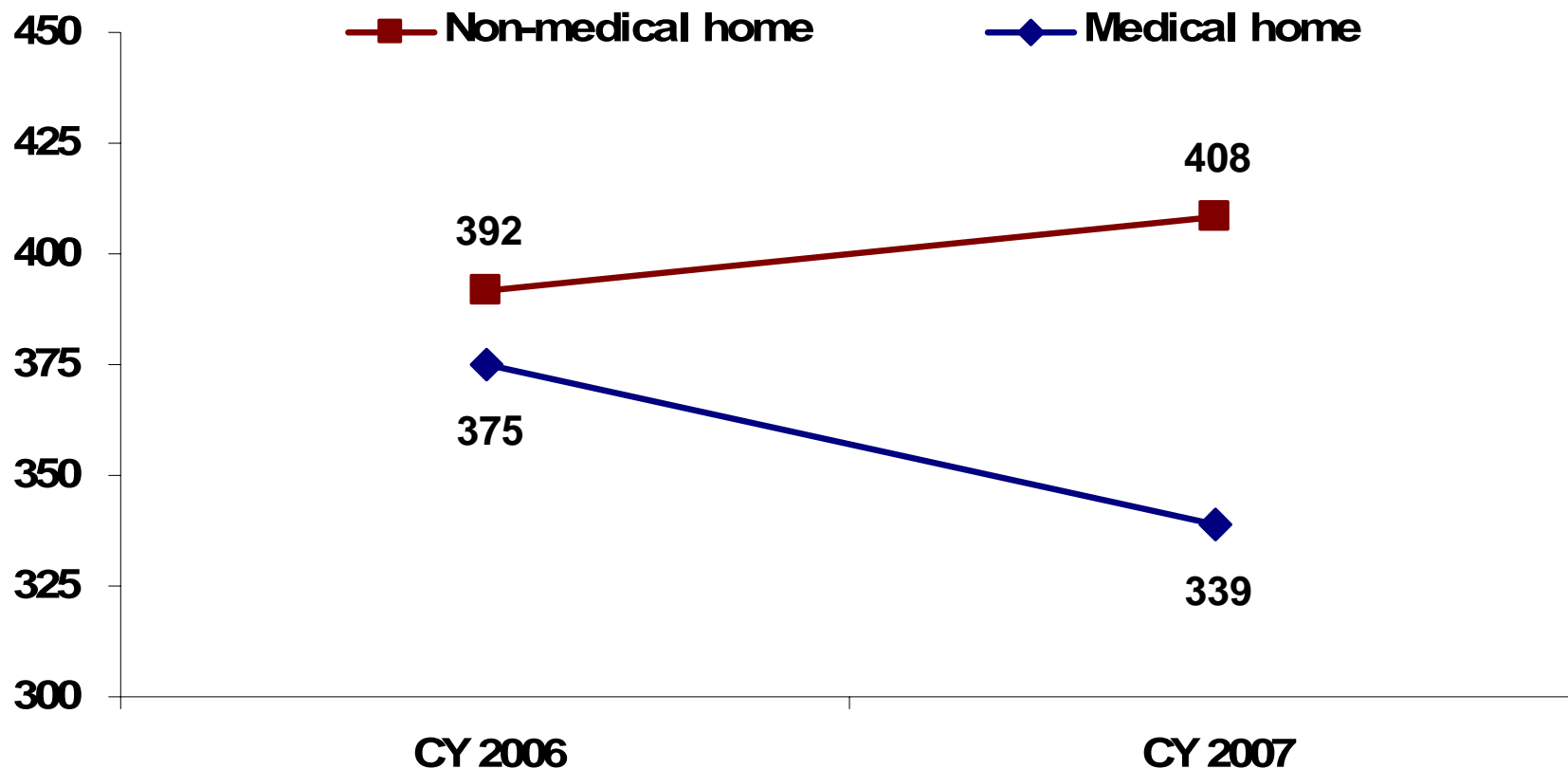


Source: G. Claxton, J. R. Gabel, B. DiJulio et al., "Health Benefits in 2008: Premiums Moderately Higher, While Enrollment in Consumer-Directed Plans Rises in Small Firms," *Health Affairs* Web Exclusive (Sept. 24, 2008): w492–w502; adapted from C. Schoen, K. Davis, and S. R. Collins, "Building Blocks for Reform: Achieving Universal Coverage with Private and Public Group Health Insurance," *Health Affairs*, May/June 2008 27(3):646–57.



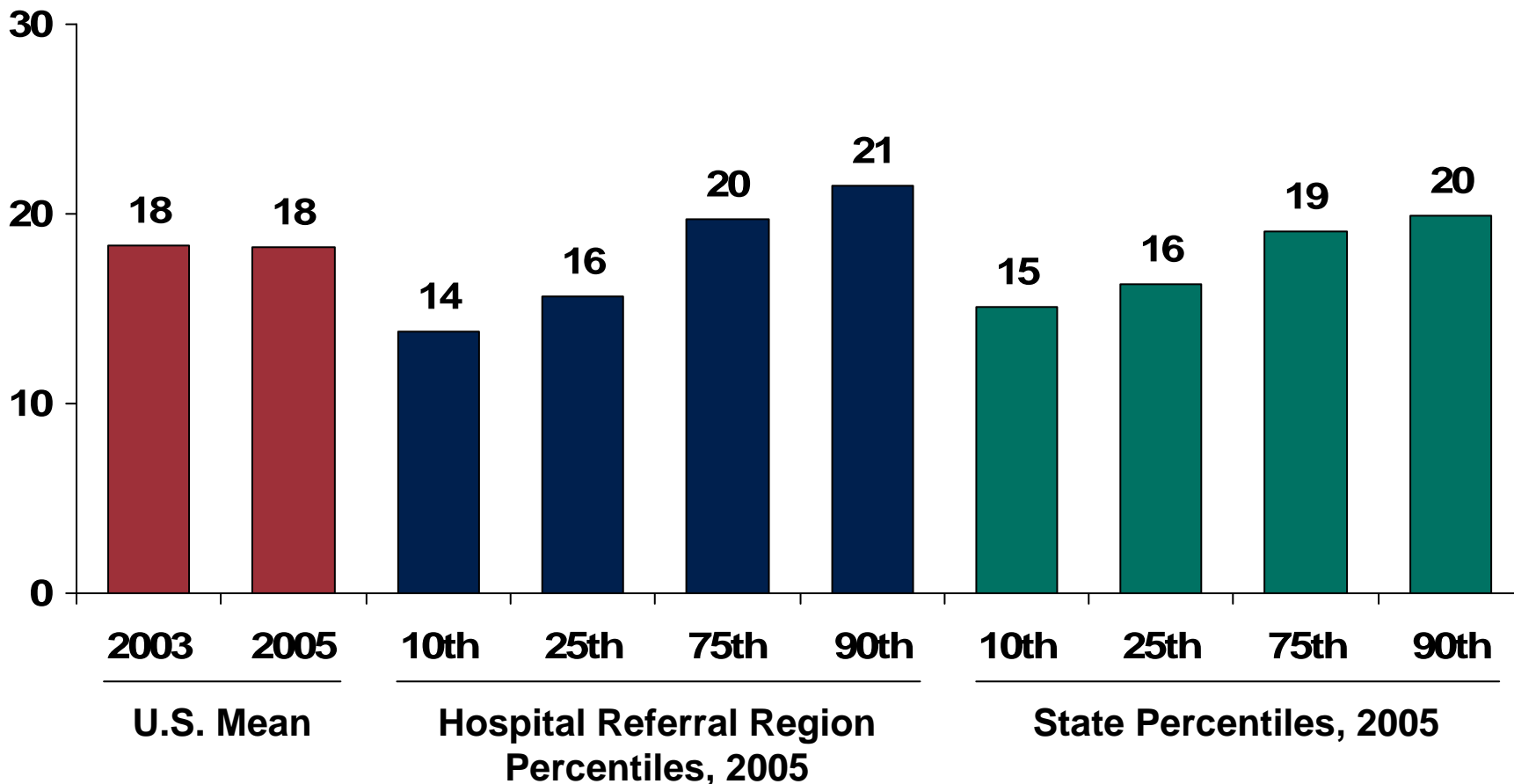
Geisinger Medical Home Sites and Hospital Admissions

Hospital admissions per 1,000 Medicare patients

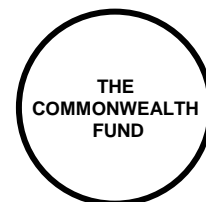


Medicare Hospital 30-Day Readmission Rates

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



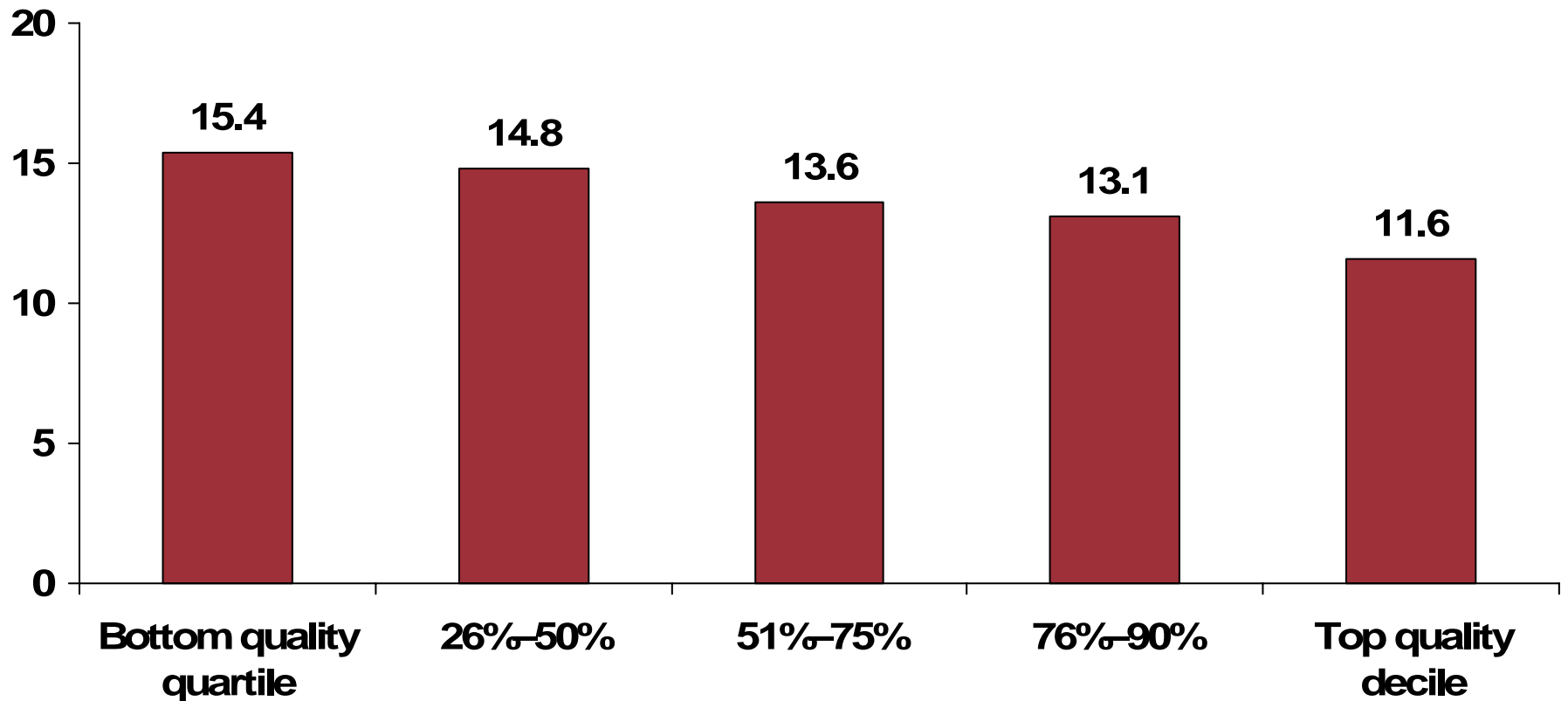
* See Appendix B (p. 59) of the *Why Not the Best?* report for list of conditions used in the analysis.
 Source: The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008*, The Commonwealth Fund, July 2008. Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.



Medicare Experimenting with Pay for Performance

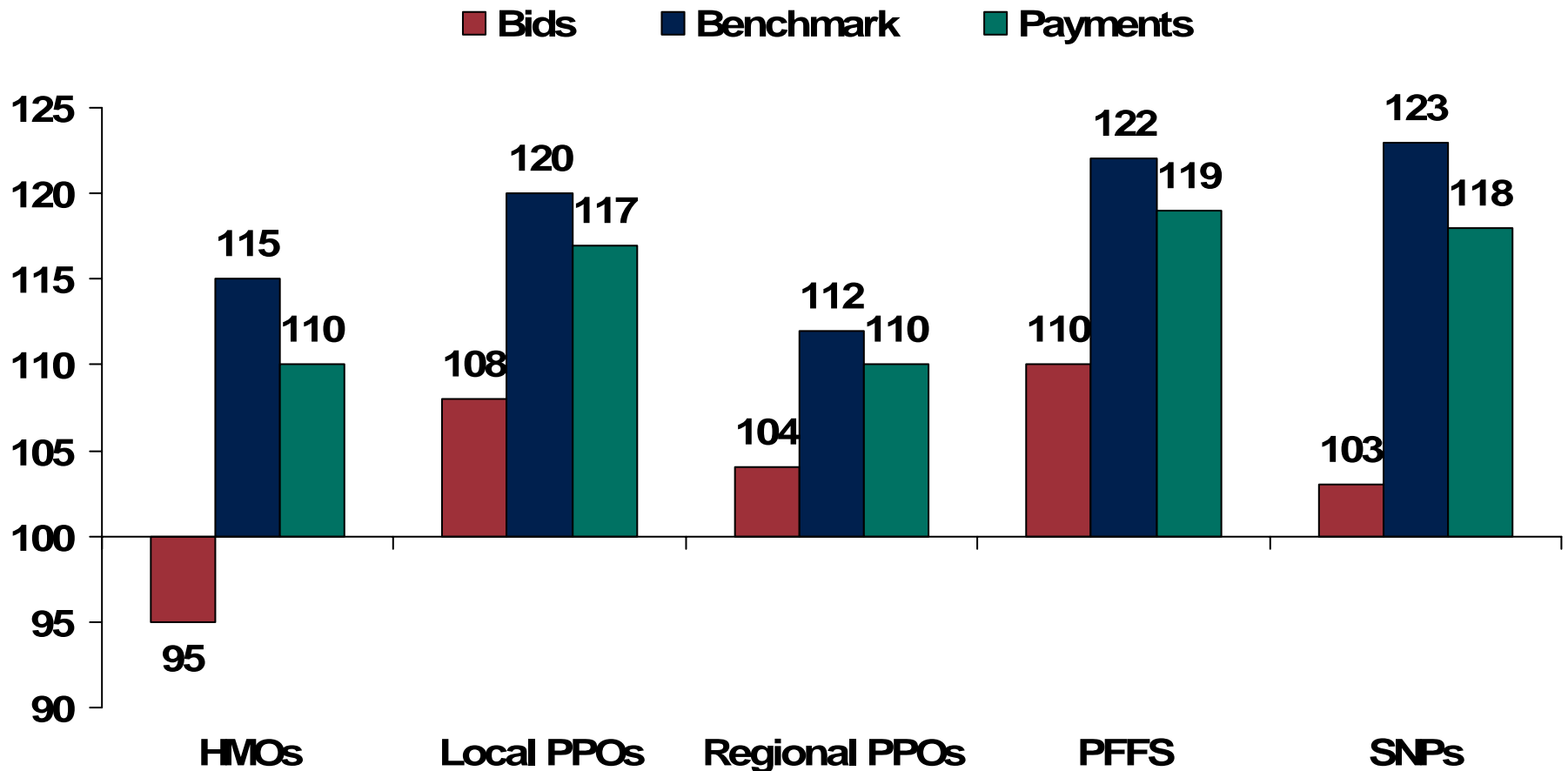
CMS-Premier Hospital Quality Incentive Demonstration: Higher Quality Hospitals Have Fewer Readmissions

Readmission rates by pneumonia quality ranking (percent)



Payments to Medicare Advantage Plans as a Share of Medicare Fee-for-Service Costs, 2006

Percent of fee-for-service costs



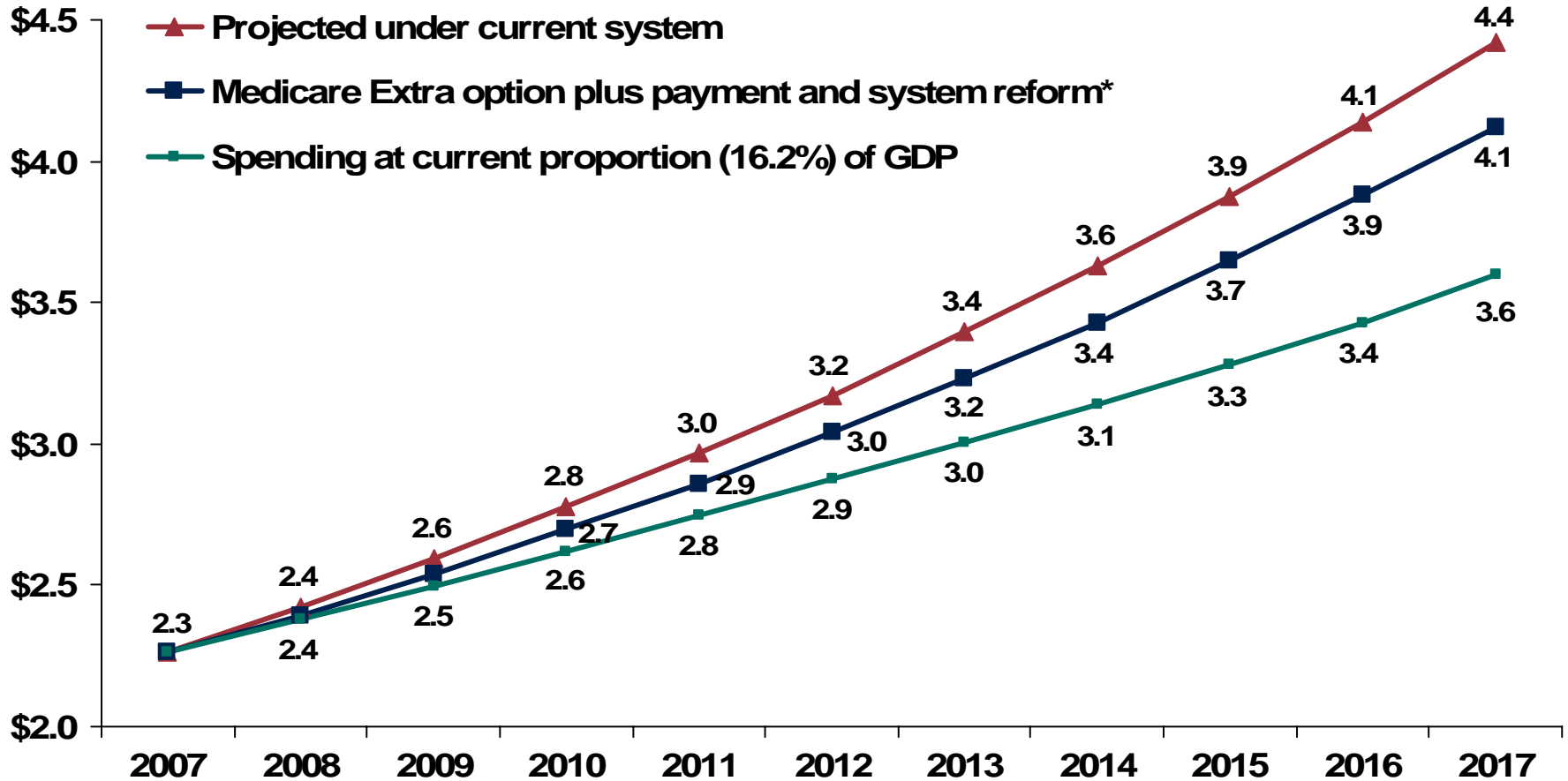
Note: HMOs = health maintenance organizations; PPOs = preferred provider organizations; PFFS = private fee-for-service plans; SNPs = special needs plans.

Source: Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy* (Washington, D.C.: MedPAC, March 2007).



Total National Health Expenditures, 2008–2017, Projected Under Connector with Public Plan Option with Payment and System Reform

Dollars in trillions



* Selected individual options include improved information, payment reform, and public health.

Source: C. Schoen, S. Guterman, A. Shih, J. Lau, S. Kasimow, A. Gauthier, and K. Davis, *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, Commonwealth Fund Commission on a High Performance Health System, Dec. 2007.

