



The Commonwealth Fund  
2006 International Health Policy Survey of  
Primary Care Physicians in Seven Countries

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# 2006 International Health Policy Survey

- Mail and telephone survey of primary care physicians in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States.
- Final samples: 1003 Australia, 578 Canada, 1,006 Germany, 931 the Netherlands, 503 New Zealand, 1,063 United Kingdom, and 1,004 United States.
- Conducted by Harris Interactive and subcontractors, and in the Netherlands by The Center for Quality of Care Research (WOK), Radboud University Nijmegen, from February 2006 to July 2006.
- Cofunding from The Australian Primary Health Care Research Institute, The German Institute for Quality and Efficiency in Health Care, and The Health Foundation.
- Core Topics: information technology and clinical record systems, access, care coordination, chronic care/use of teams, quality initiatives, and financial incentives.

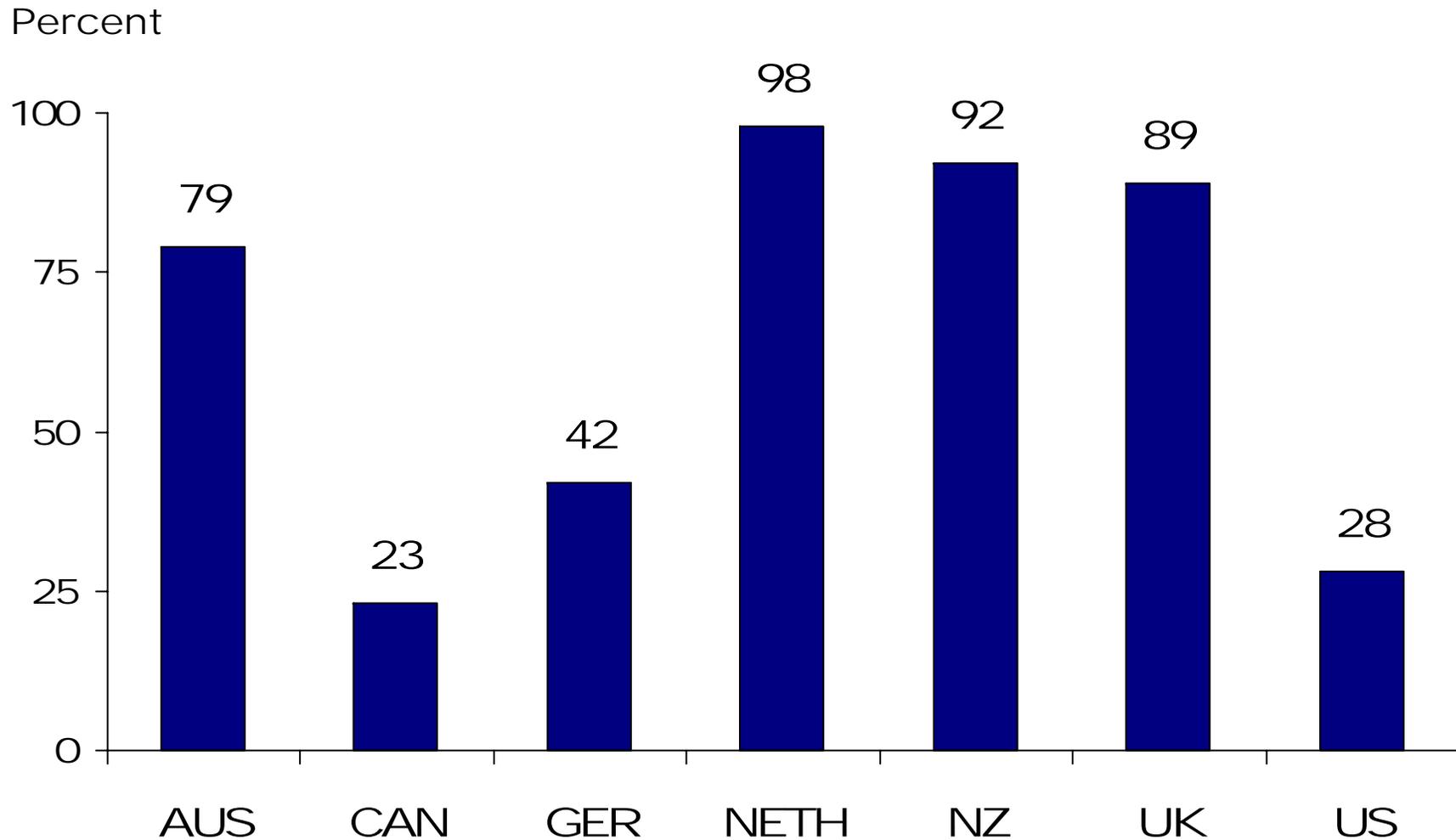
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Primary Care Practices:  
Use of Information Technology and  
Clinical Information Systems



Figure 1. Primary Care Doctors' Use of Electronic Patient Medical Records, 2006



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



## Figure 2. Electronic Medical Record System Access

| Percent with capability to:  | AUS | CAN | GER | NETH | NZ | UK | US |
|--|-----|-----|-----|------|----|----|----|
| Share records electronically with clinicians outside your practice | 10  | 6   | 9   | 45   | 17 | 15 | 12 |
| Access records from outside the office                             | 19  | 11  | 16  | 32   | 36 | 22 | 22 |
| Provide patients with easy access to their records                 | 36  | 6   | 15  | 8    | 32 | 50 | 10 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

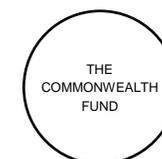


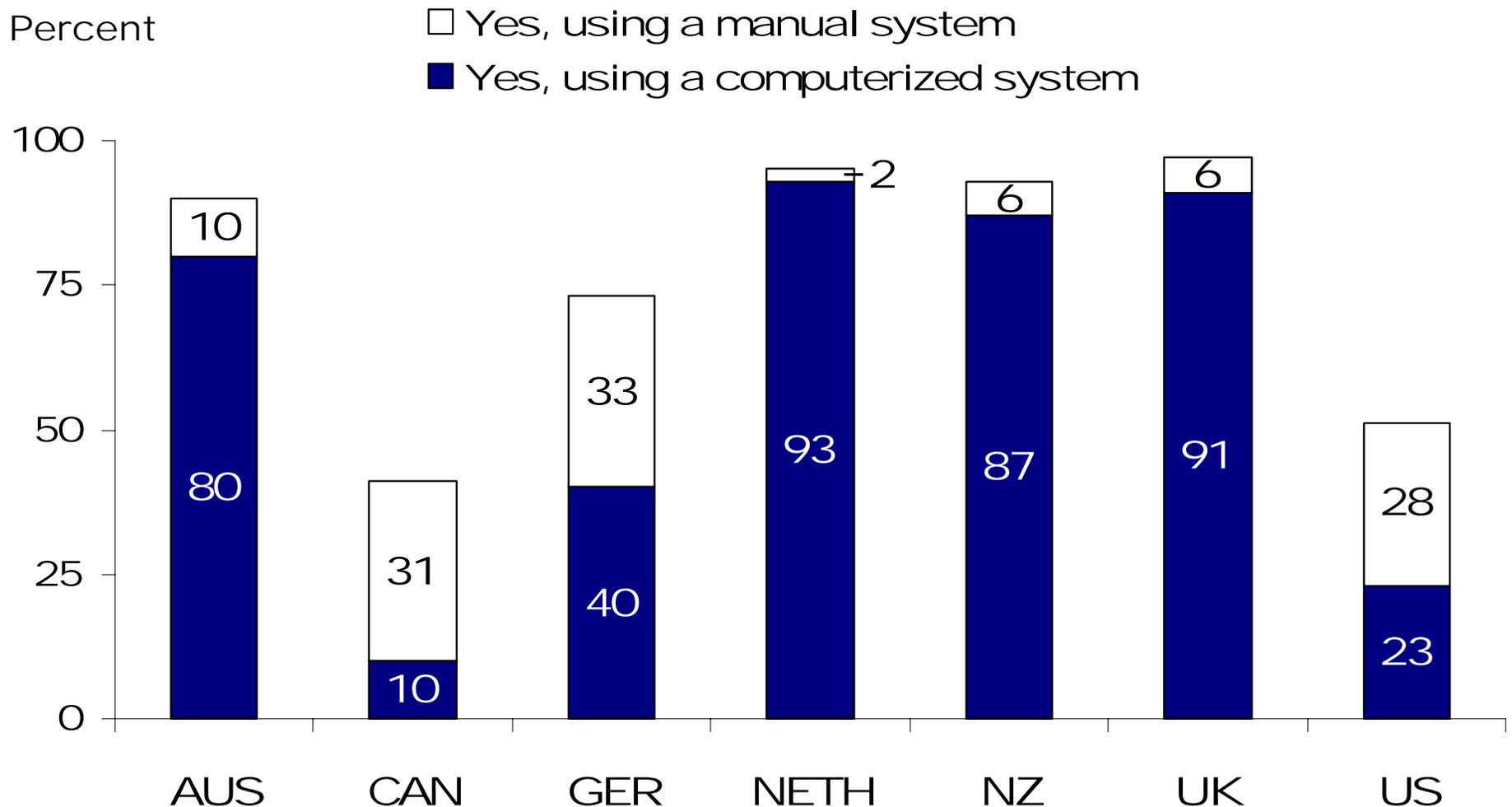
Figure 3. Practice Use of Electronic Technology

| Percent reporting <u>routine</u> use of:        | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Electronic ordering of tests                    | 65  | 8   | 27  | 5    | 62 | 20 | 22 |
| Electronic prescribing of medication            | 81  | 11  | 59  | 85   | 78 | 55 | 20 |
| Electronic access to patients' test results     | 76  | 27  | 34  | 78   | 90 | 84 | 48 |
| Electronic access to patients' hospital records | 12  | 15  | 7   | 11   | 44 | 19 | 40 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



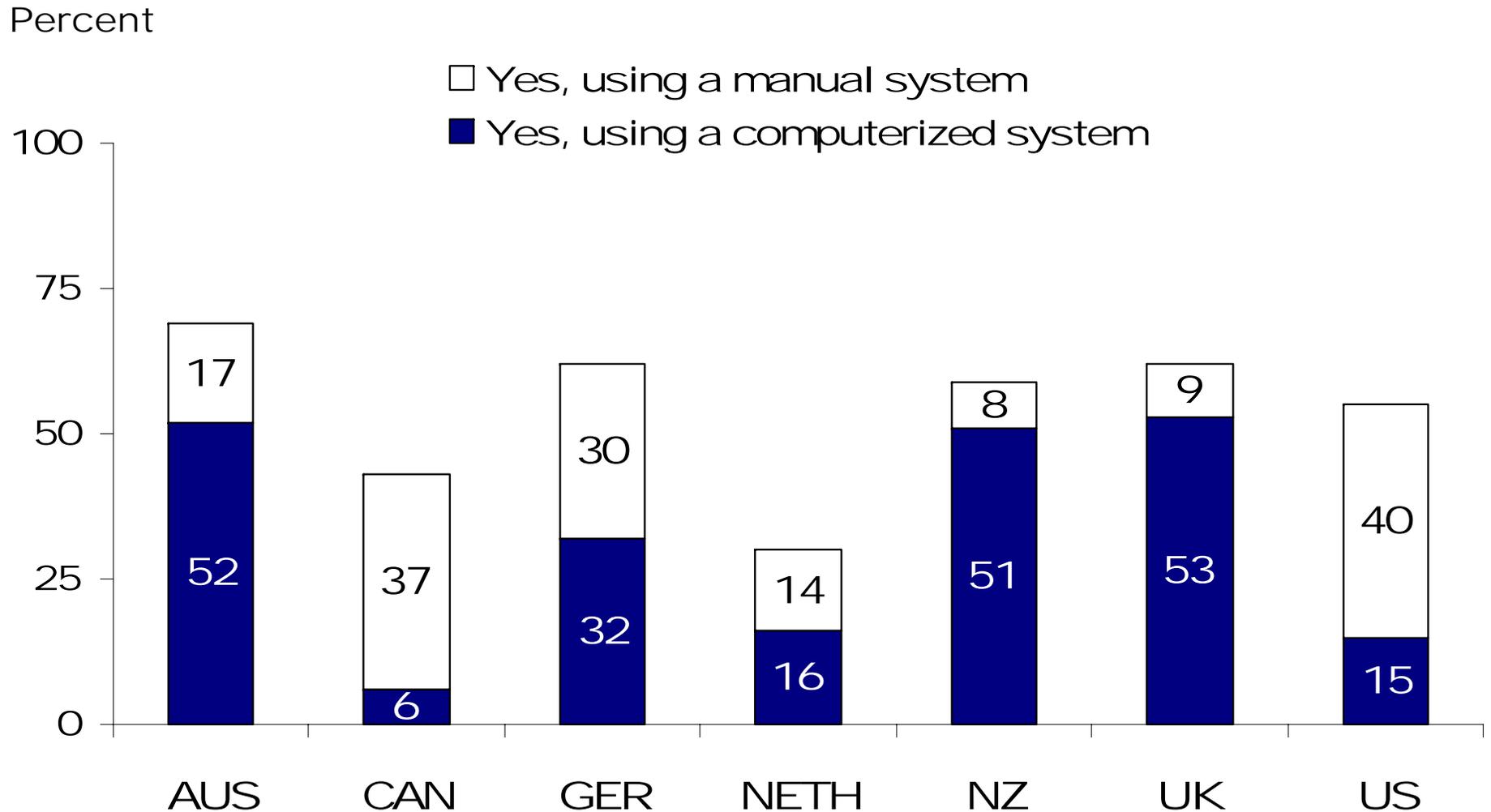
Figure 4. Doctor Routinely Receives Alert About Potential Problem with Drug Dose/Interaction



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



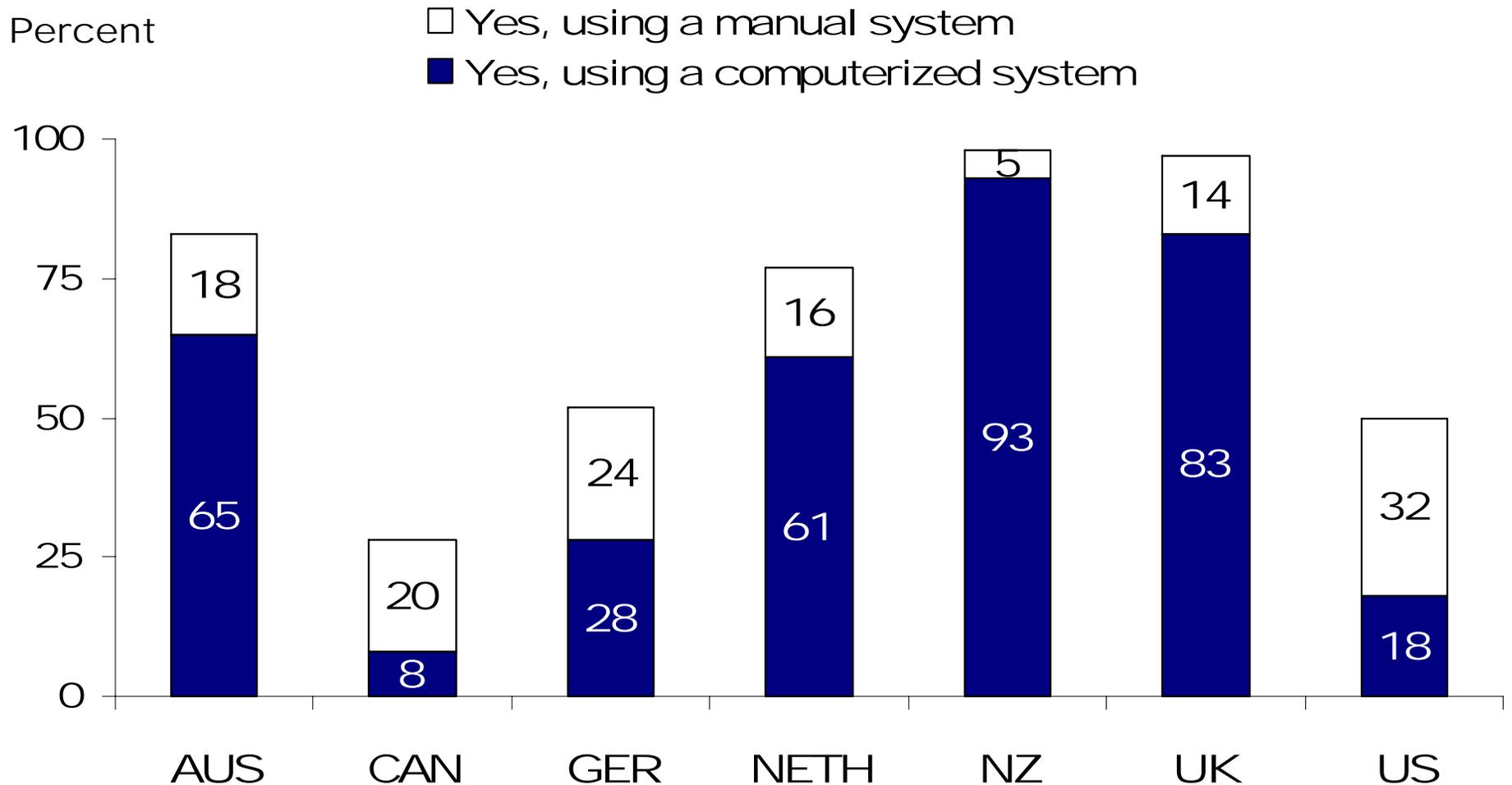
# Figure 5. Doctor Routinely Receives Alert to Provide Patients with Test Results



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 6. Patients Routinely Sent Reminder Notices for Preventive or Follow-Up Care

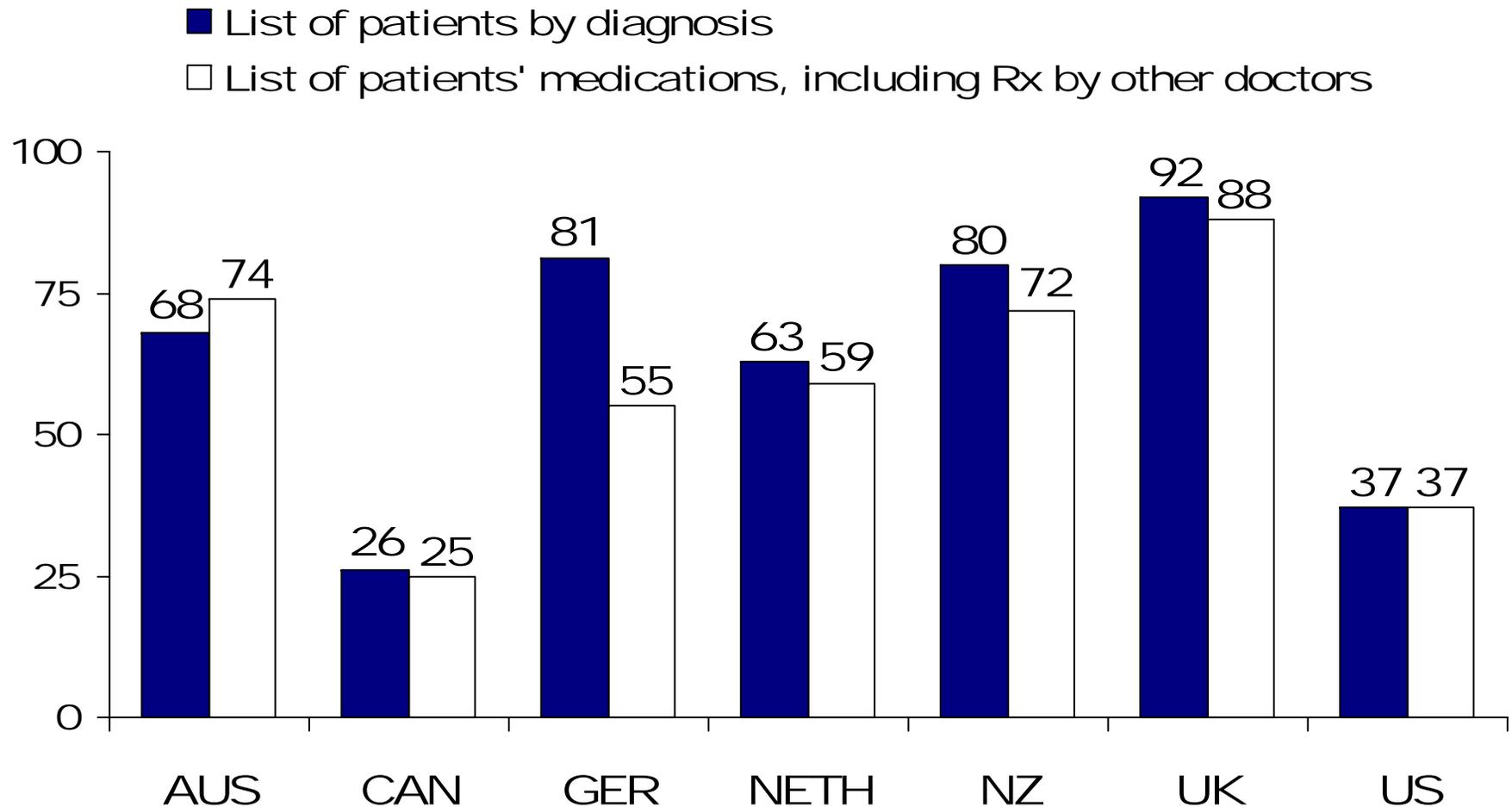


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



## Figure 7. Capacity to Generate Patient Information

Percent of primary care practices reporting easy to generate

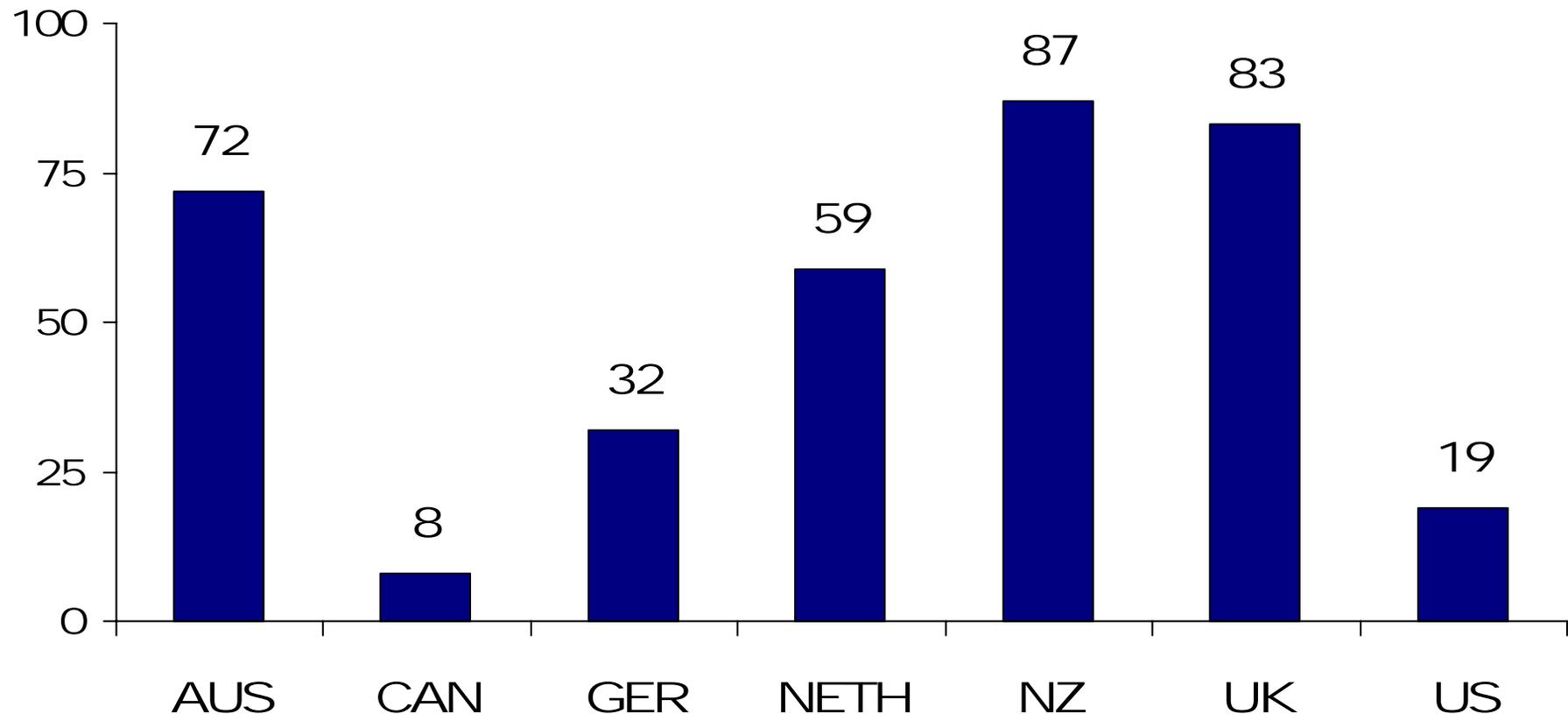


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



## Figure 8. Primary Care Practices with Advanced Information Capacity

Percent reporting seven or more out of 14 functions\*



\* Count of 14: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt tests results; easy to list diagnosis, medications, patients due for care.

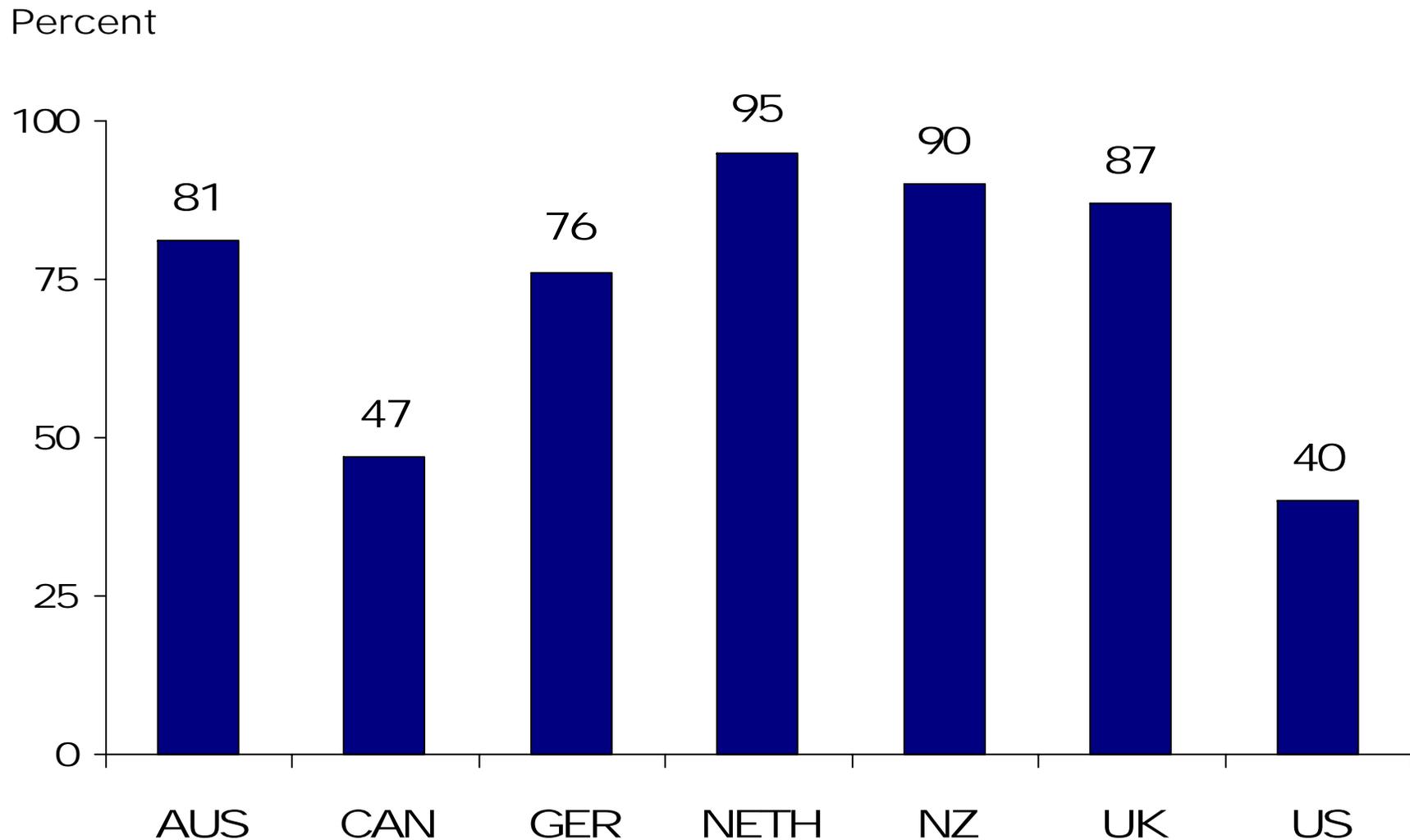
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Access Experiences and Office Hours



Figure 9. Doctor's Practice Has Arrangement for Patients' After-Hours Care to See Nurse/Doctor



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

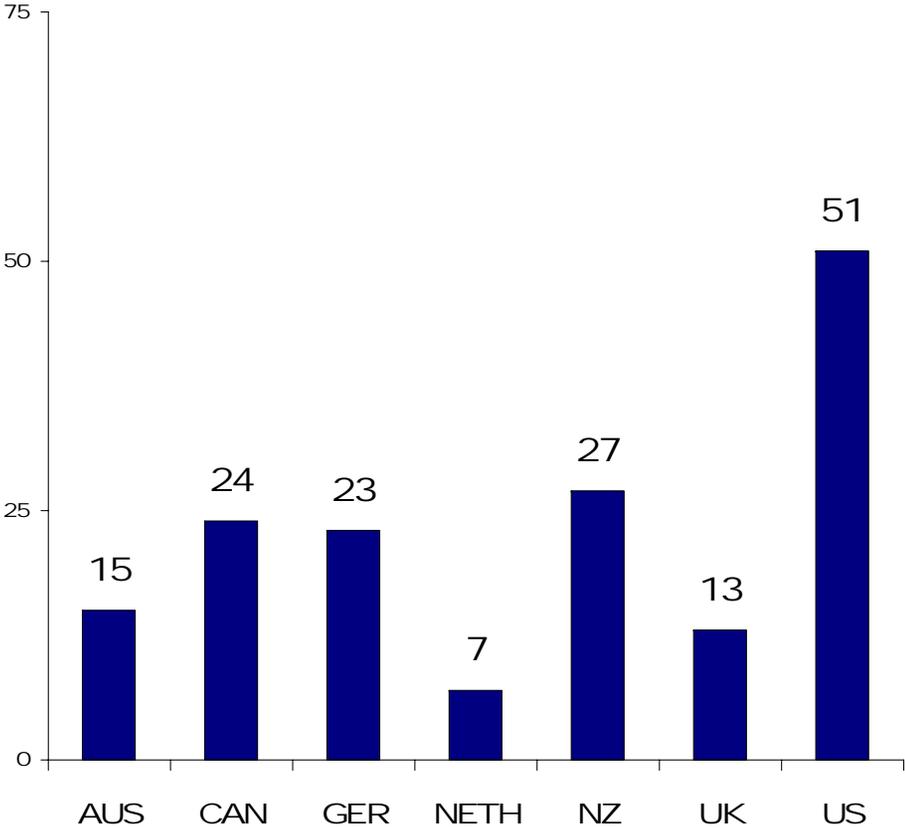


# Figure 10. Physicians' Perception of Patient Access

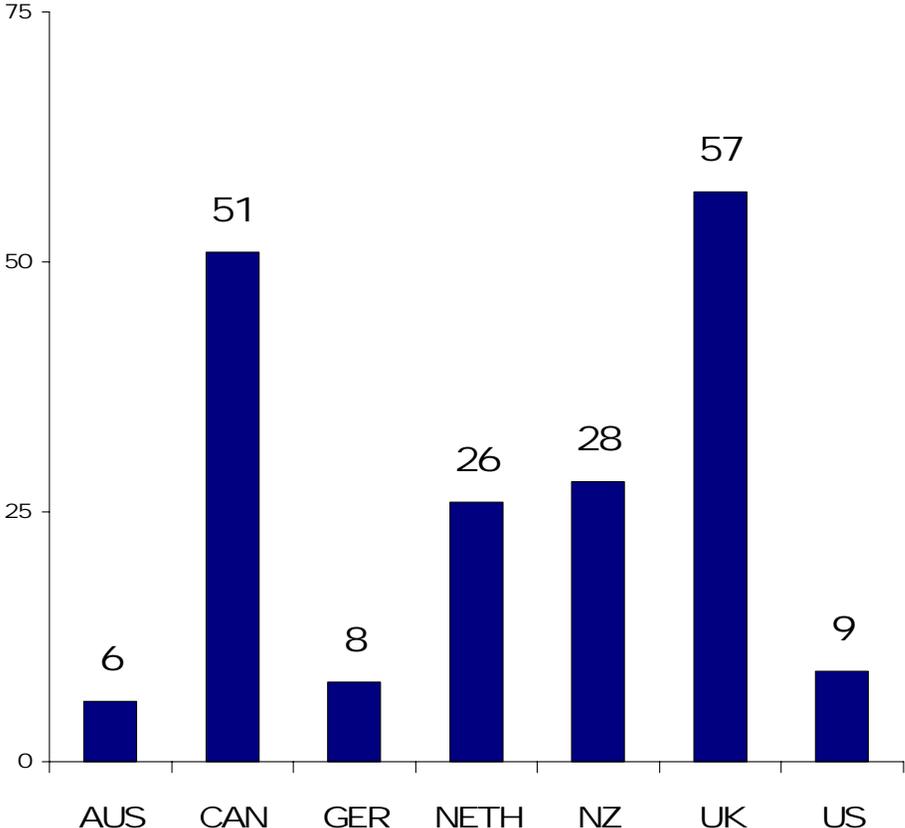
## Patients Often Have Difficulty Paying for Medications

## Patients Often Experience Long Waits for Diagnostic Tests

Percent



Percent



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Coordination of Care



Figure 11. Doctors' Reports of Care Coordination Problems

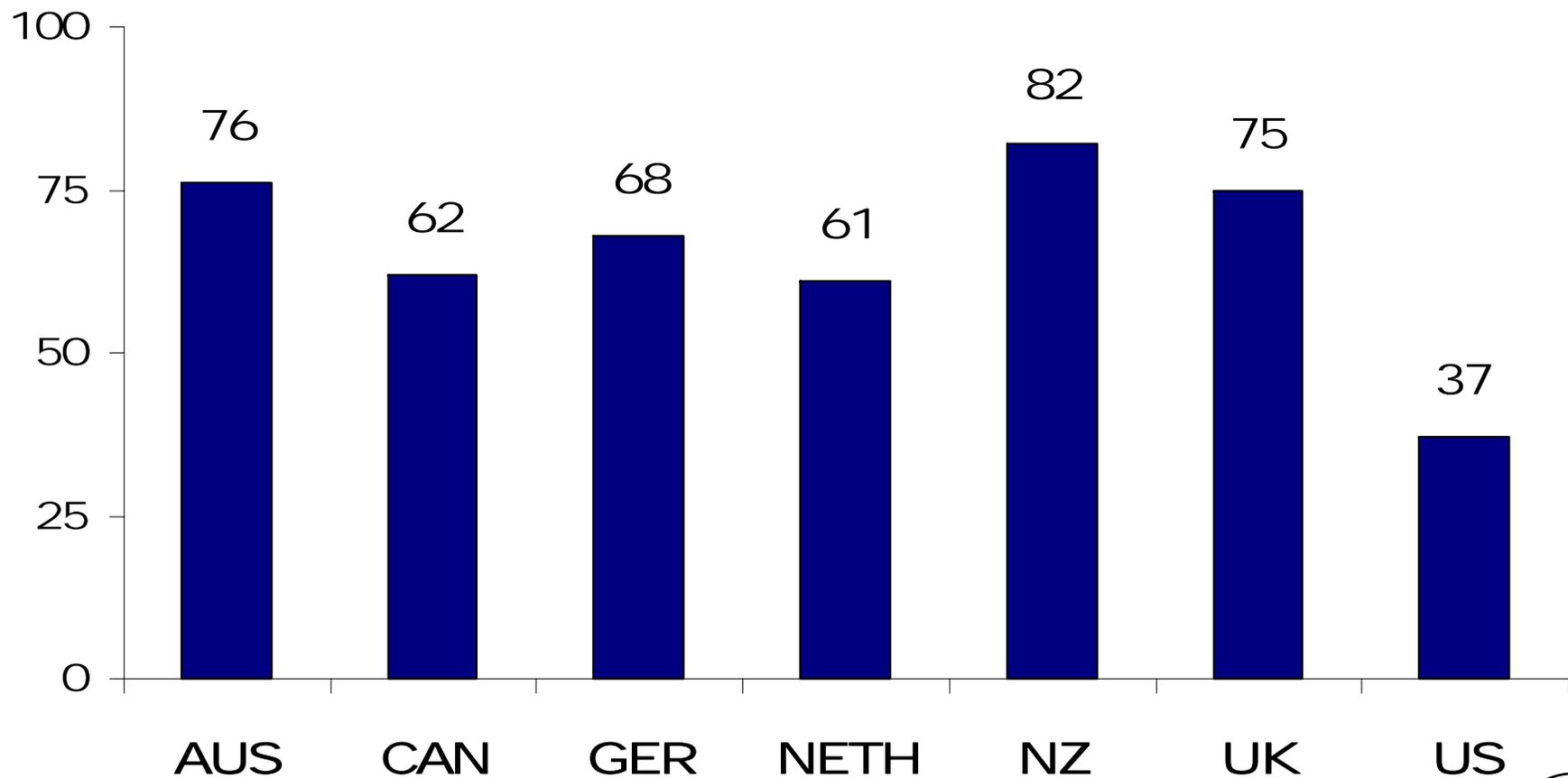
| Percent saying their patients "often/sometimes" experienced:          | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Records or clinical information not available at time of appointment  | 28  | 42  | 11  | 16   | 28 | 36 | 40 |
| Tests/procedures repeated because findings unavailable                | 10  | 20  | 5   | 7    | 14 | 27 | 16 |
| Problems because care was not well coordinated across sites/providers | 39  | 46  | 22  | 47   | 49 | 65 | 37 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Figure 12. Receive Information Back After Referrals of Patients to Other Doctors/Specialists

Percent reporting receive for "almost all" referrals (80% or more)

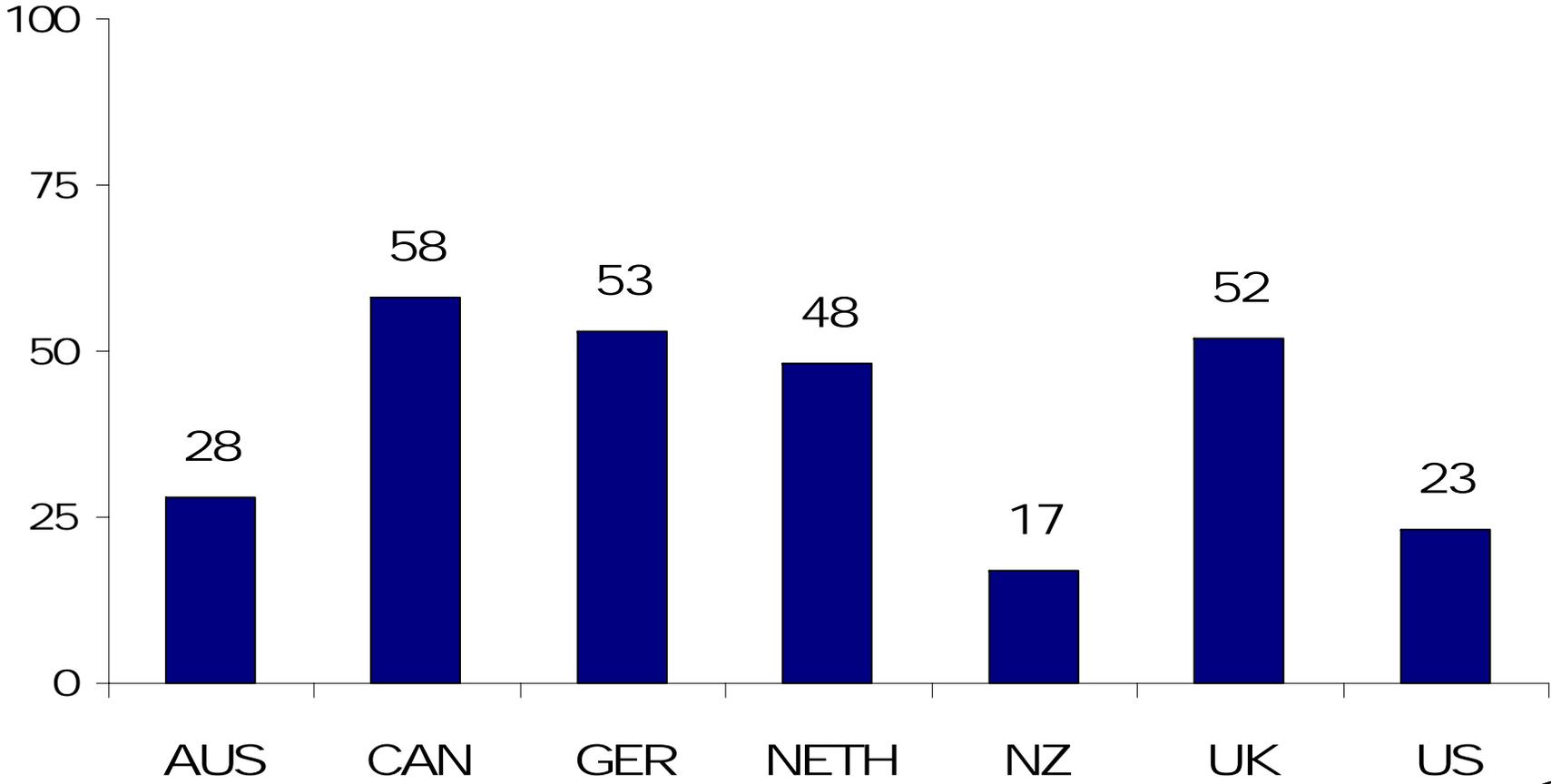


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Figure 13. Length of Time to Receive a Full Hospital Discharge Report

Percent saying 15 days or more or rarely receive a full report



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Care for Chronically Ill Patients and Use of Teams



Figure 14. Percent of Doctors Reporting Practice Is Well Prepared to Care for Chronic Diseases

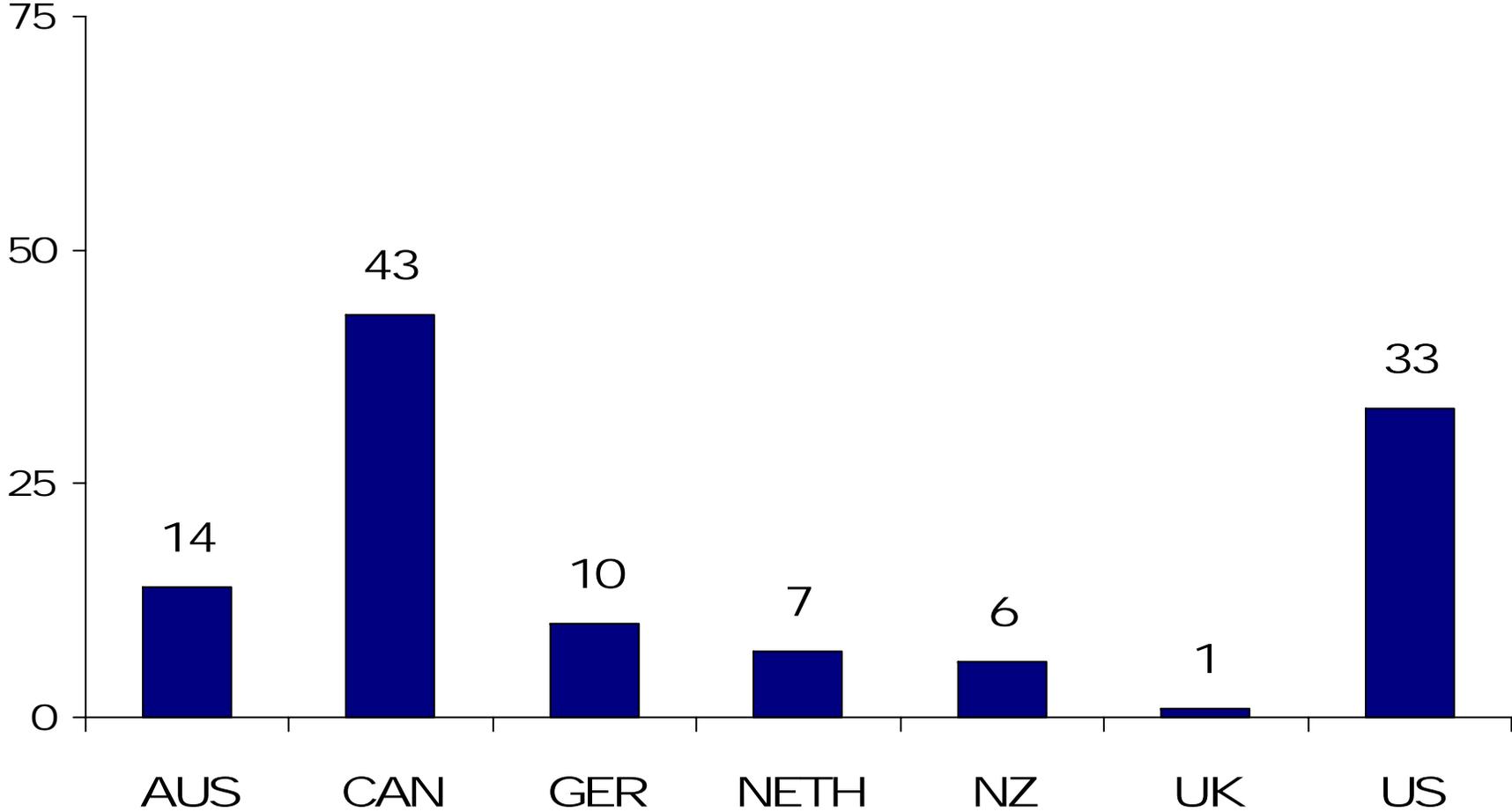
| Percent reporting "well prepared":      | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Patients with multiple chronic diseases | 69  | 55  | 93  | 75   | 67 | 76 | 68 |
| Patients with mental health problems    | 50  | 40  | 70  | 65   | 48 | 55 | 37 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Figure 15. Capacity to Generate List of Patients by Diagnosis

Percent reporting very difficult or cannot generate

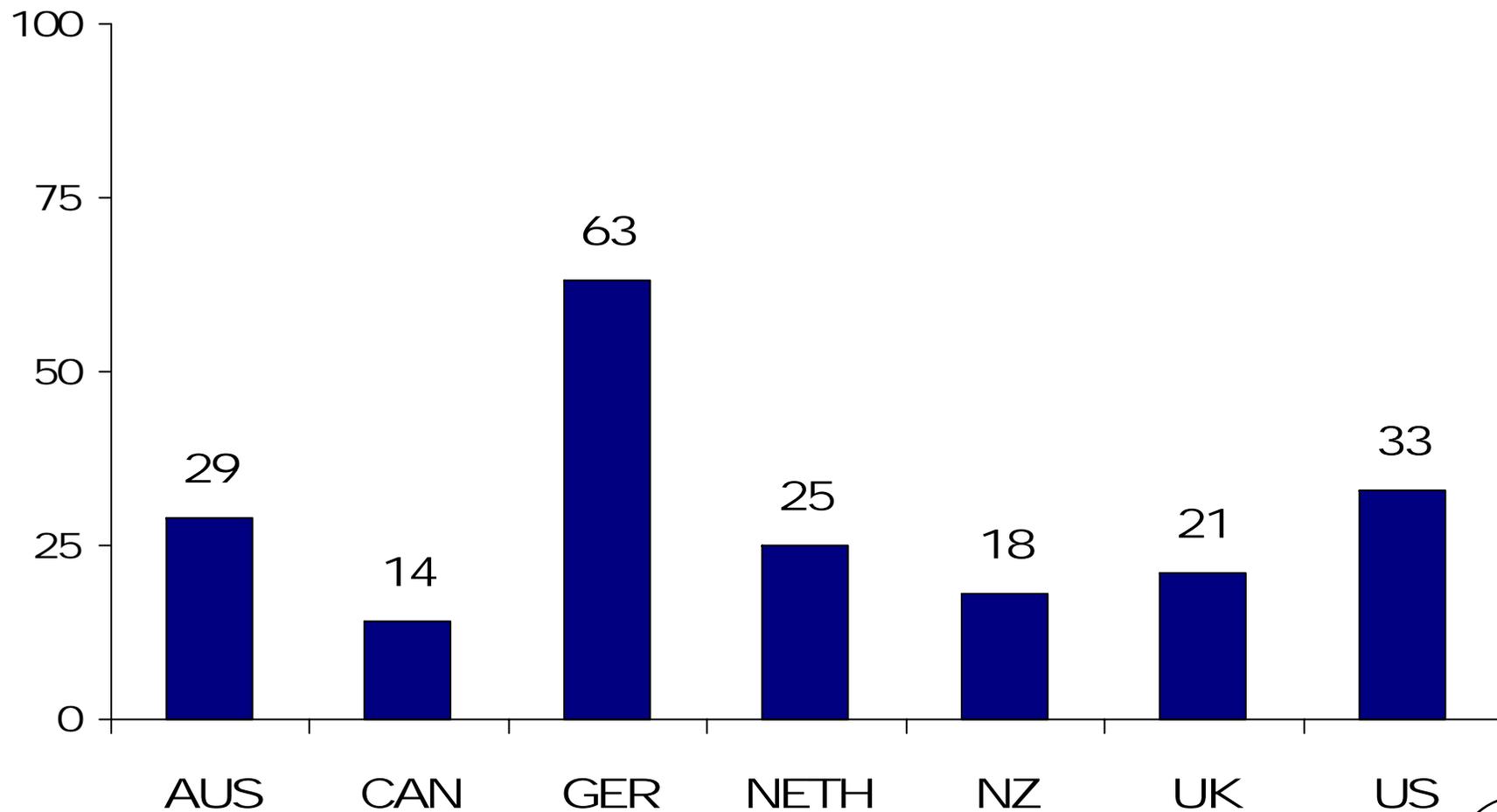


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 16. Doctor Routinely Gives Patients with Chronic Diseases Plan to Manage Care at Home

Percent giving written plan



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 17. Use of Multidisciplinary Teams and Non-Physicians

|   | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Practice routinely uses multidisciplinary teams:          |     |     |     |      |    |    |    |
| Yes   | 32  | 32  | 49  | 50   | 30 | 81 | 29 |
| Practice routinely uses clinicians other than doctors to: |     |     |     |      |    |    |    |
| Help manage patients with multiple chronic diseases       | 38  | 25  | 62  | 46   | 57 | 73 | 36 |
| Provide primary care services                             | 38  | 22  | 56  | 33   | 51 | 70 | 39 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Quality Initiatives



Figure 18. Physician Participation in Activities to Improve Quality of Care

|  | AUS | CAN | GER | NETH | NZ | UK | US |
|--|-----|-----|-----|------|----|----|----|
| Percent in past two years who:               |     |     |     |      |    |    |    |
| Participated in collaborative QI efforts     | 58  | 48  | 76  | 70   | 78 | 58 | 49 |
| Conducted clinical audit of patient care     | 76  | 45  | 69  | 46   | 82 | 96 | 70 |
| Percent reporting their practice:            |     |     |     |      |    |    |    |
| Sets formal targets for clinical performance | 26  | 27  | 70  | 35   | 41 | 70 | 50 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 19. Availability of Data on Clinical Outcomes or Performance

| Percent reporting yes:                          | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Patients' clinical outcomes                     | 36  | 24  | 71  | 37   | 54 | 78 | 43 |
| Surveys of patient satisfaction and experiences | 29  | 11  | 27  | 16   | 33 | 89 | 48 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 20. Practice Had Documented Process for Follow-Up/Analysis of Adverse Events

|                                      | AUS | CAN | GER | NETH | NZ | UK | US |
|--------------------------------------|-----|-----|-----|------|----|----|----|
| Yes, for all adverse events          | 35  | 20  | 32  | 7    | 41 | 79 | 37 |
| Yes, for adverse drug reactions only | 21  | 19  | 26  | 10   | 19 | 8  | 19 |
| Do not have a process                | 44  | 58  | 42  | 82   | 40 | 13 | 41 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 21. Primary Care Doctors' Reports of Financial Incentives Targeted on Quality of Care

| Percent receive financial incentive:*                | AUS | CAN | GER | NETH | NZ | UK | US |
|--|-----|-----|-----|------|----|----|----|
| Achieving certain clinical care targets              | 33  | 10  | 9   | 6    | 43 | 92 | 23 |
| High ratings for patient satisfaction                | 5   | —   | 5   | 1    | 2  | 52 | 20 |
| Managing patients with chronic disease/complex needs | 62  | 37  | 24  | 47   | 68 | 79 | 8  |
| Enhanced preventive care activities                  | 53  | 13  | 28  | 18   | 42 | 72 | 12 |
| Participating in quality improvement activities      | 35  | 7   | 21  | 28   | 47 | 82 | 19 |

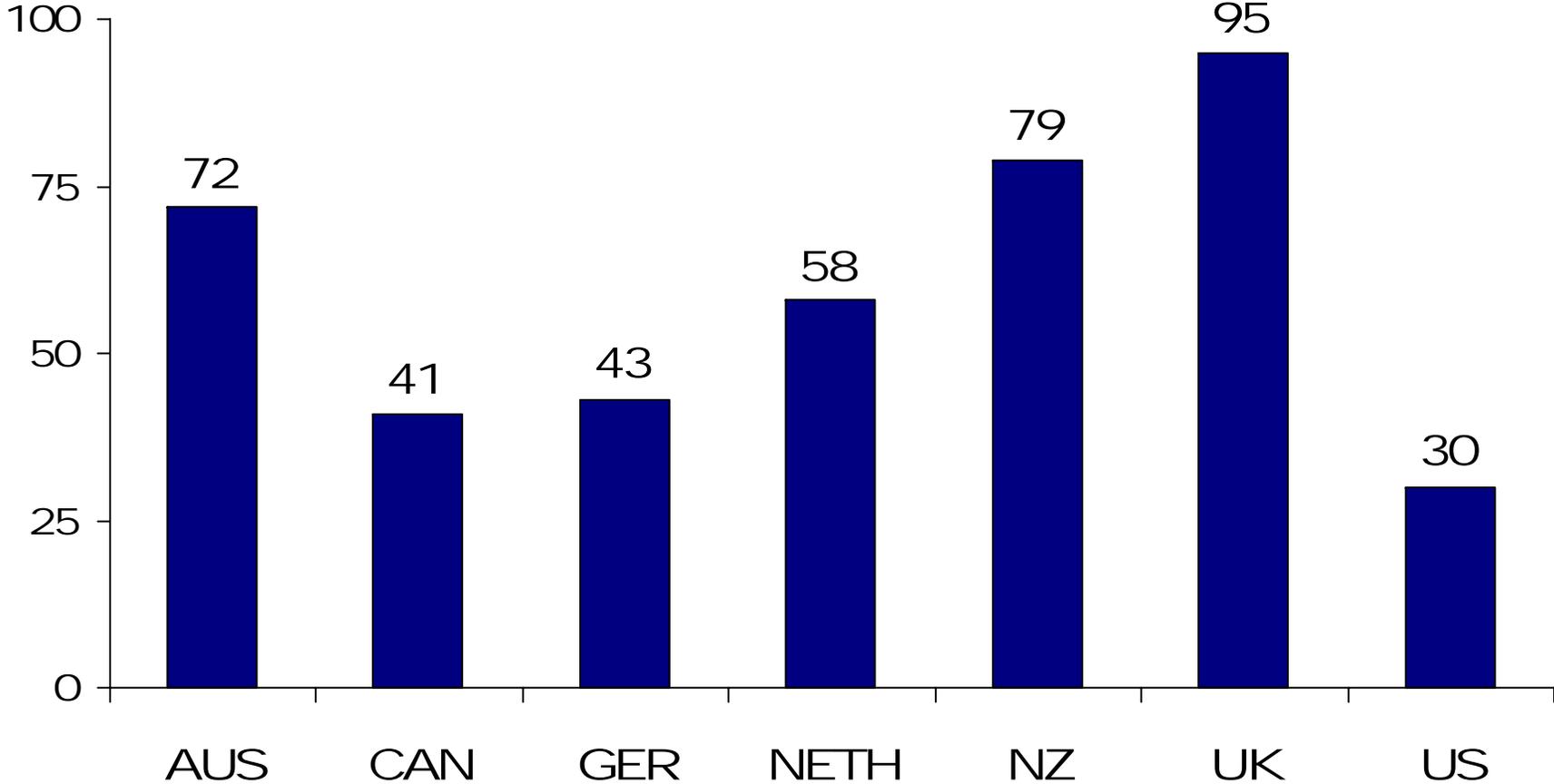
\* Receive or have the potential to receive.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Figure 22. Primary Care Doctors' Reports of Any Financial Incentives Targeted on Quality of Care

Percent reporting any financial incentive\*



\* Receive or have potential to receive payment for: clinical care targets, high patient ratings, managing chronic disease/complex needs, preventive care, or QI activities.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Health System Views and Practice Satisfaction

Figure 23. Physician Views of the Health System

| Percent saying:            | AUS | CAN | GER | NETH | NZ | UK | US |
|----------------------------|-----|-----|-----|------|----|----|----|
| Only minor changes needed  | 38  | 23  | 4   | 52   | 34 | 23 | 13 |
| Fundamental changes needed | 56  | 71  | 54  | 42   | 62 | 68 | 69 |
| Rebuild completely         | 5   | 3   | 42  | 3    | 4  | 9  | 16 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Figure 24. Dissatisfaction with Medical Practice

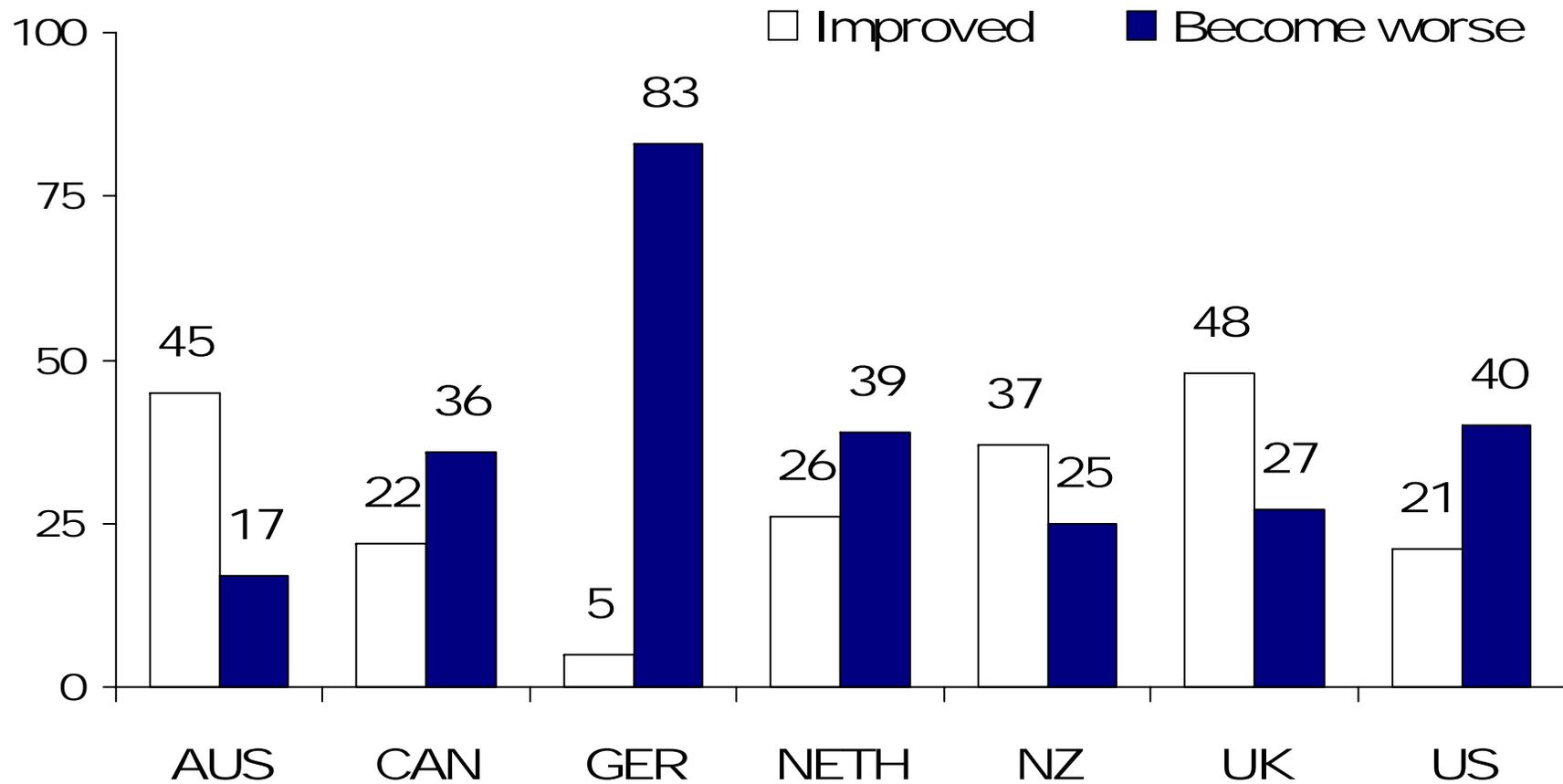
| Percent very or somewhat dissatisfied with: | AUS | CAN | GER | NETH | NZ | UK | US |
|---|-----|-----|-----|------|----|----|----|
| Freedom to make clinical decisions          | 8   | 12  | 74  | 10   | 26 | 24 | 31 |
| Time to spend per patient                   | 33  | 36  | 50  | 35   | 33 | 51 | 42 |
| Income from medical practice                | 36  | 40  | 53  | 23   | 44 | 18 | 47 |
| Overall experience with medical practice    | 14  | 16  | 19  | 9    | 23 | 14 | 23 |

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Figure 25. Ability to Provide Quality Medical Care Compared with Five Years Ago

Percent



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



## Figure 26. Primary Care: Summary and Implications

- Striking differences across the countries in elements of primary care practice systems that underpin quality and efficiency.
- Physicians in Australia, the Netherlands, New Zealand and the U.K. most likely to report multitask IT systems; U.S. and Canada lag behind.
- Reports indicate varying capacity to care for patients with multiple chronic conditions or coordinate care with decision support.
- Integration and coordination are a shared challenge.
- Widespread primary care doctor participation in a range of quality improvement activities although safety tracking systems are rare except in the U.K.
- U.S. stands out for financial barriers and also has limited after-hours access.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



## Figure 27. Opportunities to Learn to Inform Policy

- Country patterns reflect underlying strategic policy choices and extent to which policies are national in scope:
  - Payment policies for quality and care management.
  - IT: Investing in primary care capacity and interconnectedness.
  - After-hours access.
  - Chronic disease management and use of teams.
- Primary care “redesign” is central to initiatives to improve health care system performance internationally.
- Evidence that national “system” focus is essential to build capacity.
- Striking country differences in primary care practices and national initiatives offer rich opportunities to learn.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



# Acknowledgments

With appreciation to:

- Coauthors: Phuong Trang Huynh, Michelle M. Doty, Jordon Peugh, and Kinga Zapert, "On the Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries," *Health Affairs* Web Exclusive (Nov. 2, 2006):w555-w571.
- Developing and Conducting Survey: Harris Interactive and Associates.
- Conducting Survey in the Netherlands: The Center for Quality of Care Research (WOK), Radboud University Nijmegen.
- Cofunders: The Australian Primary Health Care Research Institute, The German Institute for Quality and Efficiency in Health Care, and The Health Foundation.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

