



COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

**National Scorecard on
U.S. Health System Performance, 2008**

Chartpack

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The Commonwealth Fund

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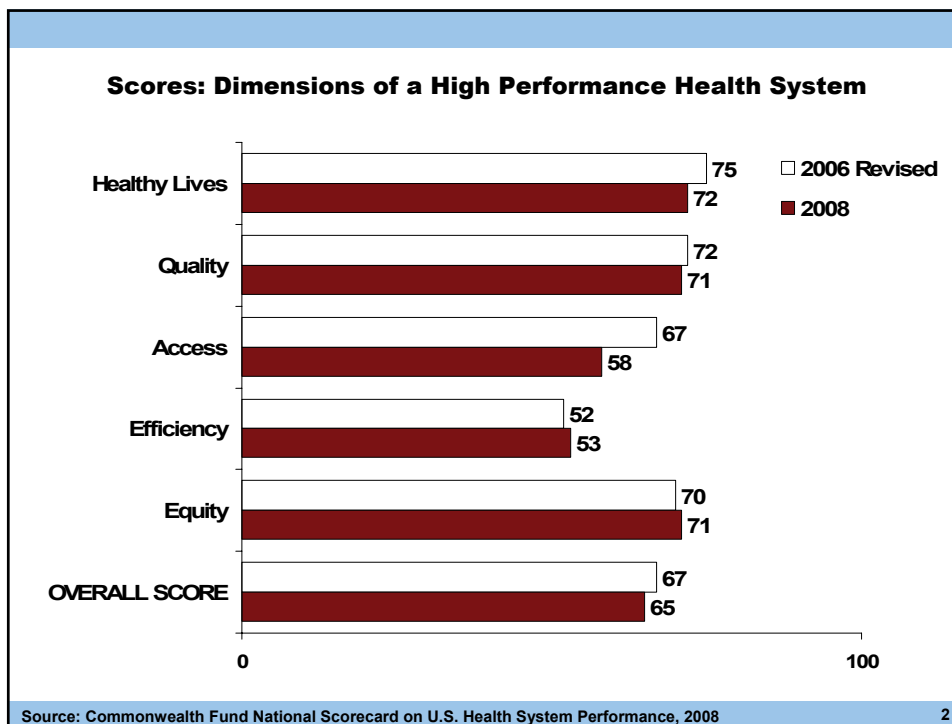
The Commonwealth Fund, among the first private foundations started by a woman philanthropist—Anna M. Harkness—was established in 1918 with the broad charge to enhance the common good.

The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

This Chartpack presents data for all indicators scored in the National Scorecard on U.S. Health System Performance, 2008. Charts display average performance for the U.S. as a whole and the range of performance found within the U.S or compared with other countries.

The charts accompany the Commission's July 2008 report, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance, 2008.*



HEALTHY LIVES

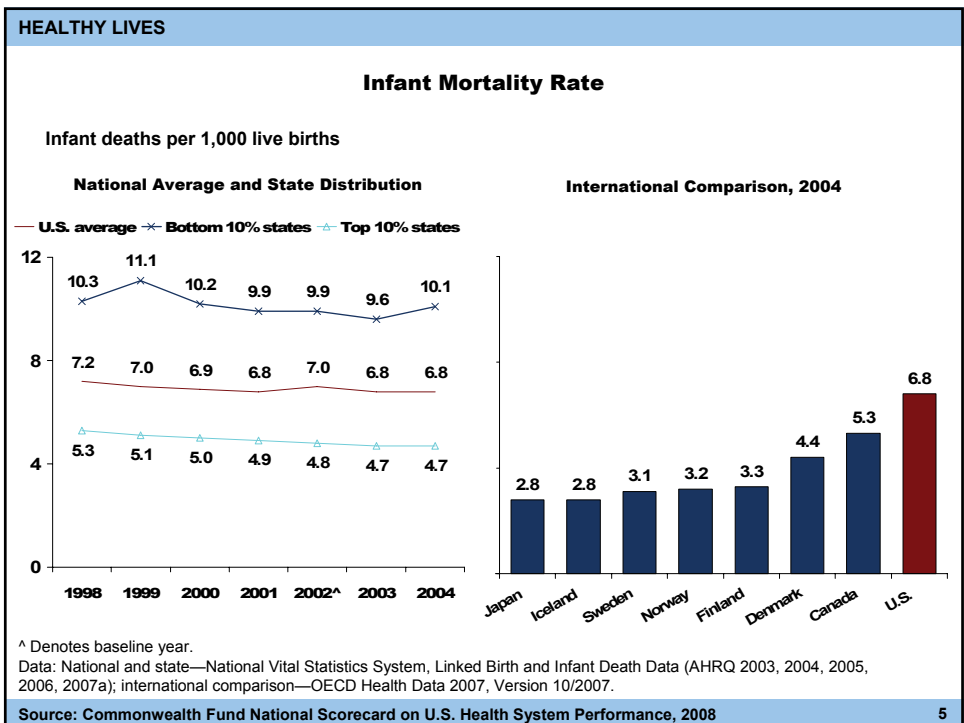
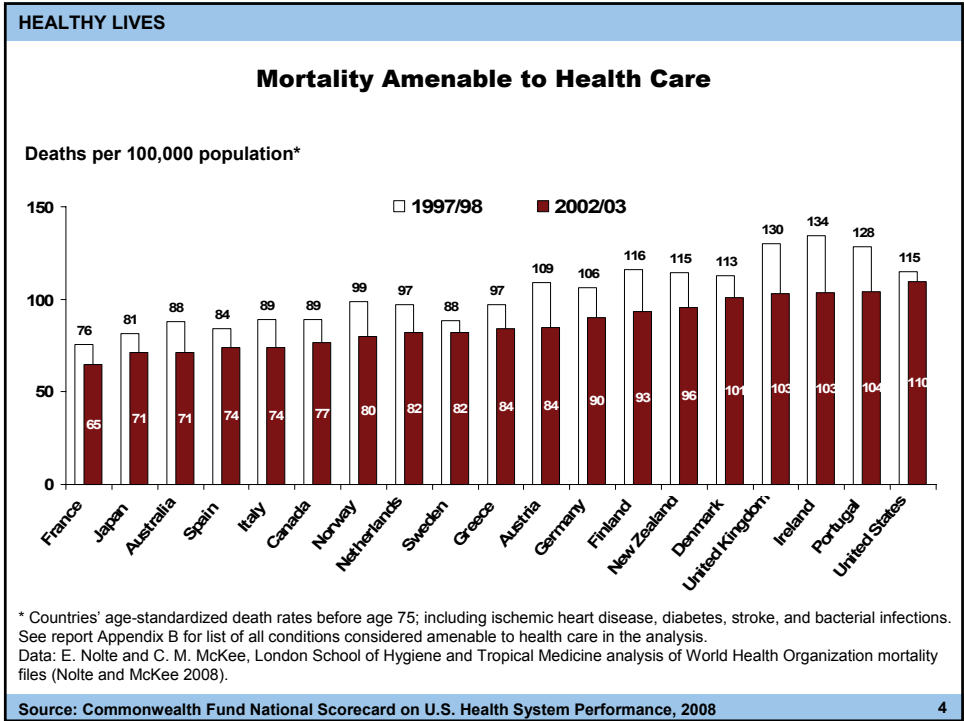
SECTION 1. HEALTHY LIVES

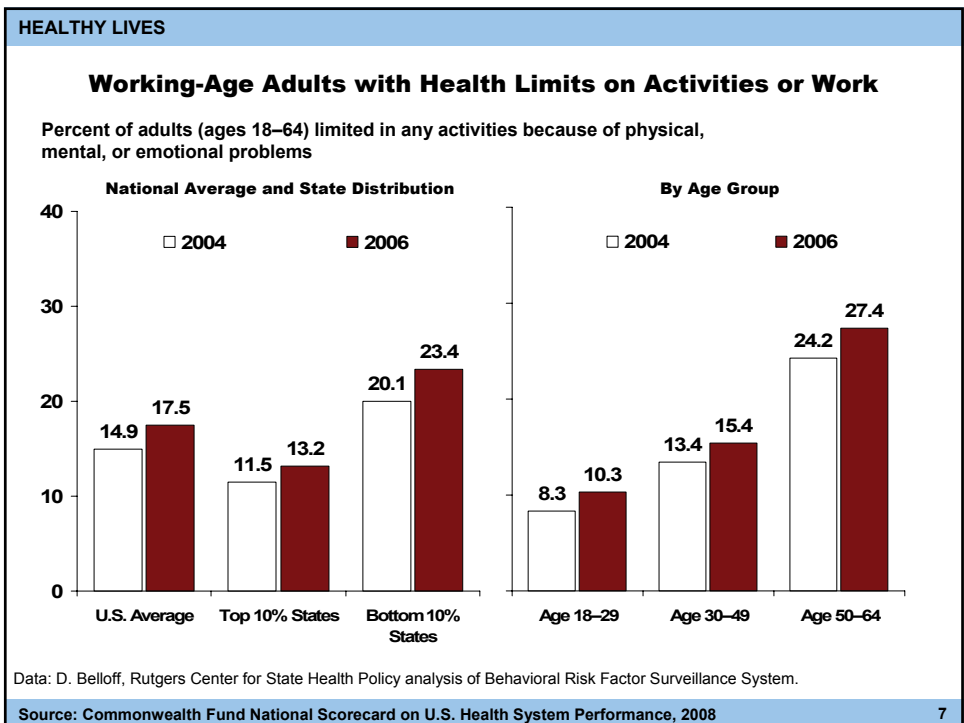
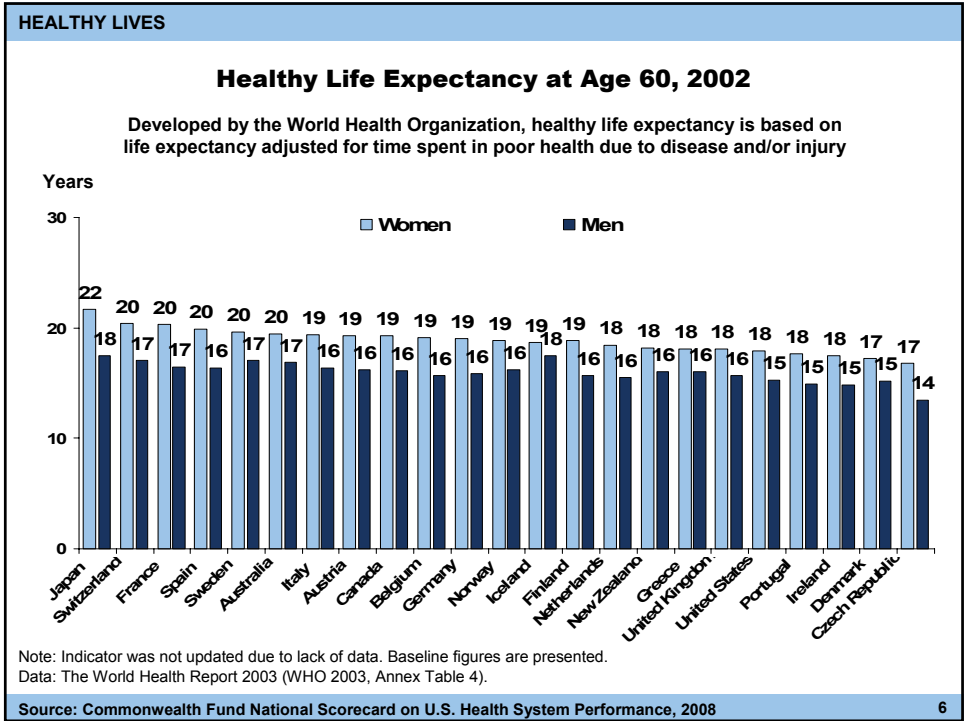
Scored Indicators:

1. Mortality amenable to health care
2. Infant mortality rate
3. Healthy life expectancy at age 60*
4. Adults under 65 limited in any activities because of health problems
5. Children who missed 11 or more days of school due to illness or injury*

* Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.

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

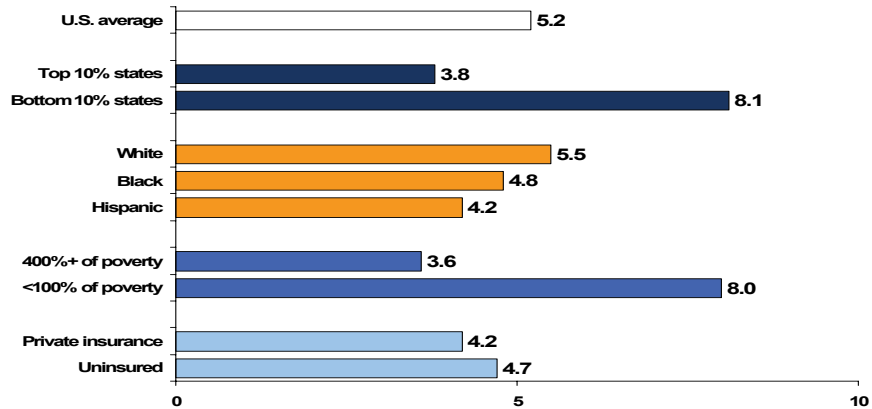




HEALTHY LIVES

School Absences Due to Illness or Injury, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages 6–17) who missed 11 or more school days due to illness or injury during past year



Note: Indicator was not updated due to lack of data. Baseline figures from Scorecard 2006 are presented.
Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

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

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QUALITY

SECTION 2. QUALITY

Quality includes indicators organized into four groups:

1. Effective care
2. Coordinated care
3. Safe care
4. Patient-centered, timely care

The Scorecard scores each group of indicators separately, and then averages the four scores to create the overall score for Quality.

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

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Effective Care

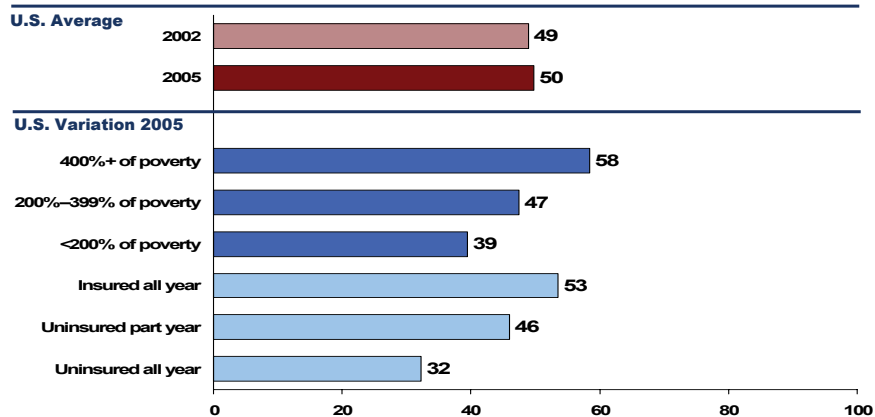
Scored Indicators:

1. Adults received recommended screening and preventive care
2. Children received recommended immunizations and preventive care
 - Received all recommended doses of five key vaccines
 - Received both medical and dental preventive care visits*
3. Needed mental health care and received treatment
 - Adults
 - Children*
4. Chronic disease under control
 - Adults with diabetes whose HbA1c level <9%
 - Adults with hypertension whose blood pressure <140/90 mmHg
5. Hospitalized patients receive recommended care for heart attack, heart failure, and pneumonia

* Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.

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*

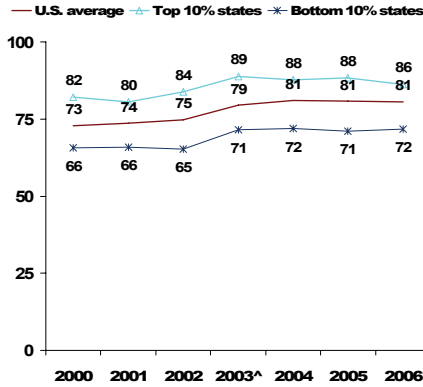


* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot. See report Appendix B for complete description. Data: B. Mahato, Columbia University analysis of Medical Expenditure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

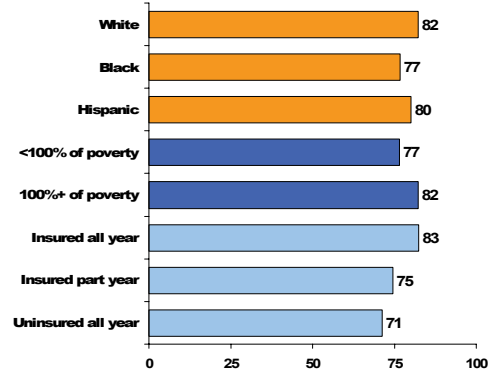
Immunizations for Young Children

Percent of children (ages 19–35 months) who received all recommended doses of five key vaccines*

National Average and State Distribution



By Family Income, Insurance Status, and Race/Ethnicity, 2006**



[^] Denotes baseline year.

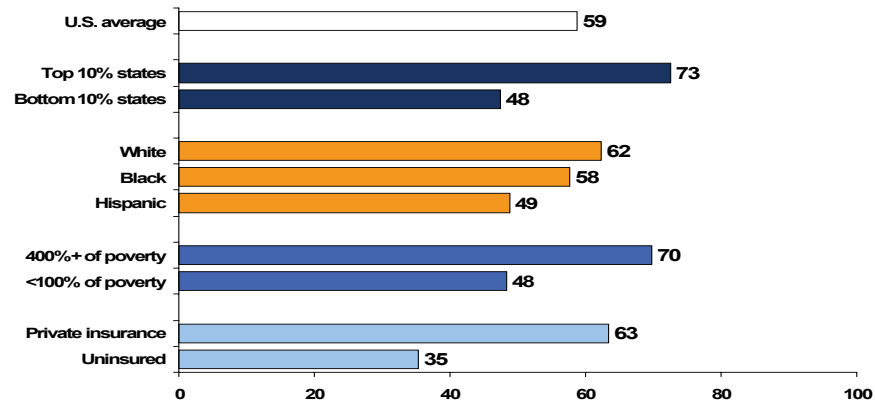
* Recommended vaccines include: 4 doses of diphtheria-tetanus-pertussis (DTP), 3+ doses of polio, 1+ dose of measles-mumps-rubella, 3+doses of Haemophilus influenzae type B, and 3+ doses of hepatitis B vaccine. **Data by insurance was from 2003. Data: National Immunization Survey (NCHS National Immunization Program, Allred 2007).

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

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Preventive Care Visits for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) who received BOTH a medical and dental preventive care visit in past year



Note: Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.

Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

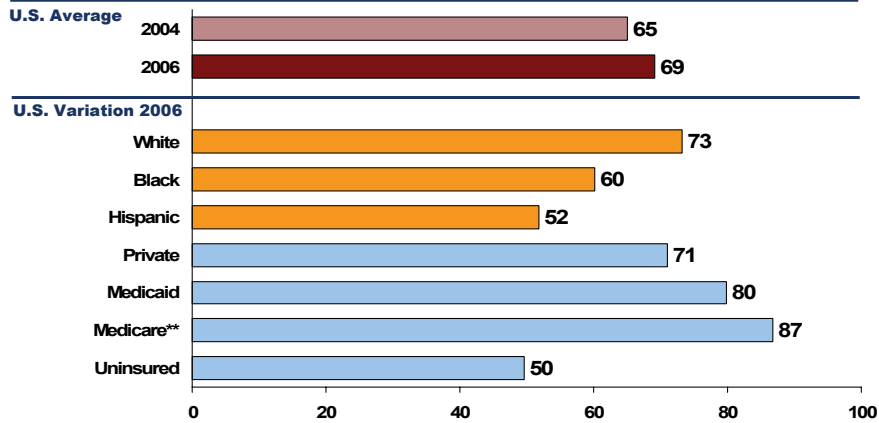
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: EFFECTIVE CARE

Adults with Major Depressive Episode Who Received Treatment

Percent of adults (ages 18+) with major depressive episode who received treatment in the past year*



Note: Indicator definition has been modified from 2006 Scorecard.
 *Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression. **Medicare includes other insurance such as military and veterans health care.
 Data: National Survey on Drug Use and Health (SAMHSA 2006 and 2007).

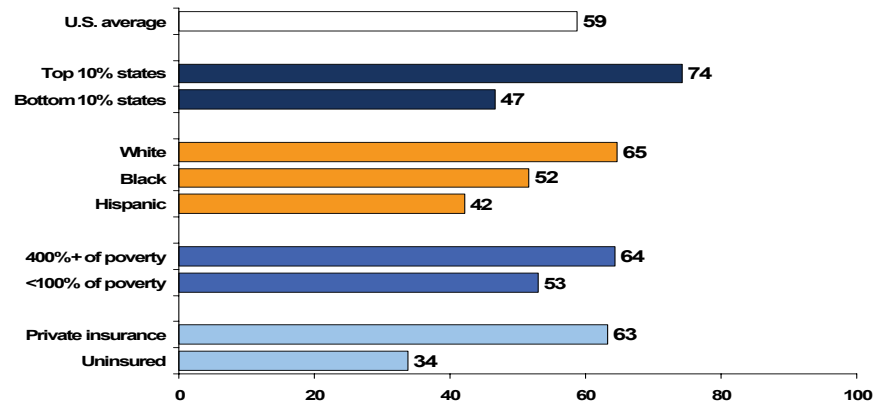
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: EFFECTIVE CARE

Mental Health Care for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) who needed and received mental health care in past year*



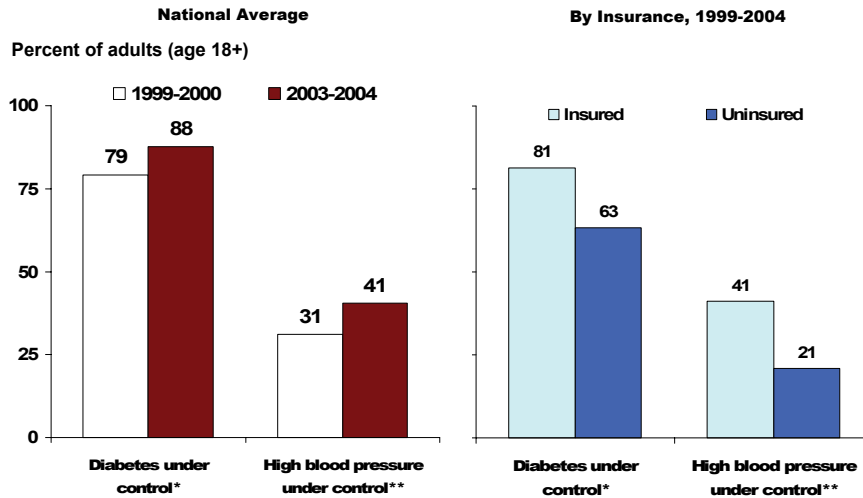
Note: Indicator was not updated due to lack of data. Baseline figures are presented.
 * Children with current emotional, developmental, or behavioral health condition requiring treatment or counseling who received needed care during the year.
 Data: 2003 National Survey of Children's Health (HRSA 2005; Retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

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

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QUALITY: EFFECTIVE CARE

Chronic Disease Under Control: Diabetes and Hypertension



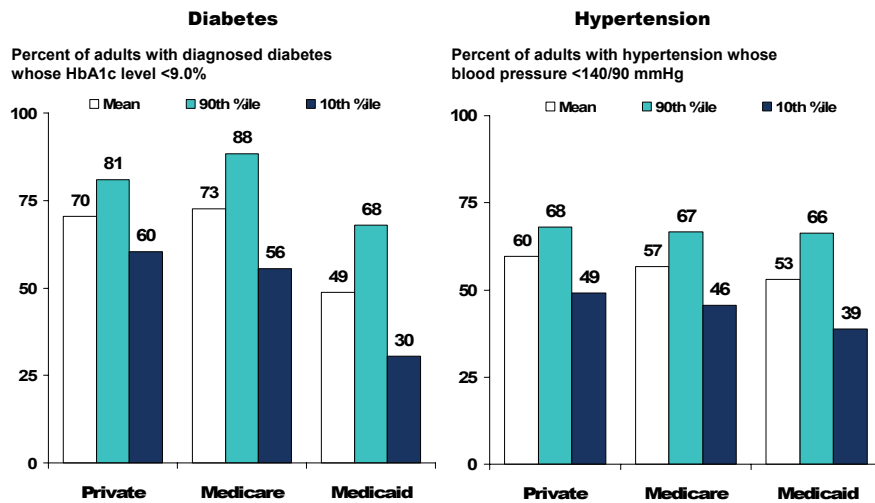
*Refers to diabetic adults whose HbA1c is <9.0 **Refers to hypertensive adults whose blood pressure is <140/90 mmHg.
Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

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

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QUALITY: EFFECTIVE CARE

Chronic Disease Under Control: Managed Care Plan Distribution, 2006



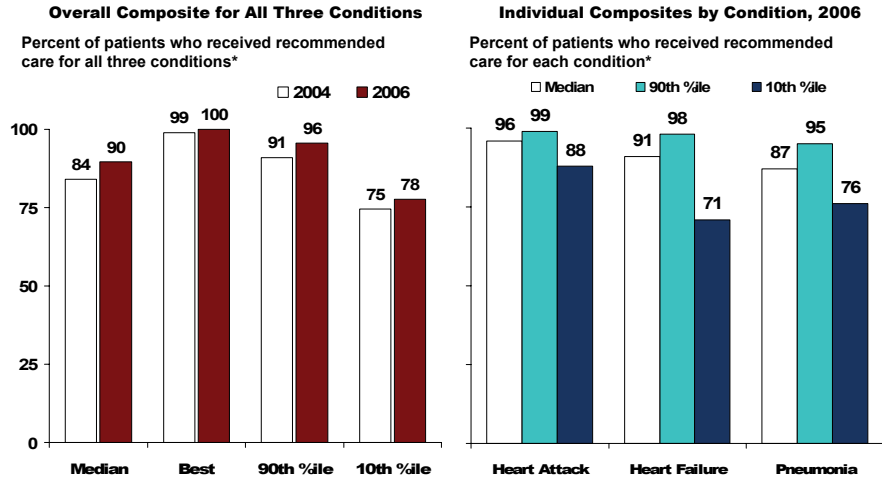
Note: Diabetes includes ages 18–75; hypertension includes ages 18–85.
Data: Healthcare Effectiveness Data and Information Set (NCQA 2007).

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

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QUALITY: EFFECTIVE CARE

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



* 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.

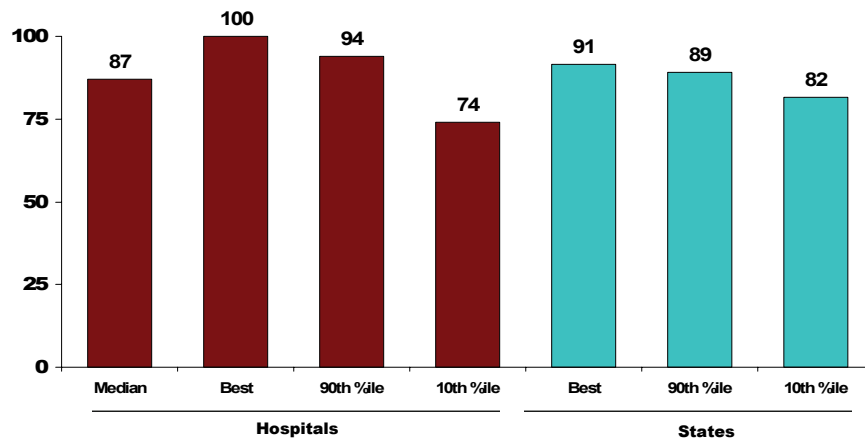
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: EFFECTIVE CARE

Hospital Quality of Care for Heart Attack, Heart Failure, and Pneumonia: Overall Composite Using Expanded Set of 19 Clinical Indicators*, 2006

Percent of patients who received recommended care for all three conditions



*Consists of original 10 "starter set" indicators and 9 new indicators for which data was made available as of December 2006; heart attack care includes 3 new indicators; heart failure care, 2 new indicators; and pneumonia, 4 new indicators) Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

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

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QUALITY: EFFECTIVE CARE

Hospital Quality of Care by Condition: Composites for Heart Attack, Heart Failure, and Pneumonia

Percent of patients who received recommended care:	HOSPITALS				STATES		
	Median	Best	90th percentile	10th percentile	Best	90th percentile	10th percentile
Acute myocardial infarction (Original: 5 indicators)							
2004	92	100	98	80	97	96	89
2006	96	100	99	88	98	97	93
(Expanded: 8 indicators*)	2006	95	100	98	87	98	92
Heart failure (Original: 2 indicators)							
2004	83	100	94	62	91	89	79
2006	91	100	98	71	94	93	81
(Expanded: 4 indicators*)	2006	83	100	95	61	90	75
Pneumonia (Original: 3 indicators)							
2004	78	99	88	66	82	79	69
2006	87	100	95	76	92	91	83
(Expanded: 7 indicators*)	2006	87	100	94	77	91	83

*Consists of original "starter set" indicators and new indicators for which data was made available as of December 2006. Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

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

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QUALITY: COORDINATED CARE

Coordinated Care

Scored Indicators:

1. Adults under 65 with an accessible primary care provider
2. Children with a medical home*
3. Care coordination at hospital discharge
 - Hospitalized patients with new Rx: Medications were reviewed at discharge*
 - Heart failure patients received written instructions at discharge
 - Follow-up within 30 days after hospitalization for mental health disorder
4. Nursing homes: hospital admissions and readmissions
5. Home health: hospital admissions

* Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.

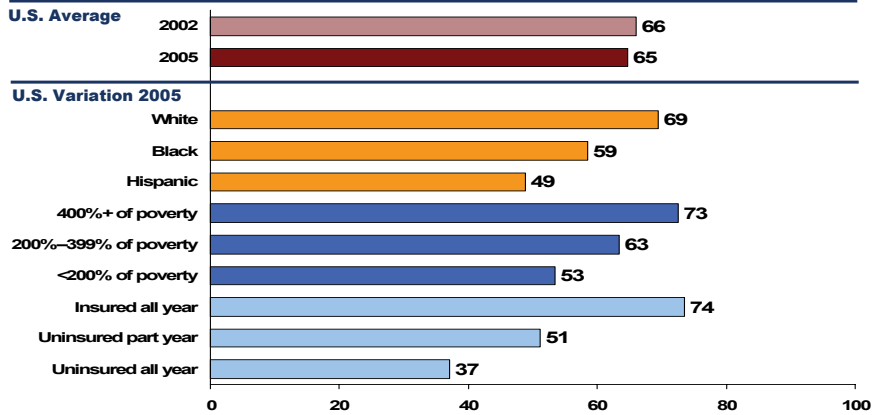
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Adults with an Accessible Primary Care Provider

Percent of adults ages 19–64 with an accessible primary care provider*



* An accessible primary care provider is defined as a usual source of care who provides preventive care, care for new and ongoing health problems, referrals, and who is easy to get to.
Data: B. Mahato, Columbia University analysis of Medical Expenditure Panel Survey.

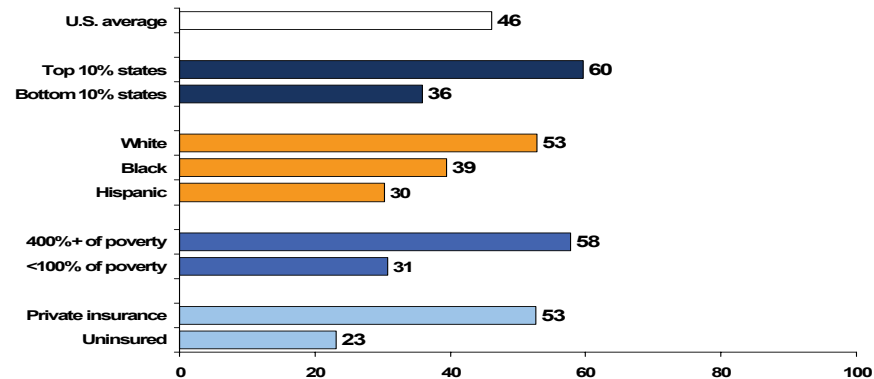
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Children with a Medical Home, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children who have a personal doctor or nurse and receive care that is accessible, comprehensive, culturally sensitive, and coordinated*



Note: Indicator was not updated due to lack of data. Baseline figures are presented.
* Child had 1+ preventive visit in past year; access to specialty care; personal doctor/nurse who usually/always spent enough time and communicated clearly, provided telephone advice or urgent care and followed up after the child's specialty care visits.
Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

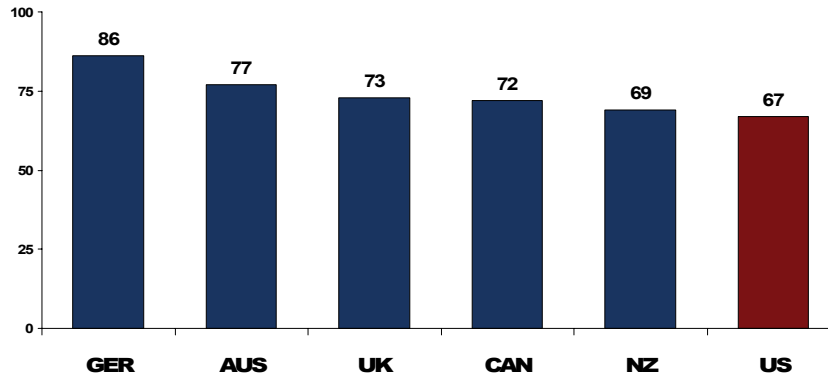
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Medications Reviewed When Discharged from the Hospital, Among Sicker Adults, 2005

Percent of hospitalized patients with new prescription who reported prior medications were reviewed at discharge



Note: Indicator was not updated due to lack of data. Baseline figures from Scorecard 2006 are presented. AUS=Australia; CAN=Canada; GER=Germany; NZ=New Zealand; UK=United Kingdom; US=United States. Data: 2005 Commonwealth Fund International Health Policy Survey.

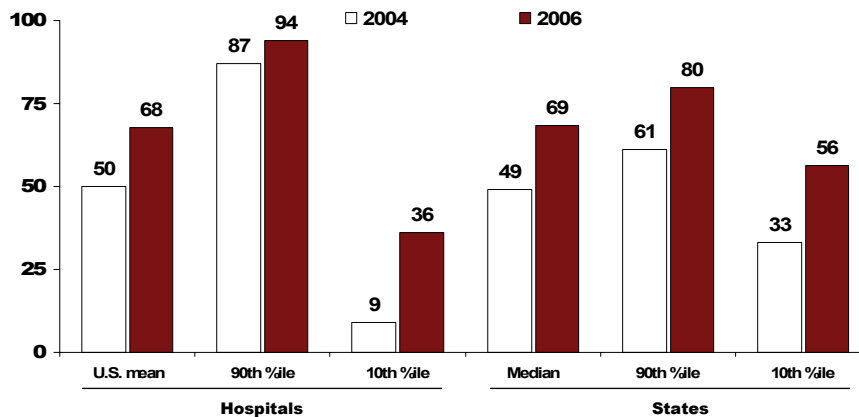
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Heart Failure Patients Given Complete Written Instructions When Discharged, by Hospitals and States

Percent of heart failure patients discharged home with written instructions*



* Discharge instructions must address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.

Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare;

State 2004 distribution —Retrieved from CMS Hospital Compare database at <http://www.hospitalcompare.hhs.gov>.

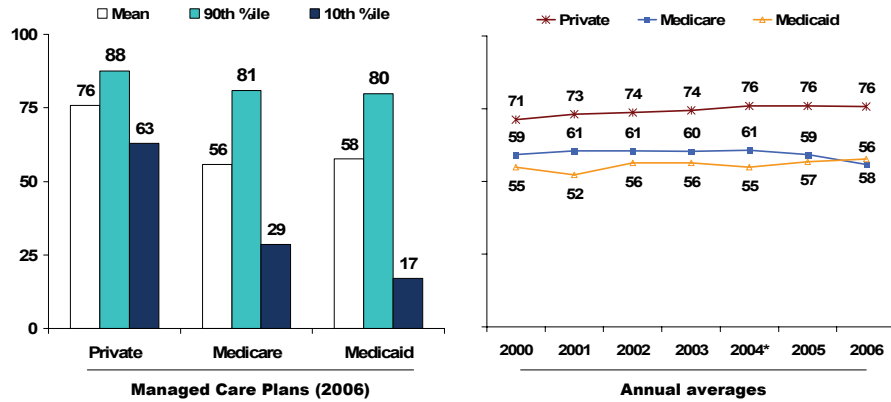
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Managed Care Health Plans: 30-Day Follow-Up After Hospitalization for Mental Illness

Percent of health plan members (ages >6) who received inpatient treatment for a mental disorder and had follow-up within 30 days after hospital discharge



* Denotes baseline year.
Data: Healthcare Effectiveness Data and Information Set (NCQA 2007).

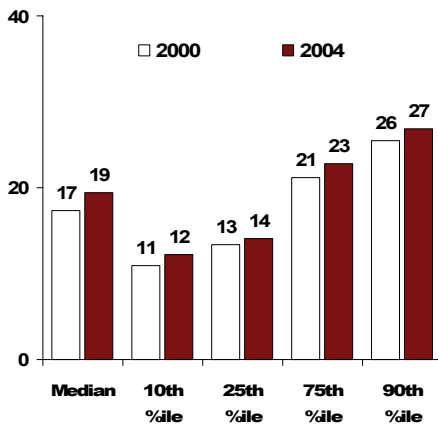
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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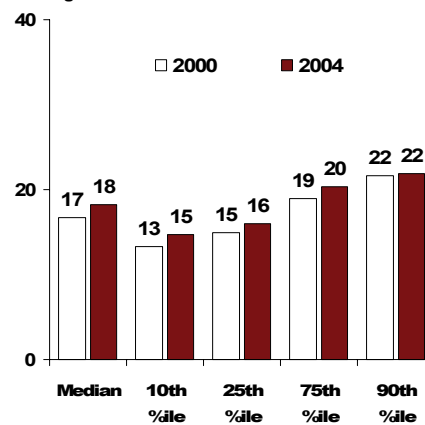
QUALITY: COORDINATED CARE

Nursing Homes: Hospital Admission and Readmission Rates Among Nursing Home Residents

Percent of long-stay residents with a hospital admission



Percent of short-stay residents re-hospitalized within 30 days of hospital discharge to nursing home



Data: V. Mor, Brown University analysis of Medicare enrollment data and Part A claims data for all Medicare beneficiaries who entered a nursing home and had a Minimum Data Set assessment during 2000 and 2004.

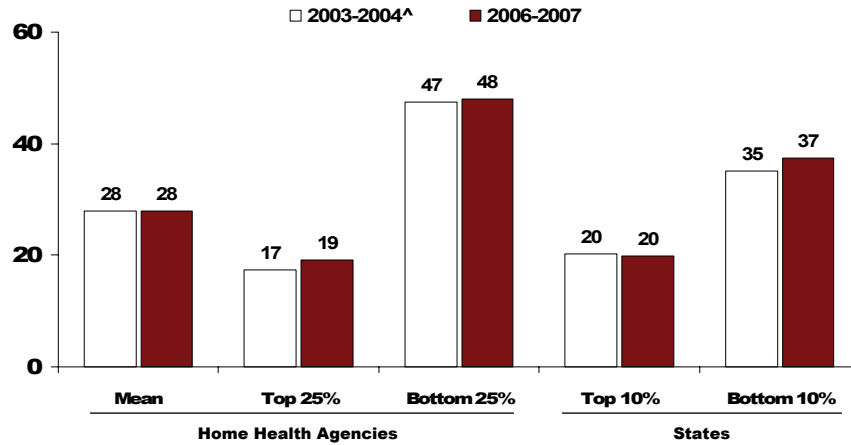
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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QUALITY: COORDINATED CARE

Home Health Care: Hospital Admissions

Percent of home health care patients who had to be admitted to the hospital



^ 2003 data for state estimates.

Data: Outcome and Assessment Information Set (Retrieved from CMS Home Health Compare database at <http://www.medicare.gov/HHCompare>, Pace et al. 2005)

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

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QUALITY: SAFE CARE

Safe Care

Scored Indicators:

1. Patients reported medical, medication, or lab test error
2. Unsafe drug use
 - Ambulatory care visits for treating adverse drug effects
 - Children prescribed antibiotics for throat infection without a "strep" test
 - Elderly used 1 of 33 inappropriate drugs
3. Nursing home residents with pressure sores
4. Hospital-standardized mortality ratios

Other Indicators:

1. Surgical infection prevention
2. Adverse events and complications of care in hospitals

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

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Medical, Medication, and Lab Errors, Among Sicker Adults

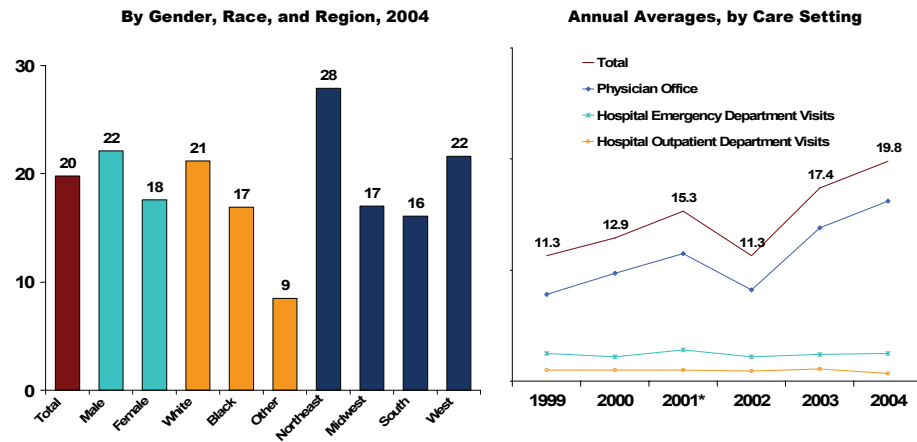


AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
 Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

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

Ambulatory Care Visits for Treating Adverse Drug Effects

Visits per 1,000 population per year



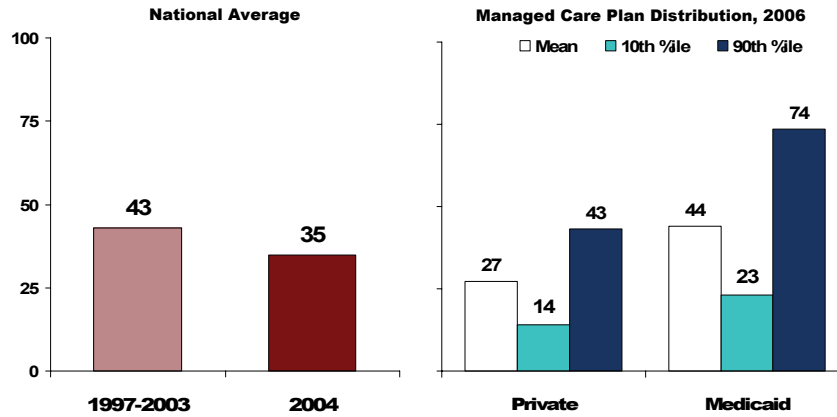
* Denotes baseline year.

Data: C. Zhan, AHRQ analysis of National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey.

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

Potentially Inappropriate Antibiotic Prescribing for Children with Sore Throat

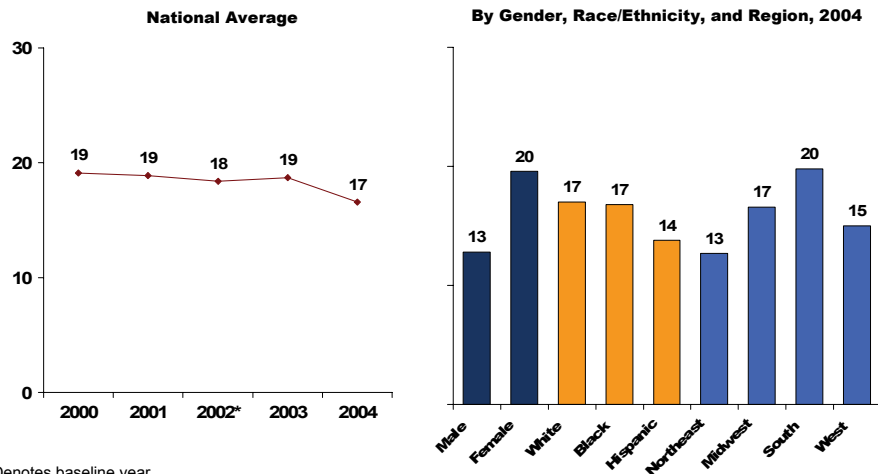
Percent of children prescribed antibiotics for throat infection without receiving a "strep" test*



Note: National average includes ages 3–17 and plan distribution includes ages 2–18.
 * A strep test means a rapid antigen test or throat culture for group A streptococcus.
 Data: National average—J. Linder, Brigham and Women’s Hospital analysis of National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey; Plan distribution—Healthcare Effectiveness Data and Information Set (NCQA 2007).

Inappropriate Use of Medications by Elderly

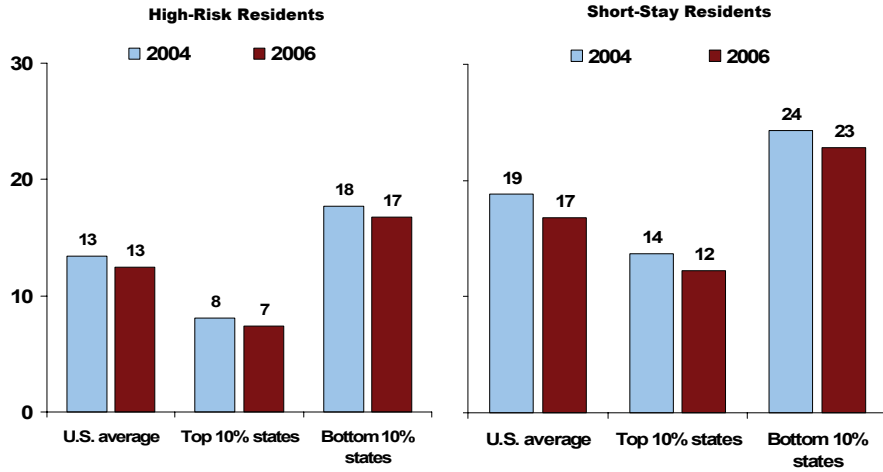
Percent of community-dwelling elderly adults (ages 65+) who reported taking at least 1 of 33 drugs that are potentially inappropriate for the elderly



* Denotes baseline year.
 Data: Medical Expenditure Panel Survey (AHRQ 2007a).

Pressure Sores Among High-Risk and Short-Stay Residents in Nursing Facilities

Percent of nursing home residents with pressure sores



Data: Nursing Home Minimum Data Set (AHRQ 2005, 2007a).

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

Ratio of actual to expected deaths in each decile (x 100)

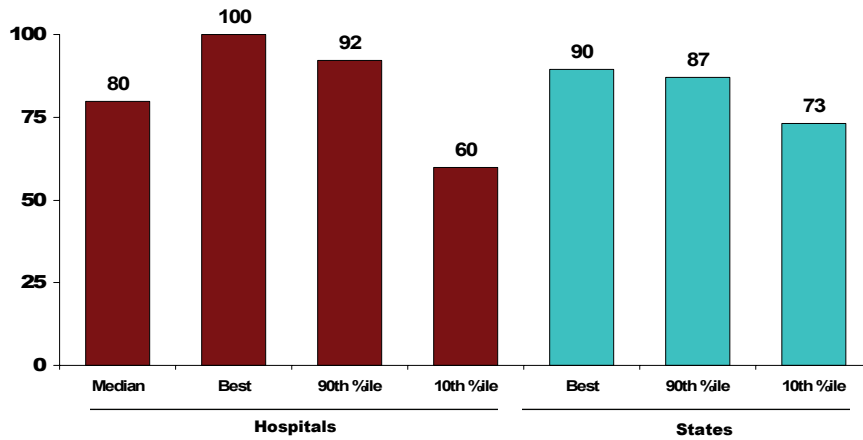


* See report Appendix B for methodology.

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.

Surgical Infection Prevention, 2006

Percent of surgical patients who received appropriate timing of antibiotics to prevent infections*



* Comprised of two indicators: antibiotics started within 1 hour before surgery and stopped 24 hours after surgery. Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

Nosocomial Infections in Intensive Care Unit Patients, 2006

Central line-associated bloodstream infection rate, per 1,000 days use		Percentile				
Type of ICU	No. of units	10%	25%	50%	75%	90%
Medical	73	0.0	0.0	2.2	4.2	6.2
Medical-surgical—major teaching	63	0.0	0.6	1.9	3.1	5.5
Medical-surgical—all others	102	0.0	0.0	1.0	2.3	4.5
Surgical	72	0.0	0.9	2.0	4.4	7.4
Neonatal—Level III (infants weighing 750 grams or less)	42	0.0	2.5	5.2	11.0	15.6
Ventilator-associated pneumonia rate, per 1,000 days use		Percentile				
Type of ICU	No. of units	10%	25%	50%	75%	90%
Medical	64	0.0	0.9	2.8	4.6	7.2
Medical-surgical—major teaching	58	0.0	1.3	2.5	5.1	7.3
Medical-surgical—all others	99	0.0	0.0	1.6	3.8	6.2
Surgical	61	0.0	1.8	4.1	6.4	10.0
Neonatal (NICU) (infants weighing 750 grams or less)	36	0.0	0.0	1.7	4.1	9.5

Data: Reported by 211 hospitals participating in the National Healthcare Safety Network (Edwards et al. 2007).

QUALITY: SAFE CARE

Potentially Preventable Adverse Events and Complications of Care in Hospitals, National and Medicare Trends

<i>Risk-adjusted rate per 10,000 discharges*</i>	1997/1998**	2000	2002	2003	2004	2005
Decubitus ulcer (pressure sore)						
National	195	221	236	248	261	NA
Medicare	206	225	251	267	276	282
Postoperative pulmonary embolism or deep vein thrombosis						
National	58	66	79	86	89	NA
Medicare	62	71	86	92	98	100
Postoperative sepsis						
National	63	81	92	92	105	NA
Medicare	80	97	111	120	131	121
Postoperative respiratory failure						
National	63	72	80	86	82	NA
Medicare	25	34	46	50	53	59
Accidental puncture or laceration						
National	38	44	47	47	48	NA
Medicare	31	32	36	34	34	35
Infection due to medical care						
National	12	14	15	16	16	NA
Medicare	20	20	24	25	25	15

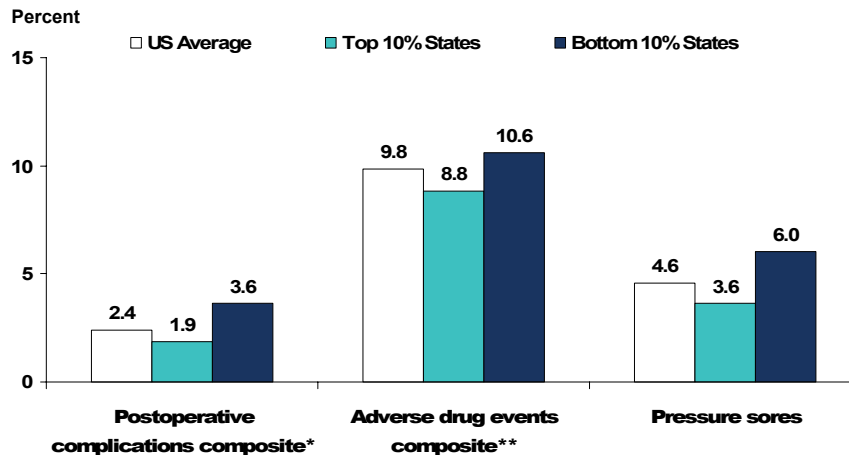
* Rates exclude complications present on admission and are adjusted for gender, comorbidities, and diagnosis-related group clusters. ** National rate is for 1997, Medicare rate is for 1998. NA=data not available. Data: National figures—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (retrieved from HCUPNet at <http://hcupnet.ahrq.gov>); Medicare figures—MedPAC analysis of Medicare administrative data using AHRQ indicators and methods (MedPAC 2005, Chart 3-3 and 2007, Chart 4-2).

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

38

QUALITY: SAFE CARE

Potentially Preventable Adverse Events and Complications of Care in Hospitals Among Medicare Beneficiaries, 2004–2005



*Surgical patients with postoperative pneumonia, urinary tract infection (2005 only), or venous thromboembolic event
 ** Patients with serious bleeding associated with intravenous heparin, low molecular weight heparin, or warfarin, or hypoglycemia associated with insulin or oral hypoglycemics.
 Data: M. Pineau, Qualidigm analysis of Medicare Patient Safety Monitoring System.

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

39

Patient-Centered, Timely Care

Scored Indicators:

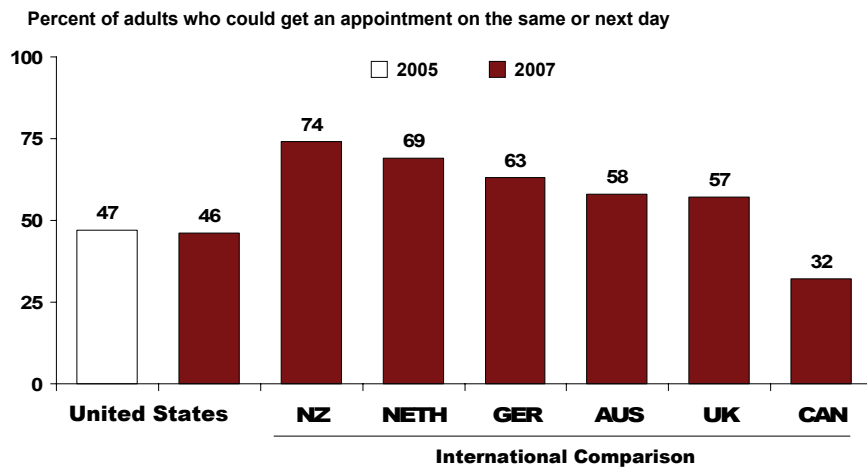
1. Ability to see doctor on same/next day when sick or need medical attention
2. Very/somewhat easy to get care after hours without going to the emergency room
3. Doctor-patient communication: always listened, explained, showed respect, spent enough time
4. Adults with chronic conditions given self-management plan*
5. Patient-centered hospital care

Other Indicator:

1. Physical restraints in nursing homes

* Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.

Waiting Time to See Doctor When Sick or Need Medical Attention, Among Sicker Adults



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

QUALITY: PATIENT-CENTERED, TIMELY CARE

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.

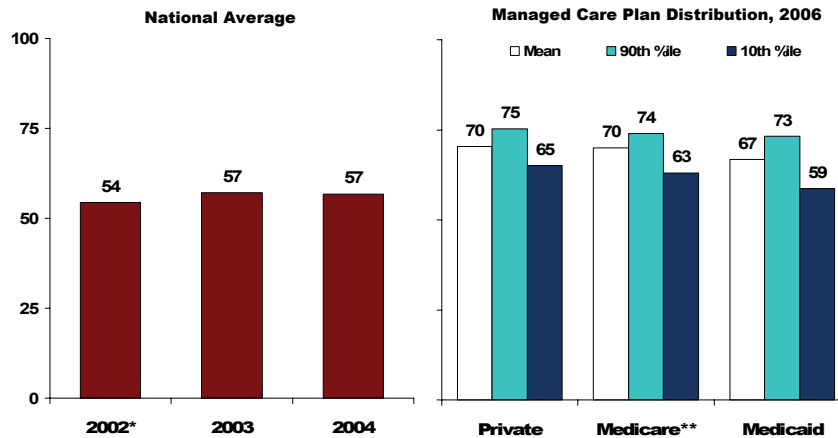
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

42

QUALITY: PATIENT-CENTERED, TIMELY CARE

Doctor-Patient Communication: Doctor Listened Carefully, Explained Things, Showed Respect, and Spent Enough Time, National and Managed Care Plan Type

Percent of adults (ages 18+) reporting "always"



* Denotes baseline year. **2005 data due to delays in the Medicare CAHPS survey.
Data: National average—Medical Expenditure Panel Survey (AHRQ 2005, 2006, 2007a); Plan distribution—CAHPS (data provided by NCQA).

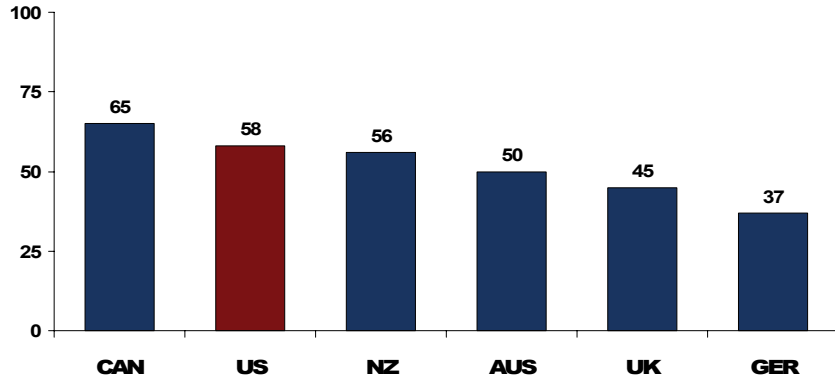
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

43

QUALITY: PATIENT-CENTERED, TIMELY CARE

Adults with Chronic Conditions: Receipt of Self-Management Plan, Among Sicker Adults, 2005

Percent of adults with chronic conditions* whose doctor gave plan to manage care at home



Note: Indicator was not updated due to lack of data. Baseline figures are presented.
 * Adult reported at least one of six conditions: hypertension, heart disease, diabetes, arthritis, lung problems (asthma, emphysema, etc.), or depression.
 AUS=Australia; CAN=Canada; GER=Germany; NZ=New Zealand; UK=United Kingdom; US=United States.
 Data: 2005 Commonwealth Fund International Health Policy Survey.

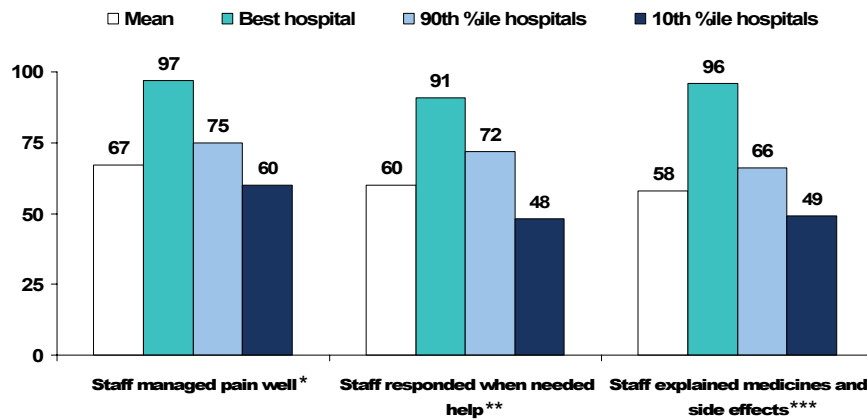
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

44

QUALITY: PATIENT-CENTERED, TIMELY CARE

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

Percent of patients reporting "always"



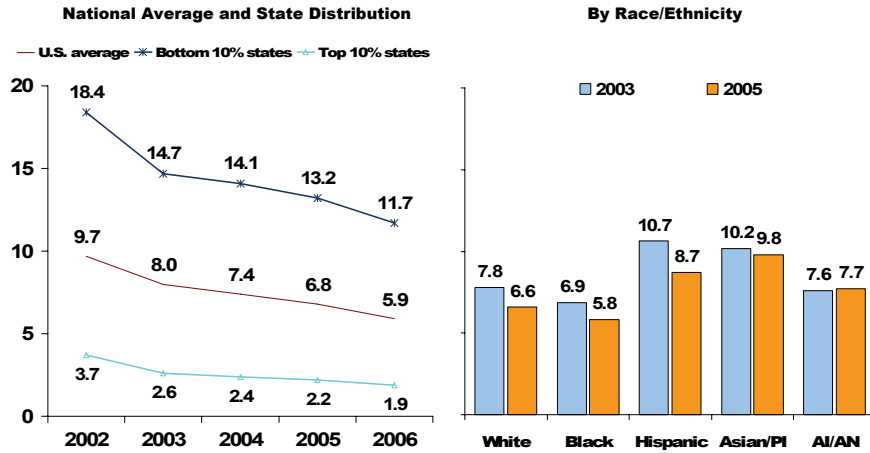
* Patient's pain was well controlled and hospital staff did everything to help with pain.
 ** Patient got help as soon as wanted after patient pressed call button and in getting to the bathroom/using bedpan.
 *** Hospital staff told patient what medicine was for and described possible side effects in a way that patient could understand.
 Data: CAHPS Hospital Survey (Retrieved from CMS Hospital Compare database at <http://www.hospitalcompare.hhs.gov>).

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

45

Physical Restraints in Nursing Facilities

Percent of nursing home residents who were physically restrained



PI=Pacific Islander; AI/AN=American Indian or Alaskan Native.
 Data: Nursing Home Minimum Data Set (AHRQ 2004, 2005, 2006, 2007a).

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

SECTION 3. ACCESS

Access includes indicators organized into two groups:

1. Participation
2. Affordability

The Scorecard scores each group of indicators separately, and then averages the two scores to create the overall score for Access.

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

Participation

Scored Indicators:

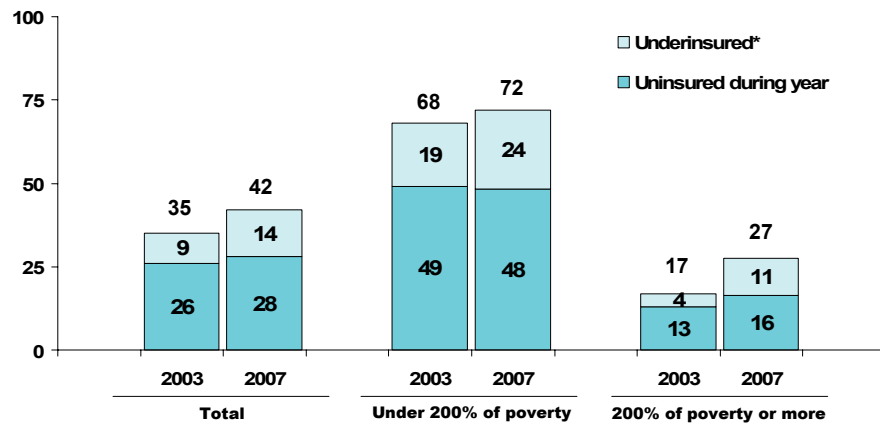
1. Adults under 65 insured all year, not underinsured
2. Adults with no access problem due to costs

Other Indicator:

1. Uninsured under 65: national and state trends

Uninsured and Underinsured Adults, 2007 Compared with 2003

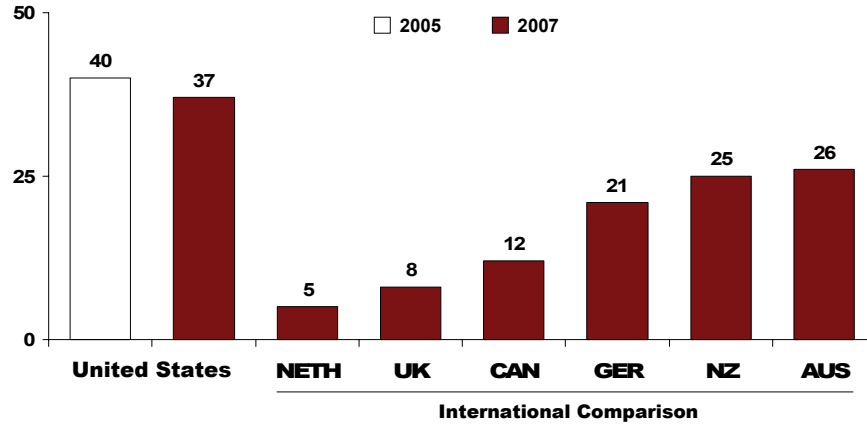
Percent of adults (ages 19–64) who are uninsured or underinsured



* 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

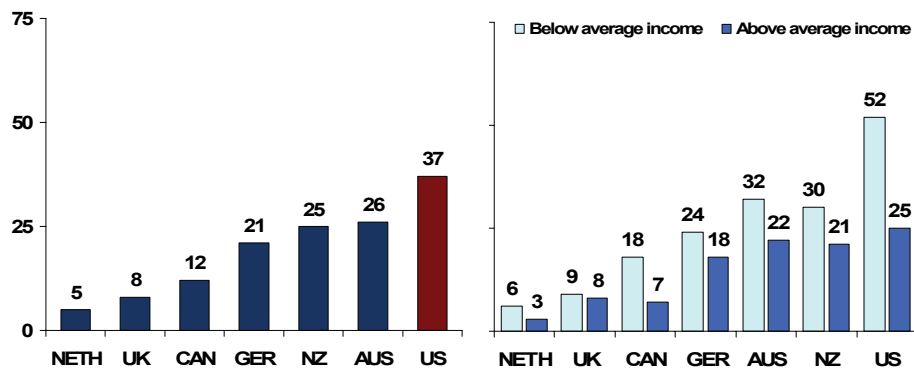
Percent of adults who had any of three access problems* in past year because of costs



* 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; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
 Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

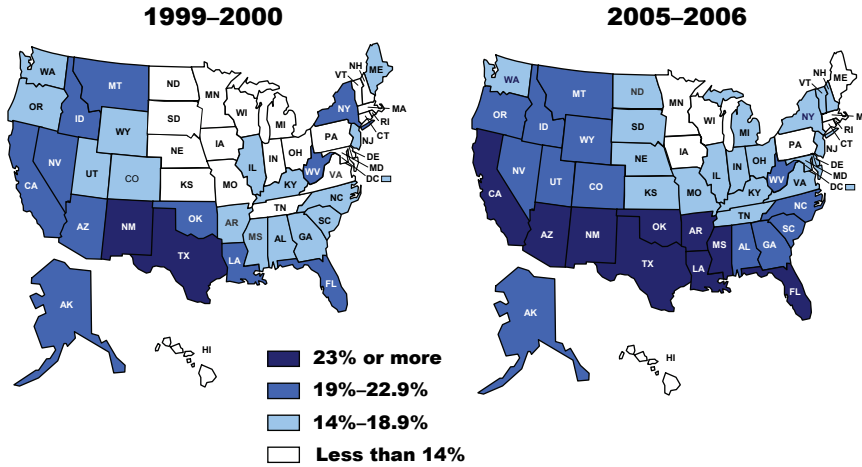
Access Problems Because of Costs, By Income, 2007

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



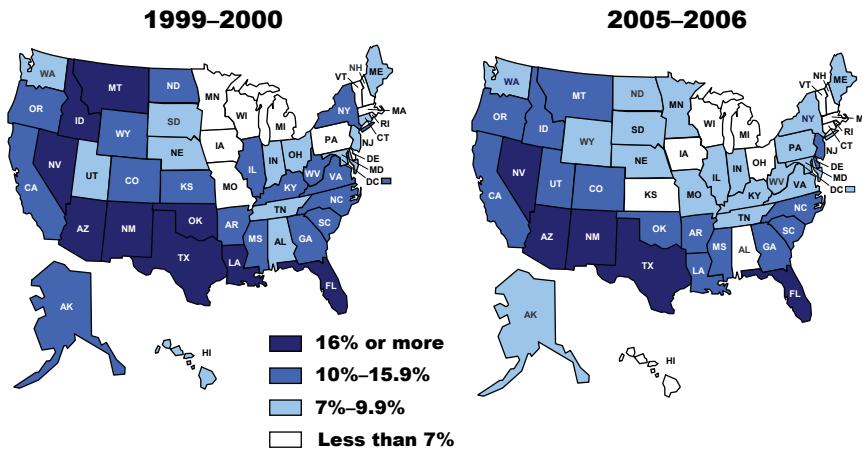
* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.
 AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom; US=United States.
 Data: 2007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

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 CPS.

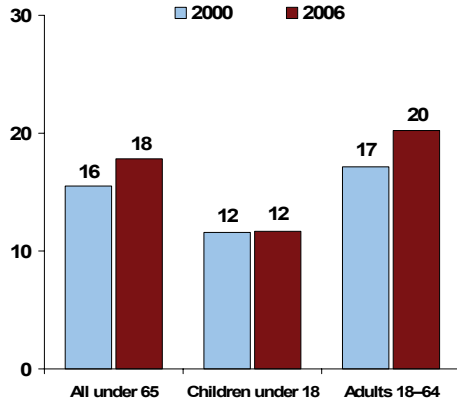
Percent of Children Ages 0–17 Uninsured by State



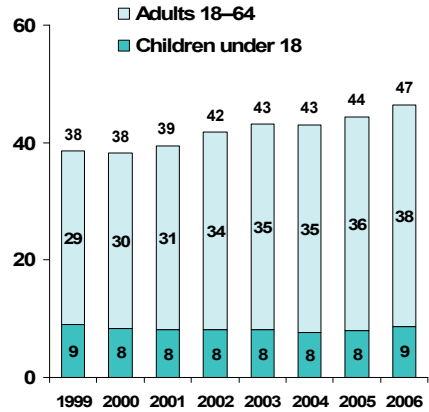
Data: Two-year averages 1999–2000, updated with 2007 Current Population Survey correction, and 2005–2006 from the Census Bureau’s March 2000, 2001 and 2006, 2007 CPS.

Population Under Age 65 Without Health Insurance

Percent uninsured



Millions uninsured



Data: Analysis of Current Population Survey, March 1995–2007 supplements. Updated data from March 2007 Current Population Survey.

Affordable Care

Scored Indicators:

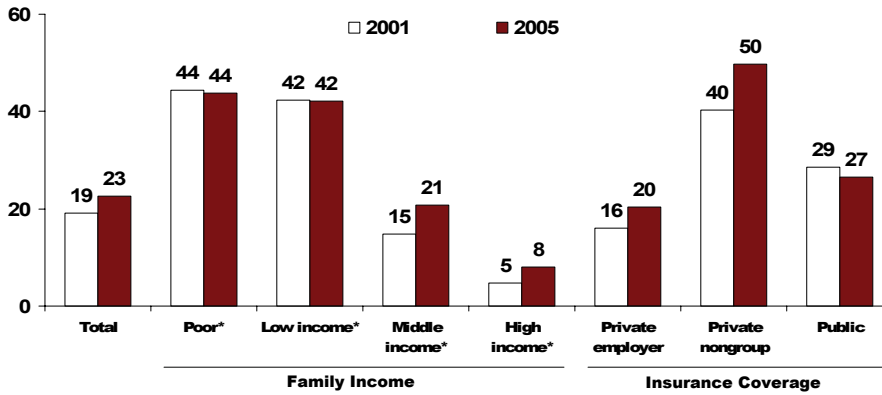
1. Families spending less than 10% of income or less than 5% of income, if low-income, on out-of-pocket medical costs and premiums
2. Population under 65 living in states where premiums for employer-sponsored health coverage are less than 15% of under-65 median household income
3. Adults under 65 with no medical bill problems or medical debt

Other Indicator:

1. Health insurance premium trends compared with workers' earnings and overall inflation

Families with High Medical and Premium Costs Compared with Income, by Family Income

Percent of nonelderly population with high out-of-pocket medical costs and premiums relative to income[^]



[^]High out-of-pocket costs defined as having combined out-of-pocket expenses for services and premiums greater than 5 percent for persons in families with incomes less than 200% of poverty, and out-of-pocket expenses greater than 10 percent for persons in families with incomes of 200% of poverty or higher.

* Poor refers to household incomes <100% of federal poverty level (FPL); low income to 100–199% FPL; middle income to 200–399% FPL; and high income to 400%+ FPL.

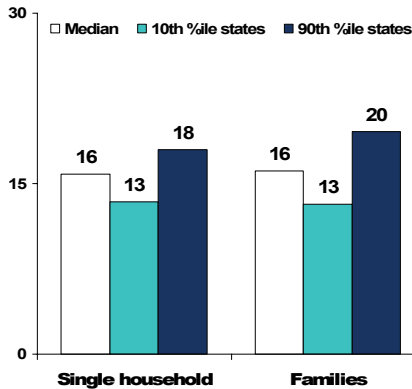
Data: P. Cunningham, Center for Studying Health System Change analysis of Medical Expenditure Panel Survey.

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

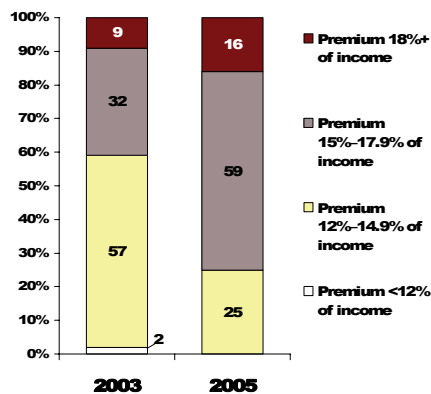
56

Employer Premiums as Percentage of Median Household Income for Under-65 Population, Distribution by State, 2005

Premiums for private coverage as percent of median income per state



Under-65 population by premiums as share of state median income



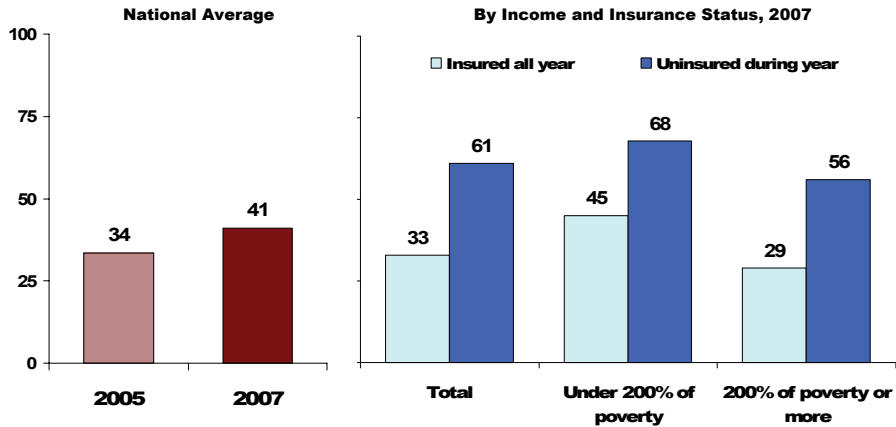
Data: State averages private premium rates—2003 and 2005 Medical Expenditure Panel Survey; State median household incomes, under-65 population—2004–2005 and 2006–2007 Current Population Survey.

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

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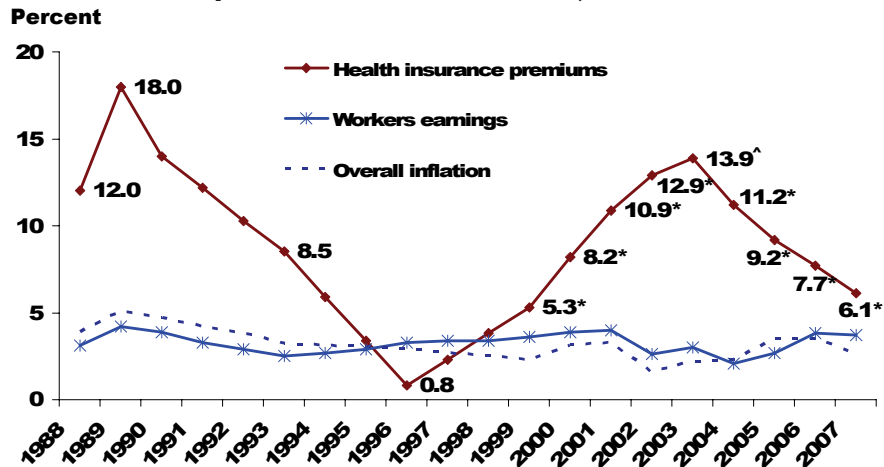
Medical Bill Problems or Medical Debt

Percent of adults (ages 19–64) with any medical bill problem or outstanding debt*



* Problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.
Data: 2005 and 2007 Commonwealth Fund Biennial Health Insurance Survey.

Increases in Health Insurance Premiums Compared with Other Indicators, 1988–2007



*Estimate is statistically different from the previous year shown at p<0.05. ^Estimate is statistically different from the previous year shown at p<0.1.
Note: Data on premium increases reflect the cost of health insurance premiums for a family of four. Historical estimates of workers' earnings have been updated to reflect new industry classifications (NAICS).
Data: G. Claxton, J. Gabel et al., "Health Benefits in 2007: Premium Increases Fall To An Eight-Year Low, While Offer Rates And Enrollment Remain Stable," *Health Affairs*, September/October 2007 26(5):1407–1416. Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2007, and Commonwealth Fund analysis of National Health Expenditures data.

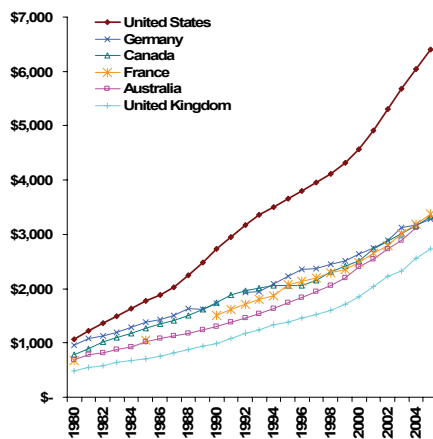
SECTION 4. EFFICIENCY

Scored Indicators:

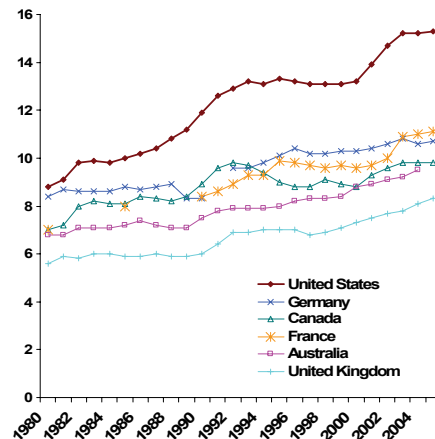
1. Potential overuse or waste
 - Duplicate medical tests
 - Tests results or records not available at time of appointment
 - Received imaging study for acute low back pain with no risk factors
2. ER use for condition that could have been treated by regular doctor
3. Hospital admissions for ambulatory care-sensitive (ACS) conditions
 - National ACS admissions: Heart failure, diabetes, pediatric asthma
 - Medicare ACS admissions
4. Medicare hospital 30-day readmission rates
5. Medicare costs of care and mortality for heart attacks, hip fractures, or colon cancer
6. Medicare costs of care for chronic diseases: diabetes, heart failure, COPD
7. Health insurance administration as percent of total national health expenditures
8. Physicians using electronic medical records

International Comparison of Spending on Health, 1980-2005

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



Total expenditures on health as percent of GDP

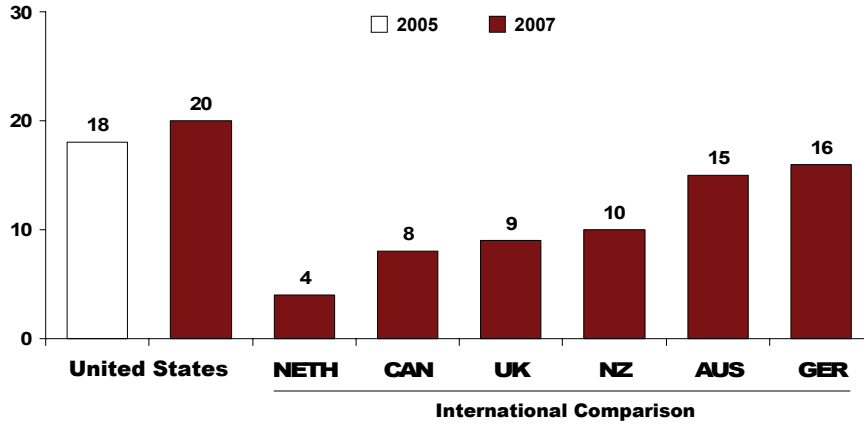


* PPP=Purchasing Power Parity.
Data: OECD Health Data 2007, Version 10/2007.

EFFICIENCY

Duplicate Medical Tests, Among Sicker Adults

Percent reporting that doctor ordered test that had already been done in past two years



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

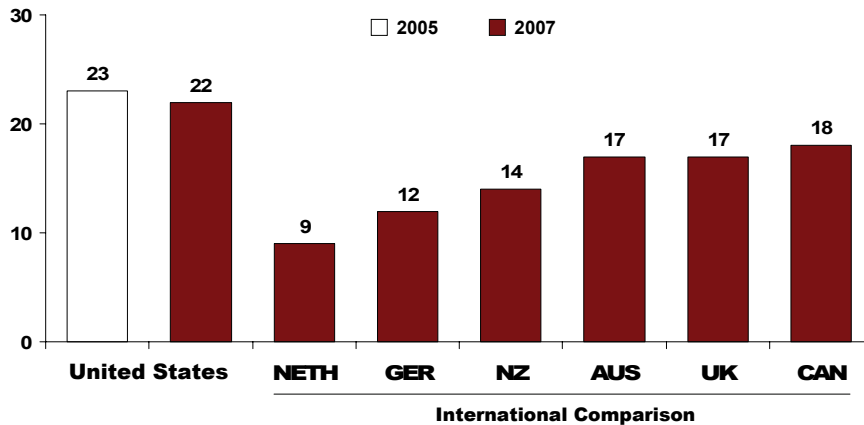
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EFFICIENCY

Test Results or Medical Records Not Available at Time of Appointment, Among Sicker Adults

Percent reporting test results/records not available at time of appointment in past two years



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

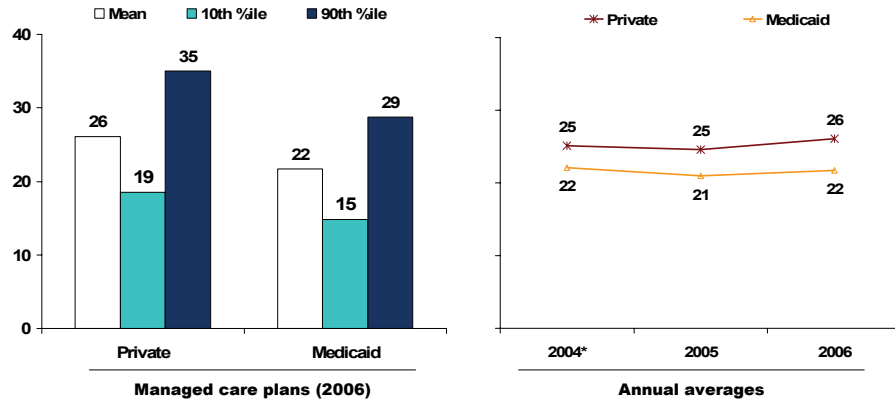
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EFFICIENCY

Managed Care Health Plans: Potentially Inappropriate Imaging Studies for Low Back Pain, by Plan Type

Percent of health plan members (ages 18–50) who received an imaging study within 28 days following an episode of acute low back pain with no risk factors



* Denotes baseline year.
Data: Healthcare Effectiveness Data and Information Set (NCQA 2007).

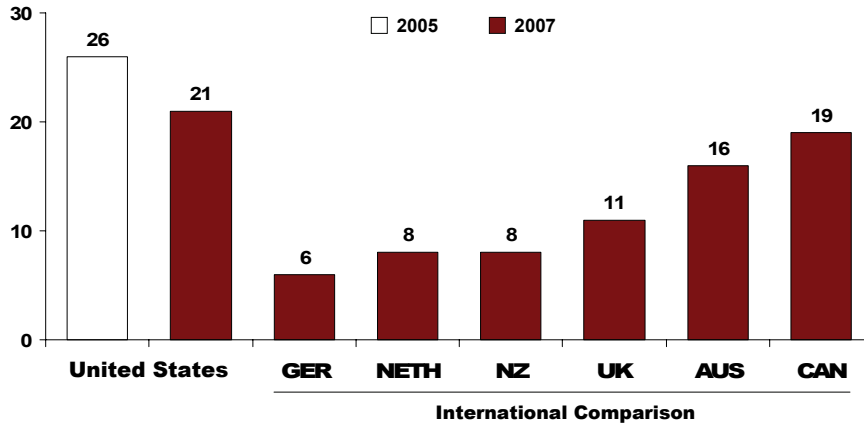
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

64

EFFICIENCY

Went to Emergency Room for Condition That Could Have Been Treated by Regular Doctor, Among Sicker Adults

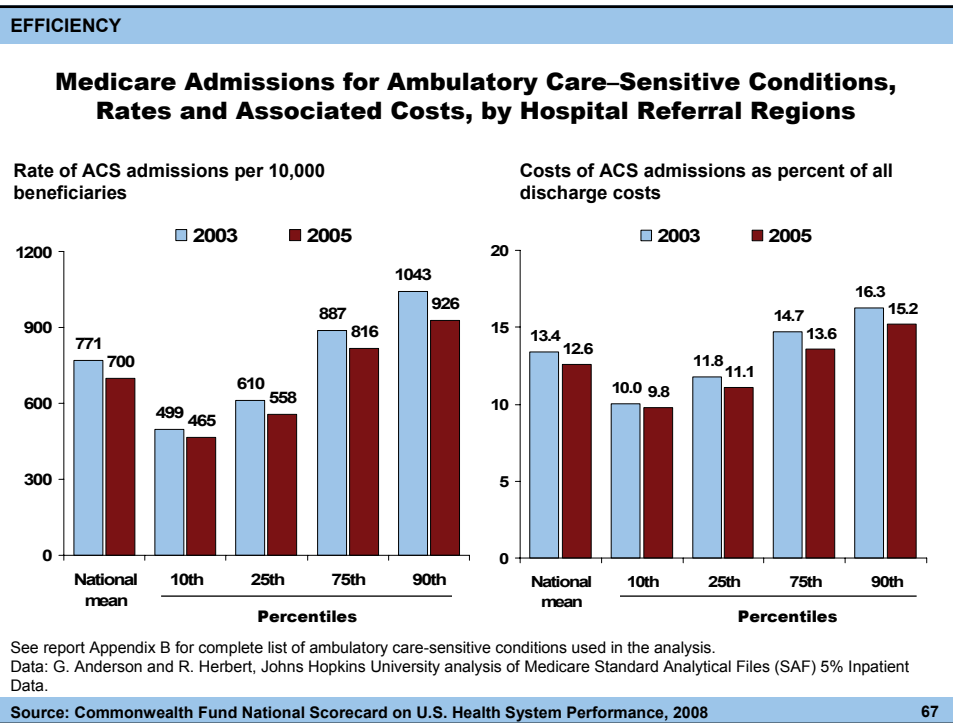
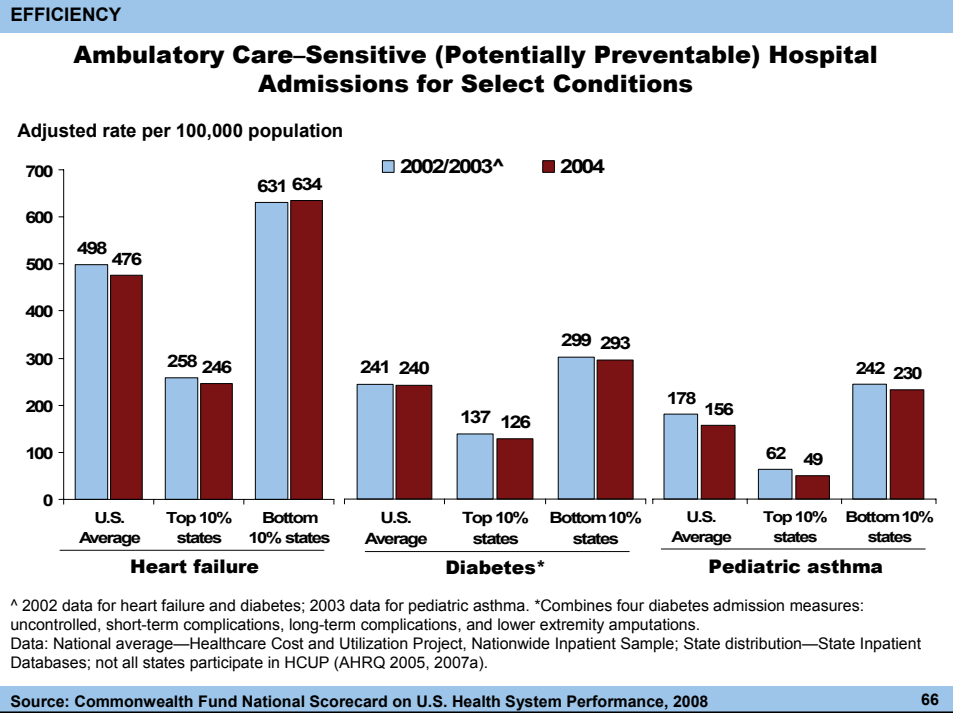
Percent of adults who went to ER in past two years for condition that could have been treated by regular doctor if available



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

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

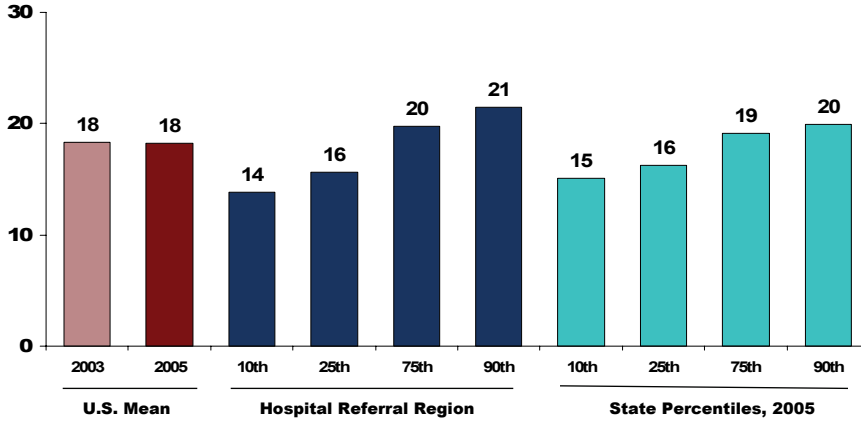
65



EFFICIENCY

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*



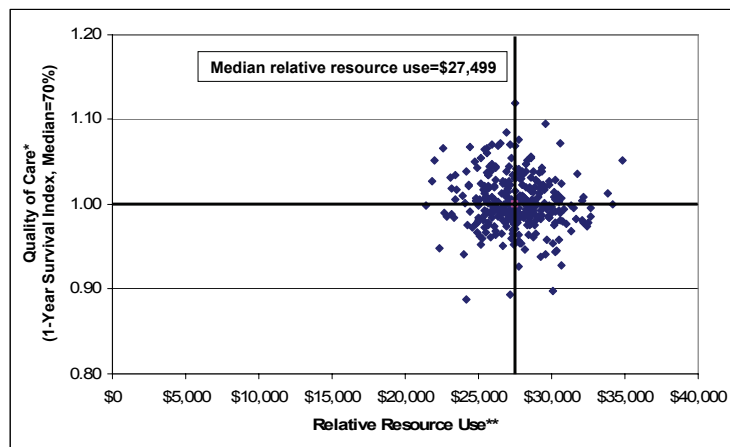
* See report Appendix B for list of conditions used in the analysis.
 Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

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

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EFFICIENCY

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



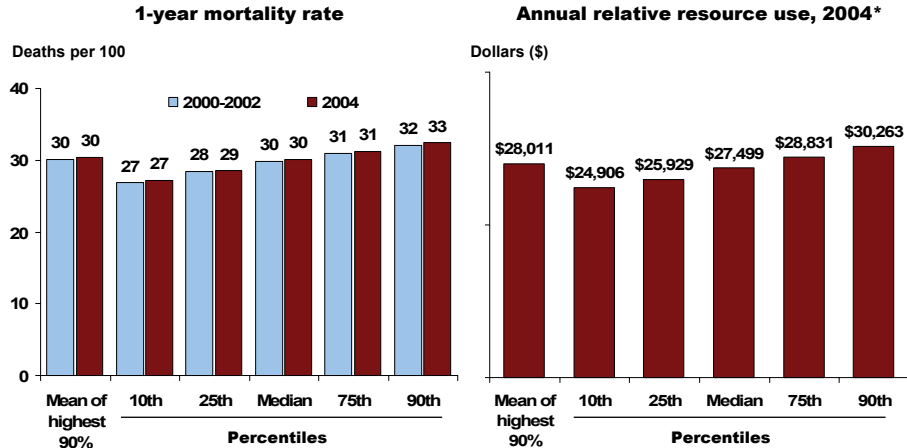
* Indexed to risk-adjusted 1-year survival rate (median=0.70).
 ** Risk-adjusted spending on hospital and physician services using standardized national prices.
 Data: E. Fisher, J. Sutherland, and D. Radley, Dartmouth Medical School analysis of data from a 20% national sample of Medicare beneficiaries.

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

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EFFICIENCY

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



* 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.

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

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EFFICIENCY

Costs of Care for Medicare Beneficiaries with Multiple Chronic Conditions, by Hospital Referral Regions, 2001 and 2005

		Average annual reimbursement					Ratio of percentile groups	
		Average	10th percentile	25th percentile	75th percentile	90th percentile	90th to 10th	75th to 25th
All 3 conditions	2001	\$31,792	\$20,960	\$23,973	\$37,879	\$43,973	2.10	1.58
	2005	\$38,004	\$25,732	\$29,936	\$44,216	\$53,019	2.06	1.48
Diabetes + Heart Failure	2001	\$18,461	\$12,747	\$14,355	\$20,592	\$27,310	2.14	1.43
	2005	\$23,056	\$16,144	\$18,649	\$26,035	\$32,199	1.99	1.40
Diabetes + COPD	2001	\$13,188	\$8,872	\$10,304	\$15,246	\$18,024	2.03	1.48
	2005	\$15,367	\$11,317	\$12,665	\$17,180	\$20,062	1.77	1.36
Heart Failure + COPD	2001	\$22,415	\$15,355	\$17,312	\$25,023	\$32,732	2.13	1.45
	2004	\$27,498	\$19,787	\$22,044	\$31,709	\$37,450	1.89	1.44

COPD=chronic obstructive pulmonary disease.
 Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

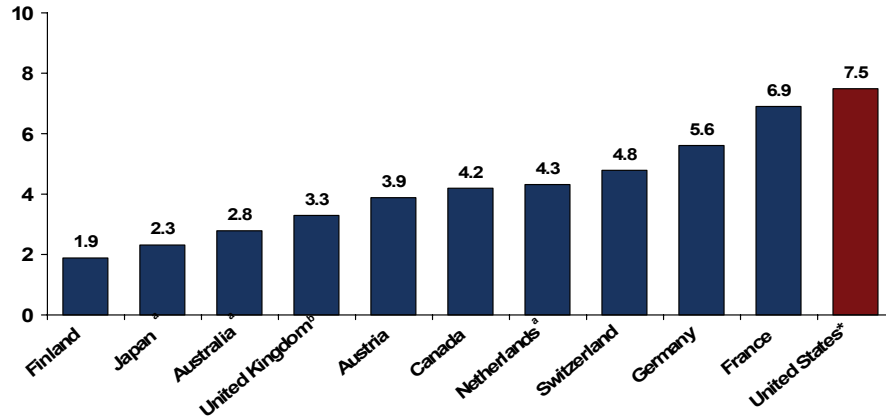
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EFFICIENCY

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 1999

* 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.

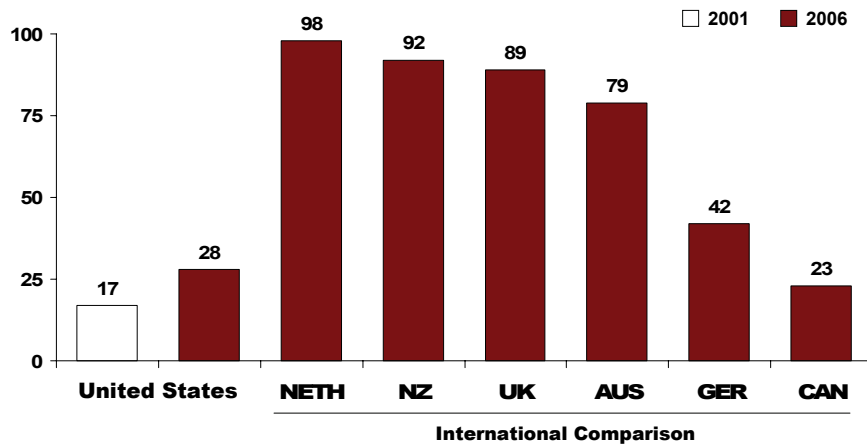
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EFFICIENCY

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.

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

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SECTION 5: EQUITY

For equity, the Scorecard contrasts rates of risk by insurance, income, and race/ethnicity. Specifically, the risk ratios compare:

- Insured to uninsured rates
- High-income to low-income rates
- White to black rates
- White to Hispanic rates

Indicators used to score equity include a subset of main indicators and a few equity-only indicators to highlight certain areas of concern. They are grouped as follows:

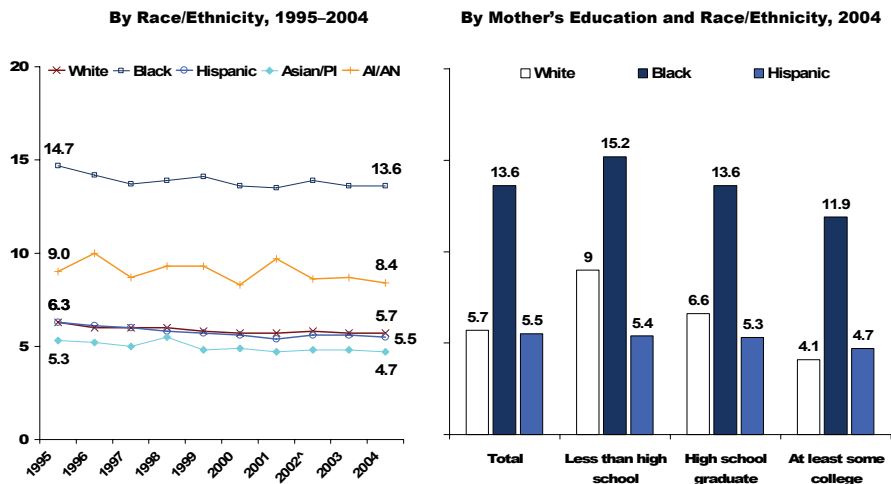
- Long, healthy & productive lives
- Effective care
- Safe care
- Patient-centered, timely care
- Coordinated and efficient care
- Universal participation and affordable care

Charts for equity indicators are interspersed throughout other sections as appropriate.

EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Infant Mortality

Infant deaths per 1,000 live births

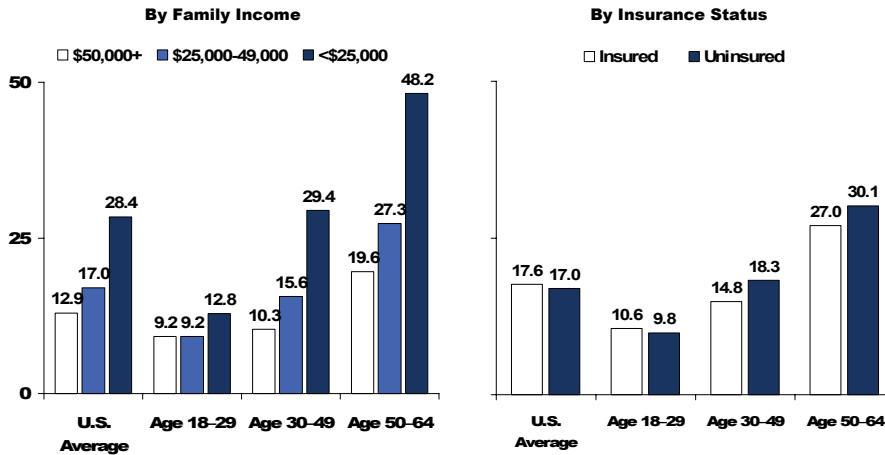


^ Denotes baseline year. PI=Pacific Islander; AI/AN=American Indian or Alaskan Native.
 Data: National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2007b, Mathews 2007).

EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Working-Age Adults with Health Limits on Activities or Work, 2006

Percent of adults limited in any activities because of physical, mental, or emotional problems



Data: D. Belloff, Rutgers Center for State Health Policy analysis of Behavioral Risk Factor Surveillance System.

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

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EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Five-Year Survival Rates for All Cancers, by Gender, Race/Ethnicity, and Census Tract Poverty Rate

	White	Black	Hispanic	Asian	AI/AN
TOTAL (1988-1997)					
Men	55	46	53	50	40
Women	58	47	57	61	47
MEN (1988-1994)					
Low poverty, <10%*	61	58	60	55	38
High poverty, 20%+*	52	45	54	44	42
WOMEN (1988-1994)					
Low poverty, <10%*	63	58	65	66	44
High poverty, 20%+*	55	48	60	56	53

Note: Equity indicator was not updated due to lack of data. Baseline figures are presented.

*Low poverty denotes census tracts where less than 10% of households have incomes below the federal poverty level in 1990; high poverty denotes census tracts where 20% or more of households have incomes below the federal poverty level in 1990.

AI/AN=American Indian or Alaskan Native.

Data: Surveillance, Epidemiology, and End Results (SEER) Program (Clegg 2002; Singh 2003).

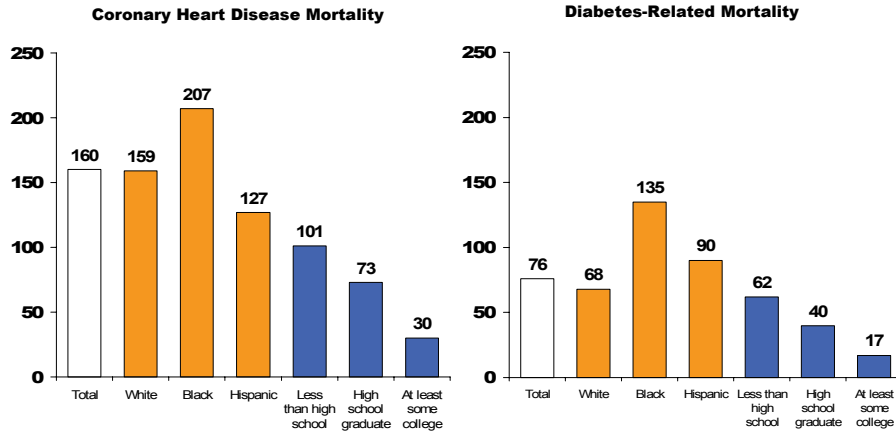
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Coronary Heart Disease and Diabetes-Related Mortality, by Race/Ethnicity and Education Level, 2004

Age-adjusted per 100,000 population



Note: Data by education level based on total of 36 reporting states and D.C. for people ages 25–64.
 Data: National Vital Statistics System—Mortality (Retrieved from DATA2010 at <http://wonder.cdc.gov/data2010>).

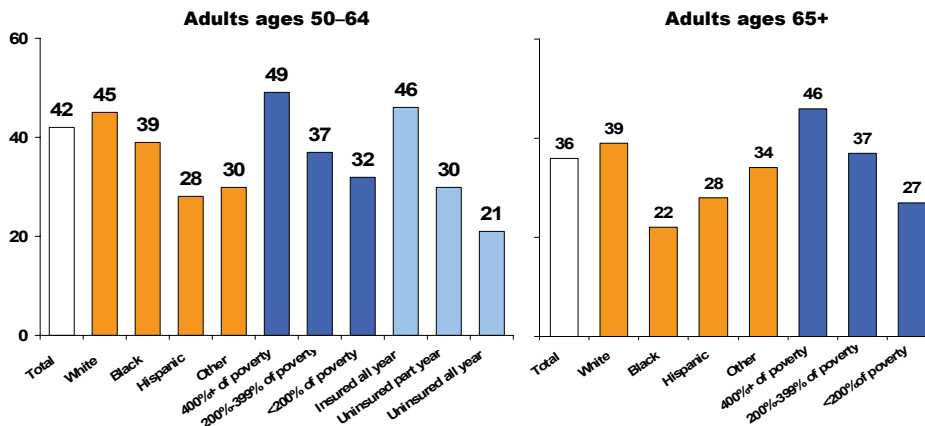
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: EFFECTIVE CARE

Receipt of Recommended Preventive Care for Older Adults, by Race/Ethnicity, Family Income, and Insurance Status, 2005

Percent of older adults 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.

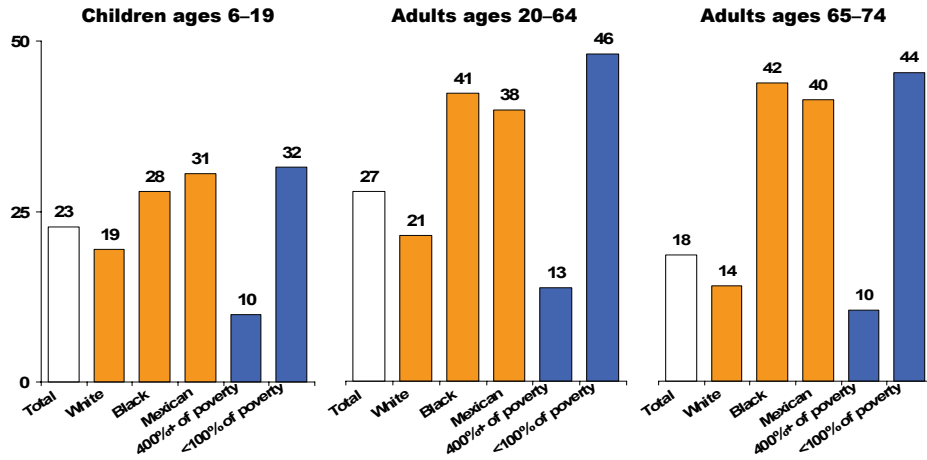
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: EFFECTIVE CARE

Untreated Dental Caries, by Age, Race/Ethnicity, and Income, 2001–2004

Percent of persons with untreated dental caries



Data: Race/ethnicity—National Health and Nutrition Examination Survey (NCHS 2007); Total and income—J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

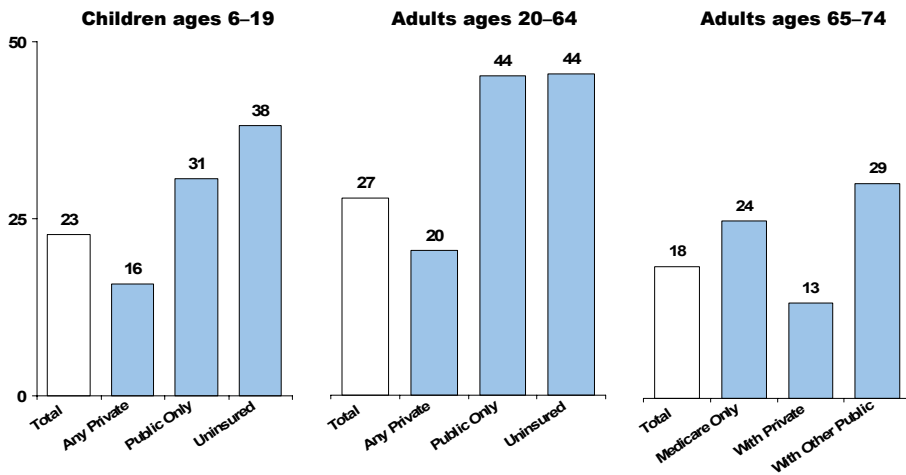
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: EFFECTIVE CARE

Untreated Dental Caries, by Age and Insurance, 2001–2004

Percent of persons with untreated dental caries



Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

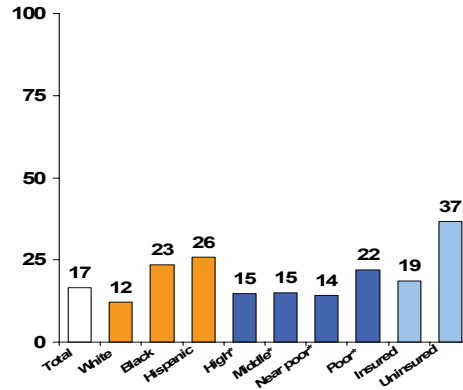
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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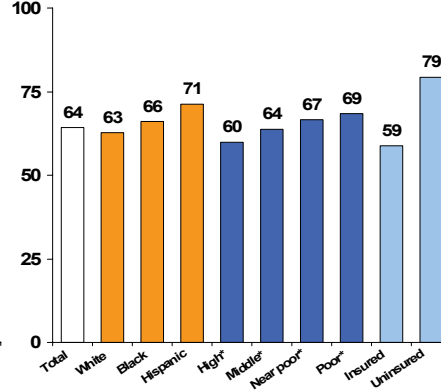
EQUITY: EFFECTIVE CARE

Adults with Poorly Controlled Chronic Diseases, by Race/Ethnicity, Family Income, and Insurance Status, 1999–2004

Percent of adults (ages 18+) with diagnosed diabetes with HbA1c level $\geq 9\%$



Percent of adults (ages 18+) with hypertension with blood pressure $\geq 140/90$ mmHg



* High refers to household incomes $\geq 400\%$ of federal poverty level (FPL); middle to 200%–399% FPL; near poor to 100%–199% FPL; and poor to $<100\%$ FPL.
 Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

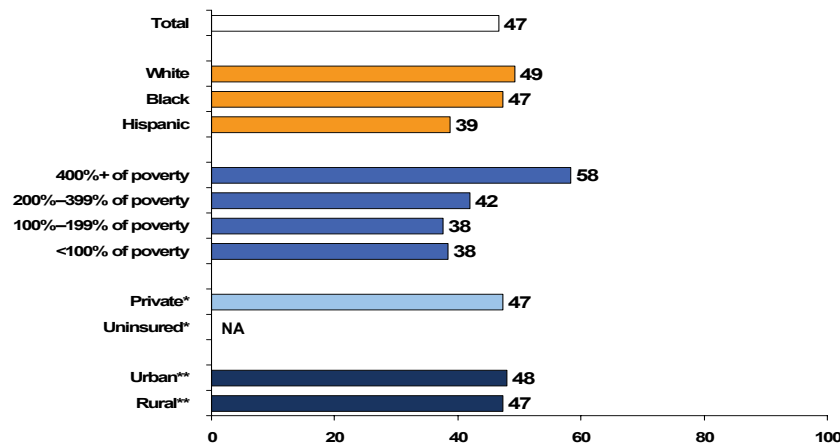
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: EFFECTIVE CARE

Receipt of All Three Recommended Services for Diabetics, by Race/Ethnicity, Family Income, Insurance, and Residence, 2004

Percent of diabetics (ages 40+) who received HbA1c test, retinal exam, and foot exam in past year



*Insurance for people ages 40–64. ** Urban refers to metropolitan area ≥ 1 million inhabitants; Rural refers to noncore area $<10,000$ inhabitants. NA=data not available.
 Data: Medical Expenditure Panel Survey (AHRQ 2007a).

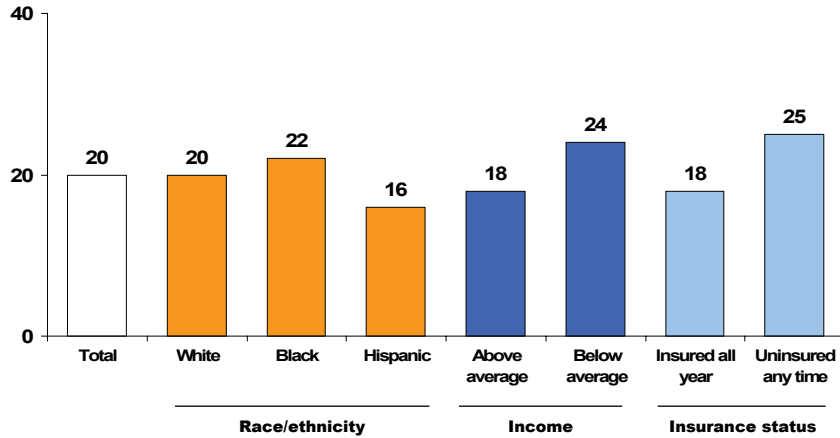
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: SAFE CARE

Medical, Medication, and Lab Errors, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent of adults ages 18–64 reporting medical mistake, medication error, or lab error in past two years



Data: 2007 Commonwealth Fund International Health Policy Survey.

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

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EQUITY: SAFE CARE

Select AHRQ Patient Safety Indicators, 2004

Risk adjusted rate per 1,000 discharges*	Failure to rescue	Decubitus ulcers	Selected infections due to medical care	Postoperative pulmonary embolus or deep vein thrombosis	Postoperative sepsis
RACE/ETHNICITY					
White	122.3	24.3	1.7	8.4	10.4
Black	116.8	36.0	1.9	10.7	10.9
Hispanic	130.4	27.2	1.2	8.2	11.3
Asian/Pacific Islander	140.3	22.4	1.4	6.4	12.4
MEDIAN INCOME OF PATIENT ZIPCODE					
Less than \$25,000	124.0	29.6	1.6	10.2	14.9
\$45,000 or more	119.4	26.5	1.6	9.2	9.8
INSURANCE					
Private insurance	112.2	19.0	1.2	7.8	8.7
Uninsured/self pay	135.6	17.6	1.3	7.9	9.2
PATIENT RESIDENCE					
Urban	121.5	29.8	1.7	10.0	10.9
Rural	111.3	21.7	1.2	7.6	10.3

* Rates exclude complications present on admission and are adjusted for gender, comorbidities, and diagnosis-related group clusters.

Data: Race/ethnicity—HCUP, State Inpatient Database (AHRQ 2007b); income area, insurance, and patient residence—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (AHRQ 2007a).

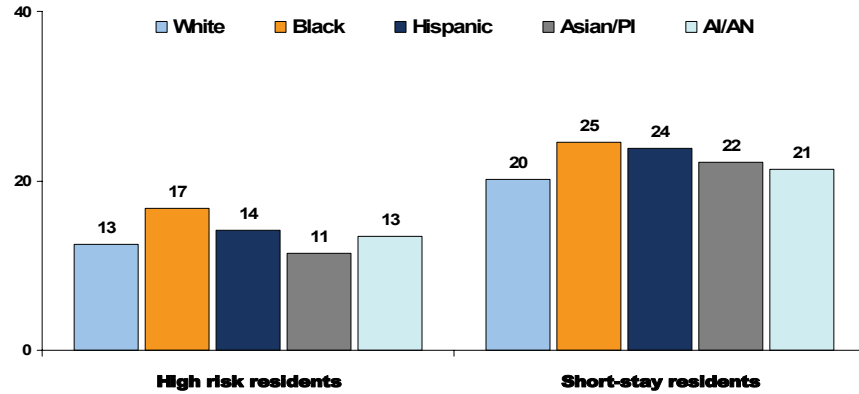
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: SAFE CARE

Pressure Sores Among High-Risk and Short-Stay Residents in Nursing Facilities by Race/Ethnicity, 2005

Percent of nursing home residents with pressure sores



PI=Pacific Islander; AI/AN=American Indian or Alaskan Native.
Data: Nursing Home Minimum Data Set (AHRQ 2007b).

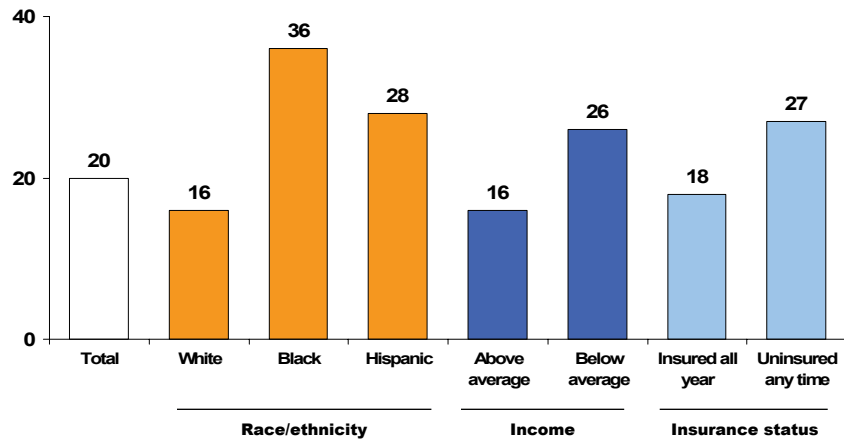
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: PATIENT-CENTERED, TIMELY CARE

Waiting Time to See Doctor When Sick, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent of adults ages 18–64 who reported waiting six or more days for an appointment when sick or needed medical attention



Data: 2007 Commonwealth Fund International Health Policy Survey.

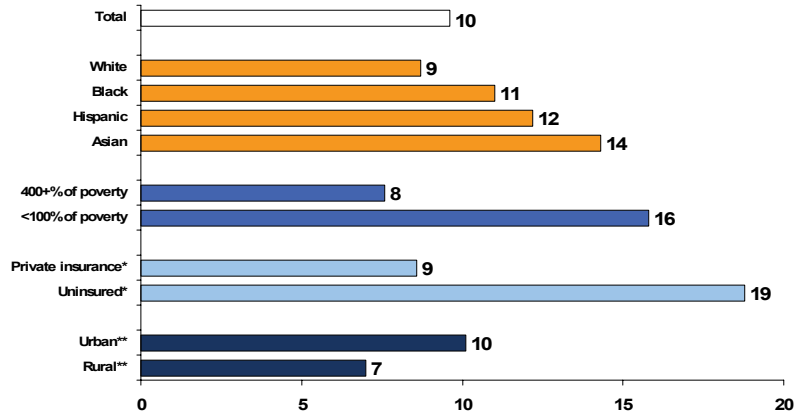
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: PATIENT-CENTERED, TIMELY CARE

Doctor-Patient Communication by Race/Ethnicity, Family Income, Insurance, and Residence, 2004

Percent of adults (ages 18+) reporting health providers “sometimes” or “never” listen carefully, explain things clearly, respect what they say, and spend enough time with them



* Insurance for people ages 18–64. ** Urban refers to metropolitan area ≥ 1 million inhabitants; Rural refers to noncore area $< 10,000$ inhabitants.
Data: Medical Expenditure Panel Survey (AHRQ 2007b).

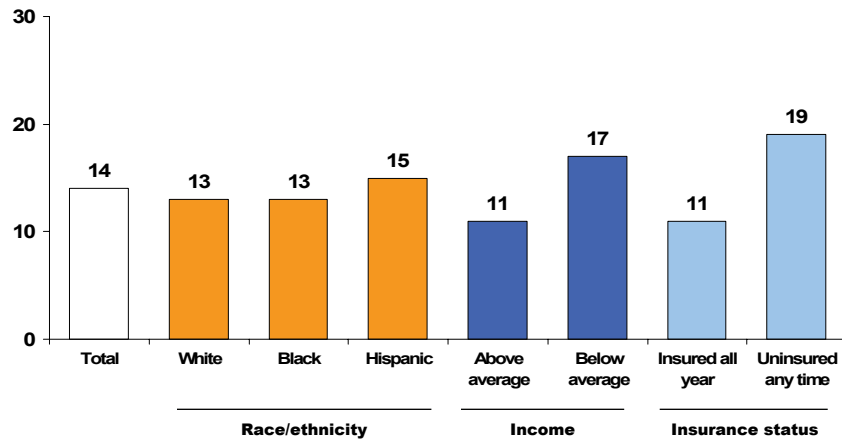
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: COORDINATED AND EFFICIENT CARE

Duplicate Medical Tests, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent reporting that doctor ordered test that had already been done in past two years



Data: 2007 Commonwealth Fund International Health Policy Survey.

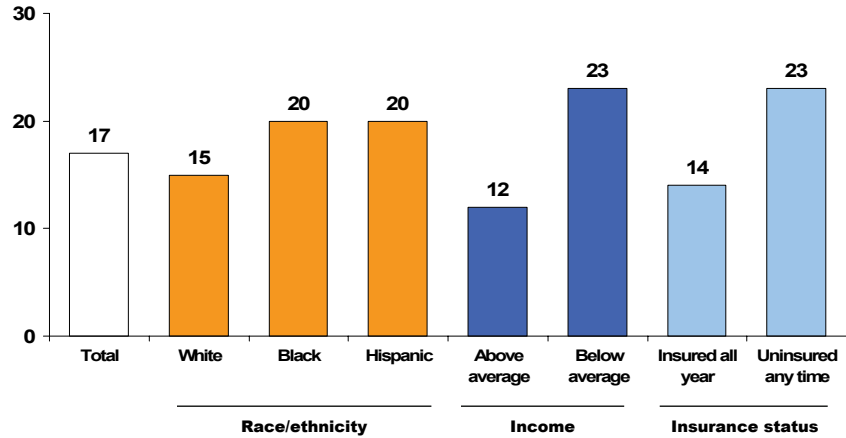
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: COORDINATED AND EFFICIENT CARE

Test Results or Medical Record Not Available at Time of Appointment, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent reporting test results/records not available at time of appointment in past two years



Data: 2007 Commonwealth Fund International Health Policy Survey.

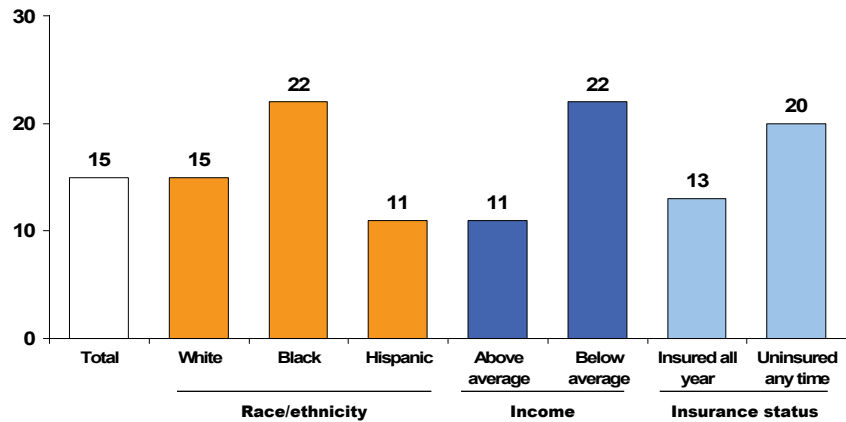
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: COORDINATED AND EFFICIENT CARE

Went to Emergency Room for Condition That Could Have Been Treated by Regular Doctor, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent of adults who went to ER in past two years for condition that could have been treated by regular doctor if available



Data: 2007 Commonwealth Fund International Health Policy Survey.

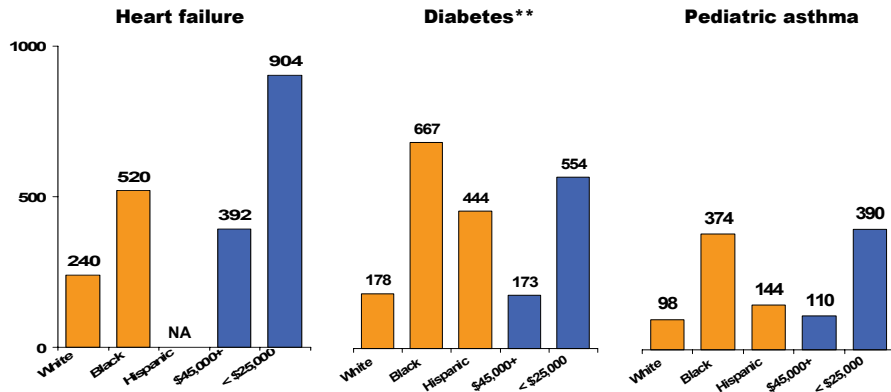
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: COORDINATED AND EFFICIENT CARE

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 2007b); Income area—HCUP, Nationwide Inpatient Sample (AHRQ 2007a, retrieved from HCUPnet at <http://hcupnet.ahrq.gov>).

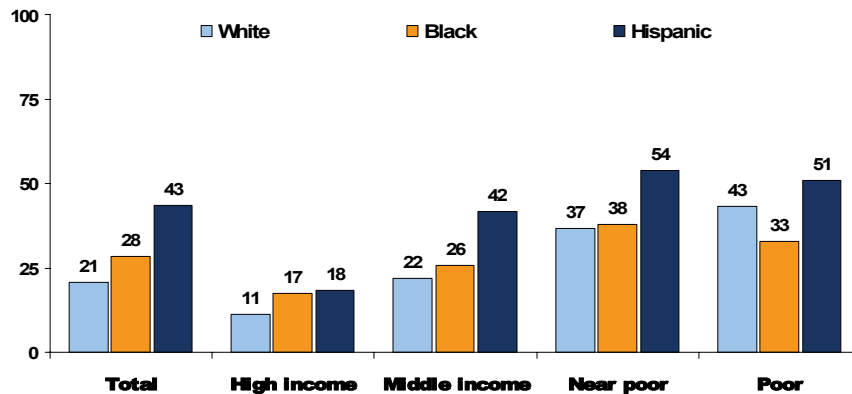
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: ACCESS

Nonelderly Adults with Time Uninsured During the Year, by Family Income and Race/Ethnicity, 2004

Percent of nonelderly adults (ages <65) who had no health insurance coverage sometime during the year



Note: High refers to household incomes $\geq 400\%$ of federal poverty level (FPL); middle to 200-399% FPL; near poor to 100% to 199% FPL; and poor to $<100\%$ FPL. Data: Medical Expenditure Panel Survey (AHRQ 2007b).

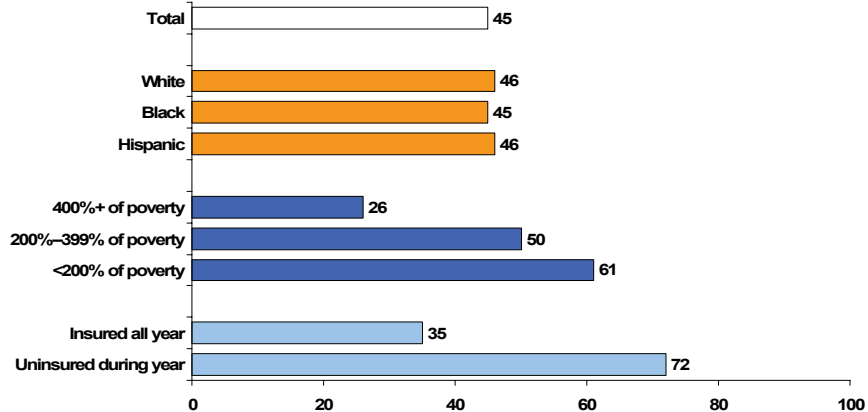
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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EQUITY: ACCESS

Cost-Related Access Problems, by Race/Ethnicity, Income, and Insurance Status, 2007

Percent of adults (ages 19–64) who had any of four access problems* in past year because of cost



* Did not fill a prescription; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic; or did not see a specialist when needed.
Data: 2007 Commonwealth Fund Biennial Health Insurance Survey.

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

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SYSTEM CAPACITY

SECTION 6. SYSTEM CAPACITY TO INNOVATE AND IMPROVE

The Scorecard addresses but does *not* score indicators for system capacity to innovate and improve.

Health Care Workforce

- Primary care medical residency positions filled
- Hospital employee satisfaction
- Nursing home employee satisfaction
- Hospital nursing staff vacancy rates (cannot update)
- Nursing home staff turnover rates (cannot update)
- Nursing home staff hours per patient day

Organizational Culture

- Hospital organizational culture
- Nursing home resident-centered care practices

Infrastructure

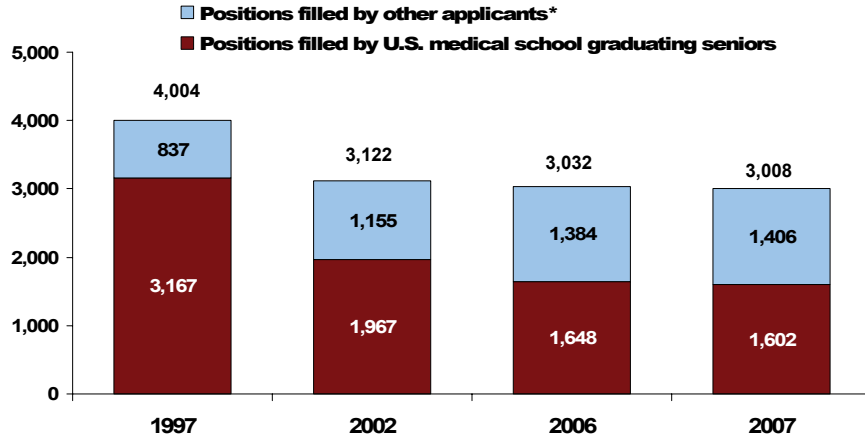
- National health expenditures invested in research and public health activities compared with insurance administration costs

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

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SYSTEM CAPACITY

Primary Care Medical Residency Positions Filled by U.S. Medical School Graduating Seniors and Other Applicants: 1997-2007



Note: Includes family medicine, family medicine-psychiatry, internal medicine-primary, internal medicine-family medicine, internal medicine-pediatrics, and pediatrics-primary positions. *Other applicants includes U.S. physicians, osteopaths, 5th Pathway, Canadian students, and U.S. and non-U.S. graduates of international medical schools.

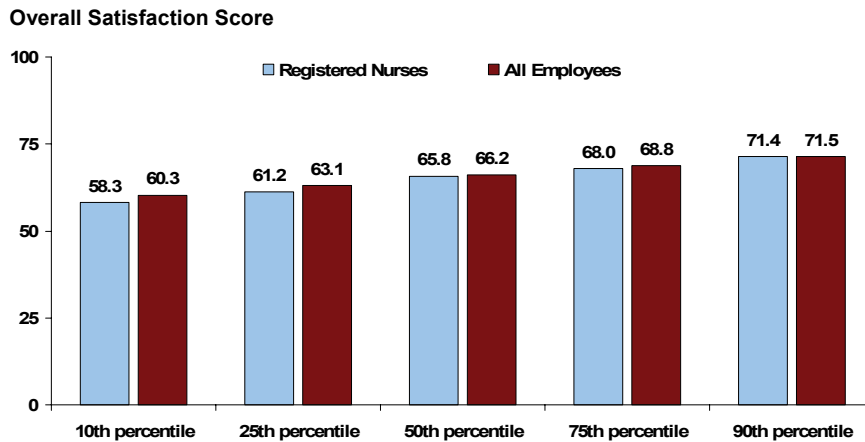
Data: American Academy of Family Physicians analysis of National Resident Matching Program Advanced Data Tables, 2007.

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

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SYSTEM CAPACITY

Hospital Employee Satisfaction, 2006



Data: 2006 Press Ganey Associates, Inc. Data represent the experiences of 121,882 employees across 132 facilities in 2006.

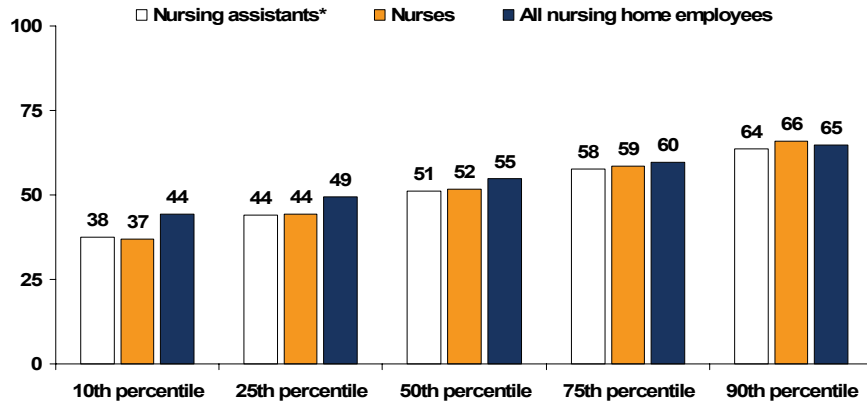
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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SYSTEM CAPACITY

Nursing Home Workforce Satisfaction, 2006

Composite satisfaction scores (average of 21 survey items) where 100=excellent and 0=poor



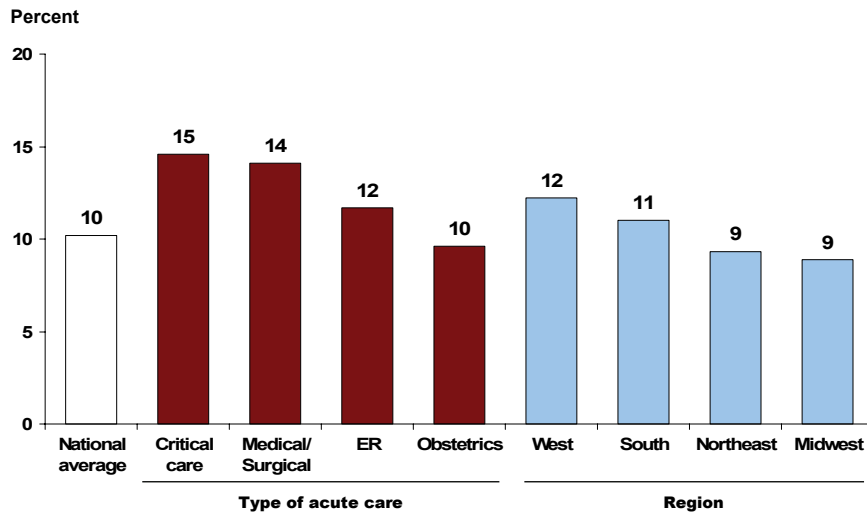
Data: MyInnerview, Inc., 2006 National Survey of Nursing Home Workforce Satisfaction. Scores are national estimates from 106,858 staff in 1,933 nursing facilities in every state (except Alaska) and the District of Columbia. *CNA/NA

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

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SYSTEM CAPACITY

Hospital Nursing Staff Vacancy Rates, 2000



Data: American Organization of Nurse Executives 2000 Acute Care Hospital Survey of RN Vacancies and Turnover Rates.

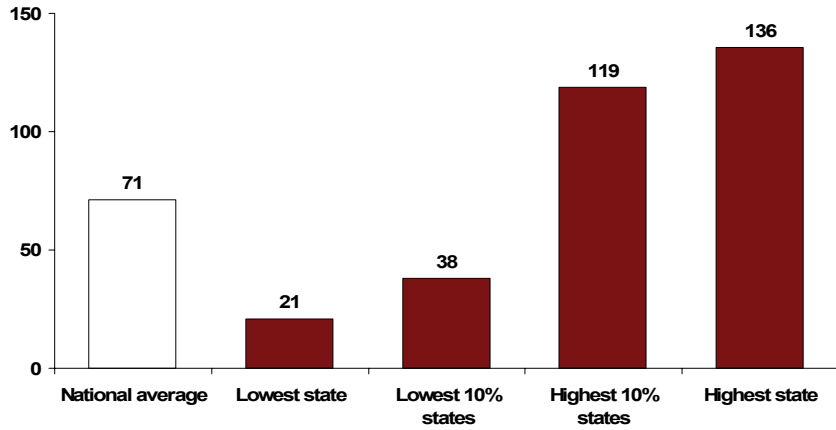
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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SYSTEM CAPACITY

Nursing Homes: Turnover Rates of Certified Nursing Aides in Nursing Homes, 2002

Rate of terminations to established positions



Data: 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes (AHCA 2002).

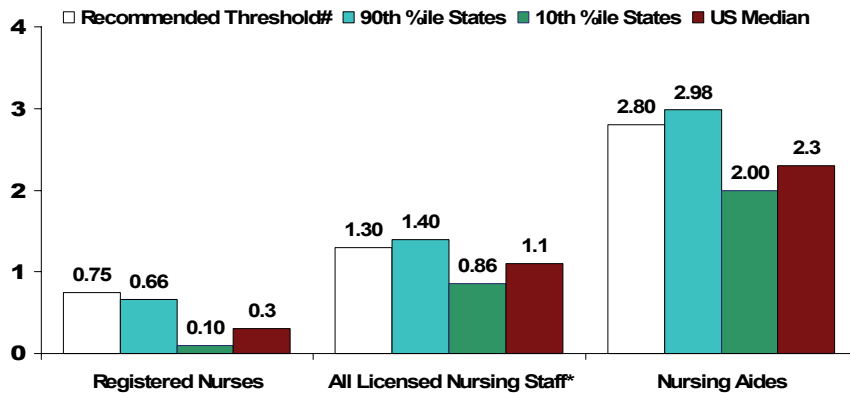
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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SYSTEM CAPACITY

Nursing Home Staff Hours Per Patient Day

Distribution by Direct Care Staff



Staffing thresholds as identified in *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Report to Congress: Phase II Final, December 2001*.

* Licensed staff includes registered and licensed nurses.

Note: Staff positions are measured in full-time equivalents, which is based on a 35 hour workweek.

Data: American Health Care Association, CMS OSCAR data, 2007.

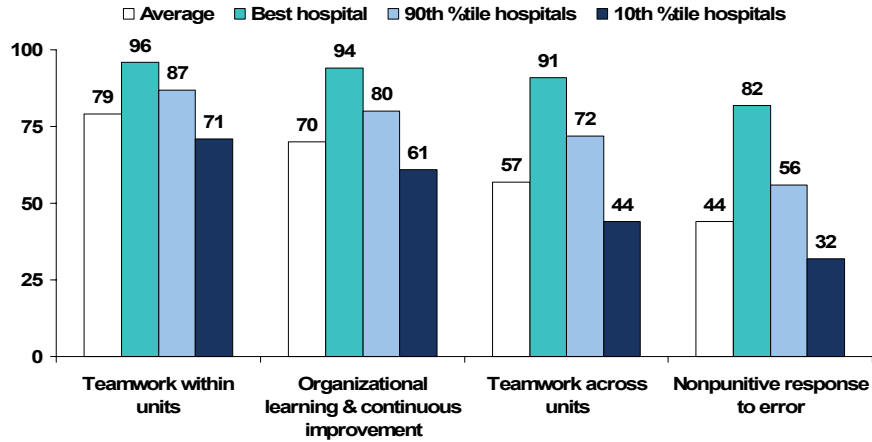
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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SYSTEM CAPACITY

Hospital Organizational Culture: Staff Perceptions of Teamwork and Learning Environment, 2007

Percent of staff giving positive responses



Data: Hospital Survey on Patient Safety Culture Comparative Database, results for 160,176 staff in 519 participating hospitals submitting data in 2007. Agency for Healthcare Research and Quality.

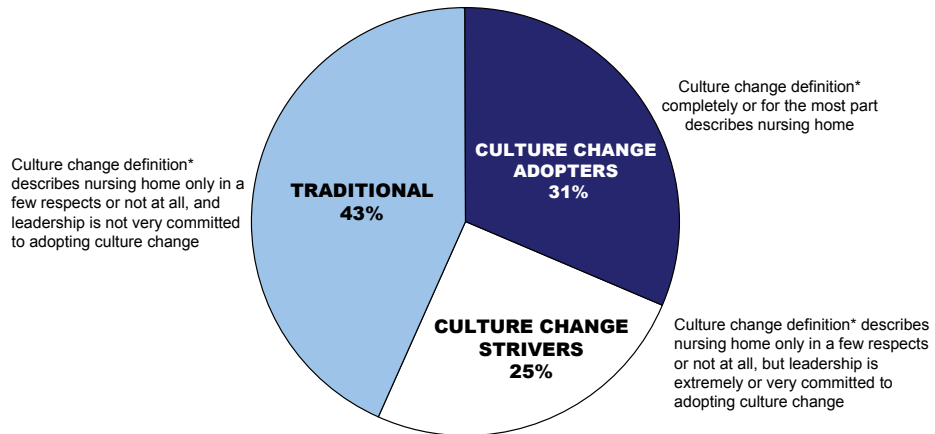
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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SYSTEM CAPACITY

Adoption of Culture Change by Nursing Homes, 2007

Categories of Nursing Homes, by Extent of Culture Change Adoption



* Culture change or a resident-centered approach means an organization that has home and work environments in which: care and all resident-related activities are decided by the resident; living environment is designed to be a home rather than institution; close relationships exist between residents, family members, staff, and community; work is organized to support and allow all staff to respond to residents' needs and desires; management allows collaborative and group decision making; and processes/measures are used for continuous quality improvement.

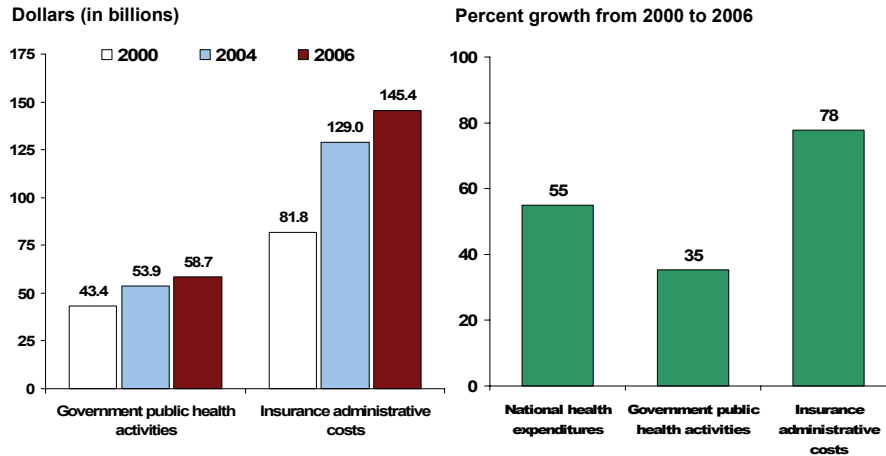
Data: 2007 Commonwealth Fund National Survey of Nursing Homes.

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

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SYSTEM CAPACITY

National Health Expenditures Spent on Public Health Activities Compared with Insurance Administration Costs



Data: CMS Office of the Actuary, National Health Statistics Group; and U.S. Dept. of Commerce, Bureau of Economic Analysis and U.S. Bureau of the Census (Catlin et al. 2008).

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

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

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