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The Commonwealth Fund
2009 International Health Policy Survey of
Primary Care Physicians in Eleven Countries

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The Commonwealth Fund

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2009 International Health Policy Survey

- **Mail, phone, and e-mail survey of primary care physicians from February to July 2009 in Australia, Canada, France, Germany, Italy, Netherlands, New Zealand, Norway, Sweden, United Kingdom, and United States**
- **Samples: 1,016 Australia, 1,401 Canada, 502 France, 715 Germany, 844 Italy, 614 Netherlands, 500 New Zealand, 774 Norway, 1,450 Sweden, 1,062 United Kingdom, and 1,442 United States**
- **Conducted by Harris Interactive subcontractors, and Dutch Scientific Institute for Quality of Healthcare, Swedish Ministry of Health, Norwegian Knowledge for the Health Services, and Italian Primary Care Physicians Association**
- **Core Topics: System views and satisfaction, access to care, managing chronic illness, teams, information technology, measuring practice performance, and financial incentives**

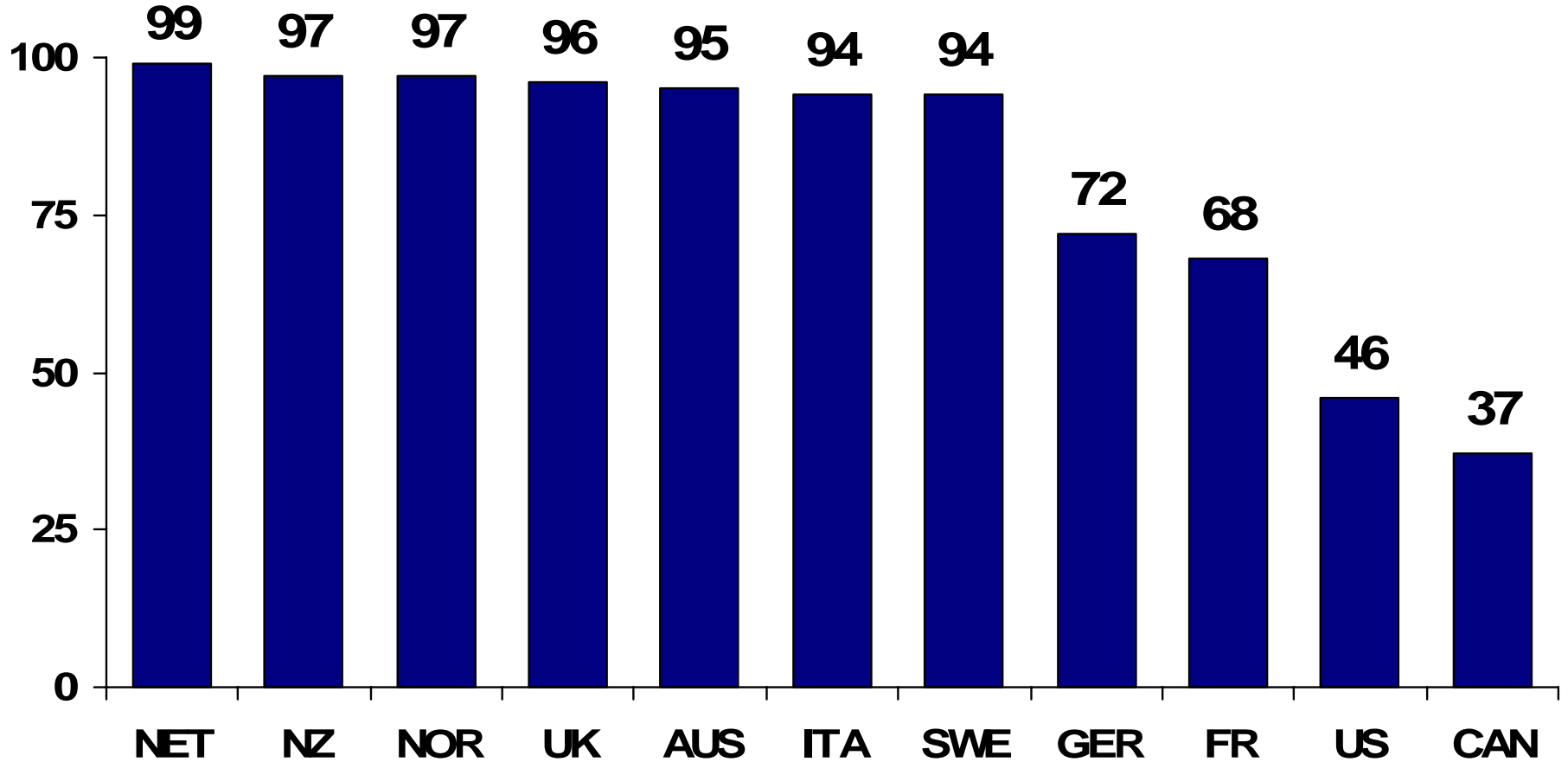


Health Information Practice Capacity



Doctors Use Electronic Patient Medical Records*

Percent



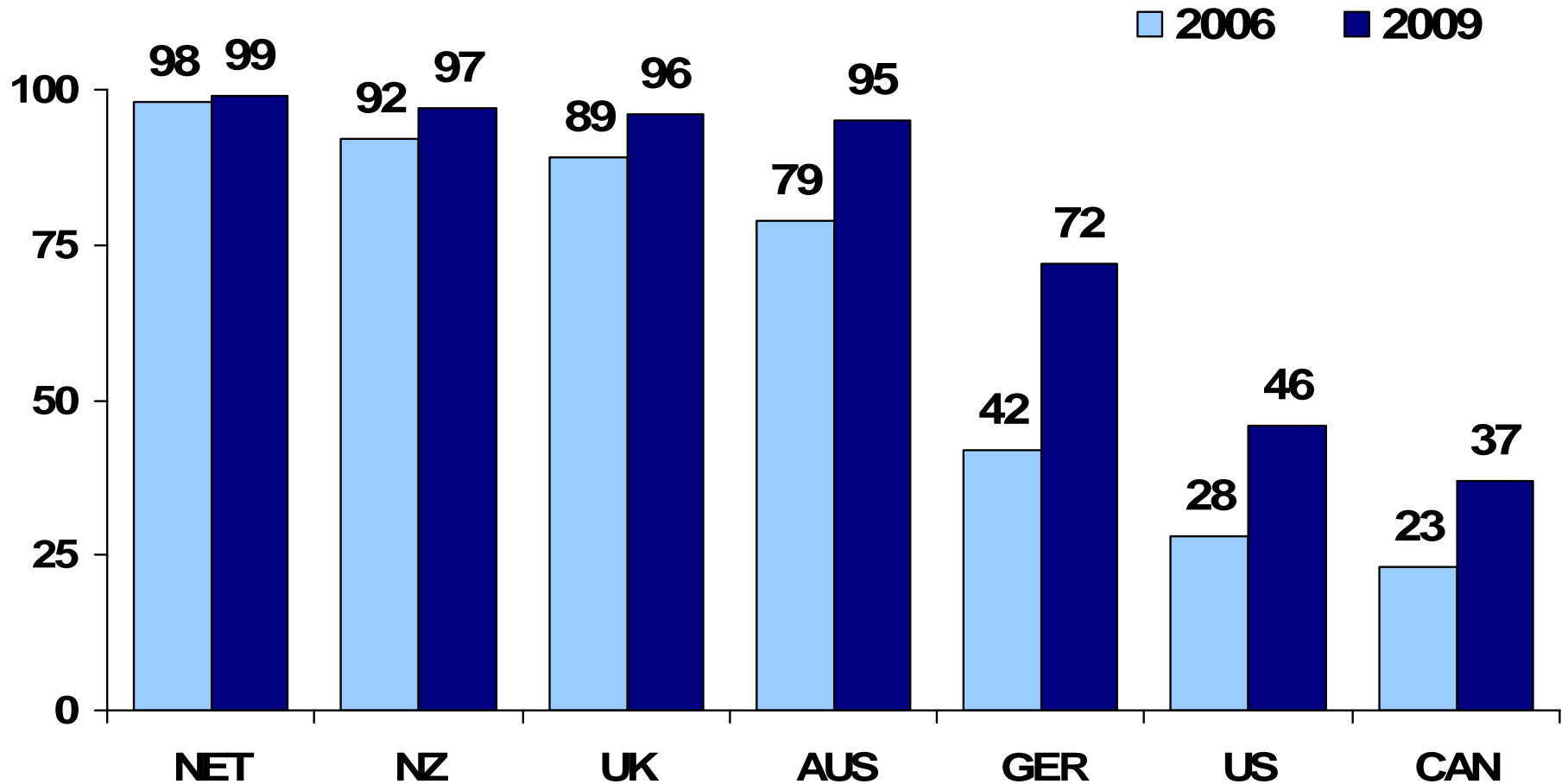
* Not including billing systems.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Doctors Use Electronic Patient Medical Records in Their Practice, 2006 and 2009*

Percent



* 2006: "Do you currently use electronic patient medical records in your practice?"

* 2009: "Do you use electronic patient medical records in your practice (not including billing systems)?"

Source: 2006 and 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Practice Use of IT on a Routine Basis for Core Tasks

Percent reporting ROUTINE:	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
Electronic ordering of laboratory tests	86	18	40	62	91	6	64	45	81	35	38
Electronic access to patients' test results	93	41	36	80	50	76	92	94	91	89	59
Electronic prescribing of medication	93	27	57	60	90	98	94	41	93	89	40
Electronic alerts/ prompts about a potential problem with drug dose/interaction	92	20	43	24	74	95	90	10	58	93	37
Electronic entry of clinical notes	92	30	60	59	82	96	96	81	89	97	42



Computerized Capacity to Generate Patient Information

Percent report the <u>COMPUTERIZED</u> capacity to generate:	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
List of patients by diagnosis	93	37	20	82	86	73	97	57	74	90	42
List of patients by lab result	88	23	15	56	76	62	84	49	67	85	29
List of patients who are due or overdue for tests/preventive care	95	22	19	65	76	69	96	32	41	89	29
List of all medications taken by an individual patient*	94	25	24	65	78	61	96	45	49	86	30

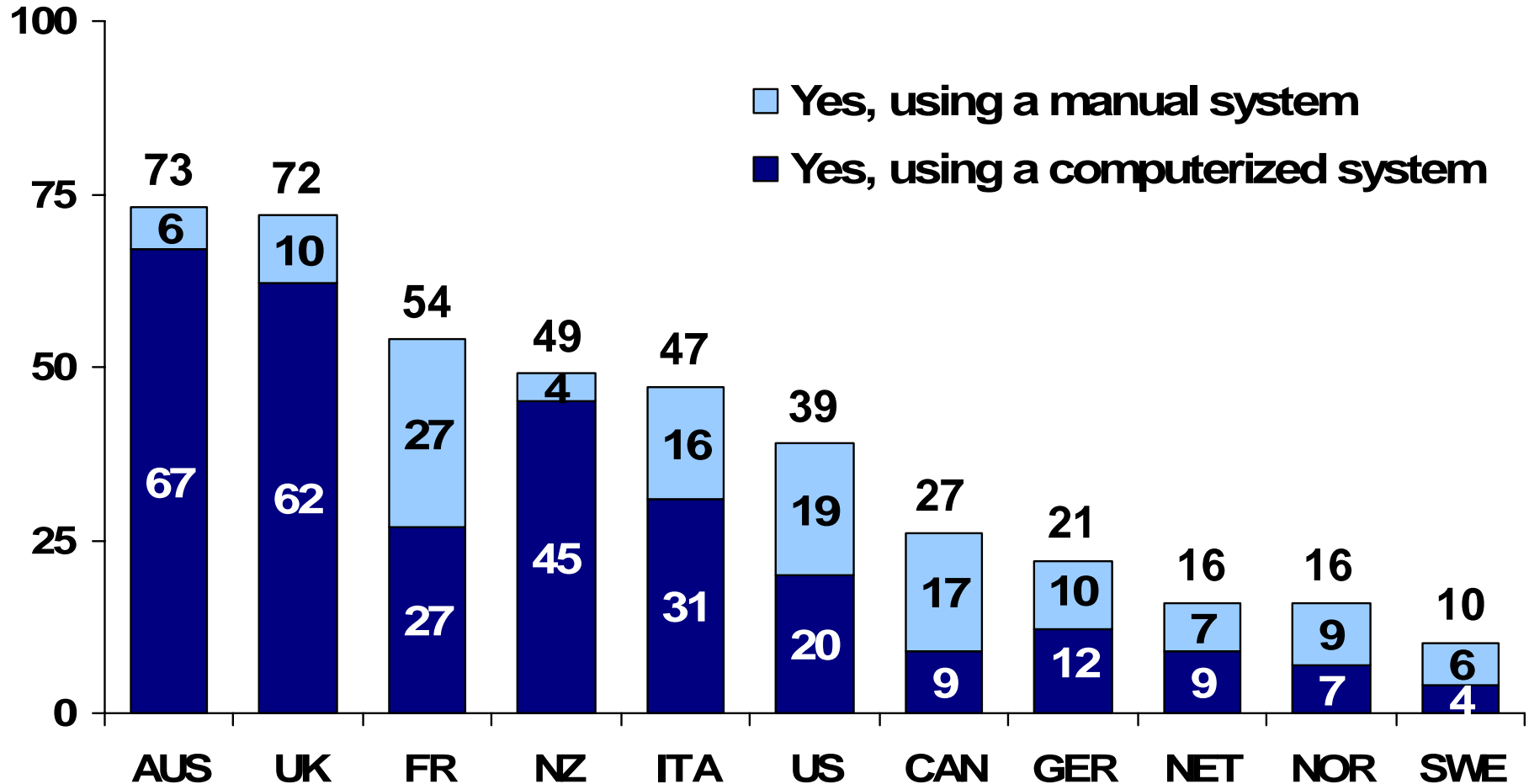
* Including those that may be prescribed by other doctors.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Doctor Routinely Receives Reminders for Guideline-Based Interventions or Screening Tests

Percent

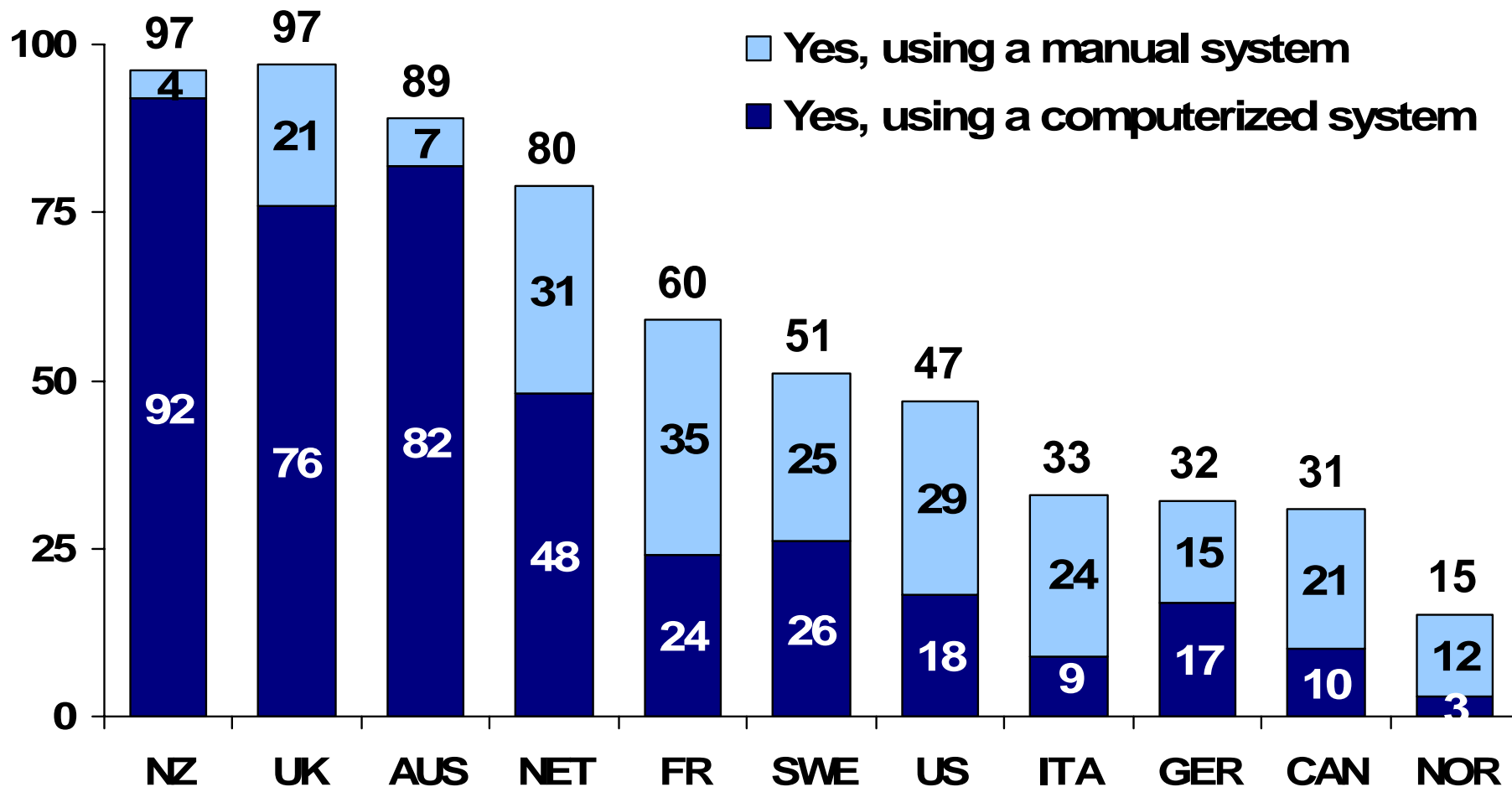


Percentages may not sum to totals because of rounding.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Practice Routinely Sends Patients Reminders for Preventive or Follow-Up Care

Percent



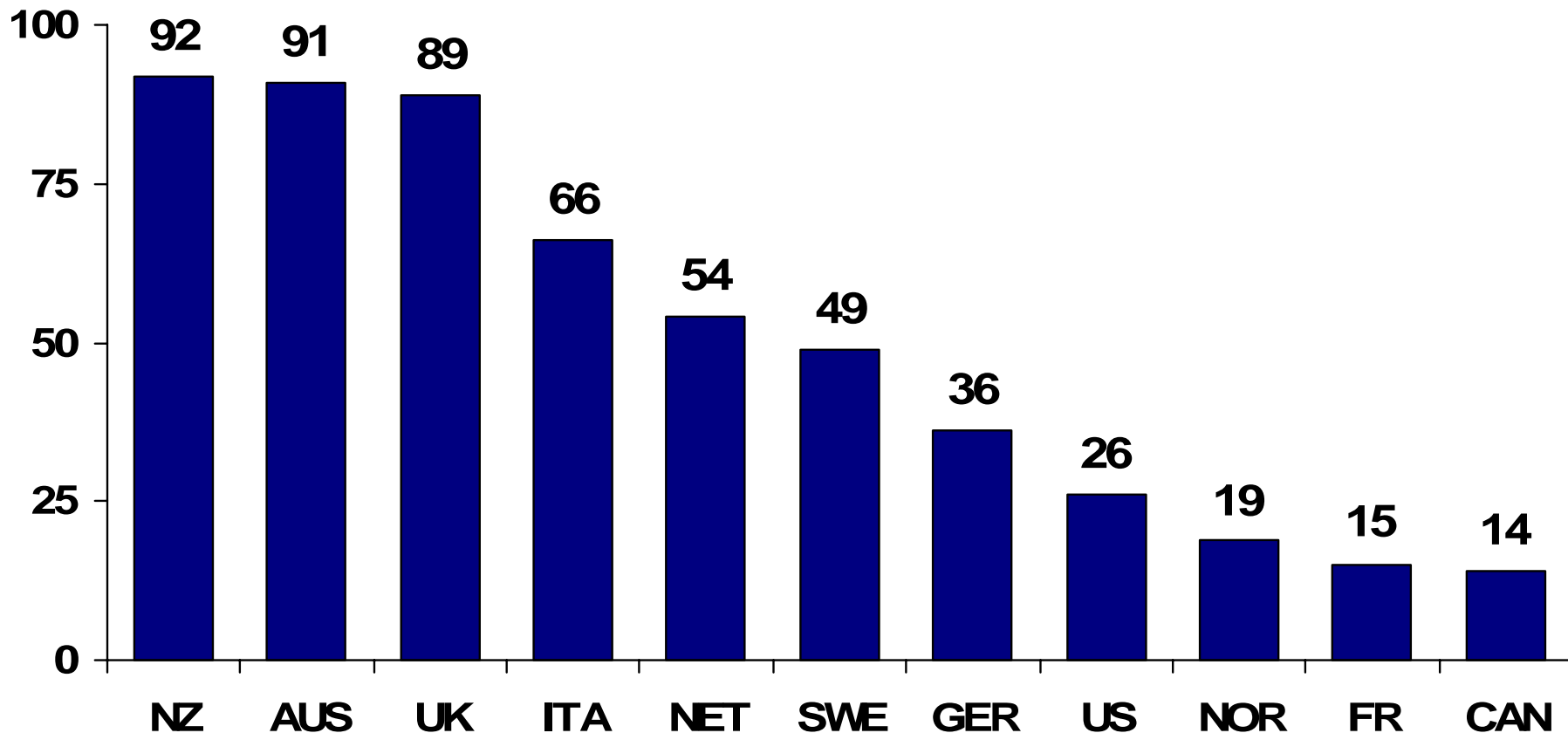
Percentages may not sum to totals because of rounding.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Practices with Advanced Electronic Health Information Capacity

Percent reporting at least 9 of 14 clinical IT functions*



* Count of 14 functions includes: electronic medical record; electronic prescribing and ordering of tests; electronic access test results, Rx alerts, clinical notes; computerized system for tracking lab tests, guidelines, alerts to provide patients with test results, preventive/follow-up care reminders; and computerized list of patients by diagnosis, medications, due for tests or preventive care.



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Access and Barriers to Care



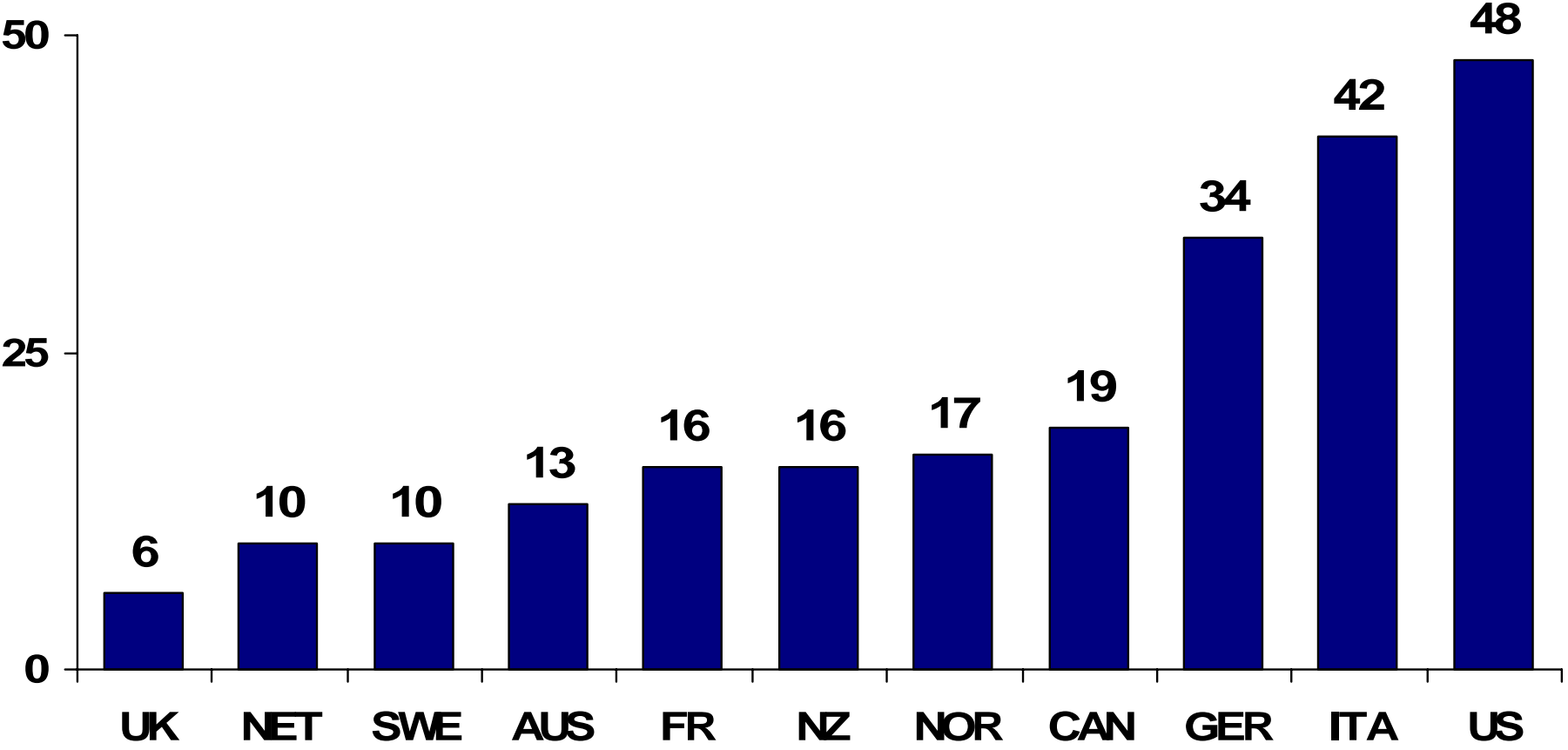
Doctors' Perception of Patient Access Barriers

Percent reporting patients <u>OFTEN</u>:	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
Have difficulty paying for medications or other care	23	27	17	28	37	33	25	5	6	14	58
Have difficulty getting specialized diagnostic tests	21	47	42	26	52	15	60	11	22	16	24
Experience long waiting times to see a specialist	34	75	53	66	75	36	45	55	63	22	28



Insurance Restrictions on Medication or Treatment for Patients Pose Major Time Concerns for Doctors

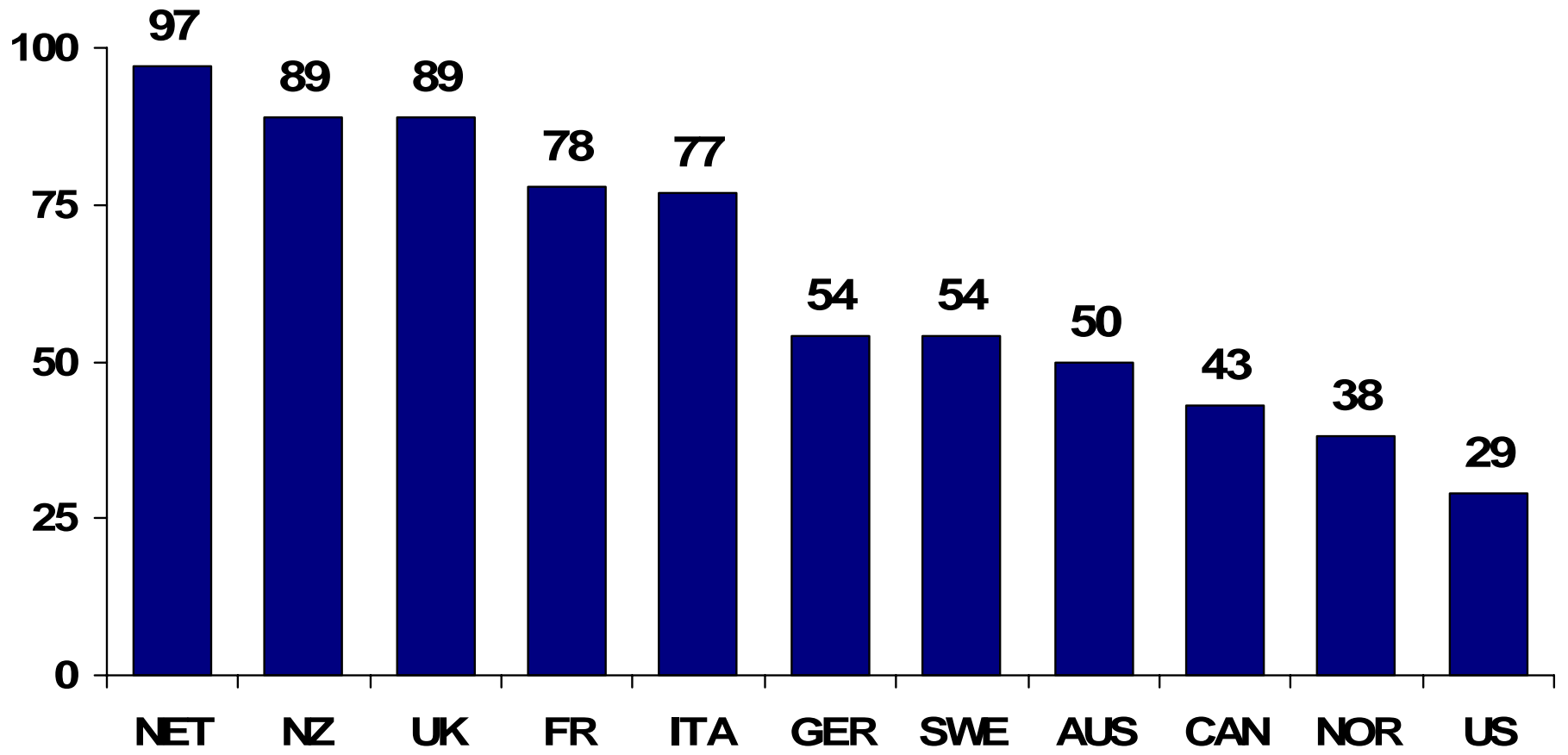
Percent saying amount of time physician or staff spend getting patients needed medications or treatment due to coverage restrictions is a MAJOR PROBLEM



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Practice Has Arrangement for Patients' After-Hours Care to See Doctor/Nurse

Percent

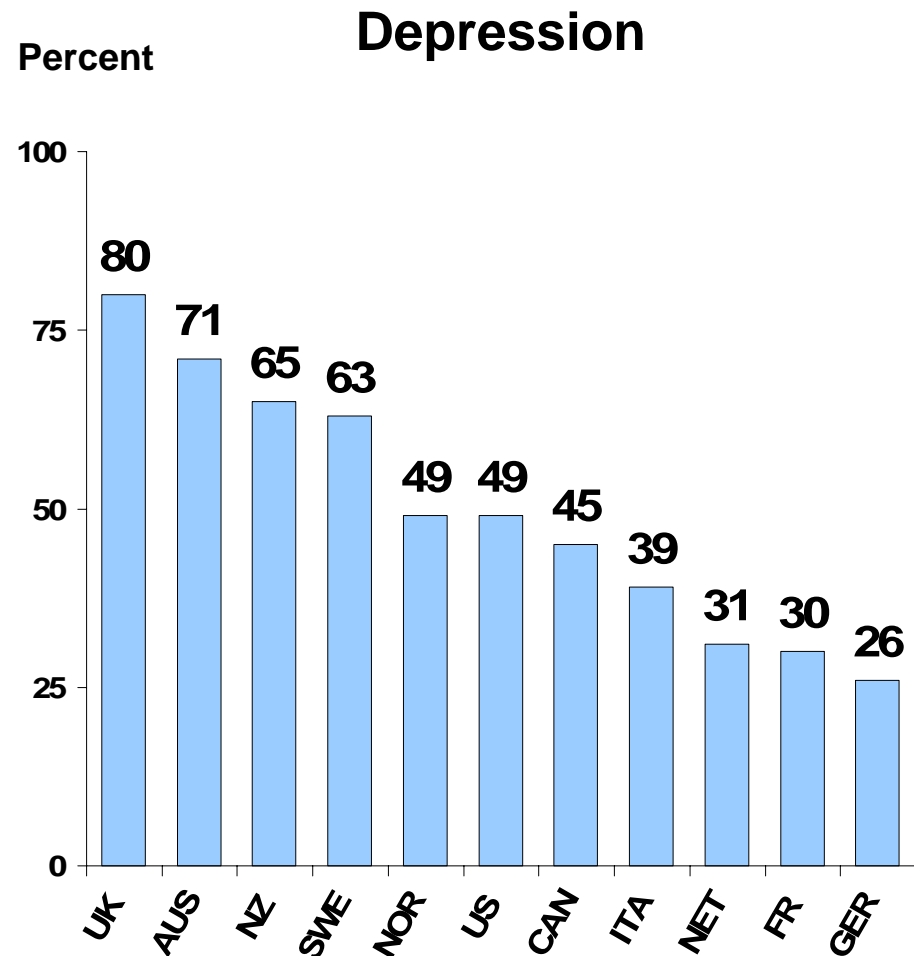
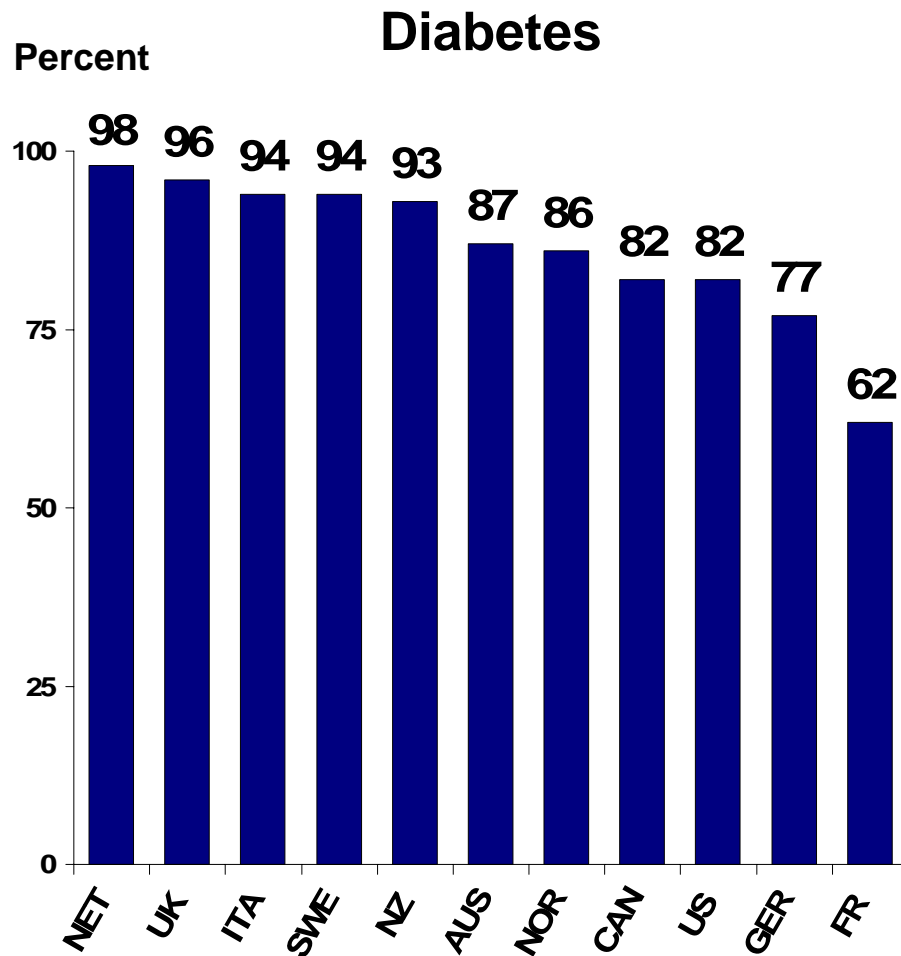


Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Managing Patient Care

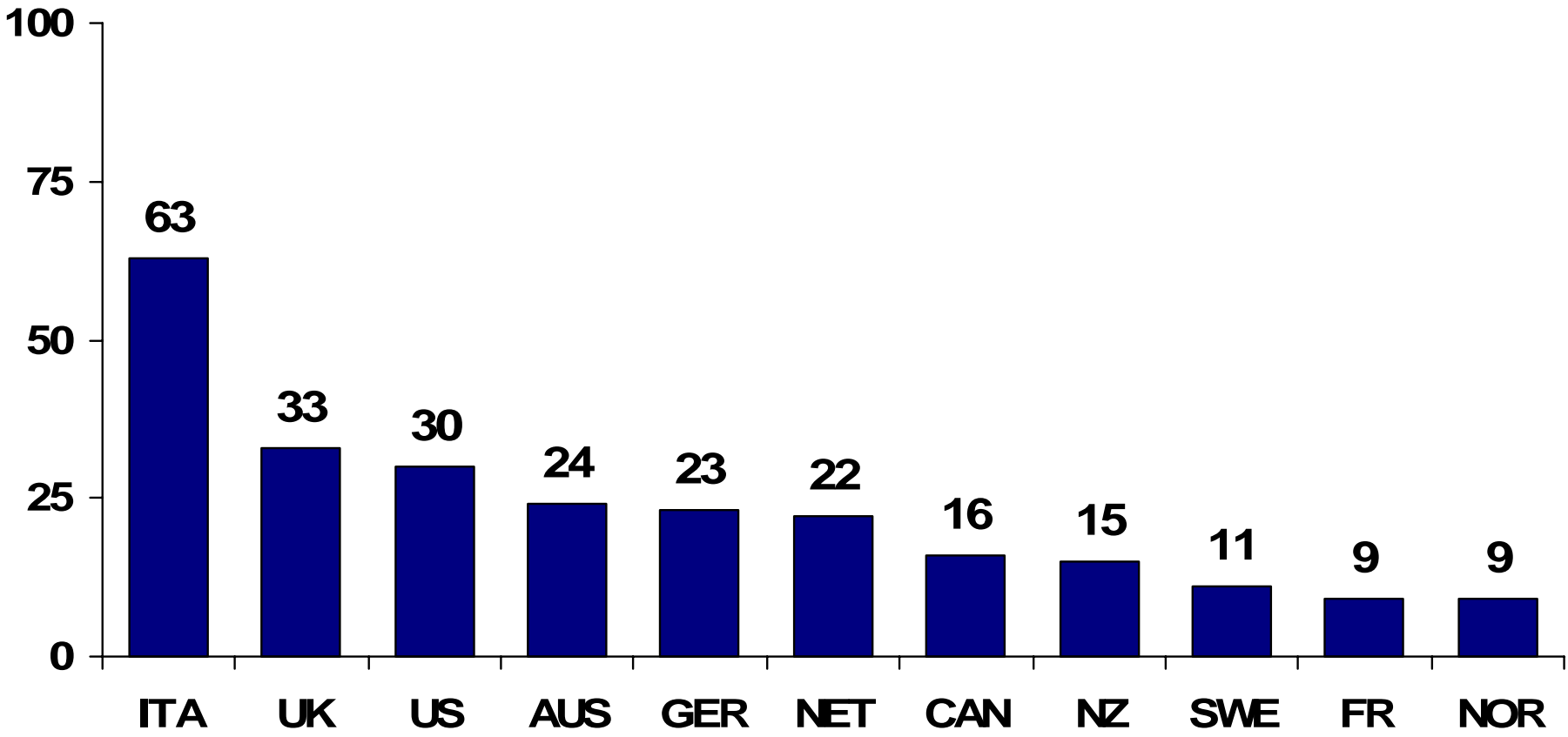


Practice Routinely Uses Written Treatment Guidelines, by Condition



Doctor Routinely Gives Chronically Ill Patients Written Instructions on Managing Care at Home

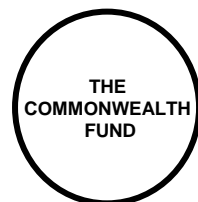
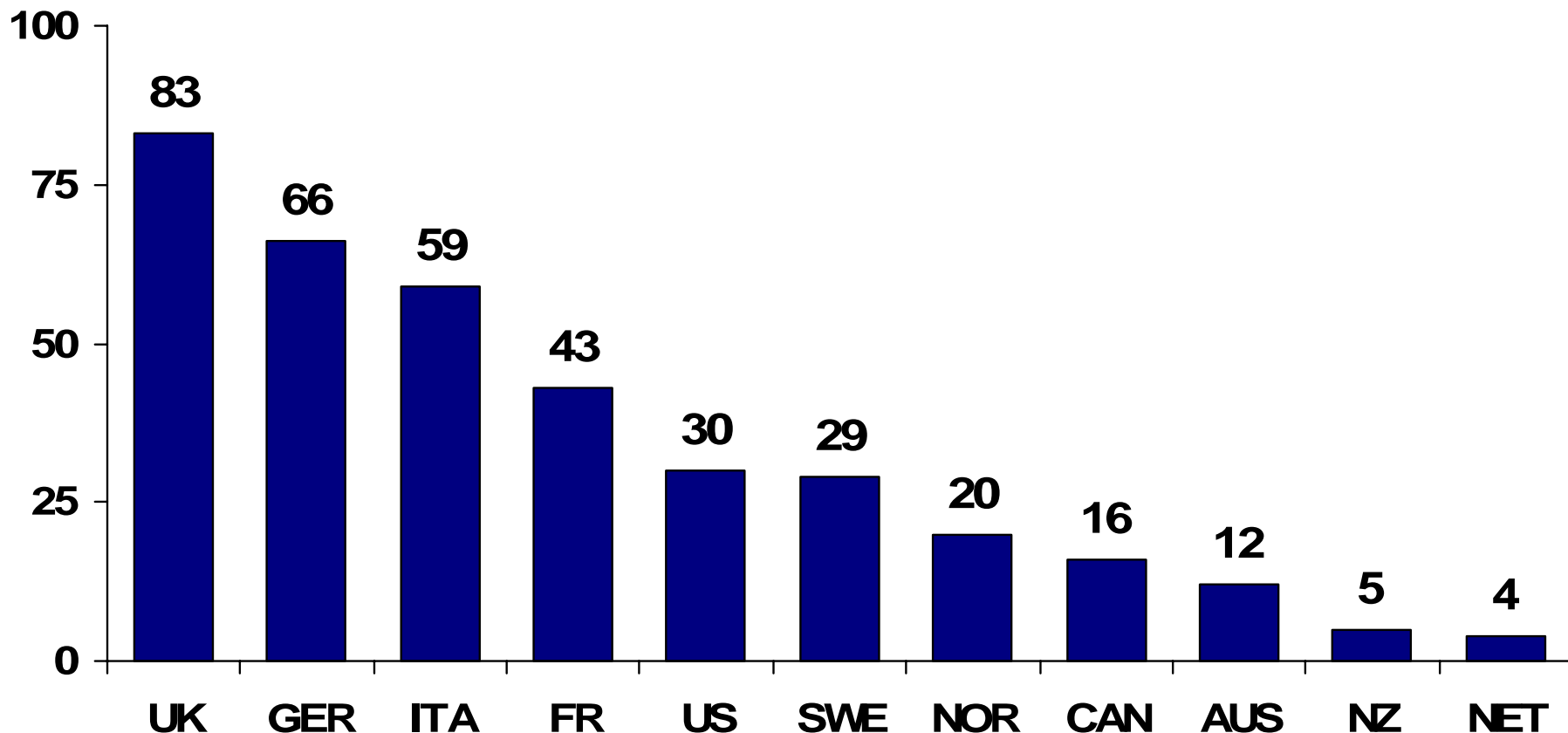
Percent saying yes, ROUTINELY gives written instructions



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

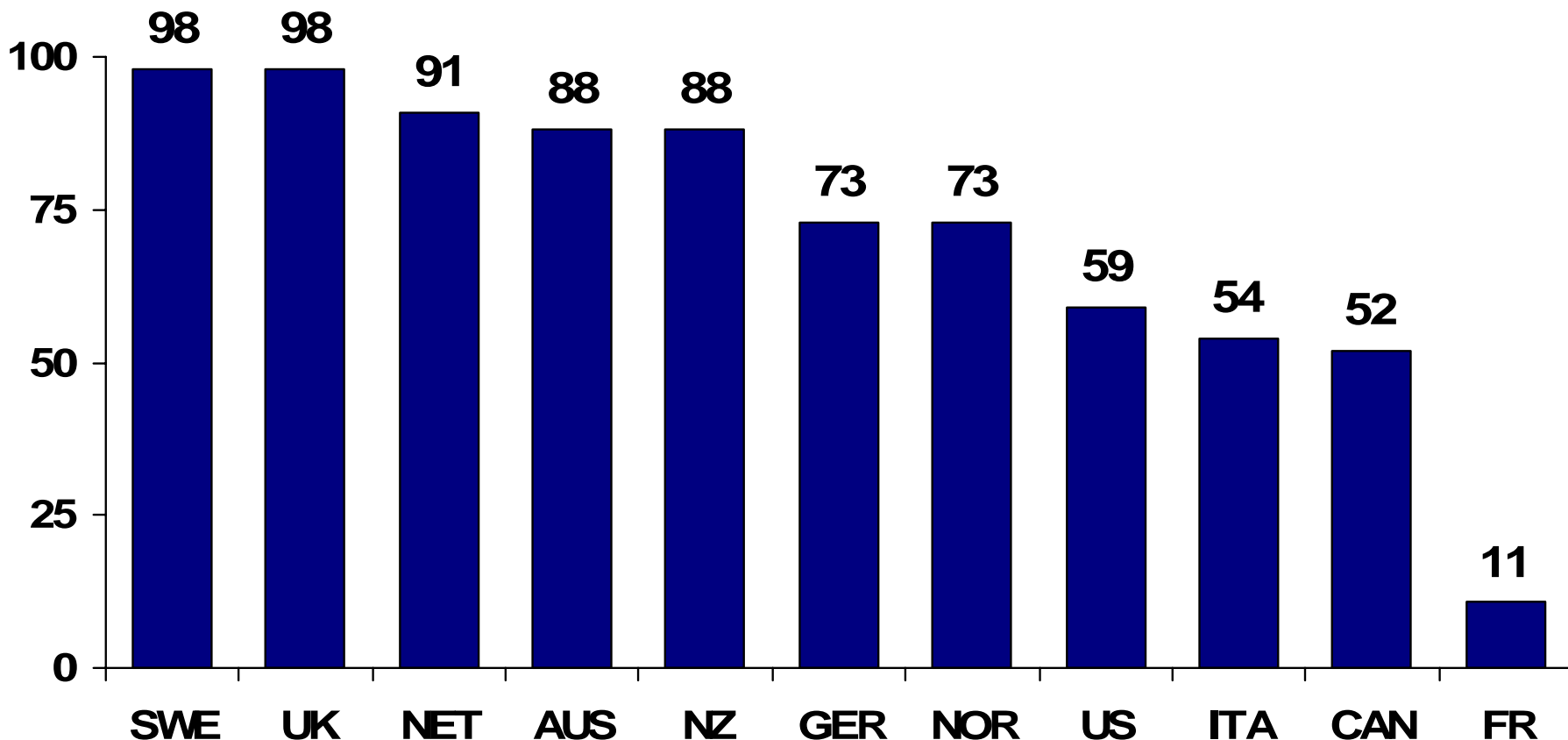
Practice Routinely Gives Patients Written List of All Medications

Percent saying yes, ROUTINELY gives list of all medications



Practices Use Nonphysician Clinical Staff for Patient Care

Percent reporting practice shares responsibility for managing care, including nurses, medical assistants

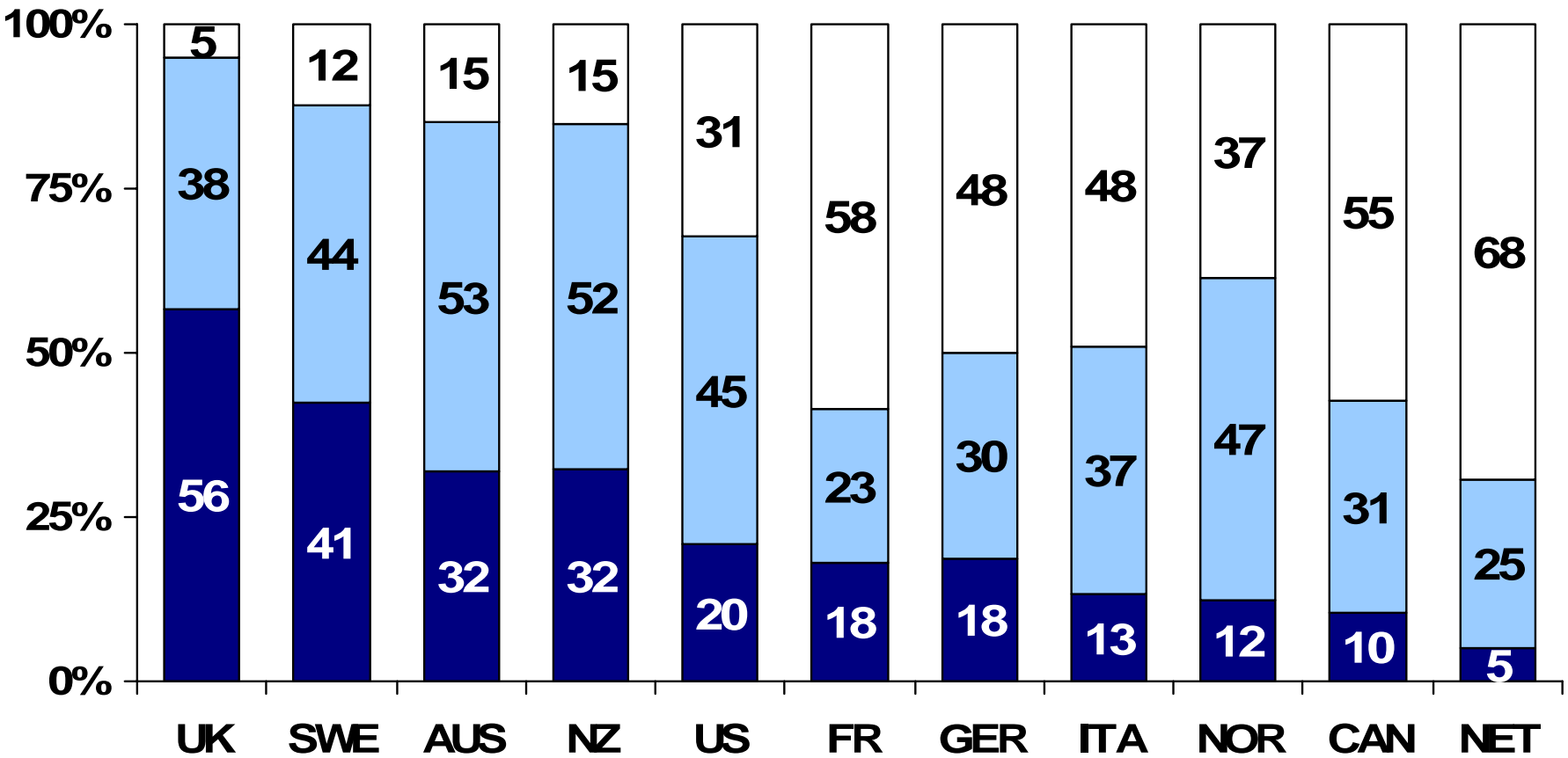


Patient Safety



Does Your Practice Have a Process for Identifying Adverse Events and Taking Follow-Up Action?

■ Yes, works well ■ Yes, needs improvement □ No process



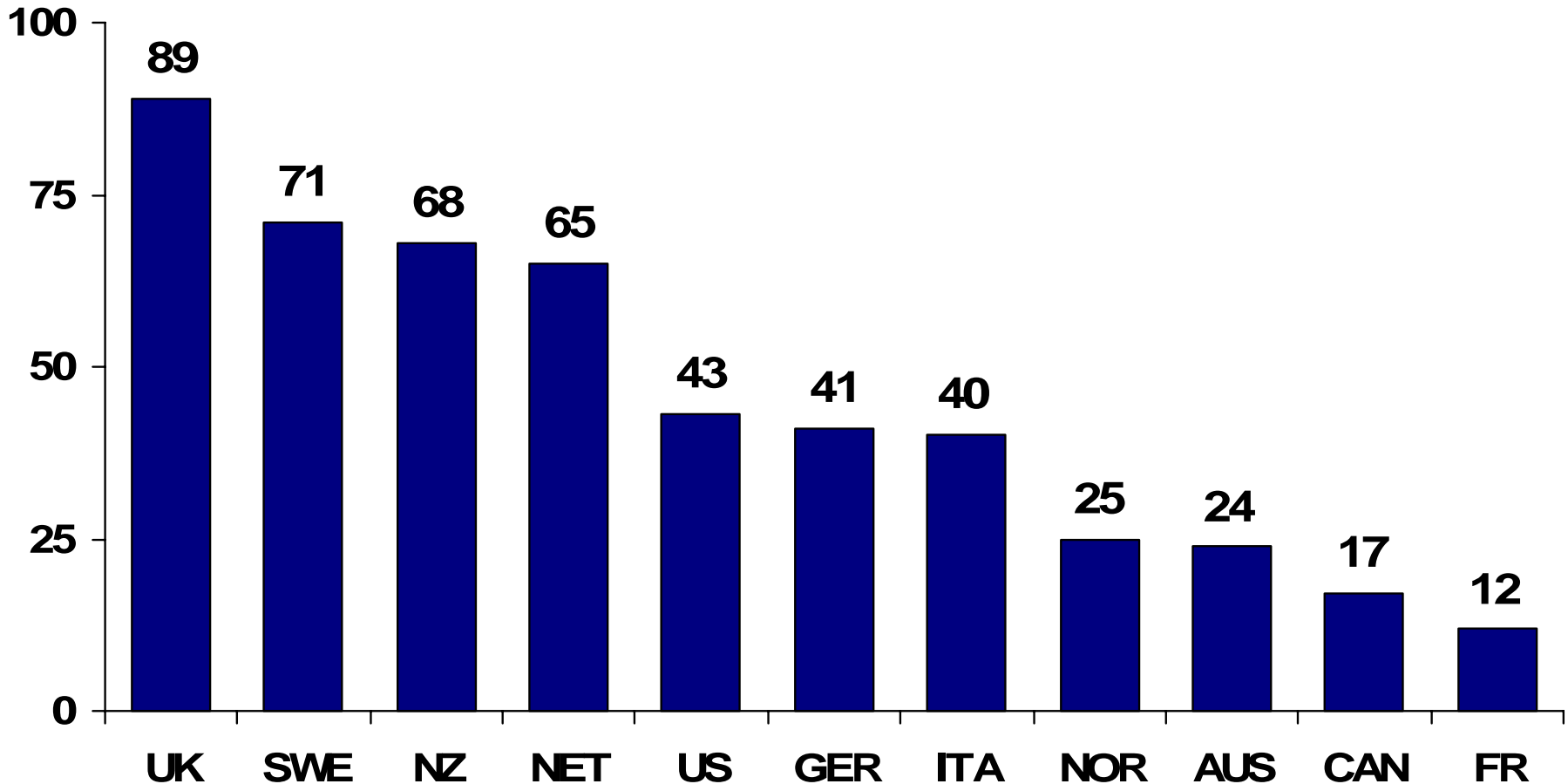
Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Performance Reviews, Benchmarks, and Reporting

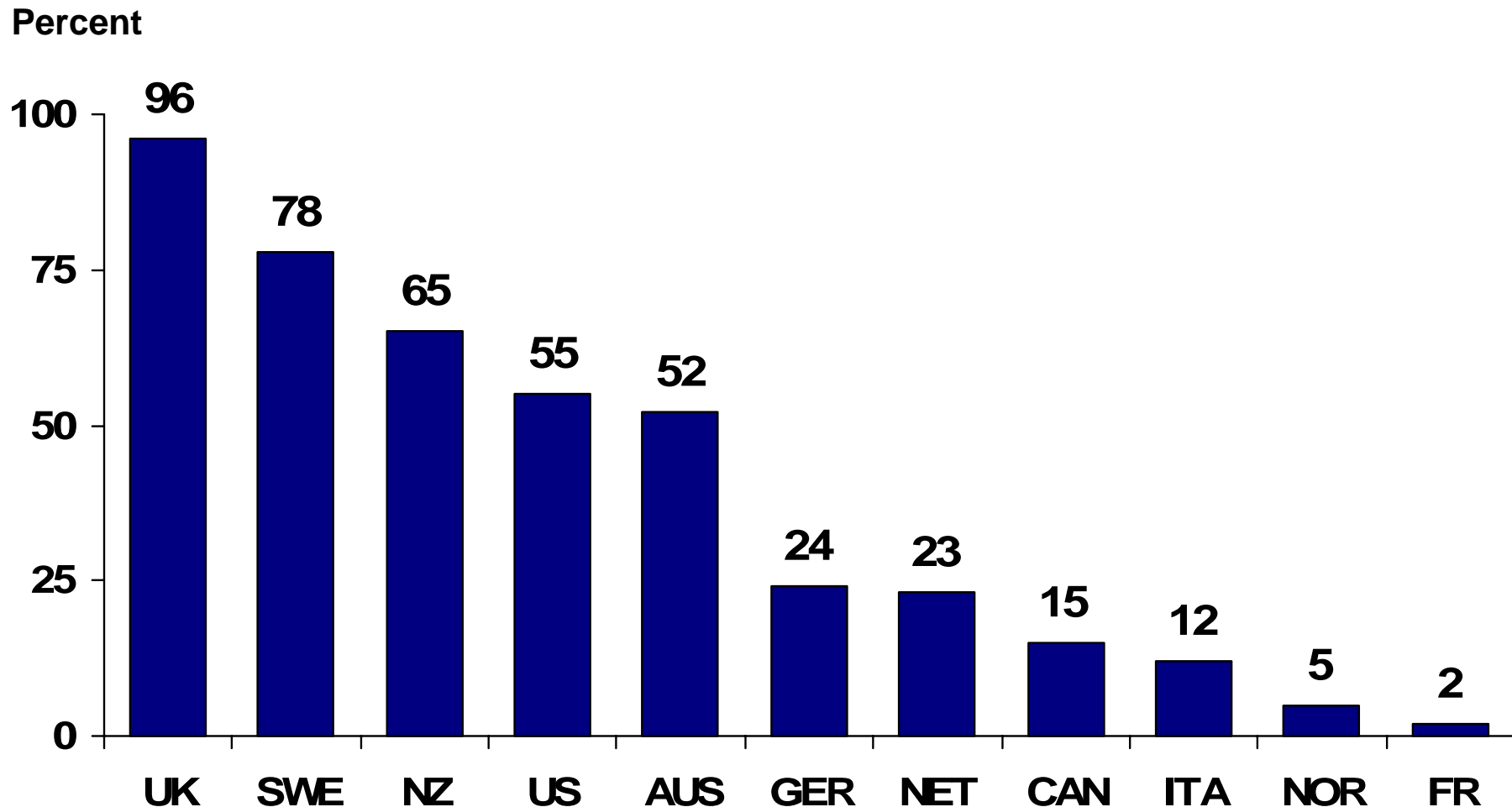


Practice Routinely Receives and Reviews Data on Patient Clinical Outcomes

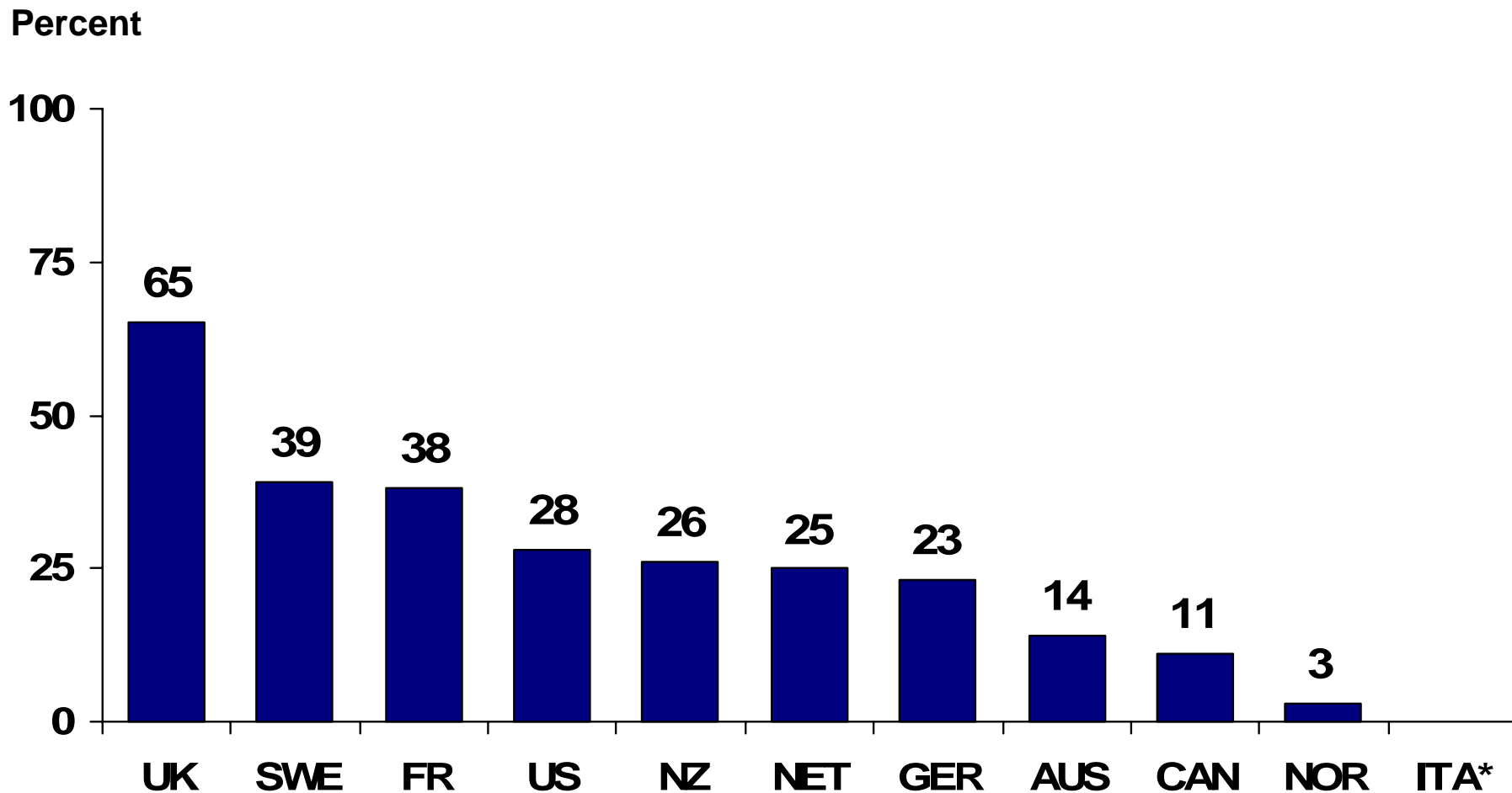
Percent



Practice Routinely Receives and Reviews Data on Patient Satisfaction and Experience



Practice Routinely Receives Data Comparing Clinical Performance to Other Practices



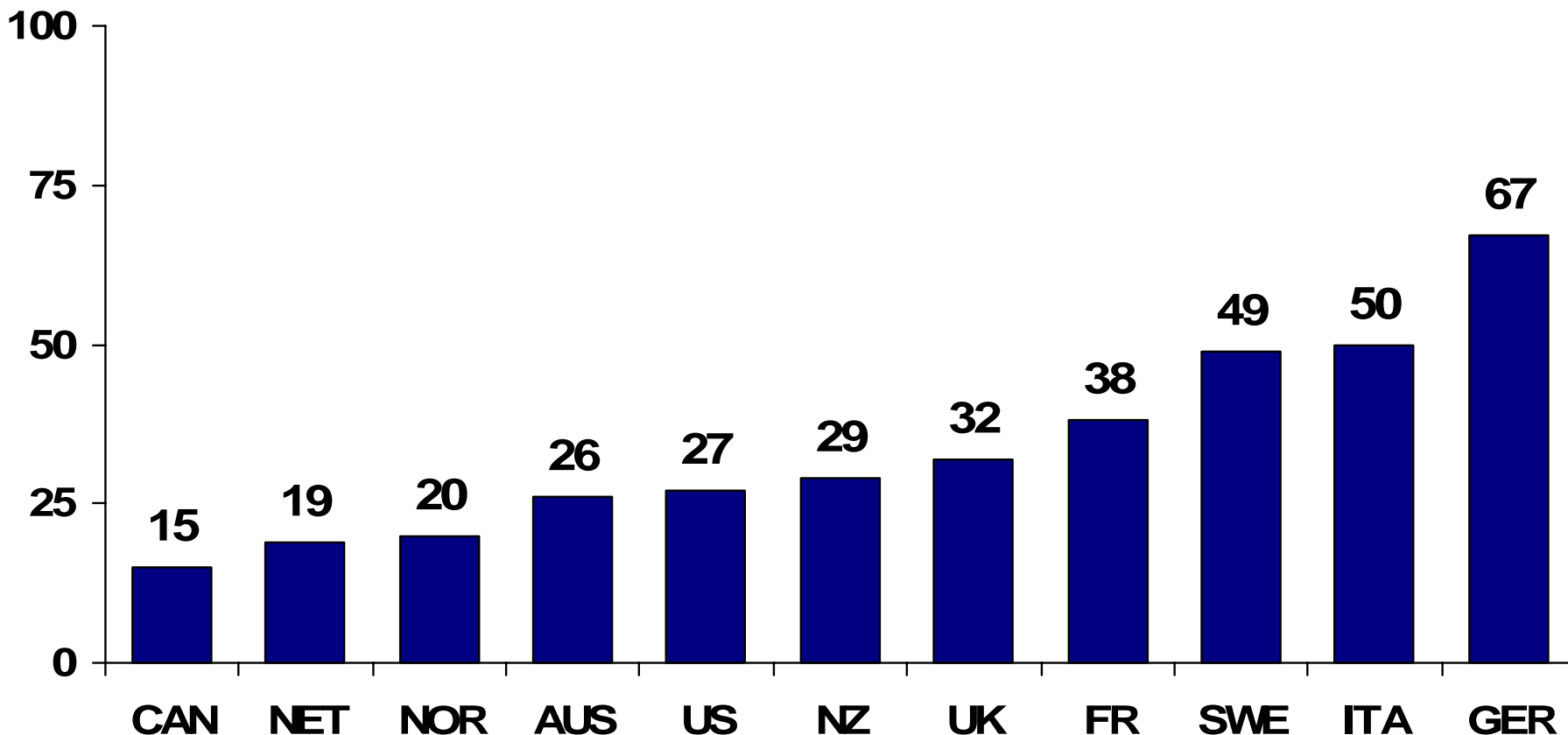
* Question asked differently in Italy.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Time Spent Reporting or Meeting Regulations Is a Major Problem

Percent said amount of time spent reporting clinical information or meeting regulatory requirements is a MAJOR PROBLEM



Use of Financial Incentives for Quality Improvement

Financial Incentives and Targeted Support

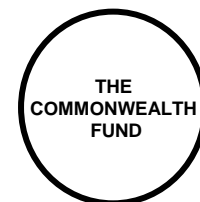
Percent can receive financial incentives* for:	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
High patient satisfaction ratings	29	1	2	4	19	4	2	1	4	49	19
Achieving clinical care targets	25	21	6	6	51	23	74	1	5	84	28
Managing patients w/ chronic disease or complex needs	53	54	42	48	56	61	55	9	2	82	17
Enhanced preventive care activities**	28	26	14	23	28	17	38	12	2	37	10
Adding non-physician clinicians to practice	38	21	3	17	44	60	19	7	2	26	6
<i>Non-face-to-face</i> interactions with patients	10	16	3	7	***	35	5	30	4	17	7

* Including bonuses, special payments, higher fees, or reimbursements.

** Including patient counseling or group visits.

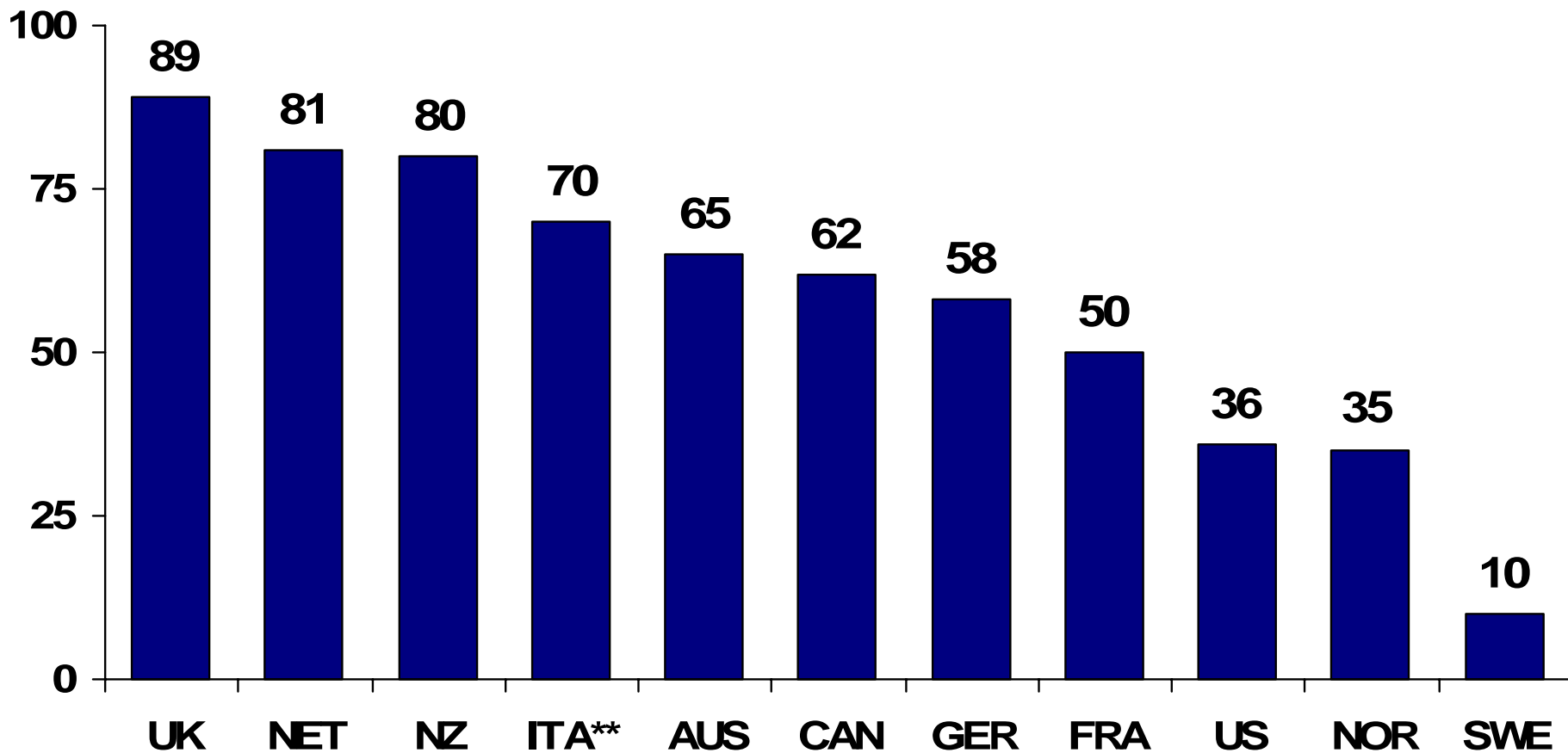
*** Question not asked in Italy survey.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

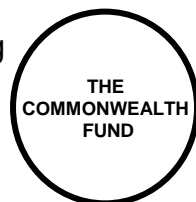


Doctors Can Receive Any Financial Incentives

Percent who can receive any financial incentives for targeted care or meeting goals*



* Can receive financial incentives for any of six: high patient satisfaction ratings, achieve clinical care targets, managing patients with chronic disease/complex needs, enhanced preventive care (includes counseling or group visits), adding nonphysician clinicians to practice and *non*-face-to-face interactions with patients. Italy not asked non-face-to-face.



Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

System Views



Physician Views of Health System

Percent saying*	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
Only minor changes are needed	23	33	41	18	38	60	42	56	37	47	17
Fundamental changes are needed	71	62	53	51	58	37	57	40	54	50	67
System needs to be completely rebuilt	6	4	6	31	4	1	1	2	7	3	15

* Respondents asked which statement expresses their overall view of their country's health system: only minor changes are needed; fundamental changes are needed; system needs to be completely rebuilt.

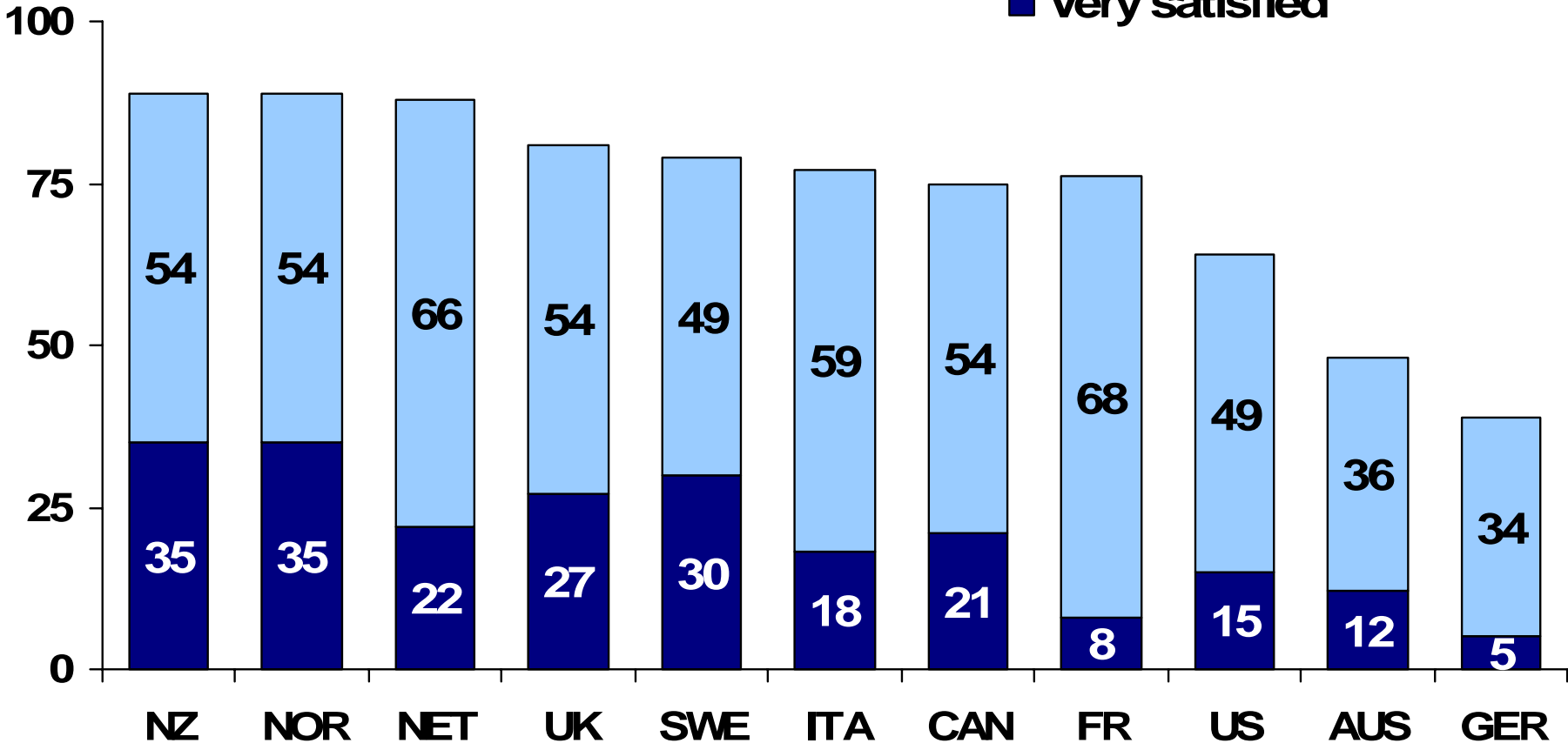
Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Physician Satisfaction with Practicing Medicine

Percent*

■ Satisfied
■ Very satisfied



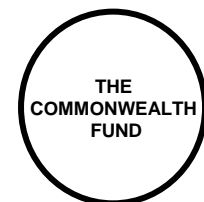
* The other responses were somewhat dissatisfied or very dissatisfied.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Physician Views of the Quality of Care Their Patients Get Throughout the Health Care System

% saying quality of care in past three years has	AUS	CAN	FR	GER	ITA	NET	NZ	NOR	SWE	UK	US
Improved	13	17	19	1	32	36	32	29	28	51	19
Stayed the same	65	50	39	24	40	42	56	61	42	37	54
Become worse	22	31	41	73	27	19	12	9	28	12	26



Summary and Implications

- **Wide differences across countries in access, information systems, teams, and incentives to improve**
 - **Arrangements for after-hours care vary significantly**
- **Leading countries on Health Information Technology have broad functional capacity but different emphases**
- **Chronic care and teams: new roles and emerging care models**
- **Patient safety lags behind in primary care**
- **Primary care doctors often lack feedback on performance**
- **Payment incentives are increasingly used to encourage quality**
- **U.S. Concerns: U.S. stands out for reporting cost-related access problems, lack of after-hours care, and lag in IT adoption**

Opportunities to Learn

- **Country patterns reflect strategic policy choices and extent to which policies are national in scope**
 - Coverage and benefit design
 - Payment and information for quality and care management
 - IT: investing in primary care capacity and connectivity
 - After-hours access
 - Chronic disease management and use of teams
- **Primary care “redesign” is central to international initiatives to improve health care system performance**
 - Shared principles but different approaches
- **Rich opportunities to learn as countries seek to transform primary care and develop patient-centered, integrated care systems**

Acknowledgements and Cofunders

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Cofunders

- **Canada:** Health Council of Canada, Ontario Quality Council, Quebec Health Commission
- **France:** Haute Autorité de Santé (HAS), Caisse Nationale d'Assurance Maladie des Travailleurs Salariés (CNAMTS)
- **Germany:** Institute for Quality and Efficiency in Health Care (IQWiG)
- **Italy:** Italian Primary Care Physicians Association
- **Netherlands:** Dutch Ministry of Health, Welfare and Sport and IQ Health, Radboud University Nijmegen
- **Norway:** Norwegian Knowledge Centre for the Health Services
- **Sweden:** Swedish Ministry of Health
- **United Kingdom:** Health Foundation

