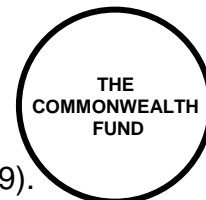


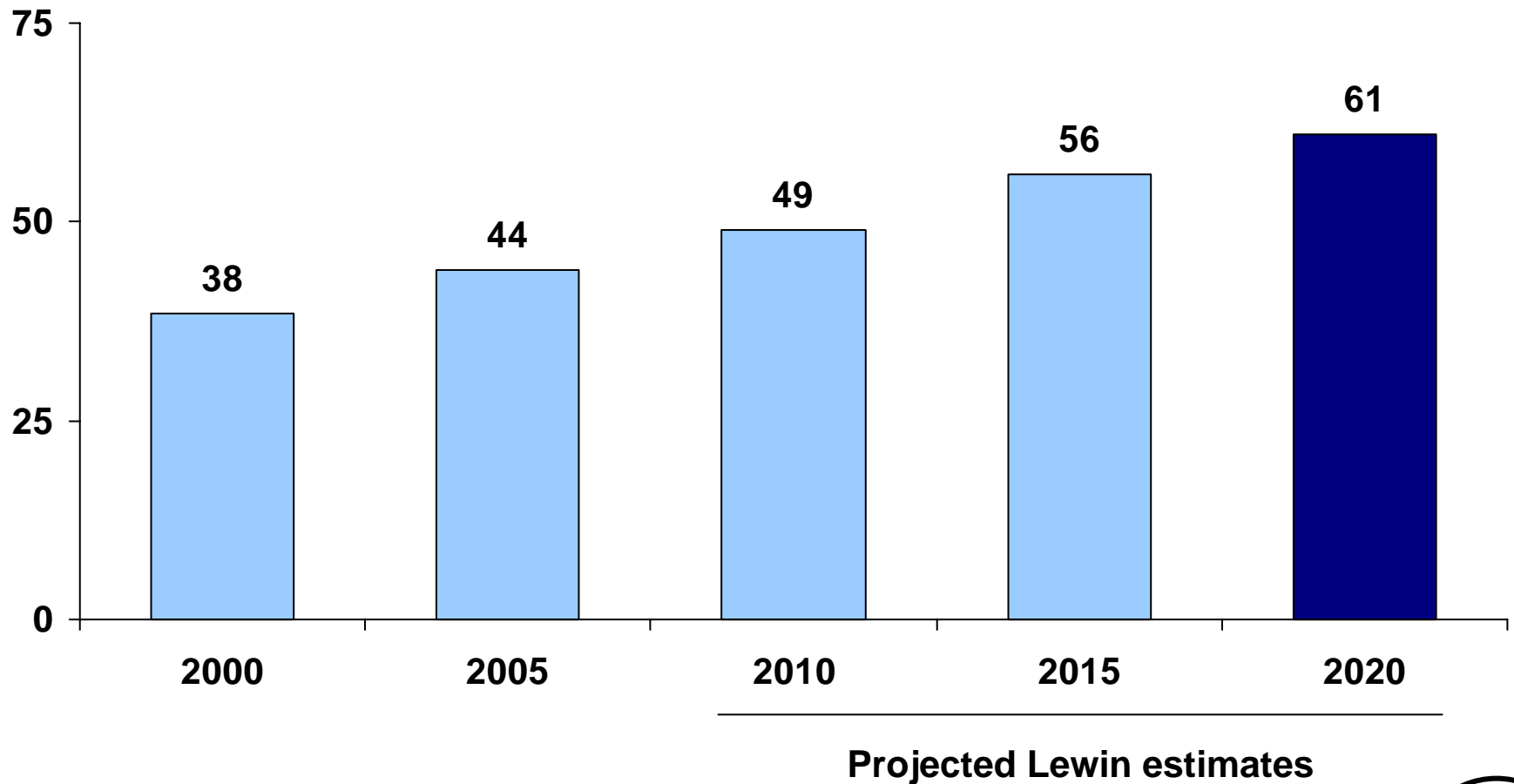
Affordable Coverage for All: Foundation for Reform Policies in Path Report

- **Builds on employer coverage and public programs**
- **New national insurance exchange**
 - **Offers private plans and new public health insurance option**
 - **Makes it easy to choose and stay covered**
 - **Public plan: comprehensive benefits and low administrative overhead**
- **All required to have coverage, with provisions for affordability**
 - **Low-income programs expanded**
 - **Income-related premium assistance to make coverage affordable**
- **Shared responsibility for financing: all employers share**
- **Insurance market reforms**
 - **Minimum national benefit standard**
 - **Guaranteed issue, renewal, and community rating (no underwriting)**
 - **Public comparisons; standardized format**
- **Insurers compete on basis of added value**



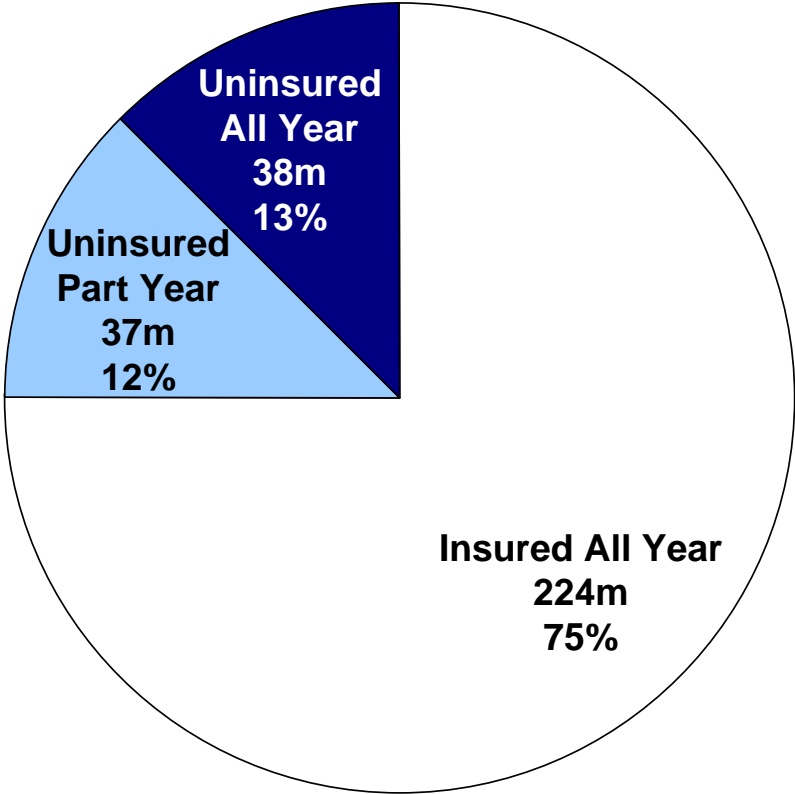
Uninsured Projected to Rise to 61 Million by 2020 Not Counting Underinsured or Part-Year Uninsured

Number of uninsured, in millions

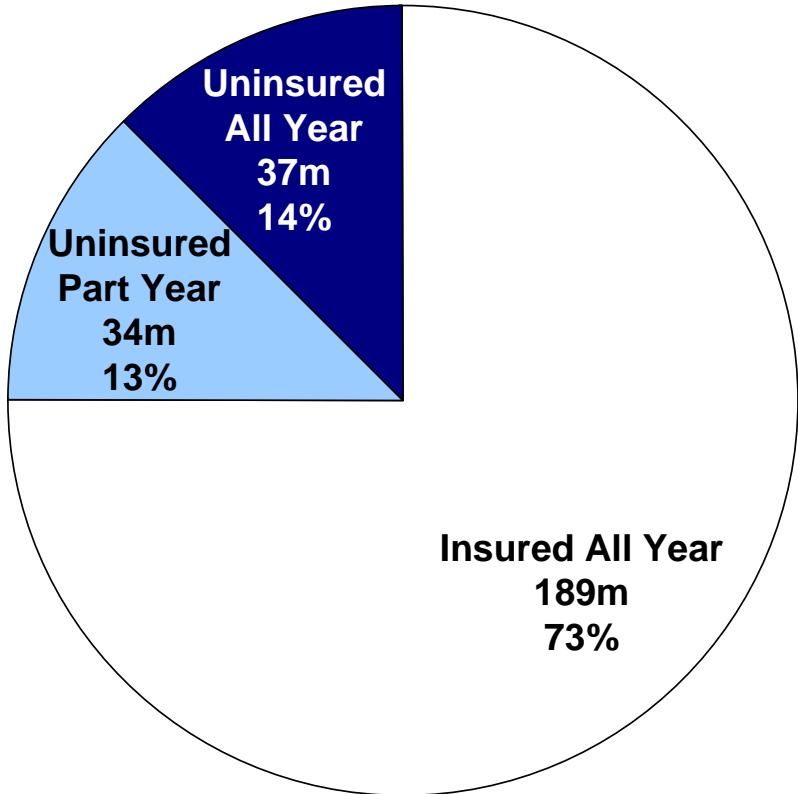


Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2001 and 2006; Projections to 2020 based on estimates by The Lewin Group.

Seventy-Five Million People Were Uninsured for All or Part of the Year Before the Start of the Recession



Total Population = 299 million



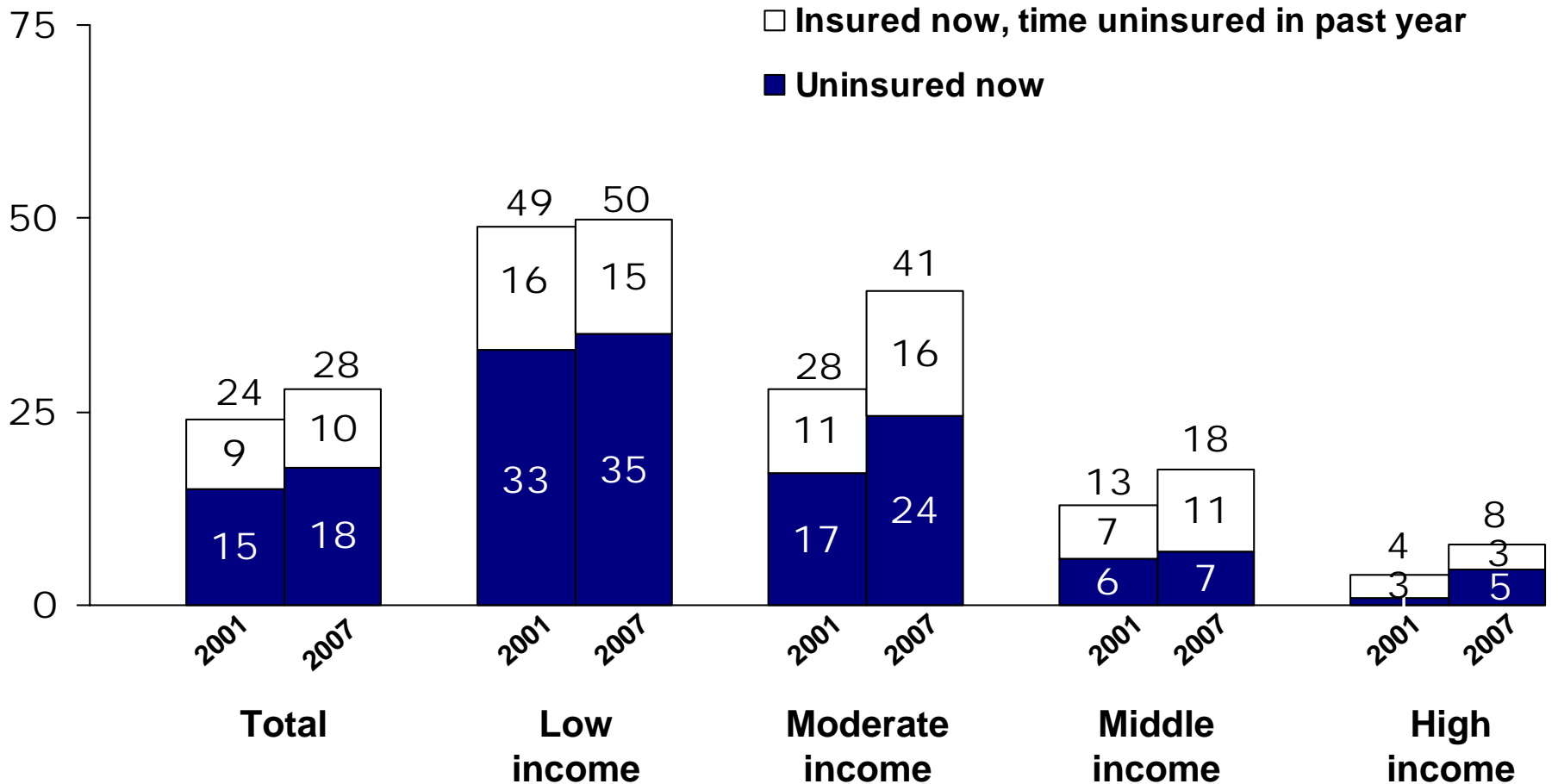
Under-65 Population = 260 million

Source: Analysis of the 2006 of the Medical Expenditure Panel Survey by B. Mahato of Columbia University for The Commonwealth Fund.



Uninsured Rates High Among Adults with Low and Moderate Incomes, 2001–2007

Percent of adults ages 19–64



Note: Income refers to annual income. In 2001 and 2003, low income is <\$20,000, moderate income is \$20,000–\$34,999, middle income is \$35,000–\$59,999, and high income is \$60,000 or more. In 2005 and 2007, low income is <\$20,000, moderate income is \$20,000–\$39,999, middle income is \$40,000–\$59,999, and high income is \$60,000 or more. Subgroups may not sum to totals because of rounding.

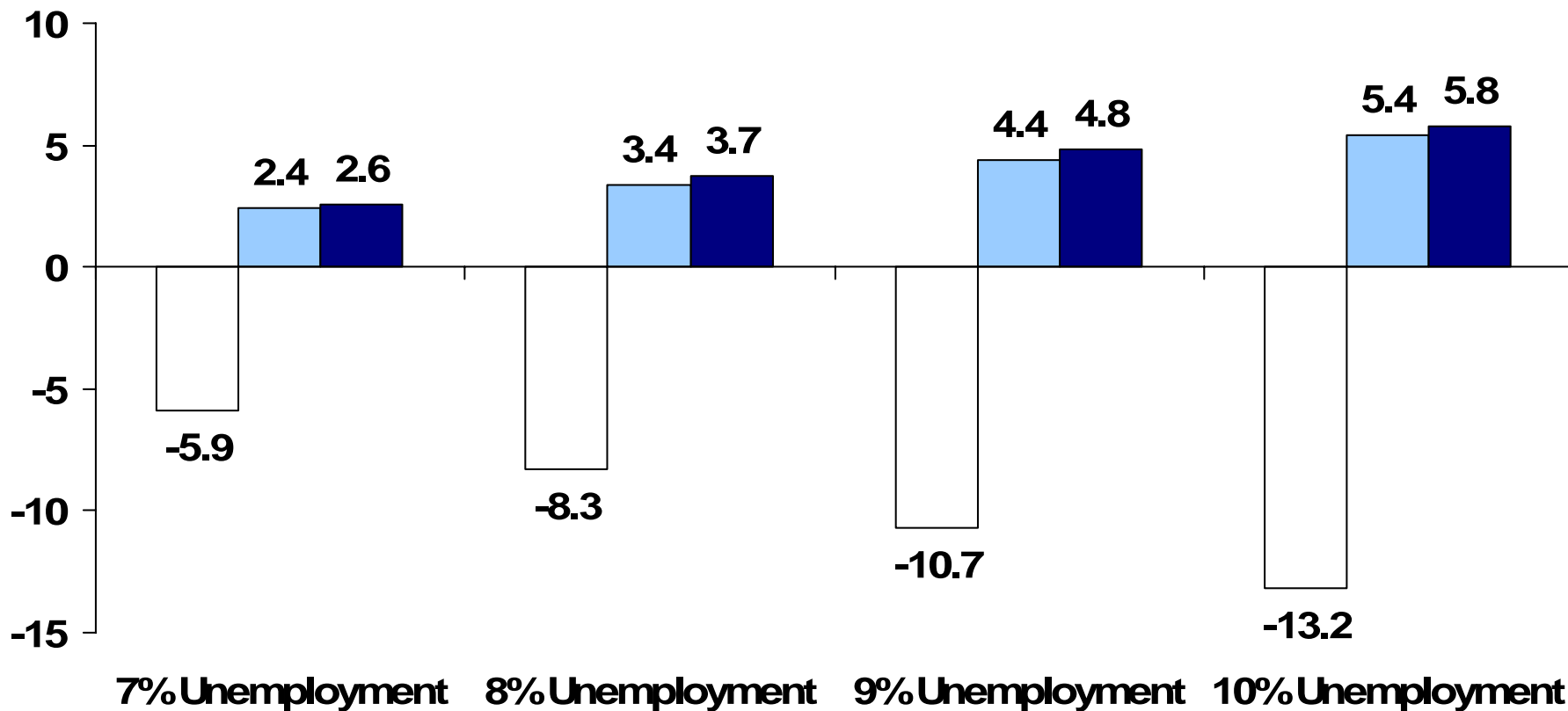
Source: S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families: Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007* (New York: The Commonwealth Fund, Aug. 2008).



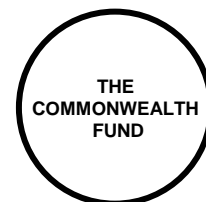
2009 Changes in Coverage at Different Levels of Unemployment (Base of 4.6% in 2007)

Millions of people

□ ESI □ Medicaid/SCHIP ■ Uninsured



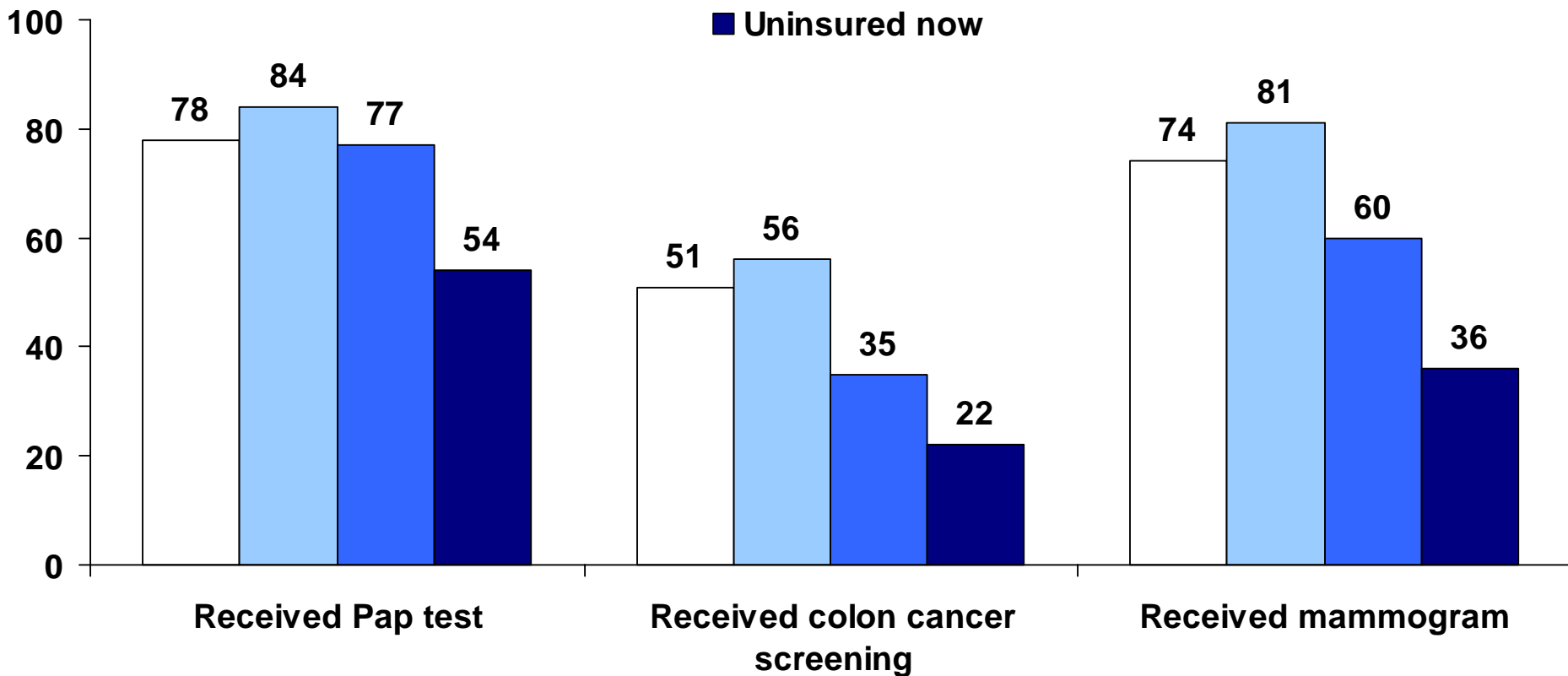
Source: J. Holahan and A. B. Garrett, *Rising Unemployment, Medicaid, and the Uninsured*, Publication No. 7850 (Washington, D.C.: Kaiser Commission on Medicaid and the Uninsured, Jan. 2009).



Uninsured Adults and Adults with Gaps in Coverage Have Lower Rates of Cancer Screening Tests, 2007

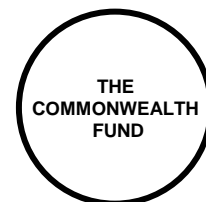
Percent of adults ages 19–64

Total
 Insured all year
 Insured now, time uninsured in past year
 Uninsured now



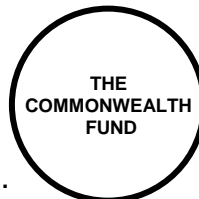
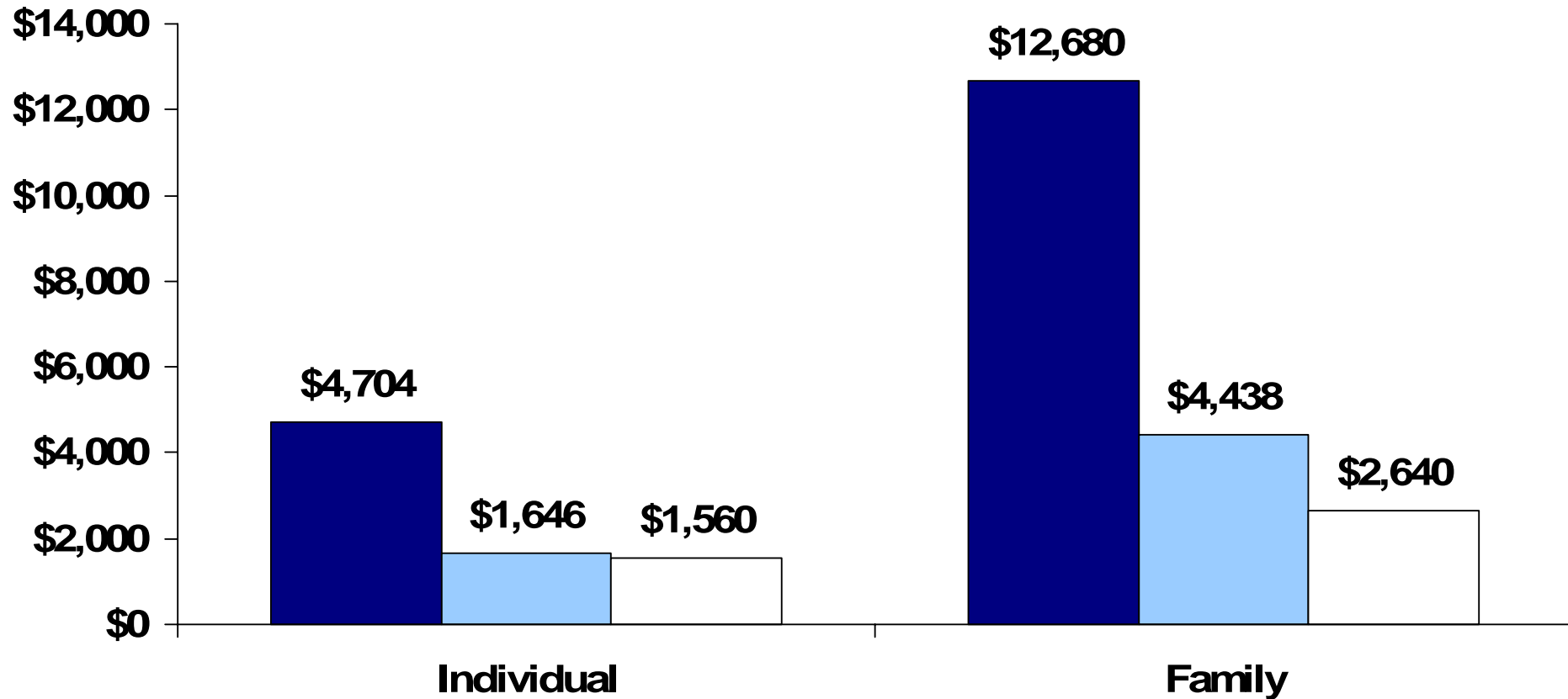
Note: Pap test in past year for females ages 19–29, past three years age 30+; colon cancer screening in past five years for adults ages 50–64; and mammogram in past two years for females ages 50–64.

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



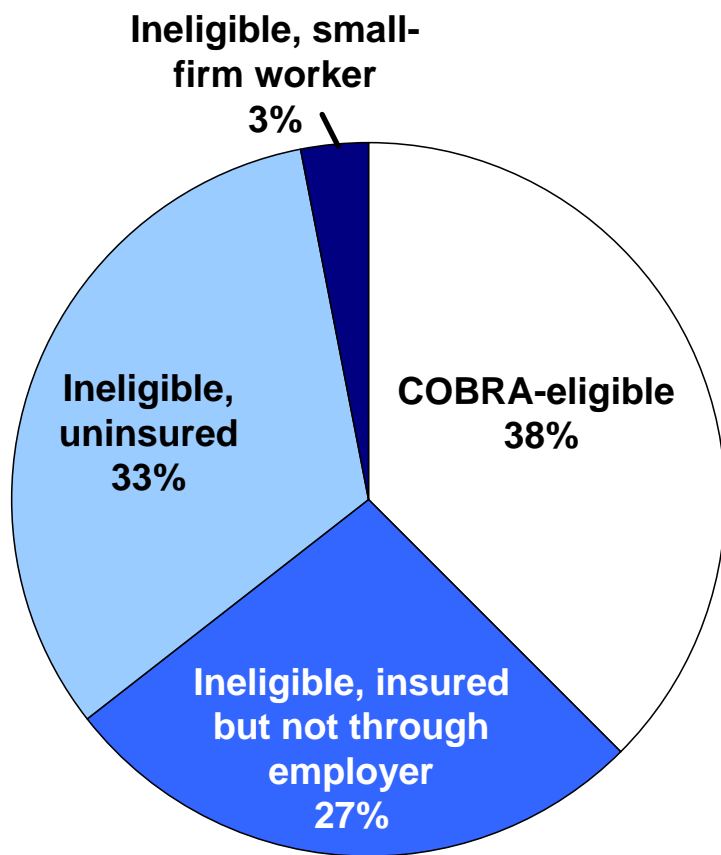
Even with ARRA Subsidies, COBRA Still Unaffordable for Individuals and Families at 150 Percent of Poverty

■ Full COBRA Premium ■ Unsubsidized Amount □ 10% Income

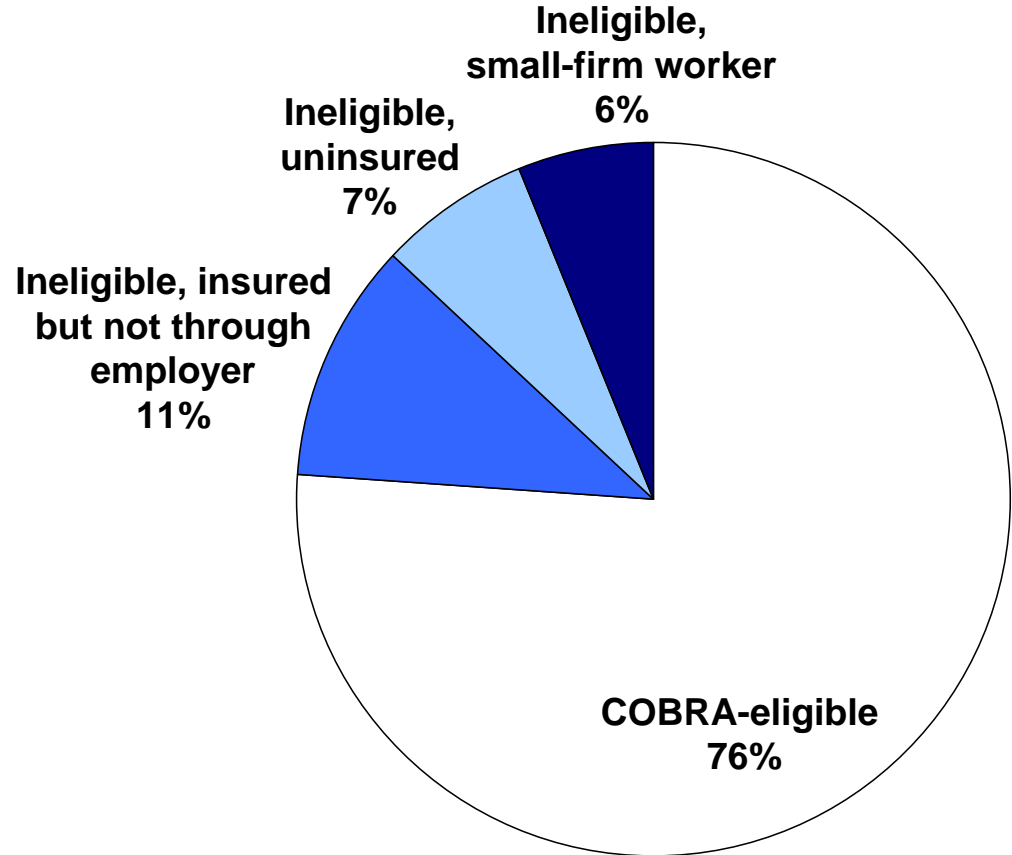


Source: M. Broaddus et al., *Measures in House Recovery Package—But Not Senate Package—Would Help Unemployed Parents Receive Health Coverage* (Washington, D.C.: Center on Budget and Policy Priorities, Feb. 2009).

Low-Income Workers Are Eligible for COBRA at Only Half the Rate of Higher-Income Workers



Below 200% FPL

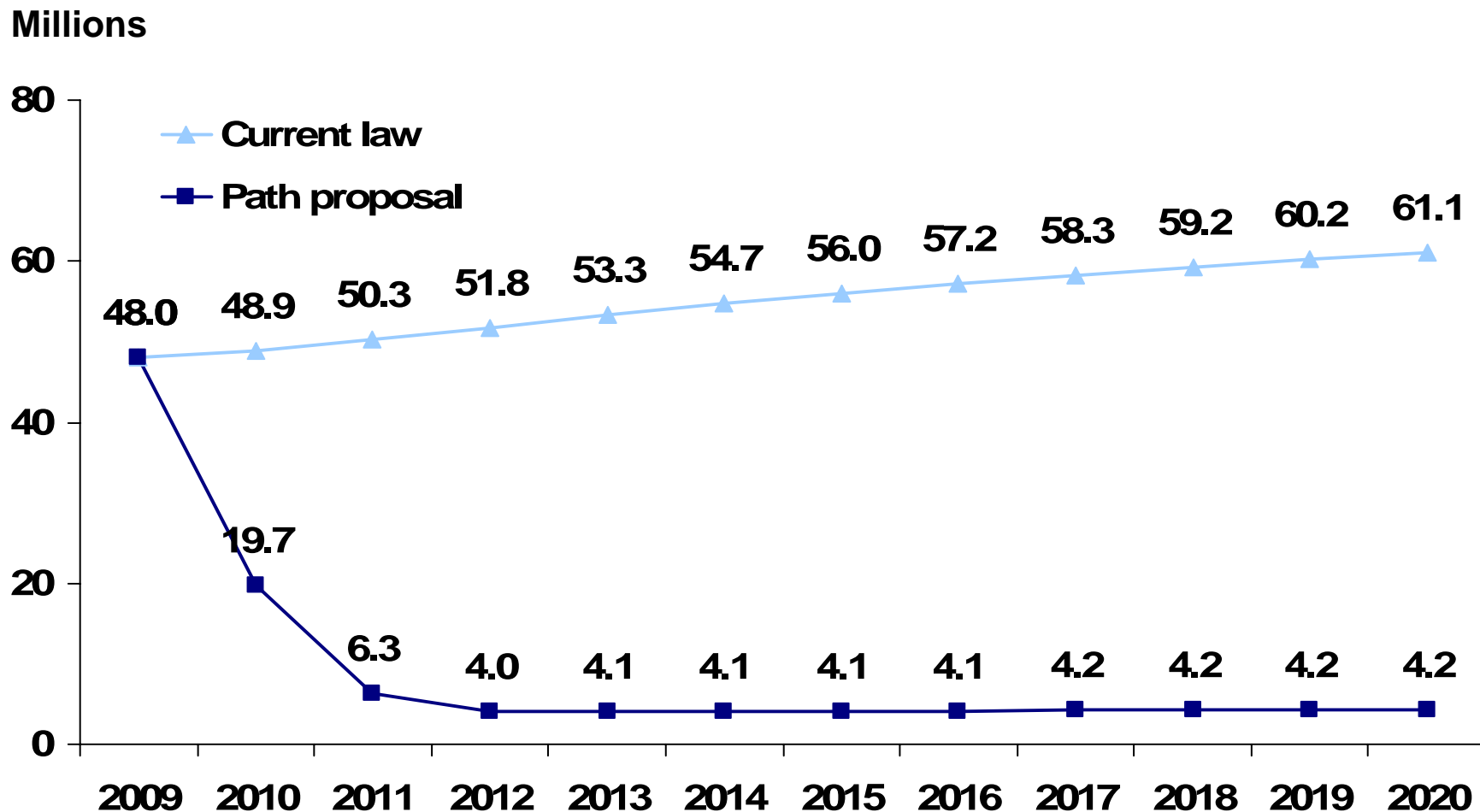


200%+ FPL

Source: M. Broaddus et al., *Measures in House Recovery Package—But Not Senate Package—Would Help Unemployed Parents Receive Health Coverage* (Washington, D.C.: Center on Budget and Policy Priorities, Feb. 2009); M. M. Doty, S. D. Rustgi, C. Schoen, and S. R. Collins, *Maintaining Health Insurance During a Recession: Likely COBRA Eligibility* (New York: The Commonwealth Fund, January 2009).



Trend in the Number of Uninsured, 2009–2020, Under Current Law and with Insurance Reforms and Exchange

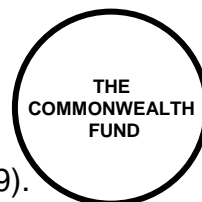


Note: Assumes insurance exchange opens in 2010 and take-up by uninsured occurs over two years.

Remaining uninsured are mainly those who do not file taxes.

Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

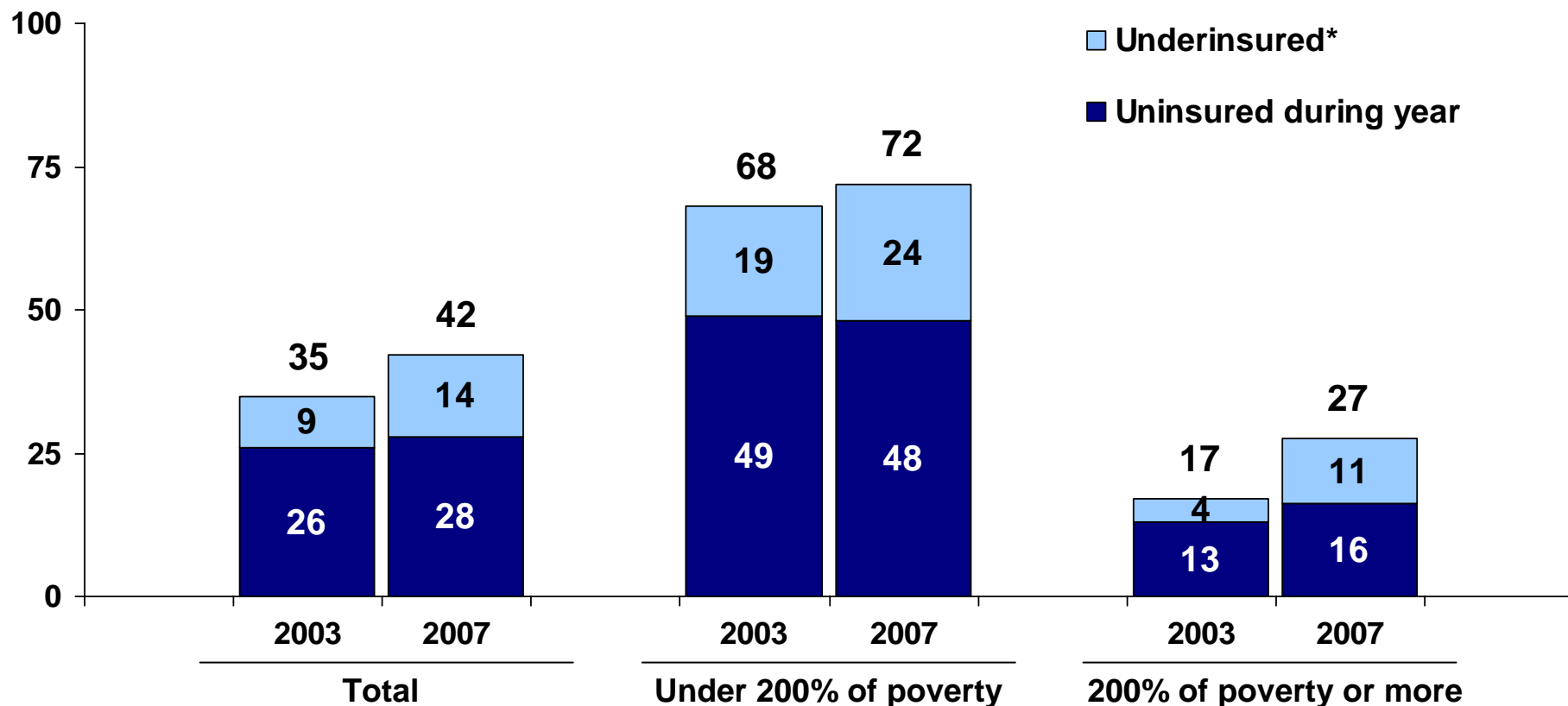


Two of Five Adults Uninsured or Underinsured

25 Million Underinsured

60 Percent Increase in Underinsured from 2003 to 2007

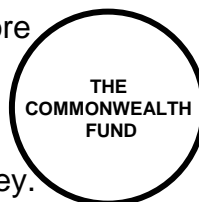
Percent of adults (ages 19–64) who are uninsured or underinsured



* Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income, or 5% or more of income if low income (<200% of poverty); or deductibles equaled 5% or more of income.

Data: 2003 and 2007 Commonwealth Fund Biennial Health Insurance Survey.

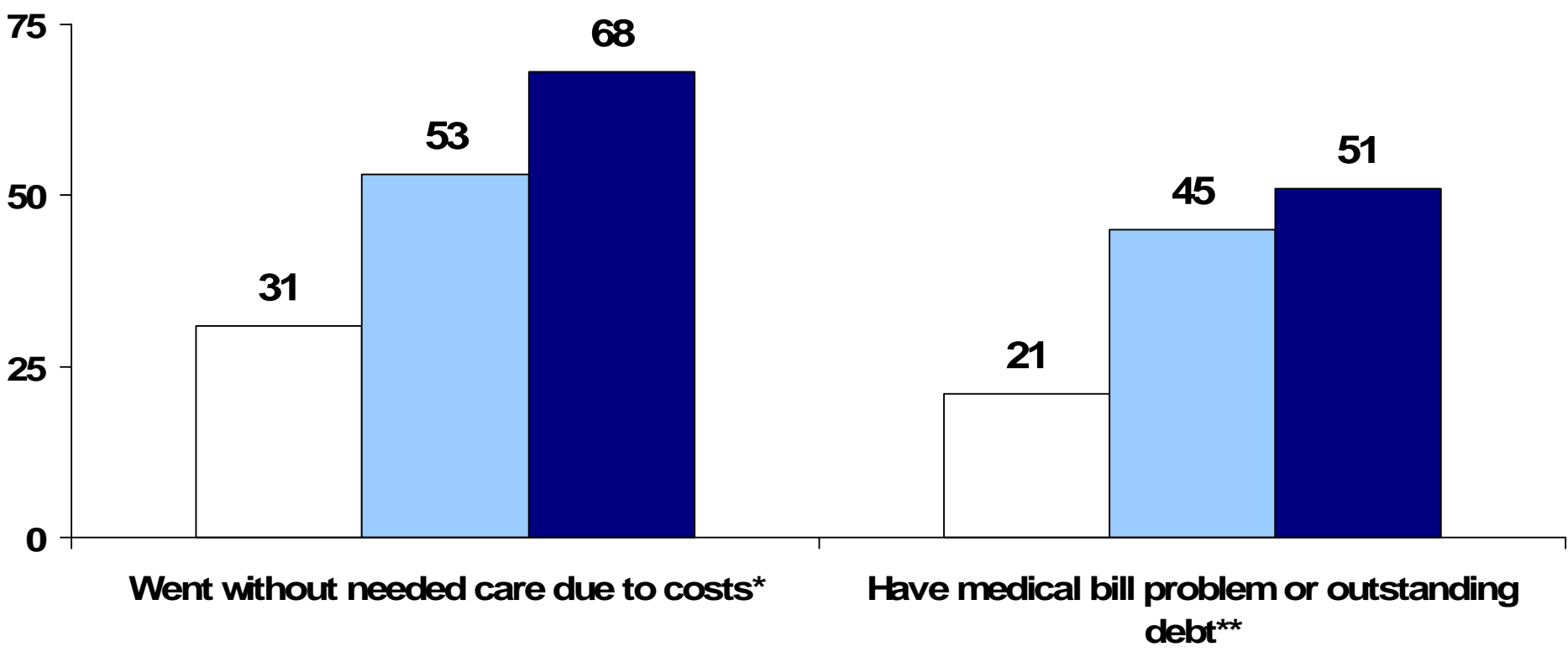
Source: C. Schoen, S. Collins, J. Kriss, M. Doty, "How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007," *Health Affairs* Web Exclusive, June 10, 2008. Data: 2007 Commonwealth Fund Biennial Health Insurance Survey.



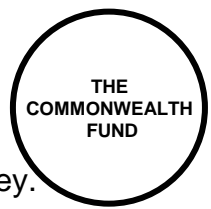
Underinsured and Uninsured Adults at High Risk of Going Without Needed Care and Financial Stress

Percent of adults (ages 19–64)

□ Insured, not underinsured □ Underinsured ■ Uninsured during year



* Did not fill prescription; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor; or did not get needed specialist care because of costs. ** Had problems paying medical bills; changed way of life to pay medical bills; or contacted by a collection agency for inability to pay medical bills. Source: C. Schoen, S. Collins, J. Kriss, M. Doty, "How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007," *Health Affairs* Web Exclusive, June 10, 2008. Data: 2007 Commonwealth Fund Biennial Health Insurance Survey.



Benefit Design for Medicare-Sponsored Public Plan Offered in Insurance Exchange

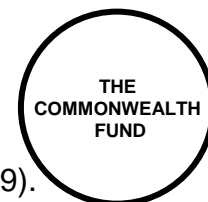
	Current Medicare benefits*	New Public Plan in Exchange
Deductible	Hospital: \$1,024/benefit period Physician: \$135/year Rx: \$275/year**	Hospital/Physician: \$250/year for individuals; \$500 for families Rx: \$0
Coinsurance	Physician: 20% Rx: Depends on Part D plan	Physician: 10% Rx: 25% Reduce for high-value & chronic disease care/medical home Preventive services: 0%
Ceiling on out-of-pocket	No ceiling	\$5,000 for individuals \$7,000 for families
Insurance-related premium subsidies	Medicare Savings Programs Low-Income Subsidy	Premium cap ceiling of 5% of income for low-income beneficiary premiums or 10% if higher income

* Basic benefits before Medigap.

** Part D coverage varies, often deductible. Most have “doughnut” hole and use tiered, flat-dollar copayments.

Note: Benefit design also would apply to Medicare Extra supplement option available to Medicare beneficiaries.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).



Seventy-Two Million Americans Have Problems with Medical Bills or Accrued Medical Debt, 2007

Percent of adults ages 19–64

	2005	2007
In the past 12 months:		
Had problems paying or unable to pay medical bills	23% 39 million	27% 48 million
Contacted by collection agency for unpaid medical bills	13% 22 million	16% 28 million
Had to change way of life to pay bills	14% 24 million	18% 32 million
<i>Any of the above bill problems</i>	28% 48 million	33% 59 million
Medical bills being paid off over time	21% 37 million	28% 49 million
<i>Any bill problems or medical debt</i>	34% 58 million	41% 72 million



More Than One-Quarter of Adults Under Age 65 with Medical Bill Burdens and Debt Were Unable to Pay for Basic Necessities

Percent of adults ages 19–64 with medical bill problems or accrued medical debt

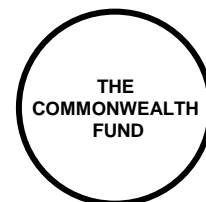
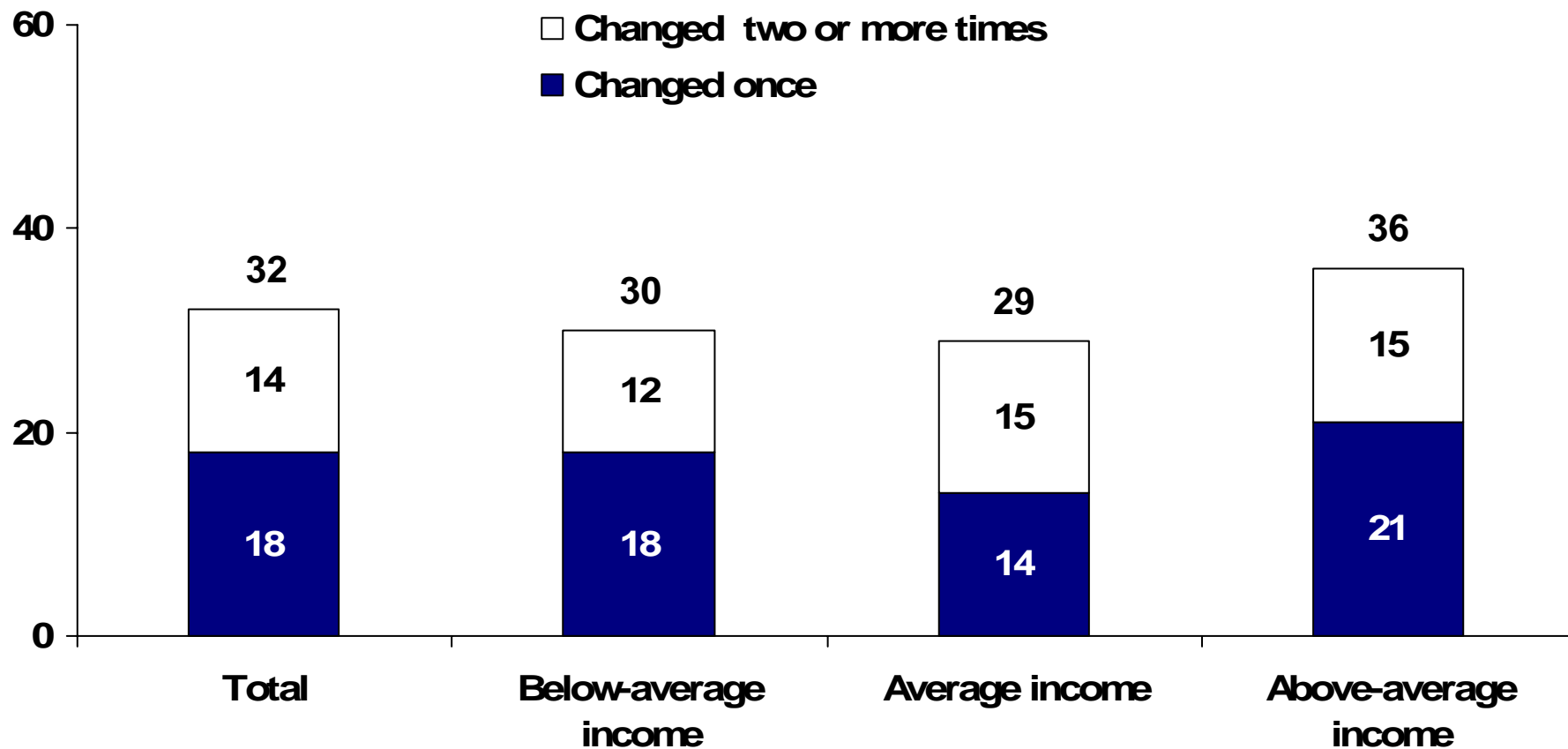
Percent of adults reporting:	Total	Insured All Year		Uninsured Anytime During Year	
		No underinsured indicators	Underinsured	Insured now, time uninsured in past year	Uninsured now
Unable to pay for basic necessities (food, heat, or rent) because of medical bills	29%	16%	29%	42%	40%
Used up all of savings	39	26	46	46	47
Took out a mortgage against your home or took out a loan	10	9	12	11	11
Took on credit card debt	30	28	33	34	26
Insured at time care was provided	61	80	82	46	24

Source: M. M. Doty, S. R. Collins, S. D. Rustgi, and J. L. Kriss, *Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families* (New York: The Commonwealth Fund, Aug. 2008).



Switching Health Plans Is a Common Experience Across Incomes, 2007

Percent of adults reported changing health insurance or plan in past 3 years



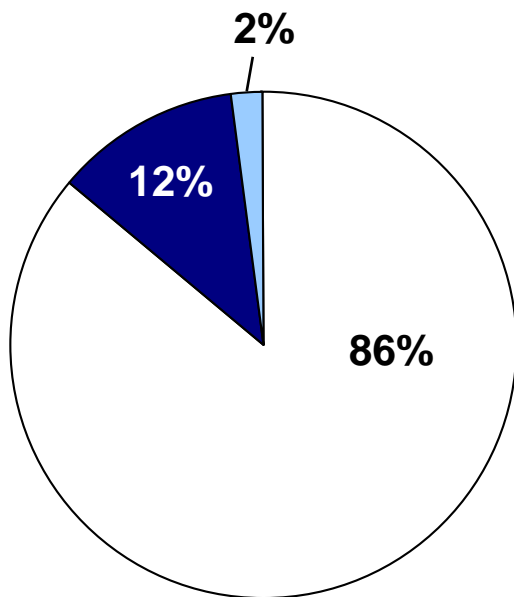
People with Employer Insurance Have More-Stable Coverage Than Those with Individual Market Insurance

Retention of initial insurance over a two-year period, 1998–2000

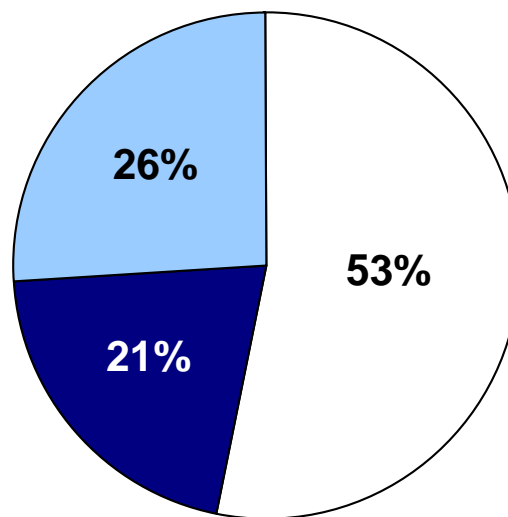
□ Retained initial insurance status

■ One or more spells uninsured

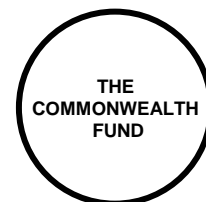
□ Other transition



Employer insurance



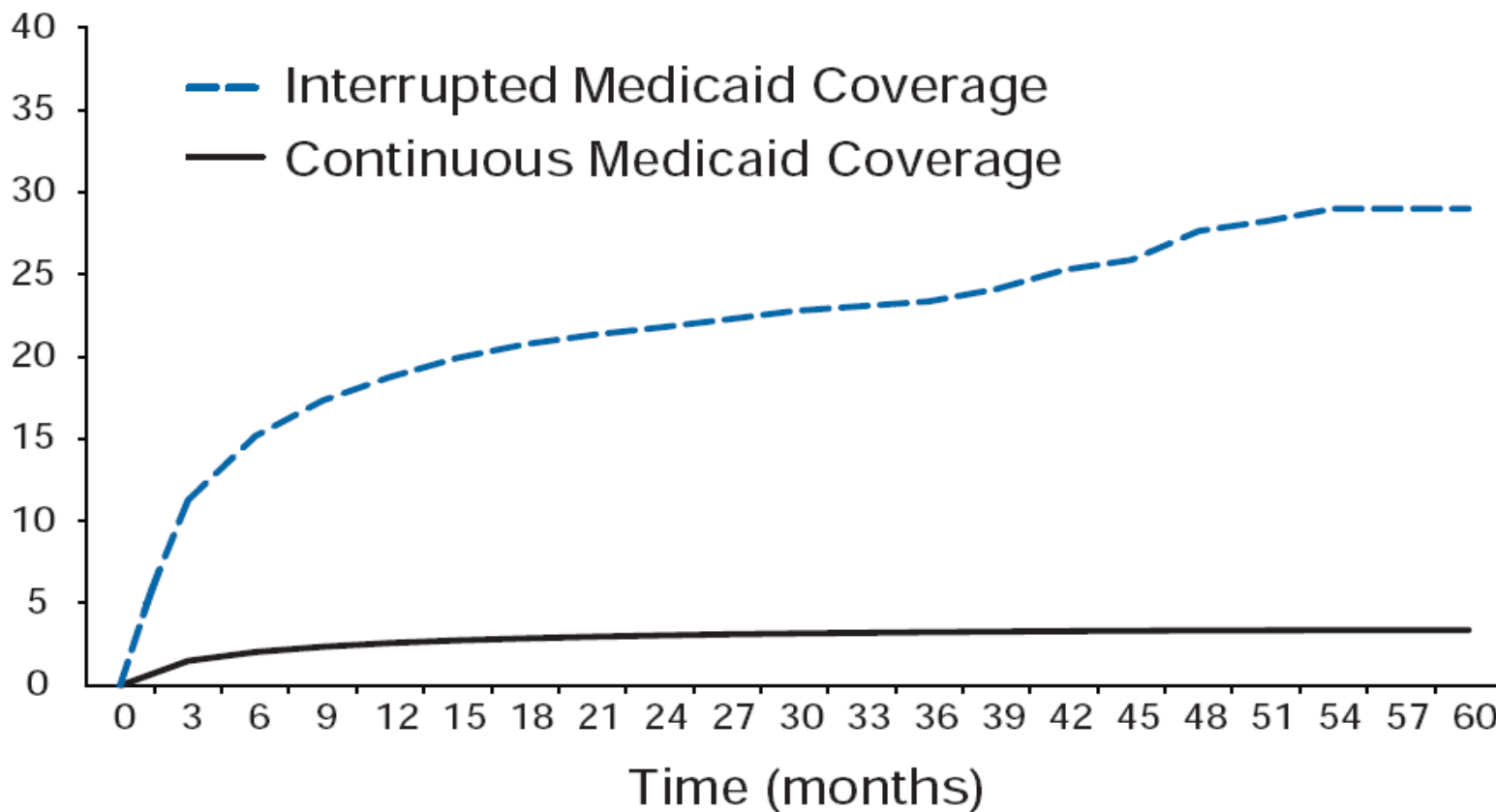
Individual insurance



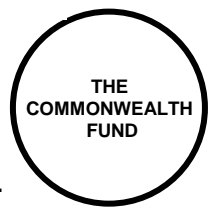
Probability of Ambulatory Care Sensitive Hospitalizations Increases with Medicaid Coverage Gaps, 1998–2002

More than 60% of Medicaid enrollees experienced interruption in coverage

Probability of a preventable hospitalization (%)

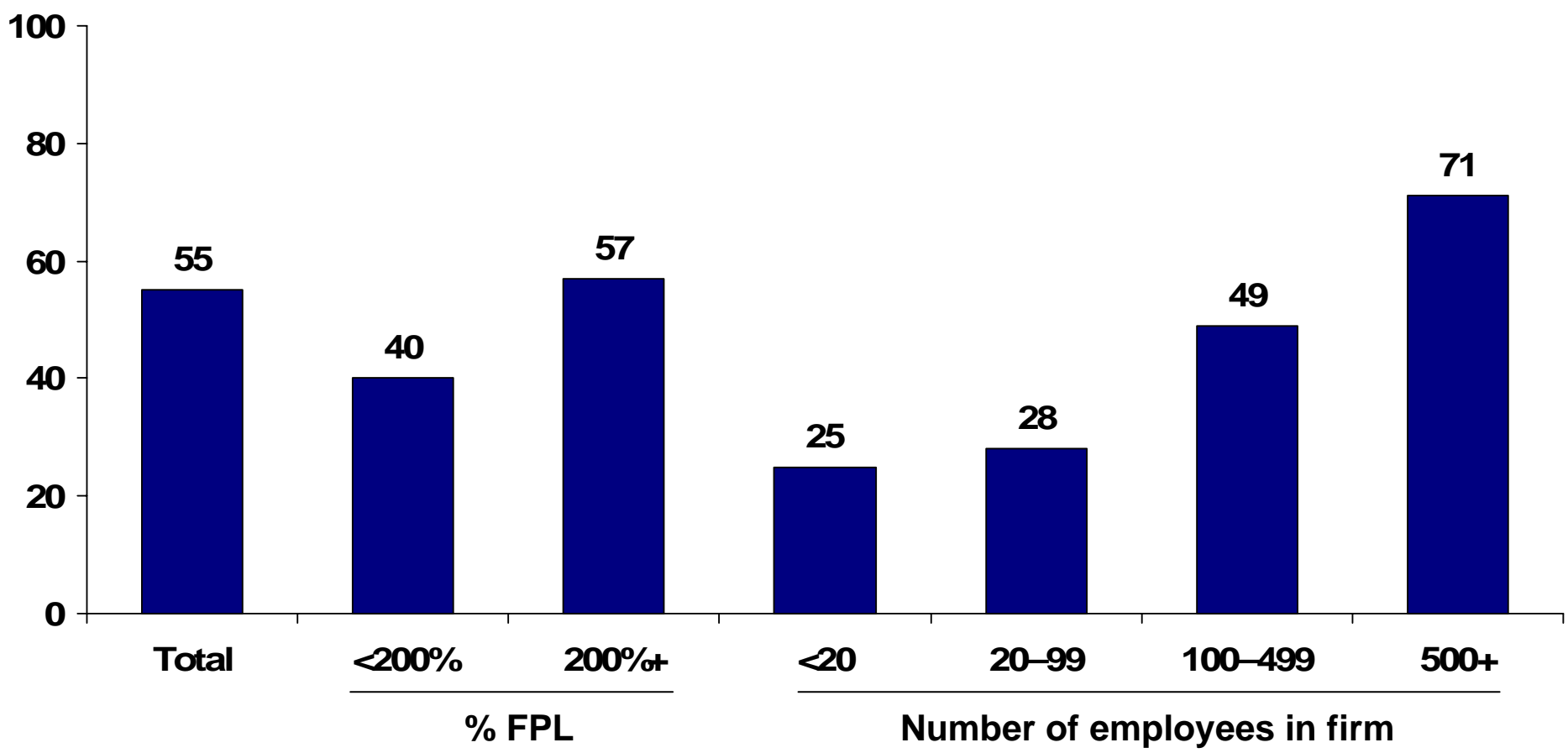


Note: Ambulatory care-sensitive (ACS) conditions include dehydration, ruptured appendicitis, cellulitis, bacterial pneumonia, urinary tract infection, asthma, hypertension, COPD, diabetes mellitus, heart failure, and angina.
Source: A. Bindman, A. Chattapadhyay, and G Auerback, "Interruptions in Medicaid Coverage and Risk for Hospitalization for Ambulatory Care-Sensitive Conditions," *Annals of Internal Medicine*, Dec.16, 2008 149(12):854-60.



Employees in Large Firms Are Most Likely to Have Two or More Health Plan Choices

Percent of adults ages 19–64 insured all year with ESI* and choice of plans



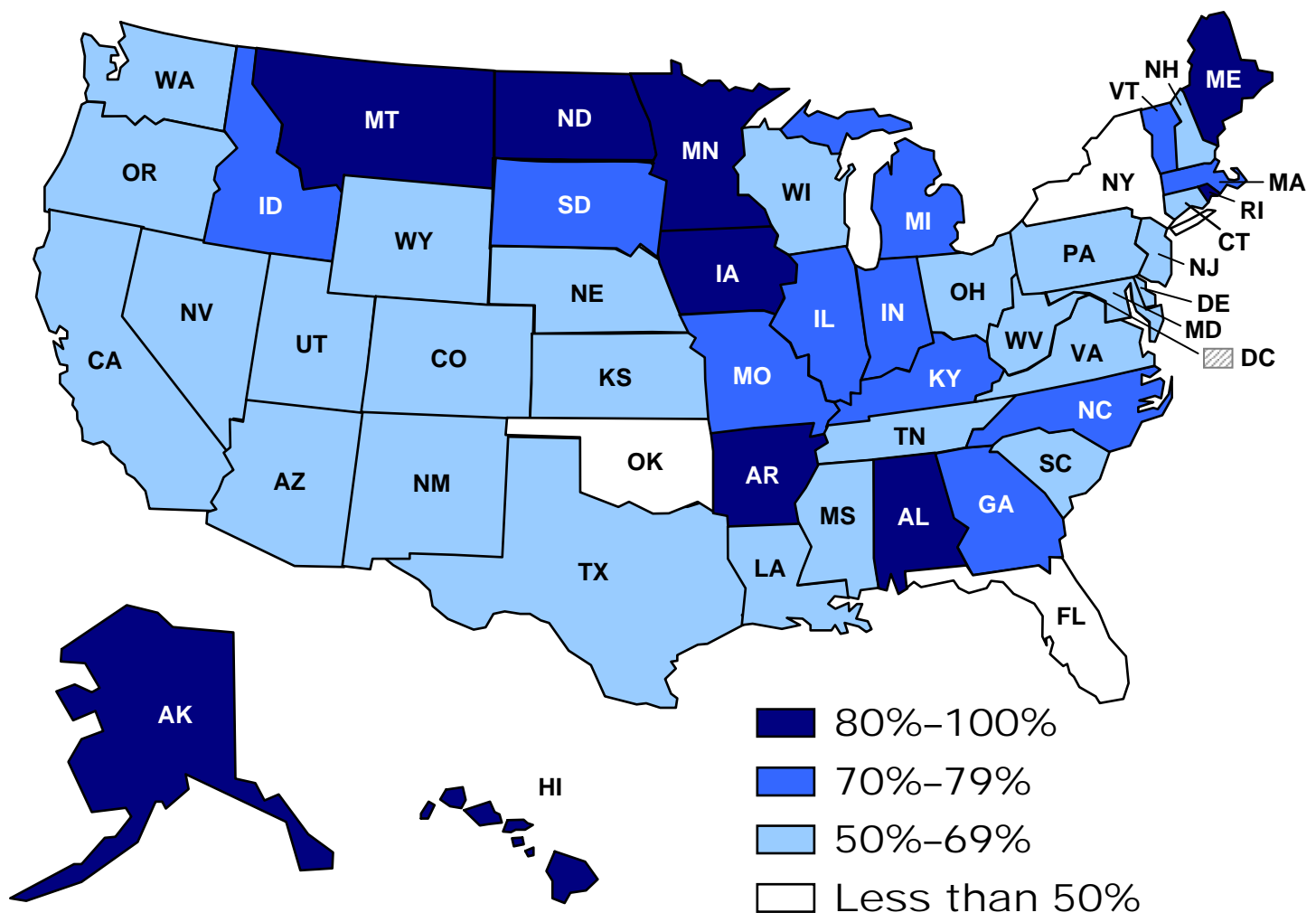
* ESI = employer-sponsored insurance.

Based on adults 19–64 who were who were insured all year through their own employer.

Source: 2007 Commonwealth Fund Biennial Health Insurance Survey.



Market Share of Two Largest Health Plans, by State, 2006



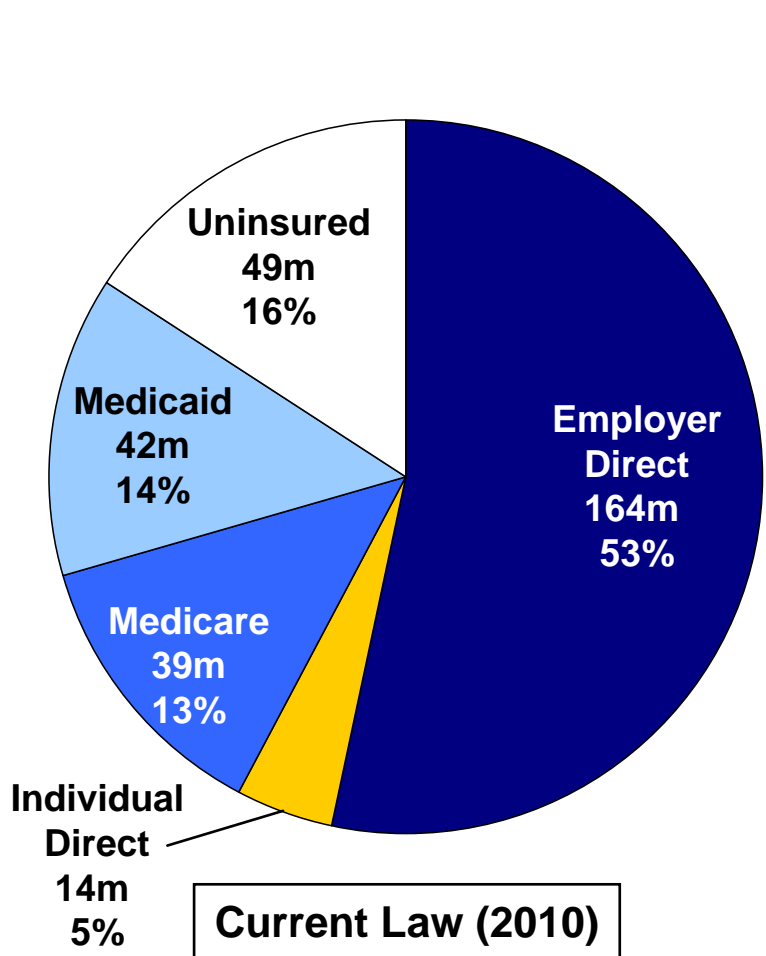
Note: Market shares are for the combined HMO+PPO product market. For MS and PA, shading represents shares of top three insurers in 2002–2003.

Source: American Medical Association, *Competition in Health Insurance: A Comprehensive Study of U.S. Markets, 2008 Update*; J. Robinson, "Consolidation and the Transformation of Competition in Health Insurance," *Health Affairs*, Nov./Dec. 2004 23(6):11–24; D. McCarthy et al., *The North Dakota Experience: Achieving High-Performance Health Care Through Rural Innovation and Cooperation* (New York: The Commonwealth Fund, May 2008).



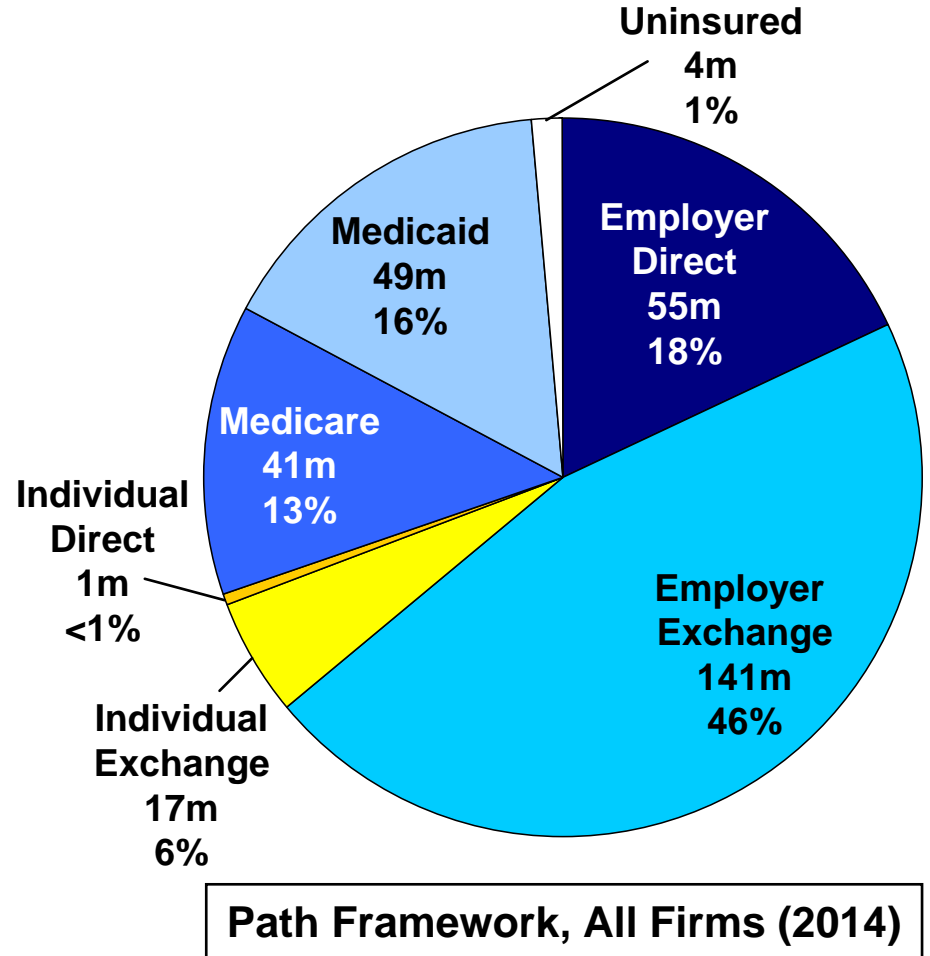
Employers Remain Primary Sponsor of Coverage Under Path Framework

Distribution of 307 Million People by Primary Source of Coverage Under Current Law (2010) and Path Framework (2014)



Current Law (2010)

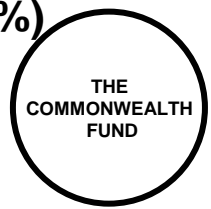
Total Employer 164m (53%)
Total Individual 14m (5%)



Path Framework, All Firms (2014)

Total Employer 196m (64%)
Total Individual 18m (6%)

Source: The Lewin Group, *The Path to a High Performance U.S. Health System: Technical Documentation* (Washington, D.C.: The Lewin Group, 2009).



Employer Coverage Continues to Be Major Source of Coverage for Employees of Larger Firms But Has Declined Among Small Firms

Percent of firms offering health benefits

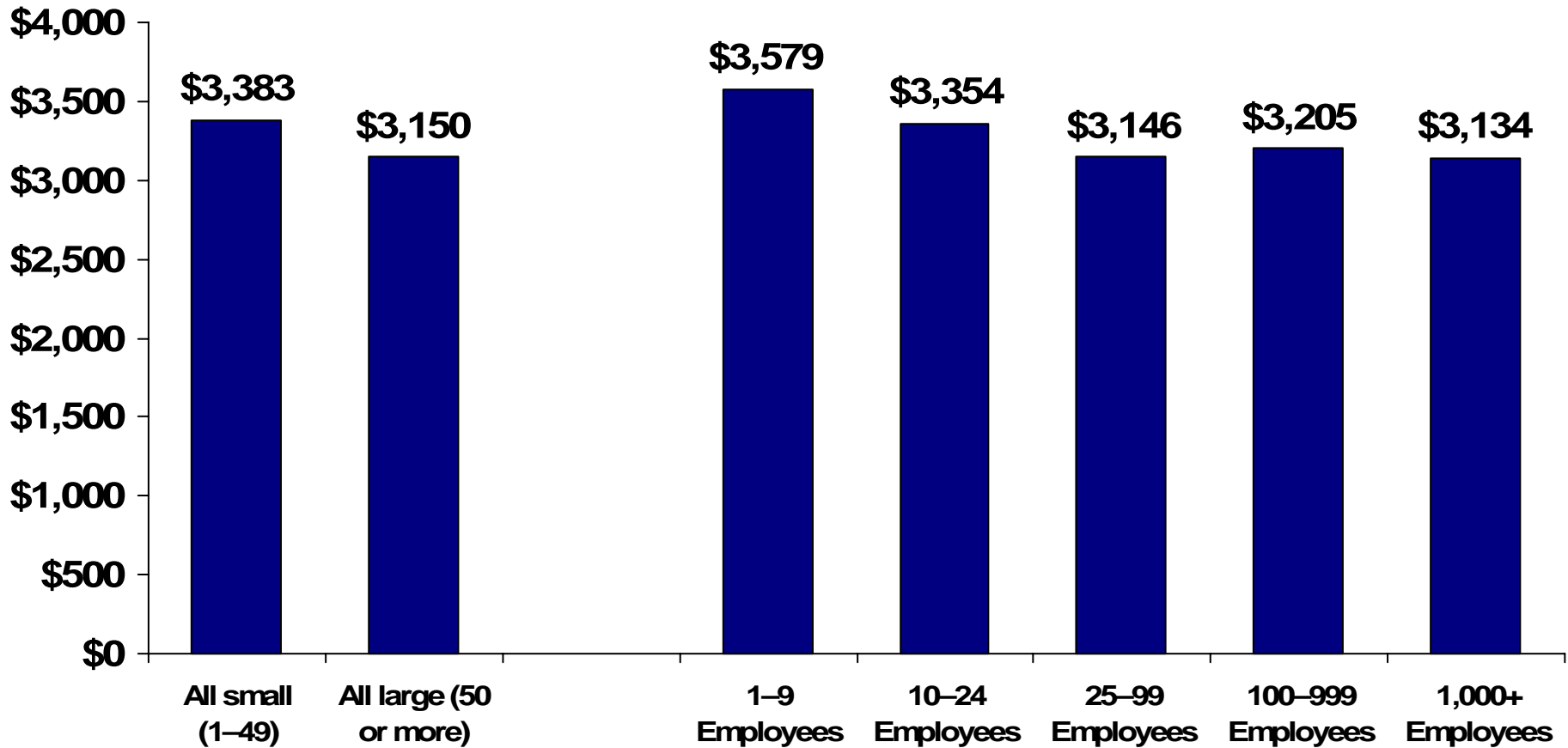


Source: Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2008 Annual Surveys.



Single Premium by Size of Firm, Adjusted for Actuarial Value

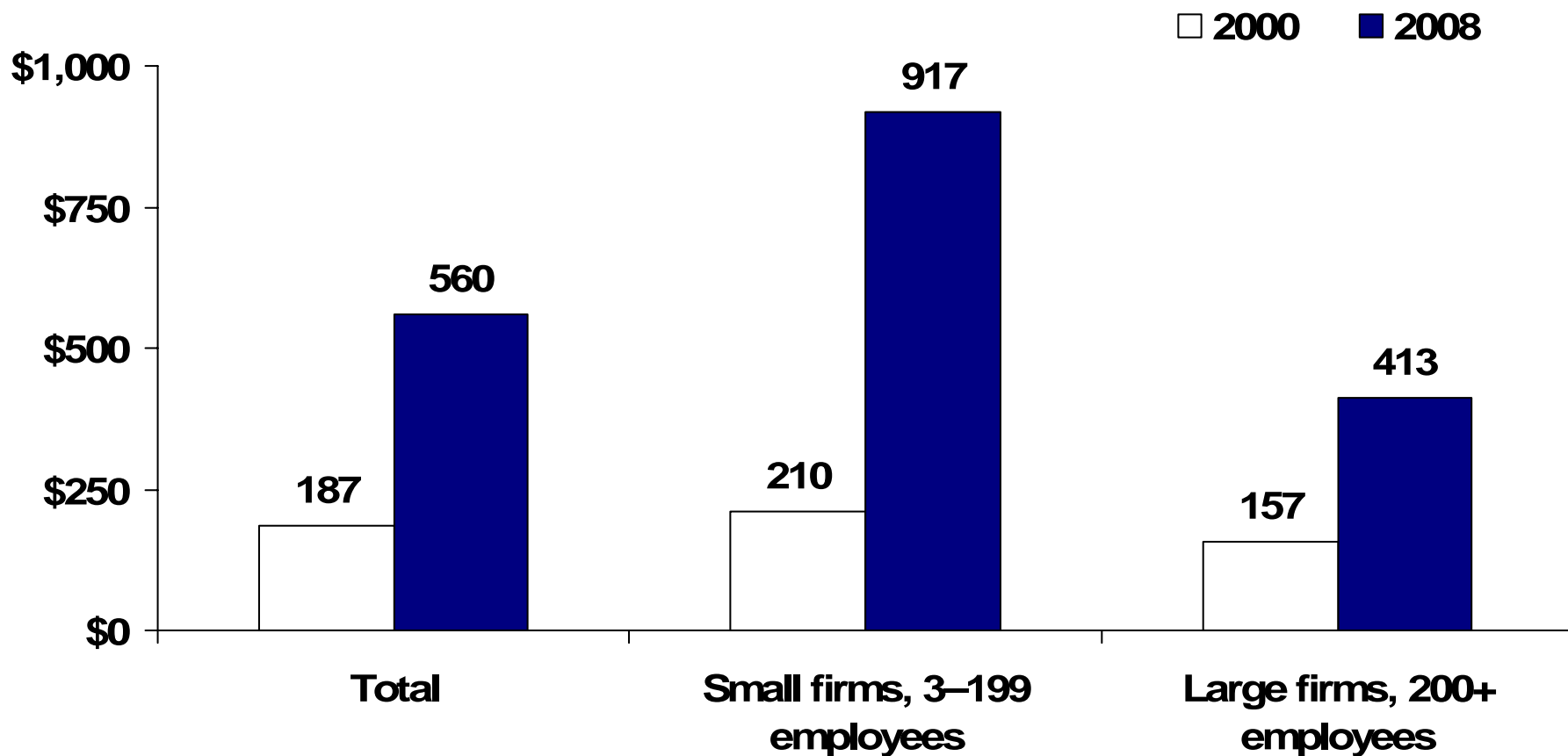
Dollars



Source: J. Gabel, R. McDevitt, L. Gandolfo et al., "Generosity and Adjusted Premiums in Job-Based Insurance: Hawaii Is Up, Wyoming Is Down," *Health Affairs*, May/June 2006 25(3):832-43.

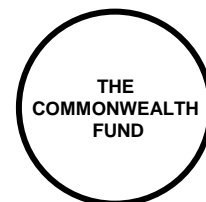
Deductibles Rise Sharply, Especially in Small Firms, 2000–2008

Mean deductible for single coverage (PPO, in-network)

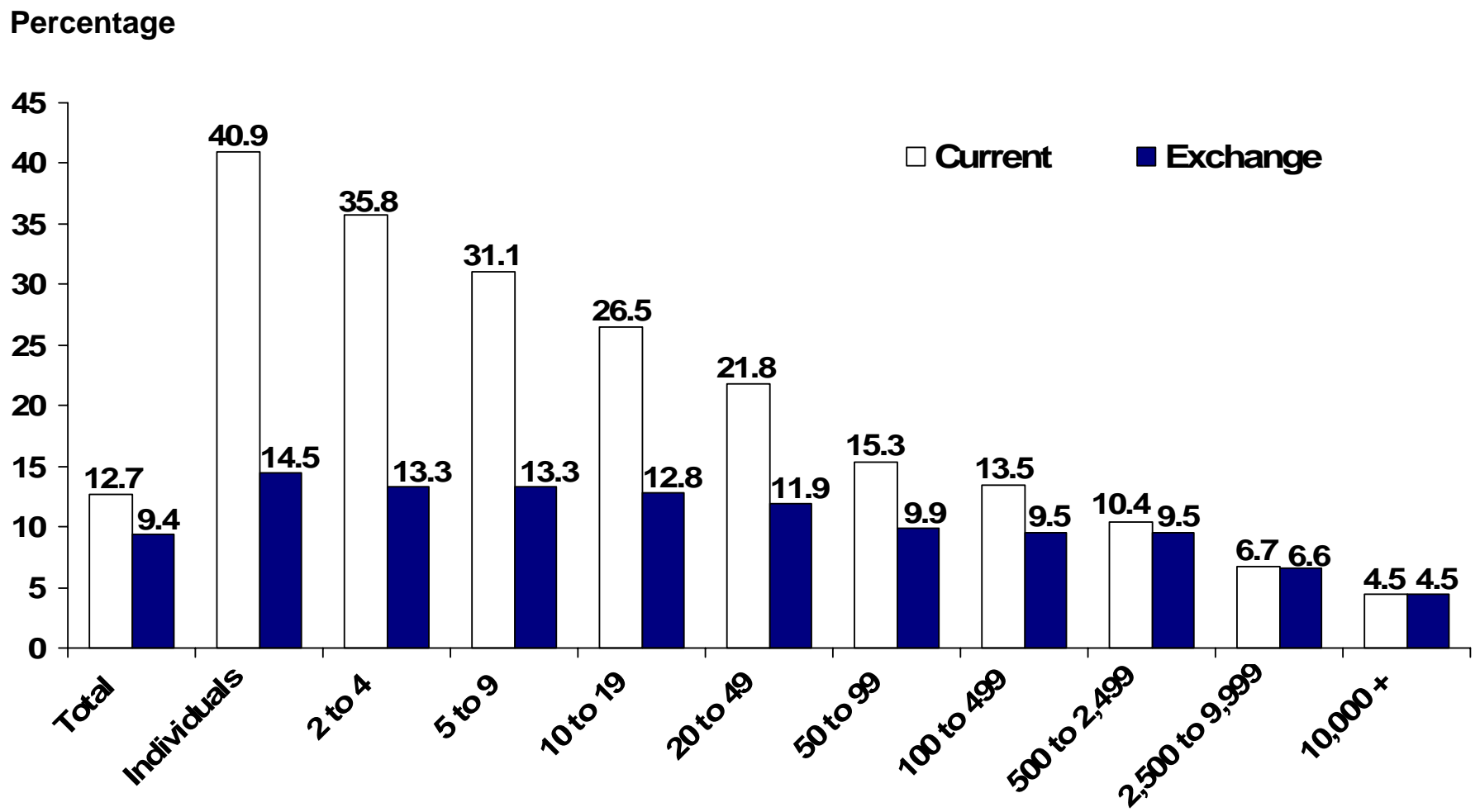


PPO = preferred provider organization. PPOs covered 57 percent of workers enrolled in an employer-sponsored health insurance plan in 2007.

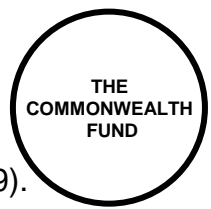
Source: The Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits*, 2000 and 2008 Annual Surveys.



Cost of Administering Health Insurance as a Percentage of Claims Under Current Law and the Proposed Exchange, by Group Size



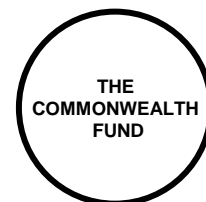
Data: Estimates by The Lewin Group for The Commonwealth Fund.
Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).



Individual Market Is Unaffordable for Many Adults

Adults ages 19–64 with individual coverage or who thought about/tried to buy it in past three years who:	Total	Health problem	No health problem	<200% poverty	200%+ poverty
Found it very difficult or impossible to find coverage they needed	34%	48%	24%	43%	29%
Found it very difficult or impossible to find affordable coverage	58	71	48	72	50
Were turned down or charged a higher price because of a preexisting condition	21	33	12	26	18
Never bought a plan	89	92	86	93	86

Source: S. R. Collins, J. L. Kriss, K. Davis, M. M. Doty, and A. L. Holmgren, *Squeezed: Why Rising Exposure to Health Care Costs Threatens the Health and Financial Well-Being of American Families* (New York: The Commonwealth Fund, Sept. 2006).



Path Net Cumulative Impact on National Health Expenditures (NHE) 2010–2020 Compared with Baseline, by Major Payer Groups

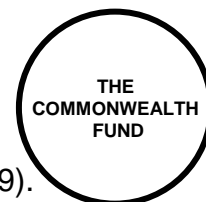
Dollars in billions

	Total NHE	Net federal government	Net state/local government	Private employers	Households
2010–2015	–\$677	\$448	–\$344	\$111	–\$891
2010–2020	–\$2,998	\$593	–\$1,034	–\$231	–\$2,325

Note: A negative number indicates spending decreases compared with projected expenditures (i.e., savings); a positive number indicates spending increases.

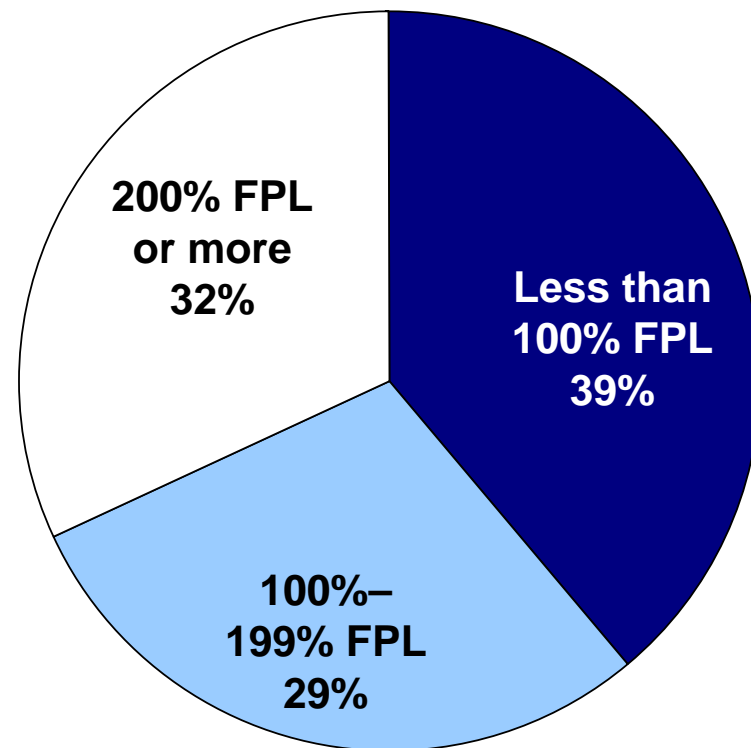
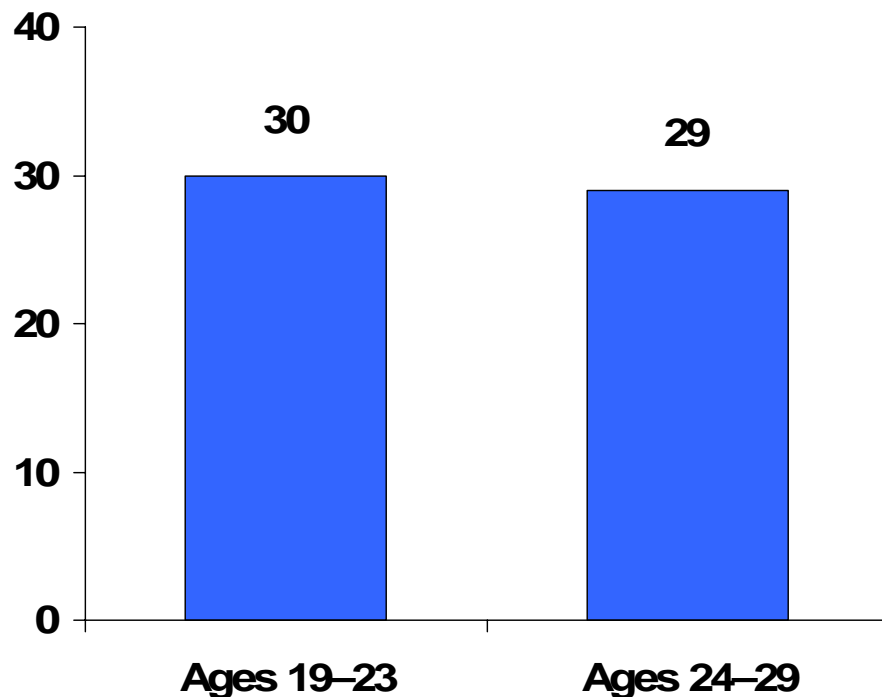
Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).



Uninsured Young Adults Ages 19–29 by Poverty Status and Race/Ethnicity, 2007

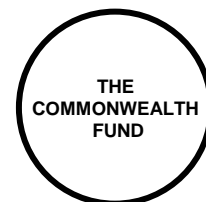
Percent uninsured



Uninsured young adults = 13.2 million

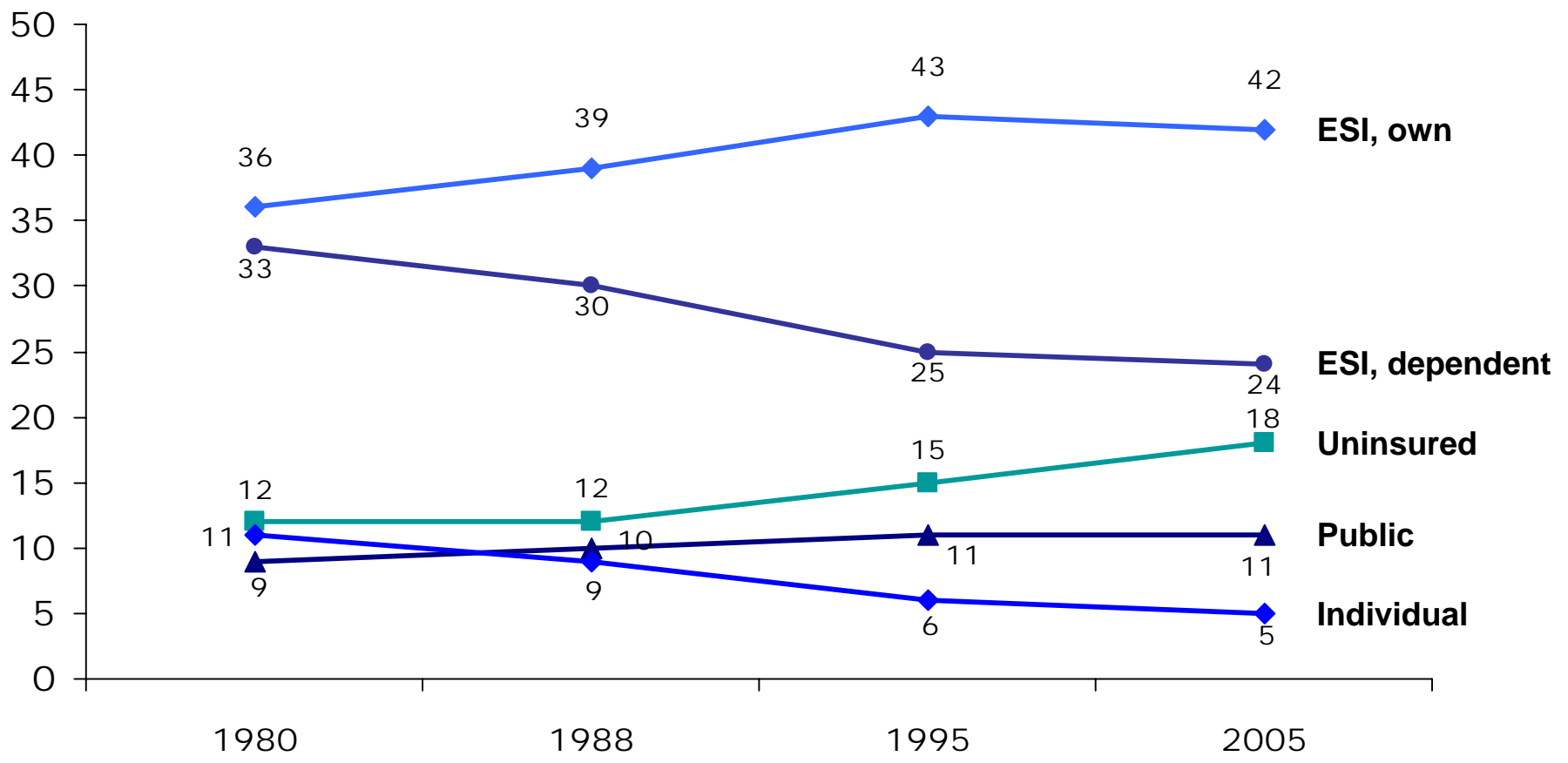
Data: Analysis of the March 2008 Current Population Survey by S. Glied and B. Mahato of Columbia University for The Commonwealth Fund.

Source: J. L. Kriss, S. R. Collins, B. Mahato, E. Gould, and C. Schoen, *Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2009 Update* (New York: The Commonwealth Fund, forthcoming).



The Changing Composition of Women's Health Insurance Coverage, 1980–2005

Percentage of women ages 25–64

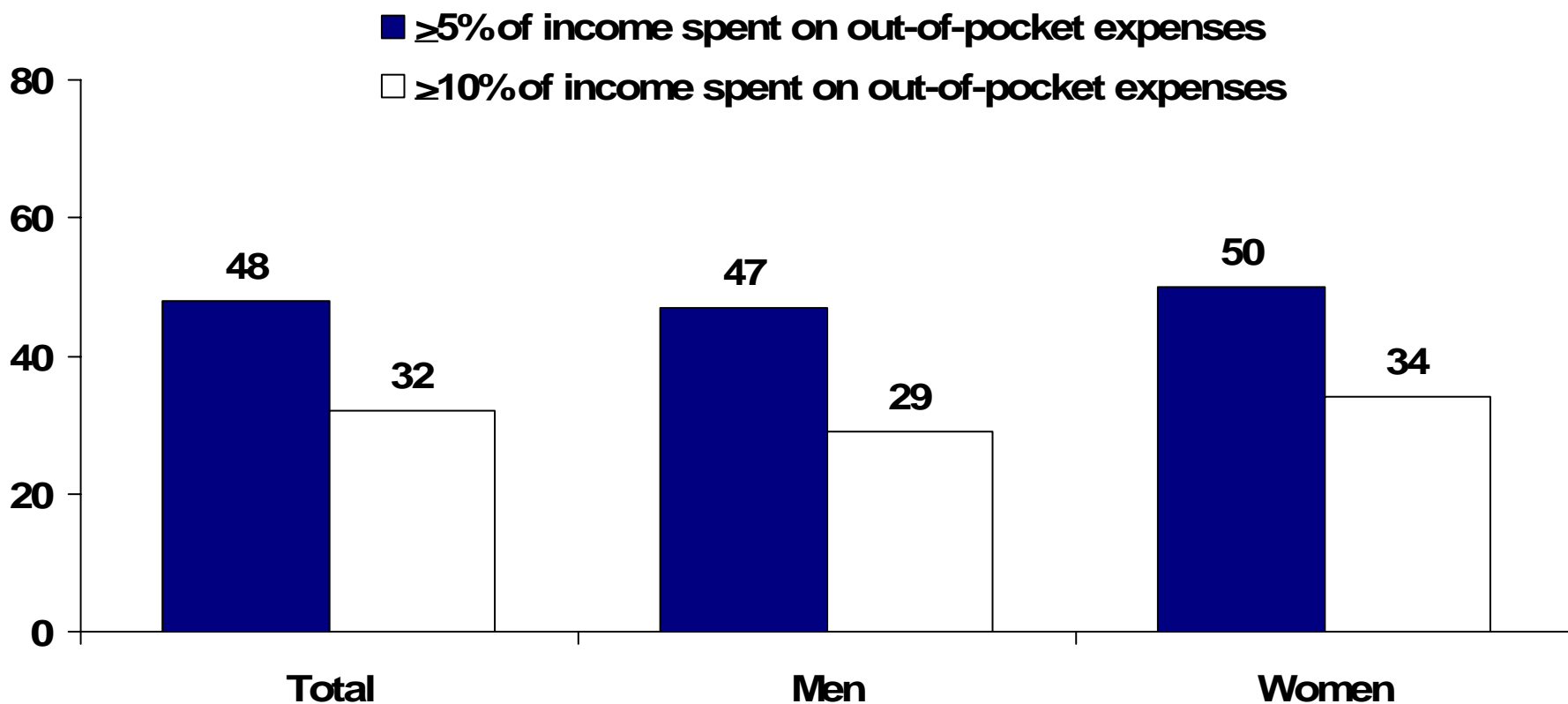


Data: Analysis of CPS March supplements.
Source: S. Glied, K. Jack, and J. Rachlin, "Women's Health Insurance Coverage 1980–2005,"
Women's Health Issues 18 (2008) 7–16.



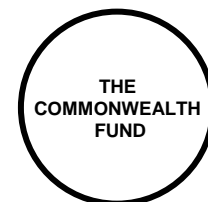
Percent of Income Spent on Family Out-of-Pocket Costs and Premiums

Percent of adults ages 19–64 who are privately insured*



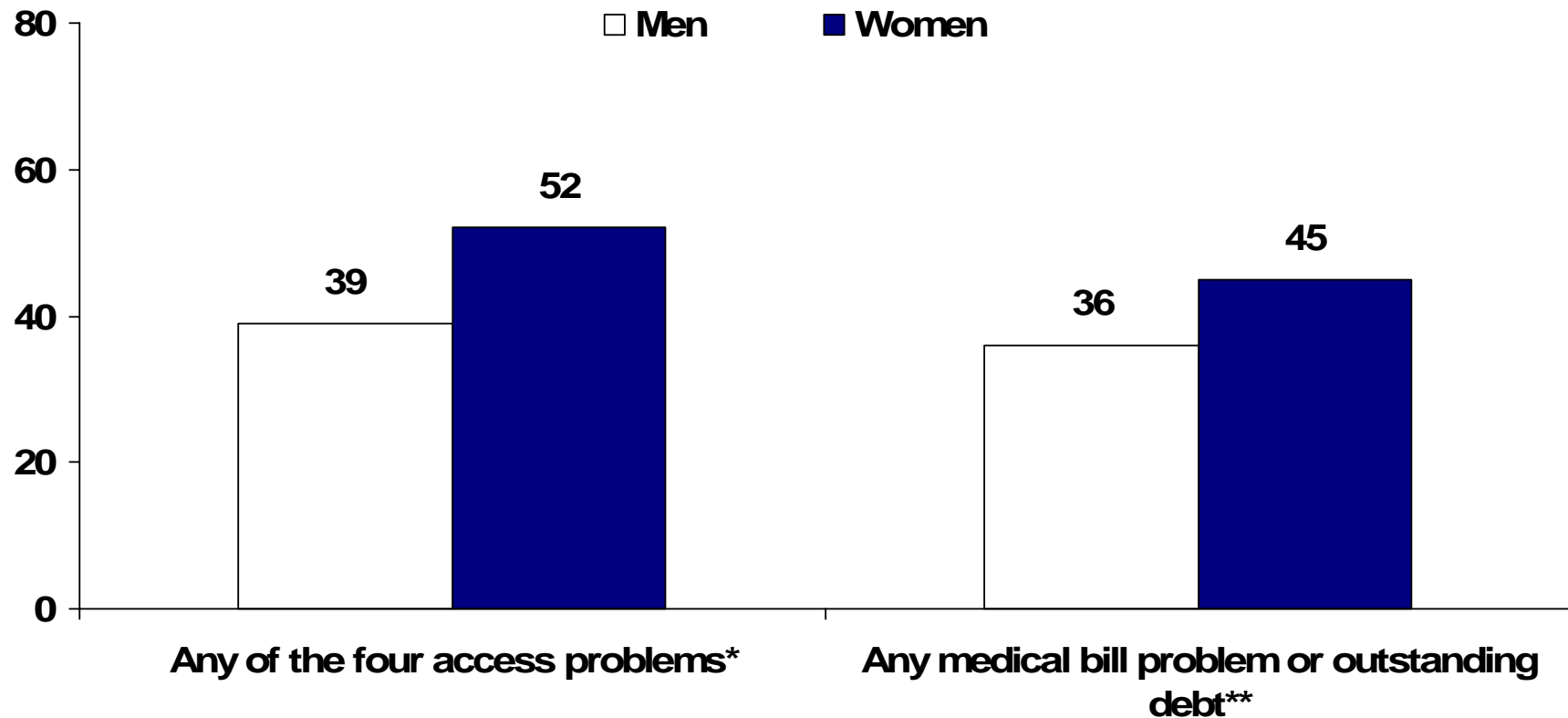
* Employer-sponsored or individual insurance.

Source: S. D. Rustgi, M. M. Doty, S. R. Collins, *Women at Risk: Why Many Women Are Forgoing Needed Health Care* (New York: The Commonwealth Fund, May 2009).



Women Are More Likely to Have Access Problems and Medical Bill Problems in Past Year, 2007

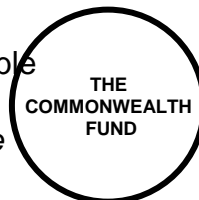
Percent of adults ages 19–64 reporting the following problems in past year



* Includes those individuals who did not fill a prescription because of cost, did not see a specialist when needed, skipped a medical test, treatment, or follow-up, or had a medical problem but did not see a doctor or go to a clinic.

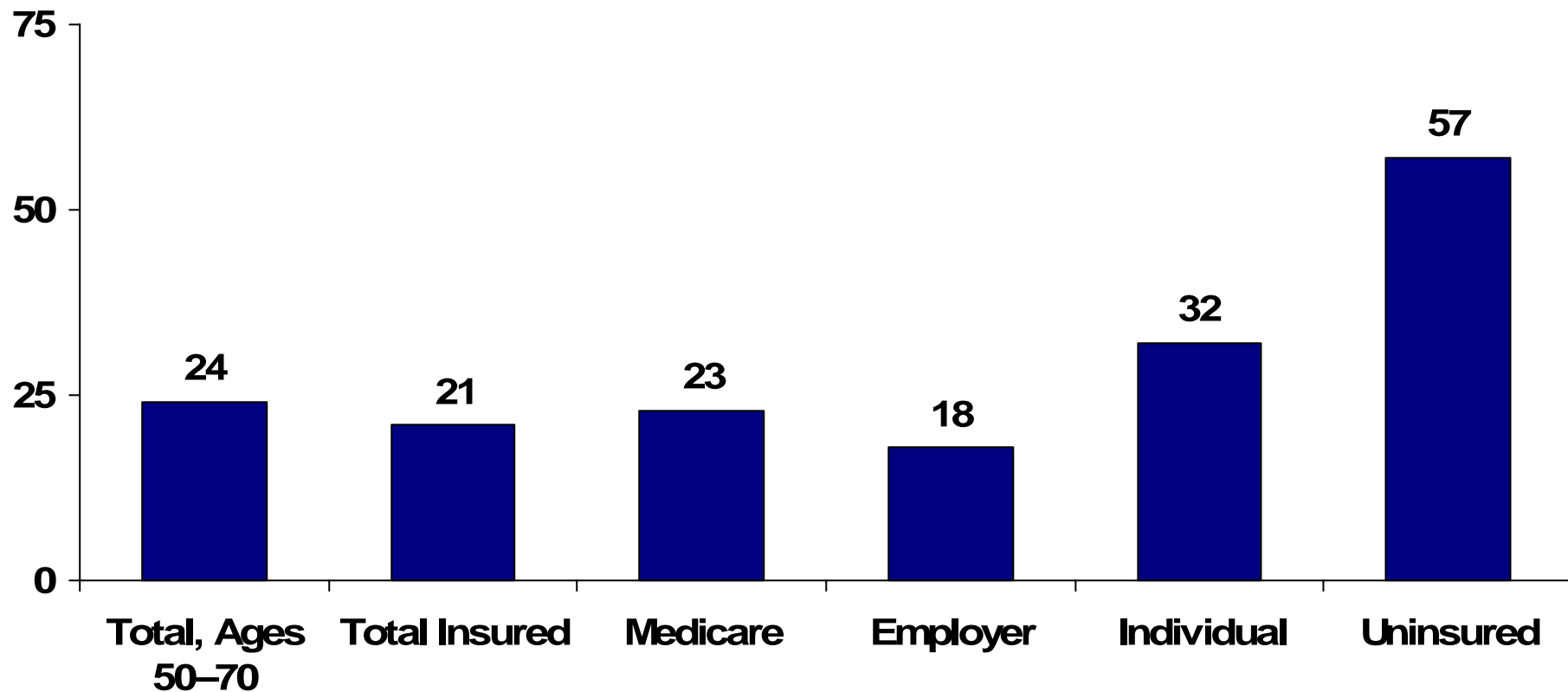
** Includes those individuals not able to pay medical bills, having a bill sent to a collection agency when they were unable to pay it, changing way to life to pay medical bills, and having medical bills or medical debt being paid off over time.

Source: S. D. Rustgi, M. M. Doty, S. R. Collins, *Women at Risk: Why Many Women Are Forgoing Needed Health Care* (New York: The Commonwealth Fund, May 2009).



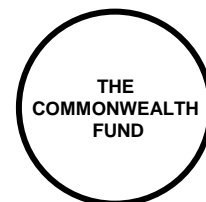
Older Adults: Access Problems Because of Cost

Percent of adults who had any of four access problems* in past year because of cost



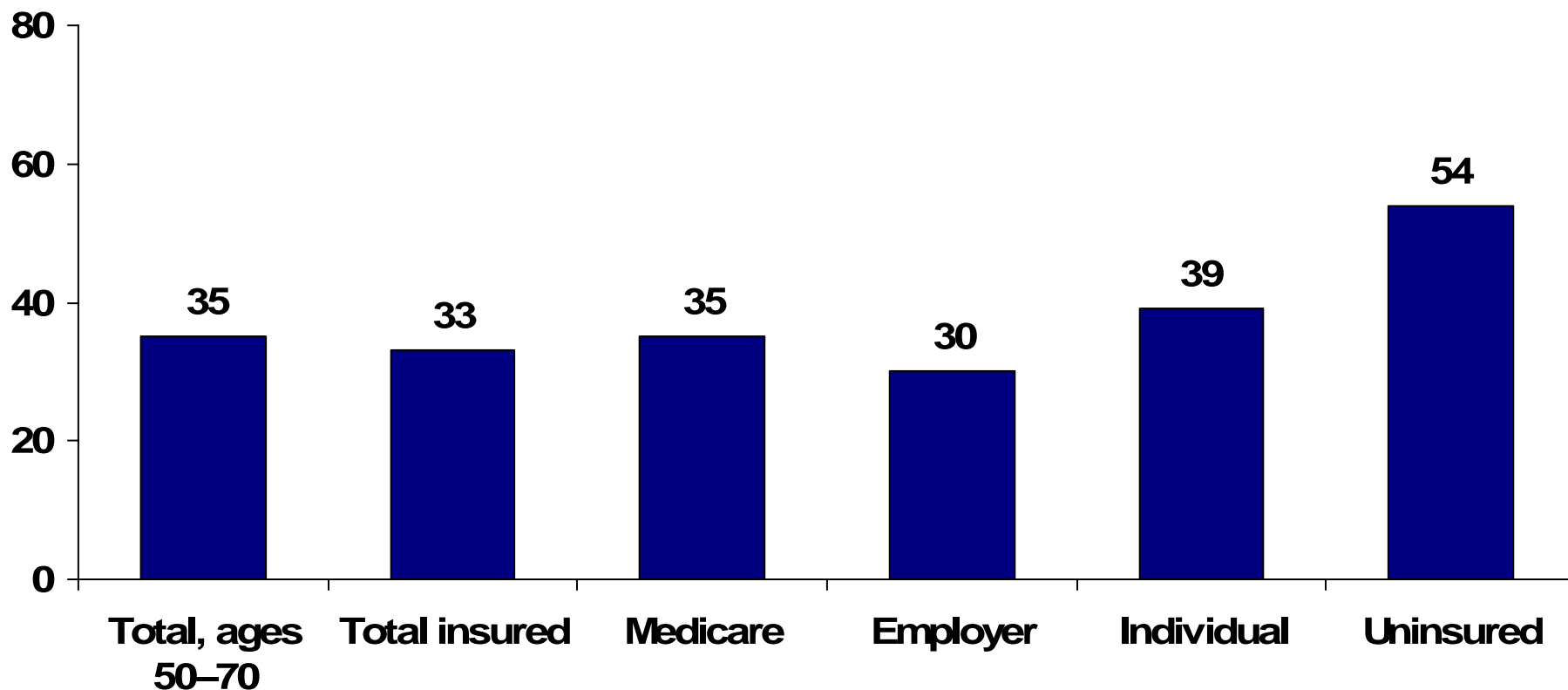
* Did not fill a prescription; did not see a specialist when needed; skipped medical test, treatment, or follow-up; did not see doctor when sick.

Source: S. R. Collins, K. Davis, C. Schoen, M. M. Doty, S. K. H. How, and A. L. Holmgren, *Will You Still Need Me? The Health and Financial Security of Older Americans* (New York: The Commonwealth Fund, June 2005).



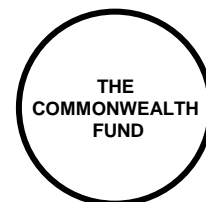
More Than One-Third of Older Adults Report Medical Bill Problems

Percent of adults ages 50–70 with any medical bill problems or outstanding medical debt*



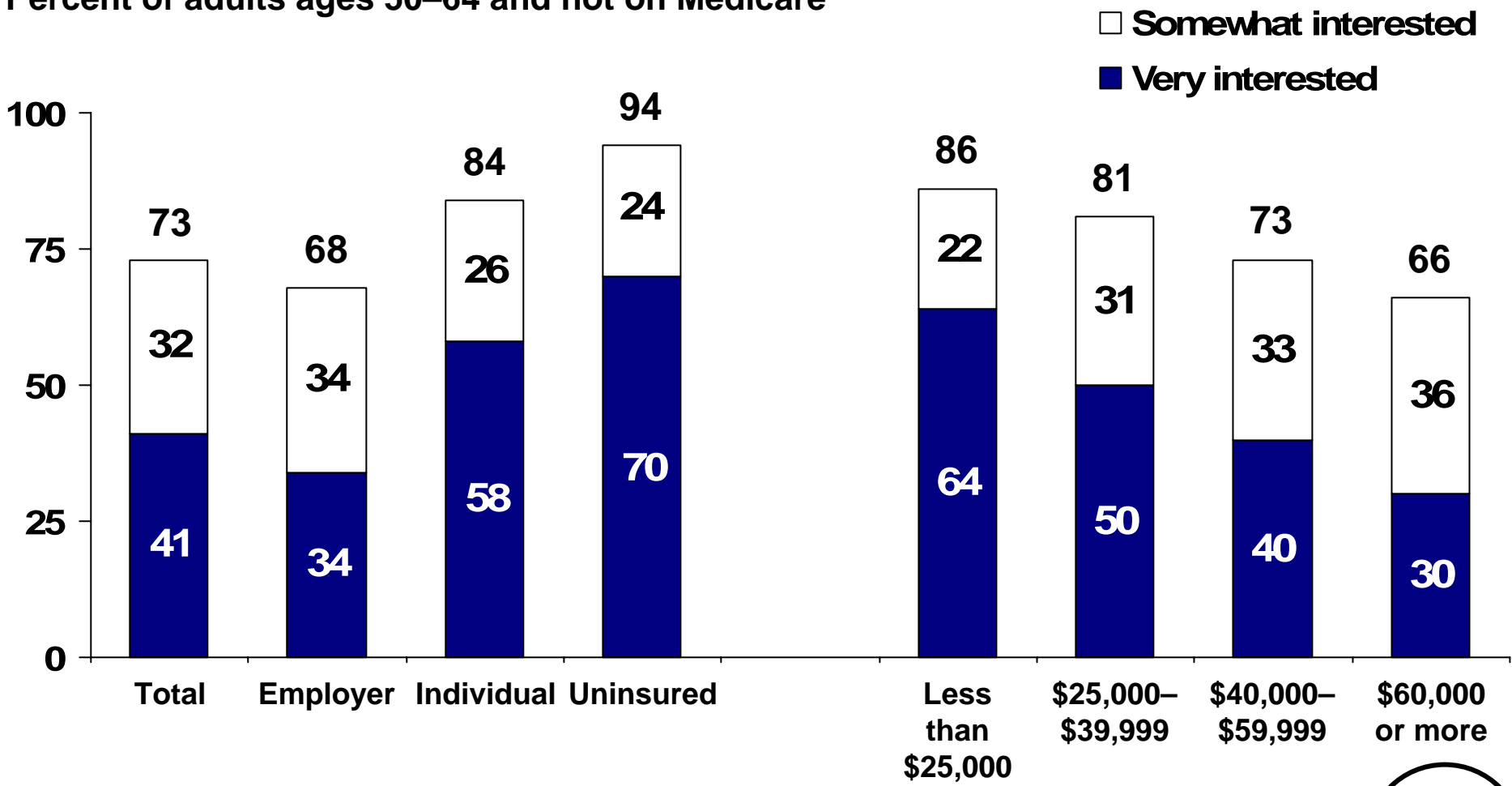
* Problems paying/not able to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.

Source: S. R. Collins, K. Davis, C. Schoen, M. M. Doty, S. K. H. How, and A. L. Holmgren, *Will You Still Need Me? The Health and Financial Security of Older Americans* (New York: The Commonwealth Fund, June 2005).



Percent of Adults Ages 50–64 Who Are Very/Somewhat Interested in Receiving Medicare Before Age 65, by Insurance Status and Income

Percent of adults ages 50–64 and not on Medicare

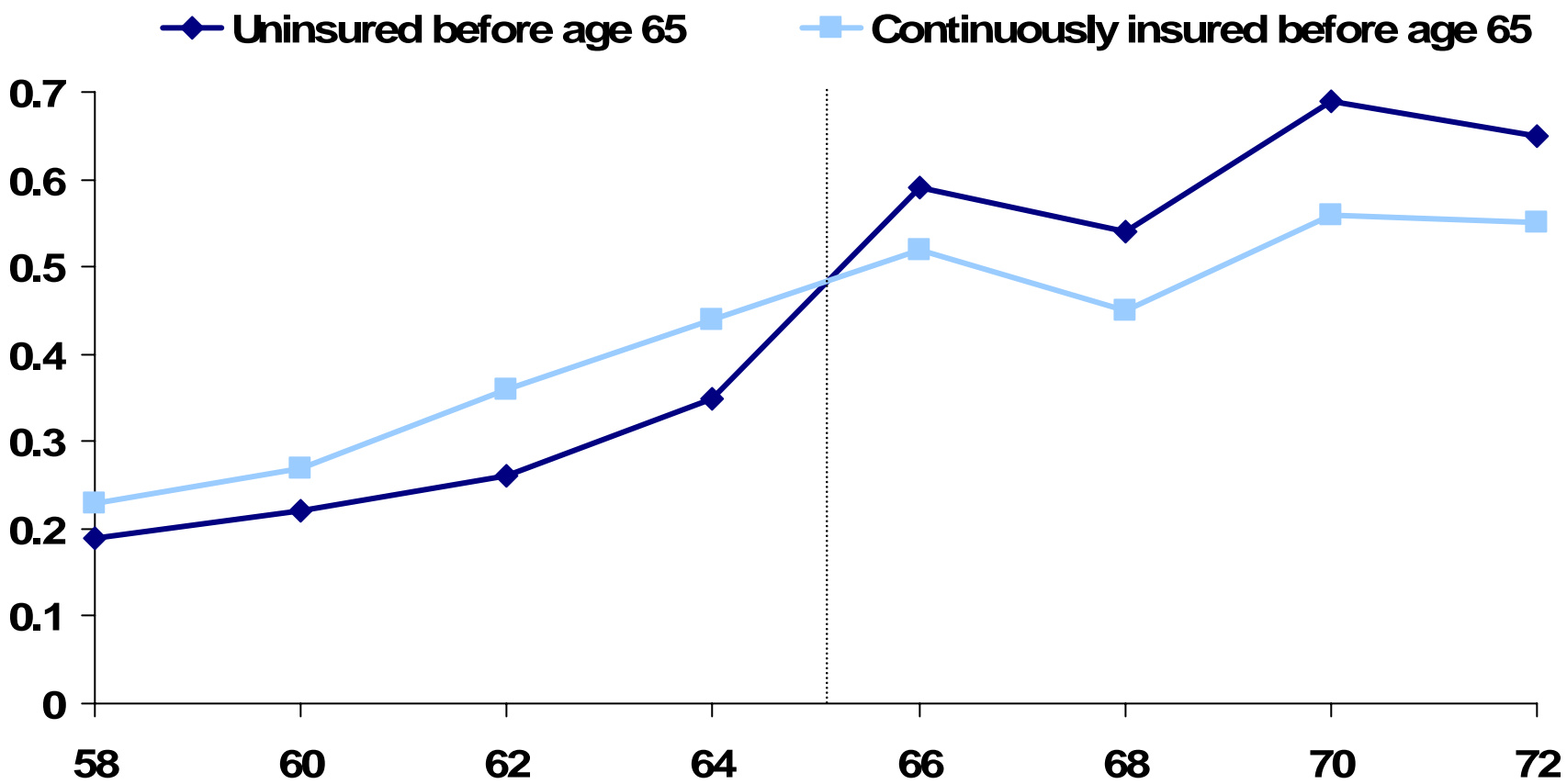


Source: S. R. Collins, K. Davis, C. Schoen, M. M. Doty, S. K. H. How, and A. L. Holmgren, *Will You Still Need Me? The Health and Financial Security of Older Americans* (New York: The Commonwealth Fund, June 2005).



Previously Uninsured Medicare Beneficiaries with History of Cardiovascular Disease or Diabetes Have Much Higher Self-Reported Hospital Admissions After Entering Medicare Than Previously Insured

Number of hospital admissions per 2-year period

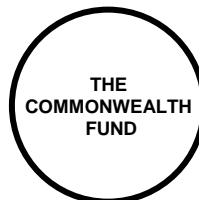


Source: J. M. McWilliams et al., "Use of Health Services by Previously Uninsured Medicare Beneficiaries," *New England Journal of Medicine*, July 12, 2007 357(2):143-53.

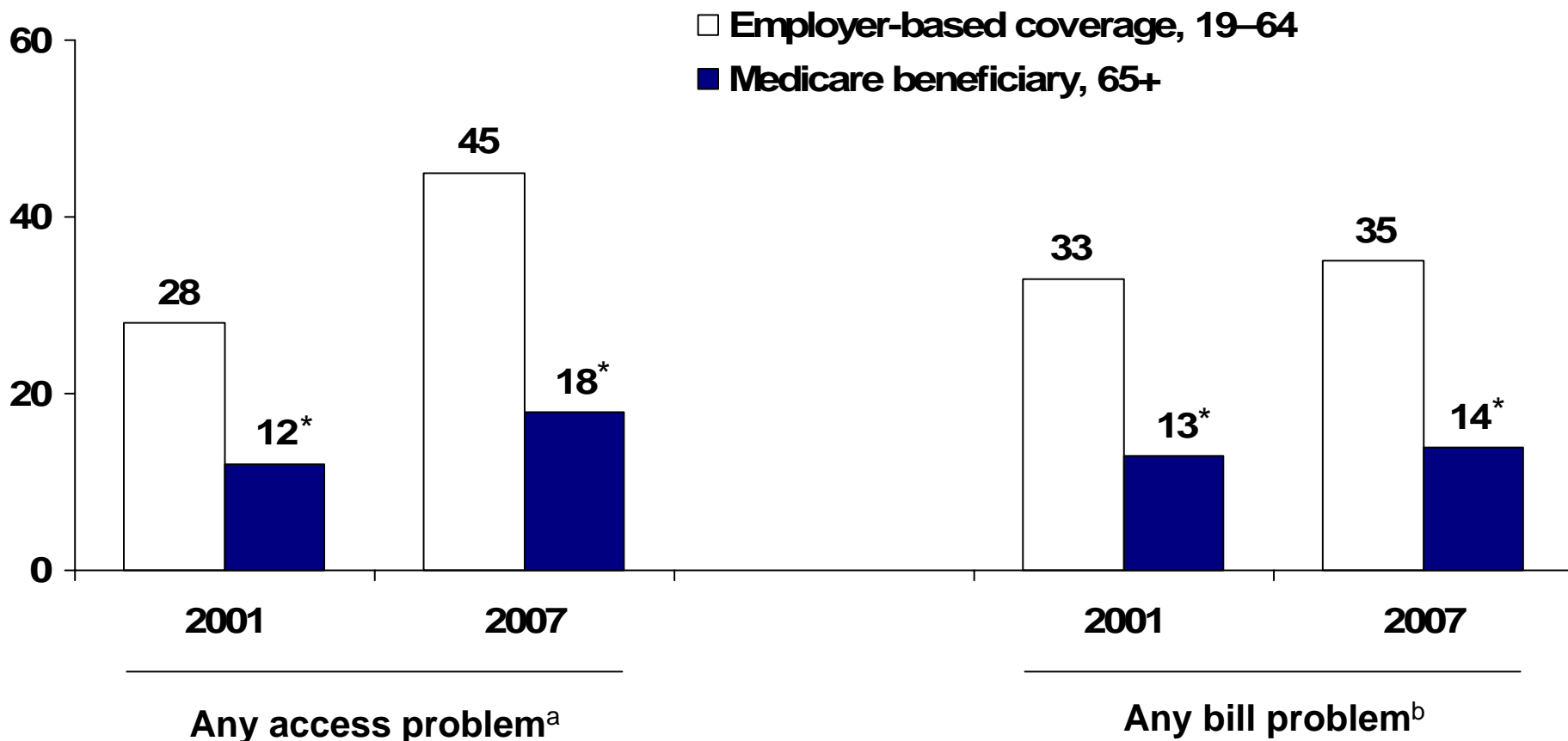


Sick, Disabled, and Waiting for Medicare: Source of Insurance During the Long Wait

	13–24 mo. before SSDI	1–12 mo. before SSDI	1–12 mo. after SSDI	13–24 mo. after SSDI	25–36 mo. after SSDI
Uninsured (%)	21	23	23	17	4
Private – own employer (%)	41	37	26	21	16
Private – family member employer (%)	37	33	30	35	31
Medicaid (%)	7	8	17	21	29
Medicare (%) (respondent)	3	2	4	11	61



Access and Bill Problems for Elderly Medicare Beneficiaries and Nonelderly Adults Covered by Employer-Based Insurance, 2001–2007

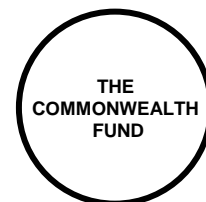


Note: * Differences from employer-based insurance statistically significant, $p < .001$, after adjusting for health status, poverty, and prescription drug coverage.

^a Any access problem includes: did not fill prescription, get needed specialist care, skipped recommended test or follow-up, had medical problems but did not visit doctor.

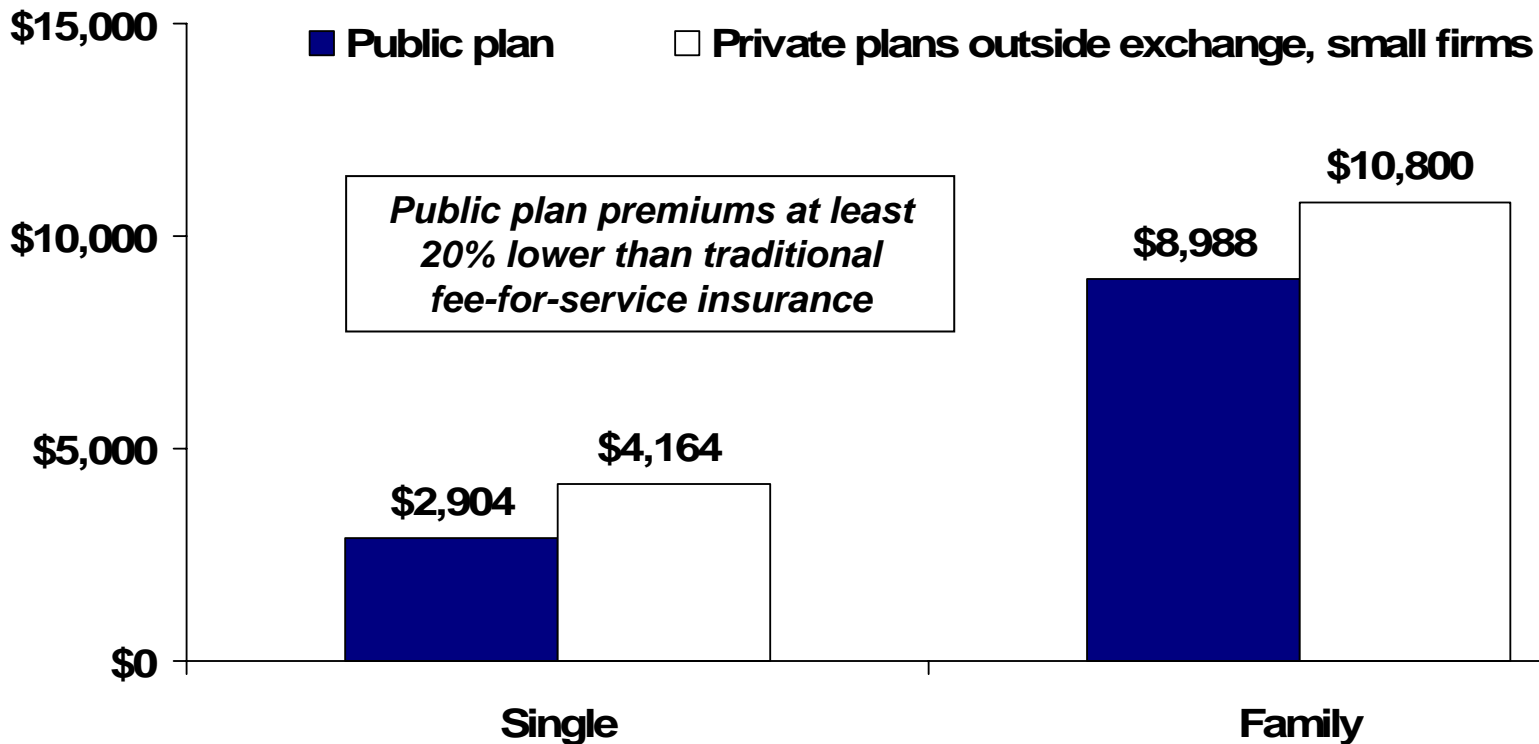
^b Any medical bill problem includes: not able to pay bills, contacted by a collection agency for any medical bill, or had to change way of life significantly because of medical bills. To make 2001 and 2007 data comparable, any bill problem in 2007 includes being contacted by a collection agency about a medical bill regardless if it was for a billing error or unpaid bill.

Source: K. Davis, S. Guterman, M. M. Doty, and K. Stremikis, "Meeting Enrollees' Needs: How Do Medicare and Employer Coverage Stack Up?" *Health Affairs* Web Exclusive, May 12, 2009:w521–w532.



Estimated Premiums for New Public Plan Compared with Average Current Premiums, Individual/Small Employer Private Market, 2010

Average annual premium for equivalent benefits at community rate*

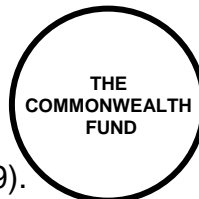


* Benefits used for modeling include full scope of acute care medical benefits; \$250 individual/\$500 family deductible; 10% coinsurance for physician service; 25% coinsurance and no deductible for prescription drugs; reduced for high-value medications; full coverage checkups/preventive care. \$5,000 individual/\$7,000 family out-of-pocket limit.

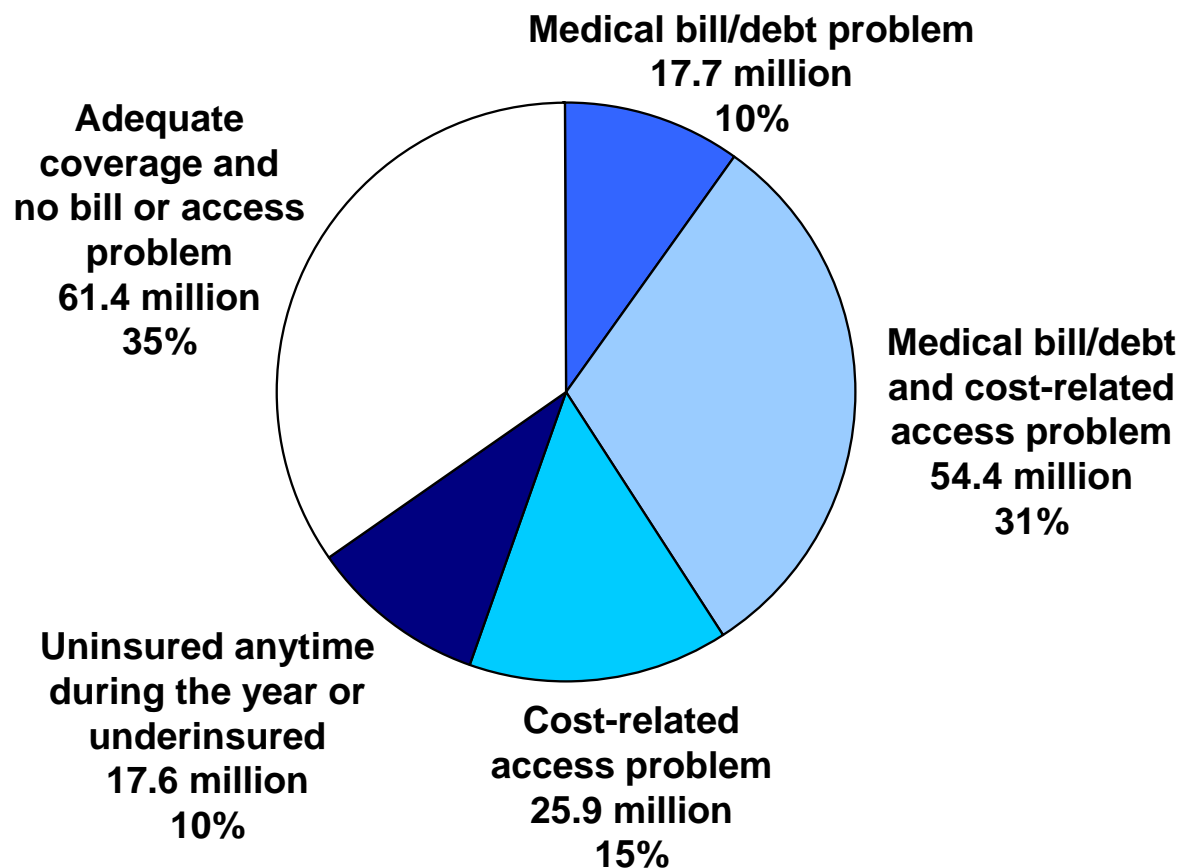
Note: Premiums include administrative load.

Data: Estimates by The Lewin Group for The Commonwealth Fund.

Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).

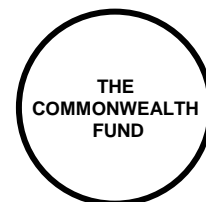


An Estimated 116 Million Adults Were Uninsured, Underinsured, Reported a Medical Bill Problem, and/or Did Not Access Needed Health Care Because of Cost, 2007



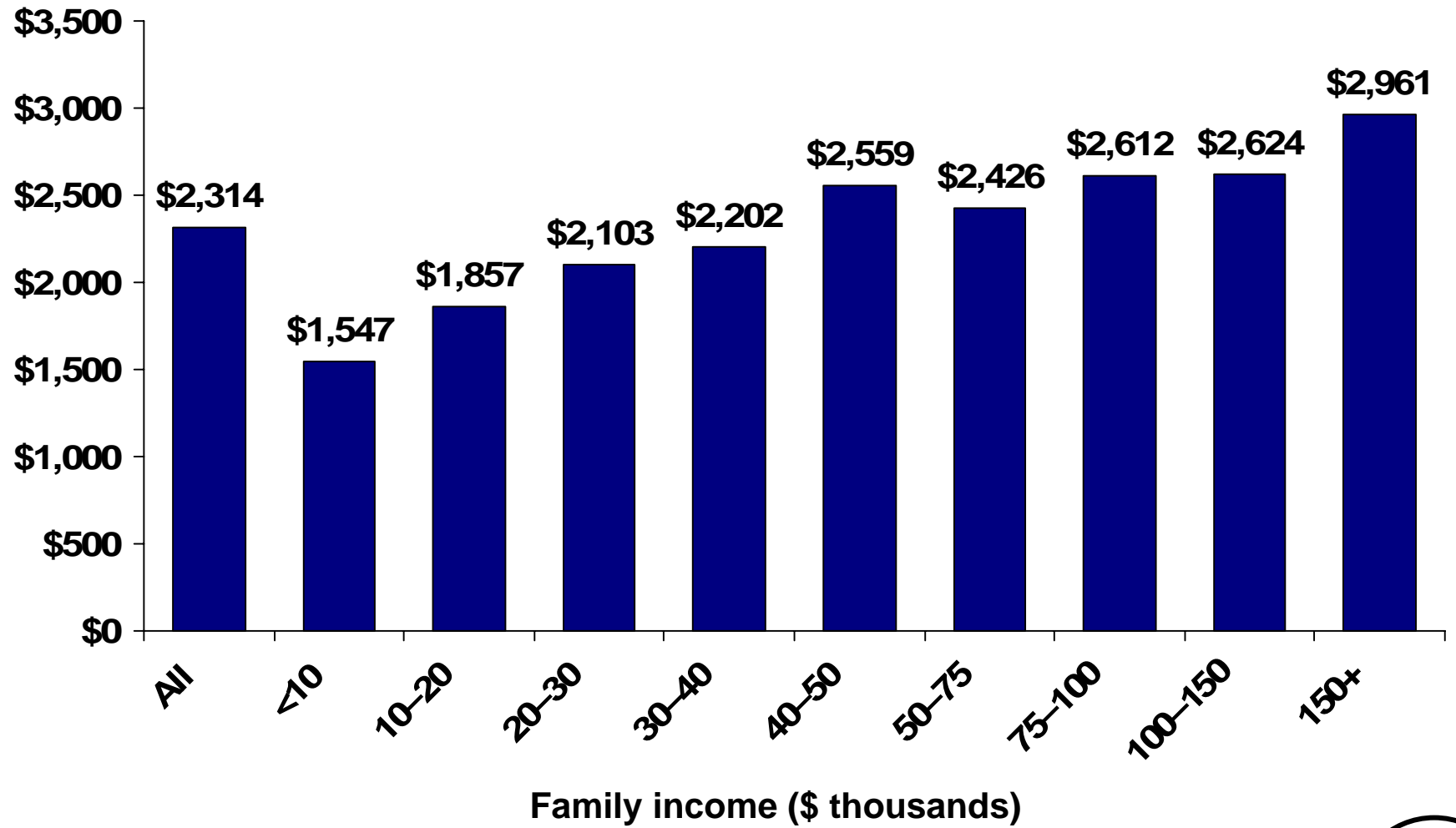
177 million adults, ages 19–64

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

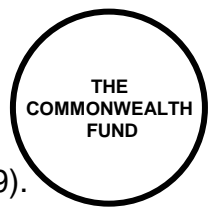


Average Annual Savings per Family Under Path Reforms, 2020

Savings in health care spending compared with projected trends



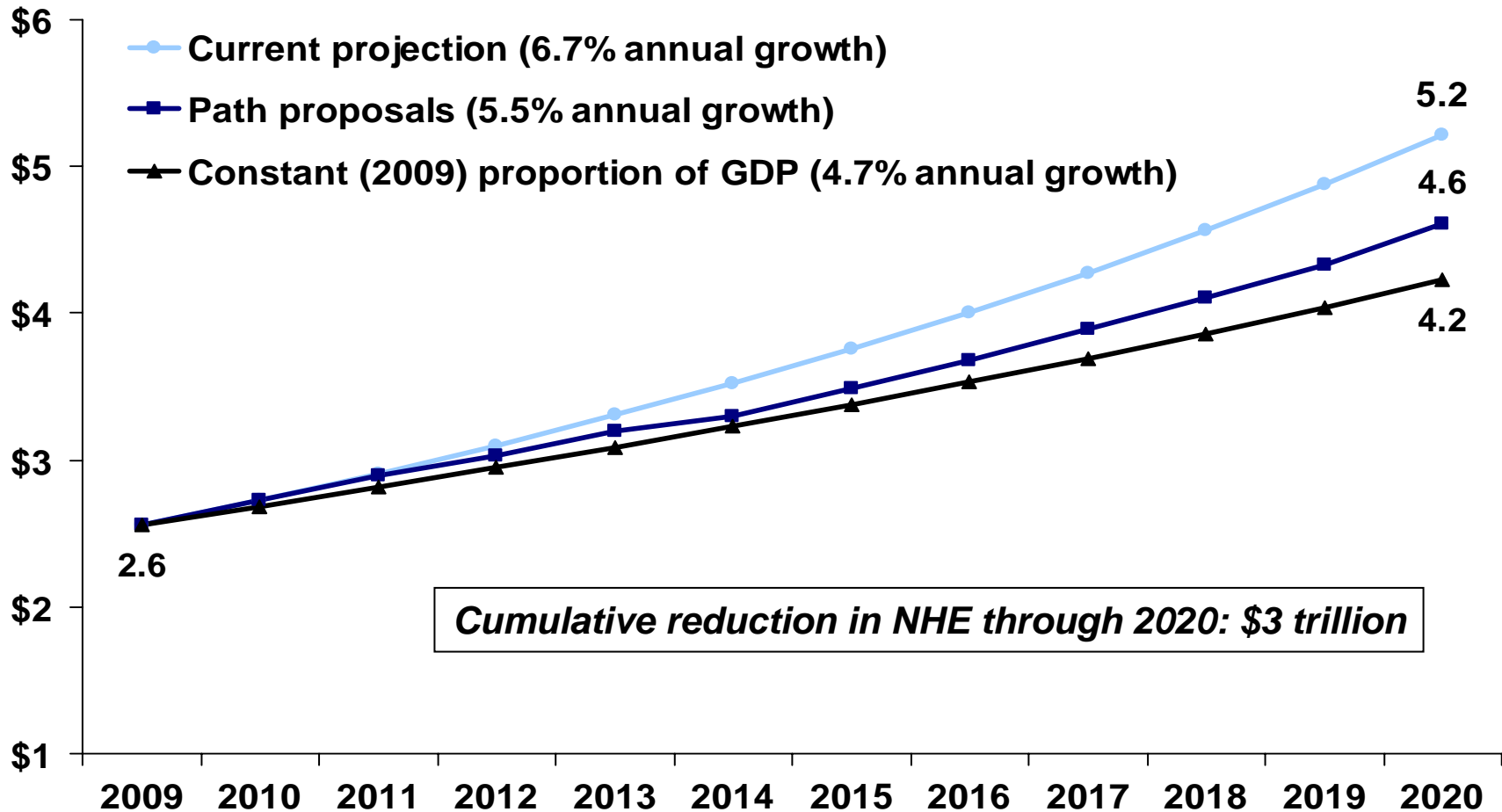
Data: Estimates by The Lewin Group for The Commonwealth Fund.
Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).



Total National Health Expenditures (NHE), 2009–2020

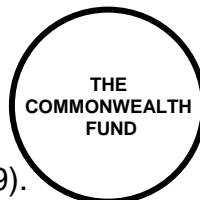
Current Projection and Alternative Scenarios

NHE in trillions



Cumulative reduction in NHE through 2020: \$3 trillion

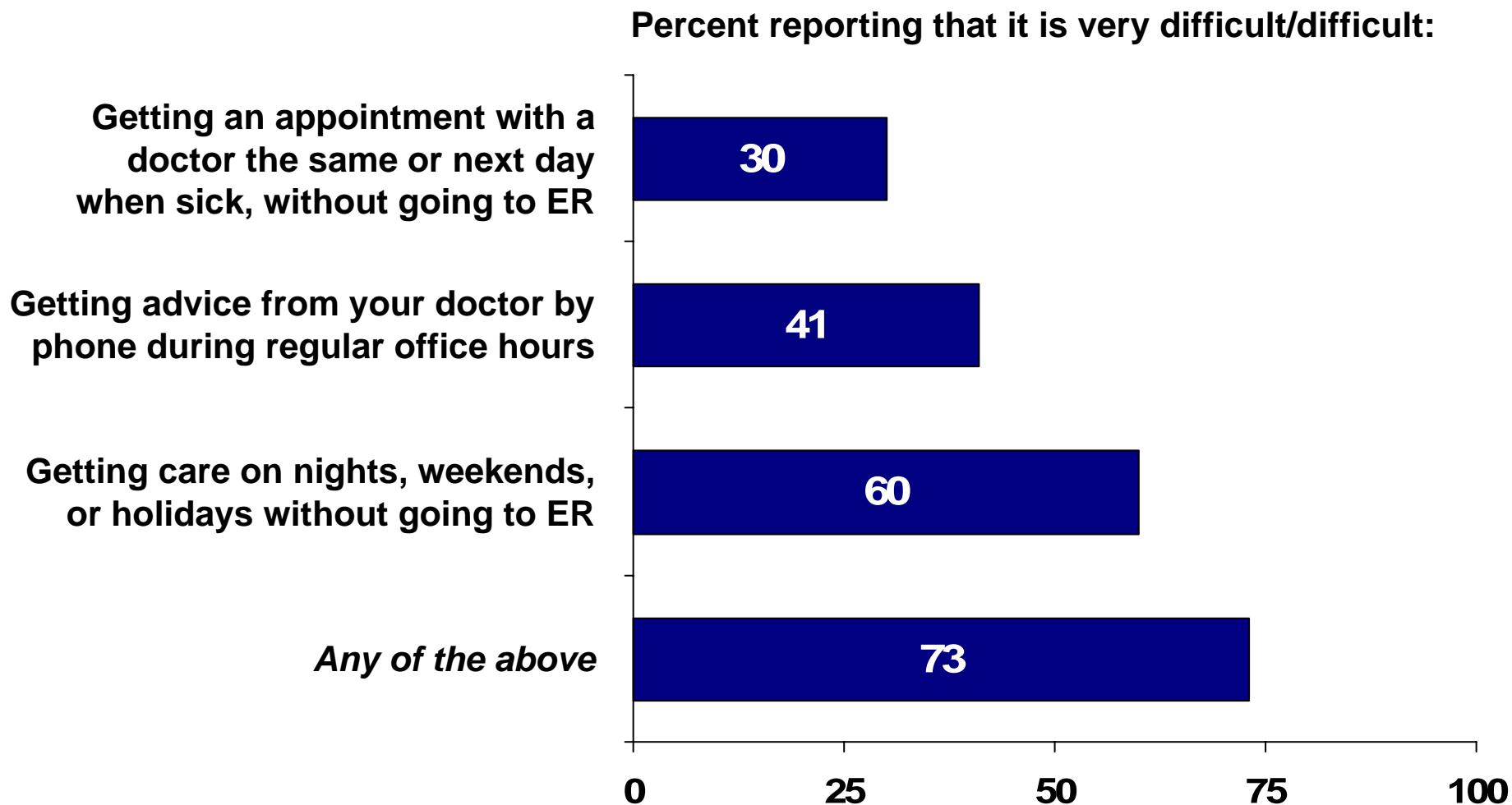
Note: GDP = Gross Domestic Product. Data: Estimates by The Lewin Group for The Commonwealth Fund.
 Source: Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).



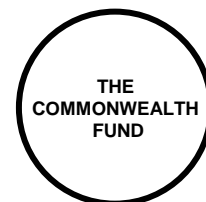
Majority of Americans Say Health Care System Needs Fundamental Change or Complete Rebuilding

Percent reporting	Only minor changes needed	Fundamental changes needed	Rebuild completely
Total	16	50	32
Annual income			
<\$35,000	11	51	38
\$35,000–\$49,999	13	50	36
\$50,000–\$74,999	16	51	31
\$75,000 or more	19	52	28
Insurance status			
Insured all year	18	52	29
Uninsured during year	10	44	45
U.S. region			
Northeast	13	51	35
North Central	16	50	32
South	15	51	33
West	21	48	29

Access Problems: Three of Four Adults Have Difficulty Getting Timely Access to Their Doctor

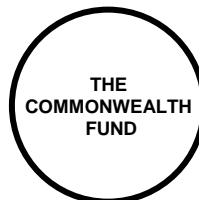


Source: S. K. H. How, A. Shih, J. Lau, and C. Schoen, *Public Views on U.S. Health System Organization: A Call for New Directions* (New York: The Commonwealth Fund, Aug. 2008).



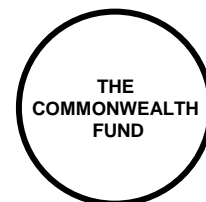
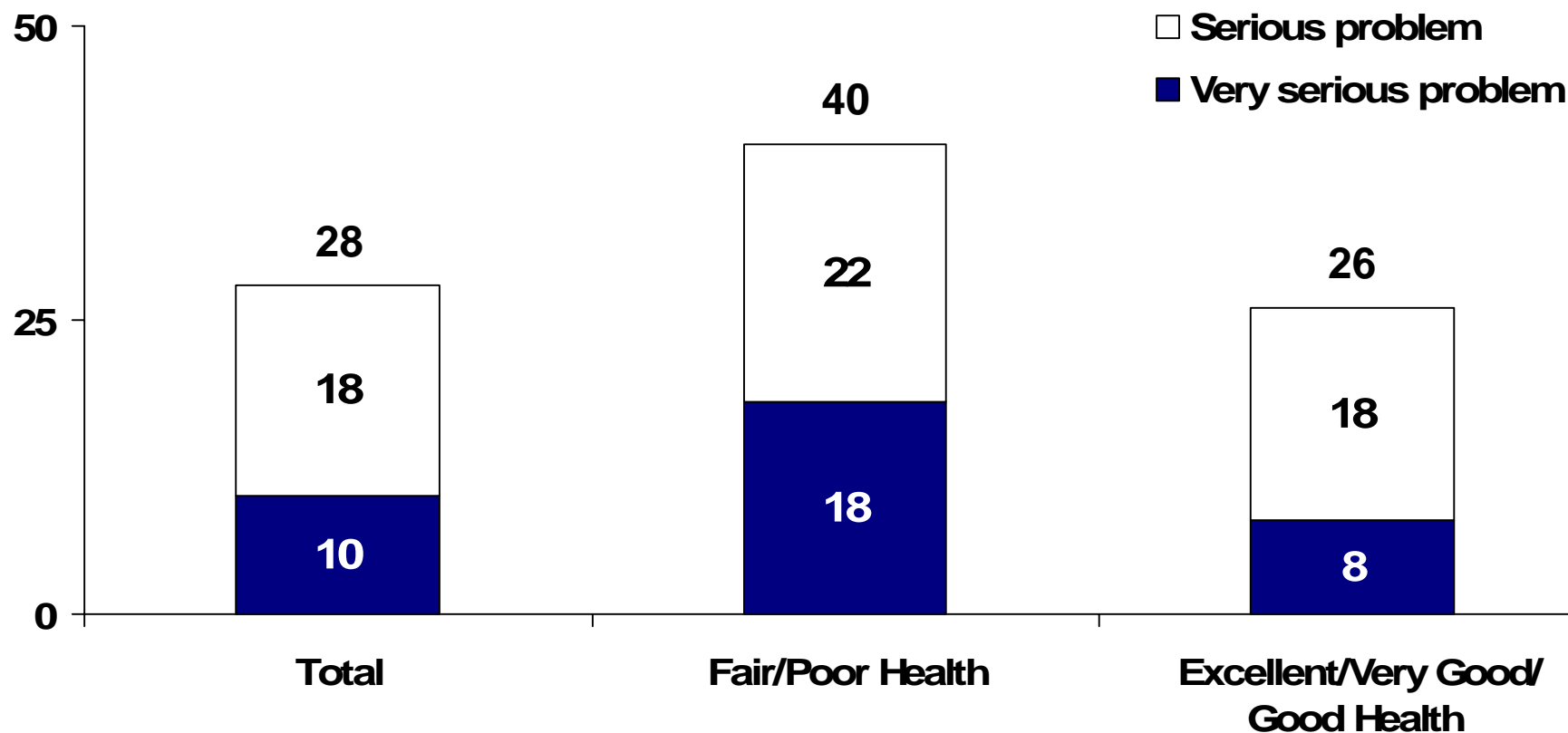
Poor Coordination of Care Is Common, Especially if Multiple Doctors Are Involved

Percent reporting in past two years:	Number of Doctors Seen		
	Any	1 to 2	3 +
After medical test, no one called or wrote you about results, or you had to call repeatedly to get results	25	23	27
Doctors failed to provide important information about your medical history or test results to other doctors or nurses you think should have it	21	17	27
Test results or medical records were not available at the time of scheduled appointment	19	15	24
Your primary care physician did not receive a report back from a specialist you saw	15	11	22
Your specialist did not receive basic medical information from your primary care doctor	13	10	17
<i>Any of the above</i>	47	41	56



Administrative Hassles Related to Medical Bills and Insurance Are Serious Problems for More Than a Quarter of Adults

Percent reporting serious problems spending time on paperwork or disputes related to medical bills and health insurance in past two years



Source: S. K. H. How, A. Shih, J. Lau, and C. Schoen, *Public Views on U.S. Health System Organization: A Call for New Directions* (New York: The Commonwealth Fund, Aug. 2008).

Potential Impact on Patients if the United States Improved National Performance to Benchmark Levels

	Current national average	2020 target*	Impact on number of people
Percent of adults (ages 19–64) insured, not underinsured	58%	99%	73 million increase
Percent of adults (age 18 and older) receiving all recommended preventive care	50%	80%	68 million increase
Percent of adults (ages 19–64) with an accessible primary care provider	65%	85%	37 million increase
Percent of children (ages 0–17) with a medical home	46%	60%	10 million increase
Percent of adult hospital stays (age 18 and older) in which hospital staff always explained medicines and side effects	58%	70%	5 million increase
Percent of Medicare beneficiaries (age 65 and older) readmitted to hospital within 30 days	18%	14%	180,000 decrease
Admissions to hospital for diabetes complications, per 100,000 adults (age 18 and older)	240	126	250,000 decrease
Pediatric admissions to hospital for asthma, per 100,000 children (ages 2–17)	156	49	70,000 decrease
Medicare admissions to hospital for ambulatory care-sensitive conditions, per 100,000 beneficiaries (age 65 and older)	700	465	640,000 decrease
Deaths before age 75 from conditions amenable to health care, per 100,000 population	110	69	100,000 decrease
Percent of primary care doctors with electronic medical records	28%	98%	180,000 increase

* Targets are benchmarks of top 10% performance within the U.S. or top countries.

Source: Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008* (New York: The Commonwealth Fund, July 2008).



Political Support for Change: Majority Think President Should Address Health Care Quality, Costs, and Coverage

Percent reporting very important/ important presidential candidates include measures to:	Improve the quality of health care	Ensure care and insurance are affordable	Decrease the number of uninsured
Total	90	93	88
Annual income			
Less than \$35,000	94	97	95
\$35,000–\$49,999	95	95	90
\$50,000–\$74,999	90	91	90
\$75,000 or more	84	89	80
U.S. region			
Northeast	91	95	90
North Central	89	93	84
South	91	94	90
West	87	91	86
Political affiliation:			
Democrat	96	98	97
Independent	87	91	85
Republican	84	90	76

A Health System That Works for People

- ✓ **Extends affordable health insurance coverage to everyone**
- ✓ **Prohibits exclusion and risk-rating based on health status or gender**
- ✓ **Covers preventive care**
- ✓ **Ensures that premiums are affordable and medical bills are manageable**
- ✓ **Allows individuals to keep the coverage they have while providing more insurance plan choices for all**
- ✓ **Eliminates the need to forgo coverage or switch plans as job or family circumstances change**
- ✓ **Gives every patient the option to enroll in a medical home, ensuring that they receive all recommended preventive care, help controlling chronic conditions, and assistance navigating the health care system**
- ✓ **Enables patients to get care when it is needed, including on nights and weekends, and to get questions answered promptly by doctors or nurses by phone or e-mail**
- ✓ **Reduces the hassle of filing insurance claims and getting bills paid**
- ✓ **Makes health information such as medical records and test results available to patients on a timely basis**

