The U.S. health care system is the most expensive in the world. Yet it is clear that by many measures, Americans are not receiving commensurate value for the dollars they spend. Aiming to help move the U.S. toward a health care system that provides better access, improved quality, and greater efficiency, The Commonwealth Fund has formed the Commission on a High Performance Health System.

As Fund president Karen Davis notes in “Toward a High Performance Health System: New Commonwealth Fund Commission” (Health Affairs, Sept./Oct. 2005), Foundation-supported commissions have at key moments in history “pointed the way toward transformational change” within health care. In the first decade of the 20th century, for example, findings of the Flexner Commission, which was supported by the Carnegie Foundation for the Advancement of Teaching, ushered in substantial reforms of America’s medical education system. More recently, the Henry J. Kaiser Family Foundation has been exploring ways to sustain and improve the largest public insurance program for the poor through the Kaiser Commission on Medicaid.

Sensing that “the time is right to find common cause among those who support broad-based health system reforms,” The Commonwealth Fund launched the Commission on a High Performance Health System in July 2005. The Commission arrives at a critical juncture. Double-digit growth in health insurance premiums, loss of insurance coverage, and a “chasm” in the delivery of safe, effective medical care affect millions of American families and businesses. In addition, “nearly everyone with intimate knowledge of our health system acknowledges that it is plagued by waste, duplication, needless and costly errors, and fragmented insurance administration,” Davis says.

The Commission will be exploring ways to address these ills. It will be doing so, Davis says, by identifying policies and practices in health care delivery and financing that would lead to improved system performance, with particular focus on those in society who are most vulnerable due to income, race/ethnicity, health, or age.

Activities of the New Commission
Chaired by Partners HealthCare CEO James J. Mongan, M.D., the 18-member Commission will tap the expertise of individuals representing “a full spectrum of health system perspectives.” With assistance provided by strategic partners AcademyHealth and the Alliance for Health Reform, the Commission will pursue a range of activities, among them:

- Defining the characteristics of high-performance health systems.
- Identifying necessary public and private policy changes.
- Setting realistic targets for system performance.
- Releasing annual ‘scorecards’ to track and assess system performance across multiple dimensions and help guide the Commission’s work.
• Holding an annual retreat with members of Congress, as well as a retreat with senior congressional staff, to disseminate Commission work directly to federal policymakers.

• Examining a wide range of state, private, and community initiatives focused on improving insurance coverage, access to care, quality of care, and cost performance.

• Issuing policy briefs to inform national debate on current topics.

**Fund Programs Supporting the Commission**

The Commonwealth Fund’s grant programs will support the Commission’s activities, Davis says. Each program will work to advance specific goals regarding coverage, access, quality, and cost.

*Health coverage and access.* The Fund’s Program on the Future of Health Insurance will support projects that analyze, develop, and model policies and strategies focused on health insurance expansion and improvement, as well as projects centered on raising efficiency in insurance administration. Strengthening and building upon employer-based health coverage will likely be of particular concern to the Commission, Davis says.

*Medicare.* Medicare, far and away the largest single payer, often functions as a bellwether for the health care system as a whole. This critical program for the aged and disabled is confronting an array of challenges in its fifth decade, including implementation of a new prescription drug benefit and growing pressure to increase the quality, appropriateness, and efficiency of care it provides. As a key source of information, analysis, and policy evaluation since 1995, the Fund’s Program on Medicare’s Future will help the Commission as it addresses issues that overlap those facing Medicare.

*Quality improvement.* Davis notes that the Fund has several grantmaking programs related to quality of care that will inform the Commission’s work. The Program on Health Care Quality Improvement and Efficiency supports projects investigating ways to gather and share reliable information on quality and efficiency at all levels of the health system. Other projects examine incentives and payment policies that foster improvement, as well as innovative health care delivery models. The newly established Patient-Centered Primary Care Initiative, meanwhile, is seeking to promote the redesign of physician practices to be highly responsive to patients’ needs—a key attribute of high performance.

Other Fund programs focused on quality of care include Child Development and Preventive Care, which has long worked to improve family-centered care for young children; Quality of Care for Frail Elders, which in recent years has focused on the evaluation and diffusion of models for improving quality of care and quality of life in nursing homes; and Quality of Care for Underserved Populations, which is concerned with low-income Americans and members of racial or ethnic minorities.

*State Innovations.* Health system reforms undertaken by individual states are of great interest to other states as well as to federal officials. In light of this, the Fund’s new State Innovations Program is working to identify and assess notable public and private initiatives to improve coverage, quality, and efficiency throughout the country. A newsletter, *States in Action,* has been launched by the Fund to report on achievements in the state health policy arena.

*International health policy and practice.* As the Commission carries out its work, Davis says it will likely turn to other industrialized nations for innovations that might be adaptable to the U.S. health care environment. In this regard, the Fund’s international program, she notes, will be especially useful. Its core components include an annual international health policy symposium and survey, analyses of health system performance data, a quality indicators benchmarking project, and the Harkness Fellowships in Health Care Policy.

**Conclusion**

Through coordinated programs focused on health care access, quality, and efficiency, The Commonwealth Fund hopes that the Commission can “change the nature of the policy debate, forge consensus on policy options, and diffuse promising innovations.” In its pursuit of these goals, the Fund is following in the footsteps of other U.S. foundations that have similarly devoted their resources to tackling the major health care issues of the day.