

2006 Annual Report
Commission on a High Performance Health System

The United States provides some of the best medical care in the world. We spend more on health care than anyone else. And our health system is in serious trouble. By now, most of us have heard about the problems: tens of millions of Americans without health insurance coverage; an employer-based coverage system in distress; spiraling insurance and health care costs; high variability in the quality and safety of care; disparities based on race, ethnicity, and income.

In establishing the Commission on a High Performance Health System in 2005, The Commonwealth Fund's board of directors recognized the need for national leadership to revamp, revitalize, and retool the U.S. health care system. The Commission's [19 members](#)—a distinguished group of experts and leaders representing every sector of health care, as well as the state and federal policy arena, the business sector, professional societies, and academia—are charged with promoting a high-performing health system that provides all Americans with affordable access to high-quality, safe care while maximizing efficiency in its delivery and administration. Of particular concern to the Commission are the most vulnerable groups in society, including low-income families, the uninsured, racial and ethnic minorities, the young and the aged, and people in poor health.

During its inaugural year, the Commission ignited considerable public interest and attention. Its greatest accomplishments so far have been to highlight for the public specific areas where health system performance falls short of what is achievable, and to make the case for a holistic approach to reforming health care.

Laying the Groundwork for Change

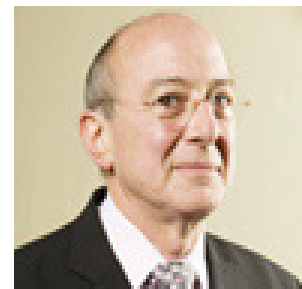
In its first report, released in August 2006, the Commission traced the critical sources of health system failures and outlined a vision of a uniquely American, high performance system.¹ The Commission has identified concrete steps to make health care more effective, efficient, and equitable:

- Extend health insurance to all.



James J. Mongan, M.D.
Commission Chairman

Dr. Mongan, newly named to the Fund's Board of Directors, chairs the Fund's Commission on a High Performance Health System. He is the president and chief executive officer of Partners HealthCare, as well as a professor of health care policy and social medicine at Harvard Medical School.



Stephen C. Schoenbaum, M.D.
Commission Executive Director
Fund Executive Vice President

Dr. Schoenbaum coordinates the development and management of the Fund's grants programs and those it operates directly, oversees the professional staff responsible for programs, and represents the Fund on programmatic issues in a wide range of settings.

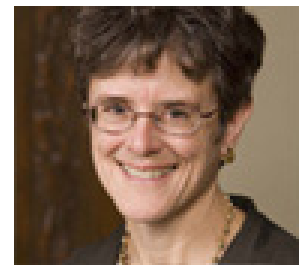
- Pursue excellence in the provision of safe, effective, and efficient care.
- Organize the care system to ensure coordinated and accessible care for all.
- Increase transparency and reward quality and efficiency.
- Expand the use of information technology and exchange.
- Develop the workforce to foster patient-centered and primary care.
- Encourage leadership and collaboration among public and private stakeholders.



Anne K. Gauthier
Commission Senior
Policy Director

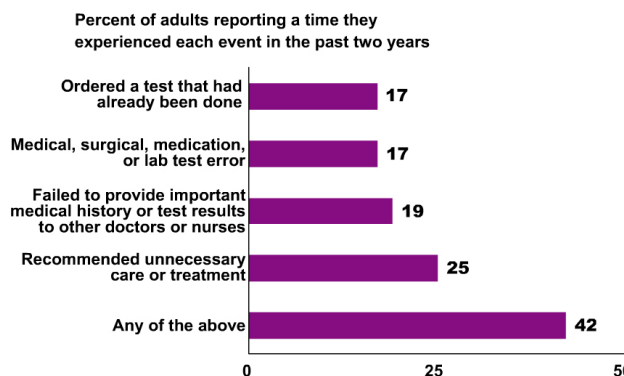
Members of the Commission agree that such reforms will require the establishment of coordinated systems to enable health care providers to provide appropriate, high-quality health services for a range of acute and chronic care needs. At the same time, the Commission believes that providers must be held accountable for meeting benchmarks for effectiveness, safety, and efficiency.

Survey findings reveal that the Commission’s priorities are in sync with public opinion. In the report, [*Public Views on Shaping the Future of the U.S. Health Care System*](#), Fund senior vice president Cathy Schoen and colleagues described strong public support for efforts to improve care coordination, expand the use of information technology, and adopt a team approach to care delivery.² Survey respondents told of instances where they received duplicative or otherwise wasteful services, or had difficulty paying for insurance coverage or care—problems encountered not only by low-income families, but by middle-income ones as well.



Cathy Schoen
Commission Research
Director
Fund Senior Vice President

High percentages of surveyed U.S. adults reported duplicate tests, medical errors, failures to share information, or times when doctors recommended unnecessary care.



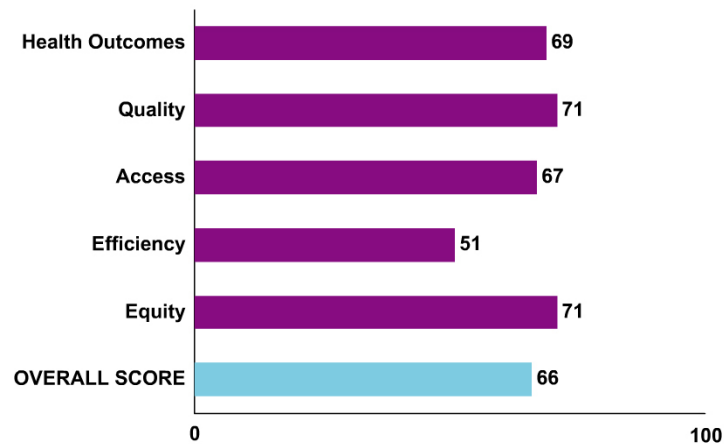
Source: C. Schoen, S. K. H. How, I. Weinbaum, J. E. Craig, Jr., and K. Davis, *Public Views on Shaping the Future of the U.S. Health Care System* (New York: The Commonwealth Fund, Aug. 2006).

Three-quarters of those surveyed agree that the health system needs either fundamental change or complete rebuilding. Topping the list of priorities for federal action are expanding health coverage and controlling costs. Other favored reforms include ensuring that everyone has a “medical home”—a regular primary care provider who is responsible for coordinating all of a patient’s care—as well as a personal health record, accessible to the patient and all of his or her health care providers, that contains all pertinent medical information.

A Scorecard for the Health System

Certainly the most significant contribution the Commission has made thus far is the National Scorecard on U.S. Health System Performance. Despite its name, the Scorecard is no game. The first-ever comprehensive, evidence-based means of measuring and monitoring health system performance, the Scorecard assesses how well the U.S. does across the key areas of health care relative to achievable benchmarks. It also points to deficient areas where public and private action is needed—and provides a yardstick against which to measure the success of new policies.

When comparing national performance to benchmarks, the U.S. health care system overall scored 66 out of 100.



Source: Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance* (New York: The Commonwealth Fund, Sept. 2006).

Published both as a *Health Affairs* Web Exclusive³ and a Fund report,⁴ the findings show that across 37 indicators of performance—from receipt of preventive care by children to hospital admission rates for nursing home residents—the U.S. attains an average score of just 66 out of a possible 100, based on ratios of national performance to the best-attained performance within the U.S. or abroad. Given our nation’s wealth and high level of health spending, that is simply unacceptable. Following are some of U.S. health care’s specific shortcomings:

- U.S. mortality rates from conditions “amenable to health care”—deaths that could have been prevented with timely and effective care—are 30 percent higher than in the three best-performing countries.

- Barely half of adults receive preventive and screening tests according to guidelines for their age and sex.
- If national average rates for control of diabetes and blood pressure matched rates achieved by the top 10 percent of U.S. health plans, an estimated 20,000 to 40,000 deaths and \$1 billion to \$2 billion in medical costs could be avoided.
- Only 17 percent of U.S. doctors have an electronic medical record system in place; in the top three countries, 80 percent of doctors have one.
- It would require a 20 percent decrease in Hispanic risk rates for such problems as being uninsured, lacking a regular source of primary care, and not receiving essential preventive care to reach the rates experienced by whites.

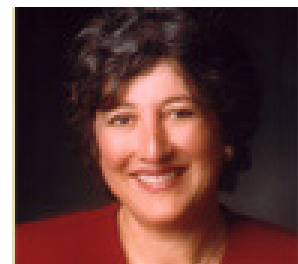
The Commission estimates that closing the gaps in performance described in the Scorecard could save at least \$50 billion to \$100 billion per year in health care spending and prevent 100,000 to 150,000 deaths. To do that, the nation first must have a coherent strategy for simultaneously achieving better access, quality, and efficiency. Covering the nation's 47 million uninsured is one component. But of equal importance is identifying and adopting successful programs and practices that have already been shown to improve patient care while keeping costs down.

Commission members and Fund staff presented the Scorecard results at a well-attended briefing in Washington, D.C., and findings were further disseminated through a Web Exclusive article in *Health Affairs*, the nation's leading health policy journal, and a Fund report. Just weeks following its release, the report, [*Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*](#), was already the most-viewed publication ever posted on the Fund site. Moreover, organizations including the Institute of Medicine, the American Board of Internal Medicine, the New York City Department of Health and Mental Hygiene, and Blue Cross Blue Shield of Massachusetts have requested copies for their members and staff.

Informing Policy Leaders

The Commission will be updating the Scorecard on a periodic basis, allowing it to monitor changes in system performance—positive or negative—over time. Results from the Scorecard, as well as the public survey, will inform the work of the Commission as it formulates recommendations for policy options. In early 2007, the Commission is set to release a major Fund-authored analysis of health reform bills in Congress; its findings should be highly useful to policy officials as they deliberate and to the Commission as it formulates specific recommendations for legislative action.

The Commission on a High Performance Health System convenes three times a year. The March 2006 meeting, held in Denver, featured a site visit to Denver Health, an integrated health



Patricia Gabow, M.D.

Commission Member

As CEO and medical director of Denver Health and Hospital Authority—one of the nation's most highly regarded integrated health care systems—Dr. Gabow is nationally recognized for her work to increase access to basic health care for all Coloradoans.

system for which Commission member Patricia Gabow, M.D., serves as CEO and medical director. The visit allowed Commissioners to witness firsthand Denver Health's innovative approaches to health care delivery for a patient population with complex needs.

The Washington-based Alliance for Health Reform, co-chaired by U.S. Senators Jay Rockefeller (D–W. Va.) and Susan Collins (R–Maine), has received grants from the Fund to manage the Commission meetings and co-sponsor Washington policy briefings, roundtable discussions, and a bipartisan congressional retreat, which provides members from both parties a unique opportunity for off-the-record discussion of pressing health policy issues. In 2006, Commission members played a key role in developing the retreat agenda, and several served as panelists and moderators. Session topics included: characteristics of high performance health systems, health spending, Medicare, incentives to improve quality, health care polls, Medicaid, strategies for insuring workers, and lessons from abroad.⁵

The Alliance also helps coordinate Fund-sponsored briefings and roundtables on Capitol Hill. In 2006, these events focused on topics ranging from health services for children to implementation of the Medicare prescription drug benefit.

The Commission on a High Performance Health System is chaired by Fund board member James J. Mongan, M.D., president and CEO of Partners Healthcare System, Inc. A listing of Commission members and staff is available below.

The Commonwealth Fund
Commission on a High Performance Health System

Membership

James J. Mongan, M.D.
Chair of the Commission
President and CEO
Partners HealthCare System, Inc.

Maureen Bisognano
Executive Vice President and COO
Institute for Healthcare Improvement

Christine K. Cassel, M.D.
President and CEO
American Board of Internal Medicine
and ABIM Foundation

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Harvard Medical School

Patricia Gabow, M.D.
CEO and Medical Director
Denver Health

Robert Galvin, M.D.
Director, Global Health
General Electric Company

Fernando A. Guerra, M.D.
Director of Health
San Antonio Metropolitan Health District

Glenn M. Hackbarth, J.D.
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George C. Halvorson
Chairman and CEO
Kaiser Foundation Health Plan, Inc.

Robert M. Hayes, J.D.
President
Medicare Rights Center

Cleve L. Killingsworth
President and CEO
Blue Cross Blue Shield of
Massachusetts

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School of Public Health
University of North Carolina
Judge Institute
University of Cambridge

Gregory P. Poulsen
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Intermountain Health Care

Dallas L. Salisbury
President and CEO
Employee Benefit Research Institute

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Director
California Department of Health Services

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Geisinger Health System

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Health Sciences Director and Professor
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National Academy for State Health Policy
President
Center for Health Policy Development

Steve Wetzell
Vice President
HR Policy Association

Commonwealth Fund Staff

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Executive Vice President for Programs

Anne K. Gauthier
Senior Policy Director

Cathy Schoen
Research Director
Senior Vice President for Research and Evaluation

Allison Frey
Program Associate

Notes

¹ Commonwealth Fund Commission on a High Performance Health System, [*Framework for a High Performance Health System for the United States*](#) (New York: The Commonwealth Fund, Aug. 2006).

² C. Schoen, S. K. H. How, I. Weinbaum, J. E. Craig, Jr., and K. Davis, [*Public Views on Shaping the Future of the U.S. Health Care System*](#), The Commonwealth Fund, August 2006.

³ C. Schoen, K. Davis, S. K. H. How, and S. C. Schoenbaum, “[U.S. Health System Performance: A National Scorecard](#),” *Health Affairs* Web Exclusive, Sept. 20, 2006.

⁴ Commonwealth Fund Commission on a High Performance Health System, [*Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*](#) (New York: The Commonwealth Fund, Sept. 2006).

⁵ Papers commissioned for the 2007 Bipartisan Congressional Health Policy Conference can be accessed at http://www.cmwf.org/grants/grants_show.htm?doc_id=382408.