COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

Public Views on Shaping the Future of the U.S. Health System

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PUBLIC VIEWS ON SHAPING THE FUTURE OF THE U.S. HEALTH SYSTEM

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ABSTRACT: On behalf of The Commonwealth Fund Commission on a High Performance Health System, Harris Interactive surveyed U.S. adults to determine the public's perspectives on ways to improve patient care and on health policy priorities facing the President and Congress. Overall, the representative sample of 1,023 adults ages 18 and older revealed strong public support for efforts to improve care coordination and access to information. There is a shared belief that expanded use of information technology, care teams, and improved delivery of preventive services could improve the quality of care. Patients reported recent experiences of wasteful, inefficient, or unsafe care. In addition, half of middle-income and lower-income families reported serious problems paying for care and insurance coverage. Three-quarters of all adults said the U.S. health care system needs either fundamental change or complete rebuilding. Expanding insurance and controlling costs, they said, should be top priorities for federal action.

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PUBLIC VIEWS ON SHAPING THE FUTURE OF THE U.S. HEALTH SYSTEM

INTRODUCTION

Understanding how the public views and experiences the U.S. health care system provides valuable insights for policy actions that are grounded in the daily realities faced by patients and their families. On behalf of The Commonwealth Fund Commission on a High Performance Health System, Harris Interactive surveyed U.S. adults to determine the public's perspectives on ways to improve patient care and on health policy priorities facing the President and Congress. The survey findings serve as a litmus test of public perceptions as the Commission explores concrete steps for increasing value received from the high proportion of resources the United States devotes to health care.

Overall, the telephone survey of a representative sample of 1,023 adults ages 18 and older revealed strong public support for efforts to improve care coordination and access to information. There is a shared belief that expanded use of information technology, practitioner teams, and improved delivery of preventive care could improve the quality of care. Patients reported recent experiences of wasteful, inefficient, or unsafe care, and ever-wider concerns about the affordability of care. As of 2006, half of middle- and lower-income families reported serious problems paying for care and insurance coverage. Three-quarters of all adults said the U.S. health care system needs either fundamental change or complete rebuilding, reflecting shared negative experiences and concerns about the future. Expanding insurance and controlling costs, they reported, should be top priorities for federal action.

CARE COORDINATION AND INFORMATION ON QUALITY AND COSTS

Across the board, adults endorse the importance of well-coordinated care. Substantial majorities believe it is important to have one place or doctor responsible for care and care coordination and to have medical records easily accessible by patients and all their physicians (Figure 1).

Figure 1. Strong Public Support for Well-Coordinated Care

How important is it to you that: (percent)	Total very or somewhat important	Very important	Somewhat important
You have one place/doctor responsible for primary care and coordinating care	92	75	17
You have easy access to medical records	94	79	15
All your doctors have easy access to your medical records	93	77	16
Care from different doctors is well coordinated	96	79	17

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- More than nine of 10 adults (92%) believe it is either very or somewhat important to have one place or doctor responsible for providing routine and acute medical care and coordinating all their needed care. Three-quarters view having this type of patient-centered medical home as very important.
- A similarly large number of adults (94%) consider it important to have easy access to their own medical records.
- More than nine of 10 adults (93%) endorse giving their doctors access to medical records across sites of care.
- There is broad support for having a regular source of care and access to medical across geographic regions, income, and education groups. More generally, nearly all respondents (96%) said it is important for care from different doctors to be well coordinated.

Adults quite typically face a different reality. Recent studies find that adults in the United States generally have short-term relationships with their physicians, often lack a regular source of ongoing care, and rarely have easy access to their own medical records.[1] Only 37 percent have had the same physician for the past five years or more, and only 51 percent reported having access to their own records.[2]

The majority of adults think it is important to have access to information about the quality and cost of care. In addition, most believe that quality and efficiency should influence the amount of payments made to physicians and hospitals (Figure 2).

Figure 2. Positive Public Views on the Need for Quality and Cost Information and Payments that Reward Performance

How important is it to you that: (percent)	Total very or somewhat important	Very important	Somewhat important
You have information about the quality of care provided by different doctors or hospitals	95	77	18
You have information about the costs of care to you BEFORE you actually get the care	91	69	22
Insurance companies identify and reward doctors and hospitals who achieve excellence in the quality and efficiency of care	87	62	25

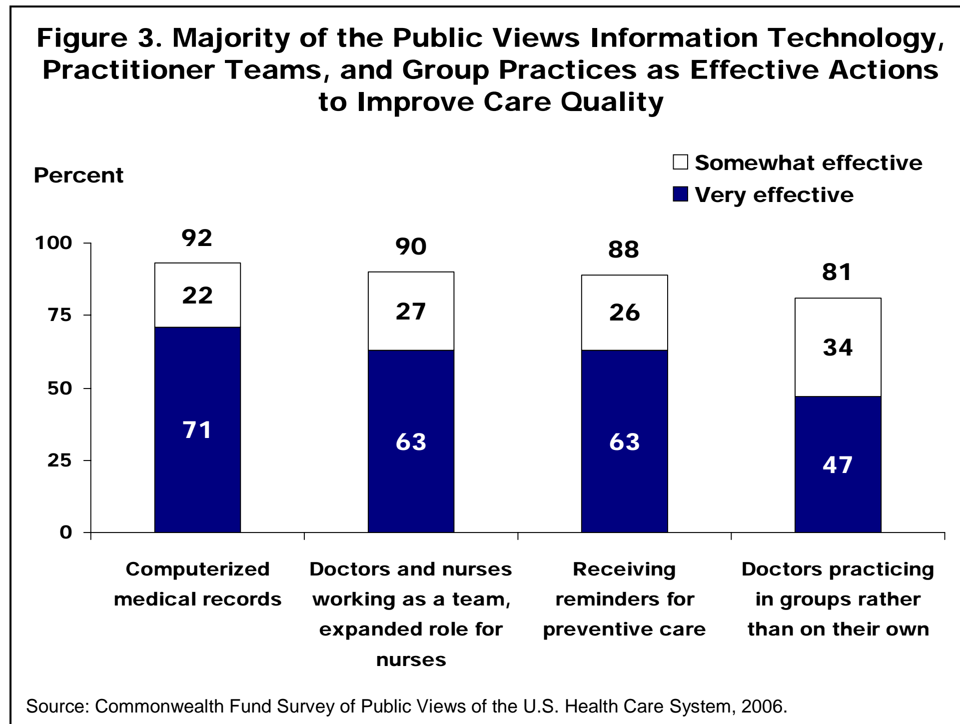
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- Nearly all adults (95%) feel it is important to have information about the quality of care provided by different doctors or hospitals, with three-quarters (77%) saying this is very important.
- A strong majority (91%) also thinks it is very or somewhat important to have information about the costs of care before getting care.
- Most adults endorse the use of cost and quality information to determine physician payments. More than four of five Americans (87%) think it is important for insurance companies to identify and reward doctors and hospitals for excellence in quality and efficiency of care.

Again, the reality patients typically encounter is quite different from their beliefs about the value of quality and cost information. Although changes in insurance benefit designs that create more cost-sharing—like high-deductible plans—require consumers to make potentially risky decisions about care, reliable information on quality and costs of care is rarely available.[3] In a survey of individuals with health insurance, only 15 percent reported they had access to such information.[4] Moreover, health insurance plans themselves often lack information on quality or outcomes of care over time, and are therefore unable to develop networks or incentives to reward and support clinicians who provide higher quality, more efficient care.[5]

PUBLIC VIEWS OF EFFECTIVE ACTIONS FOR IMPROVING CARE

Mirroring the wide public support for well-coordinated care and easy access to medical records and provider information, most adults view efforts to facilitate information exchange and practitioner teams as effective strategies to improve quality of care (Figure 3).



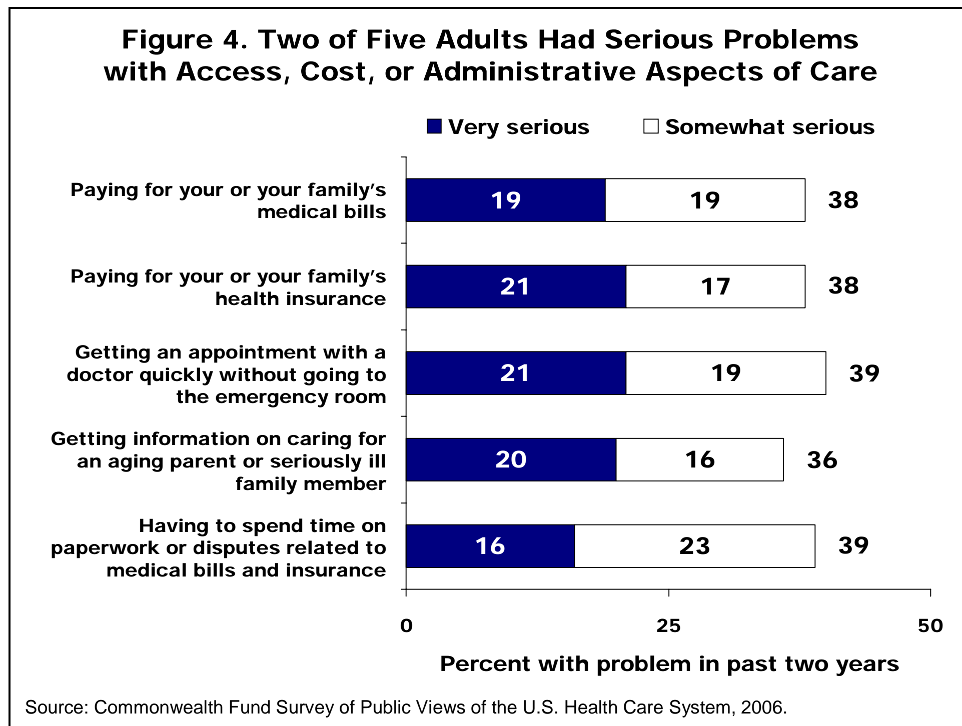
- More than nine of 10 Americans (92%) believe computerized medical records would be an effective strategy to improve care quality, with a substantial majority seeing electronic medical records as being very effective.
- Adults also support efforts to make care more coordinated by expanding the role for nurses and having doctors and nurses work as a team. Nine of 10 respondents think this change would be effective in improving quality of care.
- A similar proportion of Americans (88%) believes wider use of reminders for preventive care would improve care quality.
- There is strikingly strong support for physicians practicing in group practices. Four of five adults (81%) believe that quality of care would be improved if physicians practiced in groups rather than on their own.

Again, the current environment is quite different. A 2003 survey of physicians found that only one of four (27%) used electronic medical records routinely or

occasionally, and only half (54%) sent patients reminders about preventive care.[6] One of three physicians practice in solo offices and about one-quarter are in groups of two to four physicians.[7]

EXPERIENCES AND CONCERNS ABOUT ACCESS, COSTS, AND QUALITY

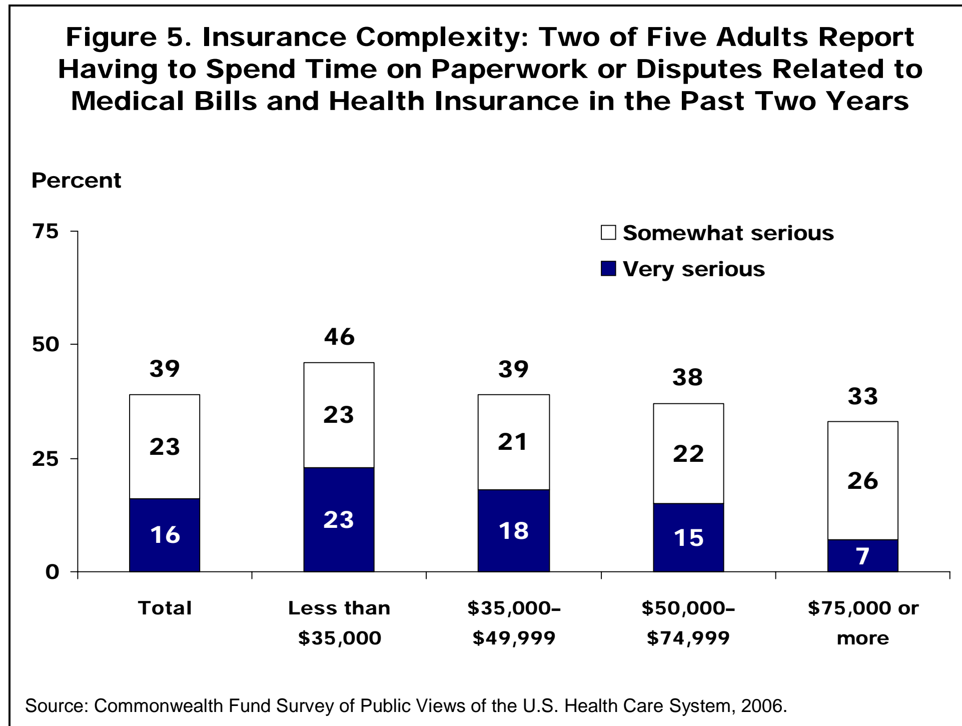
Affordability of care and insurance is of growing concern. In addition to concerns about costs, a high proportion of adults has serious problems getting timely care and reported spending time on paperwork and having disputes related to medical bills and insurance (Figure 4).



- Nearly two of five adults (38%) reported serious problems paying for their own or their family's medical care. A similarly high proportion said it has had difficulty paying for health insurance.
- Timely access is a broad concern. In the past two years, two of five adults (39%) reported serious problems getting prompt appointments to see a doctor when sick or in need of medical attention without going to the emergency room.
- One-third of Americans (36%) have trouble finding information on care for a very ill or aging family member.
- In addition to waiting times to see doctors, administrative aspects of health care consume patients' time and effort. Two of five adults (39%) reported spending

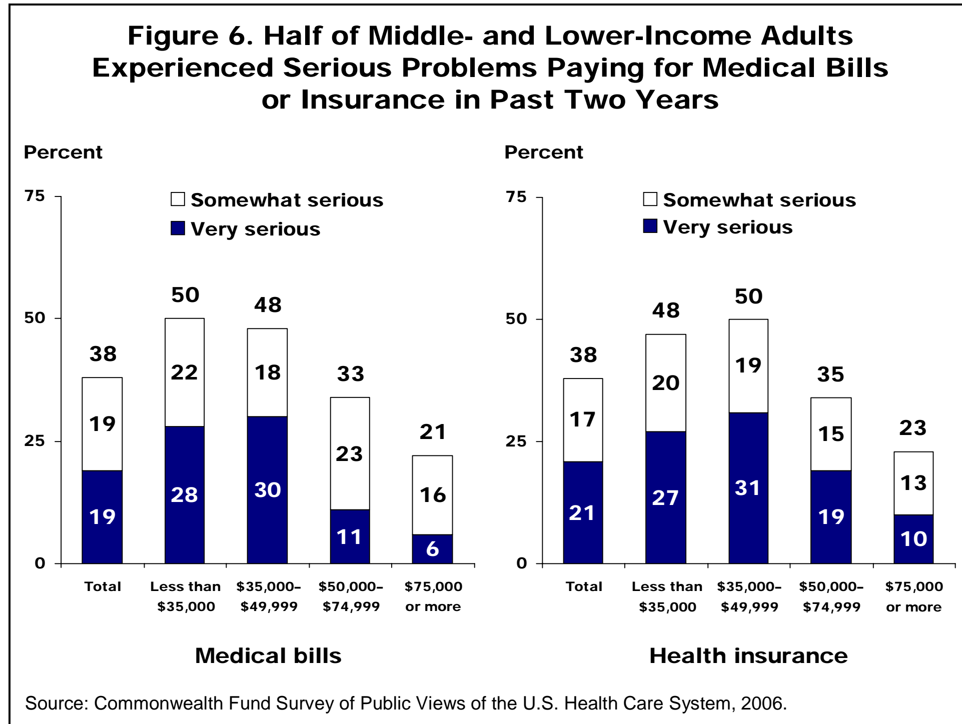
time handling paperwork or on disputes related to medical bills and health insurance as a serious problem.

- Administrative complexity appears of particular concern to low-income adults. Nearly half (46%) of Americans with incomes less than $35,000 said they had serious problems with paperwork and disputes related to bills and insurance (Figure 5).



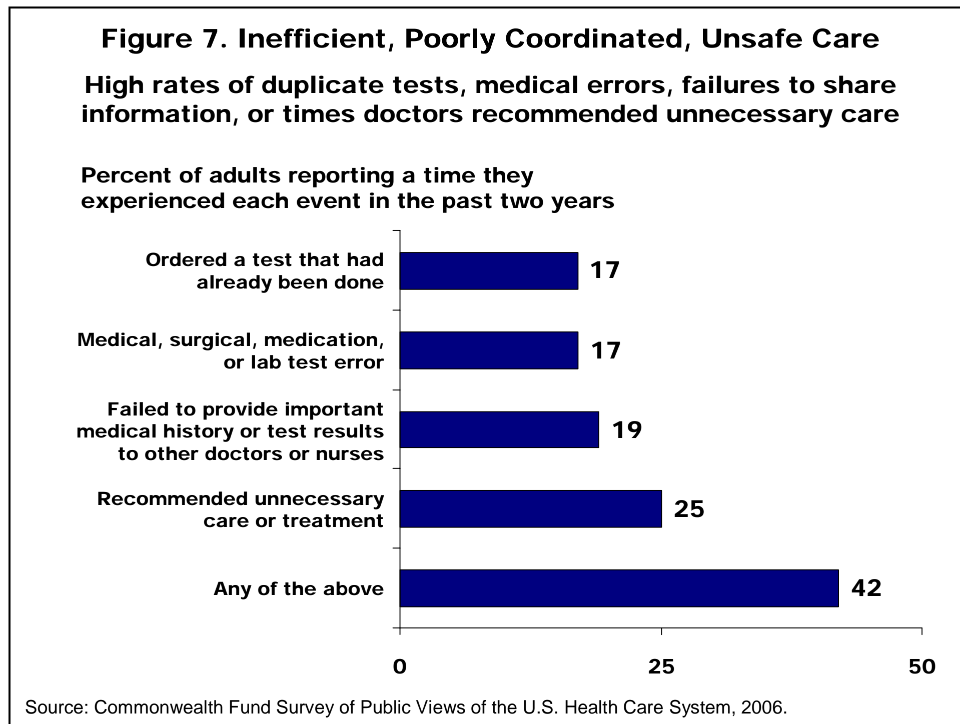
- Overall, more than two-thirds of respondents (69%) noted that at least one of the aforementioned issues was a serious problem in the previous two years.

Affordability concerns are moving up the income ladder (Figure 6).



- Half of middle-income ($35,000–$49,999 annually) and lower-income (less than $35,000 annually) families said they have had serious problems paying for care in the past two years.
    - With the median U.S. household income at $44,000, the findings indicate that more than half of all households are experiencing stress when paying for medical care.
- A similarly high proportion of middle- and lower-income adults reported difficulties paying for health insurance.
- Among these middle- and lower-income groups, more than one of four described cost concerns are "very serious."
- Affordability is a now a concern at even higher-income levels. One-third of adults with annual incomes between $50,000 and $74,999 reported serious problems in paying for care.

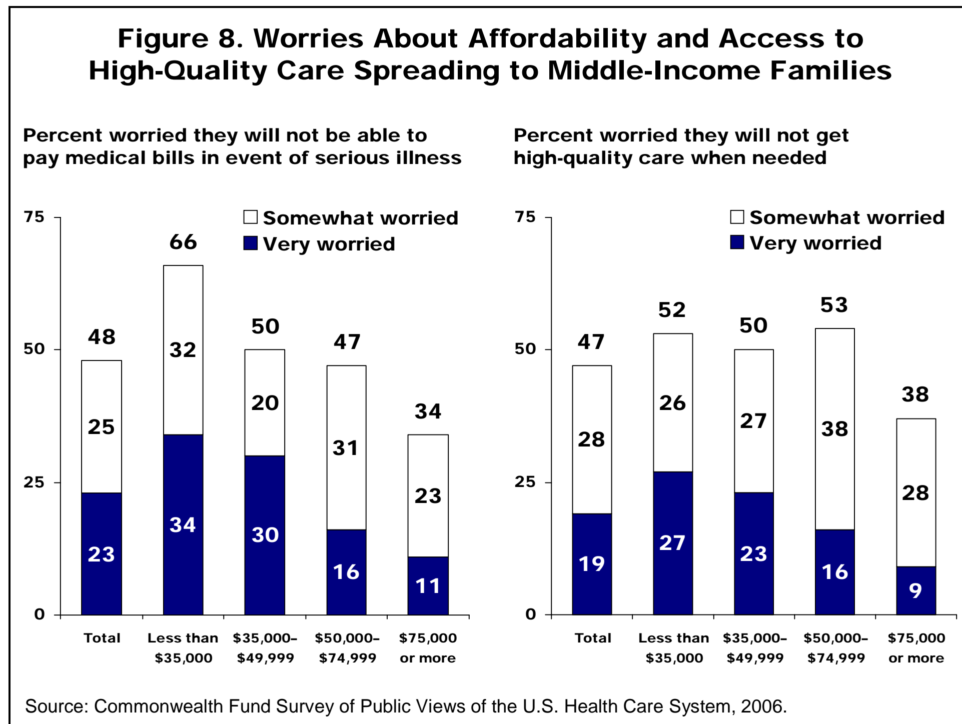
Even when care is accessible, adults reported concerns with its efficiency and safety (Figure 7).



- One-quarter of all adults (25%) believe their physicians recommended unnecessary care or care of little value in the past two years.
- One of six (17%) said their physicians or providers repeated medical tests that had already been done.
    - Taken together, nearly one of three adults (30%) experienced either duplicate tests or care they believed was of little or no value.
    - Rather than believing more care is always better, the findings indicate patients are quite discerning when subjected to wasteful or unnecessary care.
- The survey reveals disturbingly frequent breakdowns in care coordination, as well as medical errors that put patients at risk.
    - About one of five adults (19%) reported a time when their doctors or other medical care providers failed to provide important medical history or test results to other health care professionals who should have had them.
    - One of six (17%) reported a medical, medication, or lab test error in the past two years.
- Altogether, 42 percent of all adults reported experiencing either inefficient care, poorly coordinated care, or unsafe care in the past two years.

Patients' perceptions echo those reported by physicians. In a survey of physicians in 2003,[8] 72 percent reported medical records, test results, or other relevant clinical information often or sometimes were not available in the past 12 months. One-third (34%) said patients often or sometimes had tests or procedures done that had to be repeated because findings were unavailable or inadequate for interpretation. One-fourth of physicians (26%) said patients experience a problem following discharge because the physician did not receive needed information in a timely manner. Physicians also reported observing medical errors often or sometimes in the past 12 months: 15 percent said an abnormal test result was not promptly followed up and 11 percent said patients received a wrong drug, wrong dose, or preventable drug–drug interaction.

Health insecurity is moving up the income ladder. A high proportion of adults is worried about the cost and quality of health care in the future (Figure 8).



- Overall, about half of all respondents (48%) are very or somewhat worried about the affordability of care they or their families may need in the future.
    - Worries are acute among middle- as well as low-income families
- Notably, half or more of adults with incomes up to $74,999 a year worry they will not get high-quality care when needed.

OVERALL SYSTEM VIEWS AND PRIORITIES FOR FEDERAL ACTION

Reflecting negative experiences as well as worries about the future, three-quarters of adults believe the U.S. health care system needs to be fundamentally changed or rebuilt completely. The negative view prevails across groups by income, insurance, and political affiliation (Figure 9).

Figure 9. Americans' Overall Views of the U.S. Health Care System, by Income, Insurance, Region, and Political Affiliation

Percent saying:	Only minor changes needed	Fundamental changes needed	Rebuild completely
Total	20	46	30
Annual income			
<$35,000	17	43	36
$35,000–$49,999	21	44	31
$50,000–$74,999	17	47	35
$75,000 or more	22	52	25
Insurance status			
Total insured	21	48	28
Uninsured during year	12	35	48
U.S. region			
Northeast	20	48	28
North Central	19	48	30
South	21	45	30
West	17	45	30
Political affiliation			
Republican	35	43	19
Democrat	11	44	41
Independent	16	53	27

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- Only 20 percent of adults think the health care system works relatively well, with only minor changes needed.
- Nearly one-third (30%) believe the system needs to be completely rebuilt and another 46 percent think the system requires fundamental changes. System views are remarkably similar across income groups and regions of the country.
- More Republicans (35%) than Democrats (11%) see a need for only minor changes, but very large majorities of both parties call for fundamental changes or complete rebuilding.
- Strong negative views of the system were higher among those who reported having negative quality and care experiences (Figure 10).

Figure 10. Adults with Negative Care Experiences Are More Likely to Call for a Complete Rebuild of System

Percent saying:	Only minor changes needed	Fundamental changes needed	Rebuild completely
Efficiency of care experiences			
Duplicate tests or unnecessary treatment	15	40	41
No duplicate tests or unnecessary treatment	22	50	25
Quality of care experiences			
Any medical errors	14	39	43
No medical errors	21	48	27
Access to care and cost problems*			
Any serious problems	16	46	33
No serious problems	28	46	22

* Problems include getting an appointment quickly, spending time on paperwork and disputes related to medical bills and insurance, paying health insurance, paying for medical bills, or finding care for aging or sick family member.

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- Forty-three percent of those who had experienced a medical error in the past two years said the system needs to be rebuilt, compared with 27 percent of those who did not report medical errors.
- Similarly, adults reporting poorly coordinated or inefficient care or access concerns are more likely to believe the system needs rebuilding.

Top Priorities for Federal Action: Coverage and Costs

The survey asked adults to rate the importance of seven possible policy actions for the President and Congress (Figure 11).

Figure 11. Rating of Importance of Issues for Presidential or Congressional Action, by Political Affiliation

Percent saying very important:	Total	Republican	Democrat	Independent
Ensure that Medicare remains financially sound in the long term	84	77	91	83
Control the rising cost of medical care	84	78	89	82
Ensure that all Americans have adequate, reliable health insurance	80	64	92	79
Lower the cost of prescription drugs	78	67	87	77
Improve the quality of nursing homes and long-term care	75	70	80	73
Reduce the complexity of insurance	71	65	79	69
Reform the medical malpractice system	65	69	65	64

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

The interviewers then asked each person to select his or her top two priorities for action.

- The top four priorities were: ensuring that all Americans have adequate and reliable health insurance; controlling the rising costs of medical care; lowering the cost of prescription drugs; and ensuring that Medicare remains financially sound in the long term.
- The rank order was remarkably similar across income groups and regions of the country (Figure 12).

Figure 12. What Are the Most Important Health Care Issues for Presidential and Congressional Action? (by income level)

Percent listing issue as first or second priority:	Total	Less than $50,000	$50,000–$74,999	$75,000 or more
Ensure that all Americans have adequate, reliable health insurance	52	56	52	50
Control the rising cost of medical care	37	35	42	39
Lower the cost of prescription drugs	31	31	27	33
Ensure that Medicare remains financially sound in the longterm	29	29	32	30
Improve the quality of nursing homes and long-term care	14	16	15	13
Reform the medical malpractice system	14	10	12	18
Reduce the complexity of insurance	12	12	10	10

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- However, priorities varied notably by political affiliation (Figure 13).

Figure 13. What Are the Most Important Health Care Issues for Presidential and Congressional Action? (by political affiliation)

Percent listing issue as first or second priority:	Total	Republican	Democrat	Independent
Ensure that all Americans have adequate, reliable health insurance	52	38	64	51
Control the rising cost of medical care	37	36	36	38
Lower the cost of prescription drugs	31	29	31	31
Ensure that Medicare remains financially sound in the long term	29	28	30	30
Improve the quality of nursing homes and long-term care	14	17	14	11
Reform the medical malpractice system	14	24	6	16
Reduce the complexity of insurance	12	13	10	13

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

- Republicans were the most divided about priorities for federal action.
- Those identifying themselves as Democrats or Independents ranked policies similarly, with coverage and cost leading the list.

SHARED VIEWS, VALUES, AND CONCERNS

Overall, the survey reveals a high level of shared public values, experiences, and concerns regarding the current U.S. health care system. Worries about the future combined with experience-based concerns about quality, access, and costs are fueling negative overall views of the current system and stimulating calls for fundamental change.

Priorities, views, and experiences are often shared across income groups and geographic regions of the country. The strong positive views of the importance of care coordination and a team approach to care, combined with support for better information systems and group practice of medicine, indicate public support of more integrated approaches for delivering patient care.

Negative access and care experiences are also becoming increasingly shared concerns. Disturbingly large numbers of survey respondents reported duplicative or unnecessary care. Rather than perceiving that more care is always better, patients are quite discerning of waste—of their time and of health care resources. Those who have experienced care that is inefficient, unsafe, or costly are the most critical of the current system of care.

But regardless of their individual care experiences, people in all income brackets, and those with and without insurance, did not vary in their thoughts about the importance of key values of a high performance health system. Nor did they vary in their opinions of major actions to achieve better coordinated, higher quality, more efficient care. Across income groups and regions of the country, there was resounding agreement that ensuring reliable health insurance and controlling rising costs are the most pressing health policy issues for the President and Congress to tackle. The majority consistently ranked coverage and costs as their top two priorities (Figure 12).

TOWARD A HIGH PERFORMANCE HEALTH SYSTEM

These public views underscore the values and call for change underpinning the recent framework statement issued by The Commonwealth Fund Commission on a High Performance Health System.[9] The Commission concluded that while the United States delivers some of the best medical care in the world, it falls far short of providing high-quality, safe, well-coordinated, and efficient care accessible to all Americans. The

Commission's report, which proposes a framework for dramatically improving the health care in the U.S., emphasizes how the current system fails to deliver adequate value for the very high proportion of resources the nation devotes to health care.

Emerging from an exhaustive review of evidence on health system performance, the Commission report pointed to concrete steps for improving value. These include implementing approaches for improving quality and safety, expanding the use of information technology, rewarding performance for quality and efficiency through payment system reforms, increasing public reporting on quality and costs, and ensuring affordable insurance coverage for all. Central to implementing these changes is the need to establish more organized systems of care that provide consumers a patient-centered medical home that is accountable for ensuring value for money.

The United States is on the wrong track. Health care costs are escalating and the numbers who are uninsured or underinsured are growing ever greater. Patients and families want transformative change. Listening to the voices of patients about their care experiences provides a prescription for what is most ailing in our current system. Patients want a genuine system of health care—one where care is coordinated, no one falls through the cracks, and every one is secure in the knowledge that the best of American medicine will be there for them. It is a clarion call that should not go unheard.

METHODOLOGY

The survey was conducted by Harris Interactive, Inc., by telephone with a representative sample of 1,023 adults ages 18 and older, living in households with telephones in the continental United States (see Appendix for demographic characteristics of survey respondents). Interviews took place between June 1 and June 5, 2006. Harris Interactive selected the sample using random-digit dialing—a technique to ensure geographic representation of households with listed and unlisted telephone numbers. Survey questions focused on: public health system values and views of effective mechanisms to improve quality of care; recent access, quality, efficiency, and affordability experiences; and concerns and priorities for federal action. Samples of this size have an overall margin of sampling error of +/– 3 percent. The survey questions were included as part of ongoing surveys of the public conducted by Harris Interactive.

NOTES

[1] C. Schoen, R. Osborn, P. T. Huynh et al., "Primary Care and Health System Performance: Adults' Experiences in Five Countries," *Health Affairs* Web Exclusive (Oct. 28, 2004):W4-487–W4-503; T. Bodenheimer, E. Wagner, and K. Grumbach, "Improving Primary Care for Patients with Chronic Illness: The Chronic Care Model, Part 2," *Journal of the American Medical Association,* Oct. 16, 2002 288(15):1909–14.

[2] 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care.

[3] P. Fronstin and S. R. Collins, *Early Experience with High-Deductible and Consumer-Driven Health Plans: Findings from the EBRI/Commonwealth Fund Consumerism in Health Care Survey* (New York: The Commonwealth Fund, Dec. 2005).

[4] Ibid.

[5] Medicare Payment Advisory Commission, *Report to the Congress: Increasing the Value of Medicare* (Washington, D.C.: MedPAC, June 2006).

[6] A.-M. J. Audet, K. Davis, and S. C. Schoenbaum, "Adoption of Patient-Centered Care Practices by Physicians: Results from a National Survey," *Archives of Internal Medicine,* Apr. 10, 2006 166(7):754–59.

[7] The Commonwealth Fund Commission on a High Performance Health System, *Framework for a High Performance Health System for the United States* (New York: The Commonwealth Fund, Aug. 2006).

[8] 2003 Commonwealth Fund National Survey of Physicians and Quality of Care.

[9] Commission High Performance, *Framework,* Aug. 2006.

Appendix. Demographic Characteristics of Survey Respondents

	Weighted distribution (%)
Age	
18–34	31
35–54	39
55–64	14
65 and older	16
Household income	
Less than $35,000	26
$35,000–$49,999	15
$50,000–$74,999	17
$75,000 or more	21
Insurance status	
Insured all year	76
Private only	60
Public/other	40
Uninsured during year	22
Race/ethnicity	
White, non-Hispanic	69
Black, non-Hispanic	11
Hispanic	13
Other	5
Education level	
Less than high school	7
High school graduate	29
Associate's degree or some college	27
College graduate or higher	35
Region of the United States	
Northeast	19
Northcentral	23
South	36
West	22
Political affiliation	
Democrat	36
Republican	24
Independent/other	35

Note: Totals may not add up to 100%. "Don't know/refused to answer" not shown.
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2006.

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