



**The Commonwealth Fund
2010 International Health Policy Survey
in Eleven Countries**

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The Commonwealth Fund**

November 2010

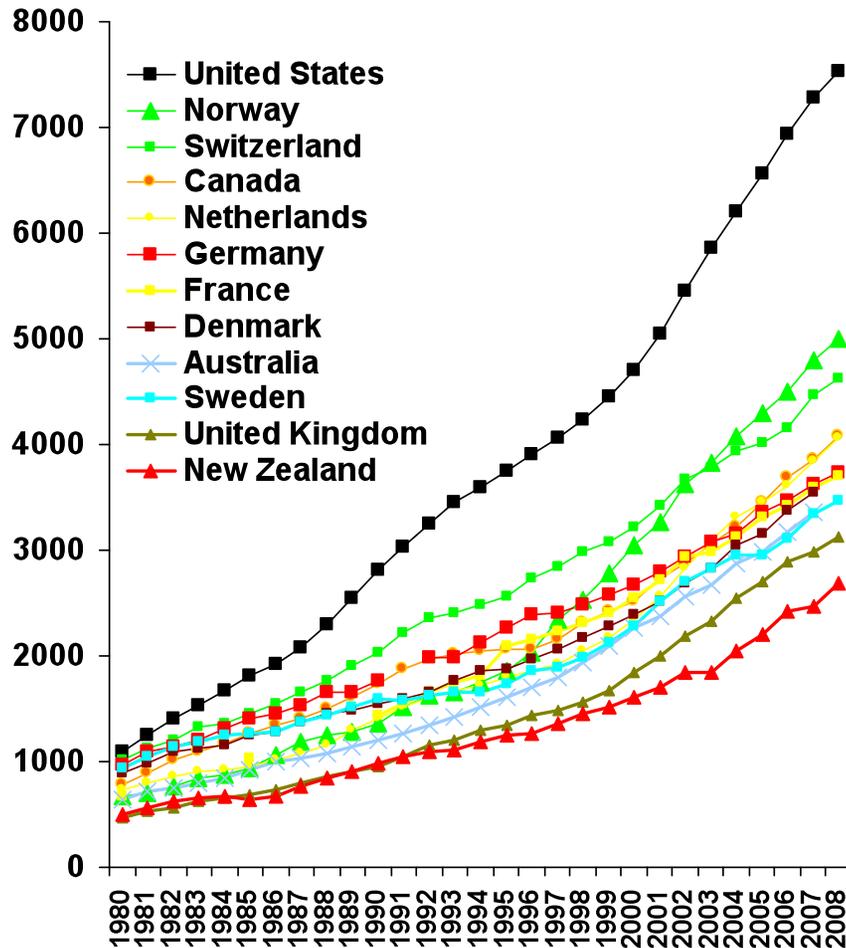
2010 Commonwealth Fund International Health Policy Survey

- **Telephone survey, conducted from March to June 2010, of adults ages 18 and older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States.**
- **Final samples: 3,552 Australia, 3,302 Canada, 1,402 France, 1,005 Germany, 1,001 Netherlands, 1,000 New Zealand, 1,058 Norway, 2,100 Sweden, 1,306 Switzerland, 1,511 United Kingdom, and 2,501 United States.**
- **Conducted by Harris Interactive subcontractors, and Dutch Scientific Institute for Quality of Healthcare, Haute Autorité de Santé (HAS), Swedish Ministry of Health, Swiss Federal Office of Public Health, and Norwegian Knowledge for the Health Services.**
- **Core topics: Affordability, access, insurance complexity, equity, and system views.**
- **Examined differences between above- and below-average (median) income respondents, controlling for age and health status.**

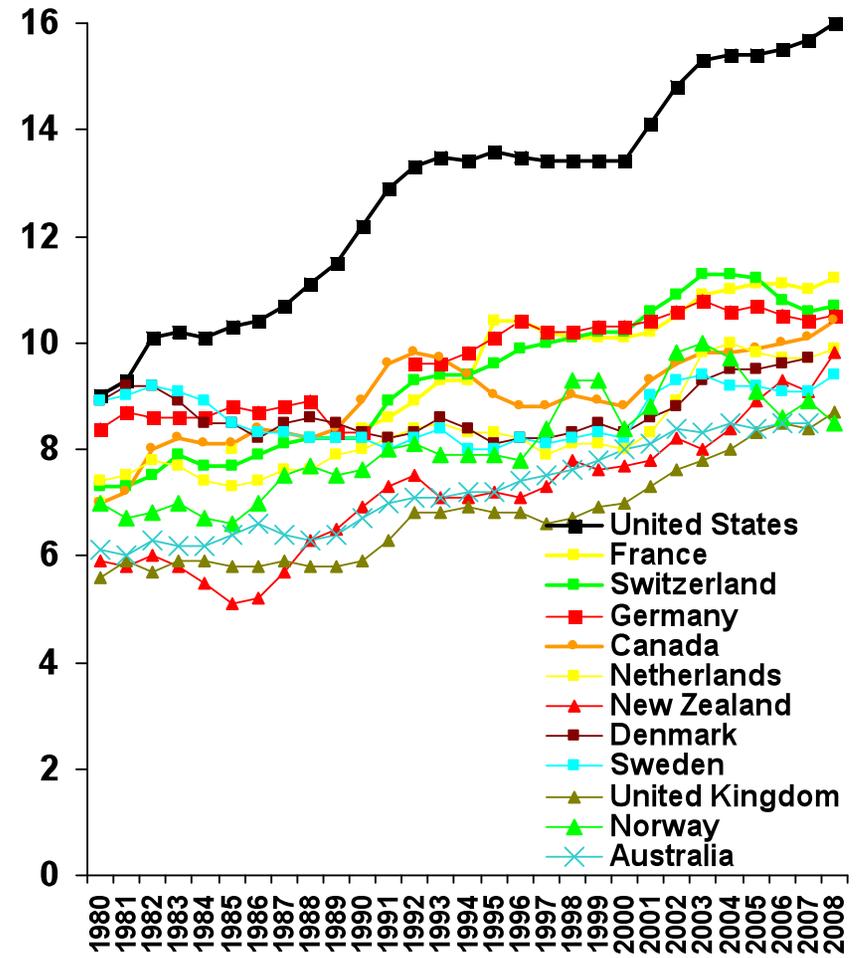


International Comparison of Spending on Health, 1980–2008³

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



Total expenditures on health as percent of GDP



Source: OECD Health Data 2010 (June 2010).



Confidence, Affordability, and Access



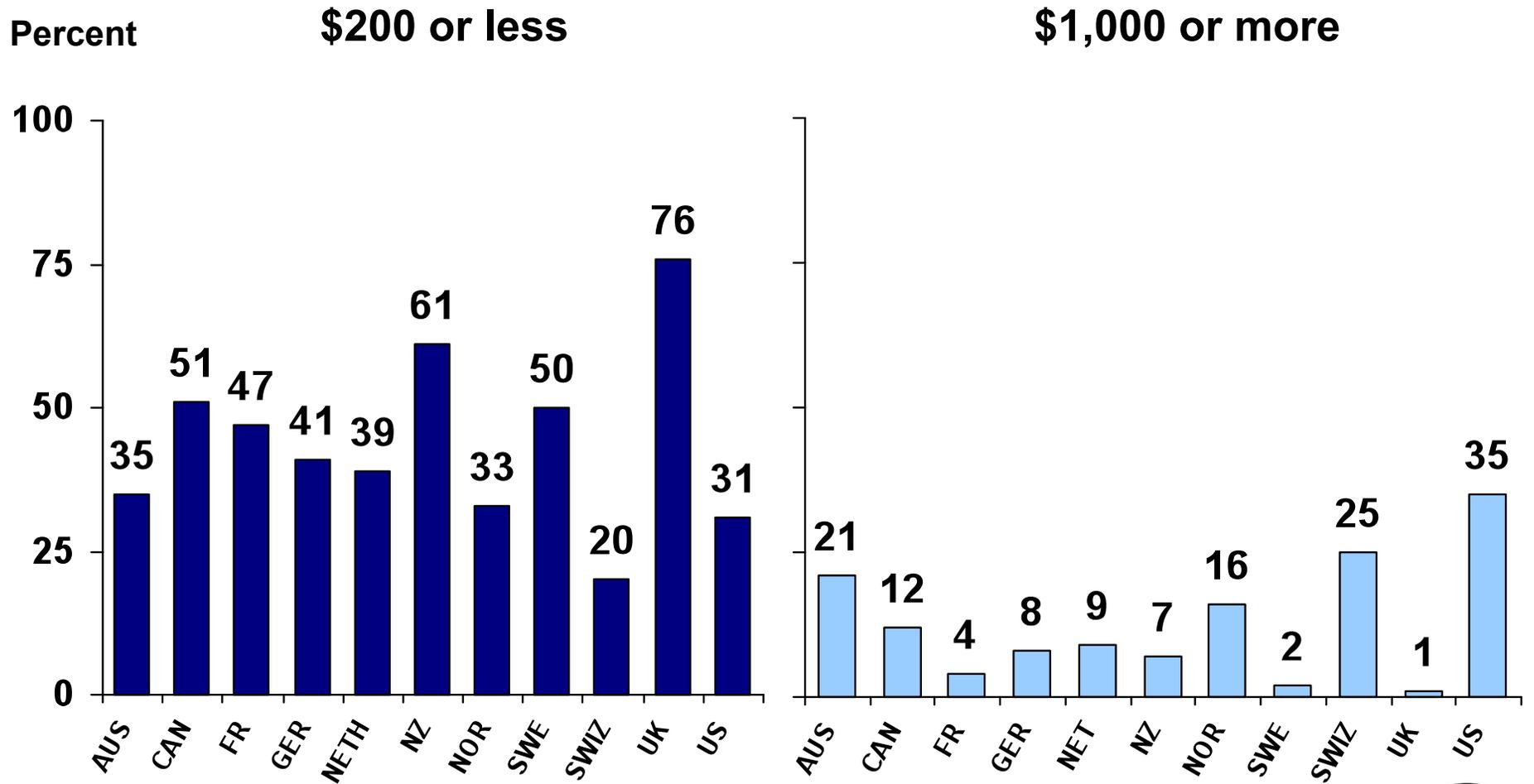
Cost-Related Access Problems in the Past Year

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Did not fill prescription or skipped doses	12	10	7	6	3	7	6	7	4	2	21
Had a medical problem but did not visit doctor	13	4	6	16	2	9	6	5	6	2	22
Skipped test, treatment, or follow-up	14	5	6	10	3	8	5	4	4	3	22
<i>Yes to at least one of the above</i>	22	15	13	25	6	14	11	10	10	5	33



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

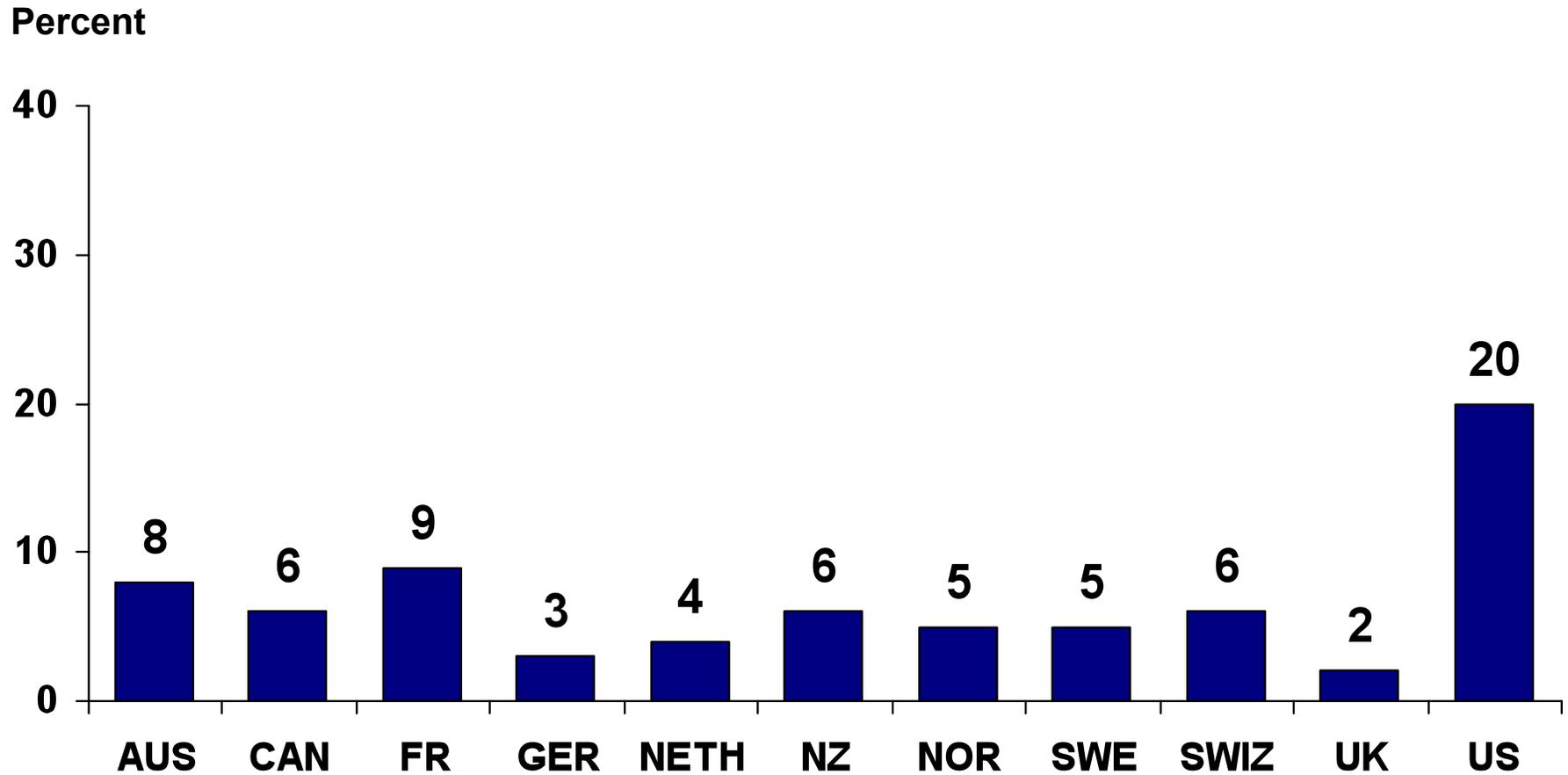
Out-of-Pocket Medical Costs in the Past Year, in U.S. Dollars



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Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

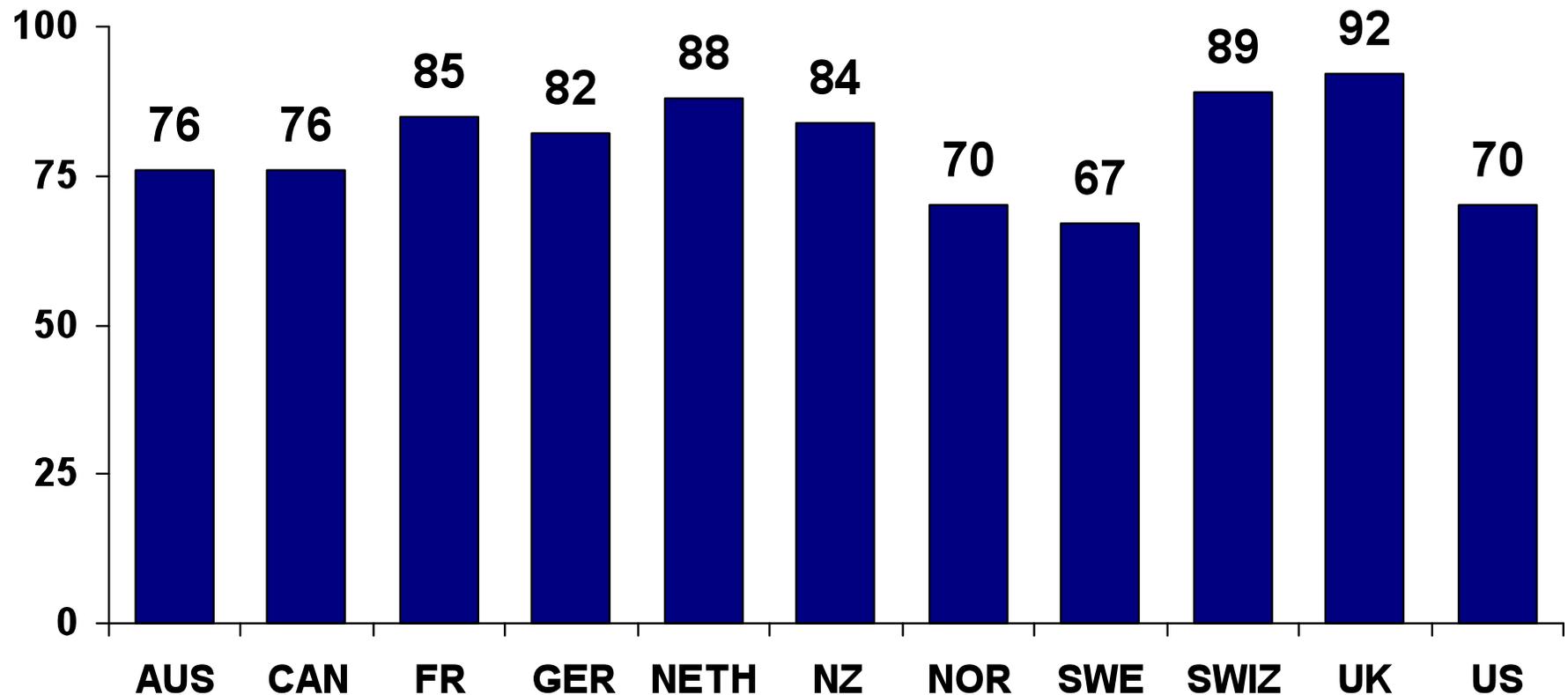
Serious Problems Paying or Unable to Pay Medical Bills in the Past Year



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Confident Will Receive Most-Effective Treatment if Sick

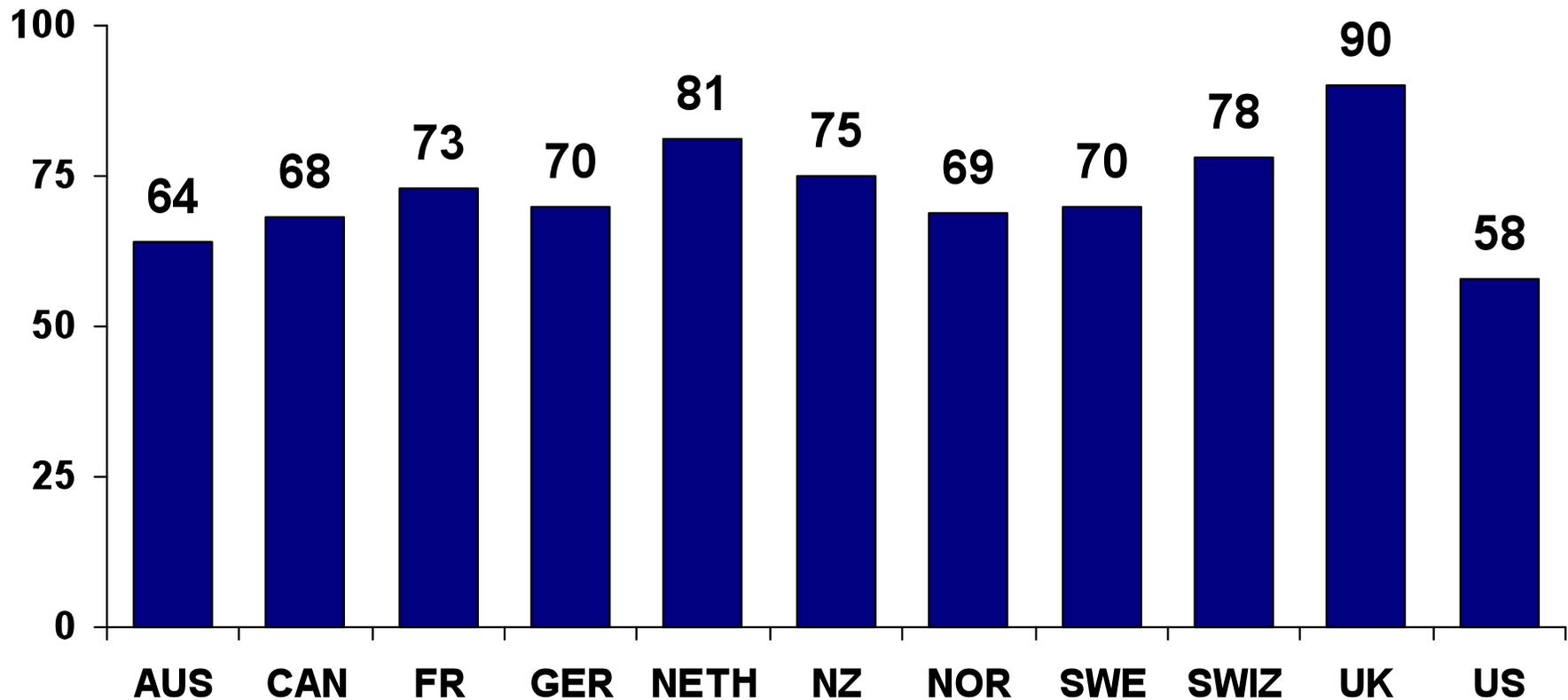
Percent responded, if they became seriously ill, *confident/very confident* they would get most-effective treatment, including drugs and diagnostic tests



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Confident Will Be Able to Afford Needed Care

Percent responded, if they became seriously ill, *confident/very confident* they would be able to afford the care they needed

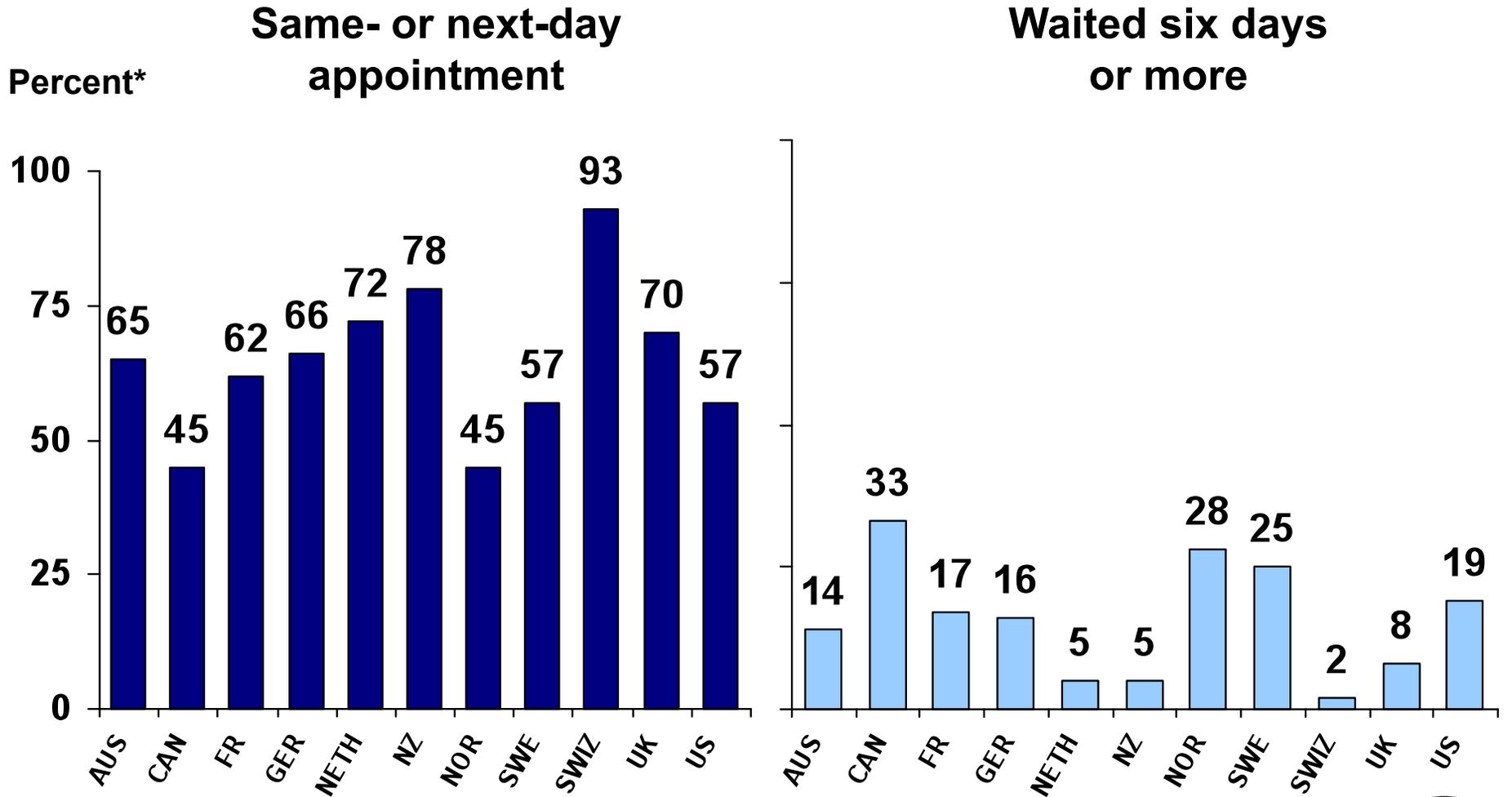


Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Primary Care, Specialist, and After-Hours Access



Access to Doctor or Nurse When Sick or Needed Care



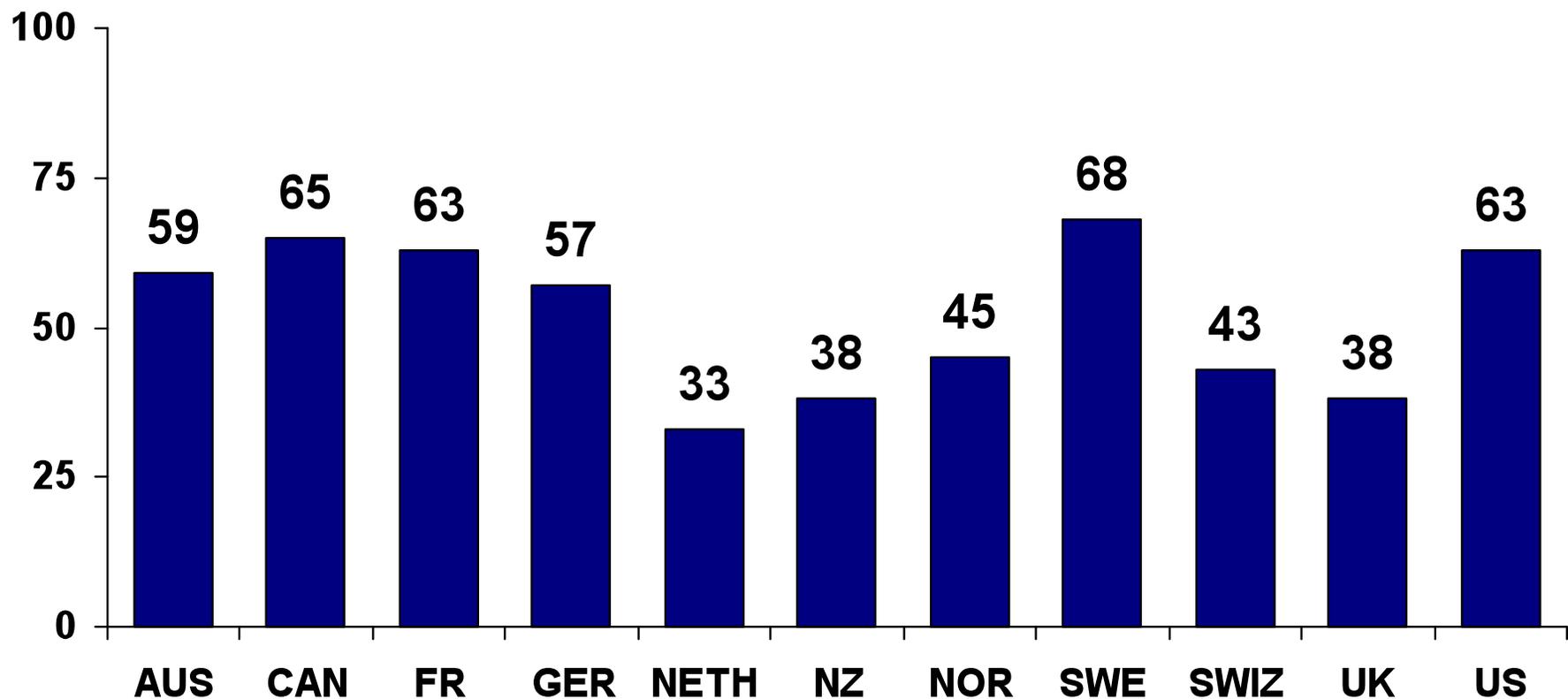
* Base: Answered question.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Difficulty Getting After-Hours Care Without Going to the Emergency Room

Percent reported *very/somewhat difficult* getting care on nights, weekends, or holidays without going to ER*



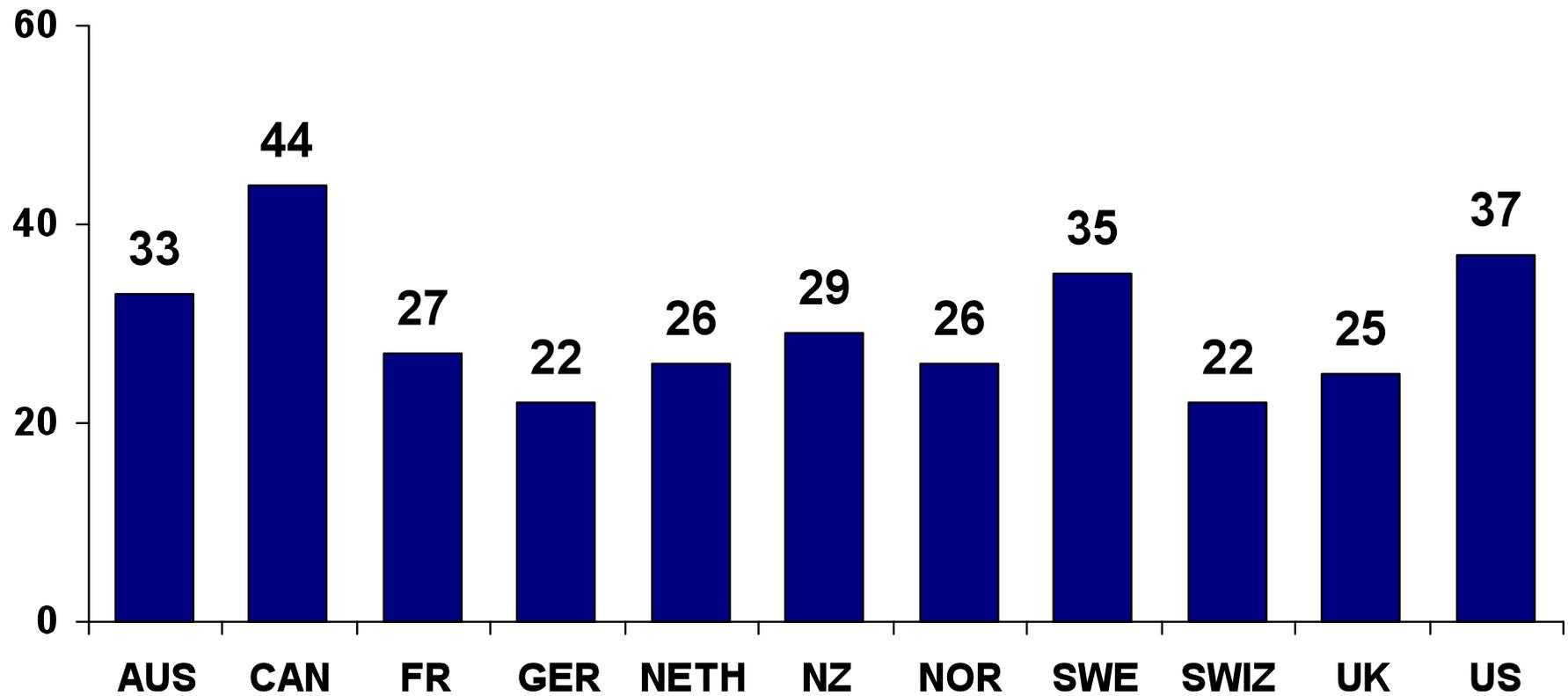
* Base: Needed care and answered question.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

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Emergency Room Use in the Past Two Years

Percent



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Wait Times for Elective Surgery and Specialist Appointments

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Specialist appointment*											
Less than 4 weeks	54	41	53	83	70	61	50	45	82	72	80
2 months or more	28	41	28	7	16	22	34	31	5	19	9
Elective surgery**											
Less than 1 month	53	35	46	78	59	54	44	34	55	59	68
4 months or more	18	25	7	0	5	8	21	22	7	21	7

* Base: Needed to see specialist in past 2 years.

** Base: Needed elective surgery in past 2 years.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Coordination and Insurance Complexity



Coordination Problems in the Past Two Years

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Test results/ records not available at time of appointment	11	11	7	8	8	9	10	9	7	9	15
Received conflicting information from different health professionals	20	20	16	17	15	18	24	18	16	10	23
Duplicate tests: doctors ordered test that had already been done	10	8	14	20	4	5	9	5	11	7	17
<i>Yes to at least one of the above</i>	28	28	28	29	21	23	31	23	24	19	37

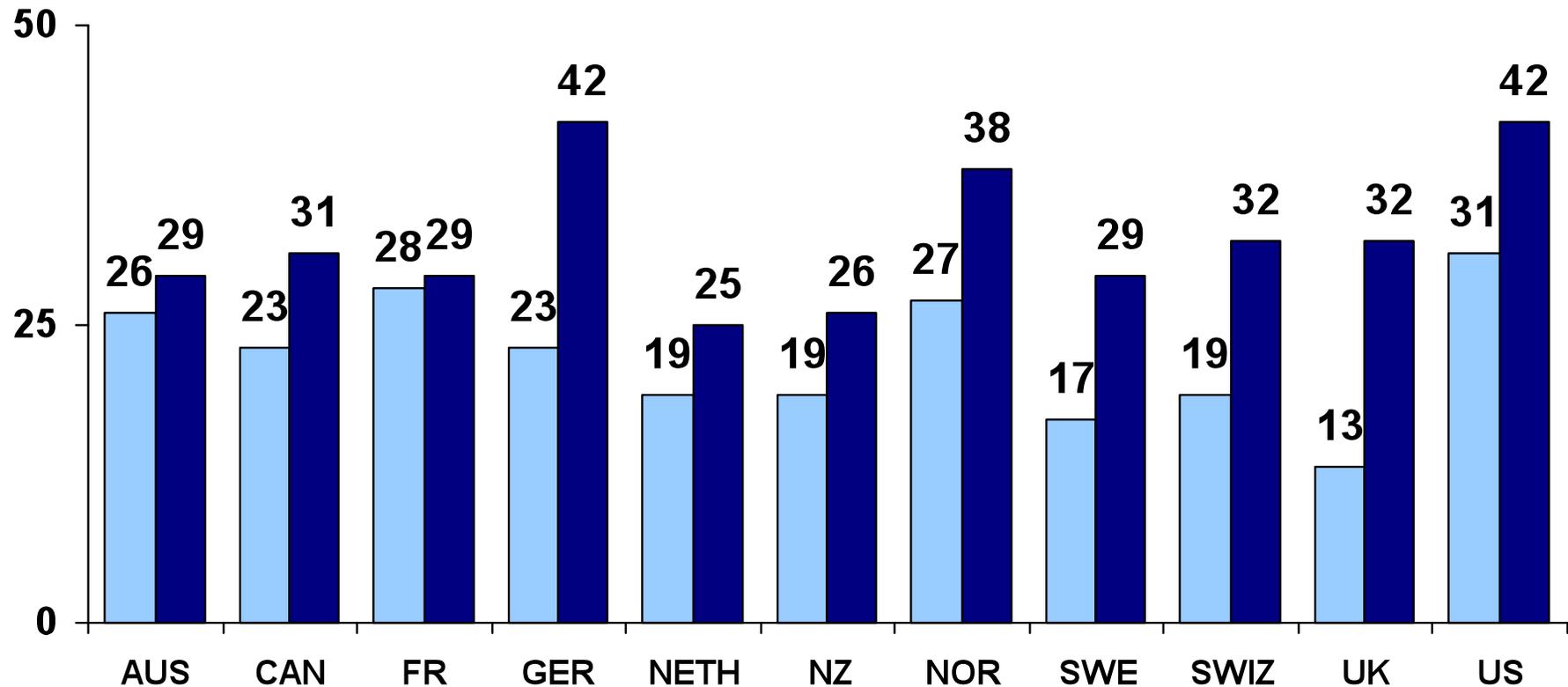


Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Coordination Problems in the Past Two Years, by Number of Chronic Conditions

Percent experienced *any of three* coordination problems*

■ No chronic conditions
■ 2 or more chronic conditions



* Test results/records not available at time of appointment, received conflicting information from different health professionals, and/or doctors ordered test that had already been done.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Problems with Health Insurance

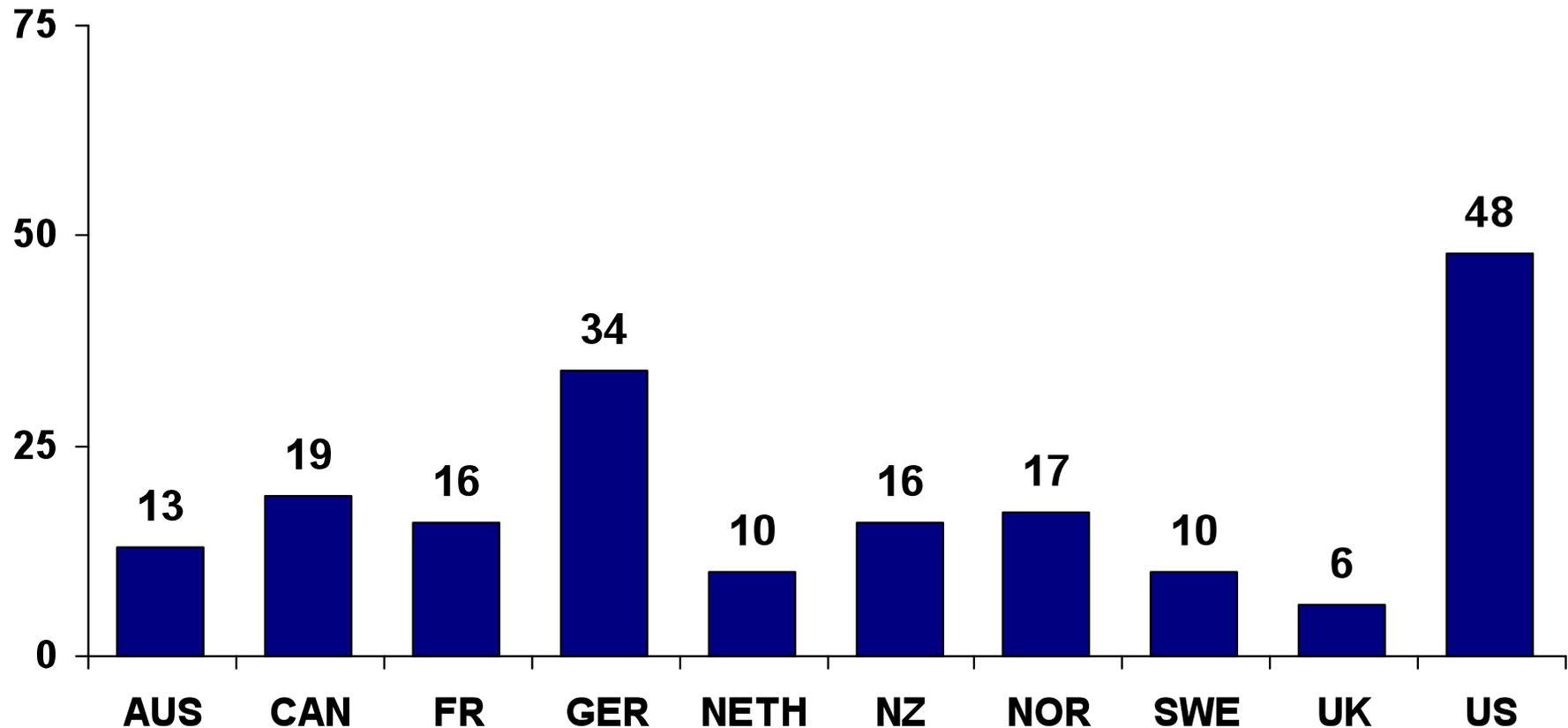
Percent reported in the past year:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Spent a lot of time on paperwork or disputes over medical bills	6	6	11	16	8	4	8	3	6	3	17
Health insurance denied payment or did not pay as much as expected	11	12	18	11	15	4	2	2	10	2	25
Yes to either	14	15	23	23	20	6	9	4	13	5	31



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

2009 Survey: Primary Care Doctors Say Insurance Restrictions on Care Are a Major Time Concern

Percent saying amount of time physician or staff spend getting patients needed medications or treatment because of coverage restrictions is a *major problem*



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Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Experiences by Income

Slides 21 to 26: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

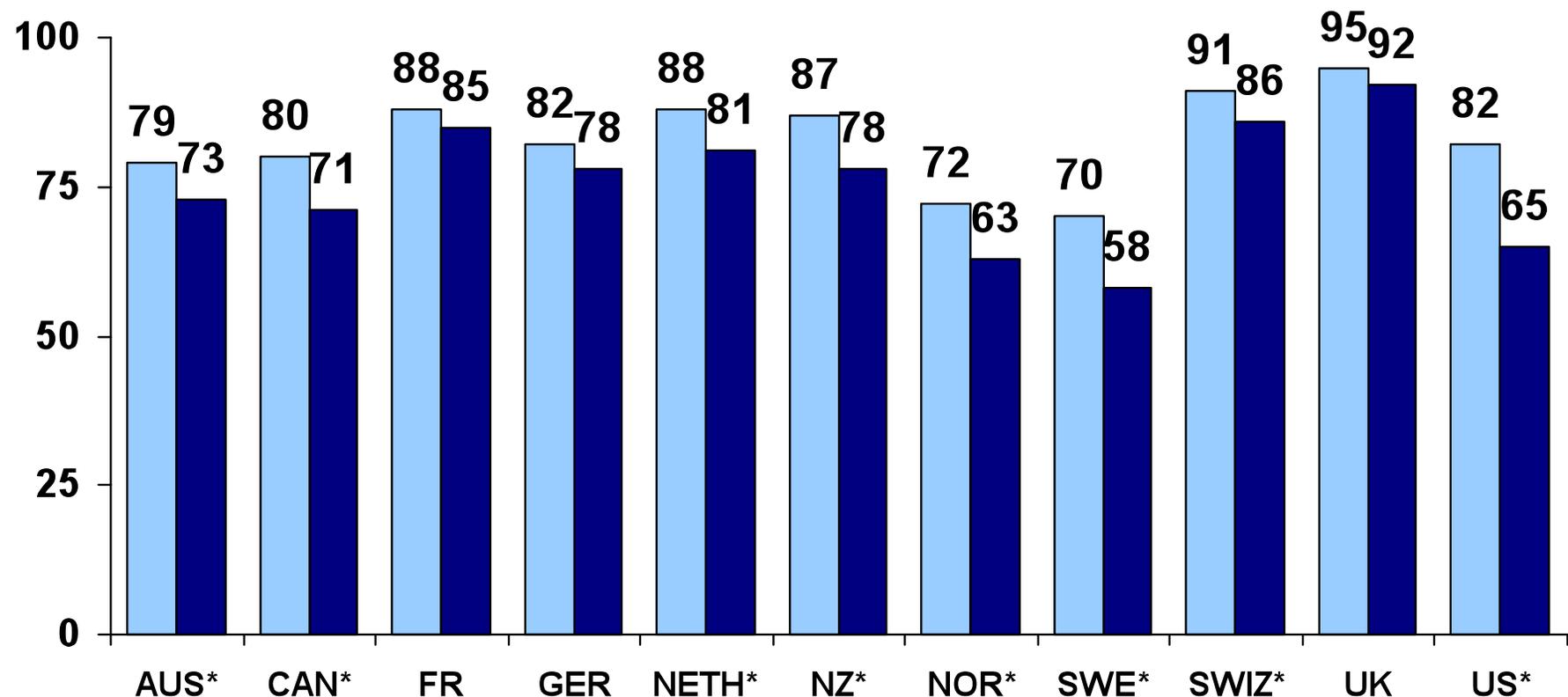


Confident Will Receive Most-Effective Treatment if Sick, by Income

(Adjusted) percent
confident/very confident

■ Above-average income

■ Below-average income



Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

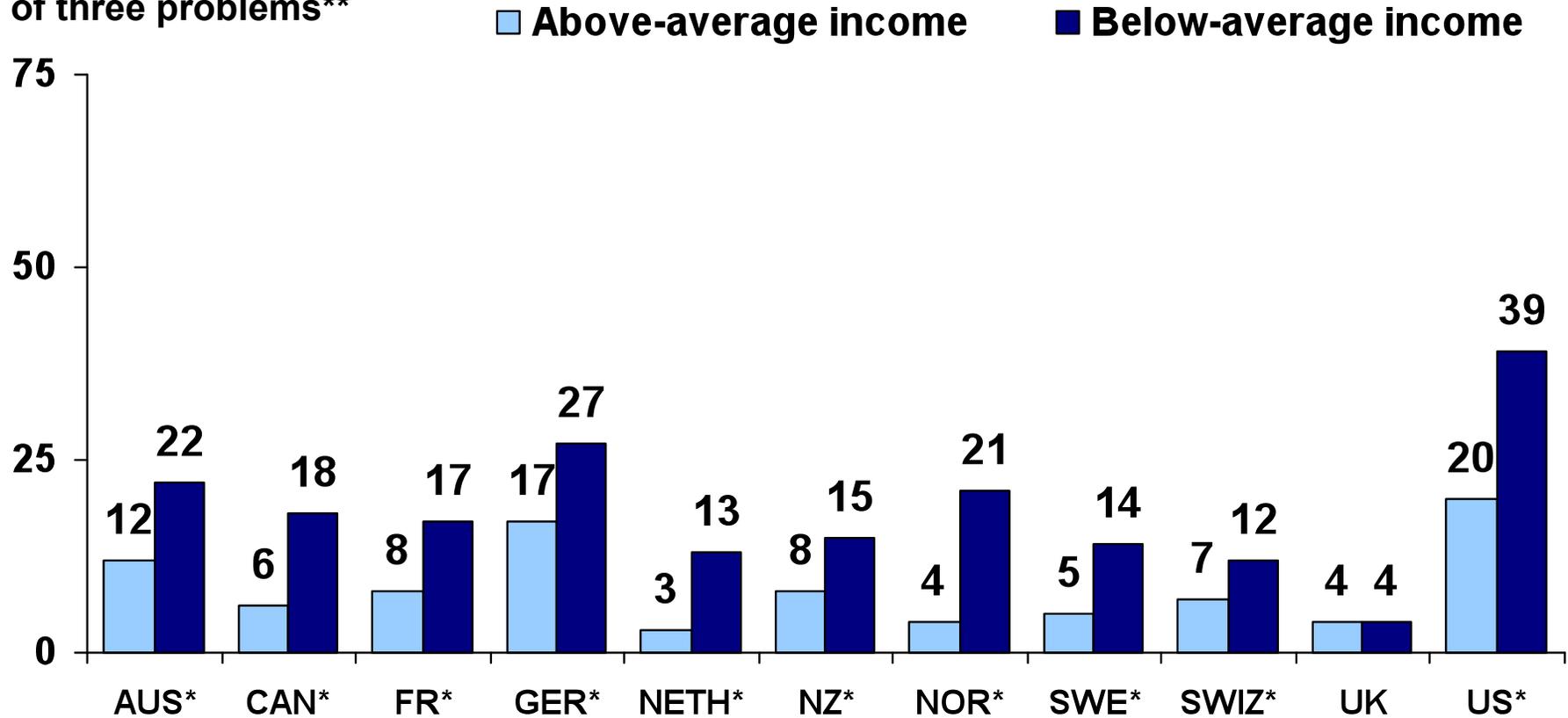
* Indicates significant within-country differences with below-average income ($p < 0.05$).

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Cost-Related Access Problems in the Past Year, by Income

(Adjusted) percent experienced at least one of three problems**



Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

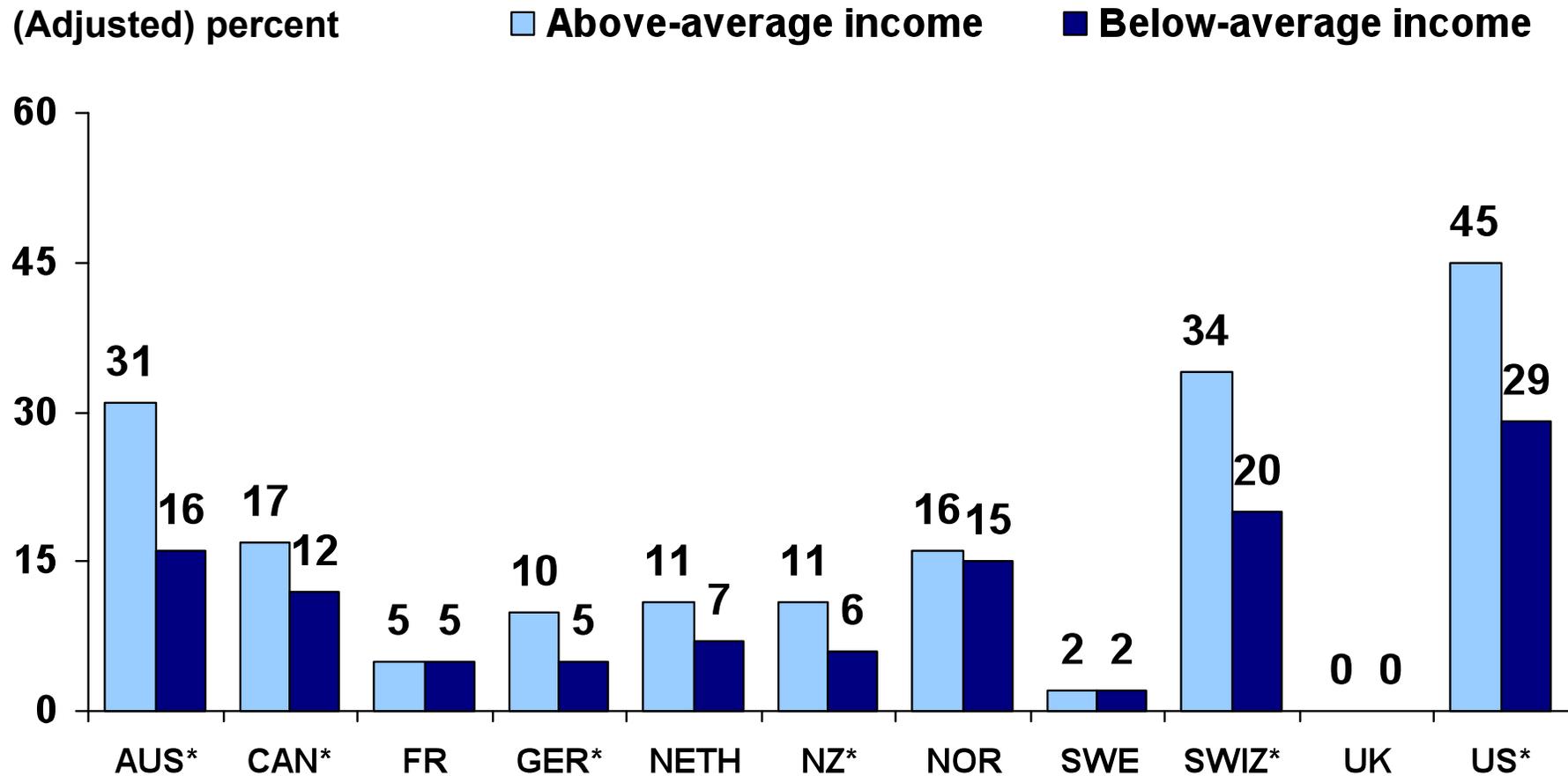
* Indicates significant within-country differences with below-average income ($p < 0.05$).

** Did not fill/skipped prescription, did not visit doctor with medical problem, and/or did not get recommended care.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Out-of-Pocket Spending of \$1,000 or More in the Past Year, by Income



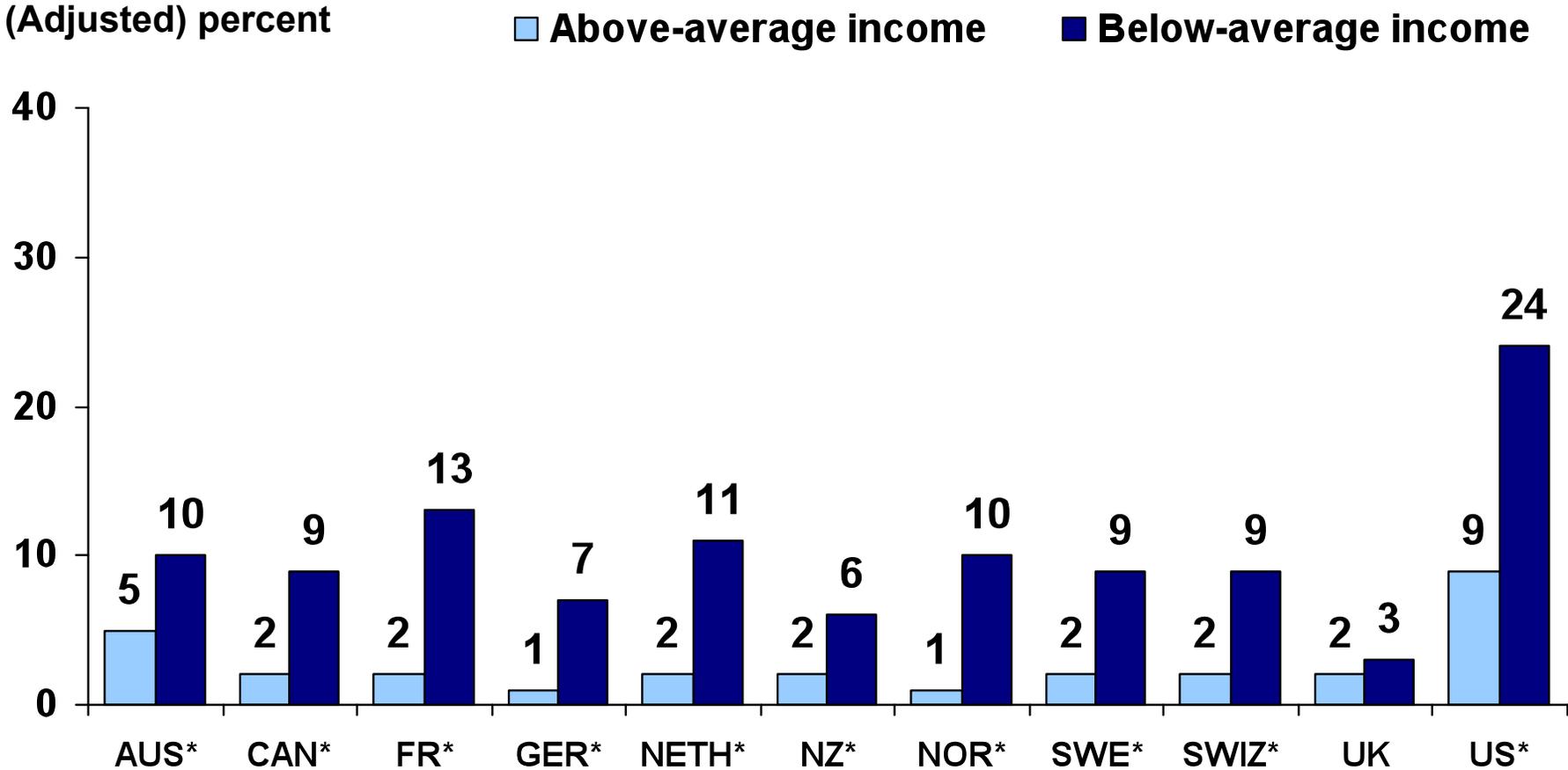
Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

* Indicates significant within-country differences with below-average income ($p < 0.05$).

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Serious Problems Paying or Unable to Pay Medical Bills in the Past Year, by Income



Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status.

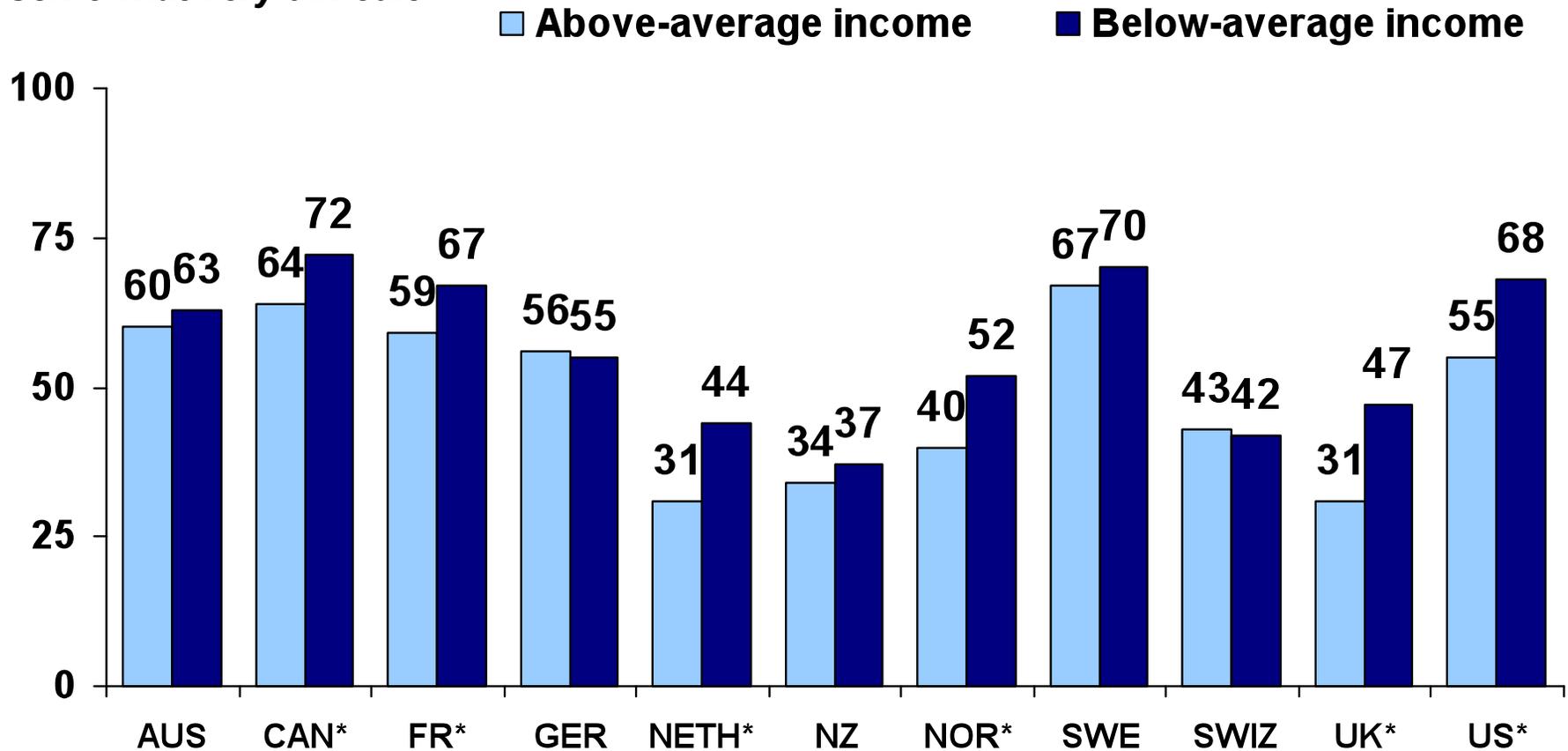
* Indicates significant within-country differences with below-average income ($p < 0.05$).

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Difficulty Getting After-Hours Care, by Income

(Adjusted) percent reported somewhat/very difficult



Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status. Base: Needed care and answered question.

* Indicates significant within-country differences with below-average income ($p < 0.05$).

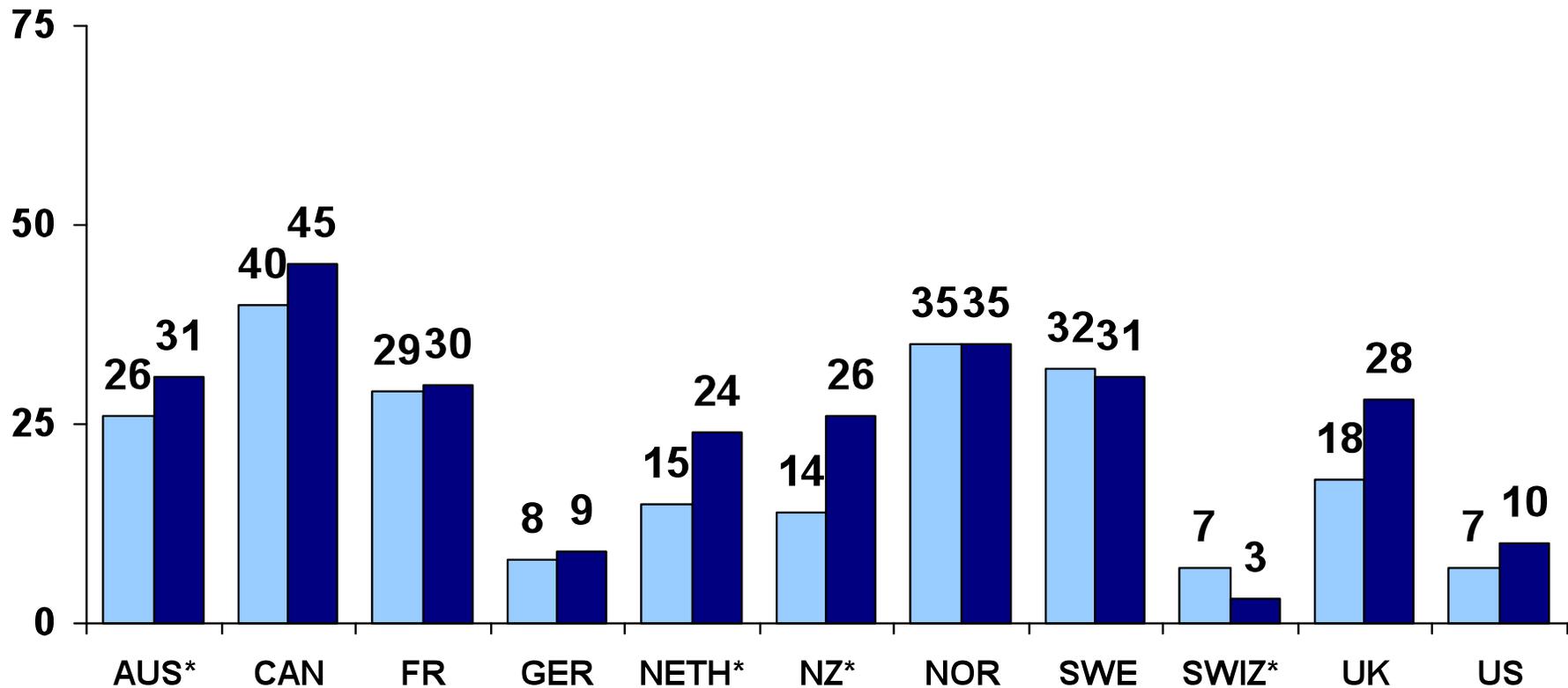
Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



Waited Two Months or Longer for Specialist Appointment, by Income

(Adjusted) percent

■ Above-average income ■ Below-average income



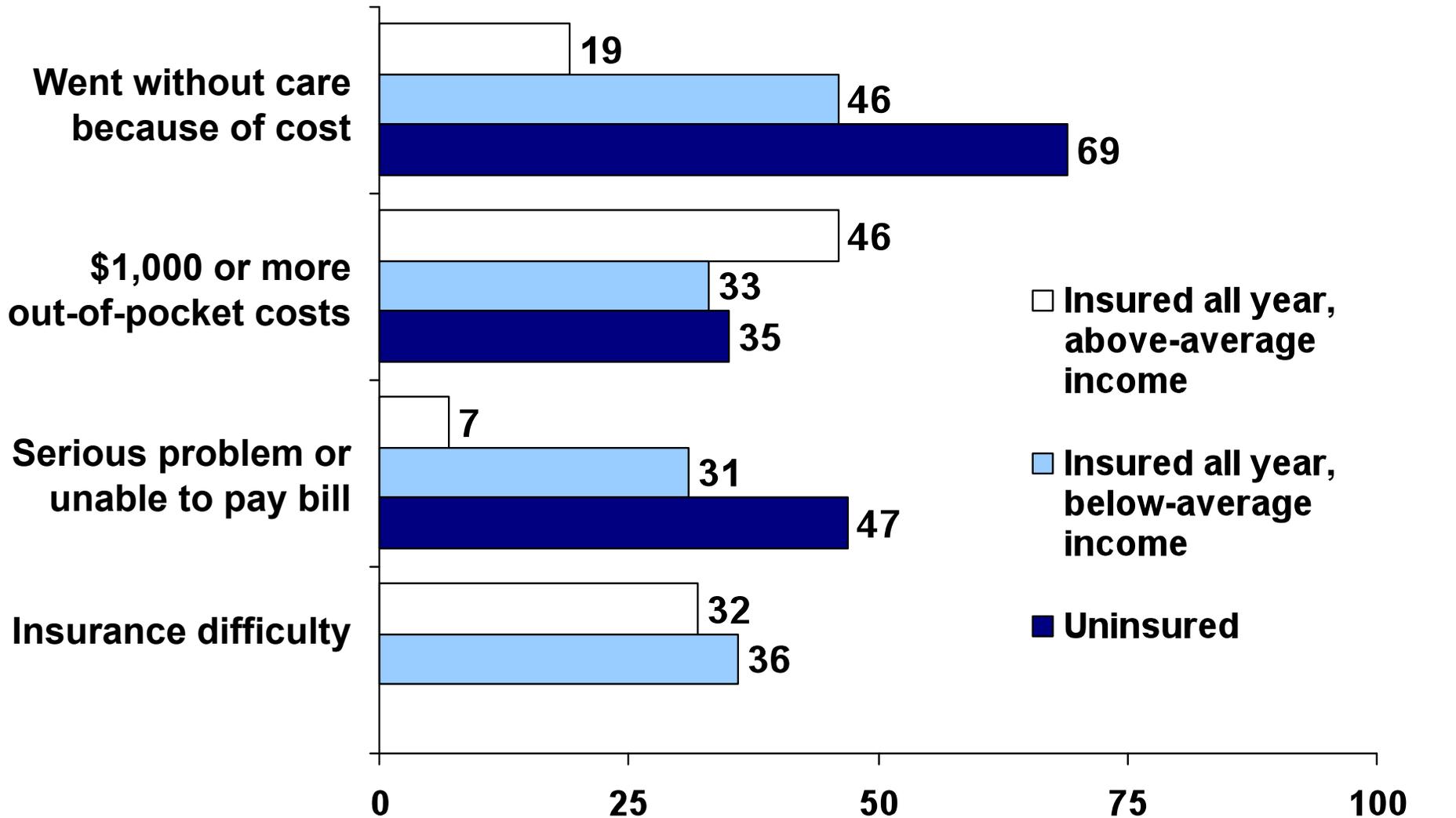
Note: Percentages adjusted based on logistic regression to control for health status, age, and—in the U.S.—insurance status. Base: Needed to see specialist in past two years.

* Indicates significant within-country differences with below-average income ($p < 0.05$).

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.



U.S. Adults Under Age 65, by Insurance and Income



Percent



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Overall Views of Health Care System, 2010

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Only minor changes needed	24	38	42	38	51	37	40	44	46	62	29
Fundamental changes needed	55	51	47	48	41	51	46	45	44	34	41
Rebuild completely	20	10	11	14	7	11	12	8	8	3	27



Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Cross-Cutting Themes and Implications for U.S. Reform

- **United States stands out**
 - **Access problems because of costs, difficulty paying medical bills, insurance complexity, and disparities by income**
- **Insurance benefit design matters for access, protection, and simplicity**
 - **Income-related cost-sharing and limits on out-of-pocket spending promote access and enable ability to pay**
 - **Special provisions necessary to protect low- and modest-income people who are often sicker and least able to afford care if not well-insured**
- **Symptoms of weaker primary care in U.S., Canada, and Sweden**
- **German, Swiss, U.S., Dutch, and U.K. rapid access to specialists**
 - **Swiss notable for rapid access to primary and specialized care**
- **U.S. health reforms will make a difference—include many elements seen internationally**
 - **Medicaid expansion and premium assistance, limits on out-of-pocket spending**
 - **Insurance exchanges, benefit standards, and rules to reduce complexity**
 - **Health care delivery system change to improve access and integration**

Acknowledgments and Cofunders

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- **Australia: Commission on Safety and Quality in Health Care, Bureau of Health Information**
- **Canada: Health Council of Canada, Ontario Quality Council, Quebec Health Commission**
- **France: Haute Autorité de Santé (HAS), Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (CNAMTS)**
- **Germany: Institute for Quality and Efficiency in Health Care (IQWiG)**
- **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**
- **Switzerland: Federal Office of Public Health**
- **United Kingdom: Health Foundation**

