



# The United States Health Care System: Views and Experiences of Adults with Health Problems

## Findings from the Commonwealth Fund 2002 International Health Policy Survey

According to the Commonwealth Fund 2002 International Health Policy Survey, U.S. adults who have health problems experience medical errors, care coordination problems, and cost-related access difficulties at high rates. More than one-fourth of sicker adults who were surveyed in the United States said that a medical mistake or medication error had occurred in their care in the past two years, a rate higher than that seen for the four other countries surveyed—Australia, Canada, New Zealand, and the United Kingdom. Nearly one of five U.S. respondents reported an error had caused serious health problems.

U.S. respondents also reported frequent problems with receiving conflicting information or duplicate tests, or with records or tests not arriving at their doctors' offices in time for appointments. U.S. rates on these indicators of care coordination tended to be the highest in the five-nation survey.

The U.S. also stood out in difficulties with accessing care because of cost. U.S. adults with health problems were more likely than their counterparts in the other countries to say that, because of cost concerns, they did not fill prescriptions, did not see a doctor when sick, or went without recommended diagnostic or follow-up treatment.

With regard to waiting times for hospital care, the U.S. had the lowest rate of reported concerns in the survey. Two of five U.S. respondents, however, said it was difficult to see specialists when needed. The referral process was a leading reason cited for these difficulties—unique among the five nations.

The survey also indicated frequent missed opportunities for communication between doctors and patients in the U.S. Overall, the survey indicates room for improvement in the U.S. in quality and access.

The Commonwealth Fund 2002 International Health Policy Survey consisted of interviews with a sample of adults in each of the five countries who rated their health as fair or poor, who reported having a recent

hospitalization or major surgery, or who had a serious illness or injury that required intensive medical care in the previous two years. These individuals are among the highest users of health care and are particularly vulnerable to variations in quality of care and to cost and access barriers. Comparative findings from the survey were reported in the May/June 2003 issue of *Health Affairs*.<sup>1</sup>

### Patient Safety: Medical/Medication Errors

Recent U.S. studies highlight the need to address medical errors. Findings from the international survey underscore this concern.

- Twenty-eight percent of U.S. adults with health problems said they experienced a medical mistake or medication error in the previous two years—the highest rate in the survey and significantly higher than Australia, New Zealand, and the U.K. (Figure 1).

United States Figure 1  
Medication and Medical Errors

Percent in the past two years:	AUS	CAN	NZ	UK	US
Given the wrong medication or wrong dose by a doctor, hospital, or pharmacist	11	11	13	10	12
Believed a medical mistake was made in your treatment or care	19*	20	18*	13*	23
Either error: medication error or medical mistake	23*	25	23*	18*	28

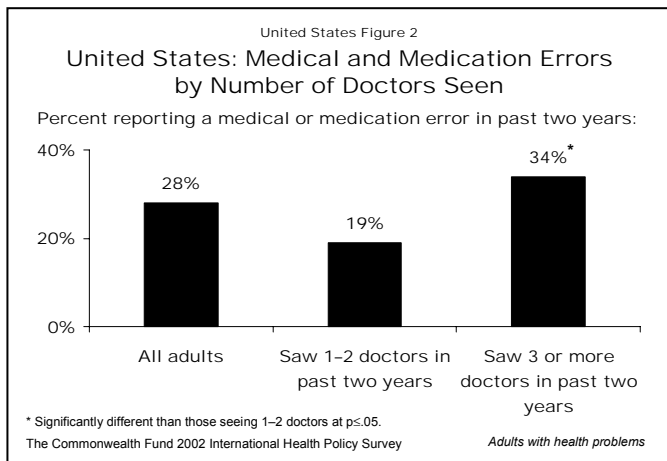
\* Significantly different than U.S. at p<.05.  
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- Among those U.S. respondents who said they experienced an error, 63 percent said it caused serious health problems. Including all U.S. respondents in the survey, nearly one-fifth (18%) reported that the medical or medication error caused a serious health

<sup>1</sup> R. J. Blendon, C. Schoen, C. DesRoches, R. Osborn, and K. Zapert, "Common Concerns Amid Diverse Systems: Health Care Experiences in Five Countries," *Health Affairs* 22 (May/June 2003): 106–21.

problem—the highest such rate in the survey (CAN 15%; N.Z. 14%; AUS 13%; U.K. 9%).

- Medication and medical errors were more likely among adults who were seeing three or more doctors (34%) than among those seeing just one or two (19%) (Figure 2).



- Medication errors were more frequent among people taking multiple drugs (16% medication error rate among U.S. adults taking four or more medications).

### Care Coordination

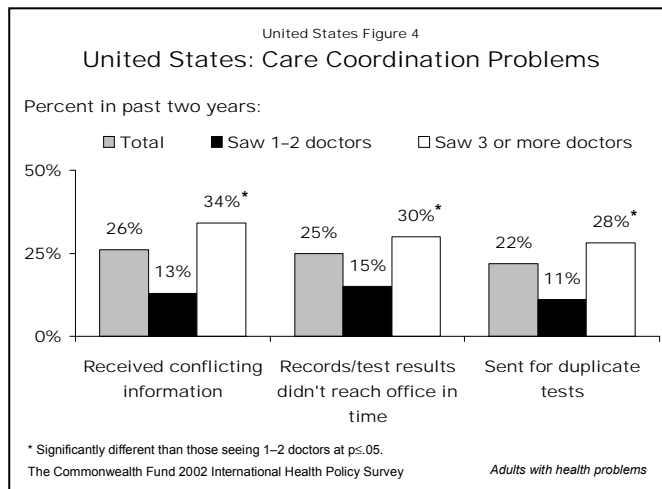
All participants in the survey had either current or recent health problems. The survey revealed that in the U.S. these adults typically saw multiple physicians and frequently encountered problems with their care coordination in the previous two years. U.S. rates of care coordination problems were the highest in the five-nation survey.

- One-quarter (26%) of U.S. adults said that they had received conflicting information from different health professionals (Figure 3).

Percent in the past two years:	AUS	CAN	NZ	UK	US
Had to tell the same story to multiple health professionals	49*	50*	47*	49*	57
Received conflicting information from different health professionals	23	23	24	19*	26
Sent for duplicate tests by different health professionals	13*	20	17*	13*	22
Records/tests didn't reach office in time for appointment	14*	19*	16*	23	25

\* Significantly different than U.S. at p <= .05.  
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- One-fourth reported a time in the past two years when test results or medical records did not reach the doctor's office in time for an appointment, and 22 percent said that they had been sent for duplicate tests and procedures by different health professionals.
- Although the other four countries also evidenced coordination problems, U.S. rates were significantly higher on several indicators.
- U.S. adults who were seeing multiple physicians were more likely than those seeing one to two to report these care coordination problems (Figure 4).

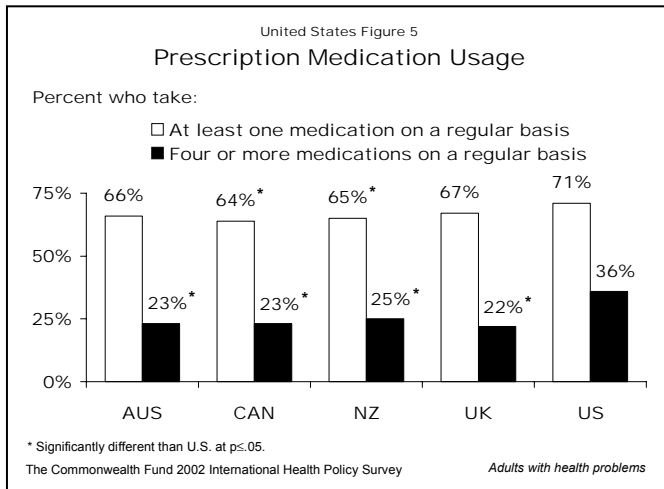


### Prescription Drugs

U.S. adults with health problems depend on prescription medications, often multiple medicines. U.S. rates of drug use were the highest in the survey. Yet, U.S. adults often reported that their regular doctor had not reviewed or discussed all their medications with them.

- Seventy-one percent said they take prescription drugs on a regular basis. Over one-third (36%) said that they use four or more prescription drugs regularly, the highest rate in the survey (N.Z. 25%; AUS 23%; CAN 23%; U.K. 22%) (Figure 5).
- More than one of five (22%) sicker U.S. adults taking drugs regularly said the doctor they rely on most for their care had not reviewed all the medications they were taking in the past two years. Among those taking four or more medicines, 21 percent said their doctor had not reviewed all their medicines.
- One-fifth (19%) of U.S. adults reported that they had stopped taking a prescription medication without a doctor's advice because of side effects, and one

of 10 (9%) reported they had taken a drug that had serious side effects of which the doctor had not made them aware.



- Sixteen percent skipped doses of prescription medications to make them last longer, more than double the rate reported in some of the other countries (AUS 9%; CAN 8%; N.Z. 7%; U.K. 6%).

### Doctor–Patient Communication and Physician Ratings

The survey indicates that there are missed opportunities for more effective communication between U.S. patients and their doctors.

- One-fifth of U.S. adults reported that their regular doctor had not made clear the specific goals for treatment.
- Thirty percent said that their doctor did not keep them motivated to do the things they need to do for their health, and 14 percent said their doctor does not help them understand what they need to do for their health.
- Nearly one-third of U.S. respondents said they left the doctor's office without getting important questions answered, and two of five (39%) reported there was a time in the past two years when they did not follow a doctor's advice or treatment plan. On both measures, the U.S. rates were the highest (Figure 6).
- Among U.S. adults not adhering to recommended care, 33 percent said that it was too difficult to do so, 28 percent said it cost too much, and 25 percent disagreed with what the doctor recommended. Only 7 percent said they did not understand the advice.

United States Figure 6  
Communication with Doctors

Percent in the past two years:	AUS	CAN	NZ	UK	US
Left a doctor's office without getting important questions answered	21	25	20	19	31*
Did not follow a doctor's advice	31	31	27	21	39*

\* Significantly different than other countries at  $p \leq .05$ .  
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- Considerable emotional pain can accompany serious or chronic illness, yet half (51%) of Americans said their regular physician had not discussed the emotional burden of coping with their condition.

Of the five countries surveyed, U.S. adults with health problems gave their doctors the lowest average ratings on five dimensions of care (ability to diagnose problems, spending enough time, being accessible, listening to their health concerns, and treating them with dignity and respect).

- On average, 59 percent of U.S. adults rated their physicians as "excellent" or "very good" (N.Z. 73%; AUS 68%; CAN 62%; U.K. 60%).
- Ratings in the U.S. were notably low on how well doctors diagnosed problems (N.Z. 68%; AUS 67%; CAN 62%; U.S. 58%; U.K. 57%).

### Waiting Times

Sicker U.S. adults were among the least likely to report problems with waiting times for hospital care. Yet, they reported difficulties with access to specialty care, often because of referral requirements or waiting times.

- Forty percent of U.S. respondents said it was "very" (15%) or "somewhat" (24%) difficult to see a specialist when needed (Figure 7).
- Among those who reported difficulties getting specialist care, waiting times (40%) and referral delays (31%) were the leading reasons for difficulty. U.S. respondents were unique in citing referral concerns.
- Compared with other nations, respondents in the U.S. were least likely to report that hospital admission waiting times or delays and cancellations of surgery or other medical procedures were "big" problems.

United States Figure 7  
Difficulty Seeing a Specialist  
and Waiting Problems

Percent reporting:	AUS	CAN	NZ	UK	US
Very or somewhat difficult to see specialist	41	53*	36	38	40
The following were "big problems" in the past two years:					
Long waits for hospital admission	20*	28*	21*	19*	13
Long waits for doctor's appointment	17	24*	5*	21*	14
Delay of scheduled surgery or procedure due to cancellation	10*	16*	9*	10*	5

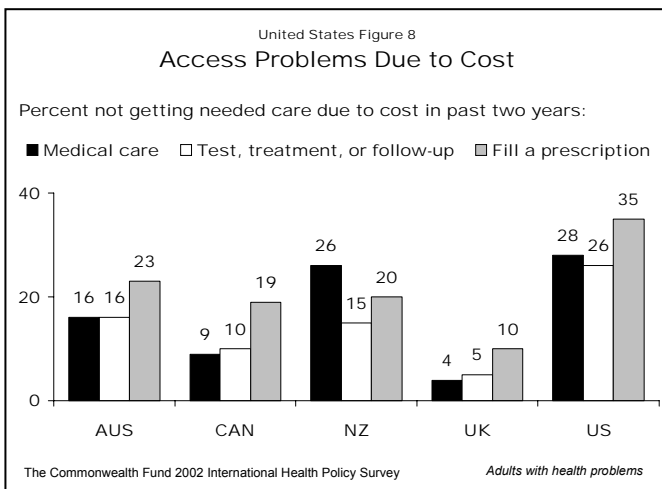
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- Among those who had used or tried to use emergency rooms in the previous two years, nearly one-third (31%) reported that delays were a big problem.

### Access Problems Due to Cost

U.S. adults with health problems stood out in reporting they went without needed medical care due to costs.

- Thirty-five percent of Americans reported a time when they did not fill a prescription due to cost, the highest rate in the survey (Figure 8). Similarly, U.S. adults were the most likely to have skipped doses to stretch out medications.



- Nearly three of 10 (28%) said they had a medical problem but did not see a doctor because of costs, a rate significantly higher than all countries but New Zealand.
- More than one-fourth (26%) of U.S. respondents did not get a recommended test, treatment, or follow-up care because of cost.

- Forty percent said they had gone without needed dental care due to costs. Respondents in the other countries, with the exception of the U.K., reported similarly high rates of problems affording dental care (N.Z. 47%; AUS 44%; CAN 35%; U.K. 21%).

### Views of the Health Care System

- Forty-four percent of U.S. adults with health problems reported being "not very satisfied" or "not at all satisfied" with their health care system—the second-highest rate in the survey (N.Z. 48%; U.S. 44%; CAN 36%; AUS 35%; U.K. 31%).
- When asked to name the two biggest problems with the U.S. health care system, nearly half (48%) named the high cost of health care and one-quarter named the inadequate coverage of services. In the other countries, shortages and waiting times were most frequently cited.
- Those who said they were dissatisfied with the U.S. health care system reported higher rates of medical errors, care coordination problems, and cost-related access problems than those who said they were satisfied.
- Asked the single most important thing that the government could do to improve health care, the top answer given in the U.S. was to improve coverage of services (21%). However, an equal proportion (20%) said that they were "not sure" what the government should do.

#### Survey Methods

The Commonwealth Fund 2002 International Health Policy Survey consisted of interviews with adults with health problems in Australia, Canada, New Zealand, the United Kingdom, and the United States. The survey screened initial random samples of adults 18 or older to identify those who met at least one of four criteria: reported their health as fair or poor; or in the past two years had serious illness that required intensive medical care, major surgery, or hospitalization for something other than a normal birth. These questions resulted in final survey samples of: AUS 844; CAN 750; N.Z. 750; U.K. 750; and U.S. 755. These samples represent one-fourth to one-third of the adults initially contacted. Harris Interactive, Inc., and country affiliates conducted the interviews by telephone between March and May 2002. Please see the [Health Affairs](#) article for significant differences among each country.

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