



In the Literature

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008

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Full text is available at:

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.1.w1?ijkey=cOSQSi1j6fDlo&keytype=ref&siteid=healthaff>

Synopsis

A 2008 survey of chronically ill adults in Australia, Canada, France, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States found major differences in health care access, safety, and efficiency, with U.S. patients at particularly high risk of forgoing care because of costs and experiencing errors or inefficient, poorly organized care.

Access, Coordination, and Safety

Base: Adults with any chronic condition

Percent reported in past two years:	AUS	CAN	FR	GER	NETH	NZ	UK	US
Access problem because of cost*	36	25	23	26	7	31	13	54
Coordination problem**	23	25	22	26	14	21	20	34
Medical, medication, or lab error***	29	29	18	19	17	25	20	34

* Because of cost, respondent did NOT: fill Rx or skipped doses, visit a doctor when had a medical problem, and/or get recommended test, treatment, or follow-up.

** Test results/records not available at time of appointment and/or doctors ordered test that had already been done.

*** Wrong medication or dose, medical mistake in treatment, incorrect diagnostic/lab test results, and/or delays in abnormal test results.

Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.

The Issue

Across industrialized nations, patients with multiple chronic conditions account for a disproportionate share of national health spending. Such patients often see multiple clinicians in a variety of care settings, putting them at heightened risk for experiencing medical errors and having poorly coordinated care. Because of their extensive contact with the health care system, these patients offer unique perspective on many aspects of system performance.

Key Findings

- More than half (54%) of U.S. patients did not get recommended care, fill prescriptions, or see a doctor when sick because of costs, versus 7 percent to 36 percent in the other countries.
- About one-third of U.S. patients—the highest proportion in the survey—experienced medical errors, including delays in learning about abnormal lab test results.
- Similarly, one-third of U.S. patients encountered poorly coordinated care, including medical records not available during an appointment or duplicated tests.

- The U.S. stands out for patient costs, with 41 percent reporting they spent more than \$1,000 on out-of-pocket costs in the past year. U.K. and Dutch patients were most protected against such costs.
- Only one-quarter (26%) of U.S. and Canadian patients reported same-day access to doctors when sick, and one-fourth or more reported long waits. About half or more of Dutch (60%), New Zealand, (54%), and U.K. (48%) patients were able to get same-day appointments.
- A majority of respondents across the eight countries saw room for improvement. Chronically ill adults in the U.S. were the most negative; one-third said the health care system needs a complete overhaul.
- In the past two years, 59 percent of U.S. patients visited an emergency room (ER); only Canada had a higher rate (64%). In both countries, one of five patients said they went to the ER for a condition that could have been treated by a regular doctor if one had been available.

Study Implications

While the U.S. did comparatively well on some measures of hospital discharge instructions and patient-centered care, chronically ill Americans often cannot afford to follow recommended care. Gaps in coverage and cost-sharing are undermining access and adherence. The survey finding that in all eight countries, patients most often reported that errors happened outside the hospital highlights the need to focus on ambulatory care and medication safety. Initiatives under way across nations to improve performance through payment reform, information systems, and managing chronic conditions offer cross-national opportunities to learn.

“Lack of affordable access, waits for primary care, and inadequate coordination put chronically ill U.S. patients—especially those with multiple chronic conditions—at high risk of poor health outcomes.”

About the Study

The 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults interviewed 7,500 chronically ill patients in eight countries. Respondents had at least one of seven conditions: hypertension, heart disease, diabetes, arthritis, lung problems, cancer, or depression.

The Bottom Line

Compared with their counterparts in seven other countries, chronically ill adults in the U.S. are far more likely to forgo care because of costs. They also experience the highest rates of medical errors, care coordination problems, and high out-of-pocket costs.

Citation

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