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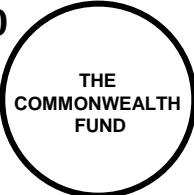
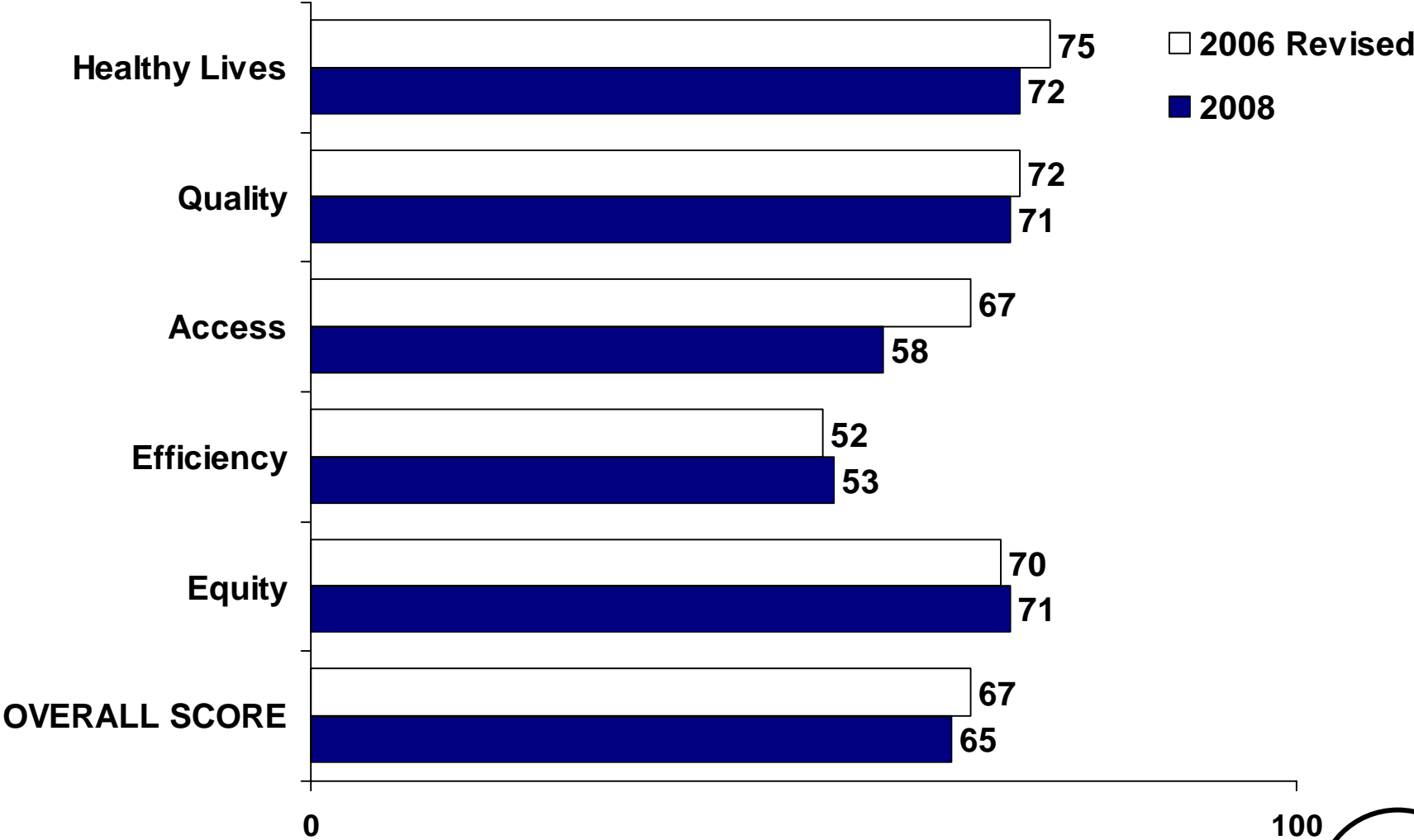
Closing the Quality Chasm: Opportunities and Strategies for Moving Toward a High Performance Health System

Karen Davis
President
The Commonwealth Fund
kd@cmwf.org

Invited Testimony
Senate Committee on Health, Education, Labor, and Pensions
Hearing on
"Crossing the Quality Chasm in Health Care Reform"

January 29, 2009

Scores: Dimensions of a High Performance Health System

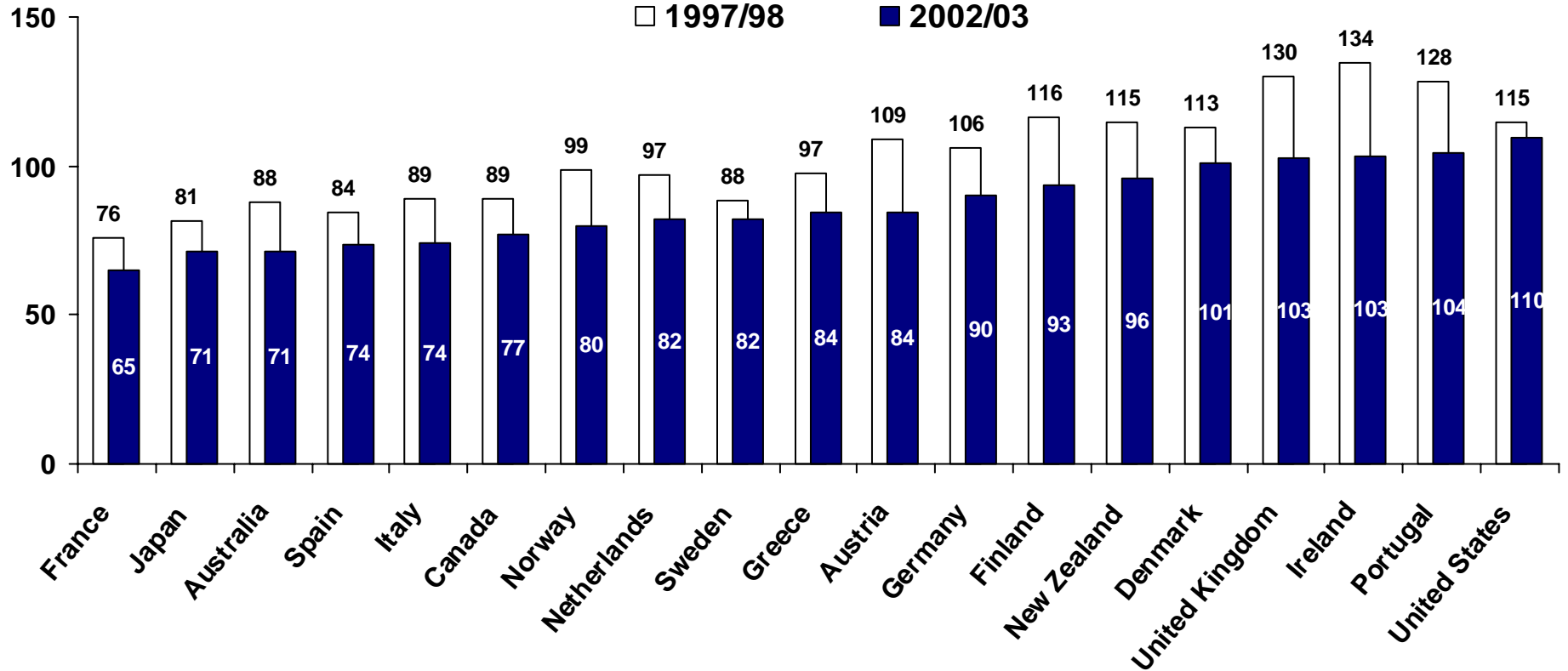


Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Headed in the Wrong Direction:
Evidence of a Deepening Quality Chasm

Mortality Amenable to Health Care

Deaths per 100,000 population*



* Countries' age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections.

See report Appendix B for list of all conditions considered amenable to health care in the analysis.

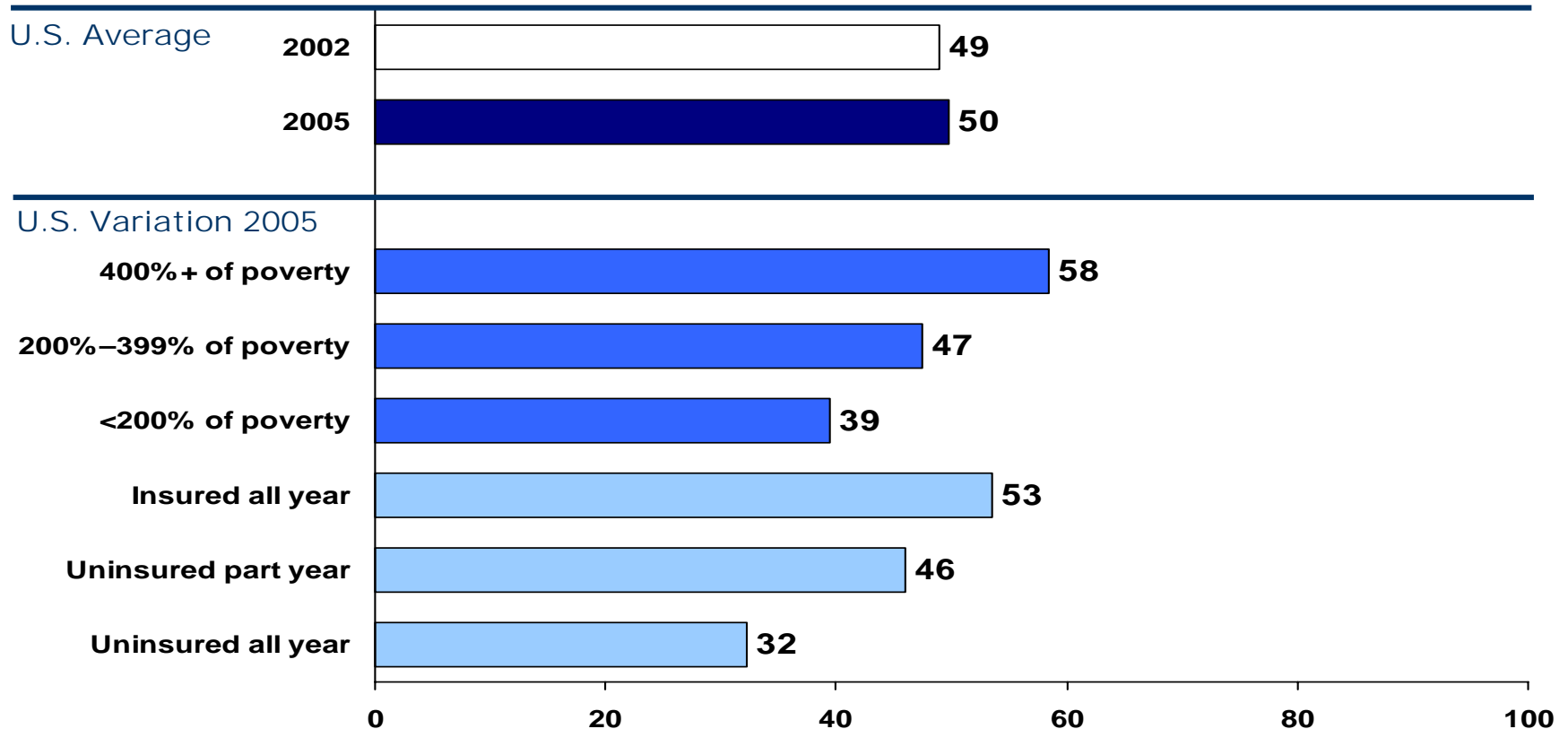
Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Receipt of Recommended Screening and Preventive Care for Adults

Percent of adults (ages 18+) who received all recommended screening and preventive care within a specific time frame given their age and sex*



* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot. See report Appendix B for complete description.

Data: B. Mahato, Columbia University analysis of Medical Expenditure Panel Survey.

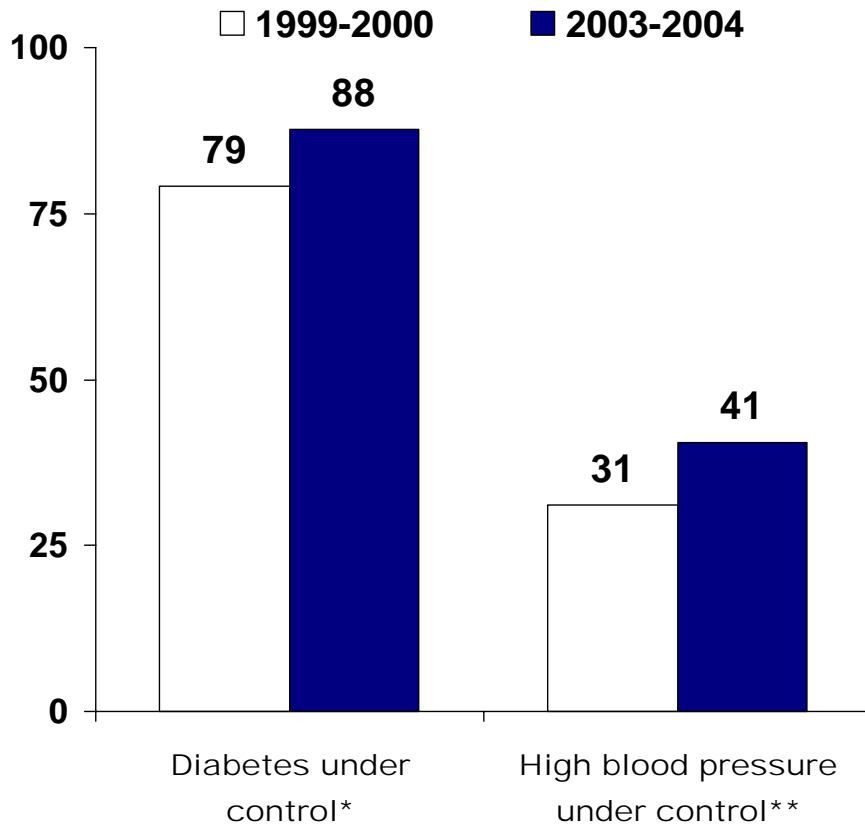
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



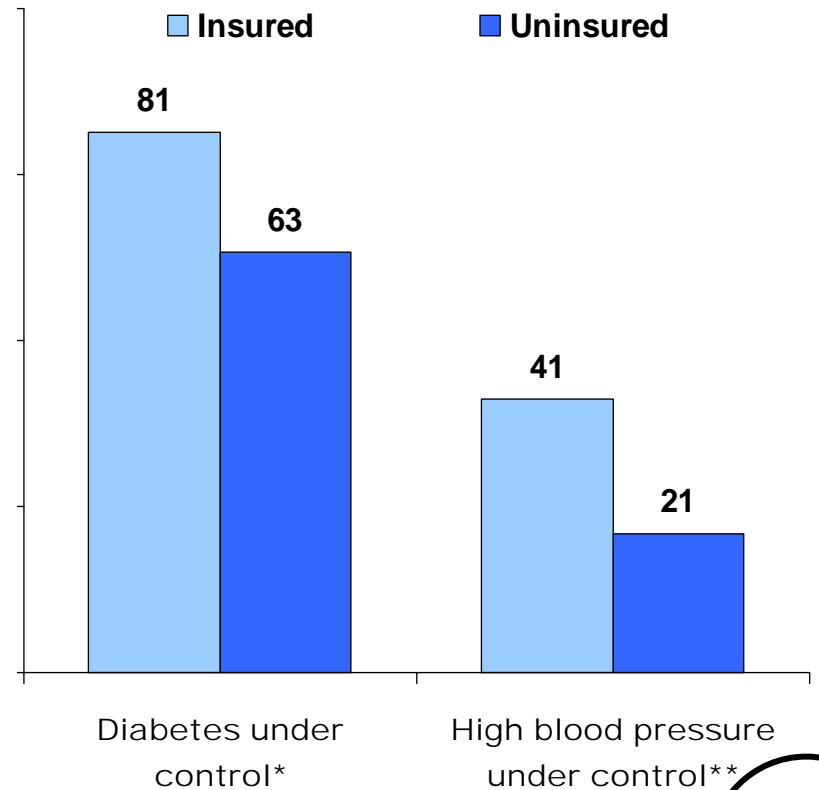
Chronic Disease Under Control: Diabetes and Hypertension

National Average

Percent of adults (age 18+)



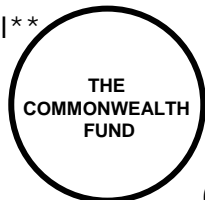
By Insurance, 1999-2004



*Refers to diabetic adults whose HbA1c is <9.0 **Refers to hypertensive adults whose blood pressure is <140/90 mmHg.

Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

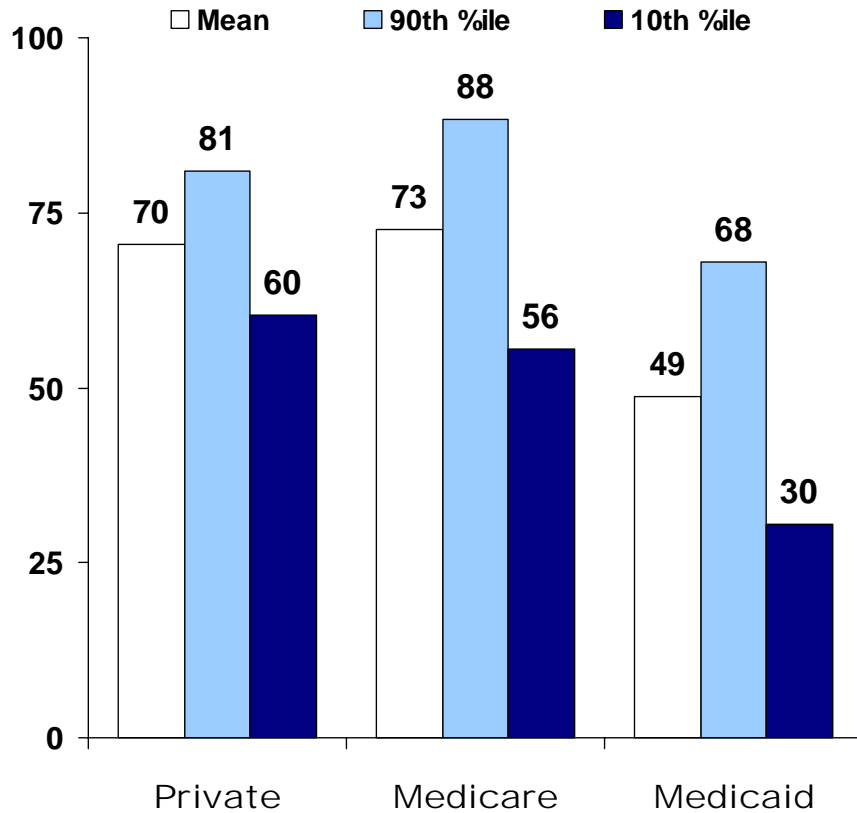
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Chronic Disease Under Control: Managed Care Plan Distribution, 2006

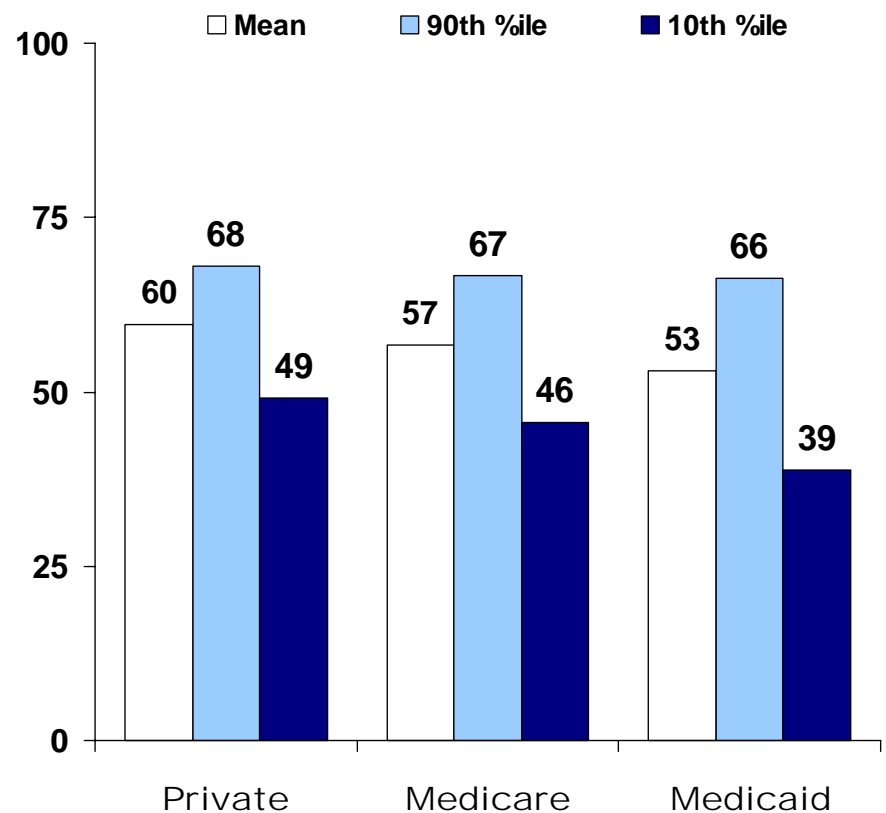
Diabetes

Percent of adults with diagnosed diabetes whose HbA1c level <9.0%



Hypertension

Percent of adults with hypertension whose blood pressure <140/90 mmHg



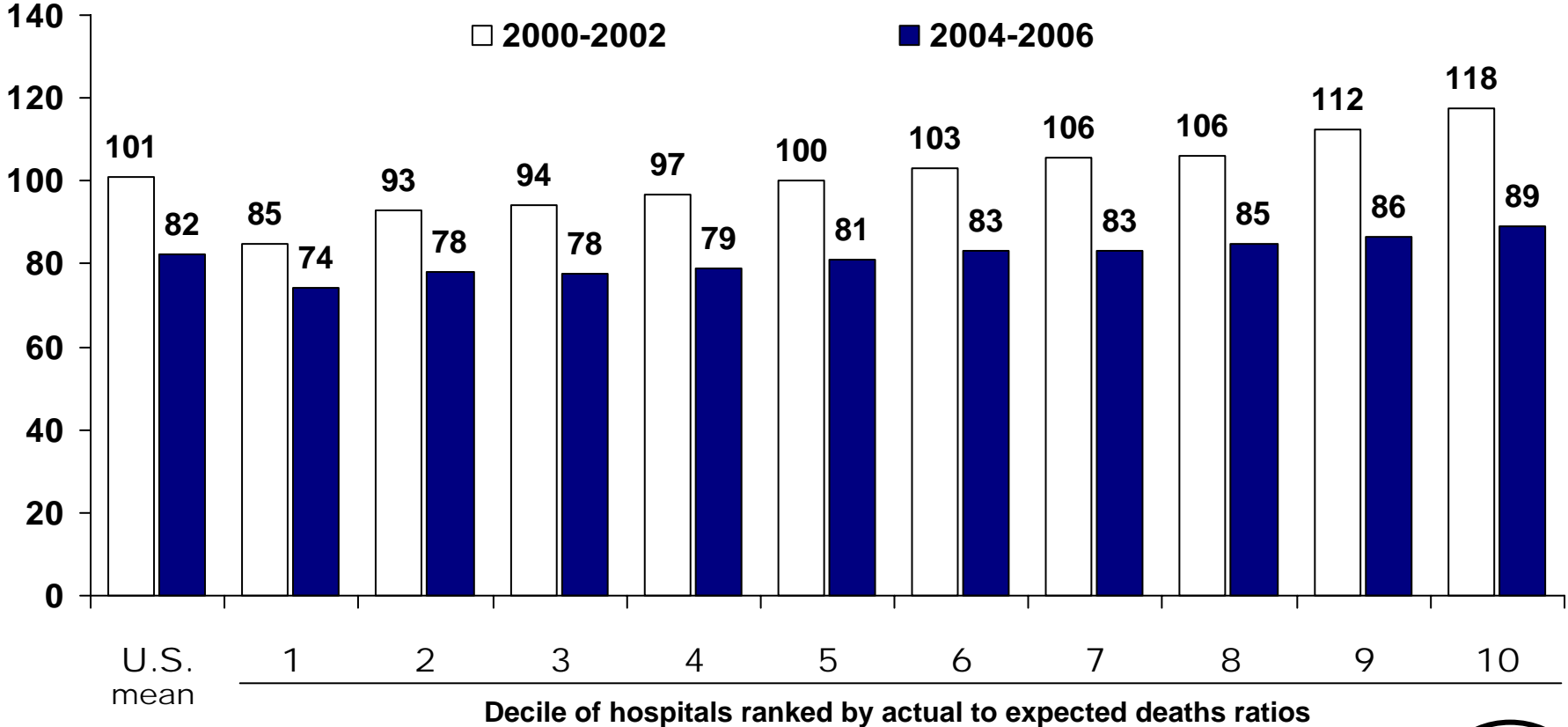
Note: Diabetes includes ages 18–75; hypertension includes ages 18–85.
 Data: Healthcare Effectiveness Data and Information Set (NCQA 2007).



Hospital-Standardized Mortality Ratios

Standardized ratios compare actual to expected deaths, risk-adjusted for patient mix and community factors.* Medicare national average for 2000=100

Ratio of actual to expected deaths in each decile (x 100)



* See report Appendix B for methodology.

Data: B. Jarman analysis of Medicare discharges from 2000 to 2002 and from 2004 to 2006 for conditions leading to 80 percent of all hospital deaths.

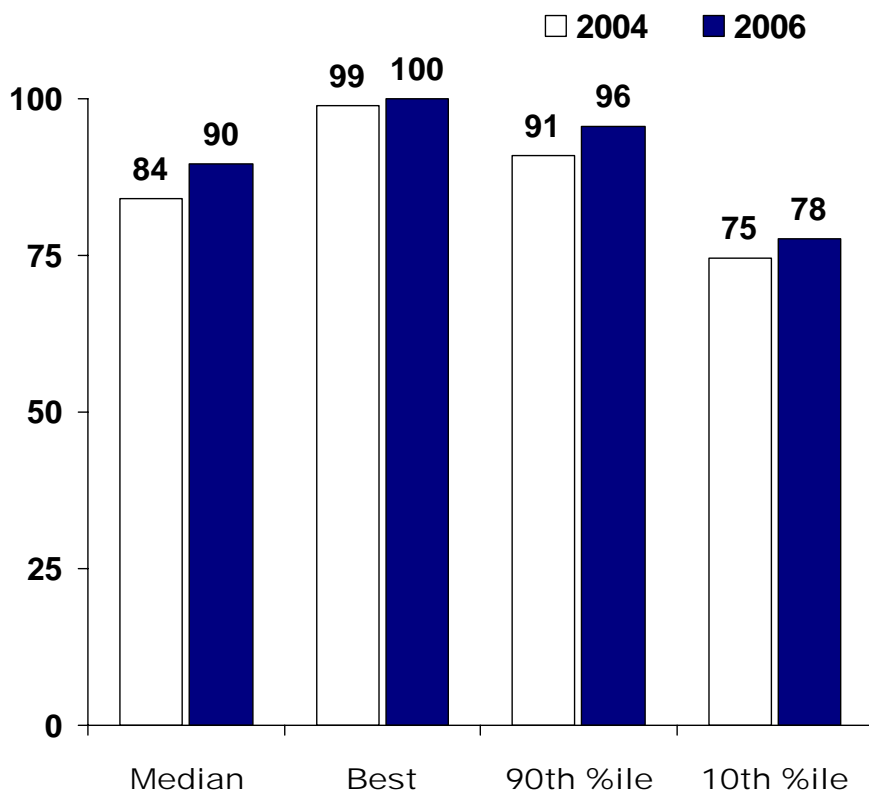
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Hospitals: Quality of Care for Heart Attack, Heart Failure, and Pneumonia

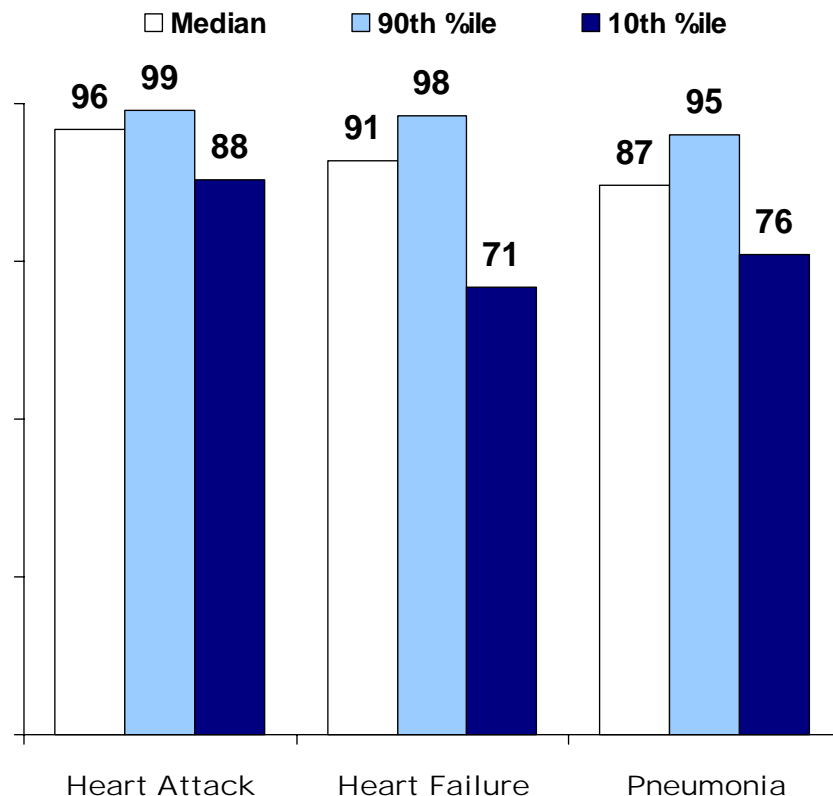
Overall Composite for All Three Conditions

Percent of patients who received recommended care for all three conditions*



Individual Composites by Condition, 2006

Percent of patients who received recommended care for each condition*

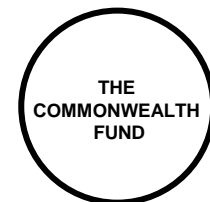


* Composite for heart attack care consists of 5 indicators; heart failure care, 2 indicators; and pneumonia care, 3 indicators.

Overall composite consists of all 10 clinical indicators. See report Appendix B for description of clinical indicators.

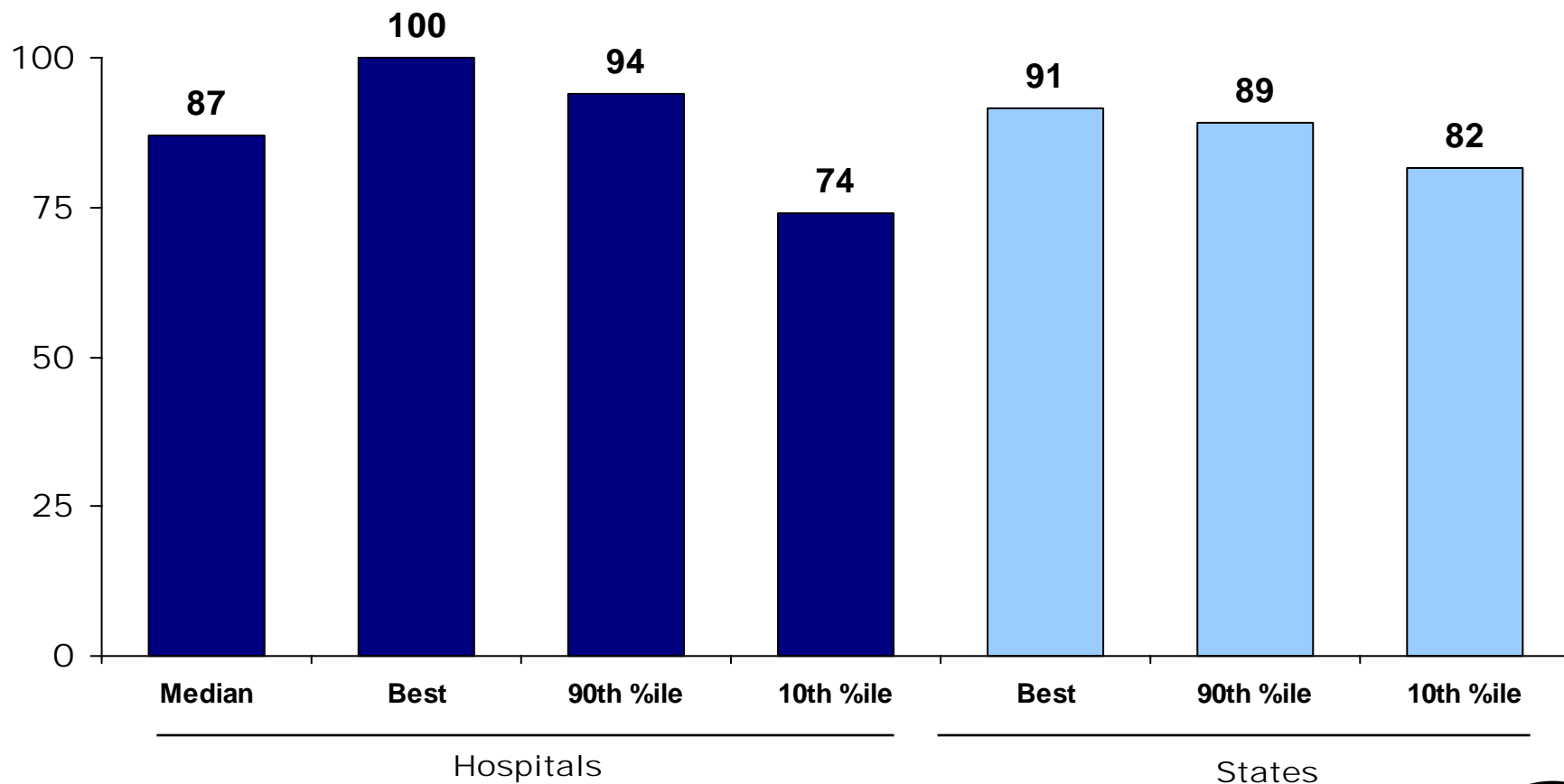
Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



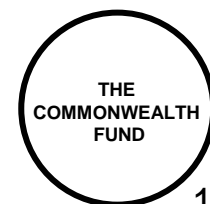
Hospital Quality of Care for Heart Attack, Heart Failure, and Pneumonia: Overall Composite Using Expanded Set of 19 Clinical Indicators*, 2006

Percent of patients who received recommended care for all three conditions



*Consists of original 10 "starter set" indicators and 9 new indicators for which data was made available as of December 2006; heart attack care includes 3 new indicators; heart failure care, 2 new indicators; and pneumonia, 4 new indicators)

Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Hospital Quality of Care by Condition: Composites for Heart Attack, Heart Failure, and Pneumonia

Percent of patients who received recommended care:	HOSPITALS				STATES		
	Median	Best	90th percentile	10th percentile	Best	90th percentile	10th percentile
Acute myocardial infarction (Original: 5 indicators)							
2004	92	100	98	80	97	96	89
2006	96	100	99	88	98	97	93
(Expanded: 8 indicators*) 2006	95	100	98	87	98	97	92
Heart failure (Original: 2 indicators)							
2004	83	100	94	62	91	89	79
2006	91	100	98	71	94	93	81
(Expanded: 4 indicators*) 2006	83	100	95	61	90	87	75
Pneumonia (Original: 3 indicators)							
2004	78	99	88	66	82	79	69
2006	87	100	95	76	92	91	83
(Expanded: 7 indicators*) 2006	87	100	94	77	91	90	83

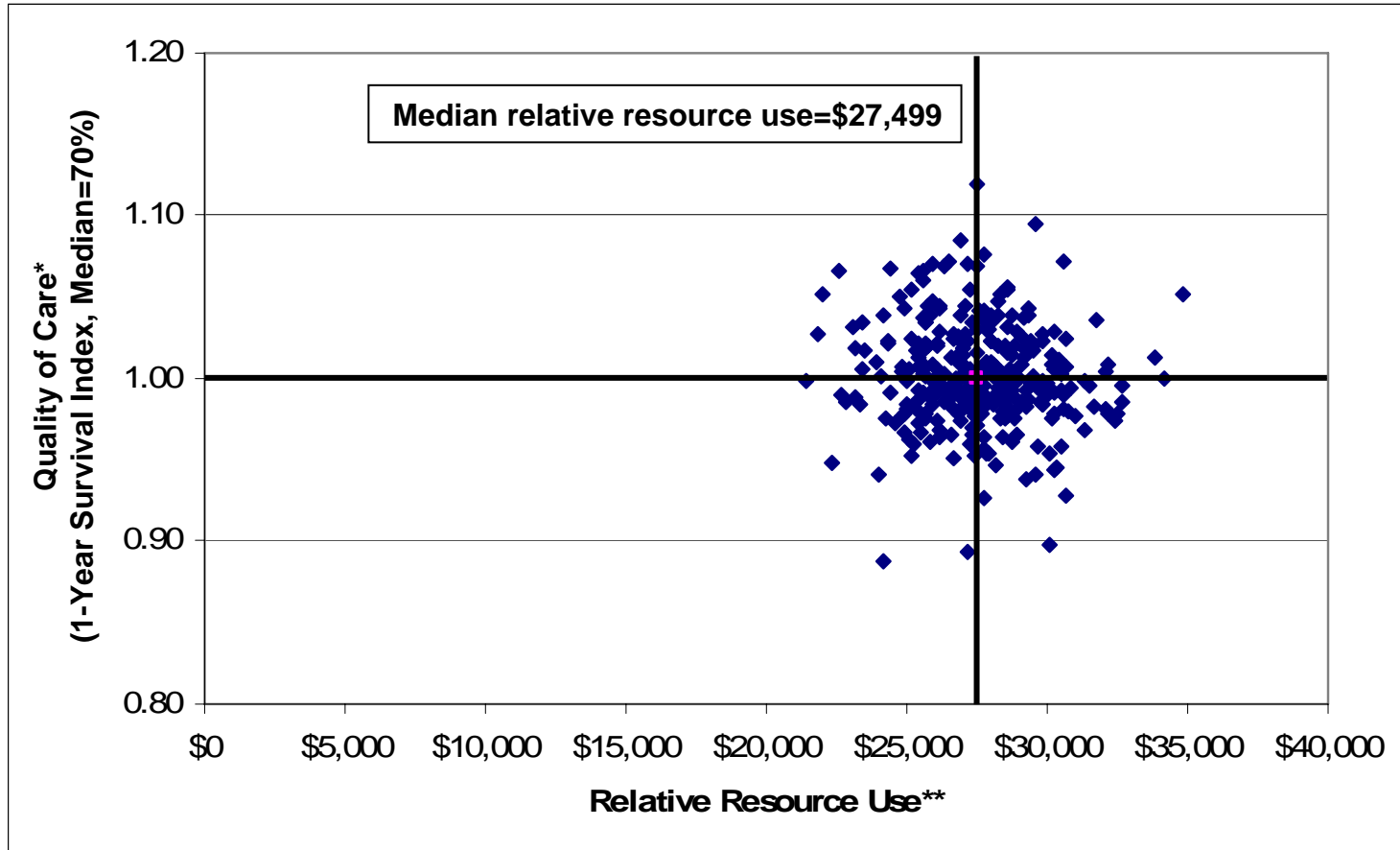
*Consists of original "starter set" indicators and new indicators for which data was made available as of December 2006.

Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Quality and Costs of Care for Medicare Patients Hospitalized for Heart Attacks, Hip Fractures, or Colon Cancer, by Hospital Referral Regions, 2004



* Indexed to risk-adjusted 1-year survival rate (median=0.70).

** Risk-adjusted spending on hospital and physician services using standardized national prices.

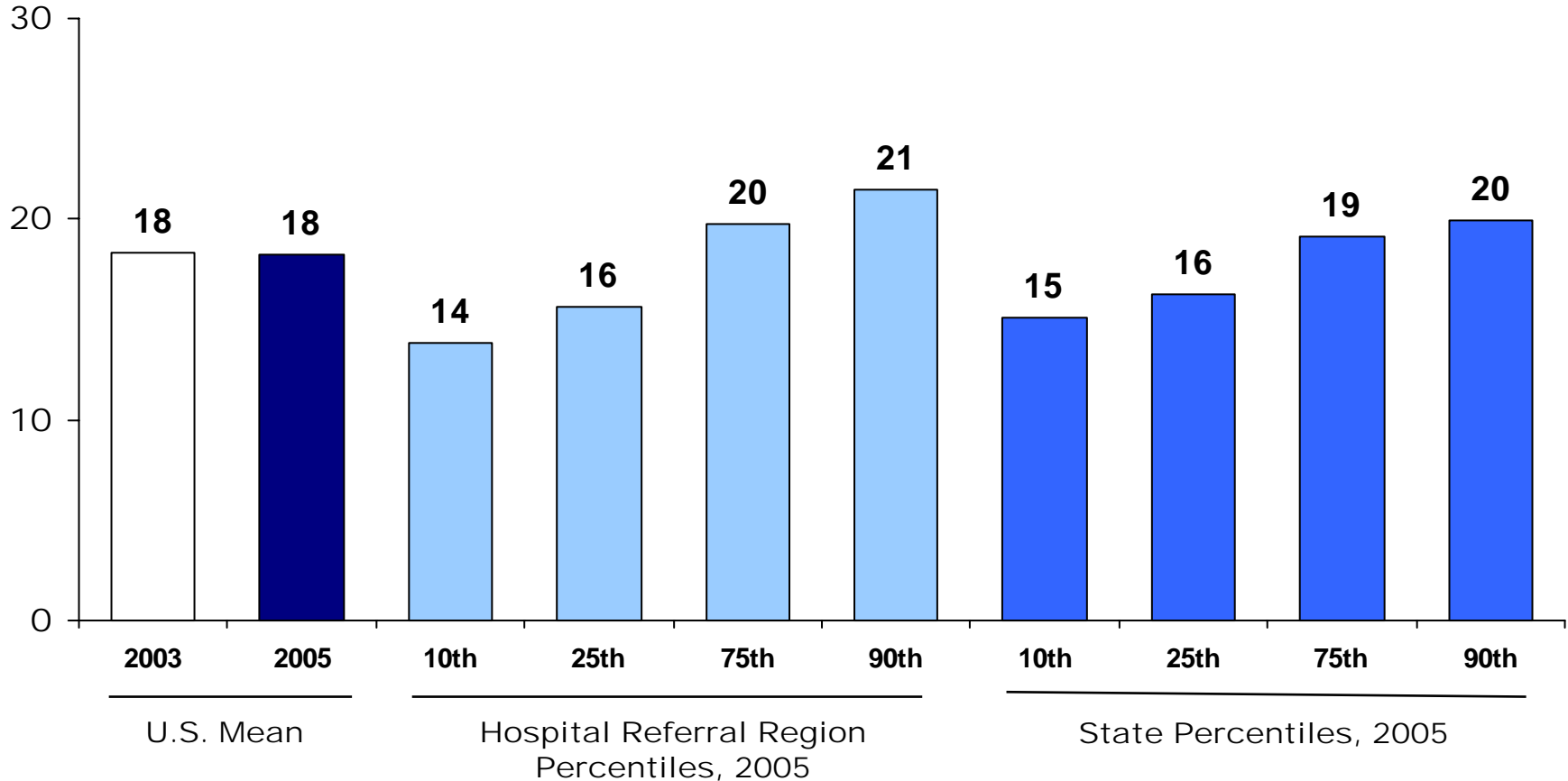
Data: E. Fisher, J. Sutherland, and D. Radley, Dartmouth Medical School analysis of data from a 20% national sample of Medicare beneficiaries.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Medicare Hospital 30-Day Readmission Rates

Percent of Medicare beneficiaries admitted for one of 31 select conditions who are readmitted within 30 days following discharge*



* See report Appendix B for list of conditions used in the analysis.

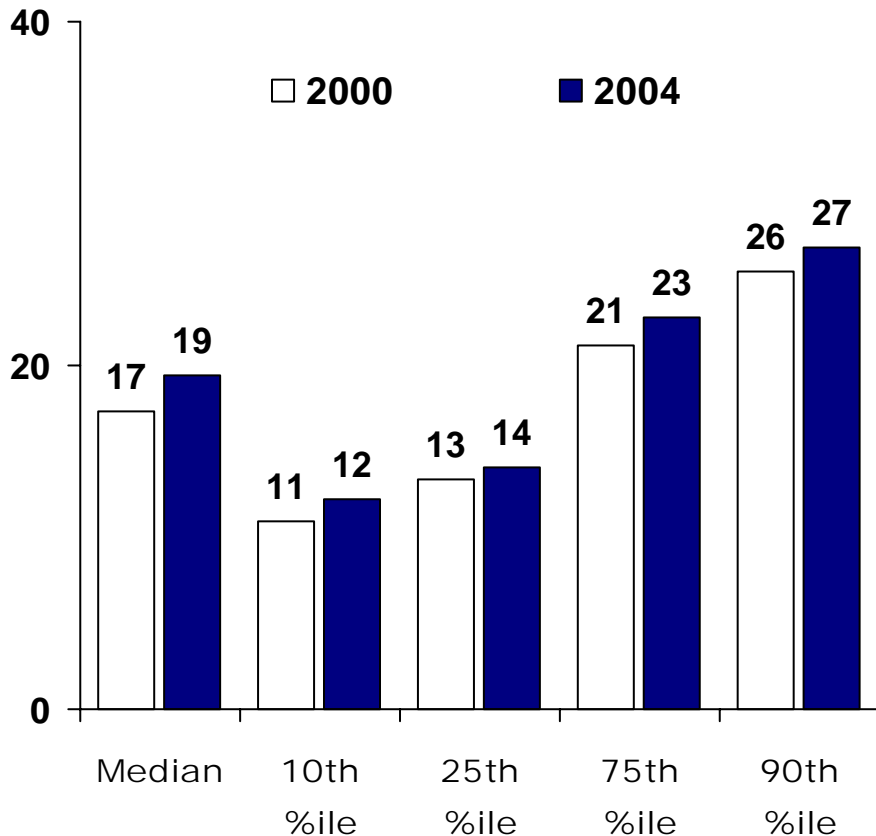
Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

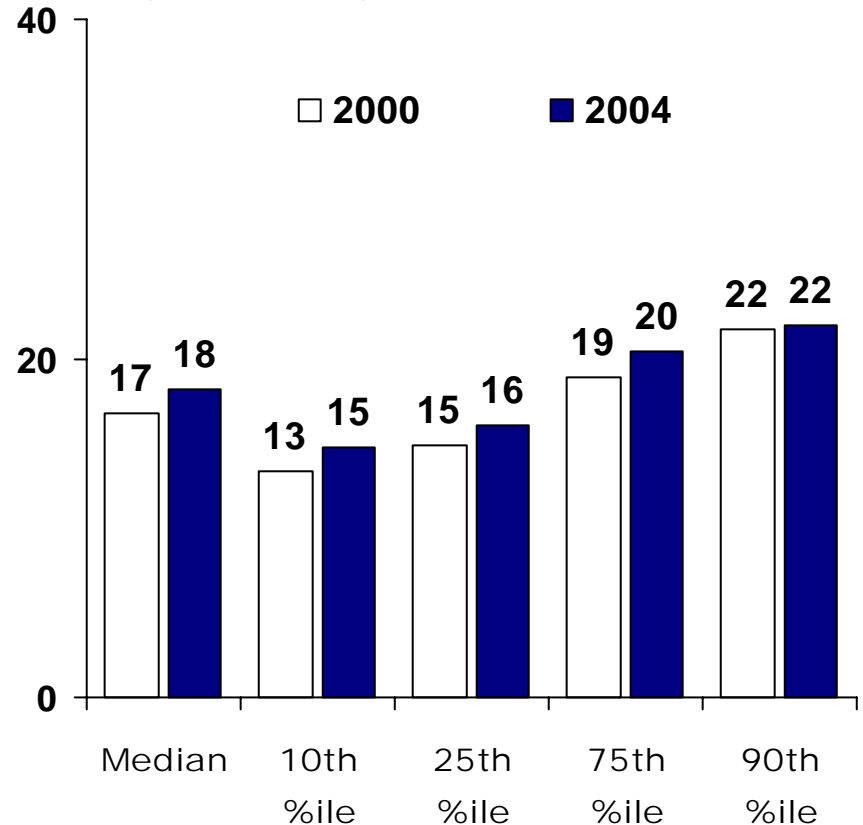


Nursing Homes: Hospital Admission and Readmission Rates Among Nursing Home Residents

Percent of long-stay residents with a hospital admission



Percent of short-stay residents re-hospitalized within 30 days of hospital discharge to nursing home

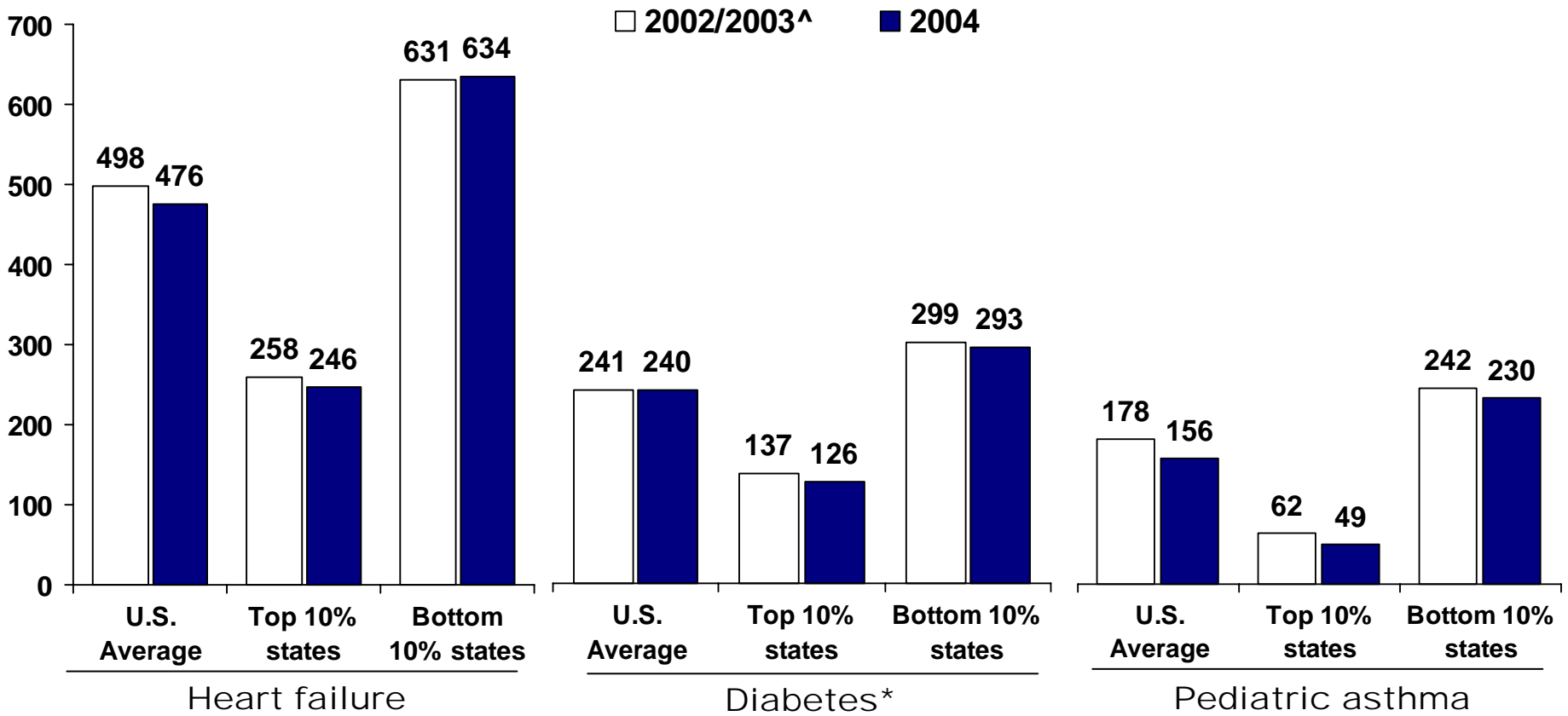


Data: V. Mor, Brown University analysis of Medicare enrollment data and Part A claims data for all Medicare beneficiaries who entered a nursing home and had a Minimum Data Set assessment during 2000 and 2004.



Ambulatory Care–Sensitive (Potentially Preventable) Hospital Admissions for Select Conditions

Adjusted rate per 100,000 population

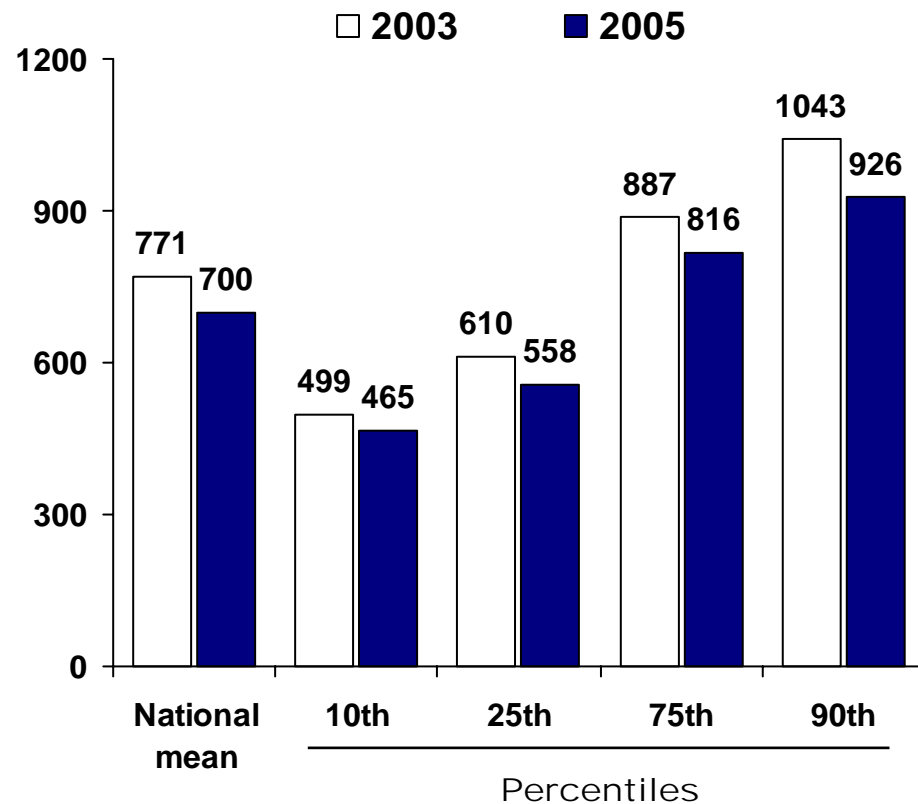


[^] 2002 data for heart failure and diabetes; 2003 data for pediatric asthma. *Combines four diabetes admission measures: uncontrolled, short-term complications, long-term complications, and lower extremity amputations. Data: National average—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample; State distribution—State Inpatient Databases; not all states participate in HCUP (AHRQ 2005, 2007a).

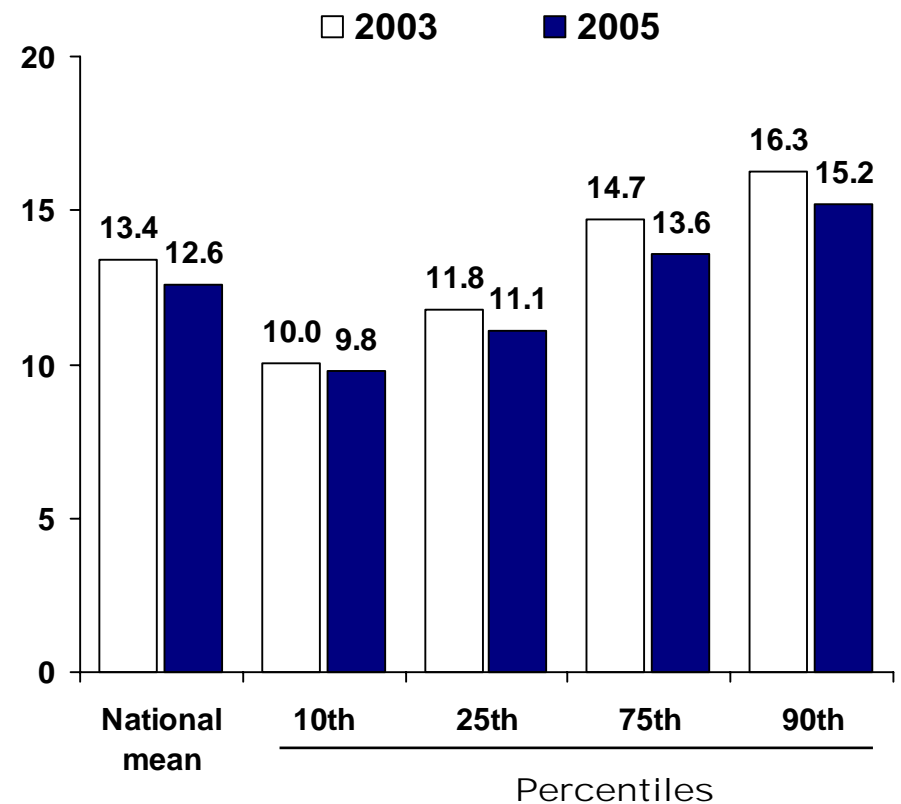


Medicare Admissions for Ambulatory Care–Sensitive Conditions, Rates and Associated Costs, by Hospital Referral Regions

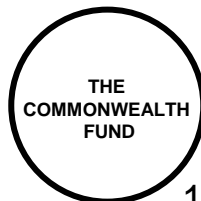
Rate of ACS admissions per 10,000 beneficiaries



Costs of ACS admissions as percent of all discharge costs

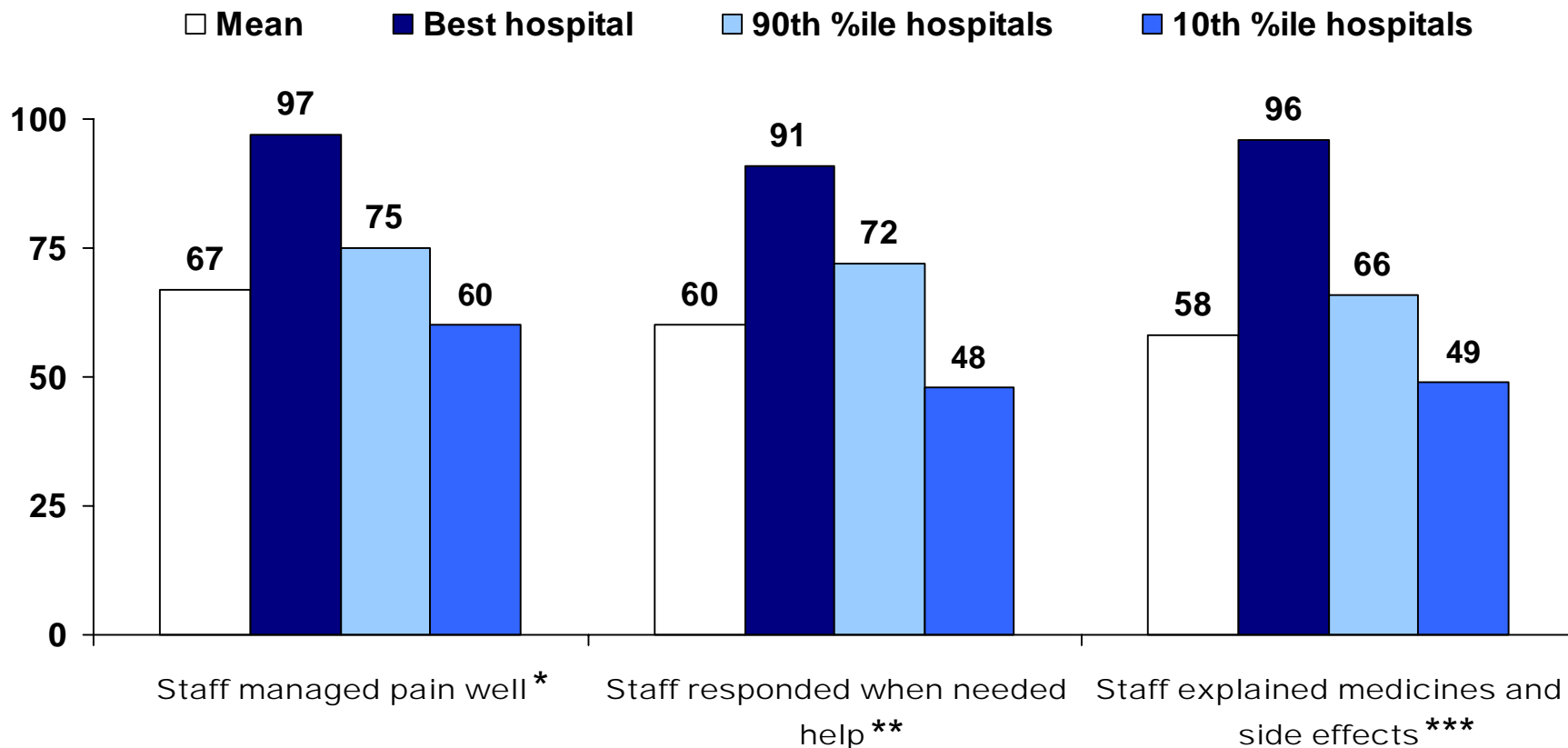


See report Appendix B for complete list of ambulatory care-sensitive conditions used in the analysis.
 Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of Medicare Standard Analytical Files (SAF) 5% Inpatient Data.



Patient-Centered Hospital Care: Staff Managed Pain, Responded When Needed Help, and Explained Medicines, by Hospitals, 2007

Percent of patients reporting “always”



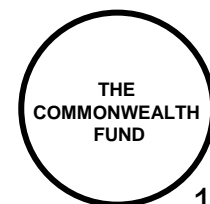
* Patient’s pain was well controlled and hospital staff did everything to help with pain.

** Patient got help as soon as wanted after patient pressed call button and in getting to the bathroom/using bedpan.

*** Hospital staff told patient what medicine was for and described possible side effects in a way that patient could understand.

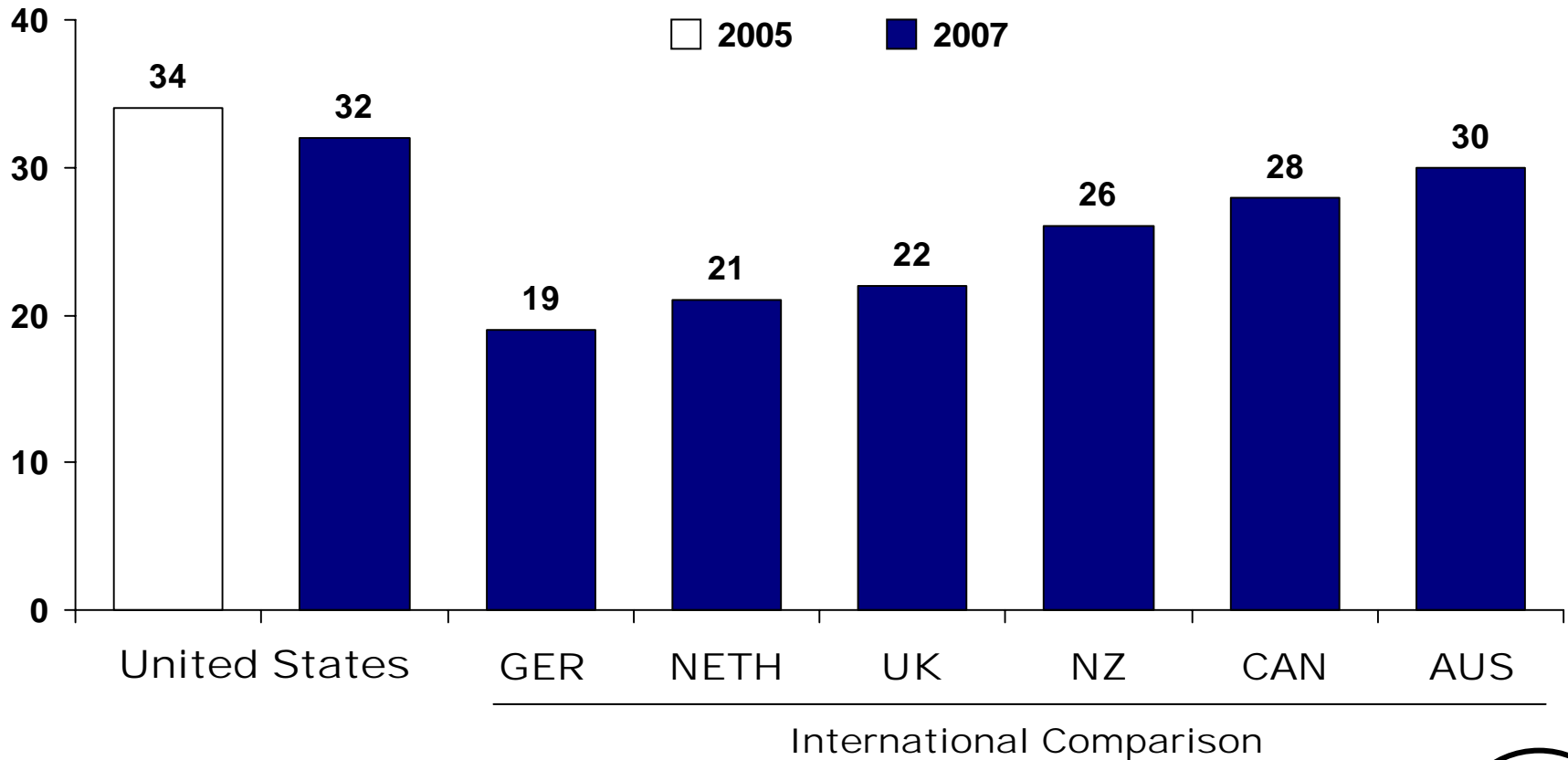
Data: CAHPS Hospital Survey (Retrieved from CMS Hospital Compare database at <http://www.hospitalcompare.hhs.gov>).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Medical, Medication, and Lab Errors, Among Sicker Adults

Percent reporting medical mistake, medication error, or lab error in past two years

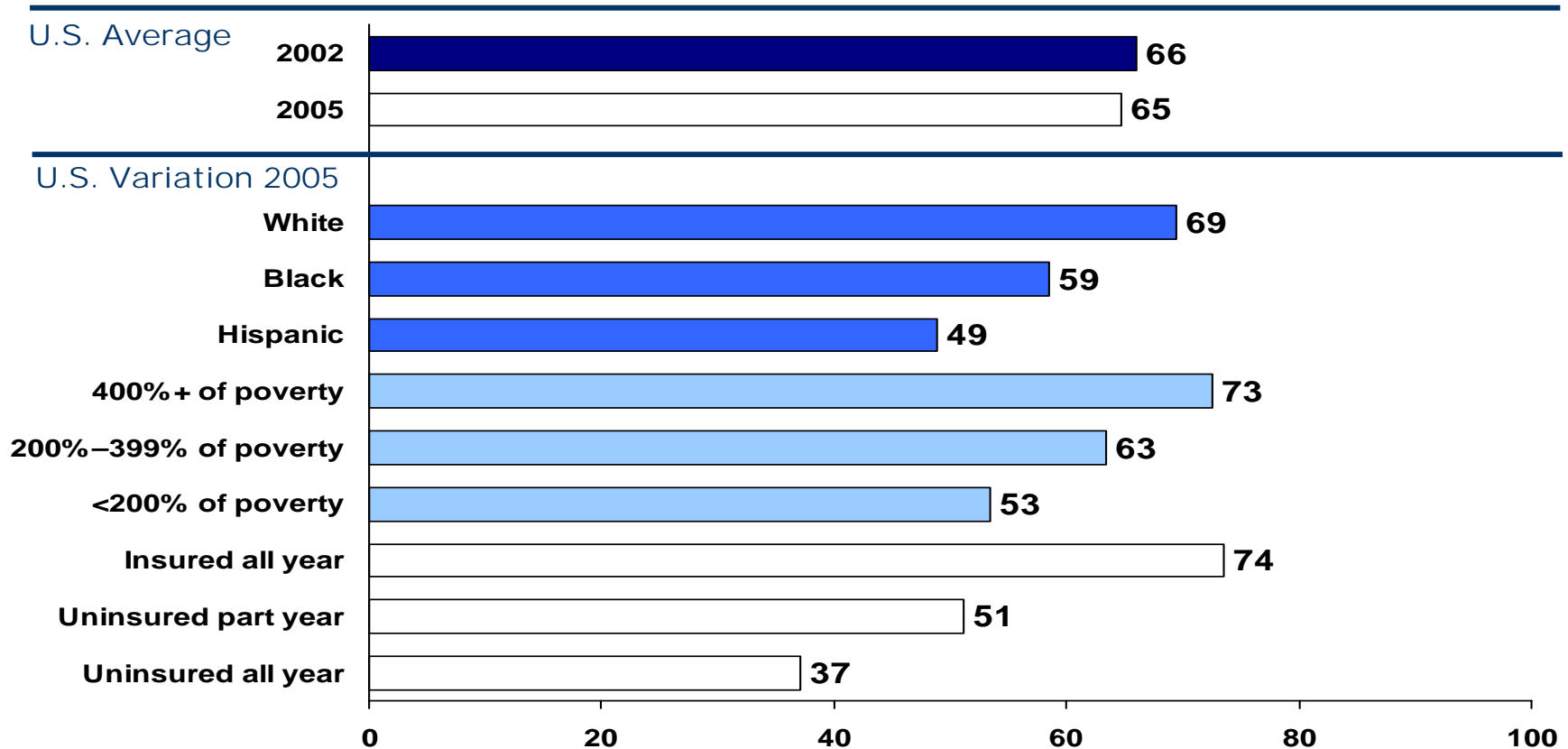


AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Adults with an Accessible Primary Care Provider

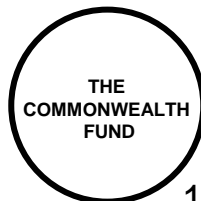
Percent of adults ages 19–64 with an accessible primary care provider*



* An accessible primary care provider is defined as a usual source of care who provides preventive care, care for new and ongoing health problems, referrals, and who is easy to get to.

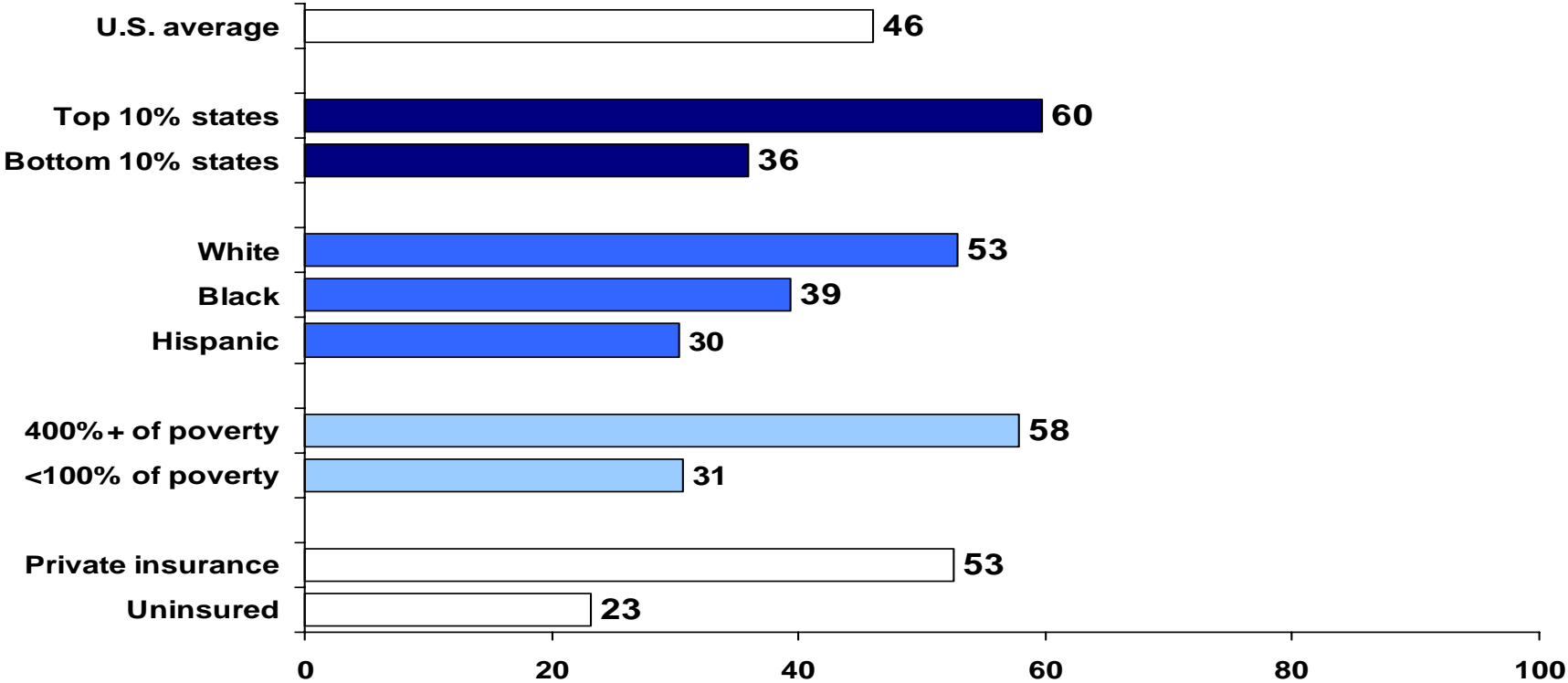
Data: B. Mahato, Columbia University analysis of Medical Expenditure Panel Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Children with a Medical Home, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children who have a personal doctor or nurse and receive care that is accessible, comprehensive, culturally sensitive, and coordinated*



Note: Indicator was not updated due to lack of data. Baseline figures are presented.

* Child had 1+ preventive visit in past year; access to specialty care; personal doctor/nurse who usually/always spent enough time and communicated clearly, provided telephone advice or urgent care and followed up after the child's specialty care visits.

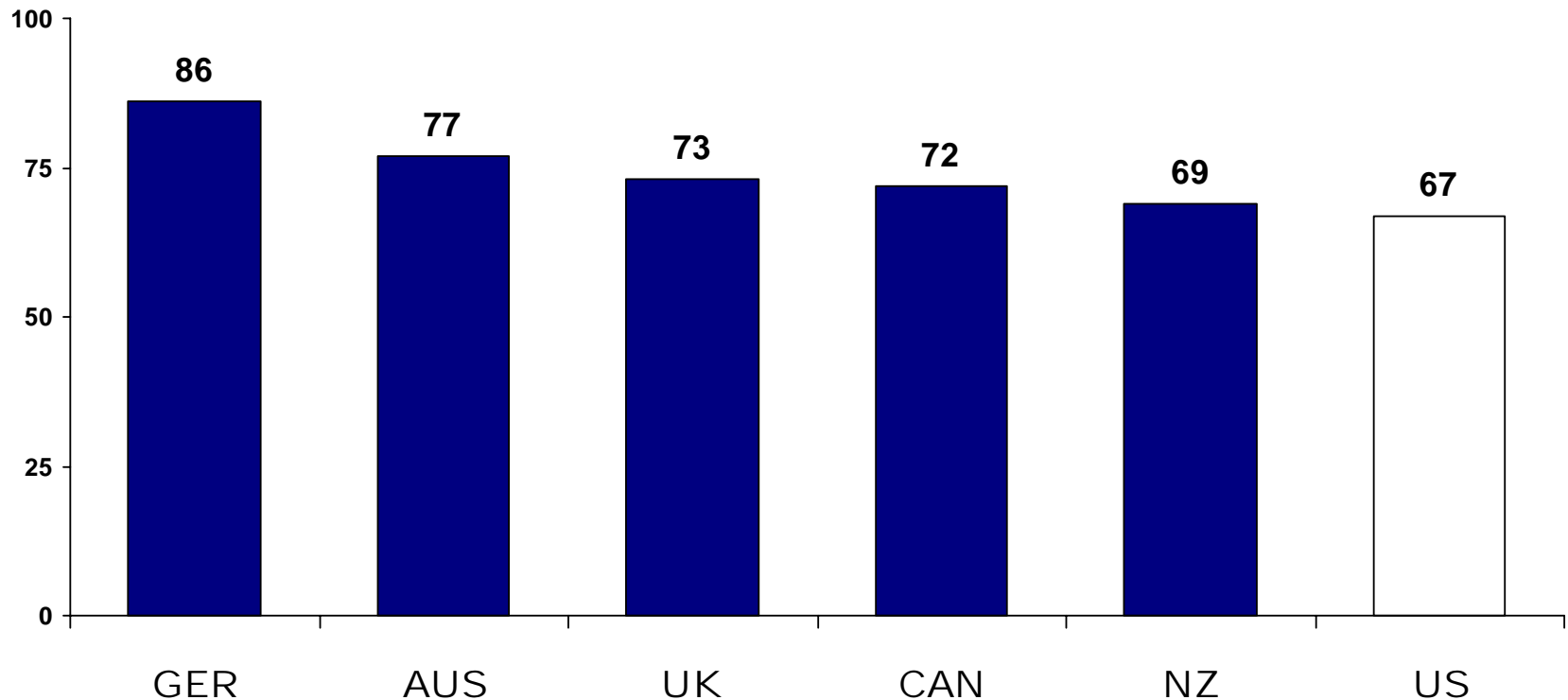
Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Medications Reviewed When Discharged from the Hospital, Among Sicker Adults, 2005

Percent of hospitalized patients with new prescription who reported
prior medications were reviewed at discharge

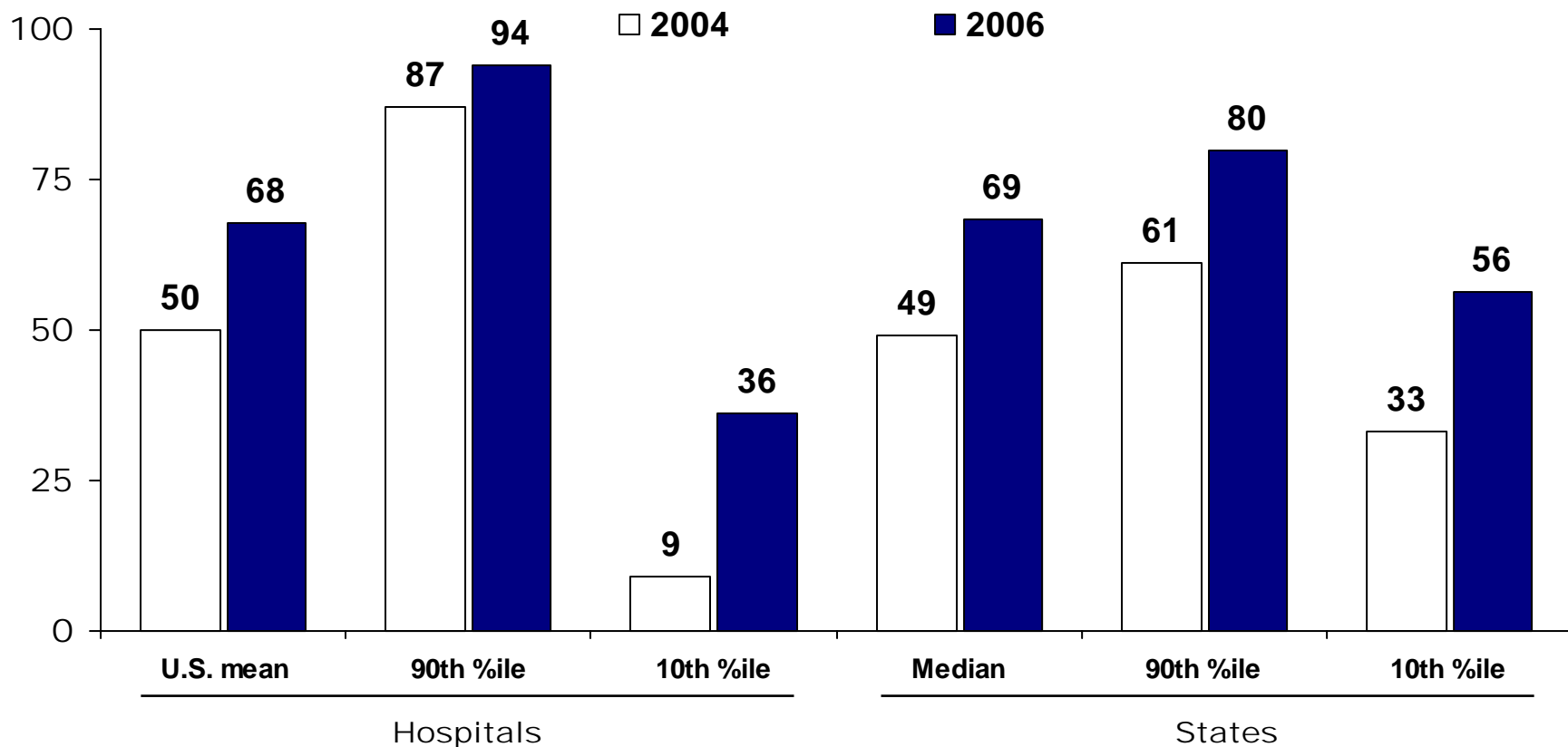


Note: Indicator was not updated due to lack of data. Baseline figures from Scorecard 2006 are presented.
AUS=Australia; CAN=Canada; GER=Germany; NZ=New Zealand; UK=United Kingdom; US=United States.
Data: 2005 Commonwealth Fund International Health Policy Survey.



Heart Failure Patients Given Complete Written Instructions When Discharged, by Hospitals and States

Percent of heart failure patients discharged home with written instructions*



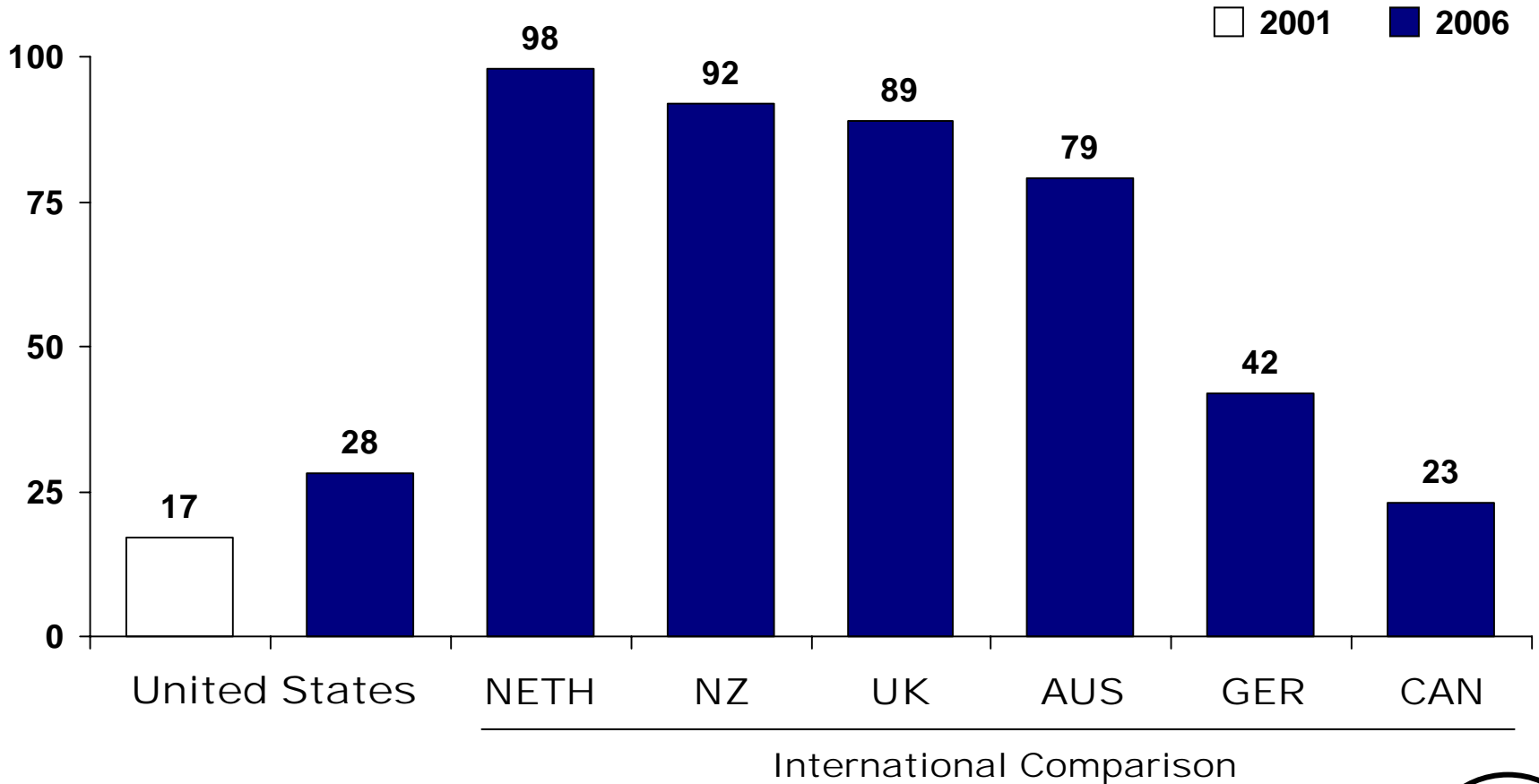
* Discharge instructions must address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.

Data: A. Jha and A. Epstein, Harvard School of Public Health analysis of data from CMS Hospital Compare; State 2004 distribution —Retrieved from CMS Hospital Compare database at <http://www.hospitalcompare.hhs.gov>.



Physicians' Use of Electronic Medical Records

Percent of primary care physicians using electronic medical records



AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.
Data: 2001 and 2006 Commonwealth Fund International Health Policy Survey of Physicians.



Impediments in the Current System

Mirror Mirror: US and Canada Fall Behind

Country Rankings	
	1.0-2.66
	2.67-4.33
	4.34-6.0

	AUSTRALIA	CANADA	GERMANY	NEW ZEALAND	UNITED KINGDOM	UNITED STATES
OVERALL RANKING (2007)	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Long, Healthy, and Productive Lives	1	3	2	4.5	4.5	6
Health Expenditures per Capita, 2004	\$2,876*	\$3,165	\$3,005*	\$2,083	\$2,546	\$6,102

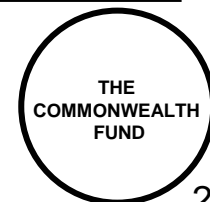
* 2003 data

Source: Calculated by Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard. Source: K. Davis, C. Schoen, S. C. Schoenbaum, M. M. Doty, A. L. Holmgren, J. L. Kriss, and K. K. Shea, Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care, The Commonwealth Fund, May 2007



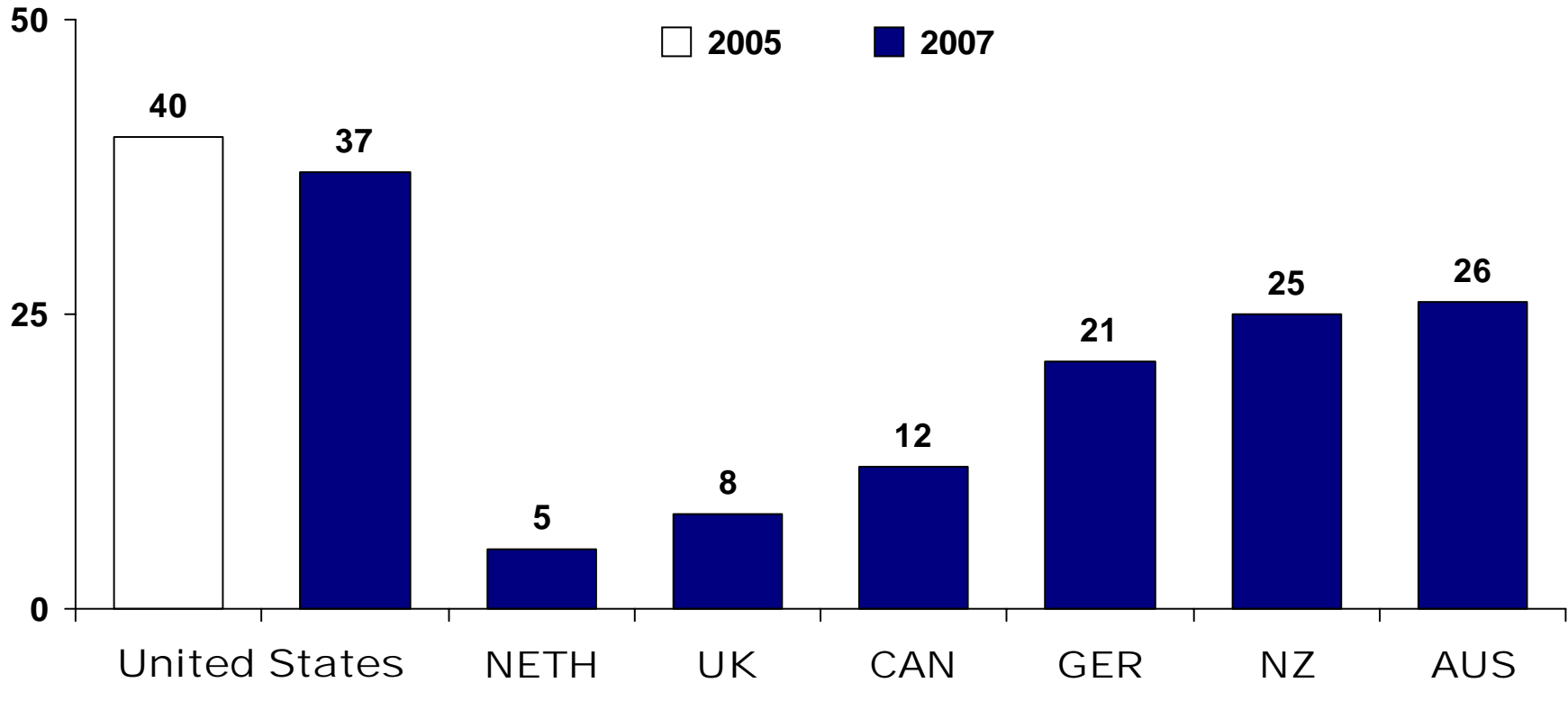
Cost-Related Access Problems, Sicker Adults, 2005

Percent in past year due to cost:	AUS	CAN	GER	NZ	UK	US
Did not fill prescription or skipped doses	22	20	14	19	8	40
Had a medical problem but did not visit doctor	18	7	15	29	4	34
Skipped test, treatment or follow-up	20	12	14	21	5	33
Percent who said yes to at least one of the above	34	26	28	38	13	51



Access Problems Because of Costs

Percent of adults who had any of three access problems* in past year because of costs



International Comparison

* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.

AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom.

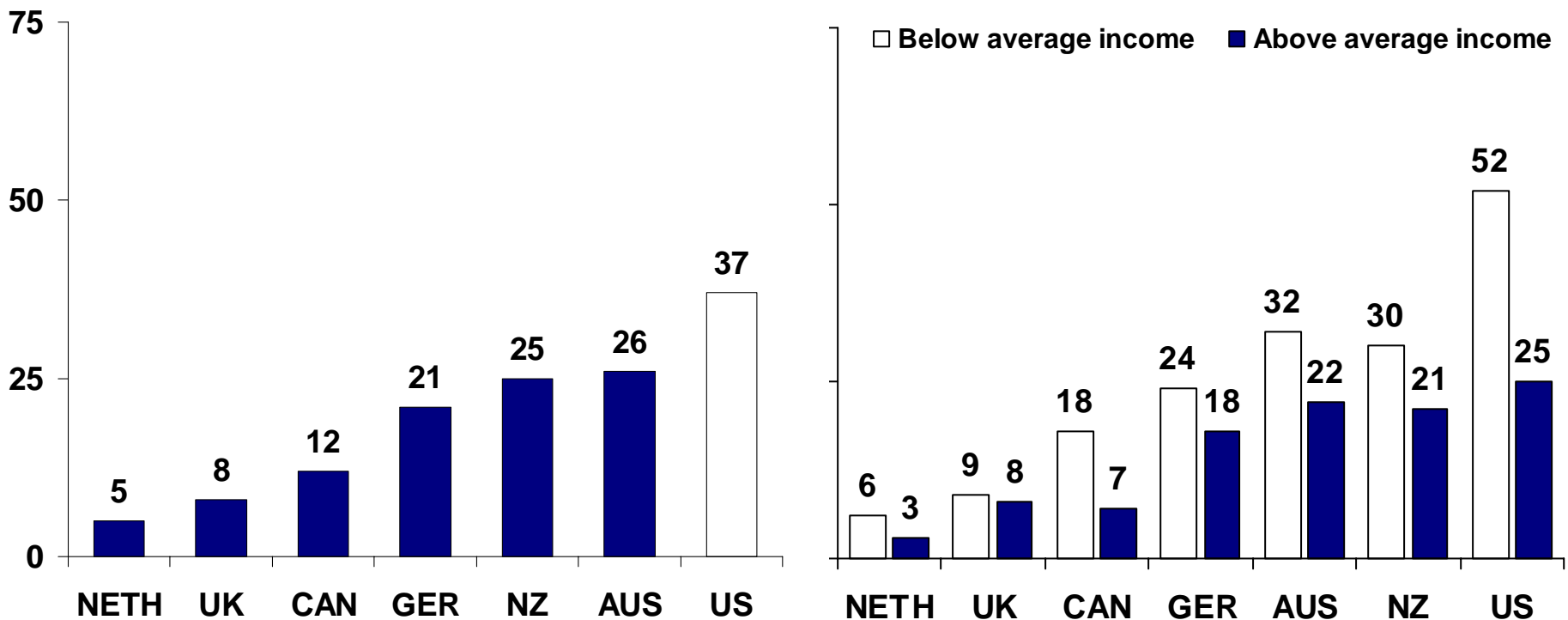
Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Access Problems Because of Costs, By Income, 2007

Percent of adults who had any of three access problems* in past year because of costs

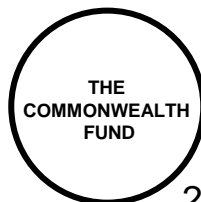


* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.

AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom; US=United States.

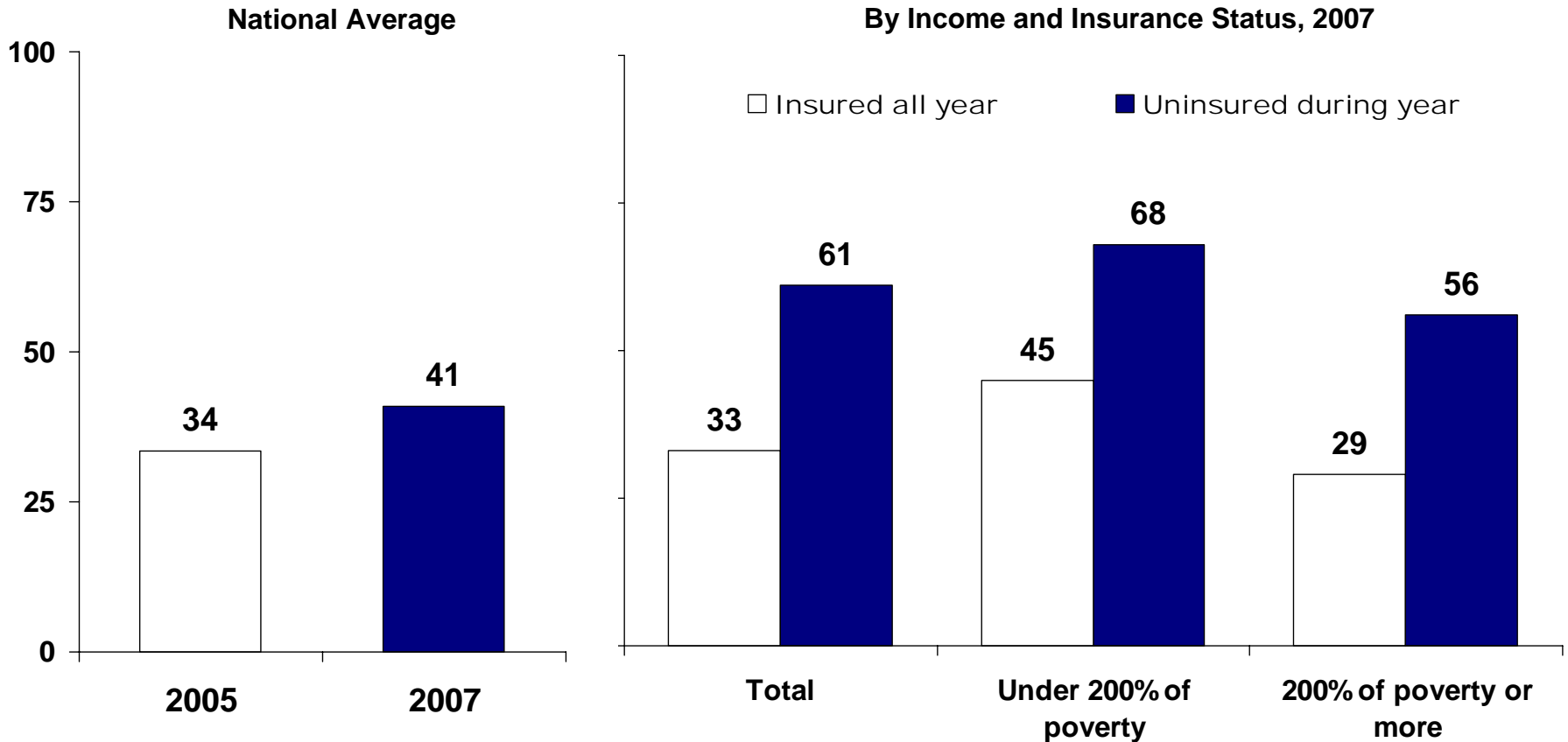
Data: 2007 Commonwealth Fund International Health Policy Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



Medical Bill Problems or Medical Debt

Percent of adults (ages 19–64) with any medical bill problem or outstanding debt*



* Problems paying or unable 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.

Data: 2005 and 2007 Commonwealth Fund Biennial Health Insurance Survey.

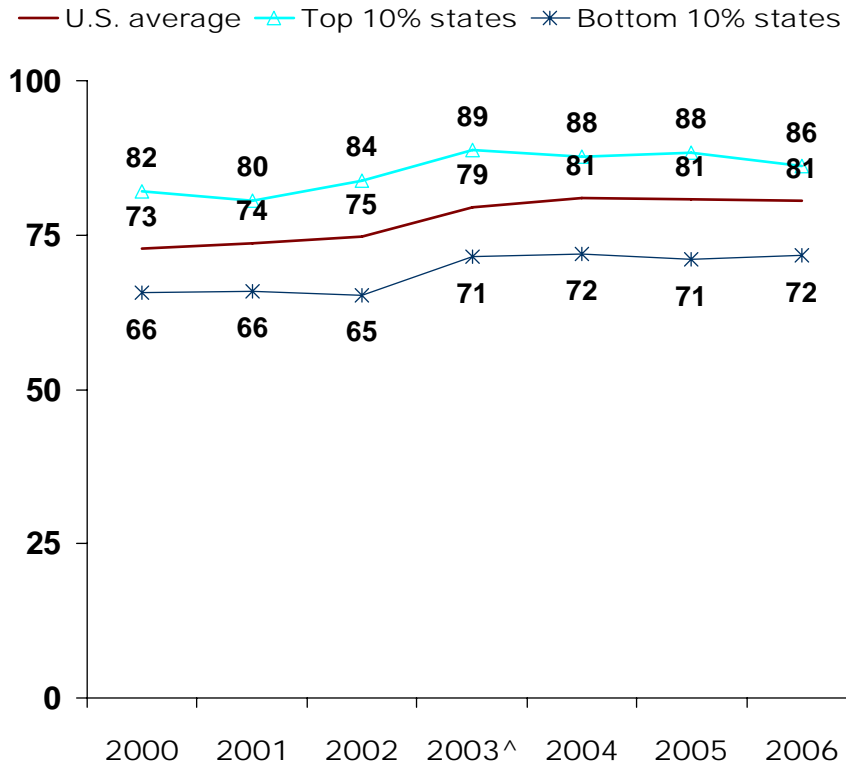
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008



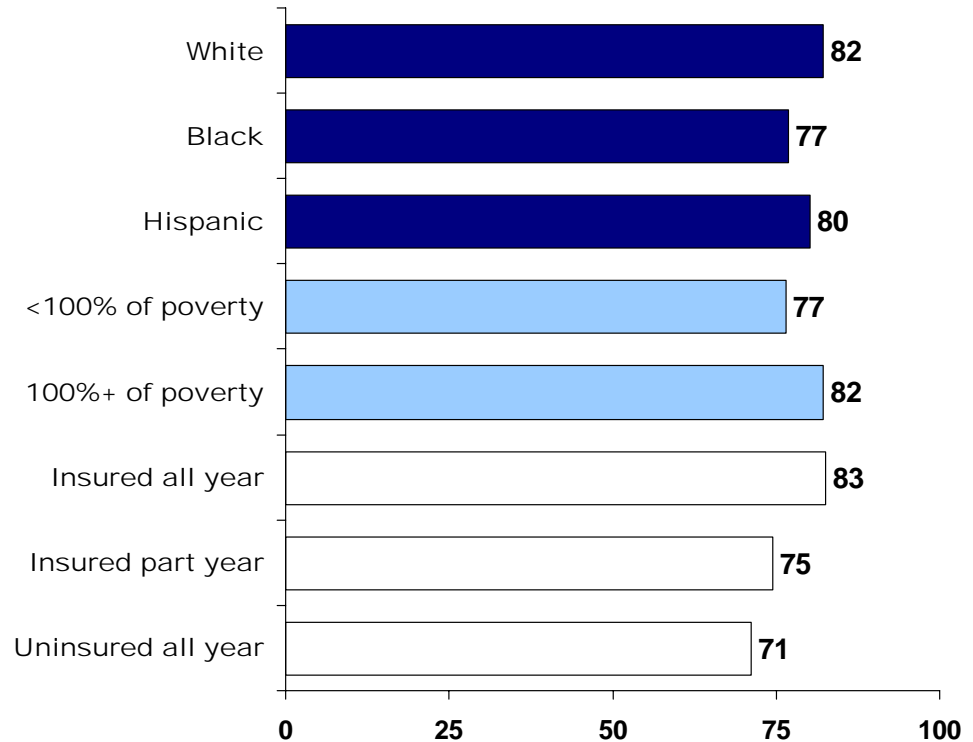
Immunizations for Young Children

Percent of children (ages 19–35 months) who received all recommended doses of five key vaccines*

National Average and State Distribution



By Family Income, Insurance Status**, and Race/Ethnicity, 2006



[^] Denotes baseline year.

* Recommended vaccines include: 4 doses of diphtheria-tetanus-pertussis (DTP), 3+ doses of polio, 1+ dose of measles-mumps-rubella, 3+doses of Haemophilus influenzae type B, and 3+ doses of hepatitis B vaccine. **Data by insurance was from 2003.

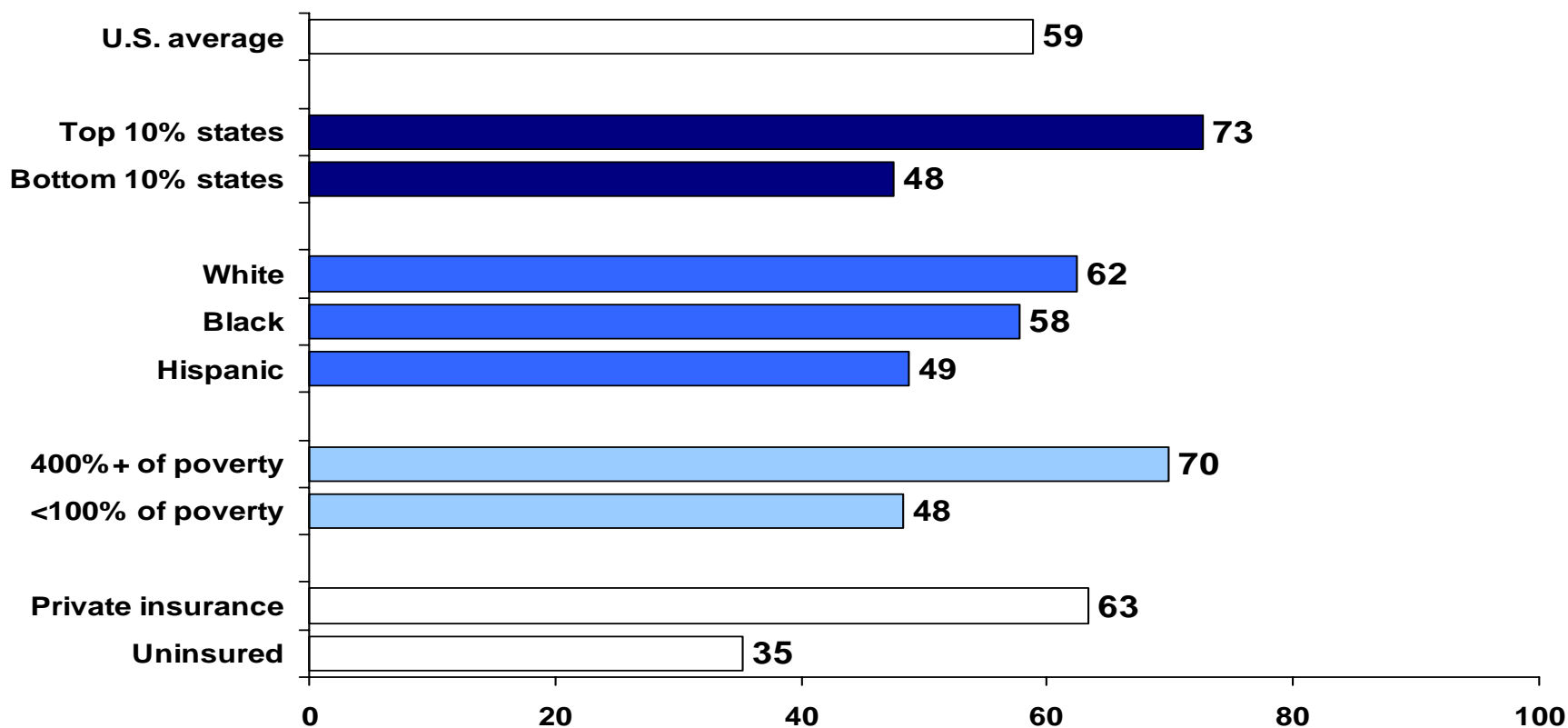
Data: National Immunization Survey (NCHS National Immunization Program, Allred 2007).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

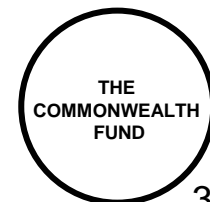


Preventive Care Visits for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) who received BOTH a medical and dental preventive care visit in past year

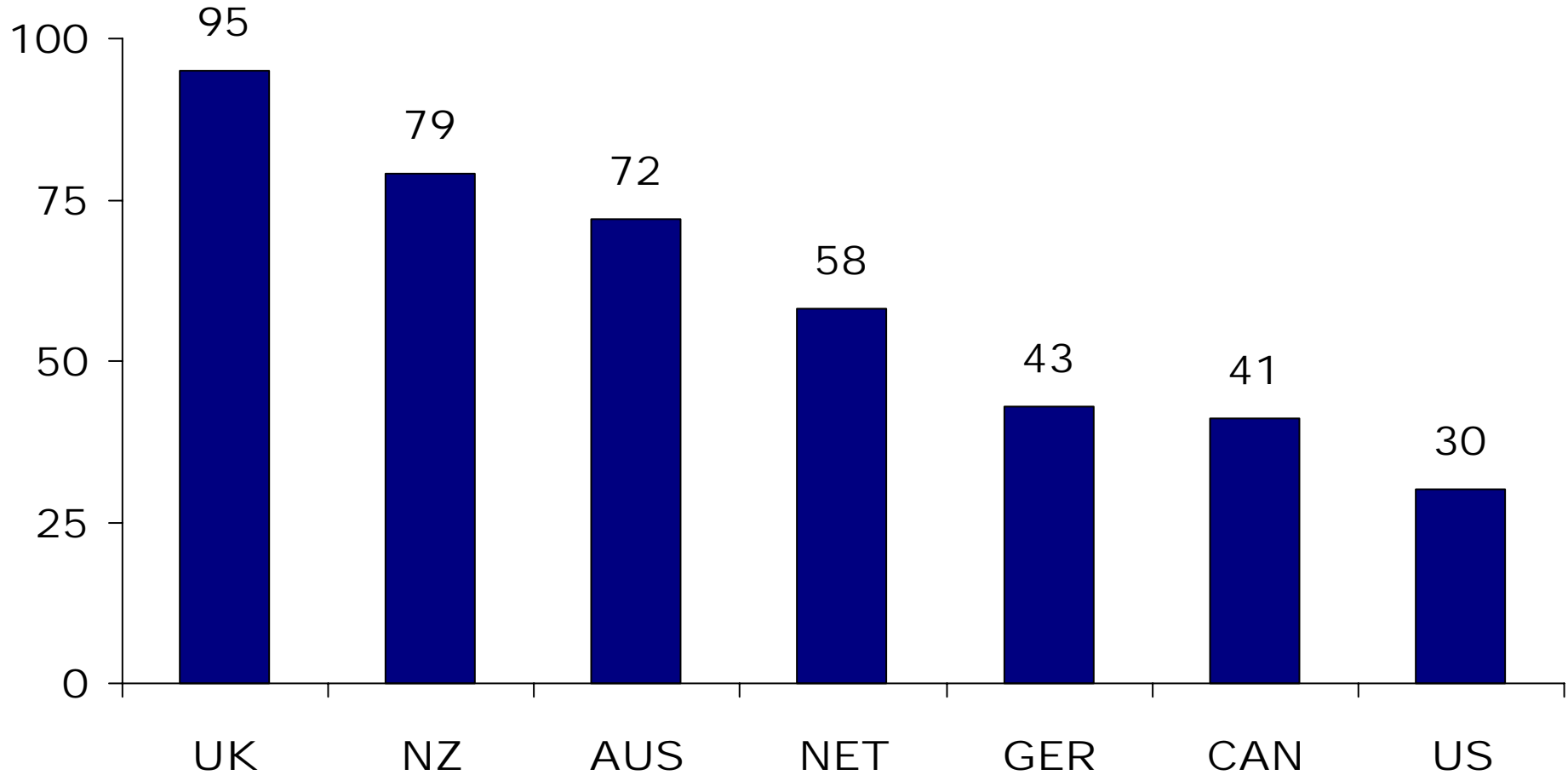


Note: Indicator was not updated due to lack of data. Baseline figures from 2006 Scorecard are presented.
 Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at <http://www.nschdata.org>).



Primary Care Doctors' Reports of Any Financial Incentives for Quality of Care Improvement, 2006

Percent of physicians reporting any financial incentive*

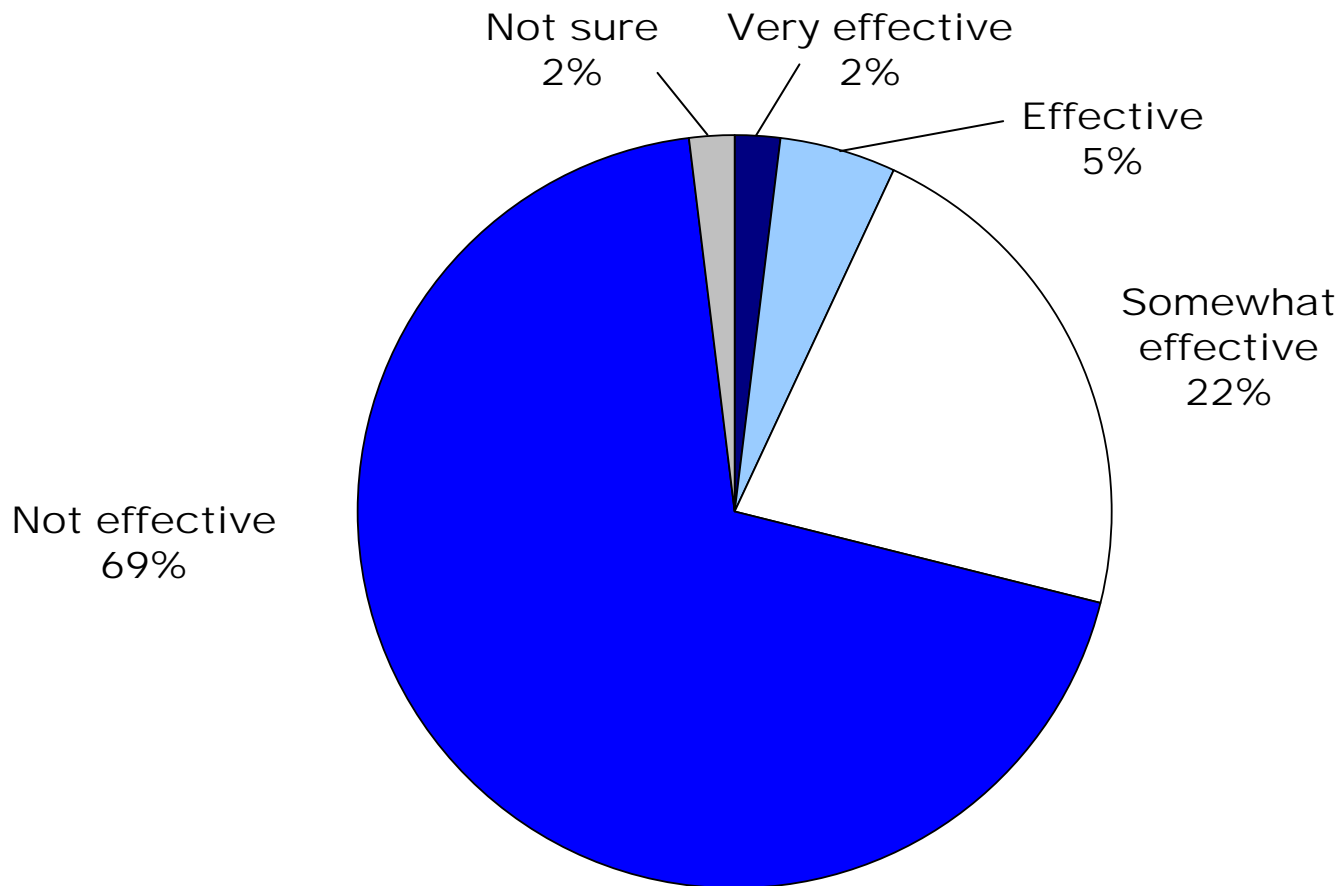


*Receive or have potential to receive payment for: clinical care targets, high patient ratings, managing chronic disease/complex needs, preventive care, or QI activities



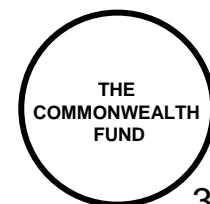
More Than Two-Thirds of Opinion Leaders Say Current Payment System Is Not Effective at Encouraging High Quality of Care

“Under the current payment approach, payment is given to each provider for individual services provided to each patient. How effective do you think this payment system is at encouraging high quality and efficient care?”



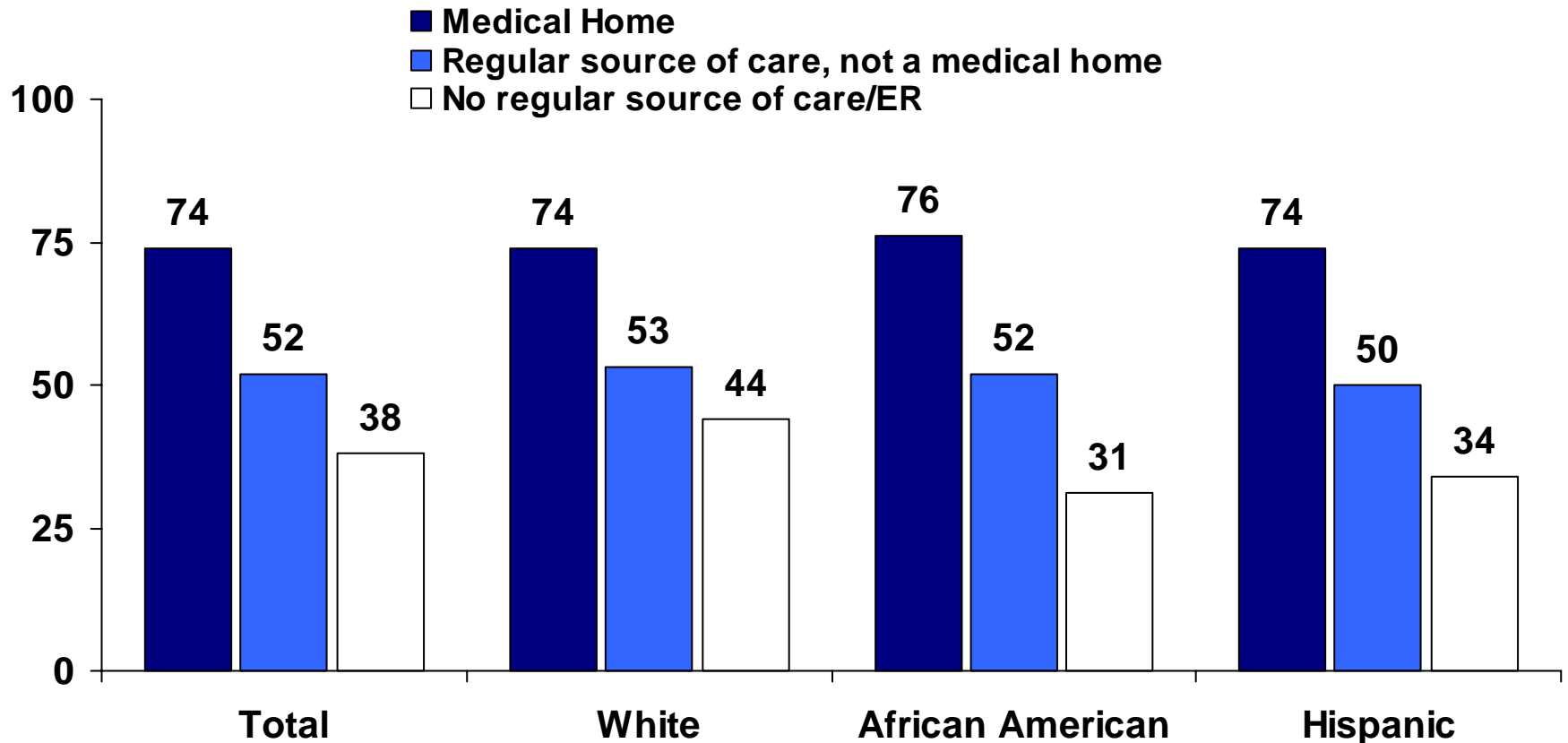
2006 Fund Quality of Care Survey Indicators of a Medical Home (adults 18–64)

Indicator	Total		Percent by Race			
	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
<i>Among those with a regular doctor or source of care . . .</i>						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult to get care or medical advice after hours	92	65	65	69	60	66
Doctors' office visits are always or often well organized and running on time	93	66	68	65	60	62
All four indicators of medical home	47	27	28	34	15	26



Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it



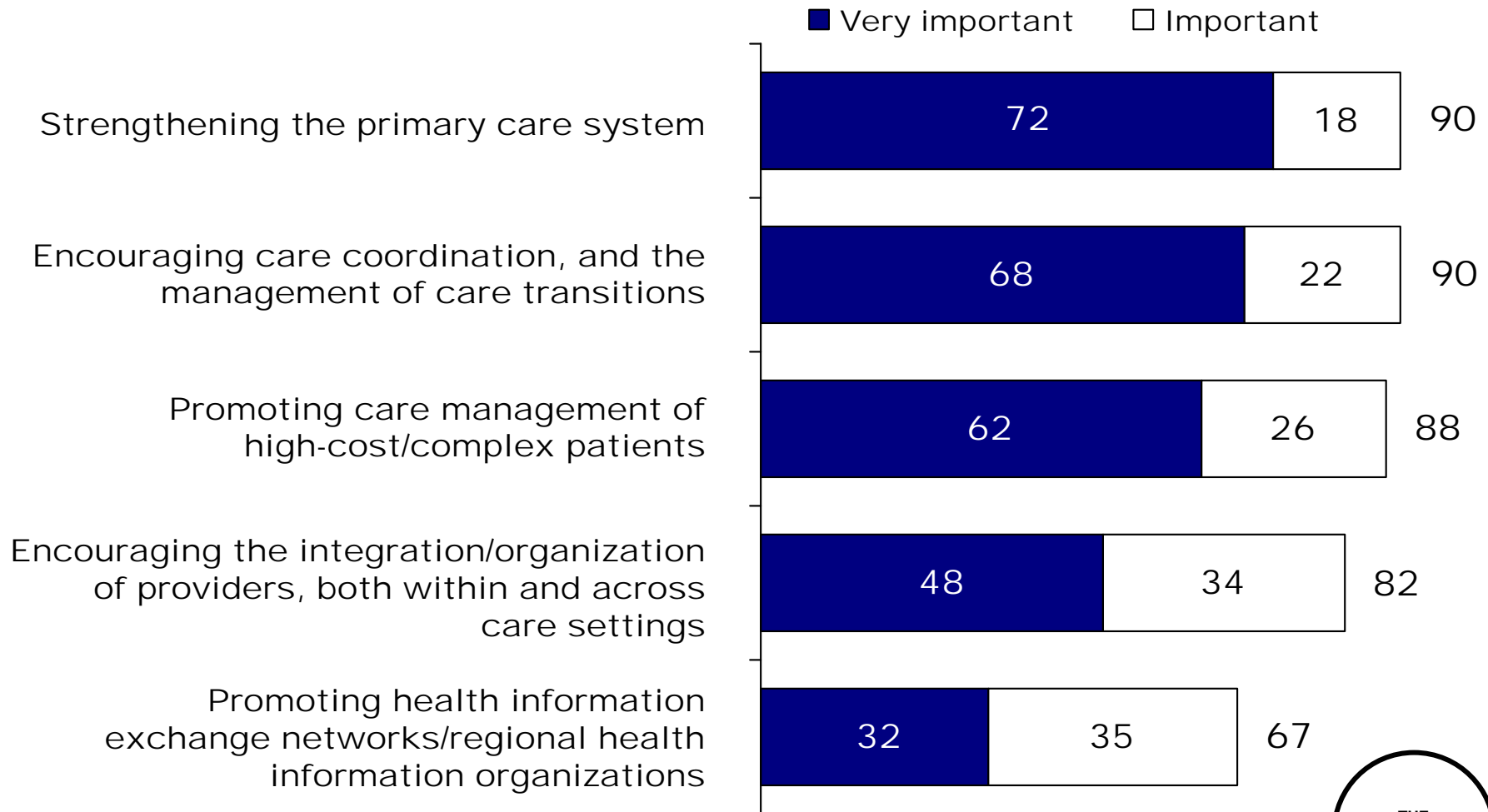
Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.

Source: Commonwealth Fund 2006 Health Care Quality Survey.



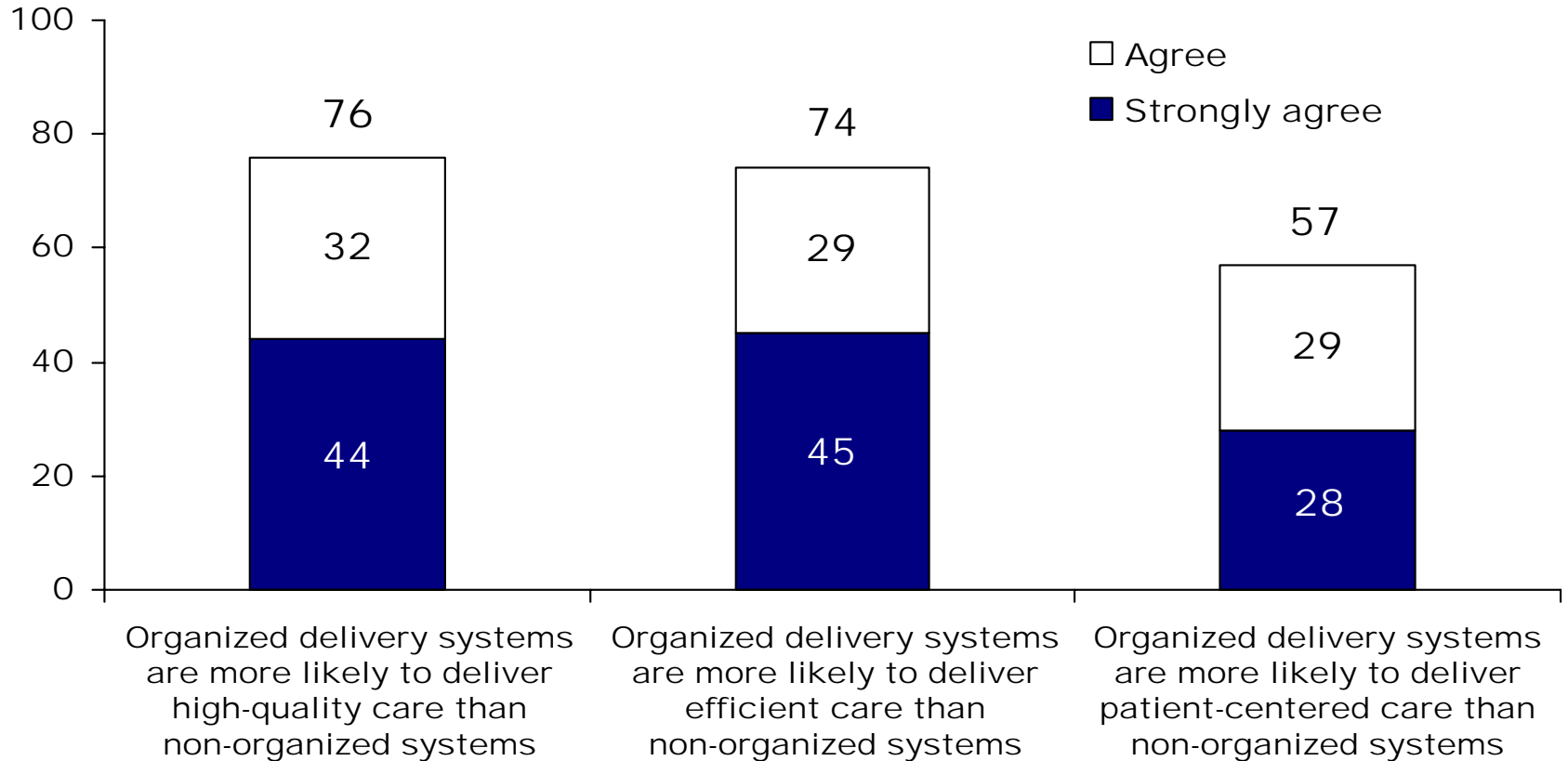
Policy Strategies to Improve Health Care Delivery Organization

“How important do you think each of these are in improving health system performance?”



Three-Quarters of Health Care Opinion Leaders Think Organized Delivery Systems Are More Likely to Deliver High-Quality and Efficient Care

“Please indicate whether or not you agree with the following statements about organized delivery systems.”



Note: Organized delivery system is defined as one which provides enhanced access to care, care coordination, participates in health information exchange, and has hospitals, physician practices, and other providers working together to improve quality and efficiency.

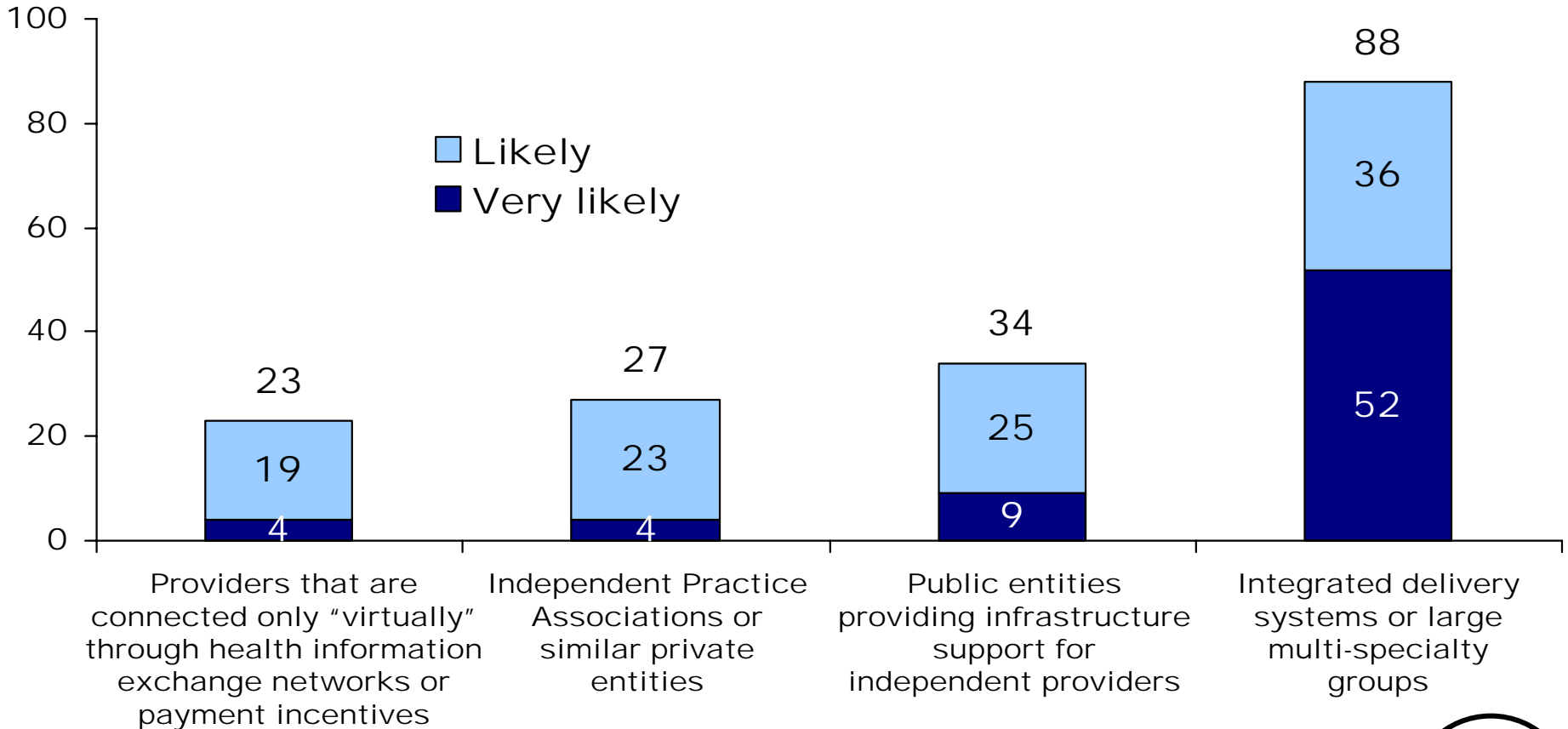
Source: Commonwealth Fund Health Care Opinion Leaders Survey, April 2008.



Integrated Delivery Systems and Multi-Specialty Group Practices Very Likely to Achieve Organized Delivery Systems

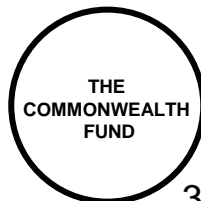
“How likely do you think it is that the results of an organized delivery system can be achieved with the following?”

Percent



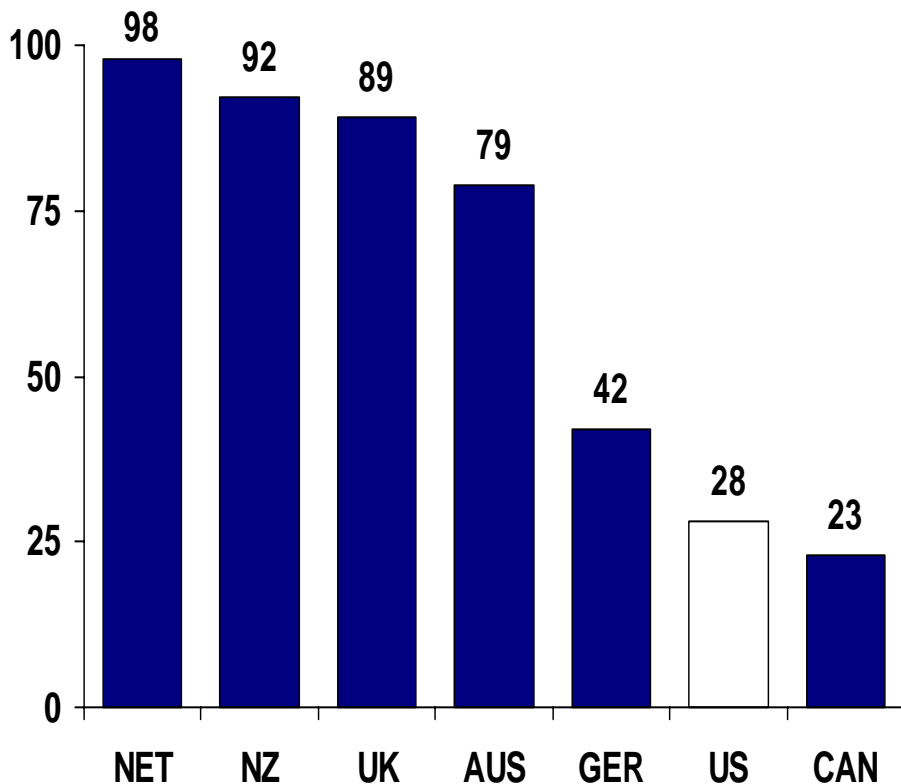
Note: Organized delivery system is defined as one which provides enhanced access to care, care coordination, participates in health information exchange, and has hospitals, physician practices, and other providers working together to improve quality and efficiency.

Source: Commonwealth Fund Health Care Opinion Leaders Survey, April 2008.

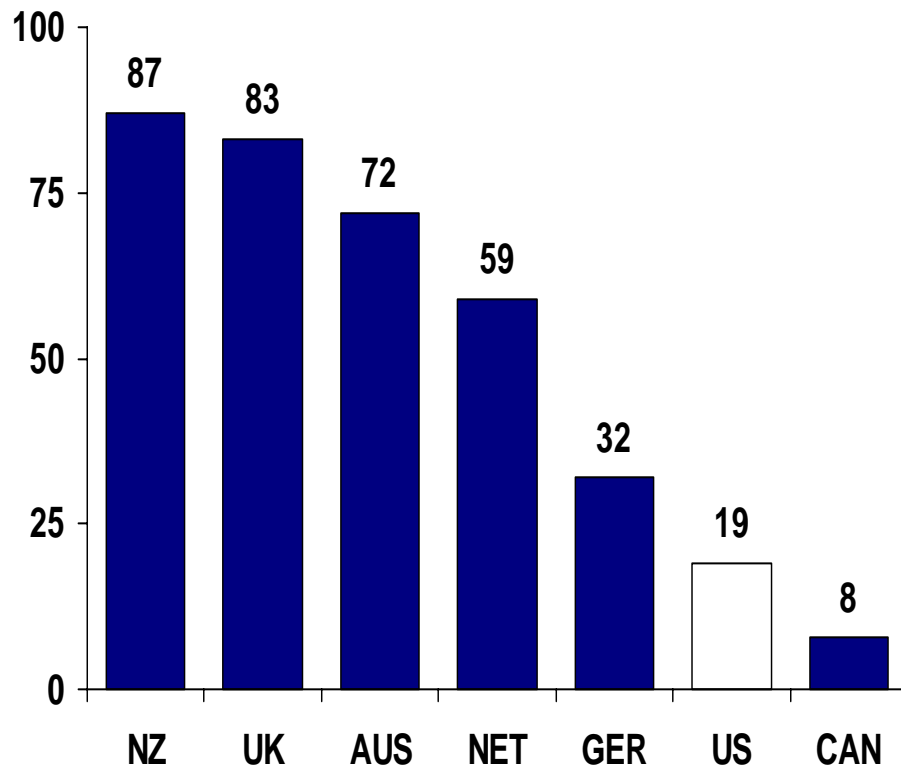


Only 28% of U.S. Primary Care Physicians Have Electronic Medical Records; Only 19% Have Advanced IT Capacity

Percent reporting EMR



Percent reporting 7 or more out of 14 functions*

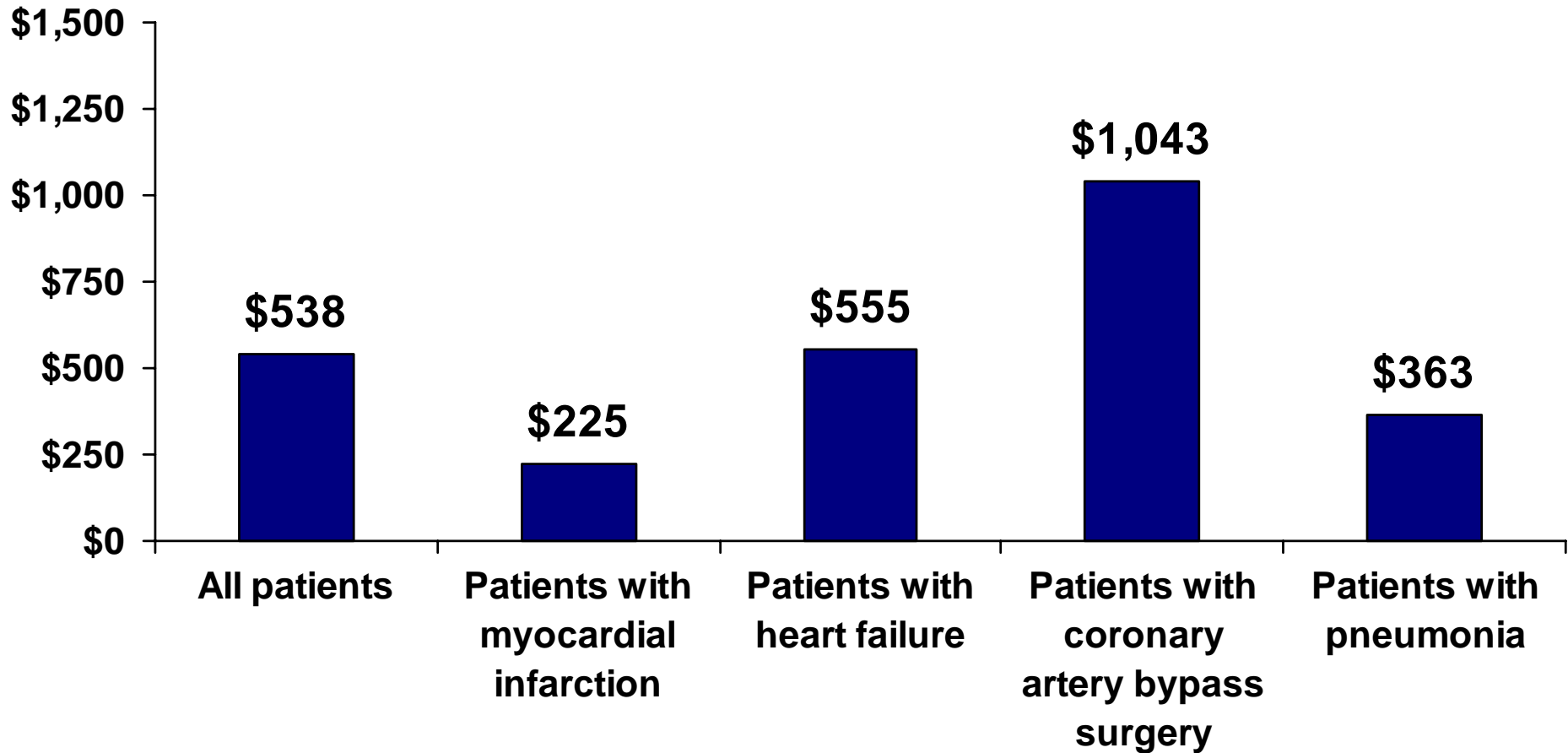


*Count of 14: EMR; EMR access other doctors, outside office, patients; routine use electronic ordering tests, prescriptions; access test results, hospital records; computer for reminders, Rx alerts; prompt tests results; and easy to list diagnosis, medications, patients due for care.

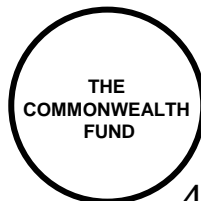


Hospitals with Automated Clinical Decision Support Generate Savings

Mean adjusted hospital savings*



* Adjusted for patient complication risk; patient mortality risk; and hospital size, total margin, and ownership. Savings associated with a 10-point increase in Clinical Information Technology Assessment Tool subdomain score. R. Amarasingham, L. Plantinga, M. Diener-West et al., "Clinical Information Technologies and Inpatients Outcomes: A Multiple Hospital Study," *Archives of Internal Medicine*, Jan. 26, 2009 169(2):1-7.



British Surgeon Survival and Complication Rates Available on Internet

Heart surgery in Great Britain

Homepage **Survival rates** Information for patients Media centre About this site

[Home](#) / [Survival rates](#) / [About coronary artery bypass graft operations](#) / [Cardiac unit](#) / [Surgeon](#)

W. Andrew Owens

The James Cook University Hospital

About W. Andrew Owens

Specialties
Adult cardiac surgery
Adult thoracic surgery

Qualified
Queen's University, Belfast, 1990

Trained
Royal Victoria Hospital, Belfast 1994-1995
Papworth Hospital, Cambridge, 1995-1996
Freeman Hospital, Newcastle upon Tyne, 1996-1999
St Vincent's Hospital, Sydney, Australia, 1999-2001
James Cook University Hospital, Middlesbrough 2001-2002
Freeman Hospital, Newcastle upon Tyne, 2002

Previous consulting posts
Royal Victoria Hospital, Belfast 1994-1995
Papworth Hospital, Cambridge, 1995-1996

Practice profile for the 3 years ending March 2005


Total number of operations performed	■ Isolated coronary bypass operations performed	■ Isolated valve operations performed	■ Combined and other operations performed
140			

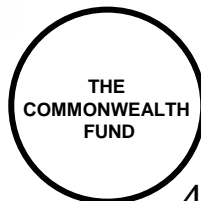
Address:
The James Cook University Hospital
Marton Road,
Middlesbrough,
TS4 3 BW

Tel: 030 7 899 988

Email:
aowens@CTSnet.com

[Webpage](#)





British Surgeon Survival and Complication Rates Available on Internet

Survival rates after selected types of heart operation

How you can use this information

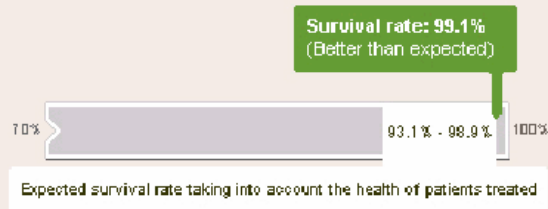
Patients who are going to have certain heart surgery may find it useful to look up survival rates for surgeons or units they are considering and discuss this information with their GP or their surgeon.

What it can't tell you

Your own chances of surviving a heart operation

Coronary artery bypass graft operations

Operations over 3 years ending March 2005

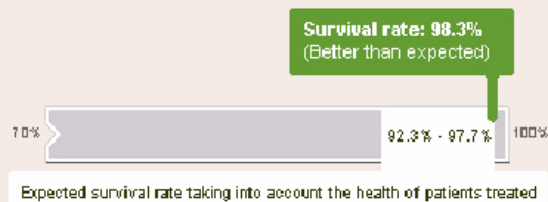


129 operations performed

Statistics calculated from all first time patients

Survival rates for all kinds of surgery

Operations over 3 years ending March 2005

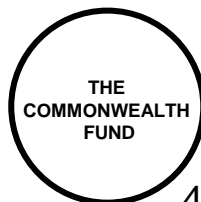
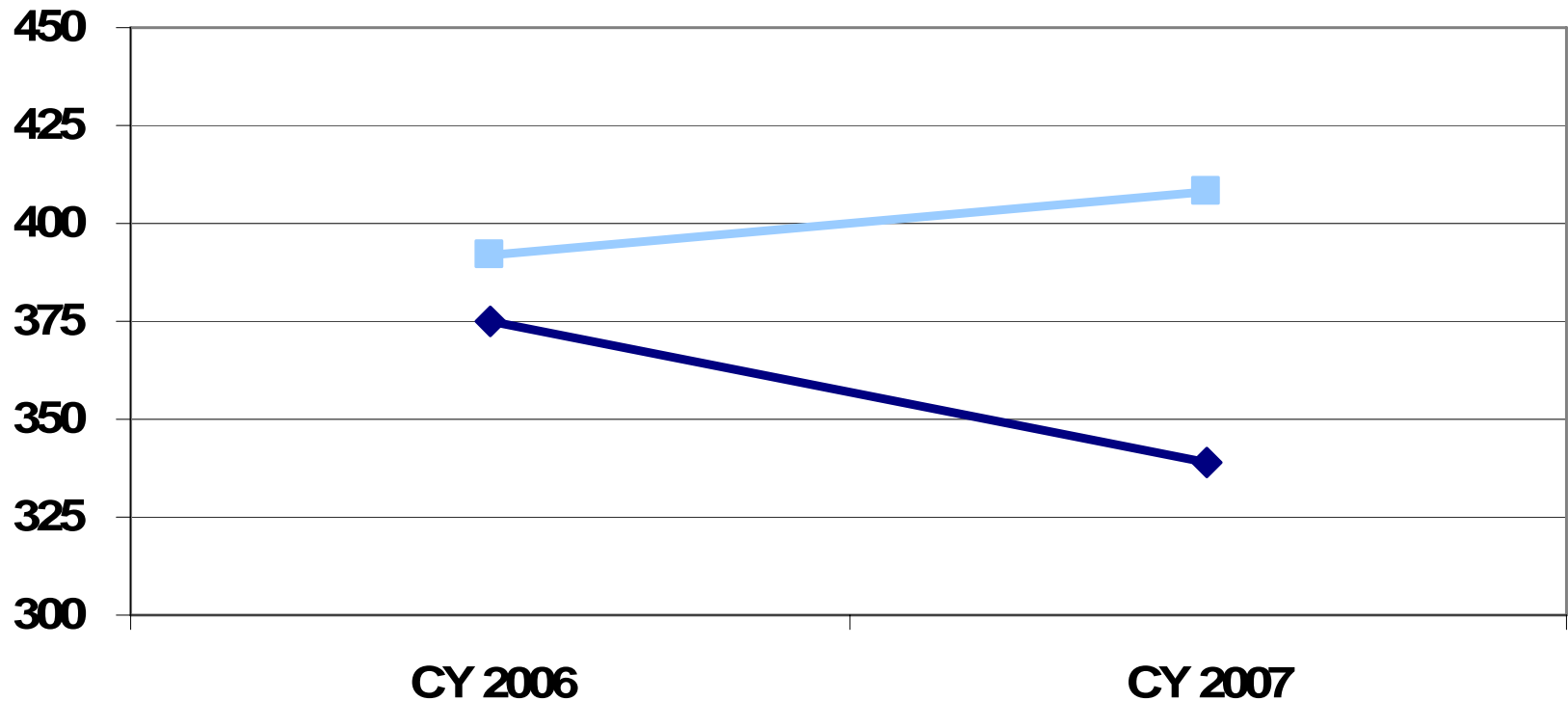


Opportunities and Progress

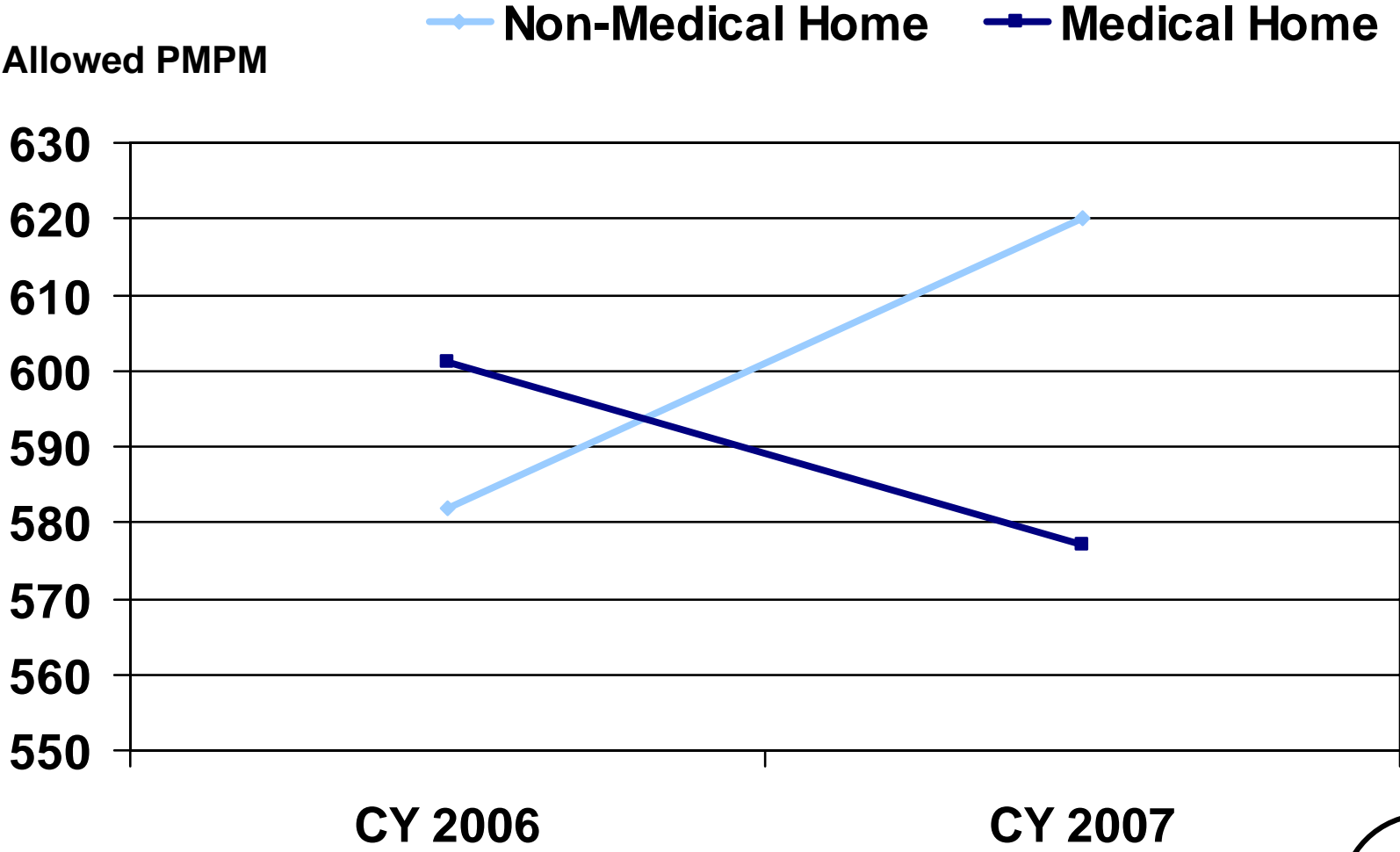
Geisinger Medical Home Sites and Hospital Admissions

Hospital admissions per 1,000 Medicare patients

◆ Medical Home ■ Non-Medical Home

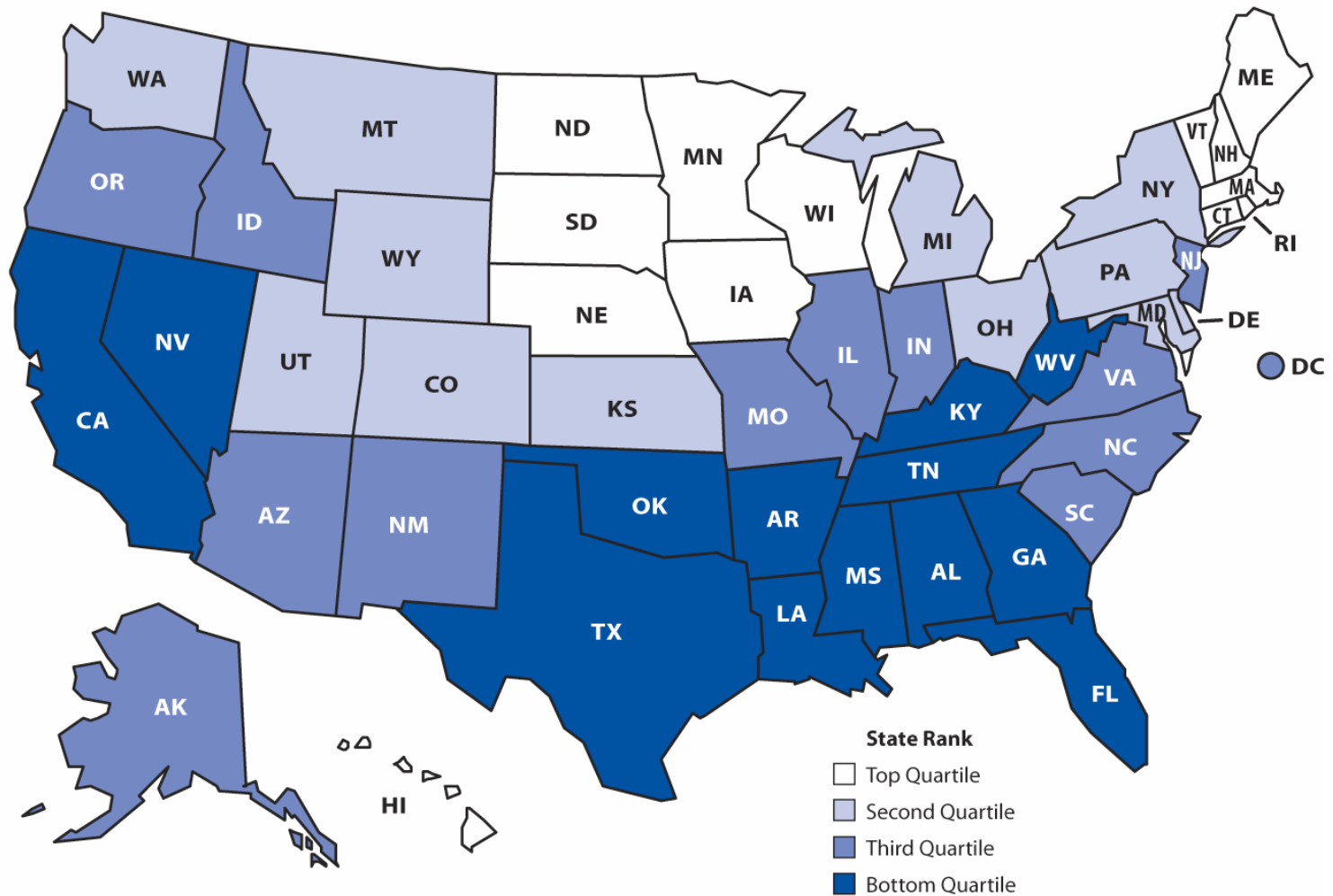


Geisinger Medical Home Pilot Sites Reduce Medical Cost by Four Percent in First Year

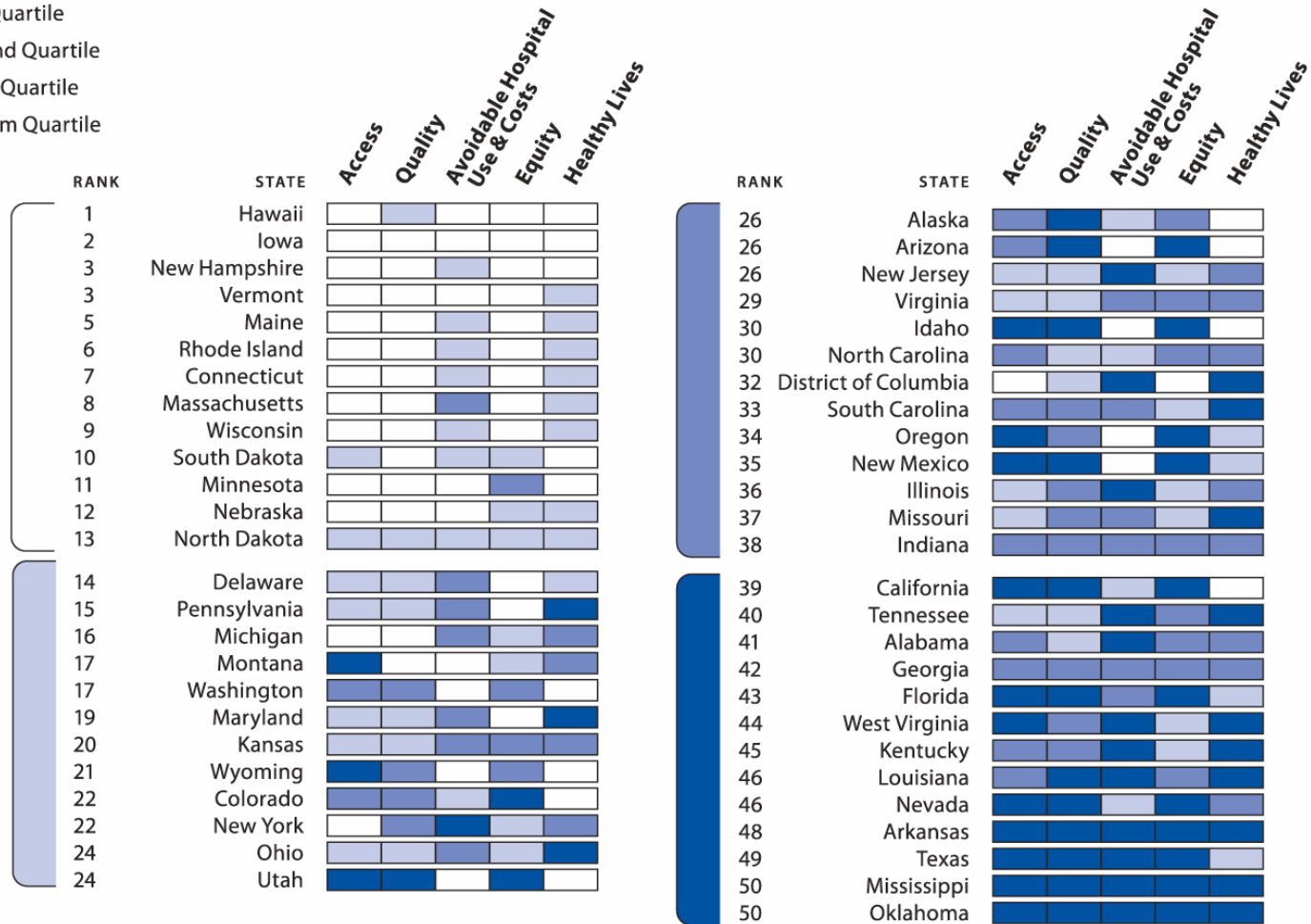
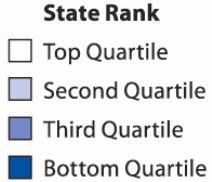


Source: G. Steele, "Geisinger Quality – Striving for Perfection," Presentation to The Commonwealth Fund Bipartisan Congressional Health Policy Conference, January 10, 2009.

State Rankings on Overall Health System Performance

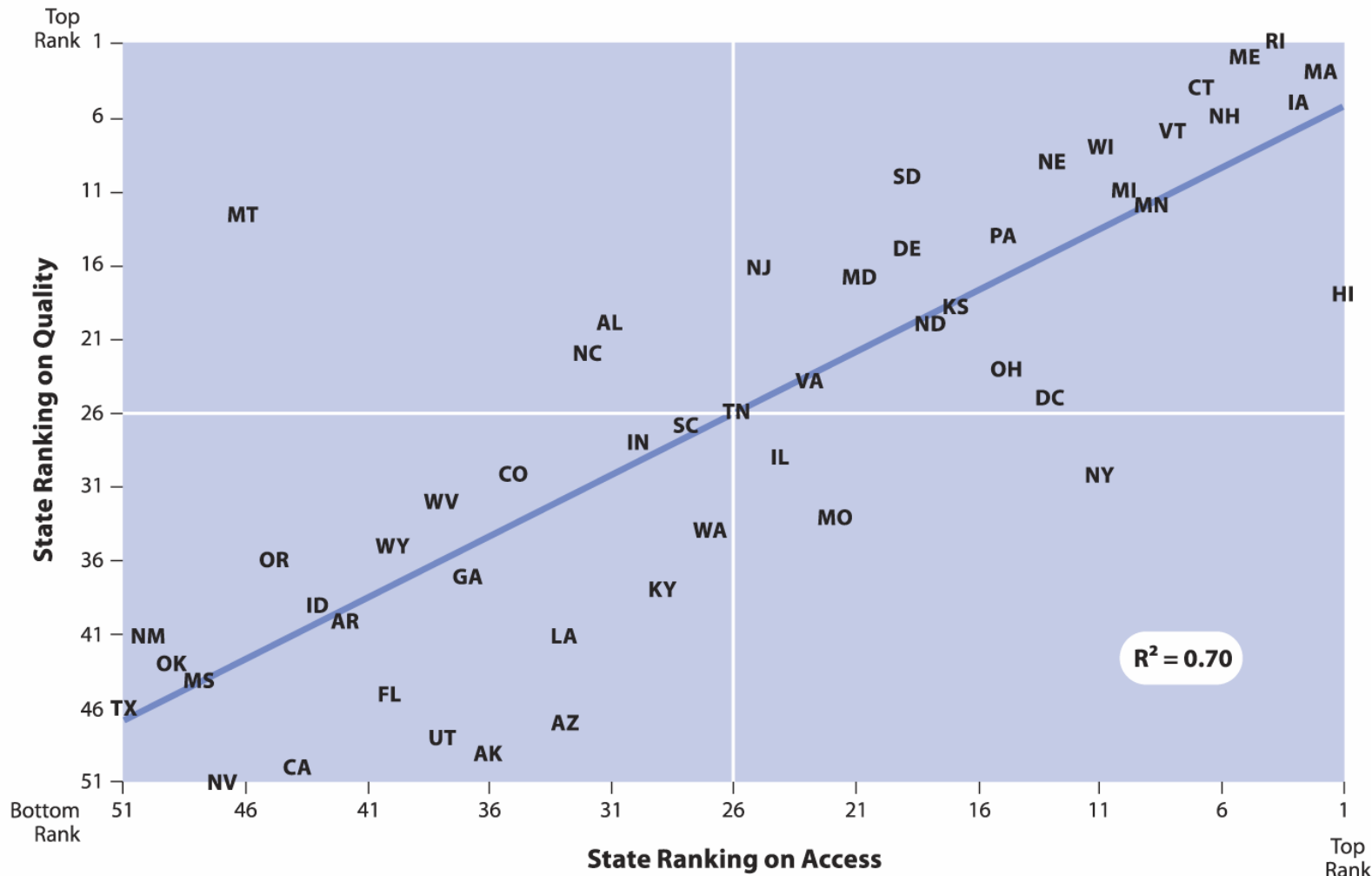


State Scorecard Summary of Health System Performance Across Dimensions

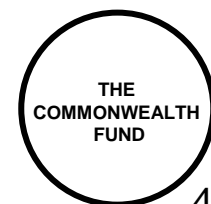
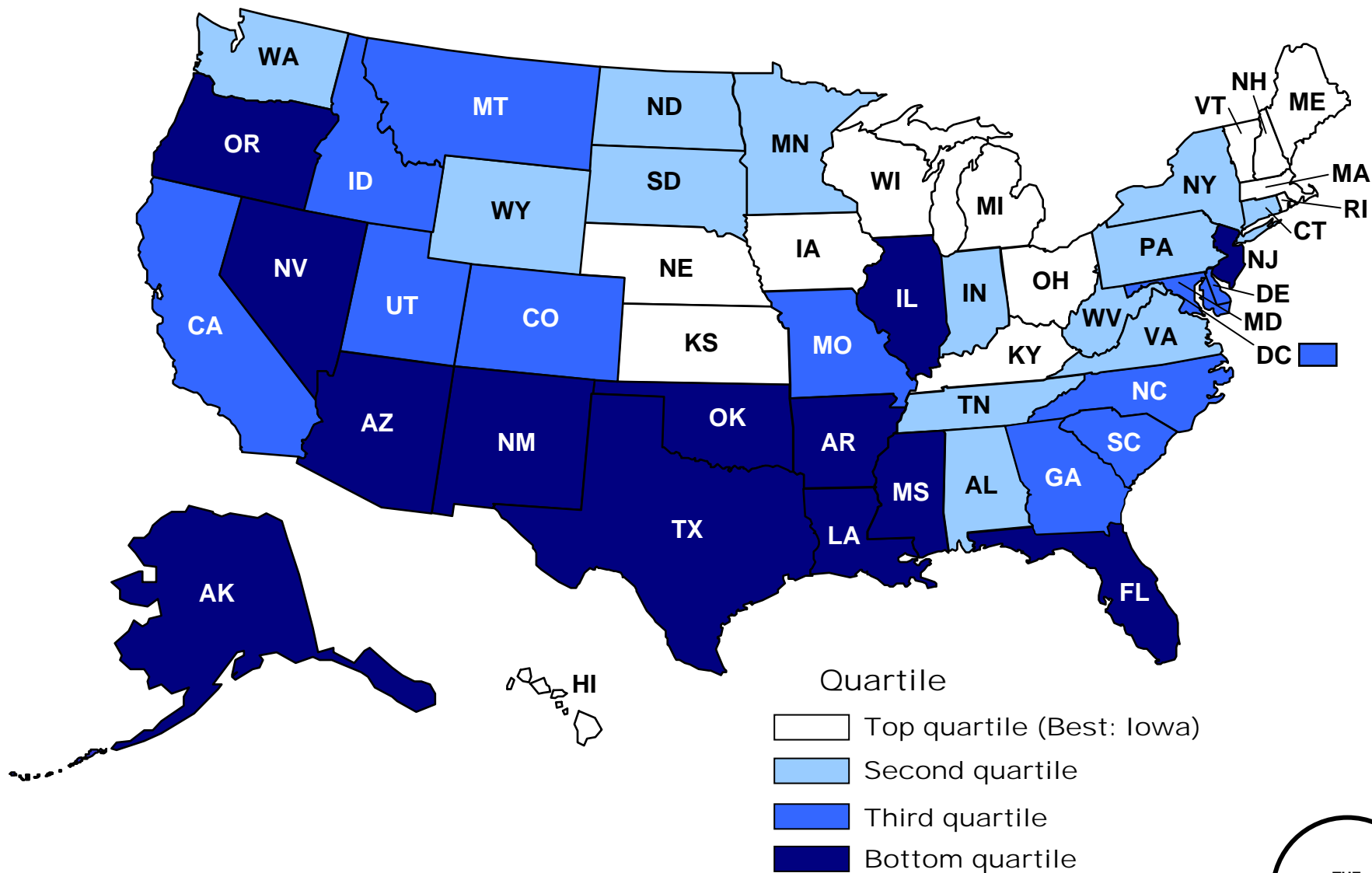


Source: Commonwealth Fund State Scorecard, 2007.

State Ranking on Access and Quality Dimensions



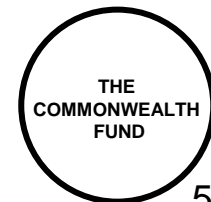
State Ranking on Child Health System Performance



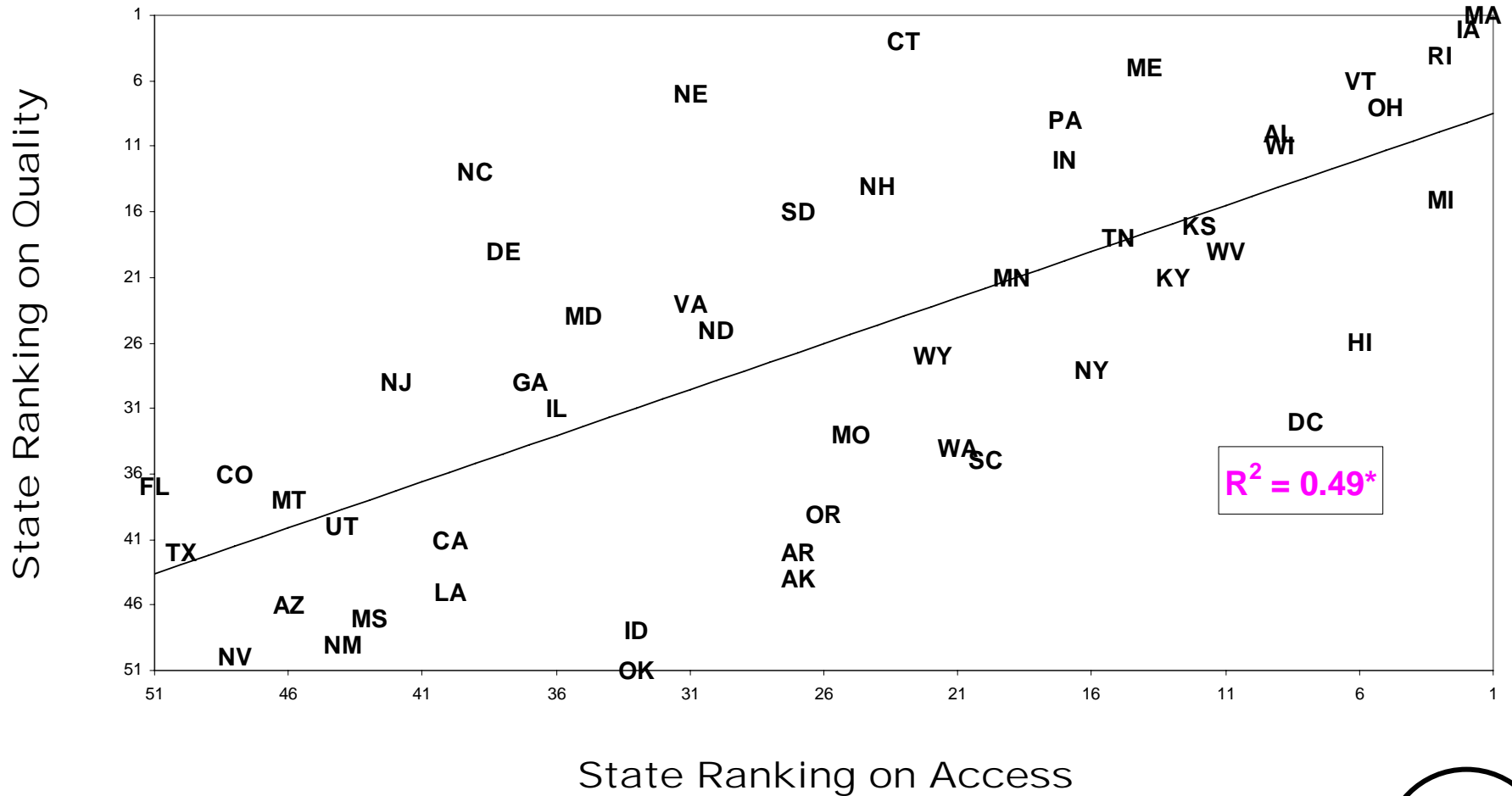
Summary of Variation in Child Health System Performance

Overall Rank*	State	Access	Quality	Costs	Equity	Potential to Lead Healthy Lives
1	Iowa	2	2	12	19	17
2	Vermont	6	6	44	1	1
3	Maine	14	5	46	3	2
4	Massachusetts	1	1	47	2	20
5	Ohio	5	8	34	10	31
6	Hawaii	6	26	5	11	41
6	New Hampshire	24	14	40	7	4
8	Rhode Island	3	4	49	5	31
9	Kentucky	13	21	32	12	18
10	Kansas	12	17	16	30	23
10	Wisconsin	9	11	38	14	26
12	Michigan	3	15	28	17	36
13	Nebraska	31	7	22	23	18
14	Connecticut	23	3	49	6	21
15	Alabama	9	10	8	28	48
16	South Dakota	27	16	22	36	11
16	Wyoming	22	27	37	18	8
18	Pennsylvania	17	9	42	8	37
18	Washington	21	34	32	20	6
20	West Virginia	11	19	39	4	43
21	North Dakota	30	25	21	32	9
22	Indiana	17	12	28	30	33
23	Minnesota	19	21	36	38	7
24	Virginia	31	23	8	35	25
25	New York	16	28	45	8	27
26	Tennessee	15	18	26	24	43
27	Utah	44	40	2	39	3
28	Maryland	35	24	31	12	28
29	Missouri	25	33	17	27	29
30	Montana	46	38	12	22	15
31	North Carolina	39	13	11	25	46
32	District of Columbia	8	32	51	15	38
33	Idaho	33	48	7	45	13
34	California	40	41	12	40	15
34	Colorado	48	36	17	42	5
36	South Carolina	20	35	20	33	41
37	Delaware	38	19	40	20	34
38	Georgia	37	29	6	36	47
39	Illinois	36	31	25	26	38
39	New Mexico	44	49	12	41	10
41	New Jersey	42	29	43	16	29
42	Alaska	27	44	47	29	13
42	Oregon	26	39	24	47	24
44	Arkansas	27	42	1	46	48
45	Nevada	48	50	2	51	21
46	Texas	50	42	28	44	12
47	Arizona	46	46	2	49	35
48	Louisiana	40	45	17	33	51
49	Mississippi	43	47	10	48	50
50	Florida	51	37	34	43	38
51	Oklahoma	33	51	26	49	45

*Final rank for overall health system performance across five dimensions.
 Source: The Commonwealth Fund's calculations based on state's rankings on access, quality, cost, healthy lives, and equity dimensions.



State Ranking on Child Health Access and Quality Dimensions



*p<.05



Source: Commonwealth Fund State Scorecard on Child Health System Performance, 2008.

Overall Views of the Health Care System in Eight Countries

Base: Adults with any chronic condition

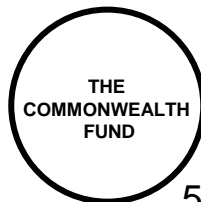
Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Only minor changes needed	22	32	41	21	42	29	38	20
Fundamental changes needed	57	50	33	51	46	48	48	46
Rebuild completely	20	16	23	26	9	21	12	33



Cost-Related Access Problems in Past Two Years

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Did not fill Rx or skipped doses	20	18	13	12	3	18	7	43
Did not visit a doctor when had a medical problem	21	9	11	15	3	22	4	36
Did not get recommended test, treatment, or follow-up	25	11	13	13	3	18	6	38
Any of the above access problems because of cost	36	25	23	26	7	31	13	54



Length of Time with Regular Doctor or Place

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Has regular doctor or place of care	96	97	99	99	100	98	99	91
With regular doctor or place for five years or more*	58	64	75	79	79	61	73	49

* Base includes those with and without a regular doctor or place of care.

Data collection: Harris Interactive, Inc.

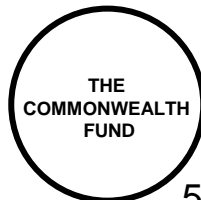
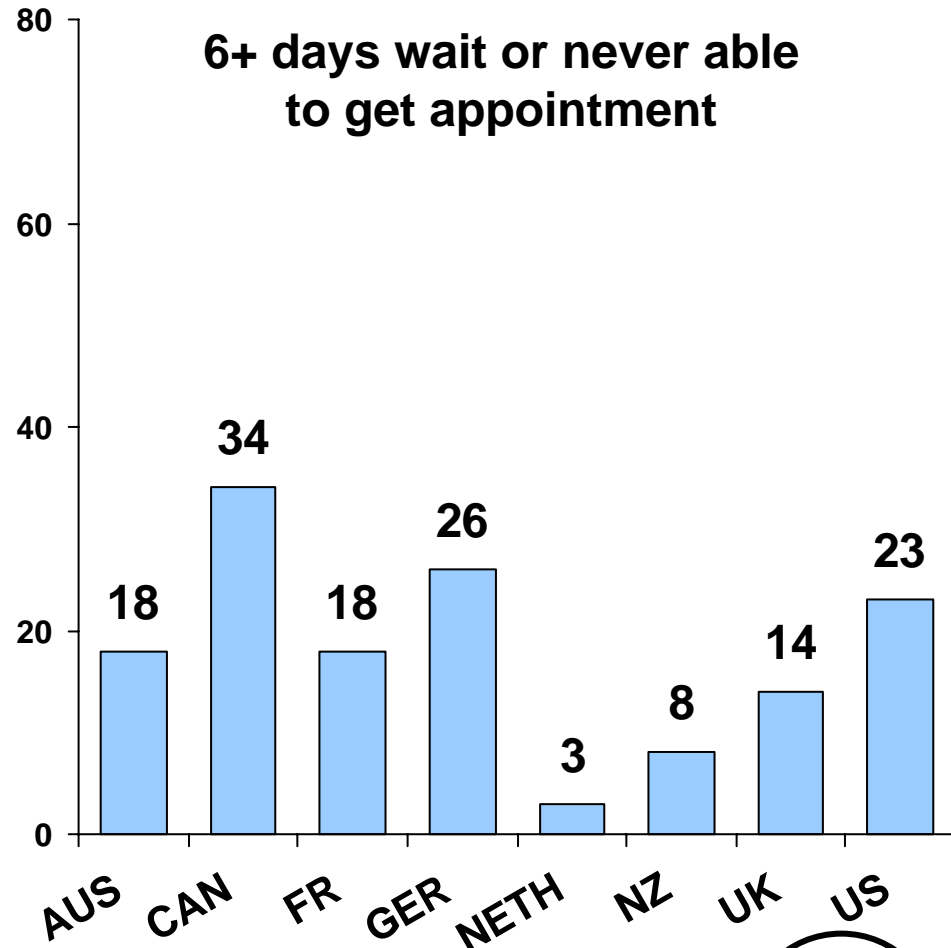
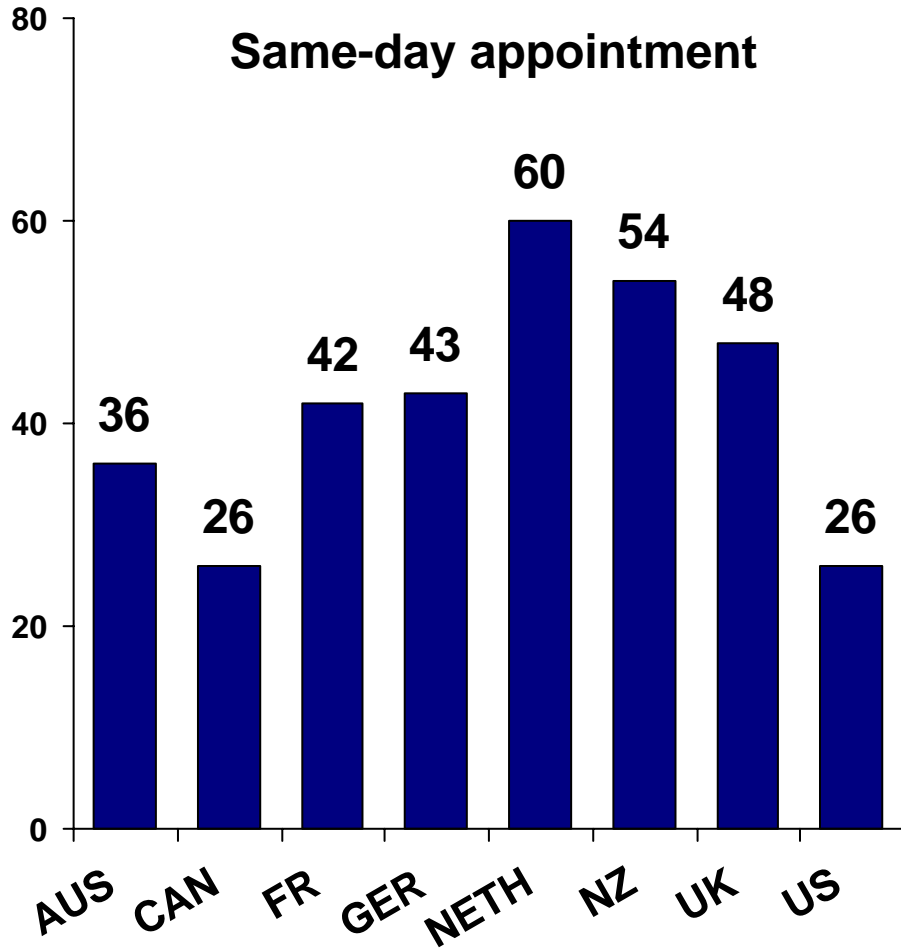
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.



Access to Doctor When Sick or Needed Care

Base: Adults with any chronic condition

Percent



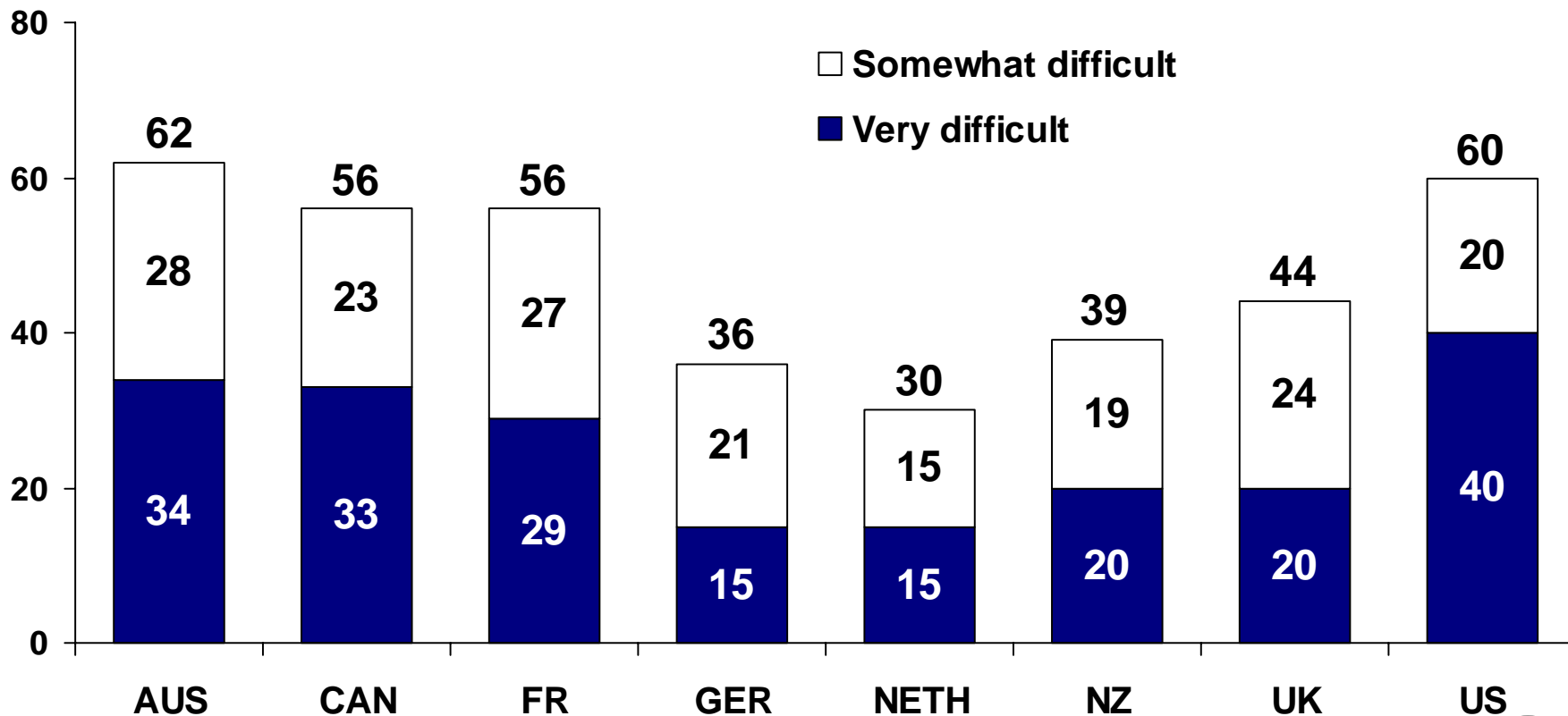
Data collection: Harris Interactive, Inc.

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

Difficulty Getting Care After Hours Without Going to the Emergency Room

Base: Adults with any chronic condition who needed after-hours care

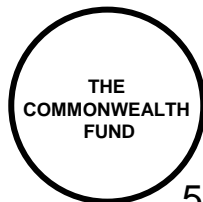
Percent reported *very/somewhat difficult* getting care on nights, weekends, or holidays without going to ER



Coordination Problems with Medical Tests or Records in Past Two Years

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Test results/records not available at time of appointment	16	19	15	12	11	17	15	24
Duplicate tests: doctors ordered test that had already been done	12	11	10	18	4	10	7	20
Either/both coordination problems	23	25	22	26	14	21	20	34



Medical, Medication, or Lab Test Errors in Past Two Years

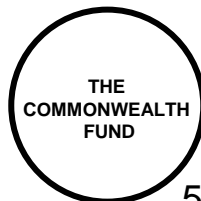
Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Wrong medication or dose	13	10	8	7	6	13	9	14
Medical mistake in treatment	17	16	8	12	9	15	8	16
Incorrect diagnostic/lab test results*	7	5	3	5	1	3	3	7
Delays in abnormal test results*	13	12	5	5	5	10	8	16
Any medical, medication, or lab errors	29	29	18	19	17	25	20	34

* Among those who had blood test, x-rays, or other tests.

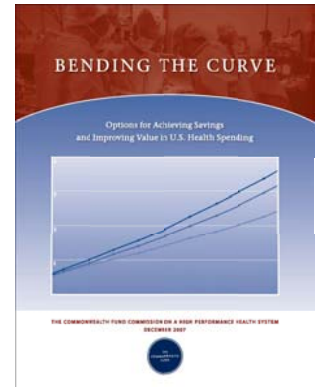
Data collection: Harris Interactive, Inc.

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



Policy Solutions

Bending the Curve: Fifteen Options that Achieve Savings Cumulative 10-Year Savings



Producing and Using Better Information

- Promoting Health Information Technology -\$88 billion
- Center for Medical Effectiveness and Health Care Decision-Making -\$368 billion
- Patient Shared Decision-Making -\$9 billion

Promoting Health and Disease Prevention

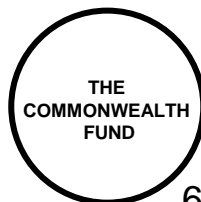
- Public Health: Reducing Tobacco Use -\$191 billion
- Public Health: Reducing Obesity -\$283 billion
- Positive Incentives for Health -\$19 billion

Aligning Incentives with Quality and Efficiency

- Hospital Pay-for-Performance -\$34 billion
- Episode-of-Care Payment -\$229 billion
- Strengthening Primary Care and Care Coordination -\$194 billion
- Limit Federal Tax Exemptions for Premium Contributions -\$131 billion

Correcting Price Signals in the Health Care Market

- Reset Benchmark Rates for Medicare Advantage Plans -\$50 billion
- Competitive Bidding -\$104 billion
- Negotiated Prescription Drug Prices -\$43 billion
- All-Payer Provider Payment Methods and Rates -\$122 billion
- Limit Payment Updates in High-Cost Areas -\$158 billion



Five Key Strategies for High Performance

1. **Extending affordable health insurance to all**
2. **Organizing care around the patient**
3. **Aligning financial incentives to enhance value and achieve savings**
4. **Meeting and raising benchmarks for high-quality, efficient care**
5. **Ensuring accountable national leadership and public/private collaboration**

