



# **Health System Performance in Selected Nations: A Chartpack**

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# Outline

- I. Quality of Care**
- II. Access to Care**
- III. Efficiency of Health System**
- IV. Equity of Health System**
- V. Ability to Ensure Long, Healthy and Productive Lives**
- VI. Views of the Health Care System: Physicians and Patients**
- VII. Country Rankings**



## Data Sources

- **2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Random, representative samples of adults 18 and older)**
  - **Sample sizes: 1,400 in Australia, 1,410 in Canada, 1,400 in New Zealand, 3,061 in U.K., and 1,401 in U.S.; total sample of 8,672 adults.**
- **2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Adults in six countries who met at least one of four criteria: rated their health as fair or poor; reported that they had a serious illness, injury, or disability that required intensive medical care in the past two years; or reported that in the past two years they had major surgery or had been hospitalized)**
  - **Sample Size: 700–750 sicker adults in Australia, Canada, and New Zealand and 1,500 or more in the United Kingdom, United States, and Germany; total sample of 6,958 sicker adults.**
- **2006 International Health Policy Survey of Primary Care Doctors (Primary care physicians)**
  - **Sample Size: Australia: 1,003, Canada: 578, Germany: 1,006, Netherlands: 931, New Zealand: 503, UK: 1,063, US: 1,004; total sample of 5,157 primary care physicians**
- **OECD Health Data from 2004 and 2005**



## Data References

- **K. Davis, et al., *Mirror, Mirror on the Wall: An Update on the Quality of American Health Care Through the Patient's Lens*, (New York: The Commonwealth Fund, May 2007)**
- **C. Schoen, R. Osborn, P. Trang Huynh, M. Doty, J. Peugh, K. Zapert, *On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries*, *Health Affairs Web Exclusive* (Nov. 2, 2006): w555–w571**
- **C. Schoen, M.S., Robin Osborn, M.B.A., Phuong Trang Huynh, Ph.D., Michelle Doty, Ph.D., Kinga Zapert, Ph.D., Jordon Peugh, M.A., Karen Davis, Ph.D. *Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries*, *Health Affairs Web Exclusive* (November 3, 2005): W5-509–W5-525**
- **C. Schoen, M.S., Robin Osborn, M.B.A., Phuong Trang Huynh, Ph.D., Michelle Doty, Ph.D., Karen Davis, Ph.D., Kinga Zapert, Ph.D., and Jordon Peugh, M.A. *Primary Care and Health System Performance: Adults' Experiences in Five Countries*, *Health Affairs Web Exclusive* (October 28, 2004): W4-487–W4-503**
- **P. T. Huynh, C. Schoen, R. Osborn, and A. L. Holmgren, *The U.S. Health Care Divide: Disparities in Primary Care Experiences by Income*, (New York: The Commonwealth Fund, April 2006)**
- **J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, May 2007).**

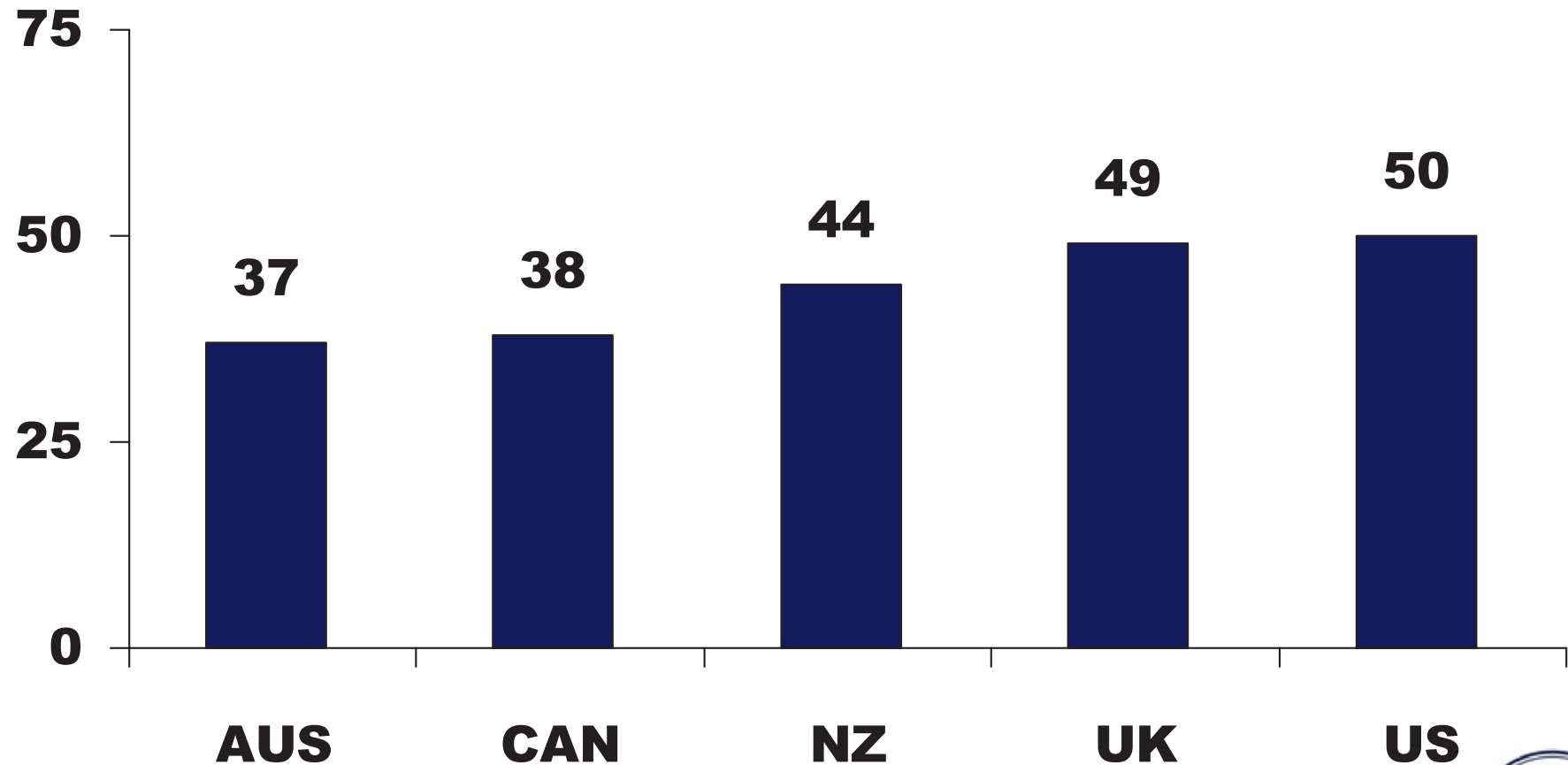


# Quality: Right Care

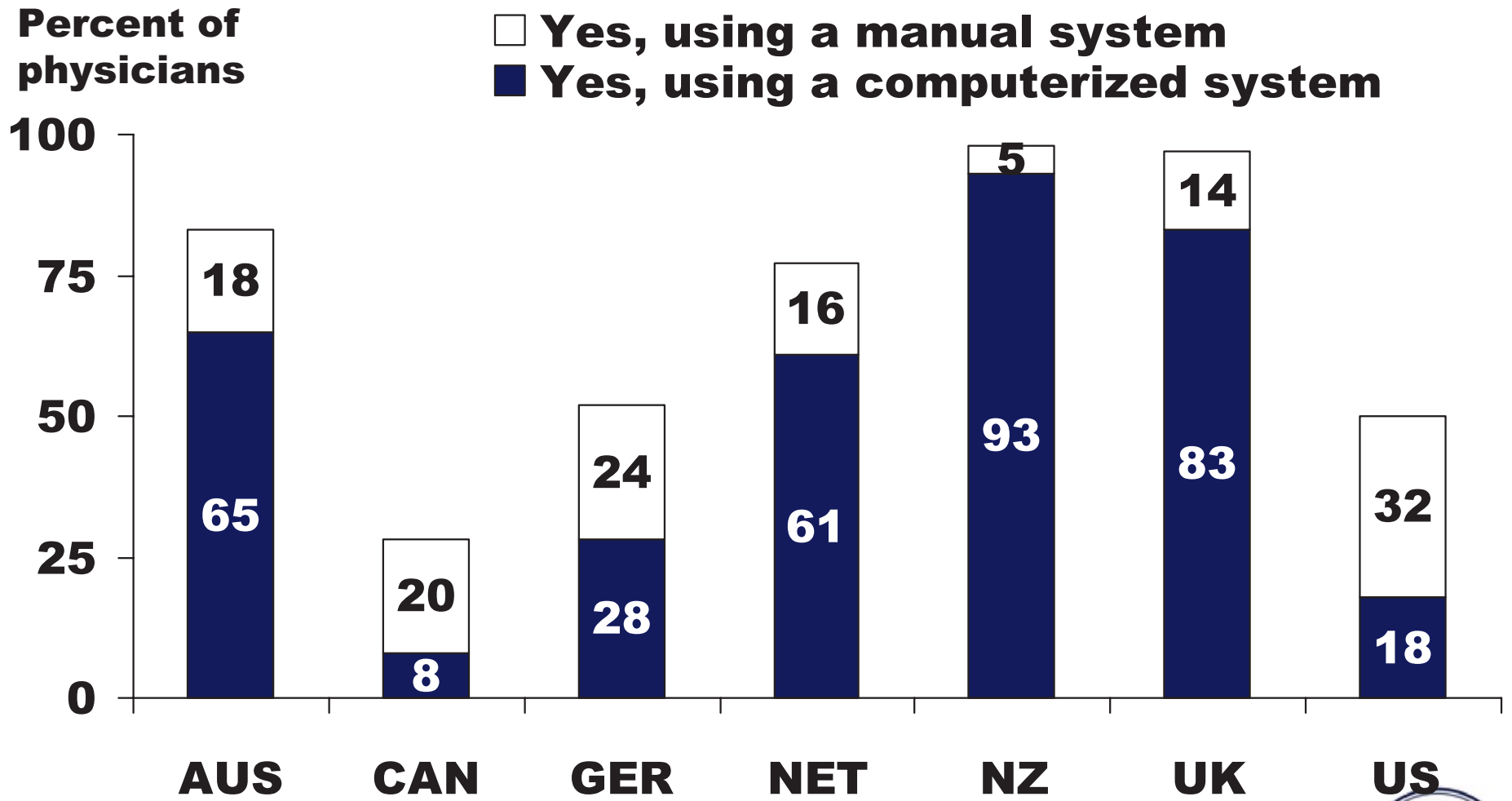


# Patient Reports on Reminders for Preventive Care, 2004

Percent of adults receiving preventive care reminders



# Physicians Reporting Routinely Sending Patients <sup>7</sup> Reminder Notice for Preventive or Follow-Up Care, 2006

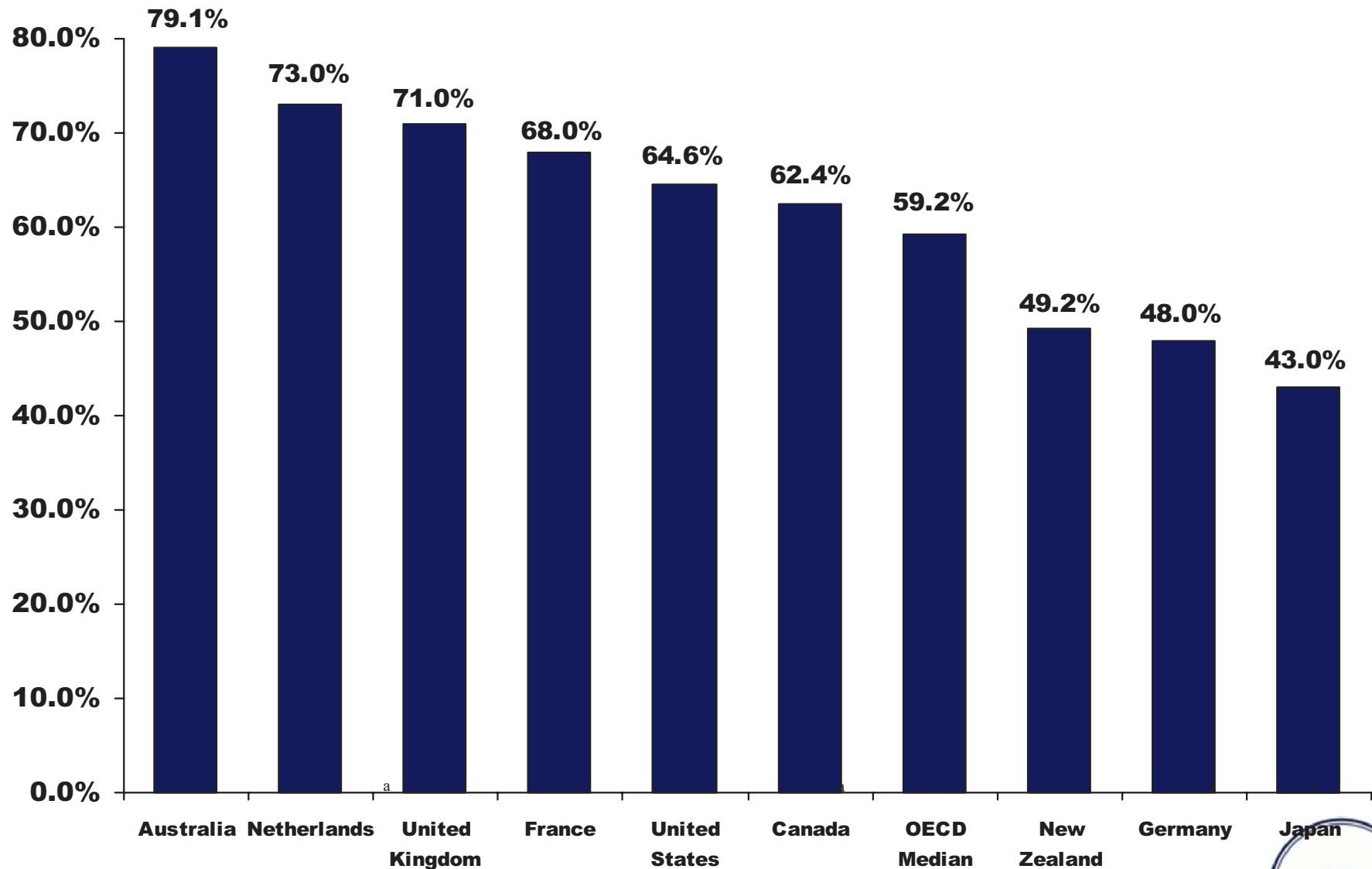


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

## Preventive Care, 2004

<b>Percent received:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Pap in past 3 years, Women age 25-64</b>	<b>78</b>	<b>77</b>	<b>81</b>	<b>77</b>	<b>89</b>
<b>Mammogram in past 3 years, Women age 50-64</b>	<b>80</b>	<b>79</b>	<b>81</b>	<b>77</b>	<b>86</b>

# Percentage of Population over Age 65 with Influenza Immunization in 2004

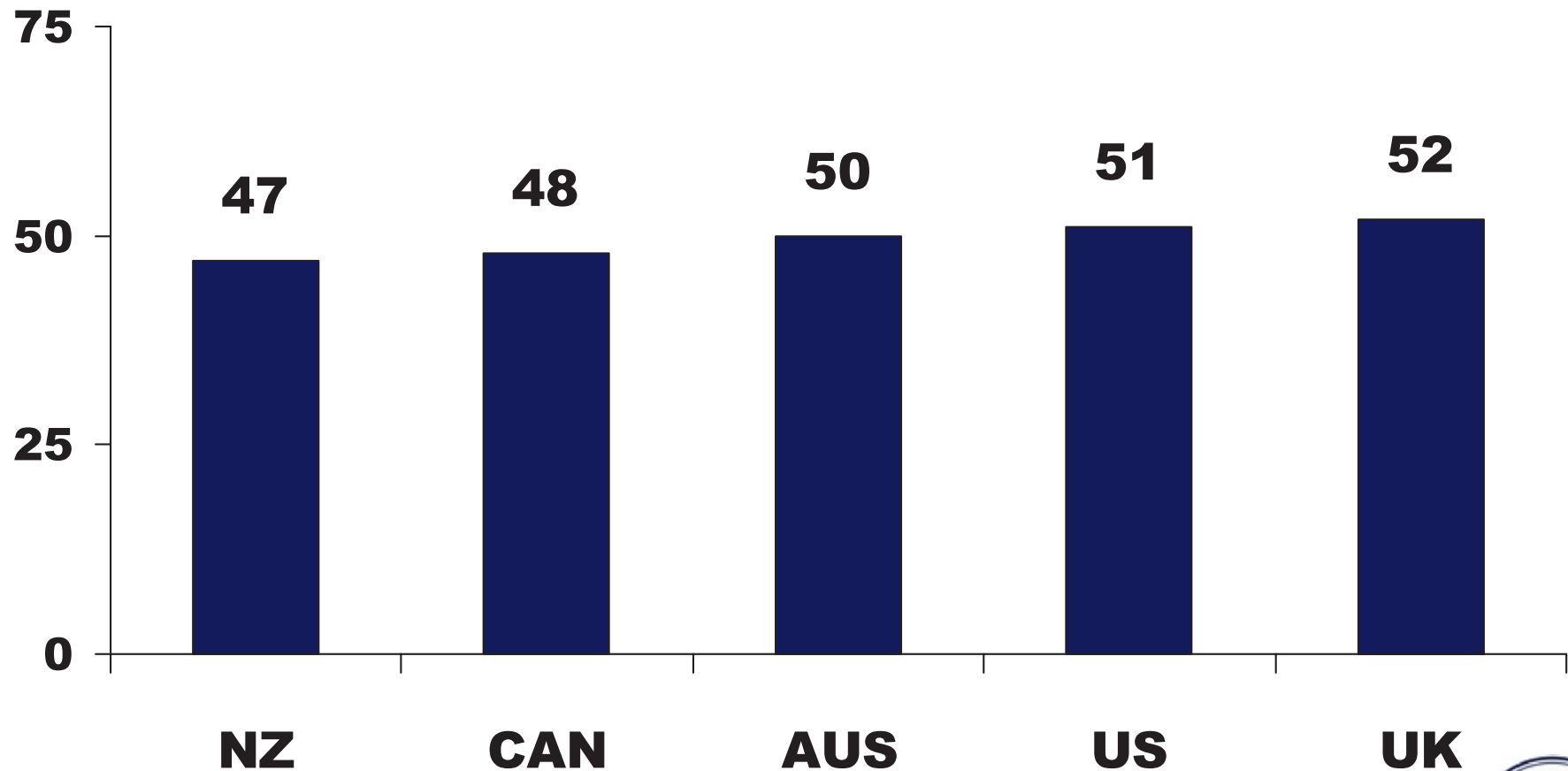


Source: J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Prevalence of Chronic Conditions, 2004

Percent of adults with at least one of six chronic conditions\*

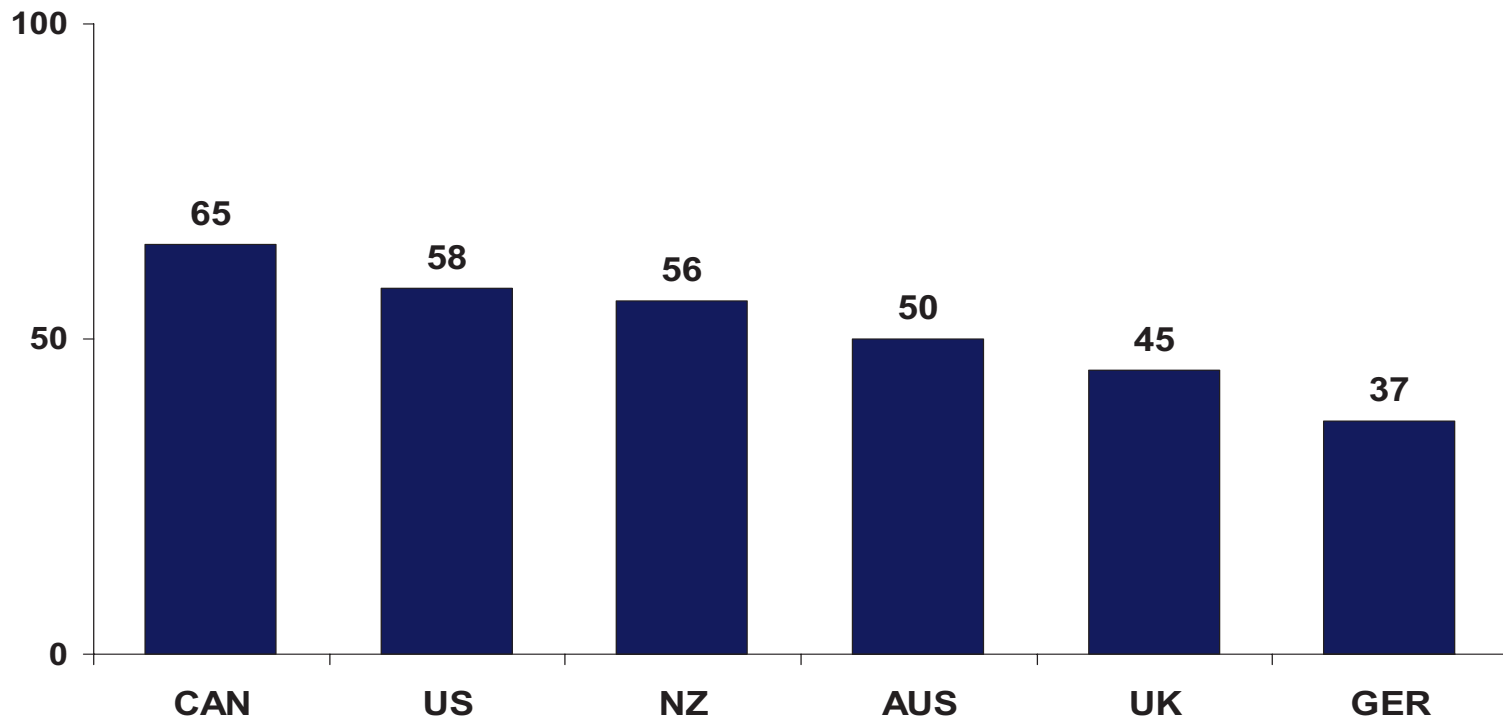


\*Hypertension, heart disease, diabetes, arthritis, lung problems, and depression  
2004 Commonwealth Fund International Health Policy Survey



## Sicker Adults with Chronic Conditions: Receipt of Self-Management Plan in Six Countries, 2005

Percent of sicker adults with chronic conditions\* whose doctor gave plan to manage care at home



\* Adult reported at least one of six conditions: hypertension, heart disease, diabetes, arthritis, lung problems (asthma, emphysema, etc.), or depression.

.Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



# Received Recommended Care for Chronic Condition, Sicker Adults, 2005

<b>Percent received recommended care:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Hypertension*</b>	<b>78</b>	<b>85</b>	<b>91</b>	<b>77</b>	<b>72</b>	<b>85</b>
<b>Diabetes**</b>	<b>41</b>	<b>38</b>	<b>55</b>	<b>40</b>	<b>58</b>	<b>56</b>

\* Blood pressure and cholesterol checked.

\*\* Hemoglobin A1c and cholesterol checked, and feet and eyes examined.



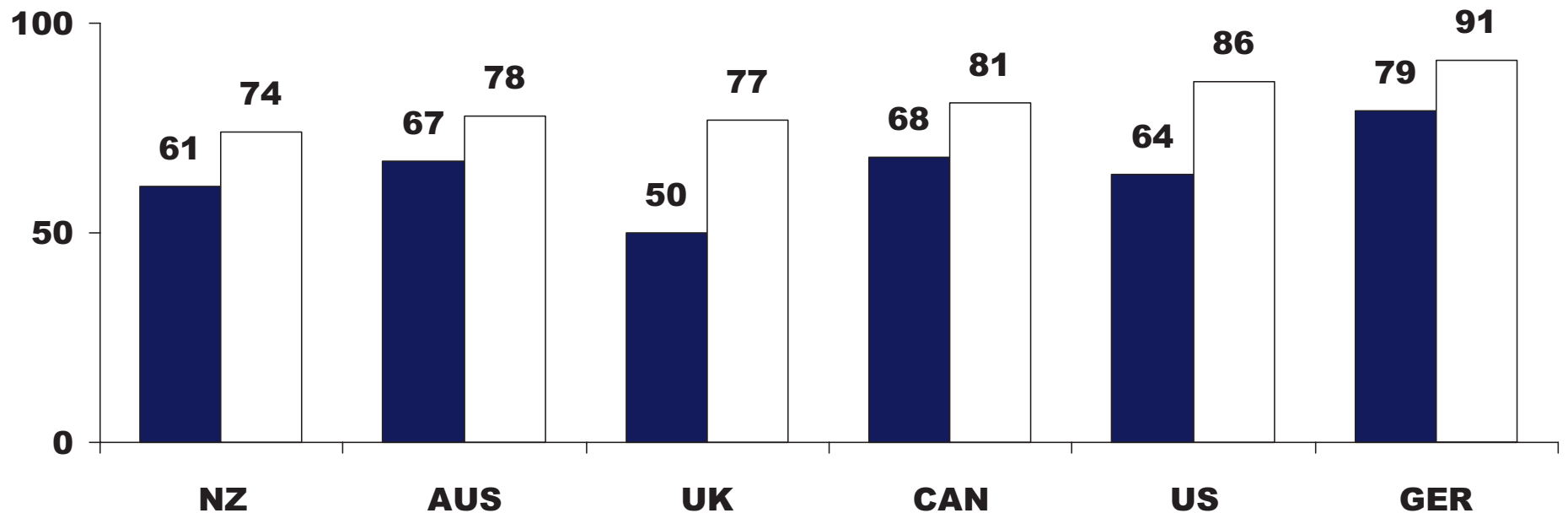
# Sicker Adults with Hypertension or Diabetes

## Who Received Recommended Care by Self-Management Plan or Nurse Involvement, 2005

Includes blood pressure and cholesterol for hypertension; Hemoglobin A1c and cholesterol checked, and feet and eyes examined for diabetes

■ Neither self-management plan or nurse    □ Self-management plan and/or nurse

Percent



## Percent of Doctors Reporting Practice Is Well Prepared to Care for Chronic Diseases, 2006

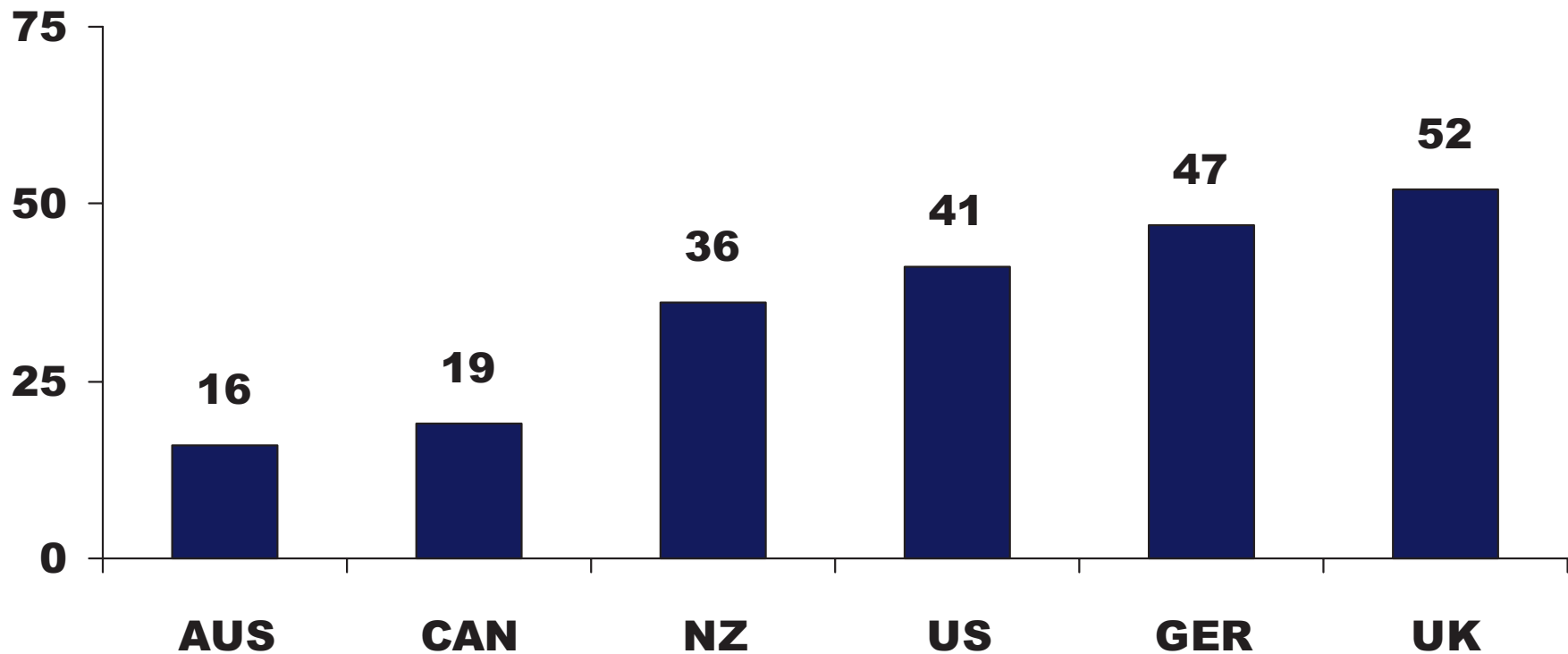
<b>Percent of physicians reporting “well prepared”:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Patients with multiple chronic diseases</b>	<b>69</b>	<b>55</b>	<b>93</b>	<b>75</b>	<b>67</b>	<b>76</b>	<b>68</b>
<b>Patients with mental health problems</b>	<b>50</b>	<b>40</b>	<b>70</b>	<b>65</b>	<b>48</b>	<b>55</b>	<b>37</b>



# Doctor's Office Has a Nurse Regularly Involved in Care Management, Sicker Adults, 2005

Base: Adults with chronic disease

Percent who have a nurse involved in case management



# Prescription Medication Advice Among Sicker Adults with Chronic Conditions, 2005

**Base: Adults with chronic disease who use prescription medications regularly**

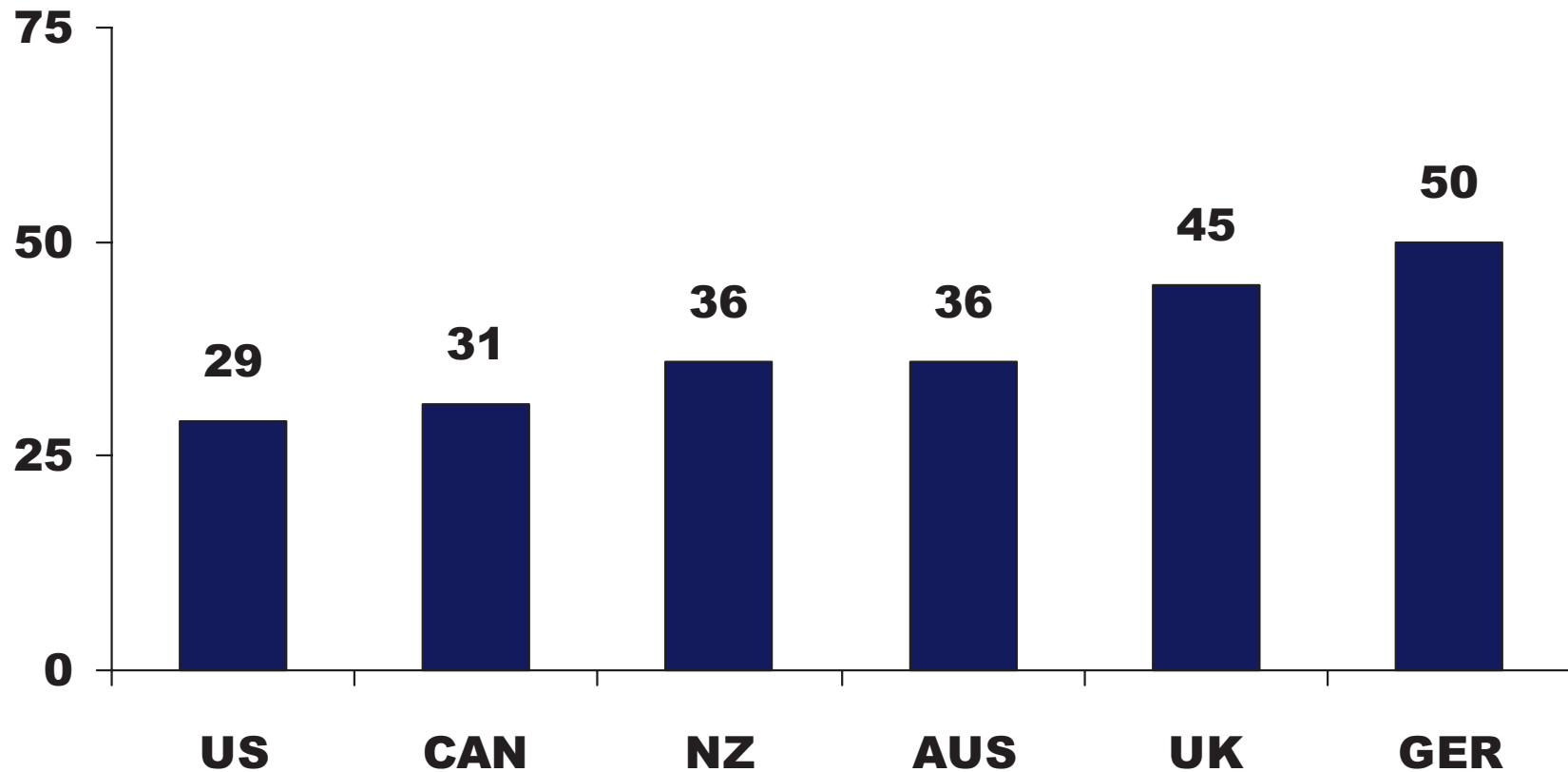
<b>Percent saying doctor:*</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Does NOT review all medications taking, including prescribed by other doctors</b>	<b>46</b>	<b>38</b>	<b>35</b>	<b>42</b>	<b>42</b>	<b>40</b>
<b>Does NOT explain side effects</b>	<b>36</b>	<b>40</b>	<b>47</b>	<b>33</b>	<b>48</b>	<b>49</b>

\* Doctor sometimes, rarely, or never.



# Patients Did Not Receive Counseling About Exercise and Diet in Past Year, Sicker Adults, 2005

Base: Adults with chronic health condition



# Physician-Reported Use of Multi-Disciplinary Teams<sup>18</sup> and Non-Physicians, 2006

	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Practice routinely uses multi-disciplinary teams:</b>							
<b>Yes</b>	<b>32</b>	<b>32</b>	<b>49</b>	<b>50</b>	<b>30</b>	<b>81</b>	<b>29</b>
<b>Practice routinely uses clinicians other than doctors to:</b>							
<b>Help manage patients with multiple chronic diseases</b>	<b>38</b>	<b>25</b>	<b>62</b>	<b>46</b>	<b>57</b>	<b>73</b>	<b>36</b>
<b>Non-physicians provide primary care services</b>	<b>38</b>	<b>22</b>	<b>56</b>	<b>33</b>	<b>51</b>	<b>70</b>	<b>39</b>

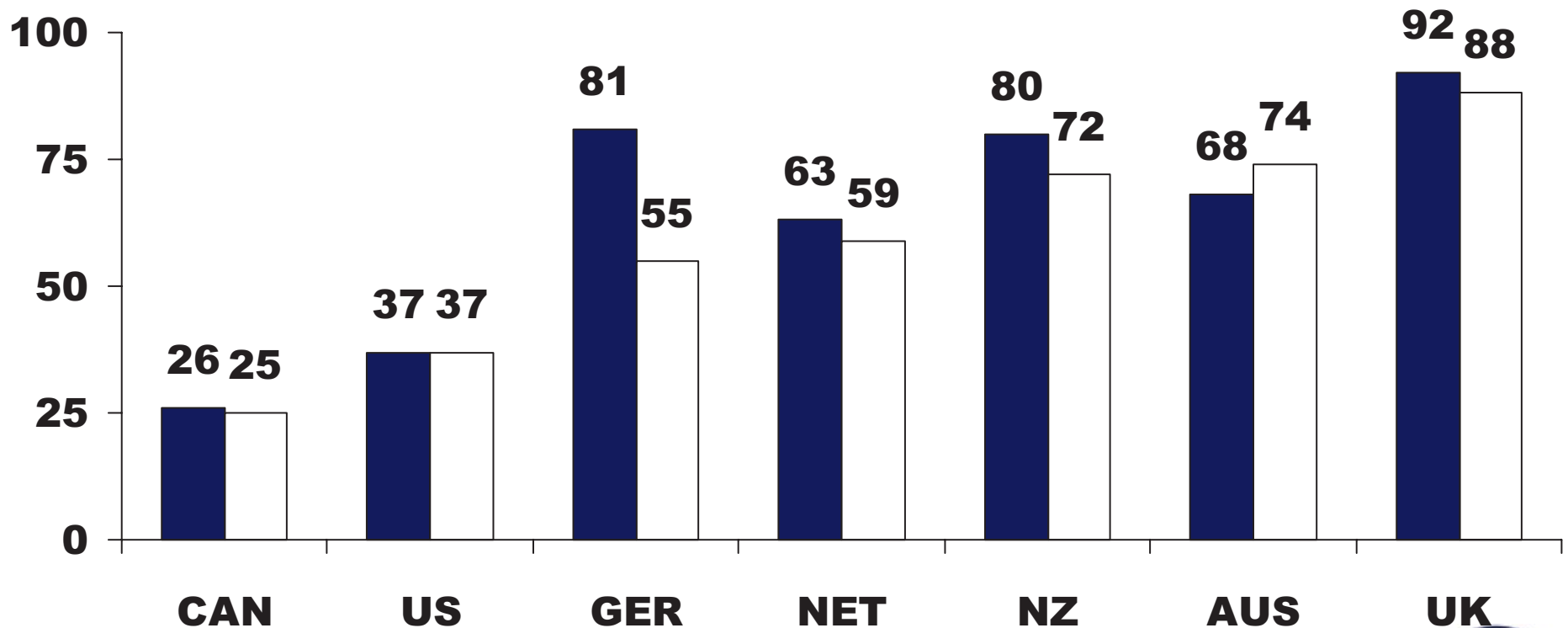


# Capacity to Generate Patient Information, 2006 <sup>19</sup>

Percent of primary care practices reporting very or somewhat easy to generate

■ List of patients by diagnosis

□ List of patients' medications, including Rx by other doctors



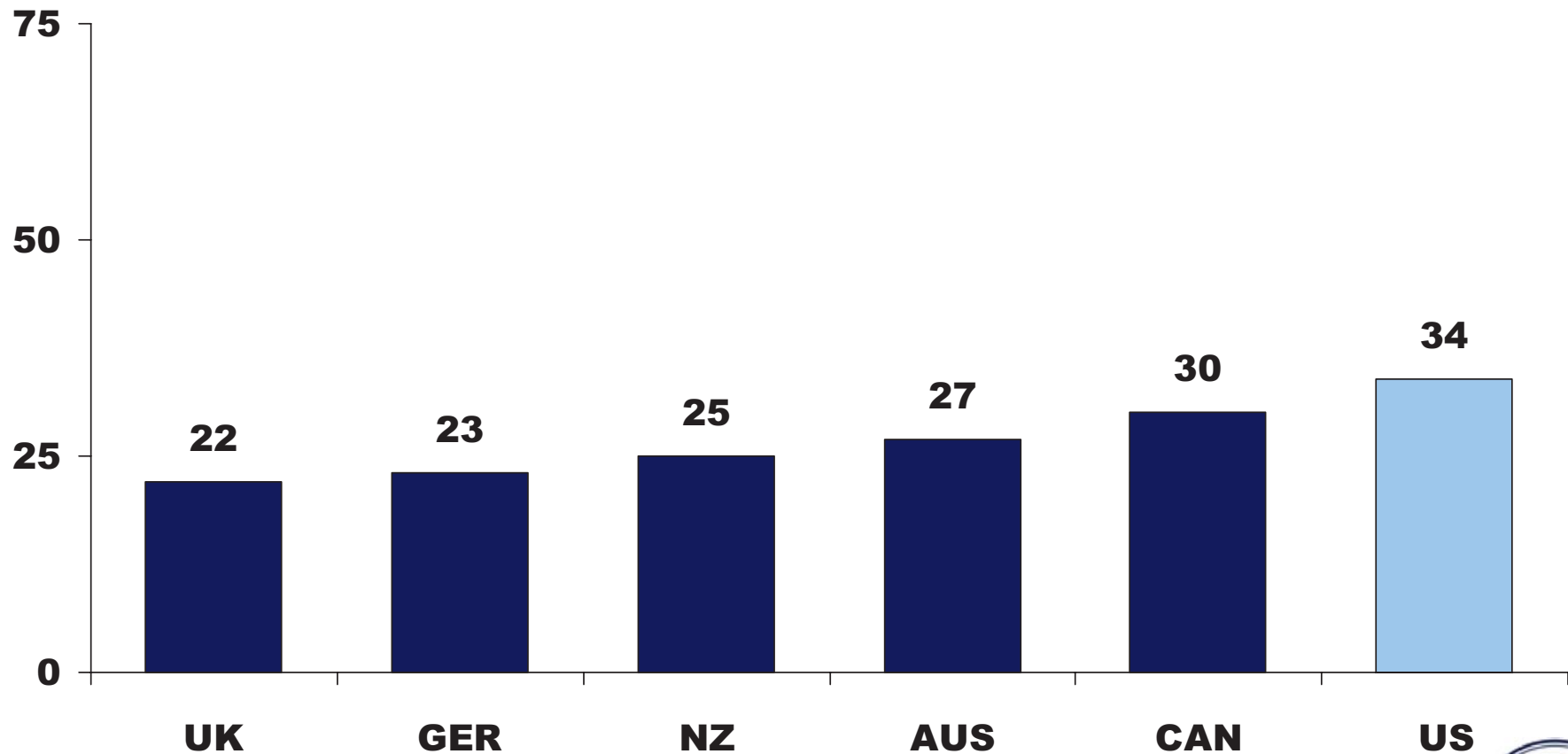
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

# Quality: Safe Care



## Medical, Medication, and Lab Errors Among Sicker Adults, 2005

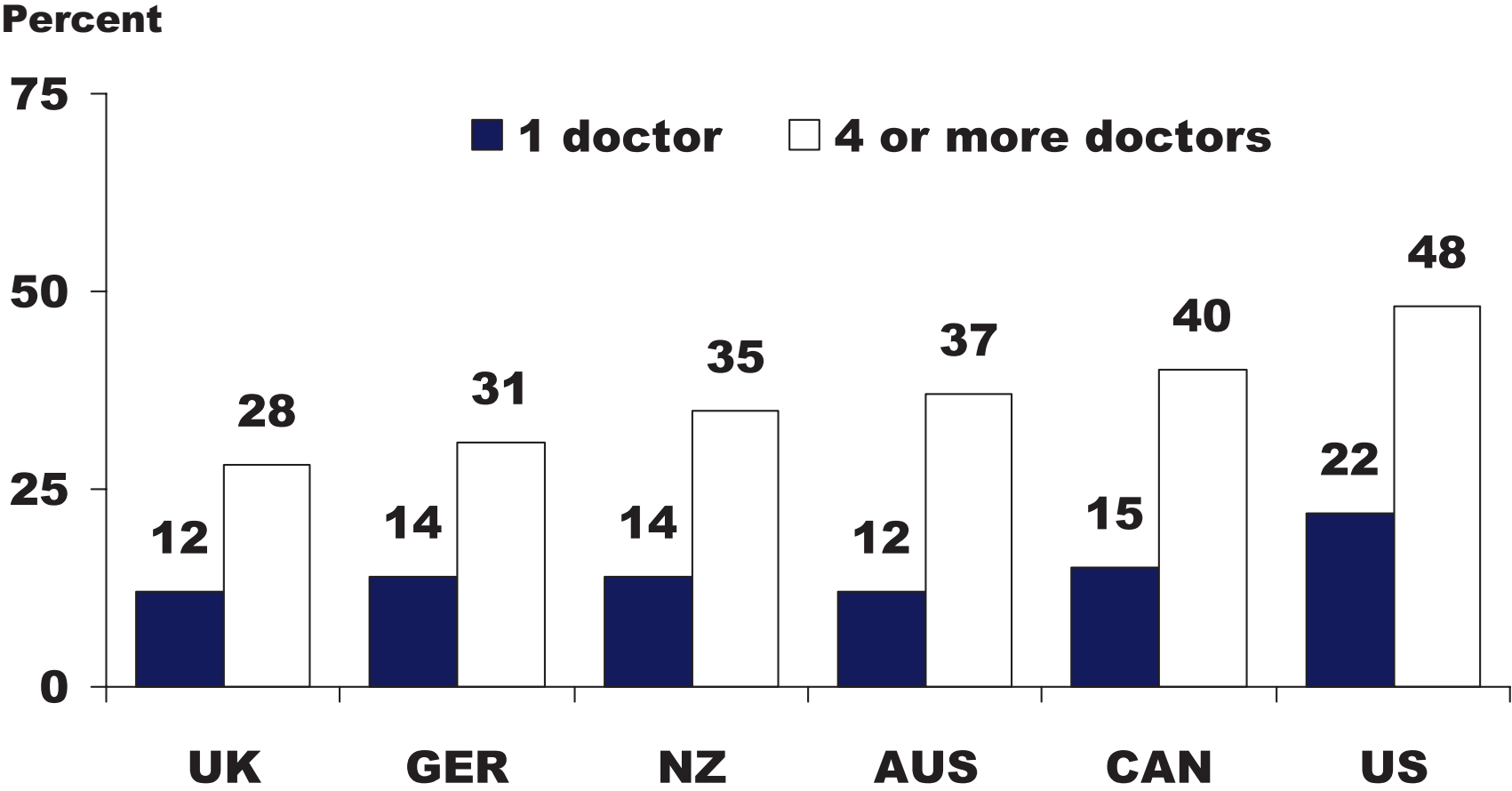
Percent reporting medical mistake, medication error, or lab error in past two years



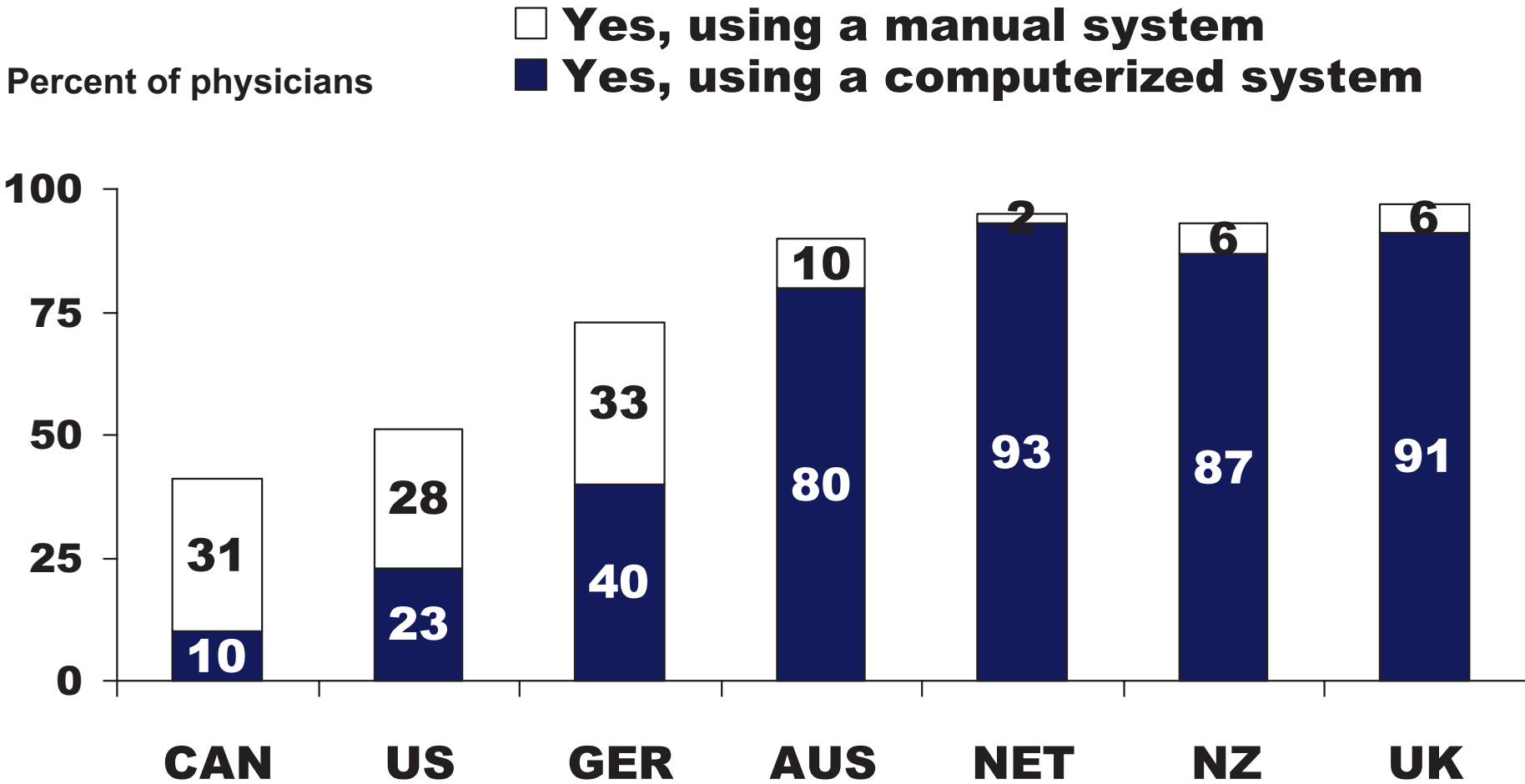
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



# Patients Reporting Any Error by Number of Doctors Seen in Past Two Years, Sicker Adults, 2005



# Doctors Reporting Routinely Receiving Alerts about Potential Problem with Drug Dose/Interaction

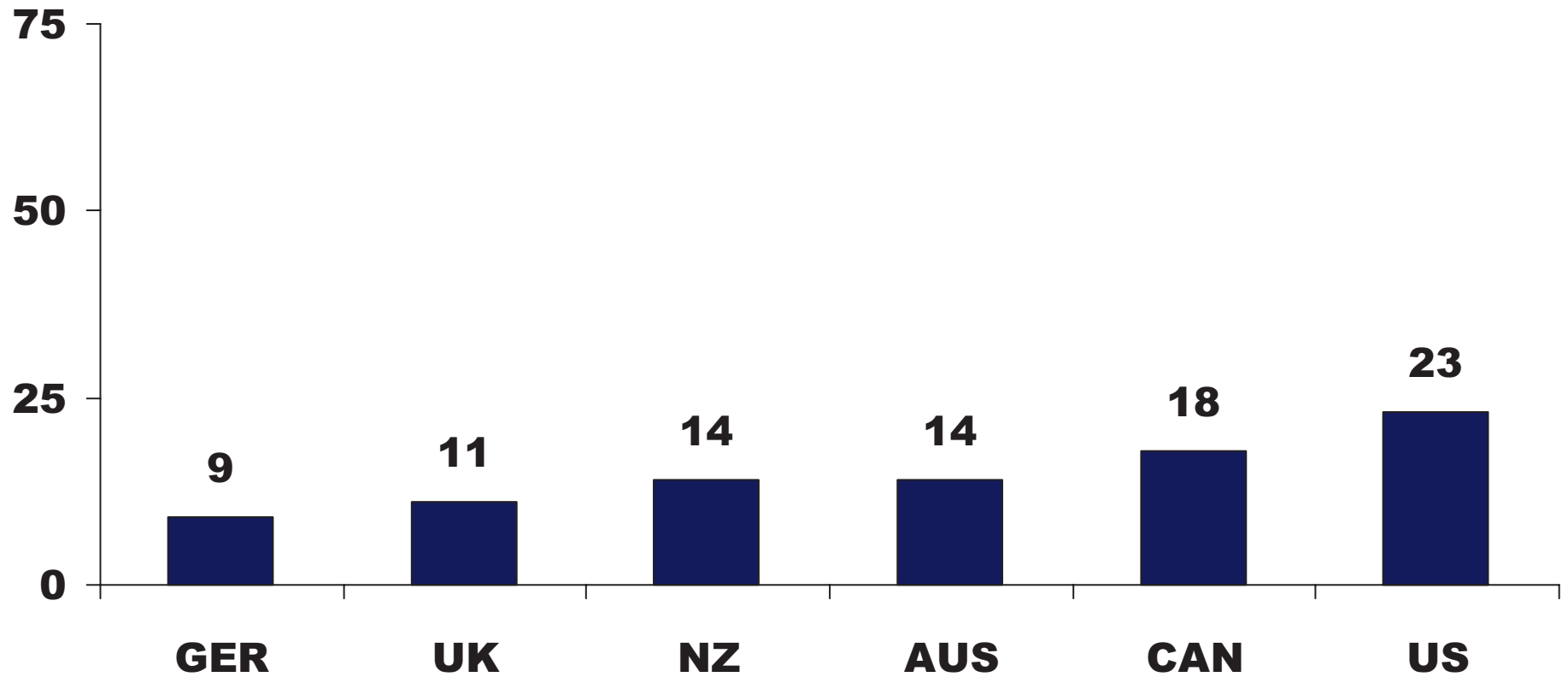


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

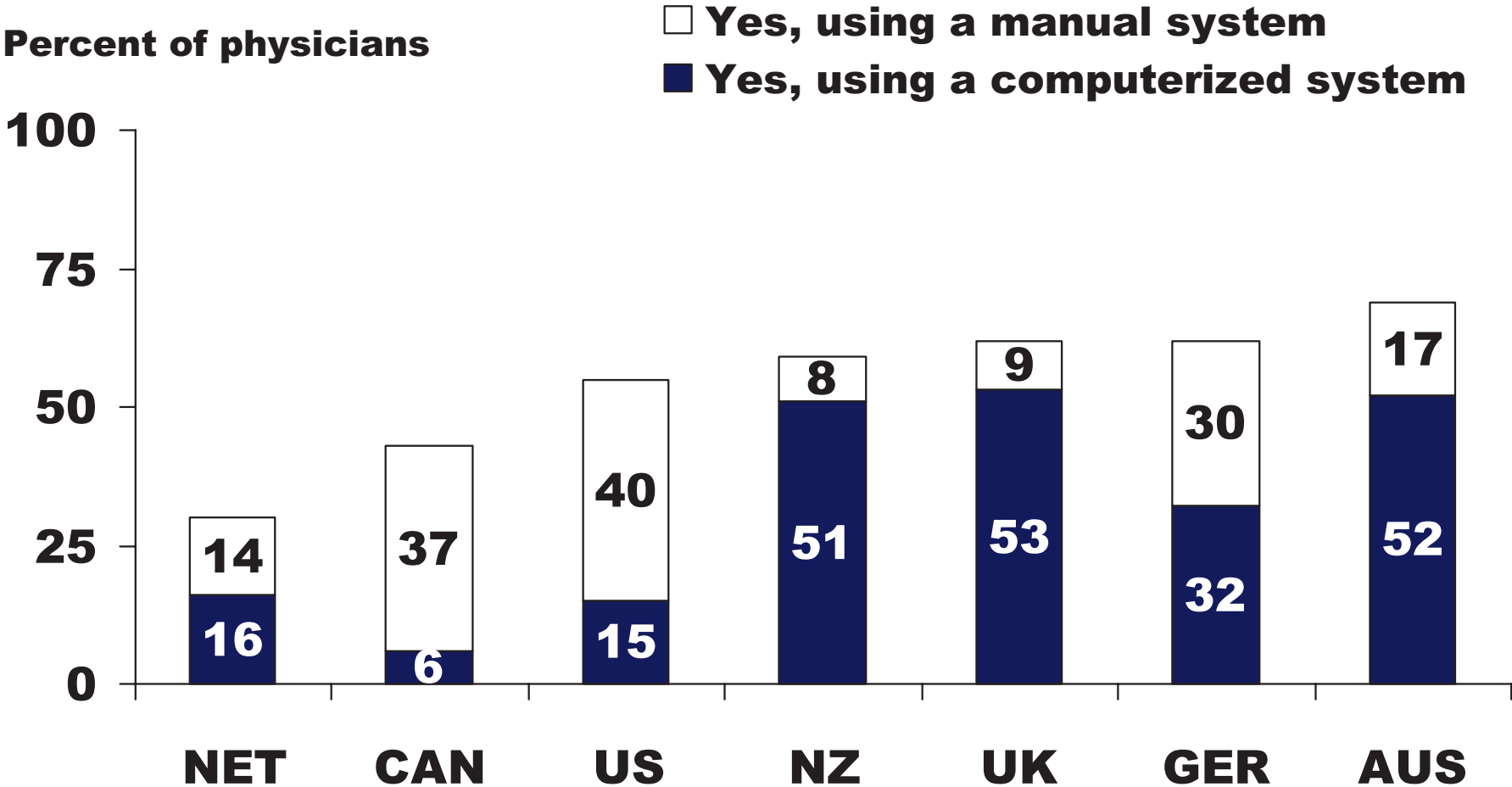


# Incorrect Lab/Diagnostic Test or Delay in Receiving Abnormal Test Results, Sicker Adults, 2005

Percent reporting either lab test error in past two years



# Doctors Reporting Routinely Receiving Alerts to Provide Patients with Test Results, 2006



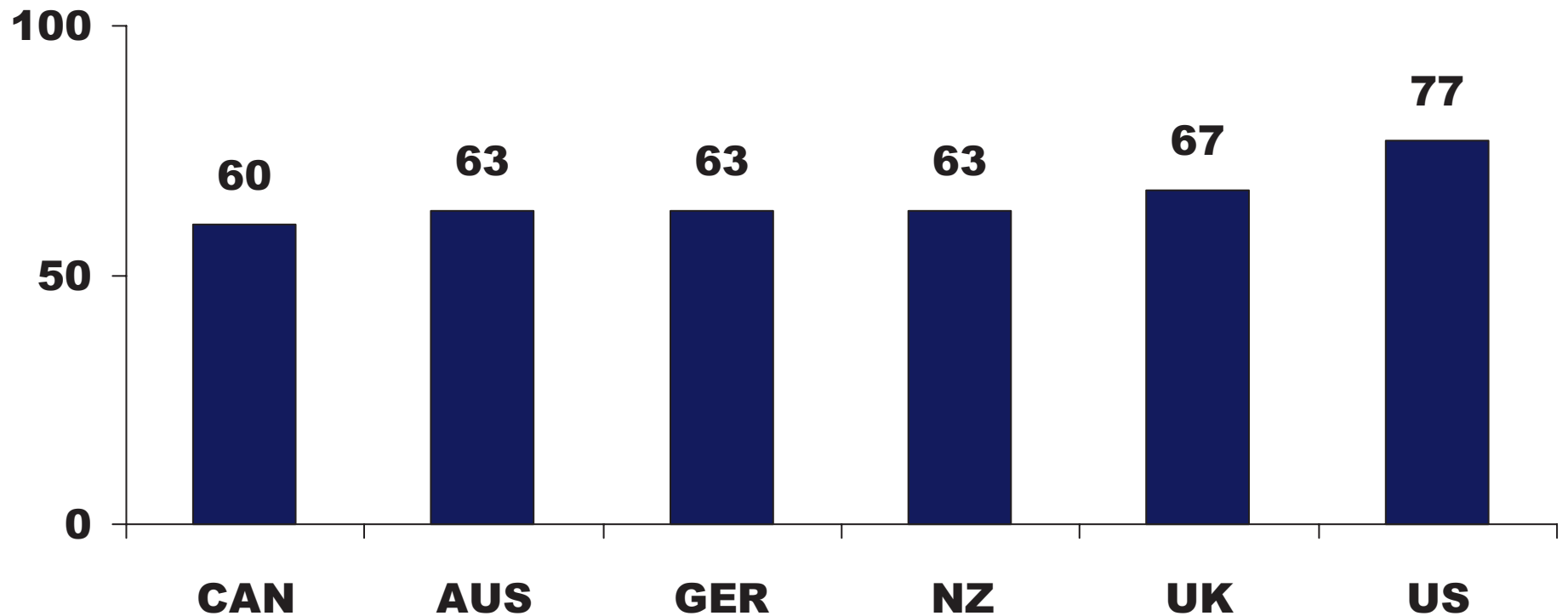
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians



# Medical Mistake or Medication Error Occurred Outside the Hospital, Sicker Adults, 2005

Base: Experienced medical mistake or medication error

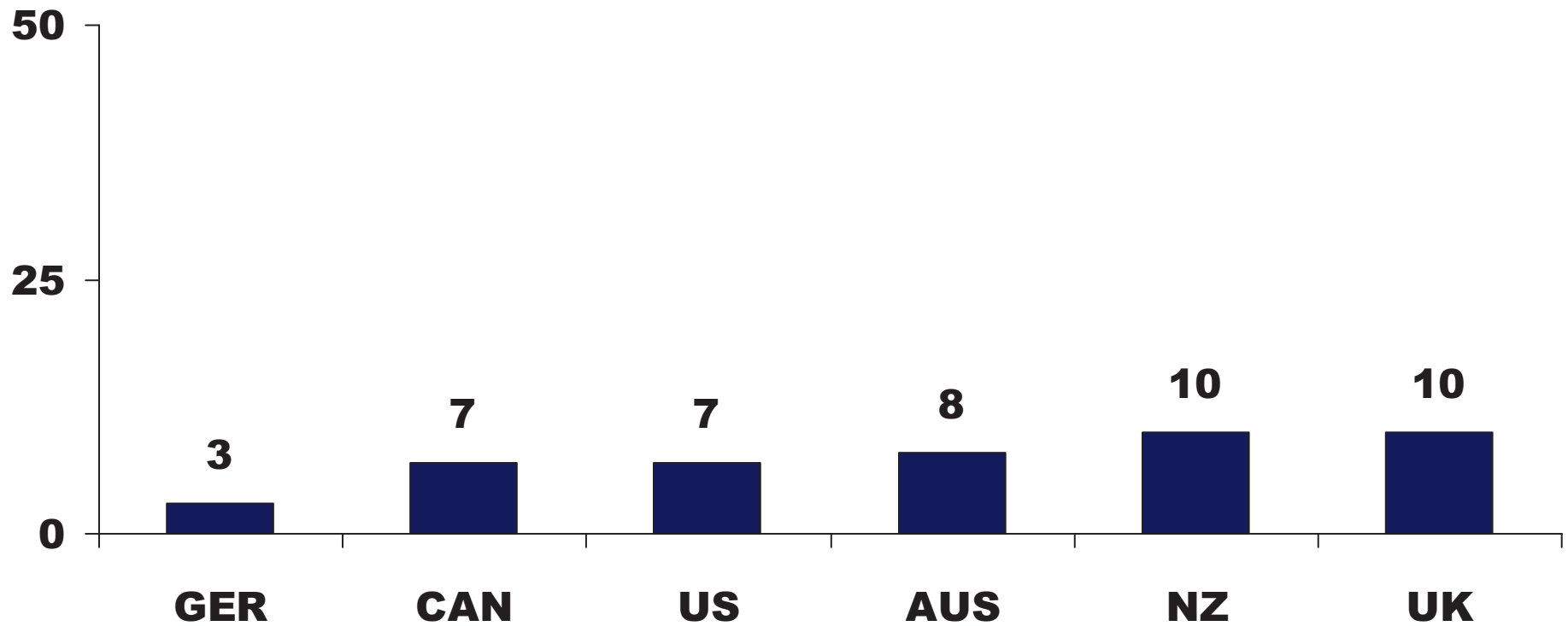
Percent saying error occurred outside the hospital



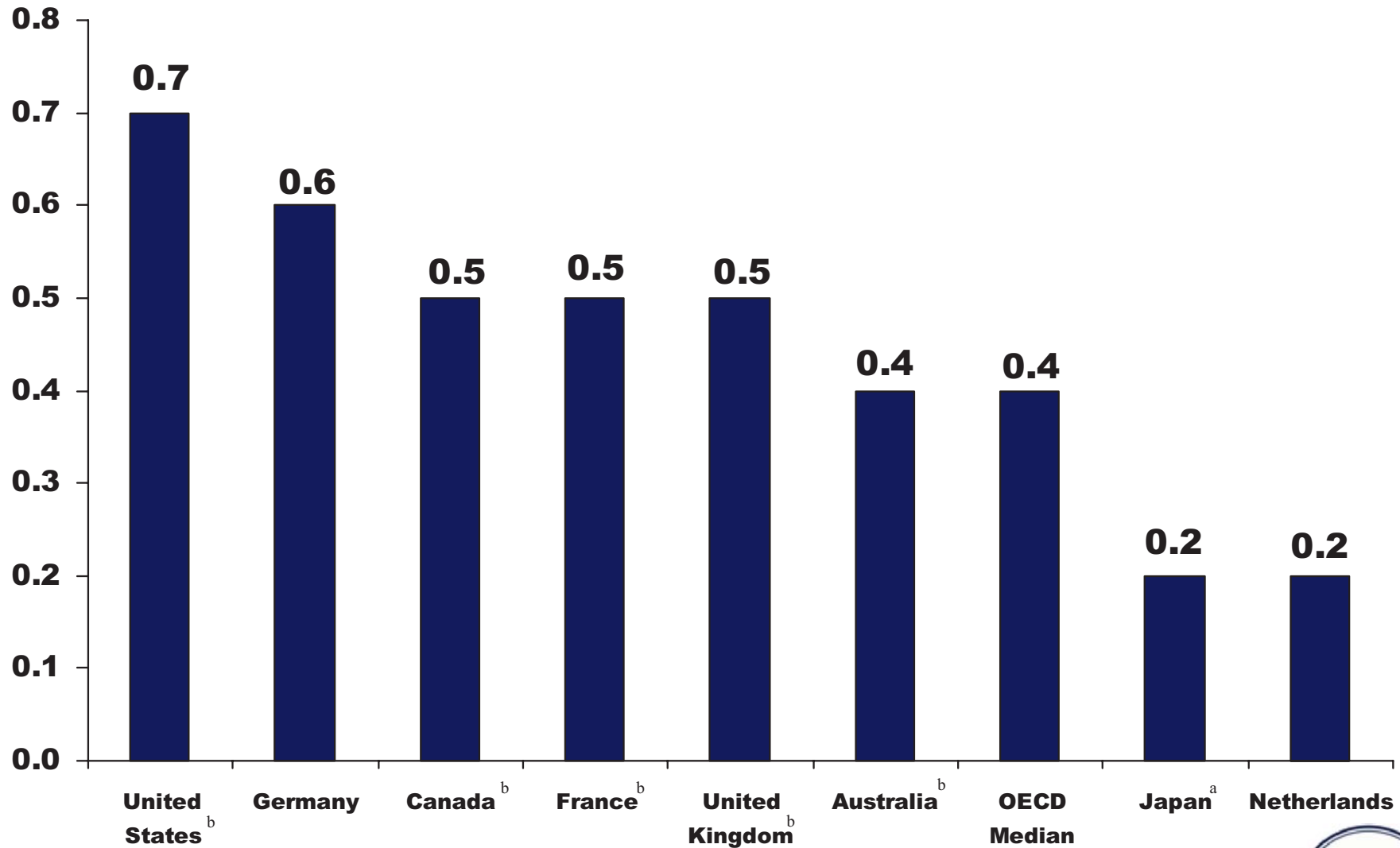
# Developed Infection While in the Hospital, Sicker<sup>27</sup> Adults, 2005

Base: Hospitalized in past 2 years

Percent



# Deaths Due to Surgical or Medical Mishaps per 100,000 Population in 2004



<sup>a</sup>2003  
<sup>b</sup>2002



# Quality: Coordinated Care



## Length of Time with Regular Doctor, Sicker Adults<sup>30</sup> 2005

<b>Percent:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Has regular doctor</b>	<b>92</b>	<b>92</b>	<b>97</b>	<b>94</b>	<b>96</b>	<b>84</b>
<b>Less than 2 years</b>	<b>16</b>	<b>12</b>	<b>6</b>	<b>19</b>	<b>14</b>	<b>17</b>
<b>5 years or more</b>	<b>56</b>	<b>60</b>	<b>76</b>	<b>57</b>	<b>66</b>	<b>42</b>
<b>No regular doctor</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>16</b>



# Patient Report of Care Coordination, Sicker Adults<sup>3,1</sup> 2005

<b>Percent saying in the past 2 years:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Test results or records not available at time of appointment</b>	<b>12</b>	<b>19</b>	<b>11</b>	<b>16</b>	<b>16</b>	<b>23</b>
<b>Duplicate tests: doctor ordered test that had already been done</b>	<b>11</b>	<b>10</b>	<b>20</b>	<b>9</b>	<b>6</b>	<b>18</b>
<b>Percent who experienced either coordination problem</b>	<b>19</b>	<b>24</b>	<b>26</b>	<b>21</b>	<b>19</b>	<b>33</b>



# Doctors' Reports of Care Coordination Problems, 2006

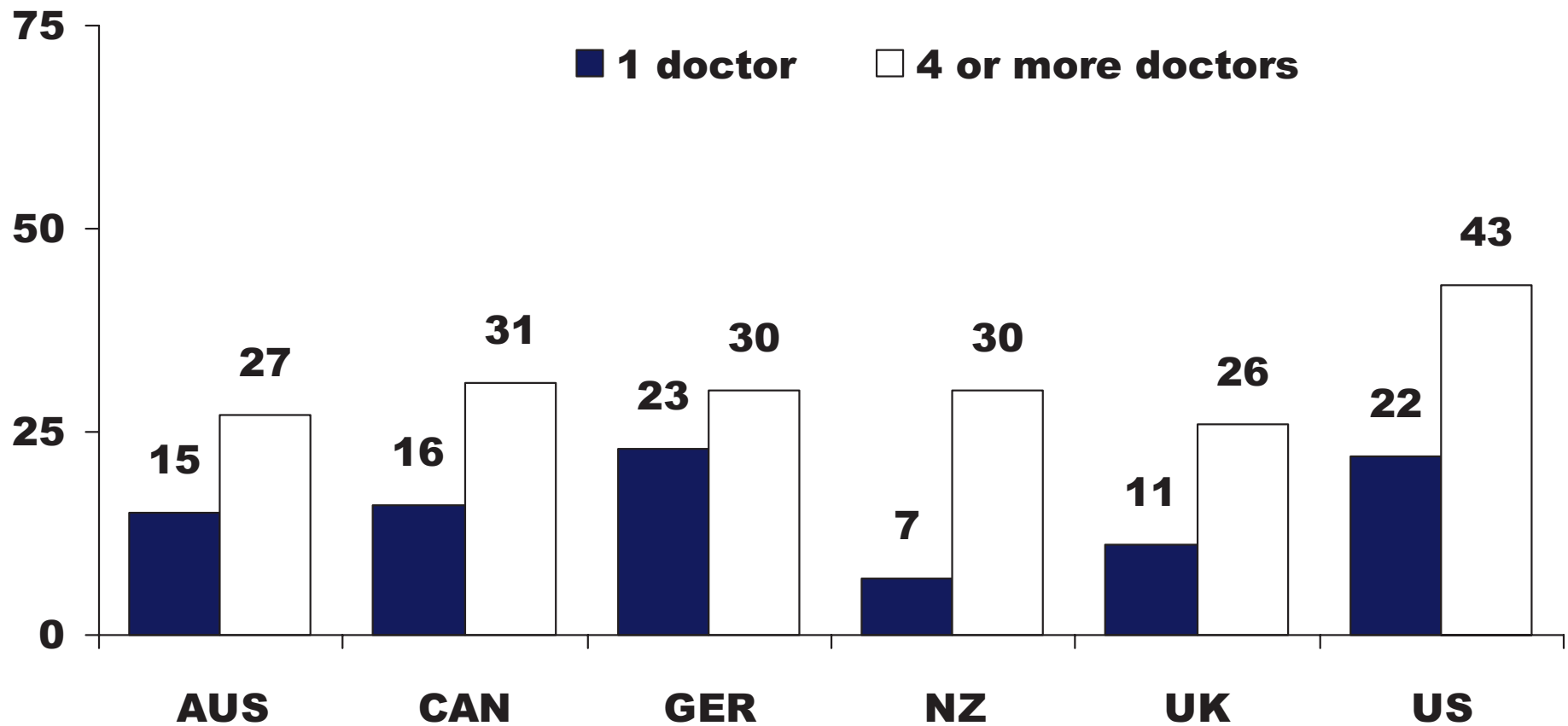
<b>Percent saying their patients “often/sometimes” experienced:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Records or clinical information not available at time of appointment</b>	<b>28</b>	<b>42</b>	<b>11</b>	<b>16</b>	<b>28</b>	<b>36</b>	<b>40</b>
<b>Tests/procedures repeated because findings unavailable</b>	<b>10</b>	<b>20</b>	<b>5</b>	<b>7</b>	<b>14</b>	<b>27</b>	<b>16</b>
<b>Problems because care was not well coordinated across sites/providers</b>	<b>39</b>	<b>46</b>	<b>22</b>	<b>47</b>	<b>49</b>	<b>65</b>	<b>37</b>



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

# Coordination Problems by Number of Doctors, Sicker<sup>33</sup> Adults, 2005

Percent



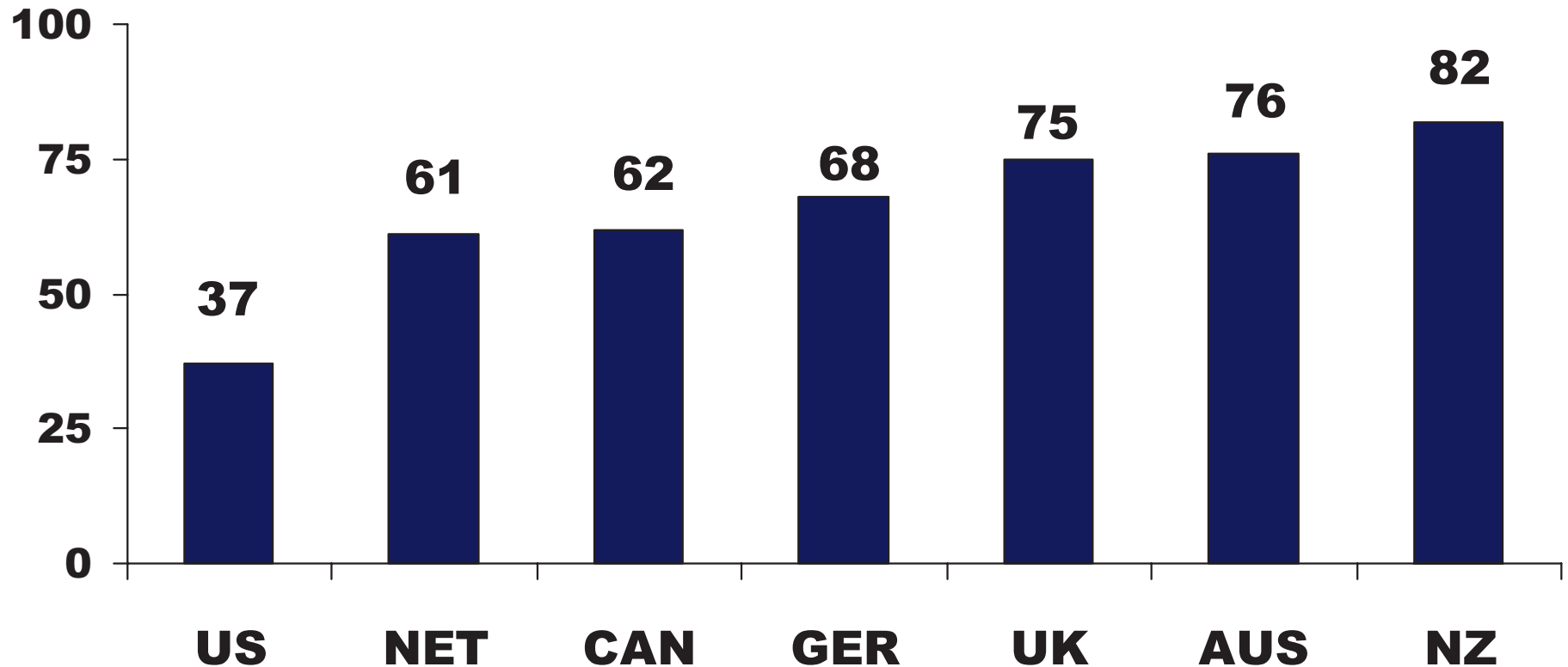
\* Either records/results did not reach doctors office in time for appointment OR doctors ordered a duplicate medical test

2005 Commonwealth Fund International Health Policy Survey of Sicker Adults



# Receive Information Back after Referrals of Patients to Other Doctors/Specialists, 2006

Percent of physicians reporting receive for “almost all” referrals (80% or more)



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

# Deficiencies in Transition Planning When Discharged from the Hospital, Sicker Adults, 2005

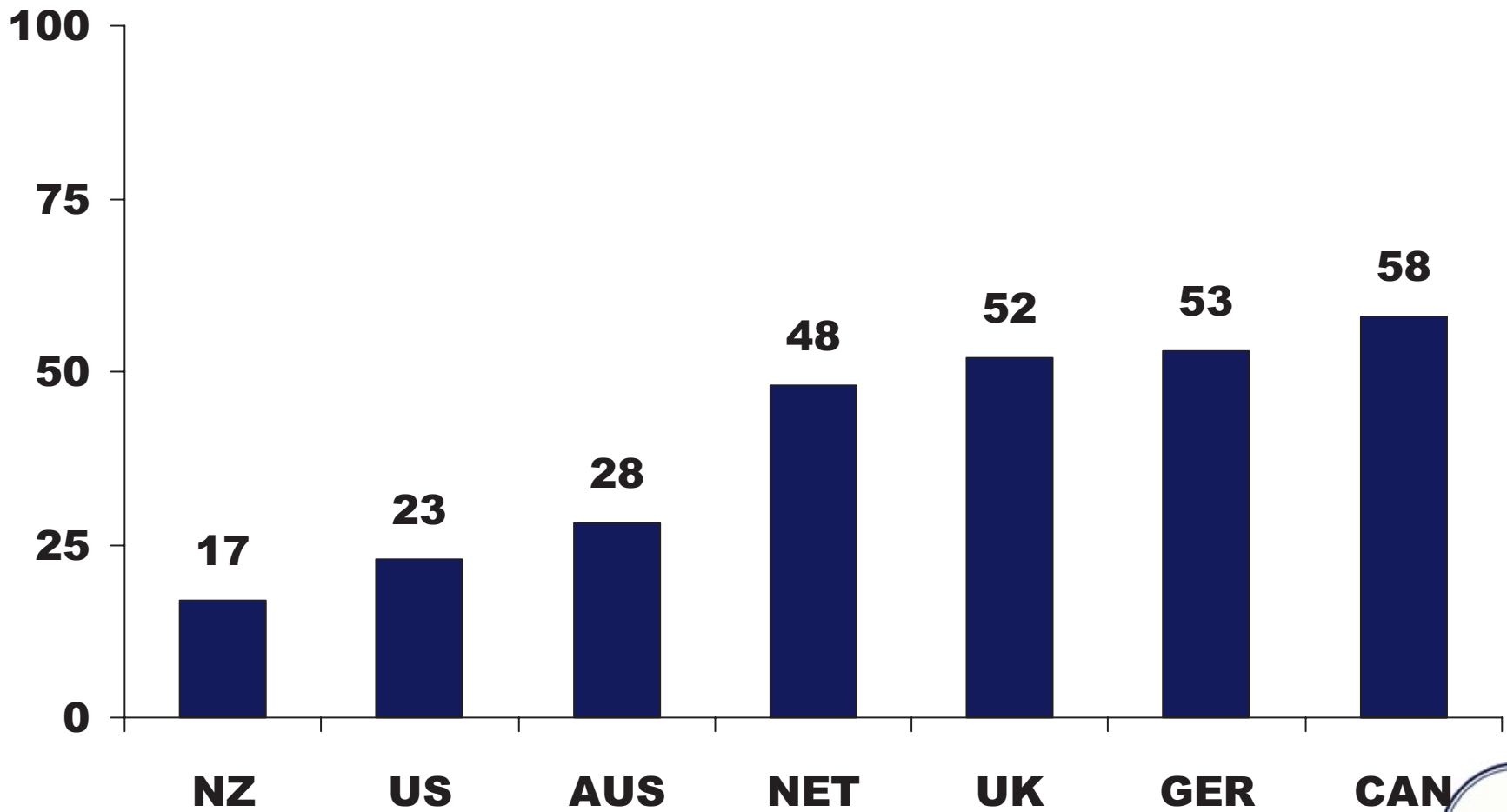
**Base: Hospitalized in past 2 years**

<b>Percent who reported when discharged:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Did NOT receive instructions about symptoms to watch and when to seek further care</b>	<b>18</b>	<b>17</b>	<b>23</b>	<b>14</b>	<b>26</b>	<b>11</b>
<b>Did NOT know who to contact with questions about condition or treatment</b>	<b>9</b>	<b>12</b>	<b>12</b>	<b>9</b>	<b>12</b>	<b>8</b>
<b>Hospital did NOT make arrangements for follow-up visits</b>	<b>23</b>	<b>30</b>	<b>50</b>	<b>23</b>	<b>19</b>	<b>27</b>
<b>% any of the above</b>	<b>36</b>	<b>41</b>	<b>60</b>	<b>33</b>	<b>37</b>	<b>33</b>



# Doctors' Reports of Length of Time to Receive a <sup>36</sup> Full Hospital Discharge Report, 2006

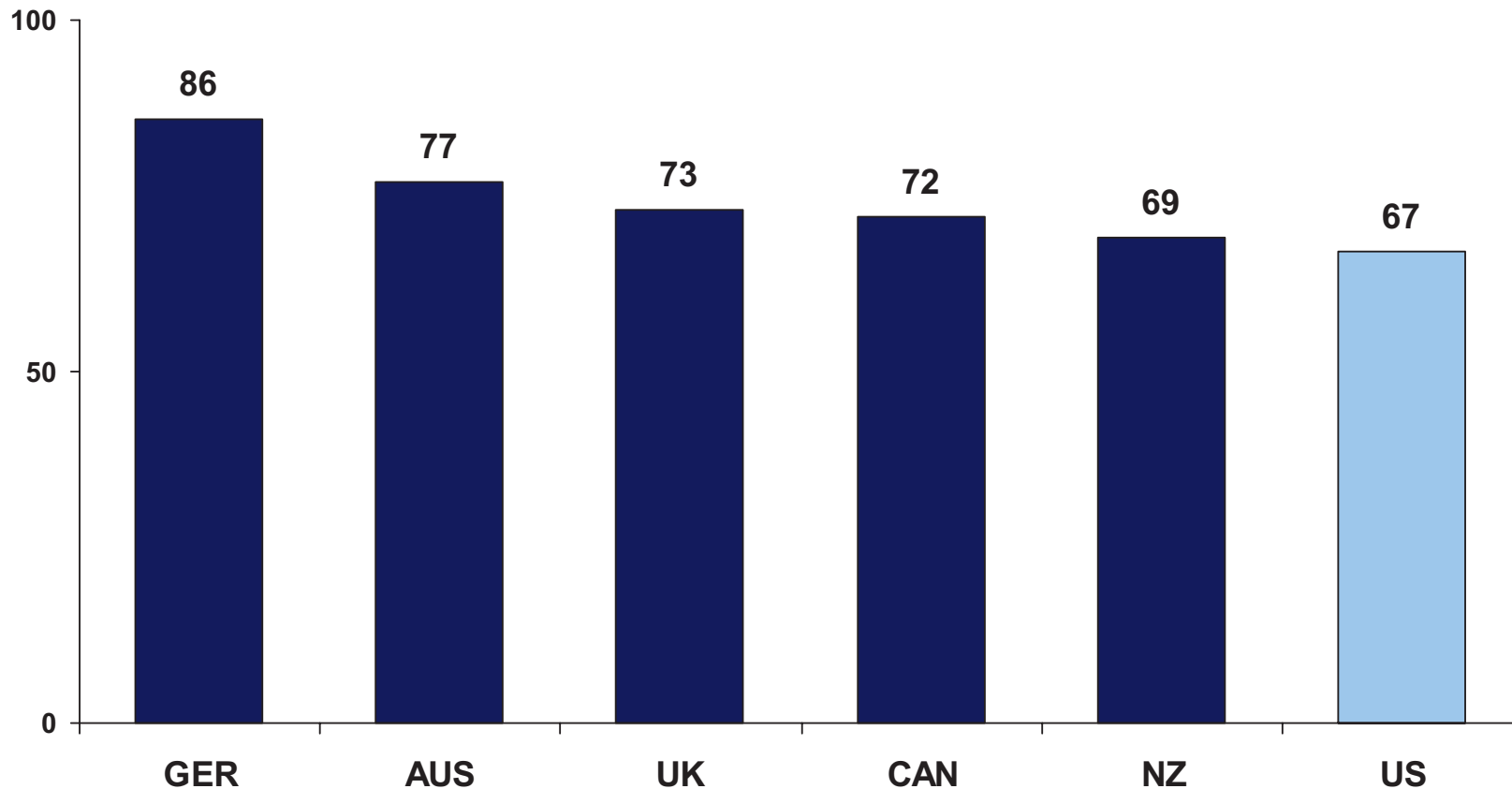
Percent of physicians saying 15 days or more or rarely receive a full report



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

# Medications Reviewed When Discharged from the Hospital,<sup>37</sup> Among Sicker Adults in Six Countries, 2005

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



Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



# Quality: Patient-Centered Care



## Patient Reports about Doctor-Patient Relationship, 2004

<b>Percent saying doctor:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Always listens carefully</b>	<b>71</b>	<b>66</b>	<b>74</b>	<b>68</b>	<b>58</b>
<b>Always explains things so you can understand</b>	<b>73</b>	<b>70</b>	<b>73</b>	<b>69</b>	<b>58</b>
<b>Always spends enough time with you</b>	<b>63</b>	<b>55</b>	<b>66</b>	<b>58</b>	<b>44</b>

# Missed Opportunities to Engage Patient in Care, Sicker Adults, 2005

**Base: Adults with chronic disease**

<b>Percent saying doctor:*</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Does NOT give you clear instructions</b>	<b>19</b>	<b>24</b>	<b>18</b>	<b>15</b>	<b>27</b>	<b>27</b>
<b>Does NOT make goals and plans clear</b>	<b>19</b>	<b>19</b>	<b>21</b>	<b>16</b>	<b>27</b>	<b>25</b>
<b>Does NOT tell you about treatment choices or ask your opinions</b>	<b>45</b>	<b>38</b>	<b>39</b>	<b>38</b>	<b>51</b>	<b>49</b>

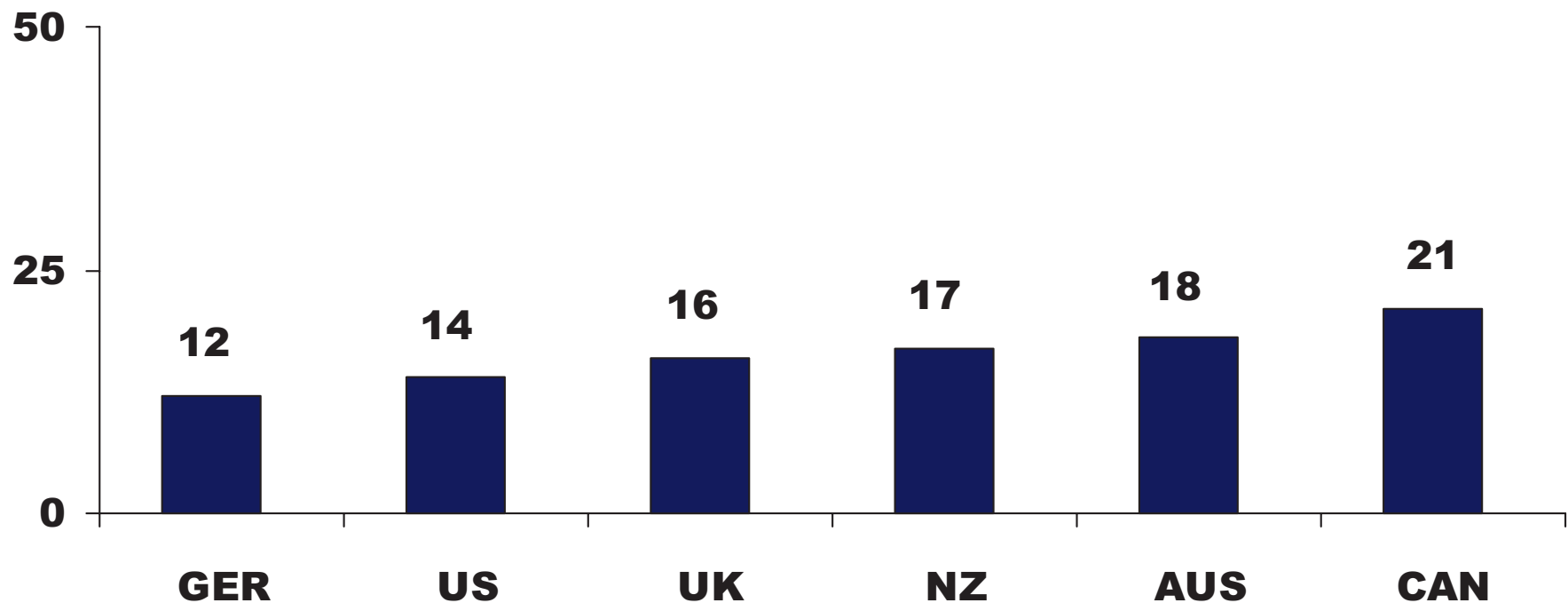
\* Doctor only sometimes, rarely, or never.



# Were Risks Explained Before a Hospital Procedure<sup>41</sup> in an Understandable Way?, Sicker Adults, 2005

Base: Hospitalized in past 2 years

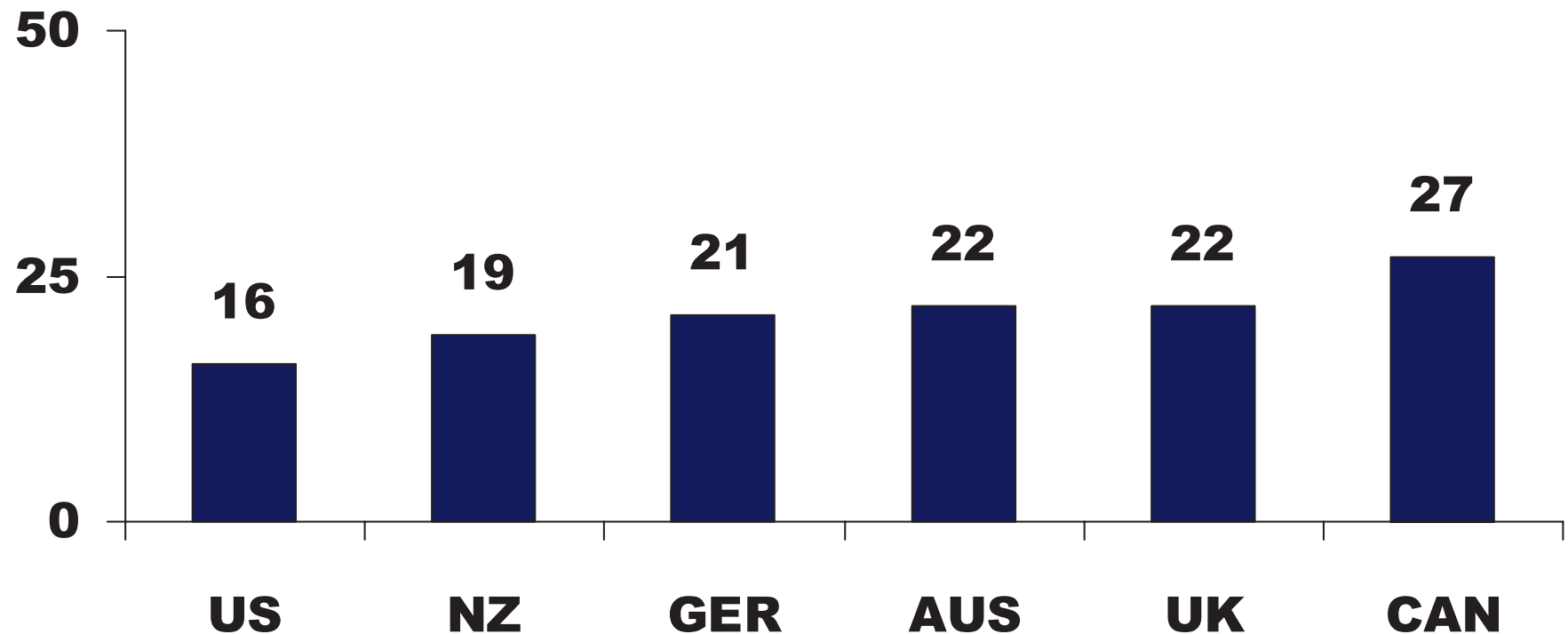
Percent who said risks were NOT explained



# Did Doctors and Nurses Involve You as Much as You Wanted in Care Decisions? , Sicker Adults, 2005 42

**Base: Hospitalized in past 2 years**

**Percent NOT involved as much as would like**



# Top Two Most Important Types of Information About Surgeons, Sicker Adults, 2005

**Base: Had major surgery in the past 2 years**

<b>Percent:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Experience with specific conditions</b>	<b>68</b>	<b>59</b>	<b>59</b>	<b>67</b>	<b>59</b>	<b>55</b>
<b>Outcomes of specific surgery or treatment</b>	<b>52</b>	<b>53</b>	<b>47</b>	<b>49</b>	<b>43</b>	<b>55</b>
<b>Patient satisfaction ratings</b>	<b>36</b>	<b>36</b>	<b>33</b>	<b>36</b>	<b>43</b>	<b>41</b>
<b>Training</b>	<b>23</b>	<b>32</b>	<b>36</b>	<b>26</b>	<b>19</b>	<b>34</b>



# Missed Opportunity to Engage Patients on Choice and Quality, Sicker Adults, 2005

**Base: Had major surgery in the past 2 years**

<b>Percent who said:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Did NOT have a choice of surgeons</b>	<b>34</b>	<b>36</b>	<b>23</b>	<b>38</b>	<b>44</b>	<b>23</b>
<b>Did NOT have any quality information about the surgeon</b>	<b>63</b>	<b>48</b>	<b>53</b>	<b>54</b>	<b>65</b>	<b>53</b>



# Quality: Quality Improvement Efforts



# Physician Participation in Activities to Improve Quality of Care, 2006

	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Percent of physicians in past 2 years who:</b>							
<b>Participated in collaborative QI efforts</b>	<b>58</b>	<b>48</b>	<b>76</b>	<b>70</b>	<b>78</b>	<b>58</b>	<b>49</b>
<b>Conducted clinical audit of patient care</b>	<b>76</b>	<b>45</b>	<b>69</b>	<b>46</b>	<b>82</b>	<b>96</b>	<b>70</b>
<b>Percent reporting their practice:</b>							
<b>Sets formal targets for clinical performance</b>	<b>26</b>	<b>27</b>	<b>70</b>	<b>35</b>	<b>41</b>	<b>70</b>	<b>50</b>



# Physicians' Reports on Availability of Data on Clinical Outcomes or Performance, 2006

47

<b>Percent of physicians reporting yes:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Patients' clinical outcomes</b>	<b>36</b>	<b>24</b>	<b>71</b>	<b>37</b>	<b>54</b>	<b>78</b>	<b>43</b>
<b>Surveys of patient satisfaction and experiences</b>	<b>29</b>	<b>11</b>	<b>27</b>	<b>16</b>	<b>33</b>	<b>89</b>	<b>48</b>



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

# Primary Care Doctor's Practice Has Documented <sup>48</sup> Process for Follow-Up/Analysis of Adverse Events, 2006

	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Yes, for all adverse events</b>	<b>35</b>	<b>20</b>	<b>32</b>	<b>7</b>	<b>41</b>	<b>79</b>	<b>37</b>
<b>Yes, for adverse drug reactions only</b>	<b>21</b>	<b>19</b>	<b>26</b>	<b>10</b>	<b>19</b>	<b>8</b>	<b>19</b>
<b>Do Not have a process</b>	<b>44</b>	<b>58</b>	<b>42</b>	<b>82</b>	<b>40</b>	<b>13</b>	<b>41</b>



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

# Primary Care Doctors' Reports of Financial Incentives For Quality of Care Improvement, 2006

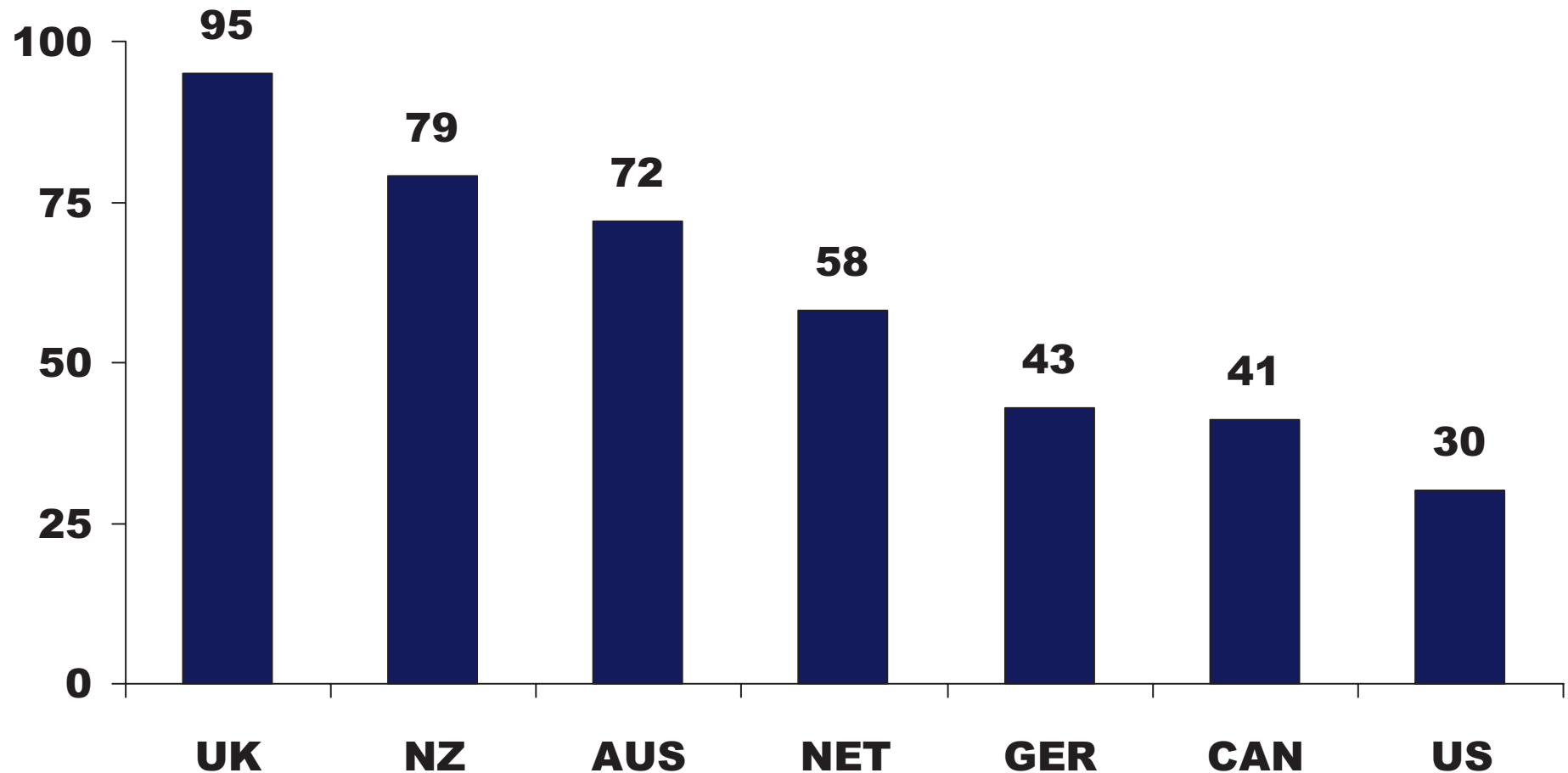
<b>Percent of physicians who receive financial incentive:*</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Achieving certain clinical care targets</b>	<b>33</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>43</b>	<b>92</b>	<b>23</b>
<b>High ratings for patient satisfaction</b>	<b>5</b>	<b>-</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>52</b>	<b>20</b>
<b>Managing patients with chronic disease/ complex needs</b>	<b>62</b>	<b>37</b>	<b>24</b>	<b>47</b>	<b>68</b>	<b>79</b>	<b>8</b>
<b>Enhanced preventive care activities</b>	<b>53</b>	<b>13</b>	<b>28</b>	<b>18</b>	<b>42</b>	<b>72</b>	<b>12</b>
<b>Participating in quality improvement activities</b>	<b>35</b>	<b>7</b>	<b>21</b>	<b>28</b>	<b>47</b>	<b>82</b>	<b>19</b>

\*Receive or have the potential to receive



# Primary Care Doctors' Reports of Any Financial <sup>50</sup> 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

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



# Access to Care



## Cost-Related Access Problems, Sicker Adults, 2005

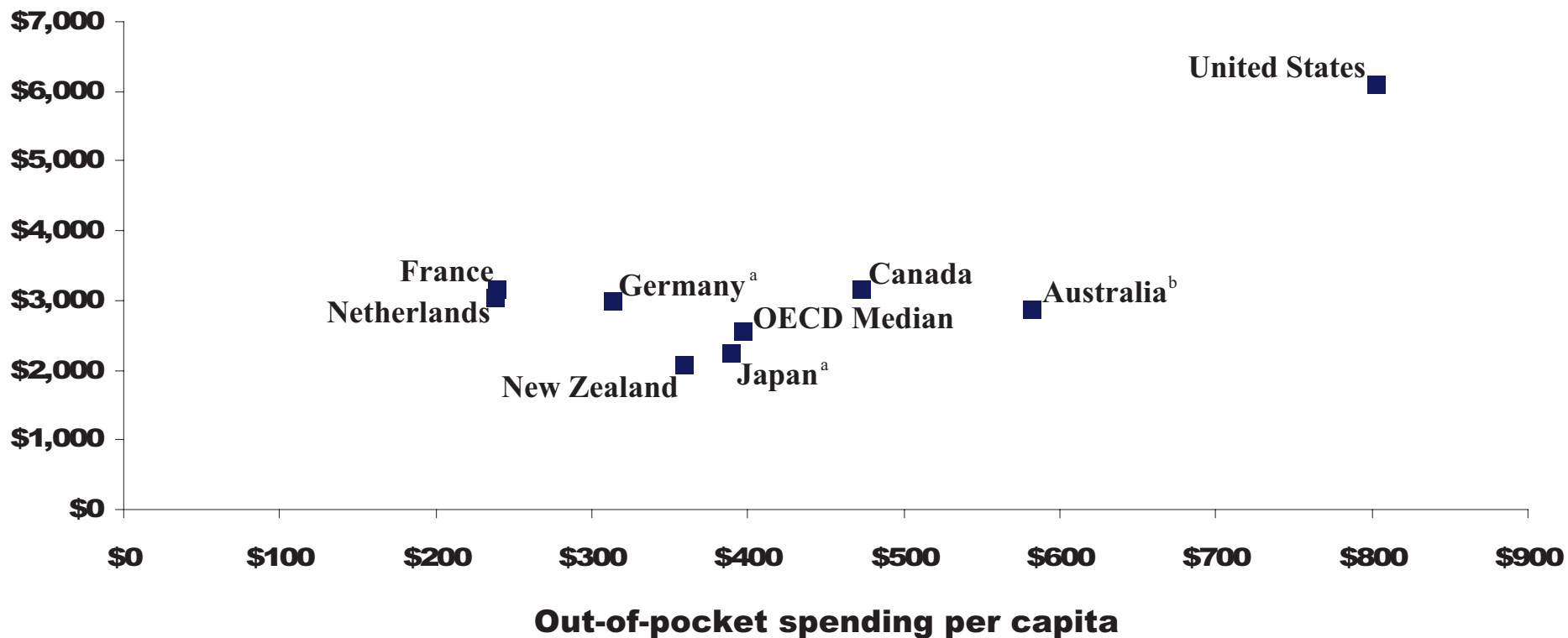
52

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



# Americans Spend More Out-of-Pocket on Health Care Expenses, 2004

**Total health care spending per capita**



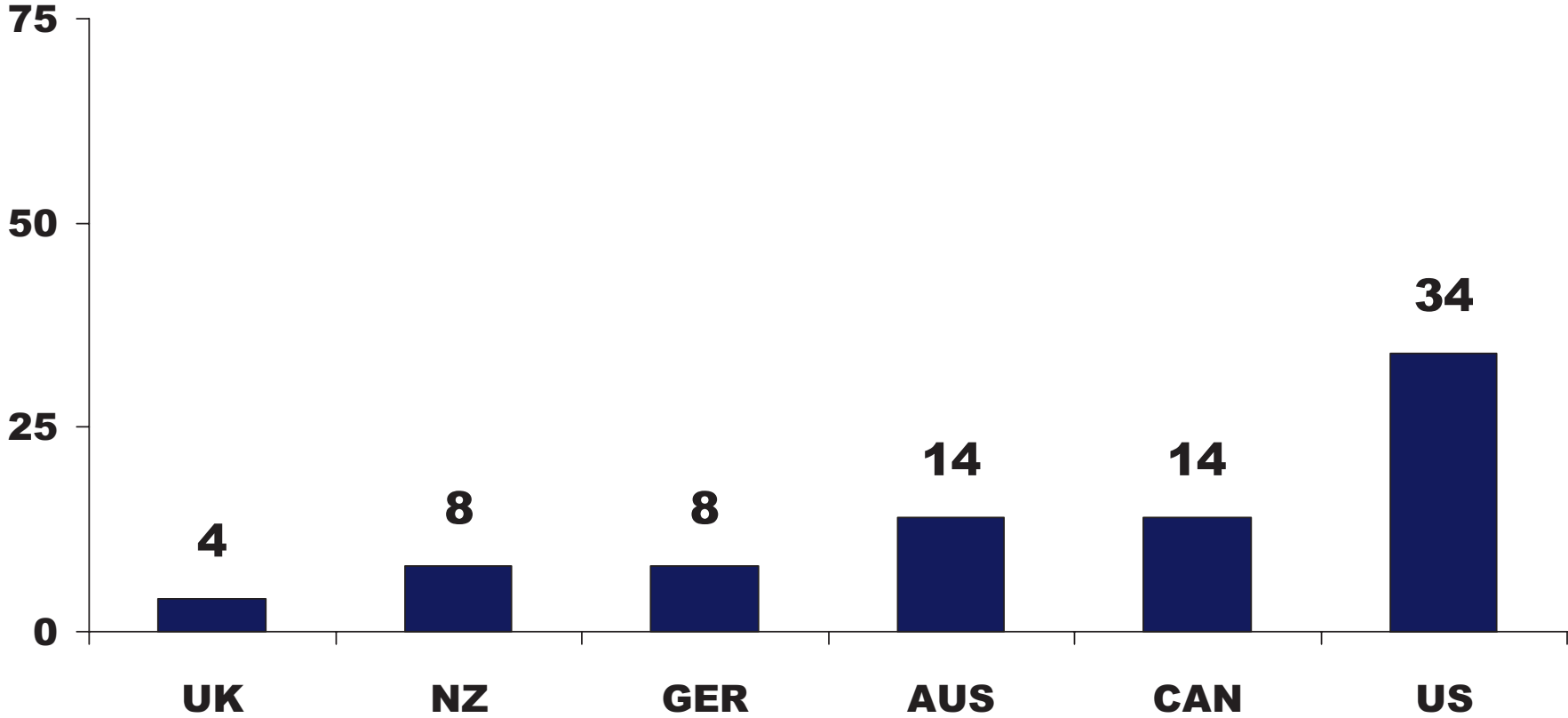
<sup>a</sup>2003

<sup>b</sup>2003 Total Health Care Spending, 2002 OOP Spending



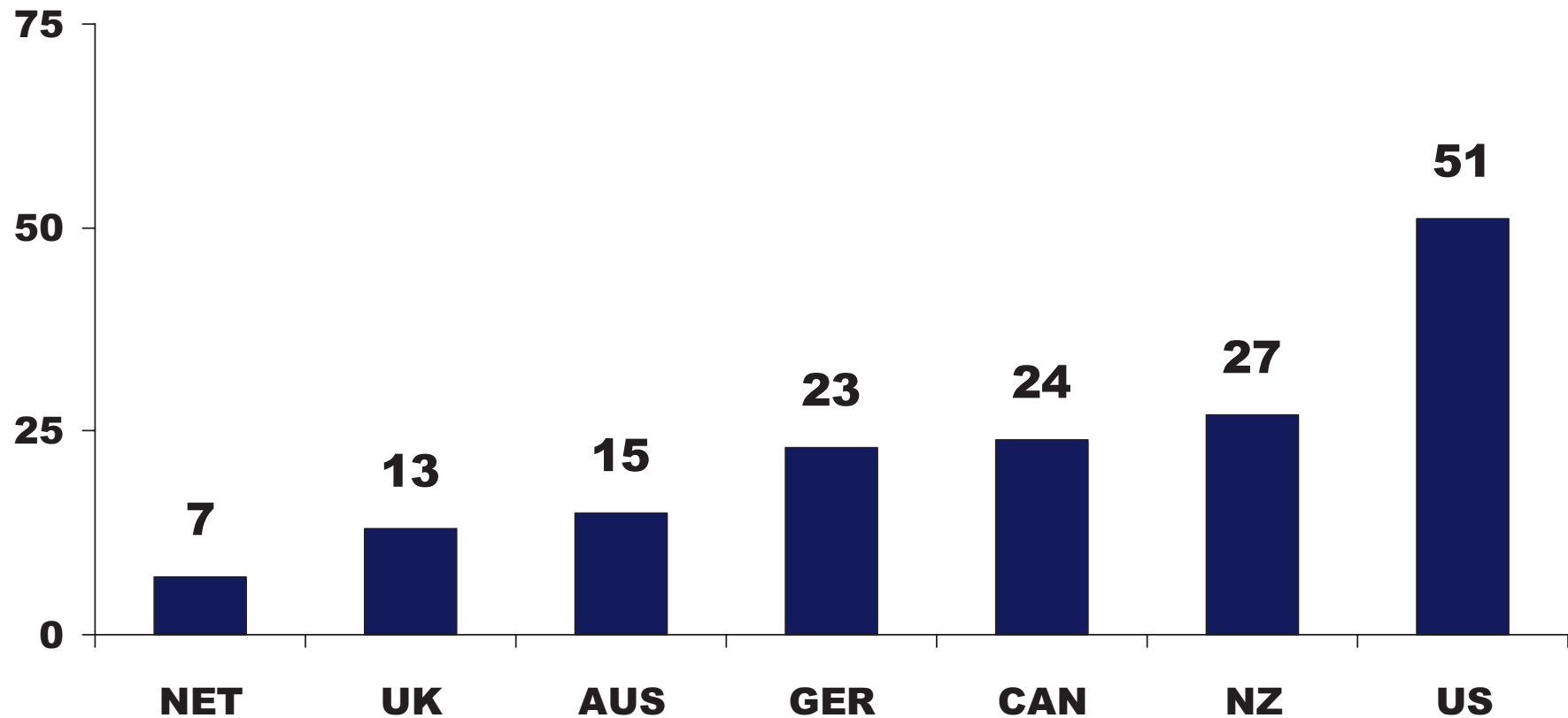
# Out-of-Pocket Medical Costs in the Past Year, Sicker Adults, 2005

Percent with out of pocket expenses for medical bills more than \$1000, US  
In the past year



# Physicians' Perception of Patient Access: Patients Often Have Difficulty Paying for Medications, 2006

Percent of physicians

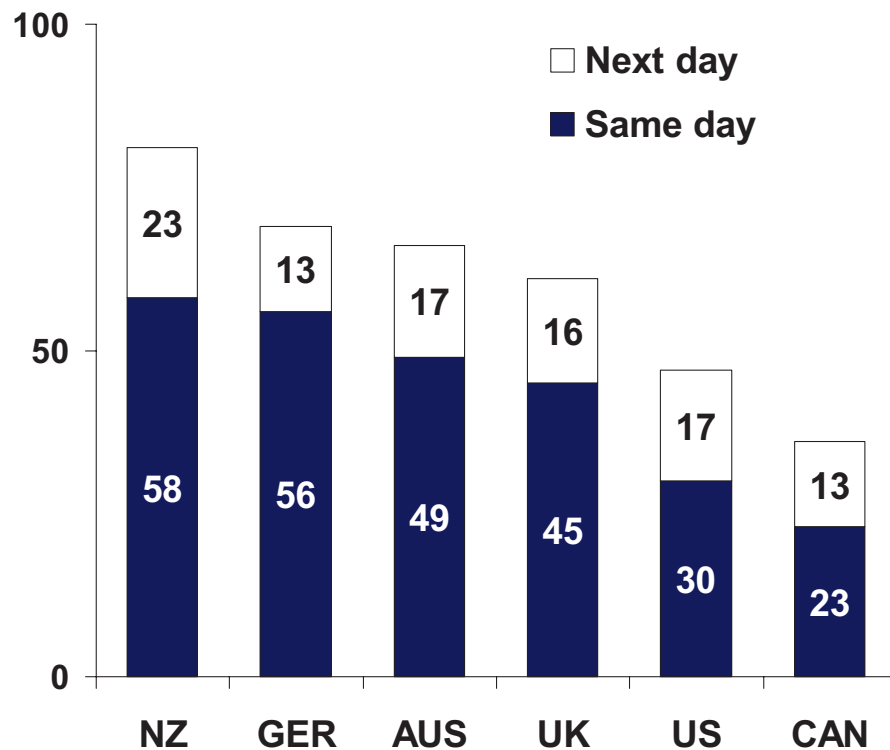


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

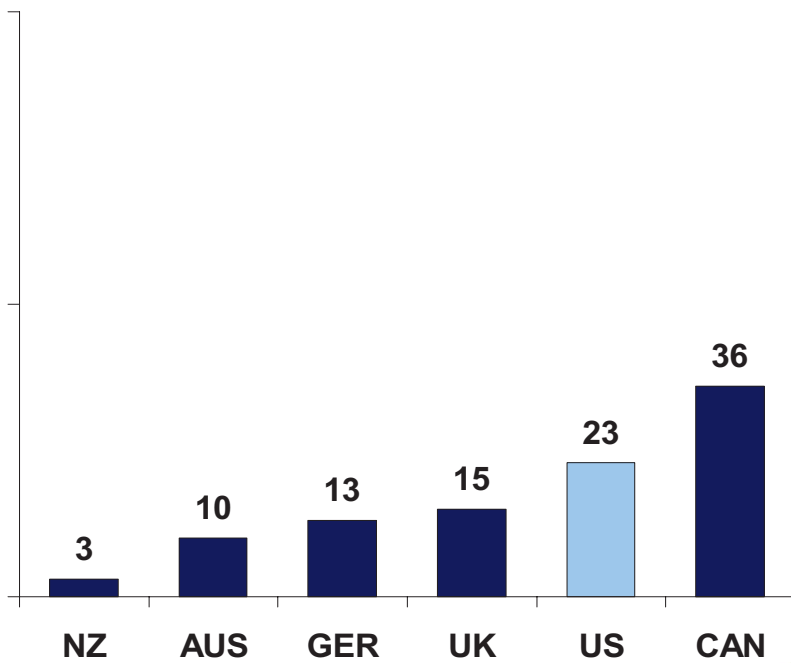
# Waiting Time to See Doctor When Sick or Need Medical Attention, Sicker Adults in Six Countries, 2005 56

**Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor?**

**Percent of adults**



**Percent of adults reporting 6 days or more**

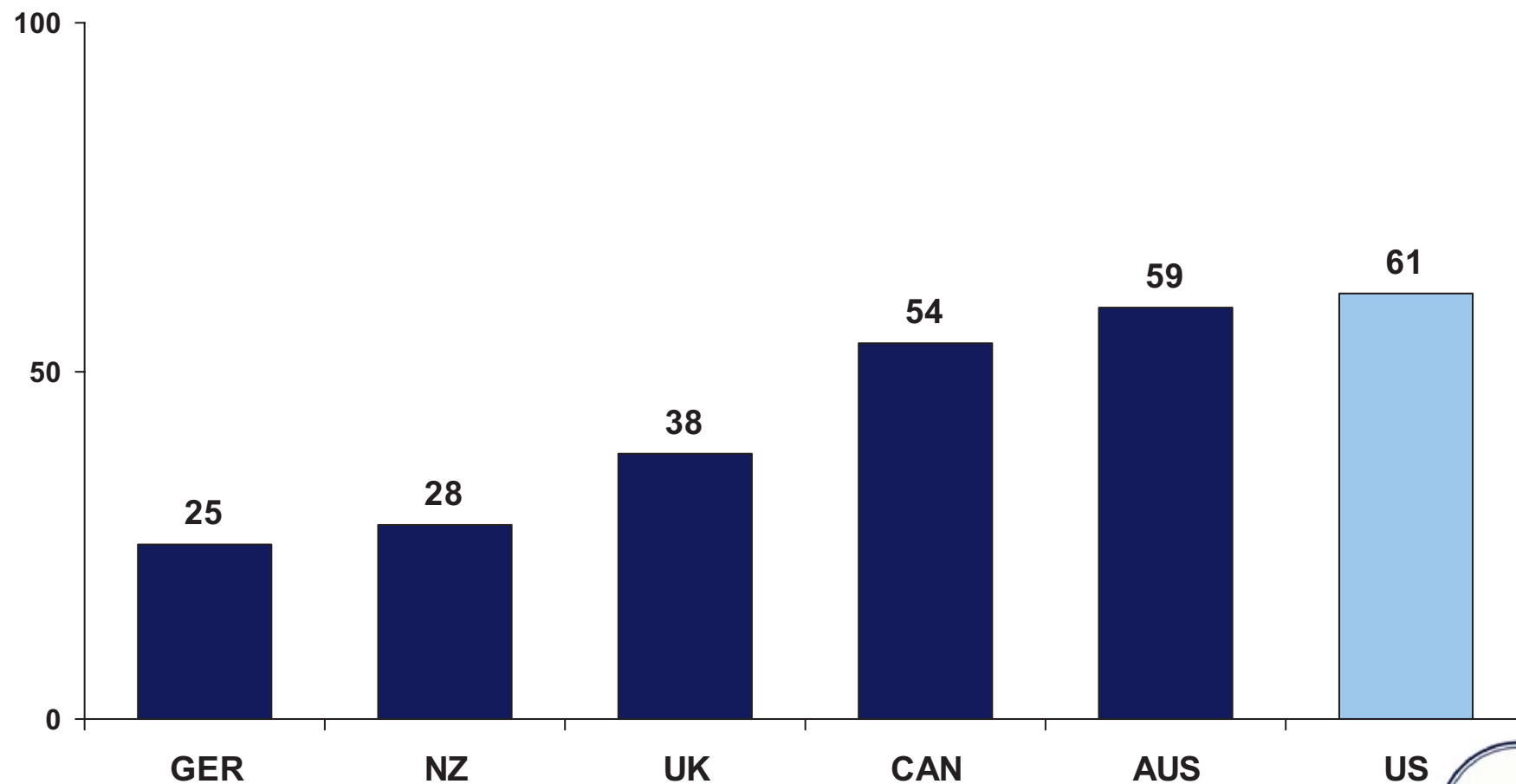


Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



# Difficulty Getting Care on Nights, Weekends, Holidays Without Going to the ER, Among Sicker Adults in Six Countries, 2005<sup>57</sup>

Percent of adults who sought care reporting “very” or “somewhat” difficult

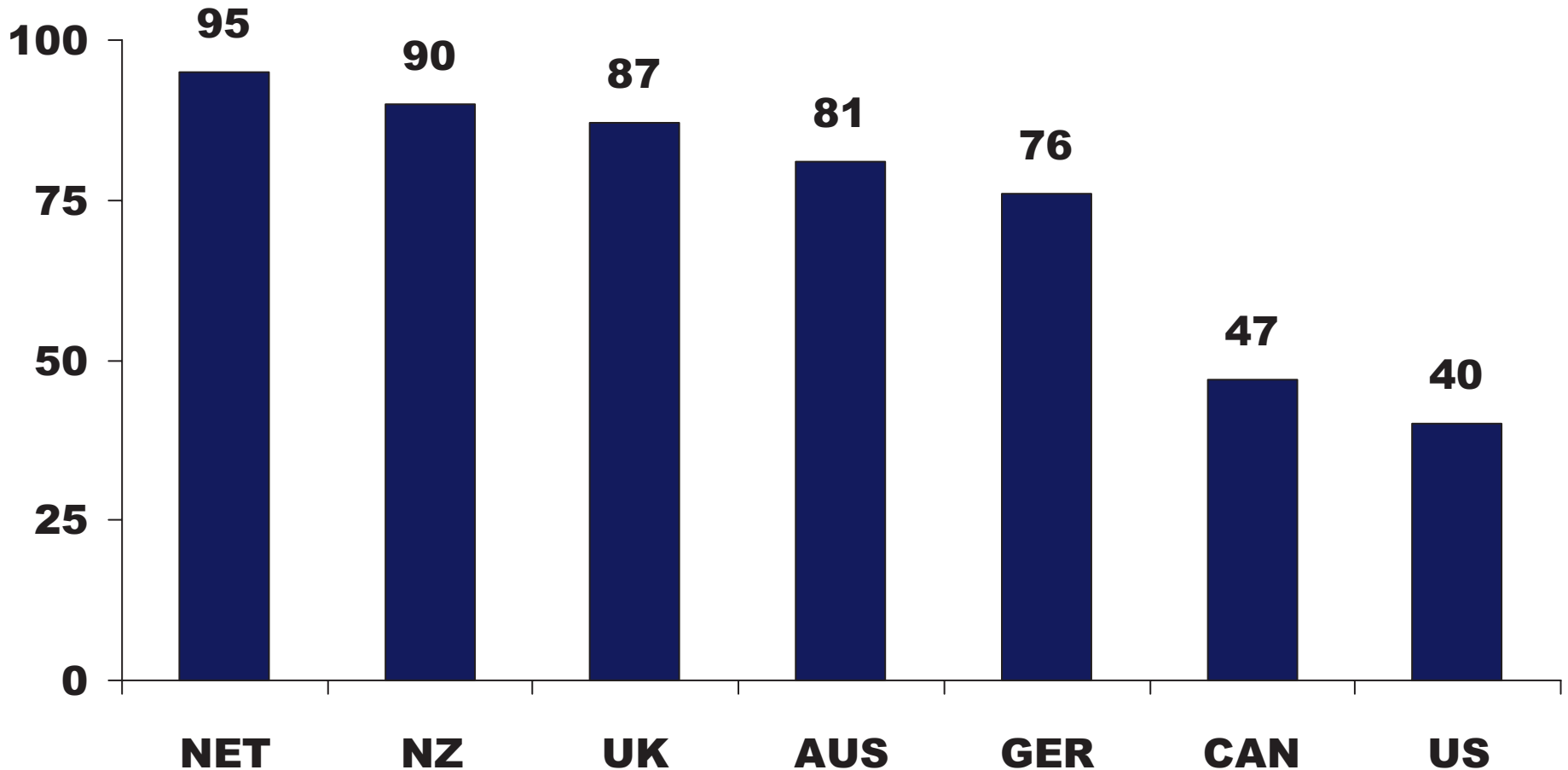


GER=Germany; NZ=New Zealand; UK=United Kingdom; CAN=Canada; AUS=Australia; US=United States.  
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



# Doctor's Reports on Whether Practice Has Arrangement for Patients' After-Hours Care to See Nurse/Doctor, 2006

Percent of physicians reporting "yes"



## Help Line Use, Sicker Adults, 2005

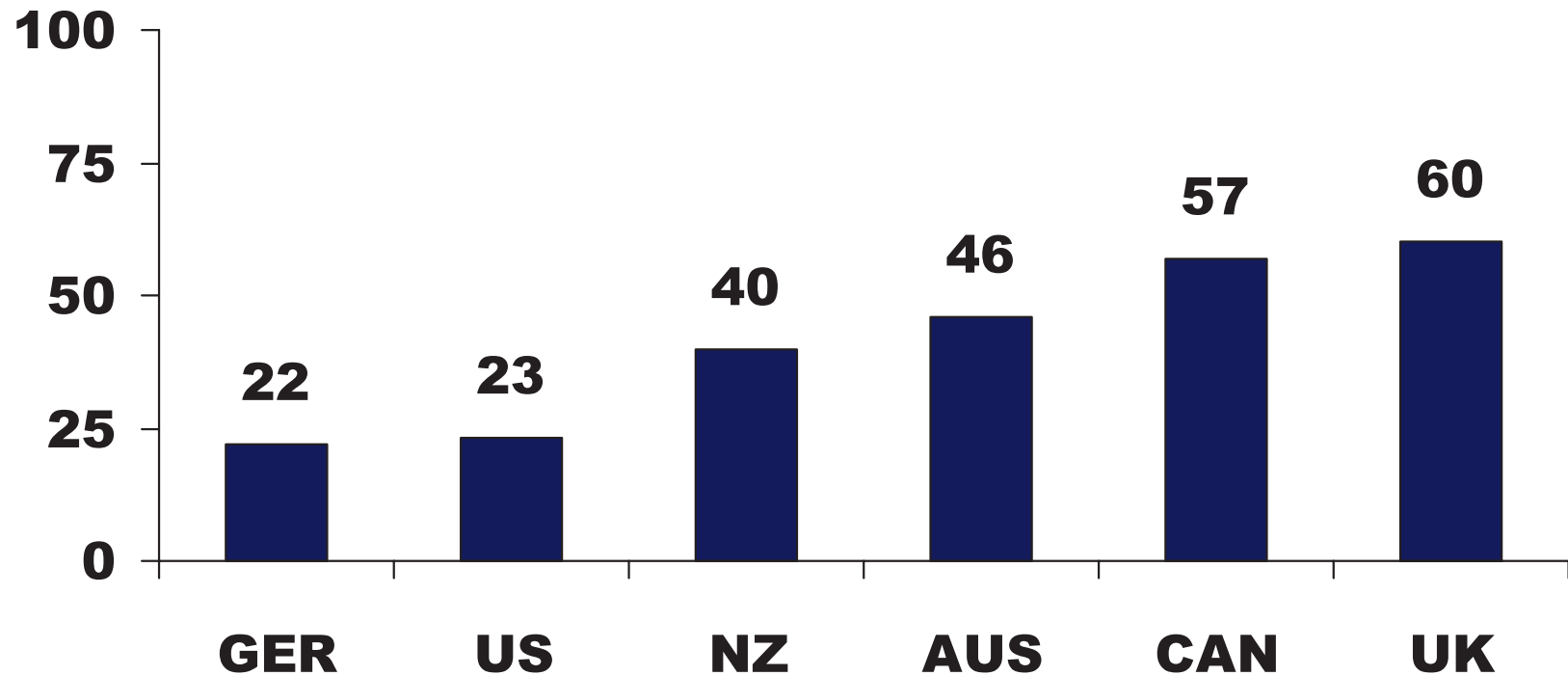
<b>Percent who reported:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Called help line for medical advice in the past 2 years</b>	<b>10</b>	<b>28</b>	<b>5</b>	<b>10</b>	<b>32</b>	<b>13</b>
<b>Advice was definitely or somewhat helpful (Base: used help line)</b>	<b>90</b>	<b>86</b>	<b>75</b>	<b>86</b>	<b>88</b>	<b>80</b>



# Waited More than Four Weeks to See a Specialist Doctor, Sicker Adults, 2005

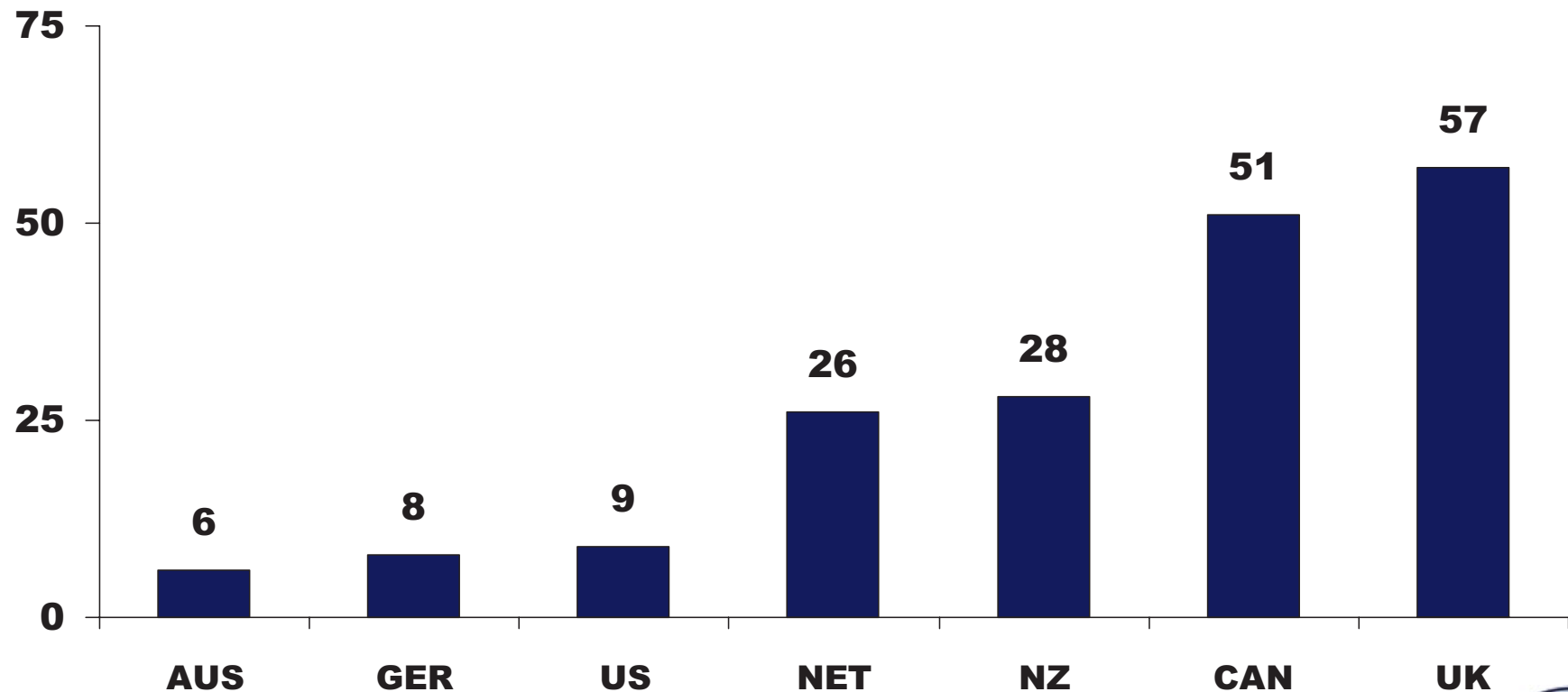
Base: Saw or needed to see a specialist

Percent



# Physicians' Perception of Patient Access: Patients Often Experience Long Waits for Diagnostic Tests, 2006

Percent of physicians

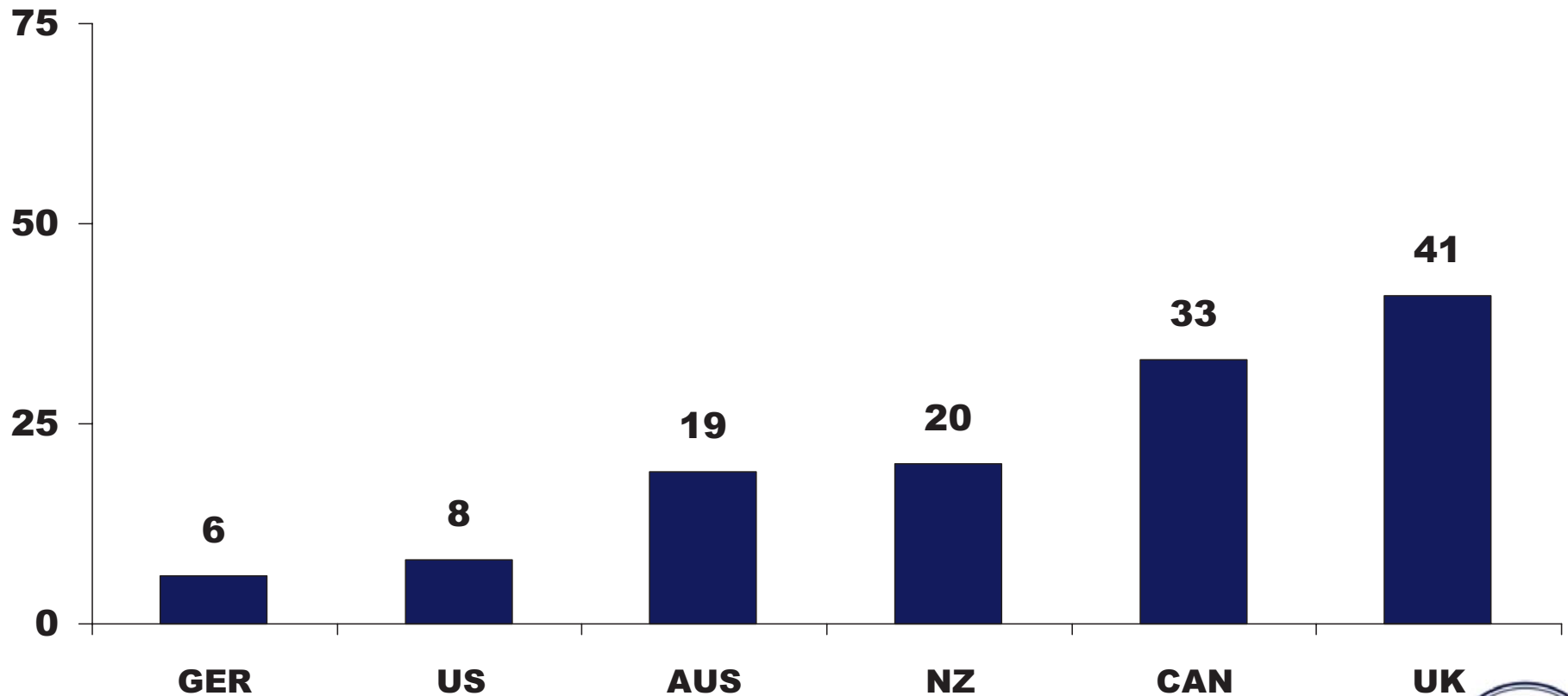


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

# Waiting Time for Elective or Non-Emergency Surgery, Sicker Adults, 2005

Base: Needed non-emergency or elective surgery

Percent experienced wait time of 4 month or more

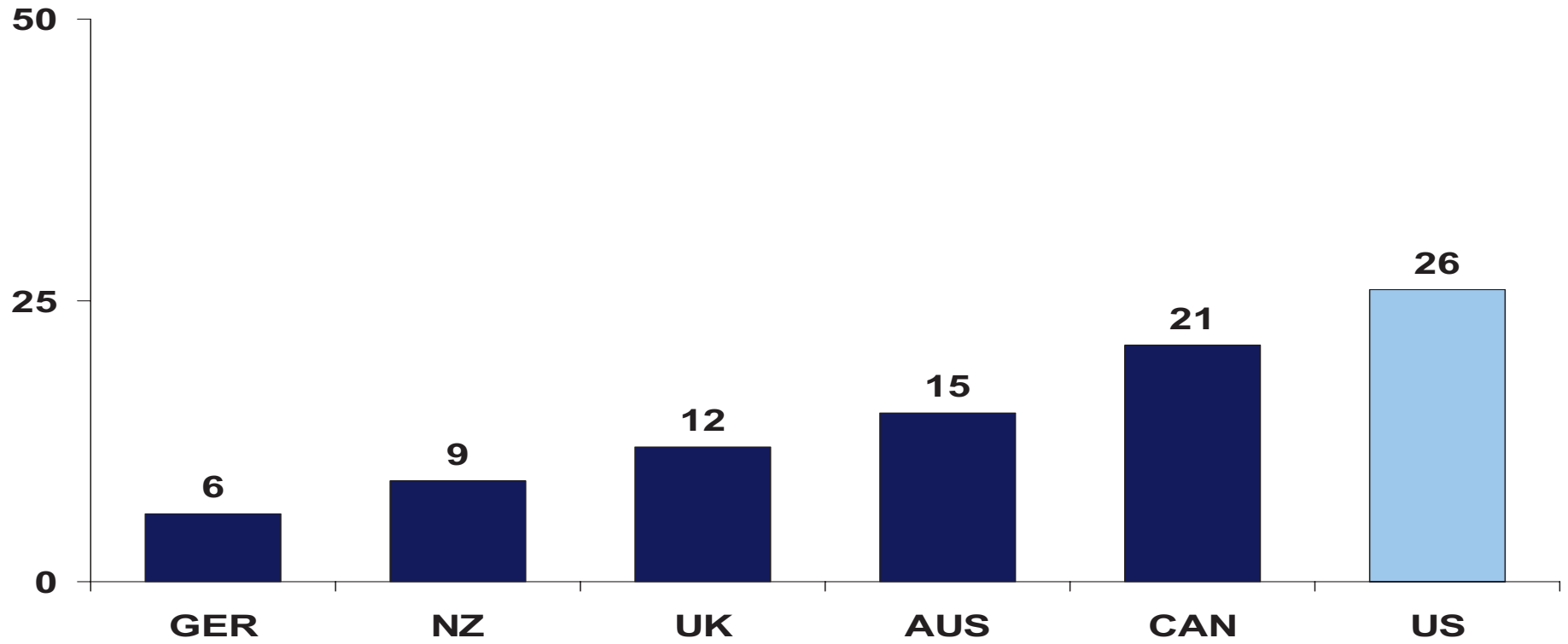


# Efficiency



# Went to ER for Condition That Could Have Been Treated by Regular Doctor, Among Sicker Adults, 2005

Percent of adults who went to ER in past two years for condition that could have been treated by regular doctor if available



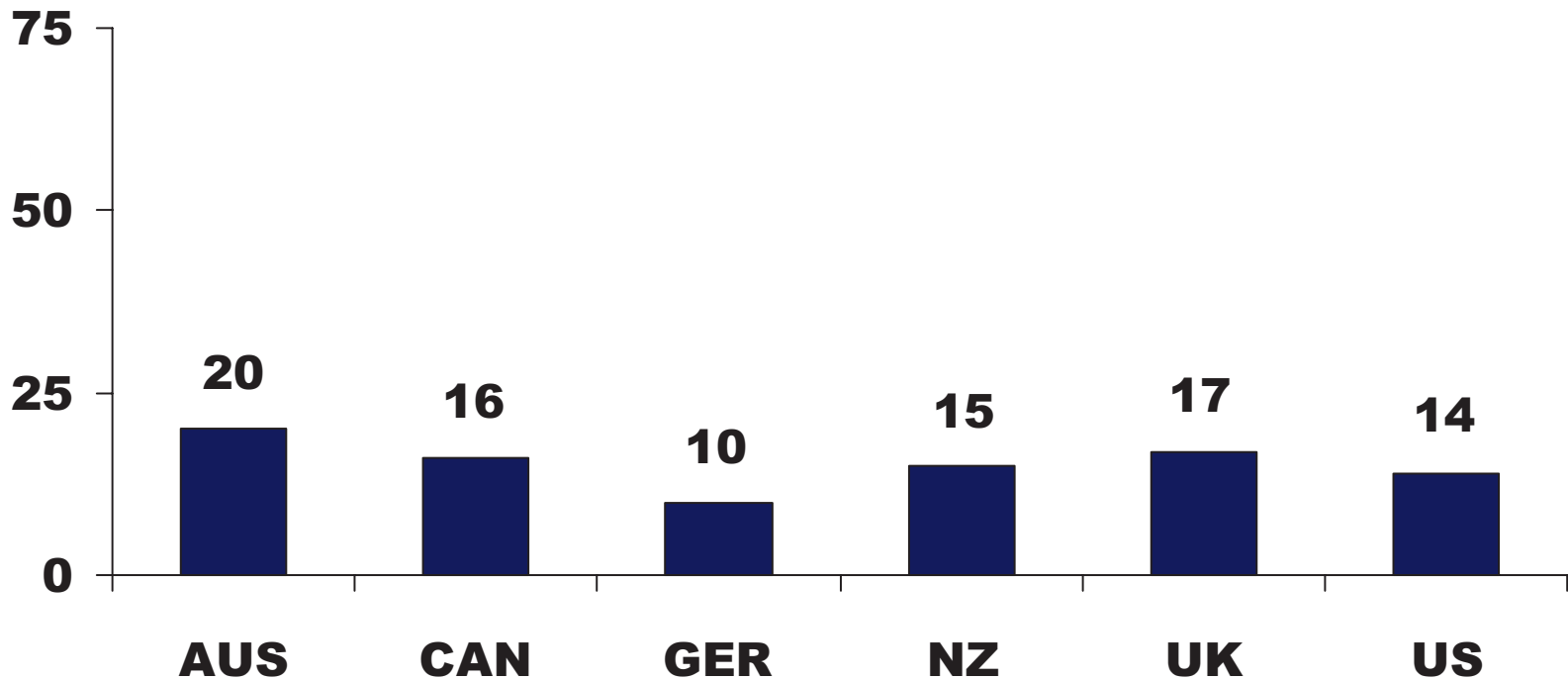
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



## Readmitted to a Hospital or Went to ER as a Result of Complications After Discharge, Sicker Adults, 2005

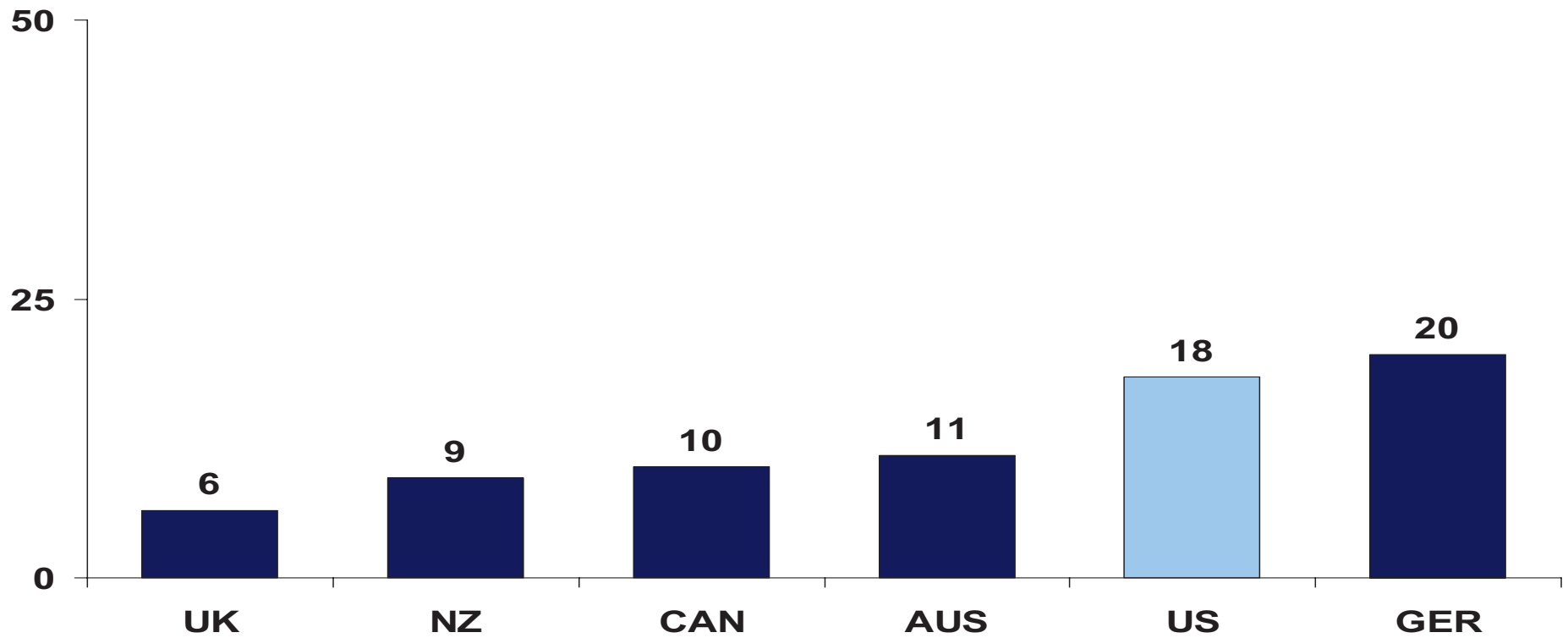
Base: Hospitalized in past 2 years

Percent readmitted or ER visit due to complications



# Duplicate Medical Tests, Sicker Adults, 2005

Percent reporting that doctor ordered test that had already been done in past two years

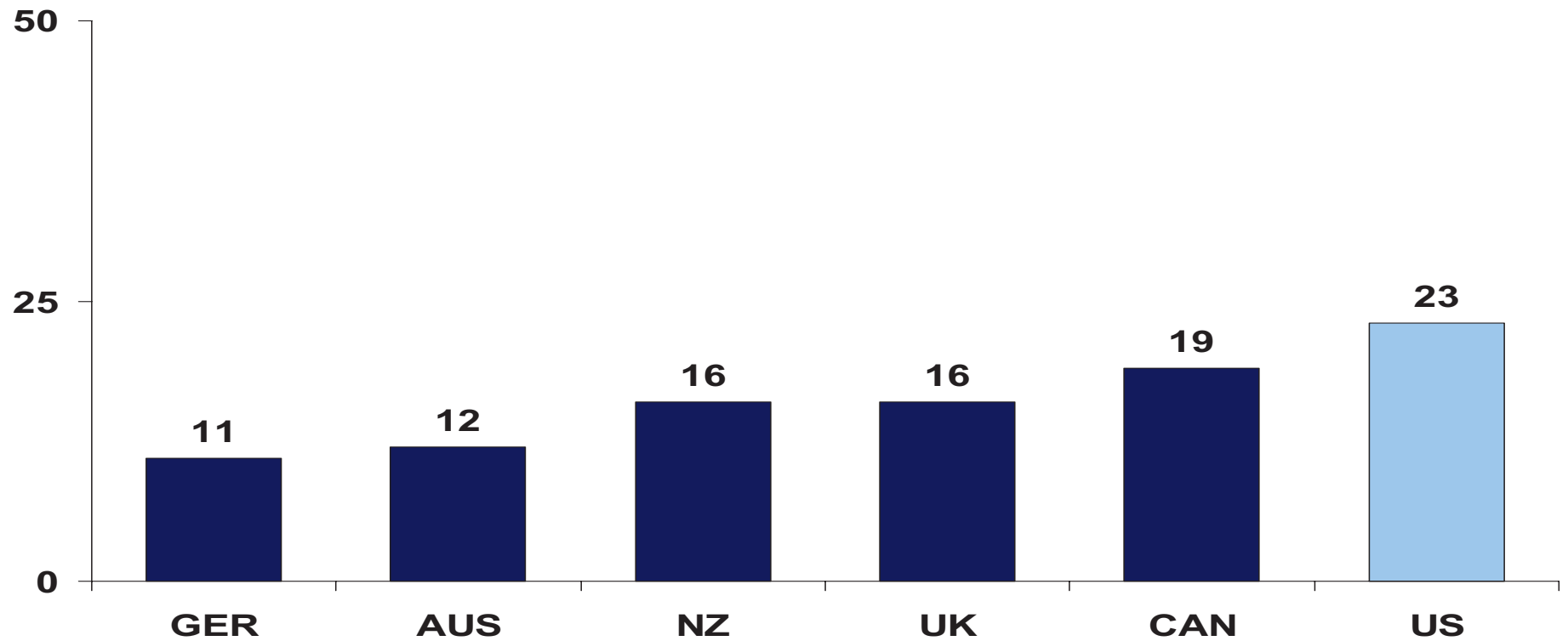


Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



# Test Results or Medical Record Not Available at Time of Appointment, Among Sicker Adults, 2005

Percent reporting test results/records not available at time of appointment in past two years

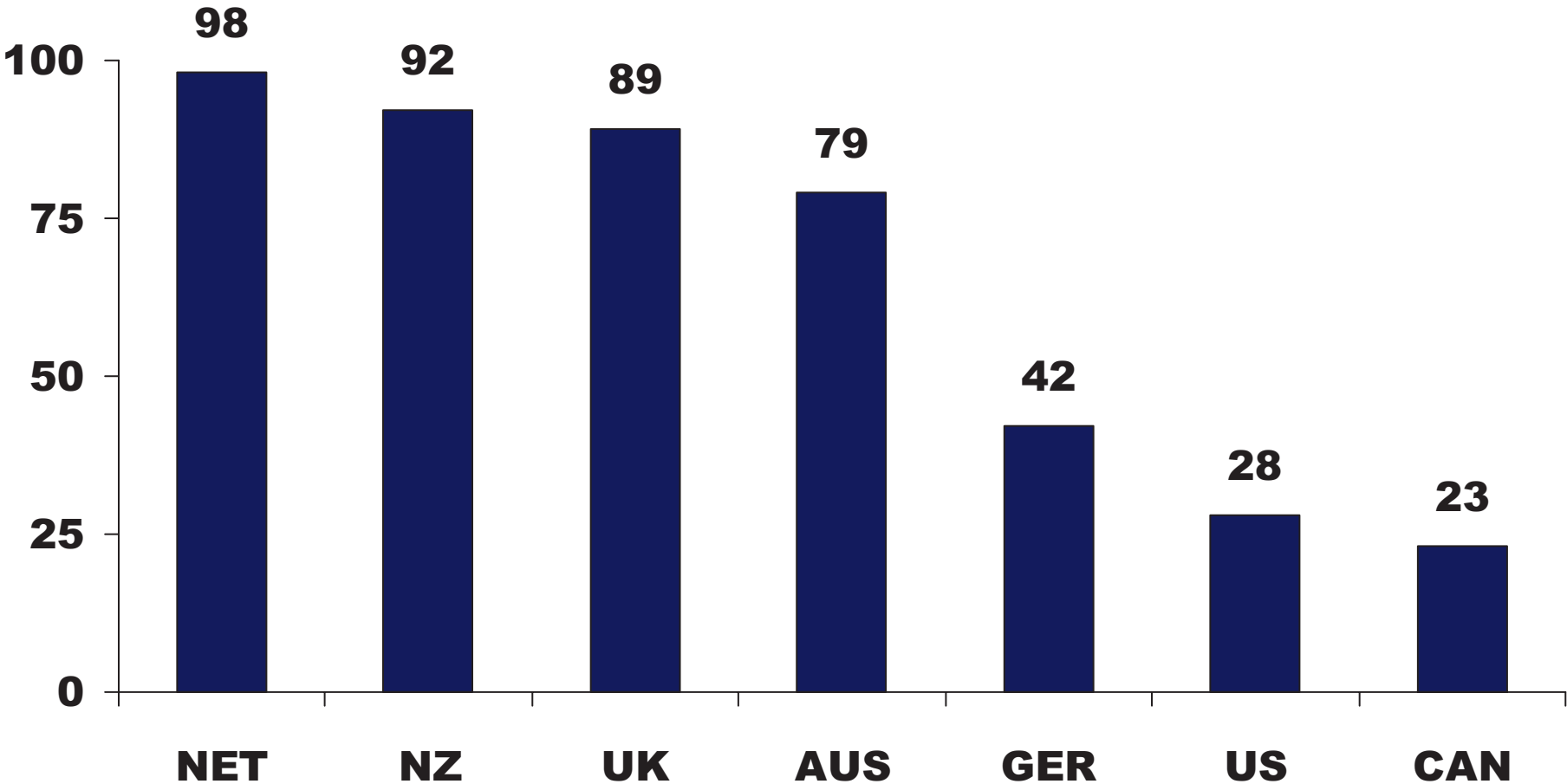


Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



# Primary Care Doctors Use of Electronic Patient <sup>68</sup> Medical Records, 2006

Percent of physicians



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

# Primary Care Doctors' Access to Electronic Medical Record System Access, 2006

<b>Percent with capability to:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Share records electronically with clinicians outside your practice</b>	<b>10</b>	<b>6</b>	<b>9</b>	<b>45</b>	<b>17</b>	<b>15</b>	<b>12</b>
<b>Access records from outside the office</b>	<b>19</b>	<b>11</b>	<b>16</b>	<b>32</b>	<b>36</b>	<b>22</b>	<b>22</b>
<b>Provide patients with easy access to their records</b>	<b>36</b>	<b>6</b>	<b>15</b>	<b>8</b>	<b>32</b>	<b>50</b>	<b>10</b>



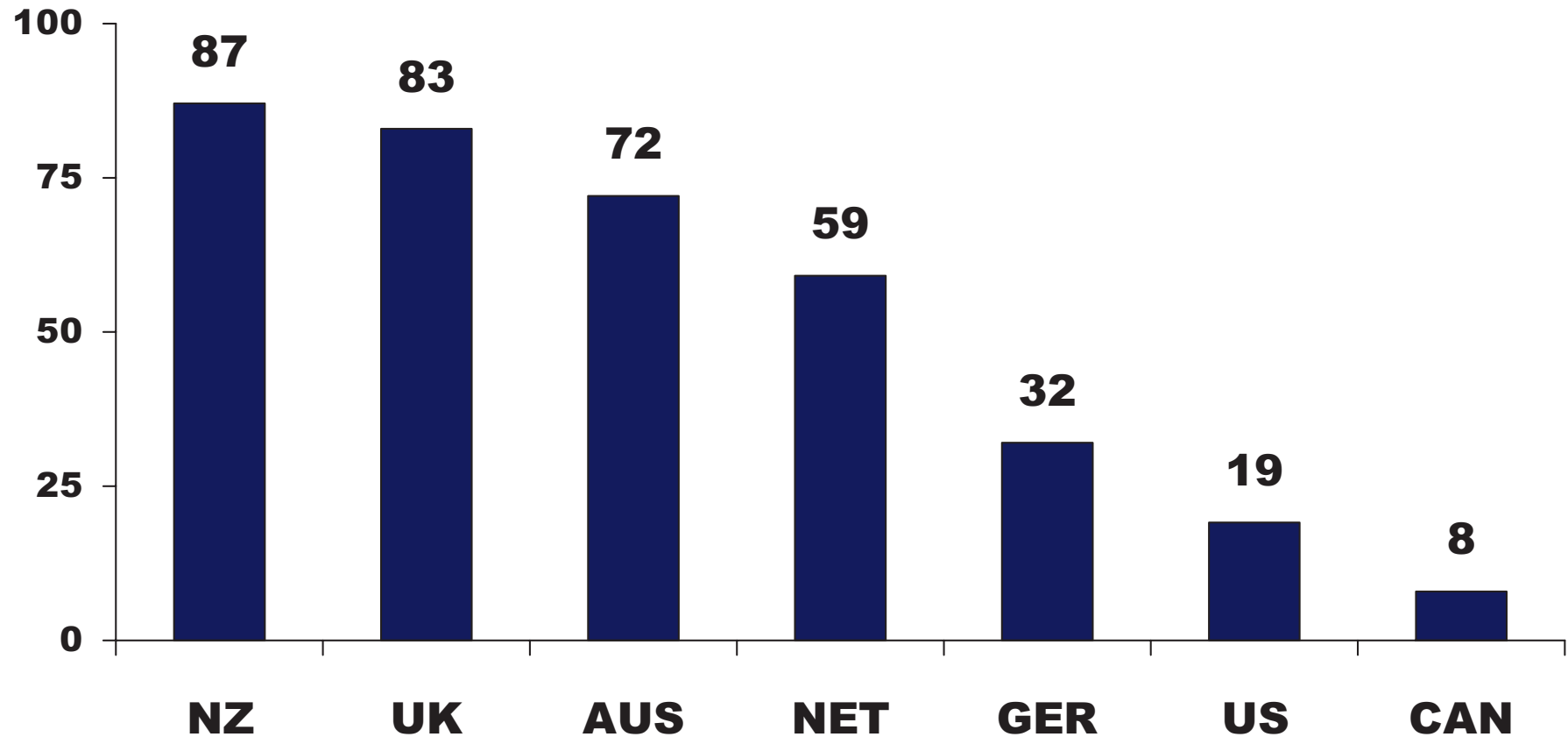
## Practice Use of Electronic Technology, 2006

<b>Percent reporting routine use of:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Electronic ordering of tests</b>	<b>65</b>	<b>8</b>	<b>27</b>	<b>5</b>	<b>62</b>	<b>20</b>	<b>22</b>
<b>Electronic prescribing of medication</b>	<b>81</b>	<b>11</b>	<b>59</b>	<b>85</b>	<b>78</b>	<b>55</b>	<b>20</b>
<b>Electronic access to patients' test results</b>	<b>76</b>	<b>27</b>	<b>34</b>	<b>78</b>	<b>90</b>	<b>84</b>	<b>48</b>
<b>Electronic access to patients' hospital records</b>	<b>12</b>	<b>15</b>	<b>7</b>	<b>11</b>	<b>44</b>	<b>19</b>	<b>40</b>



# Primary Care Practices with Advanced Information Capacity, 2006

Percent reporting 7 or more out of 14 functions\*

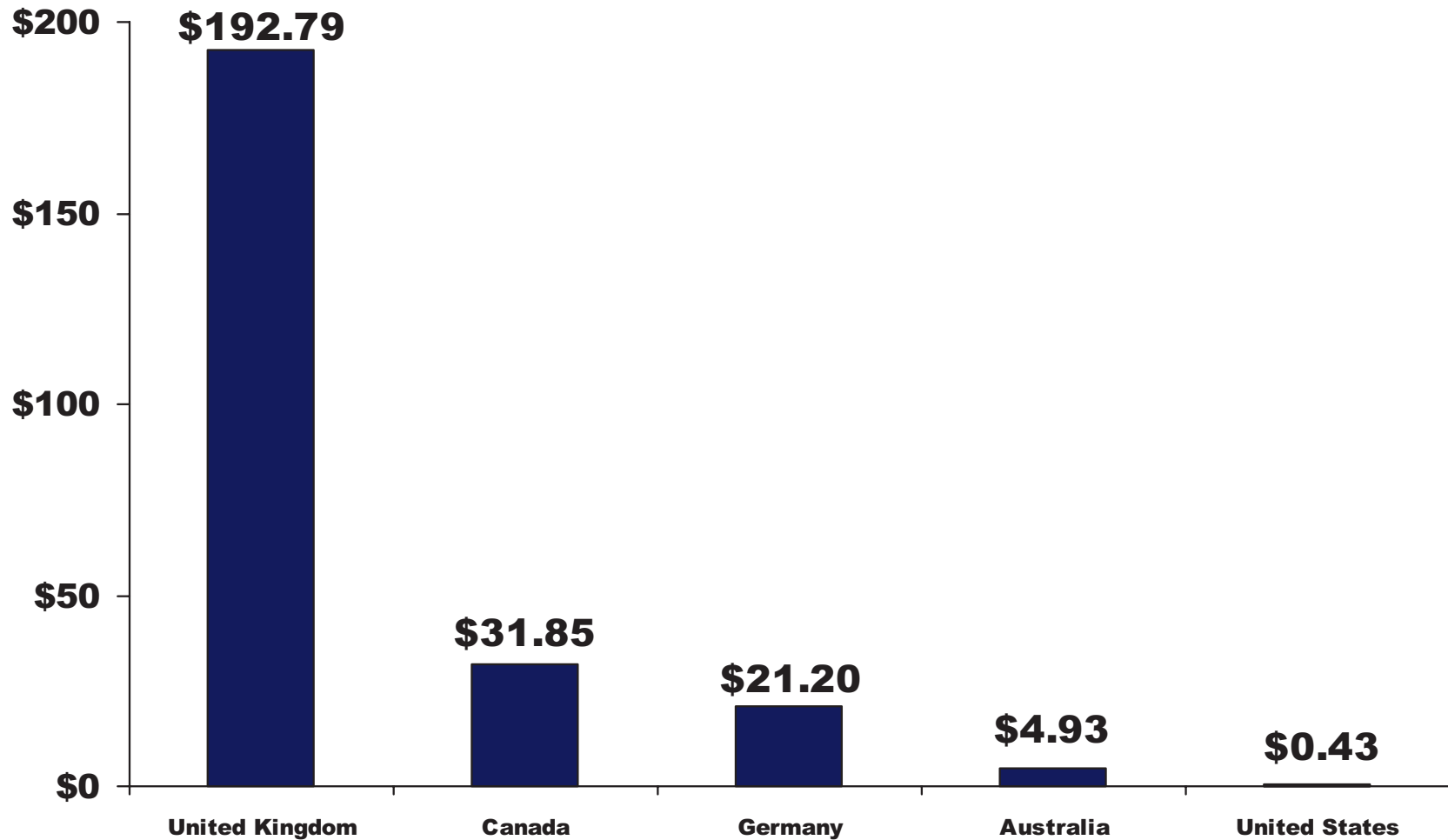


\*Count of 14: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt tests results; easy to list diagnosis, medications, patients due for care.

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



# Public Investment per Capita in Health Information Technology (HIT) as of 2005

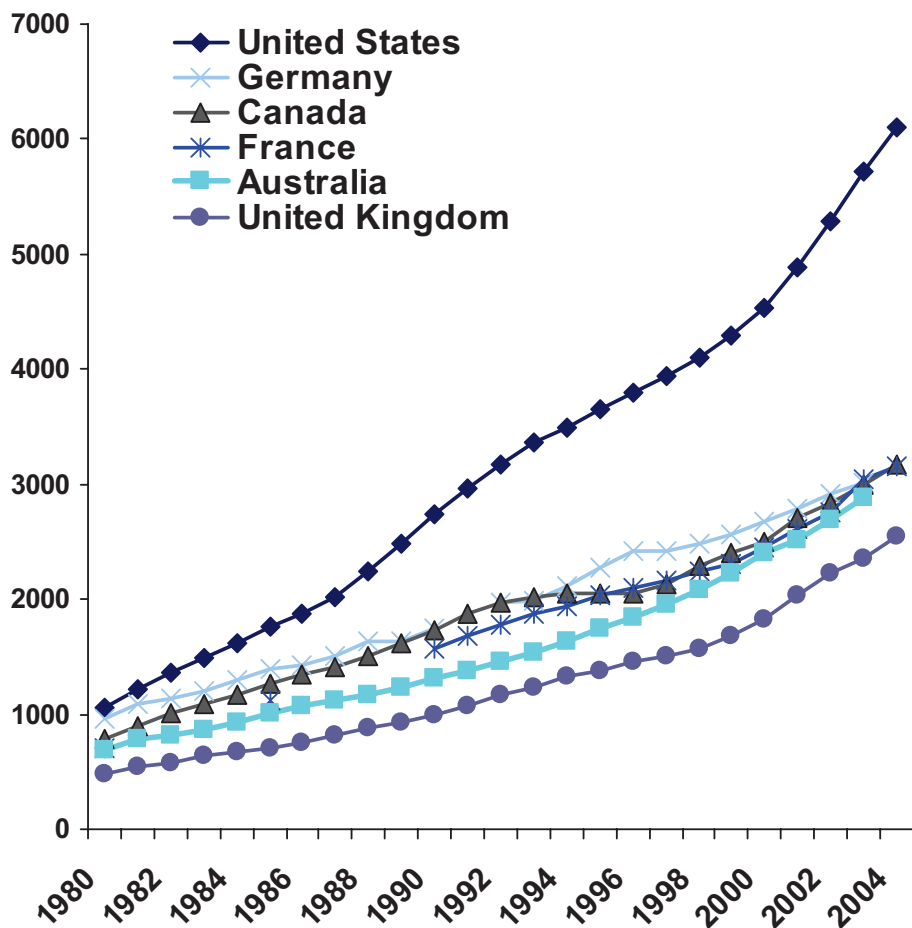


Source: The Commonwealth Fund, calculated from Anderson, G.F., Frogner, B., Johns, R.A., and Reinhardt, U. "Health Care Spending and Use of Information Technology in OECD Countries," *Health Affairs*, 2006.

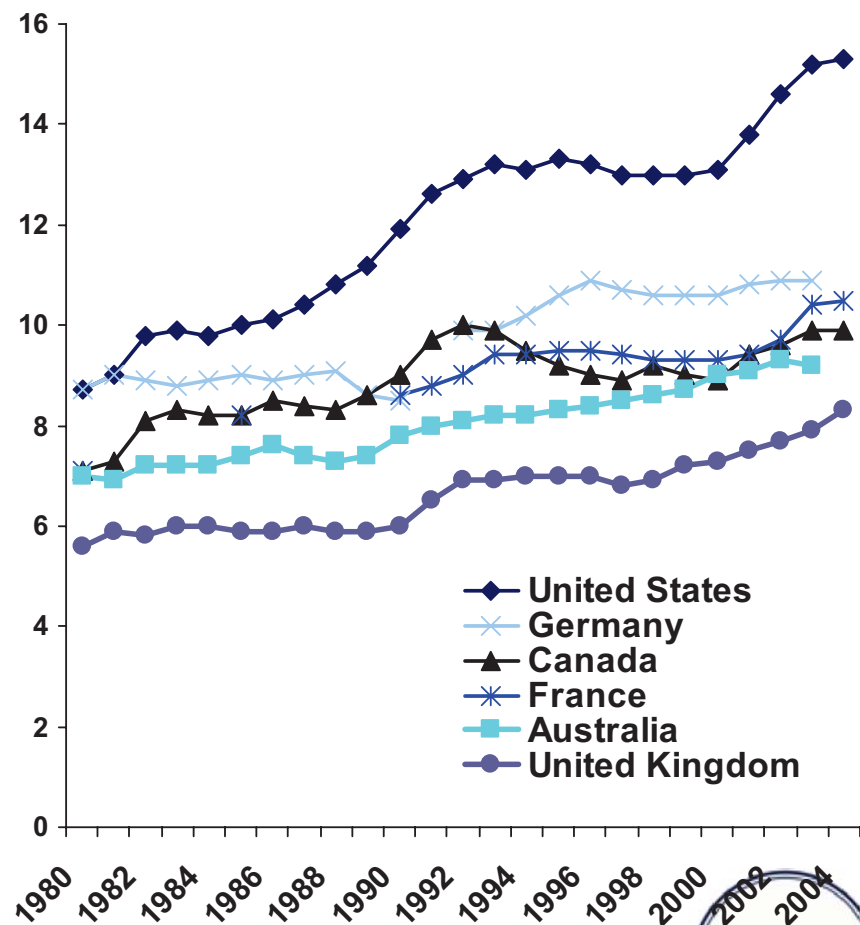


## International Comparison of Spending on Health, 1980–2004

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



**Total expenditures on health as percent of GDP**

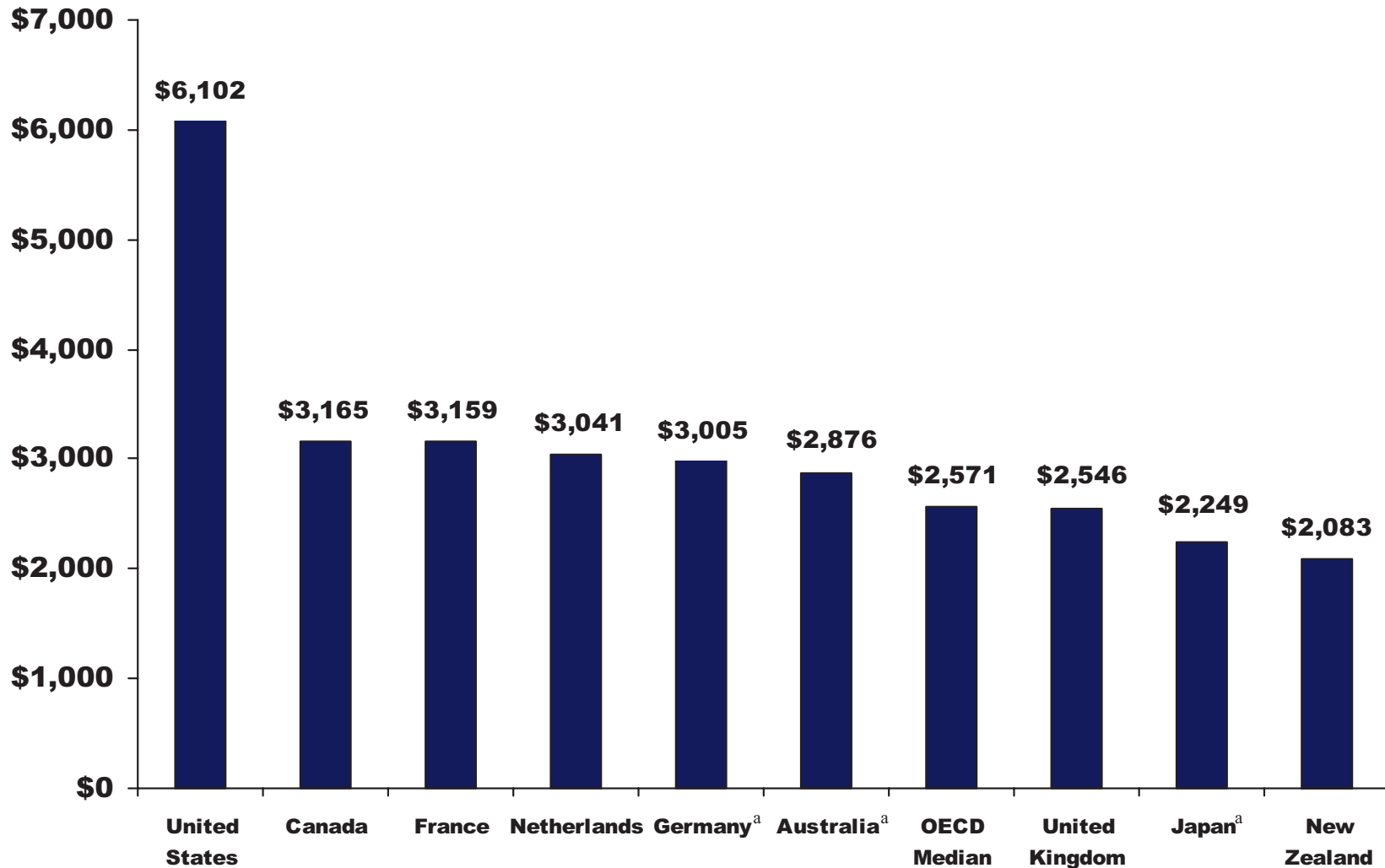


Data: OECD Health Data 2005 and 2006.



# Health Care Spending per Capita in 2004

## Adjusted for Differences in Cost of Living

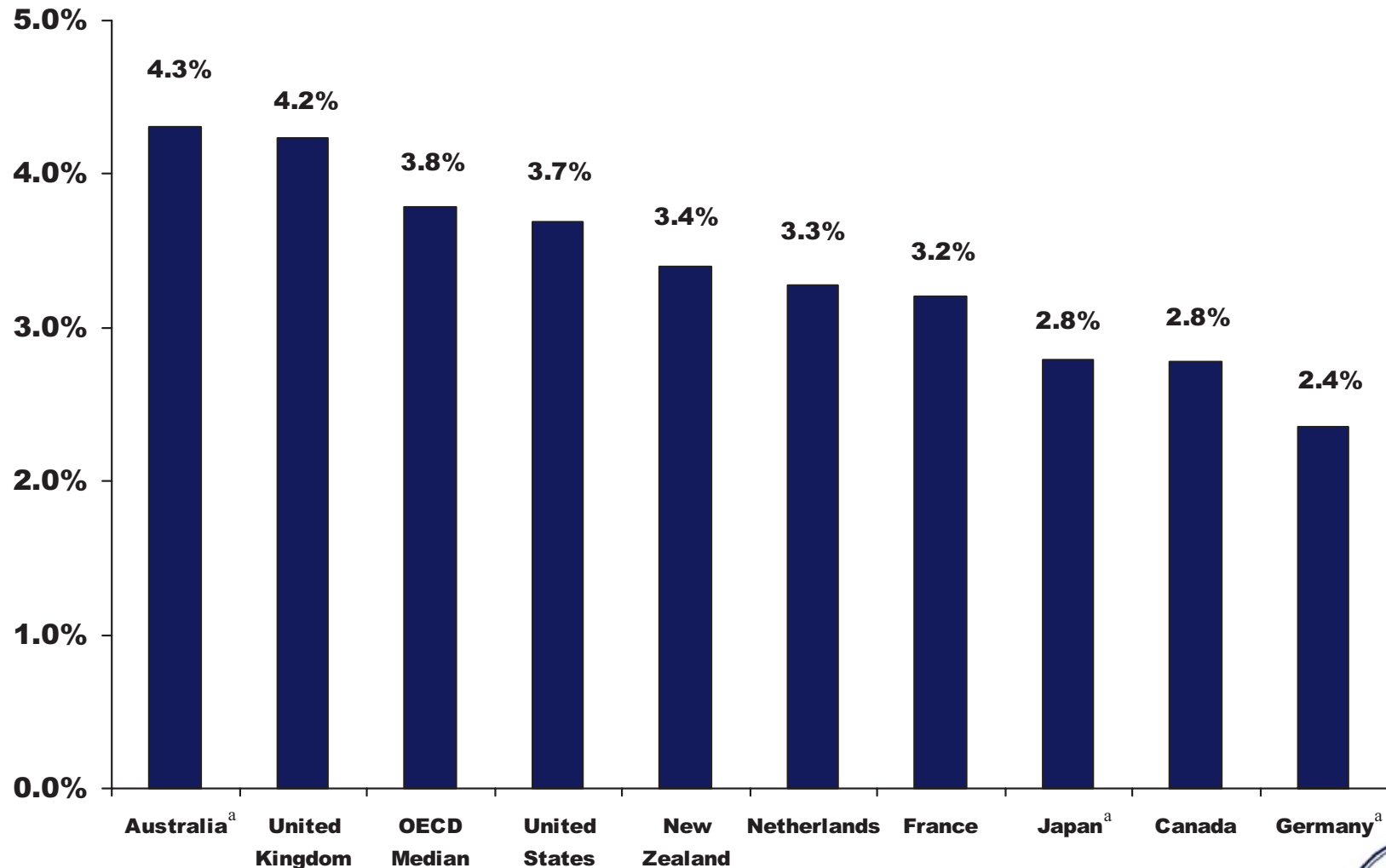


<sup>a</sup>2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Average Annual Growth Rate of Real Health Care Spending per Capita, 1994–2004

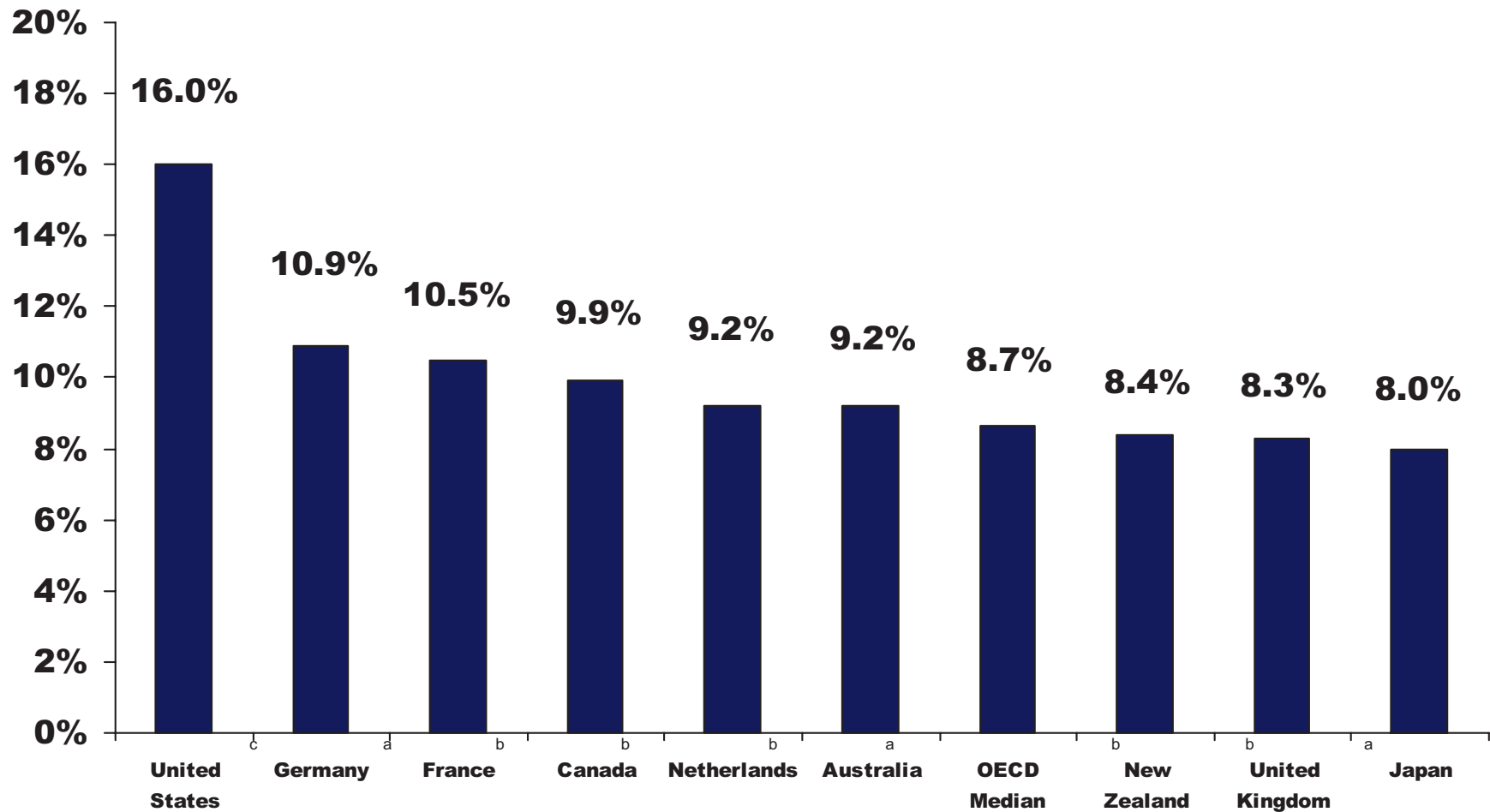


<sup>a</sup>1994–2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Percentage of Gross Domestic Product Spent on Health Care in 2004



<sup>a</sup>2003

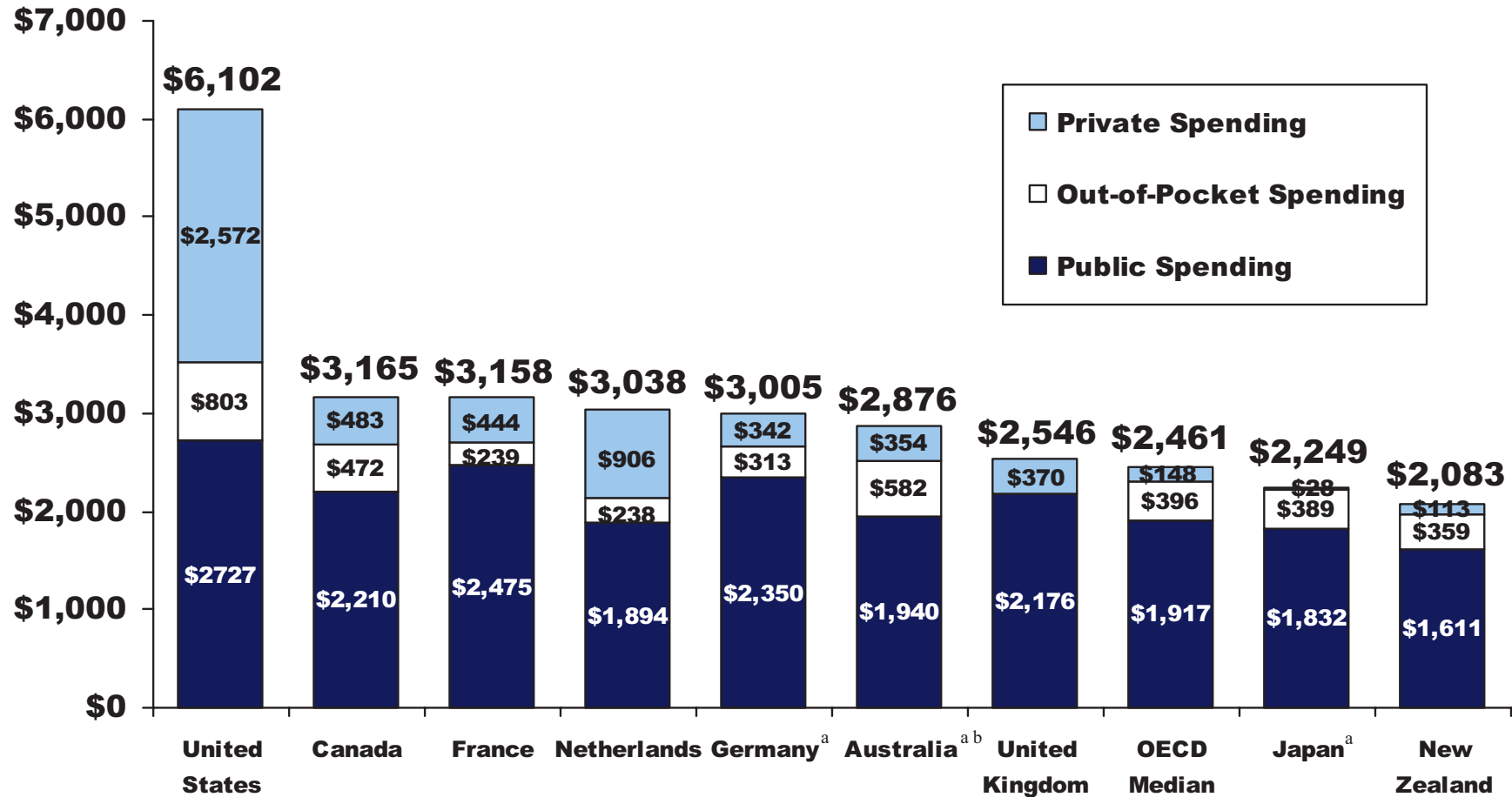
<sup>b</sup>2004

<sup>c</sup>2004 number for US from C. Smith et al., "National Health Spending in 2004: Recent Slowdown Led by Prescription Drug Spending," *Health Affairs*, Jan./Feb. 2006 25(1):186-96.



# Health Care Expenditure per Capita by Source of Funding in 2004

Adjusted for Differences in Cost of Living



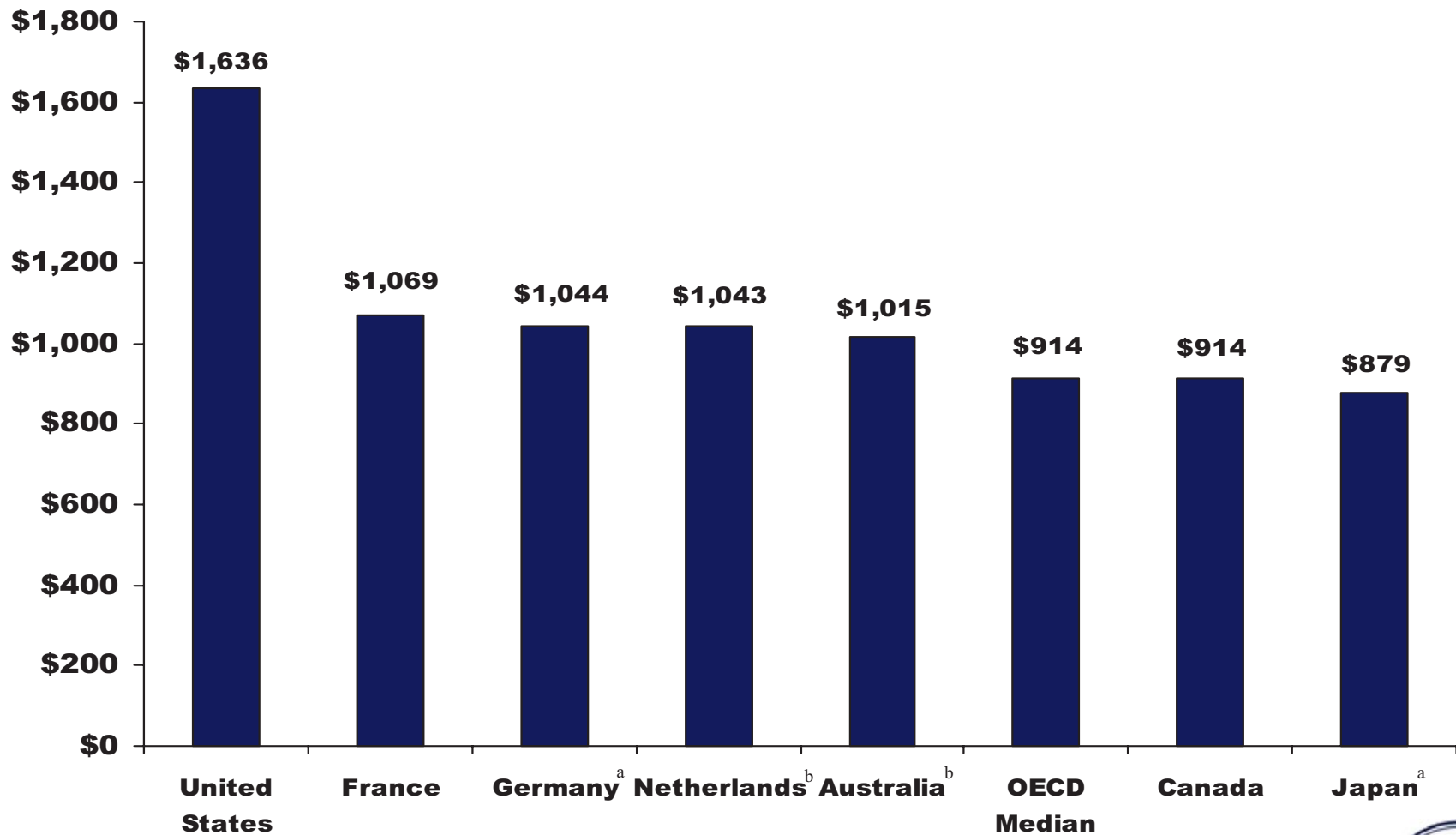
<sup>a</sup>2003

<sup>b</sup>2002 (Out-of-Pocket)



# Inpatient Hospital Spending per Capita in 2004 78

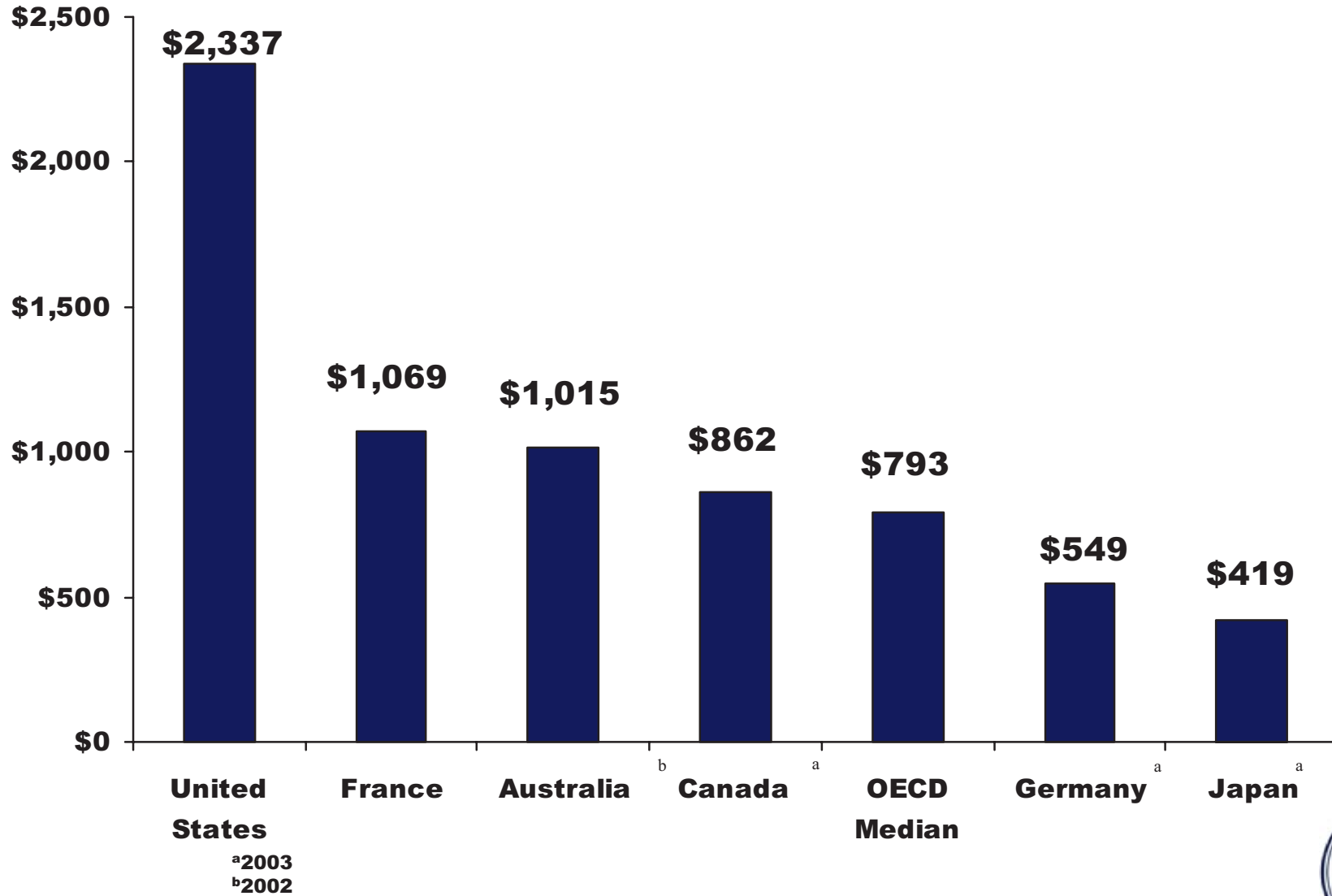
## Adjusted for Differences in Cost of Living



<sup>a</sup>2003  
<sup>b</sup>2002



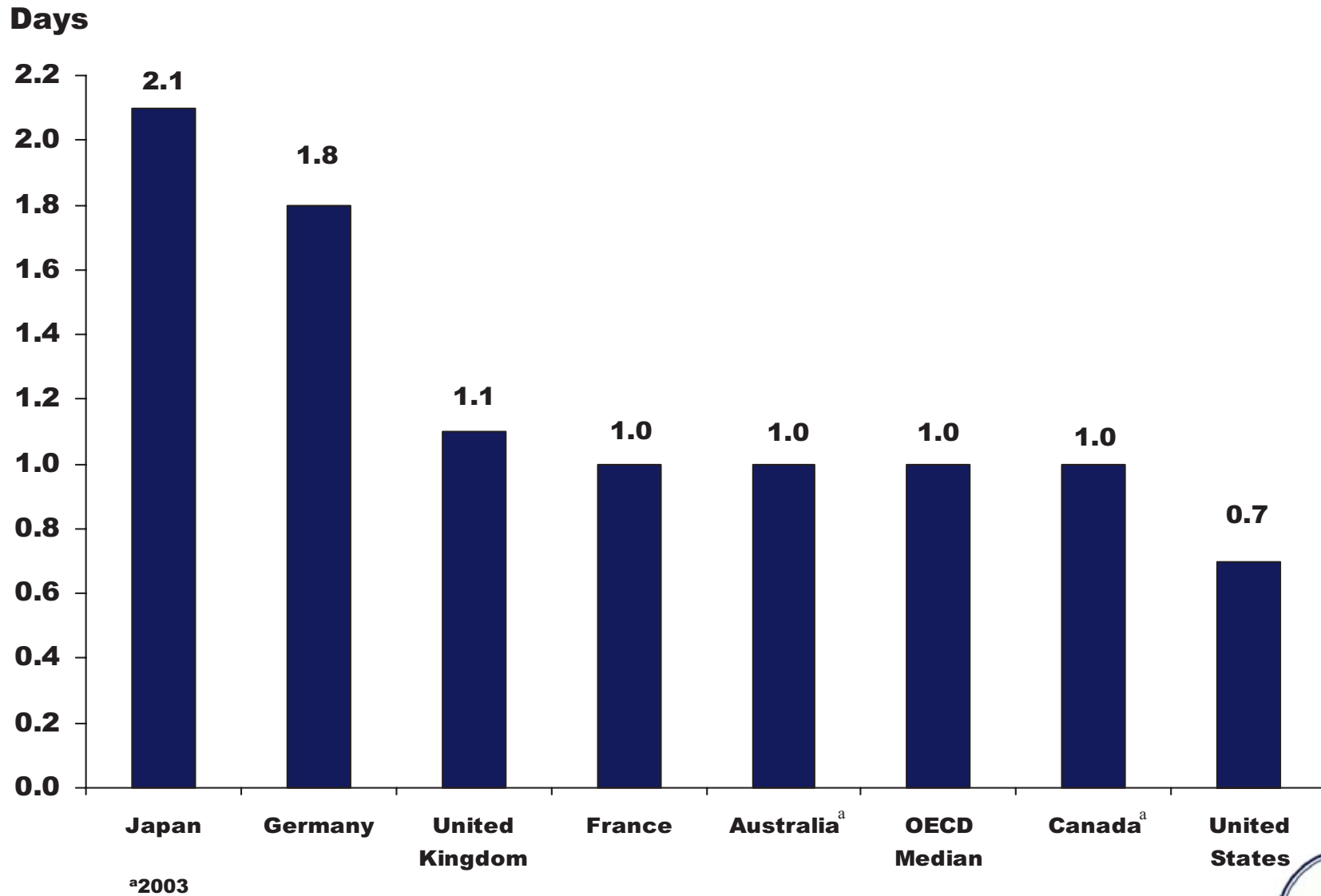
# Hospital Spending per Inpatient Acute Care Day in 2004 Adjusted for Differences in Cost of Living



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



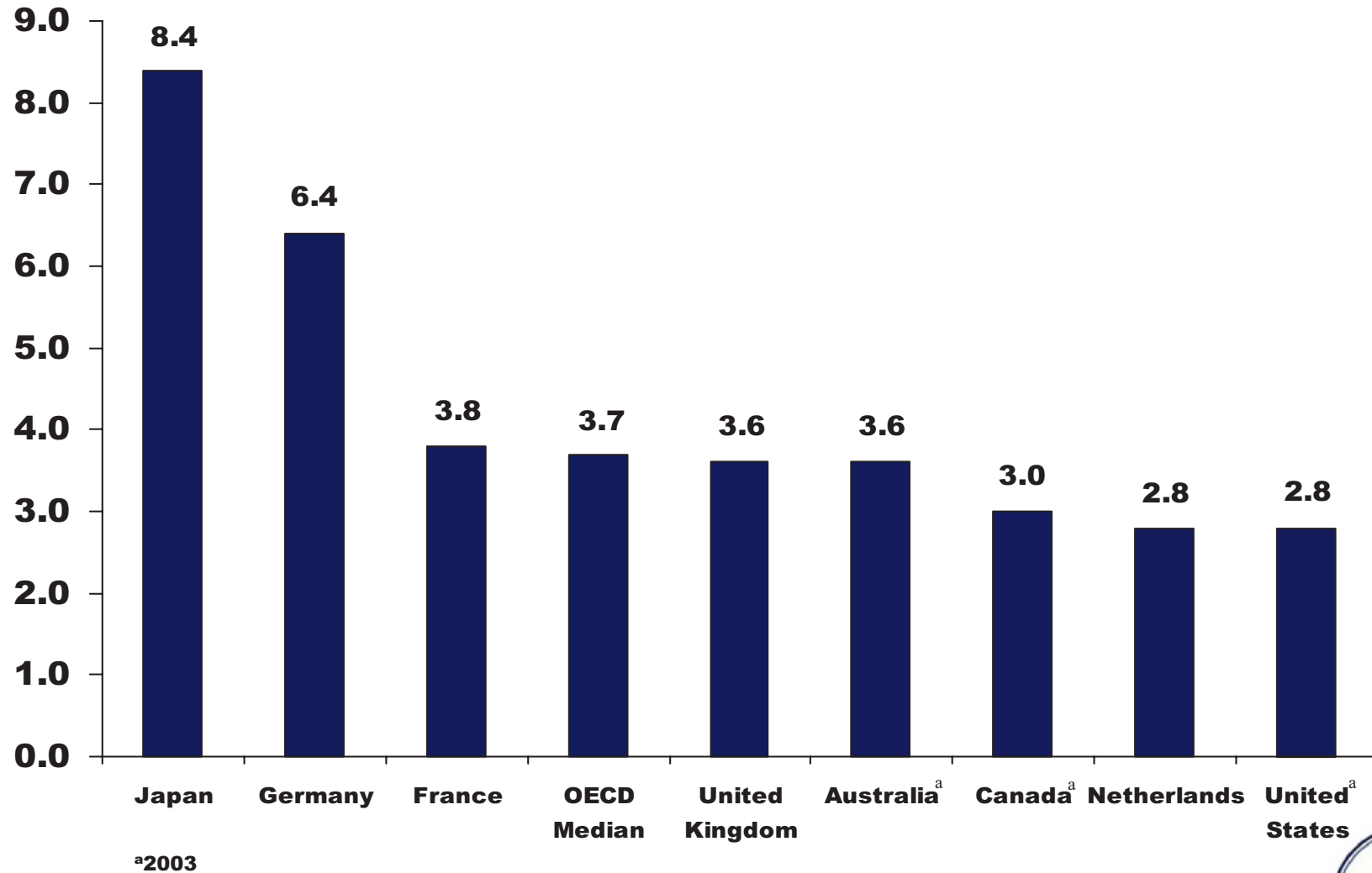
# Average Annual Hospital Inpatient Acute Care Days per Capita in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



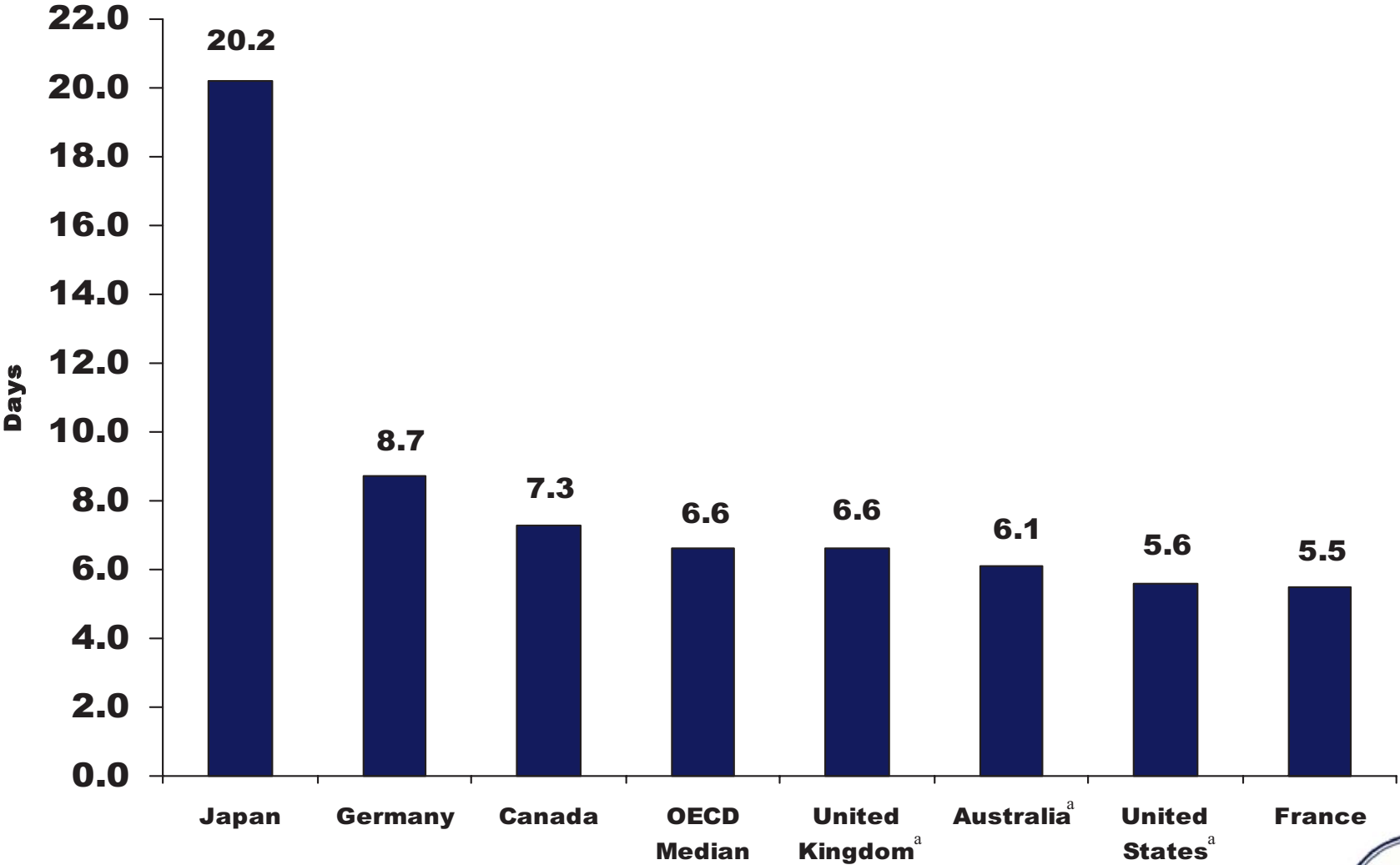
# Number of Acute Care Hospital Beds per 1,000 Population in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Average Length of Stay for Acute Care in 2004 82



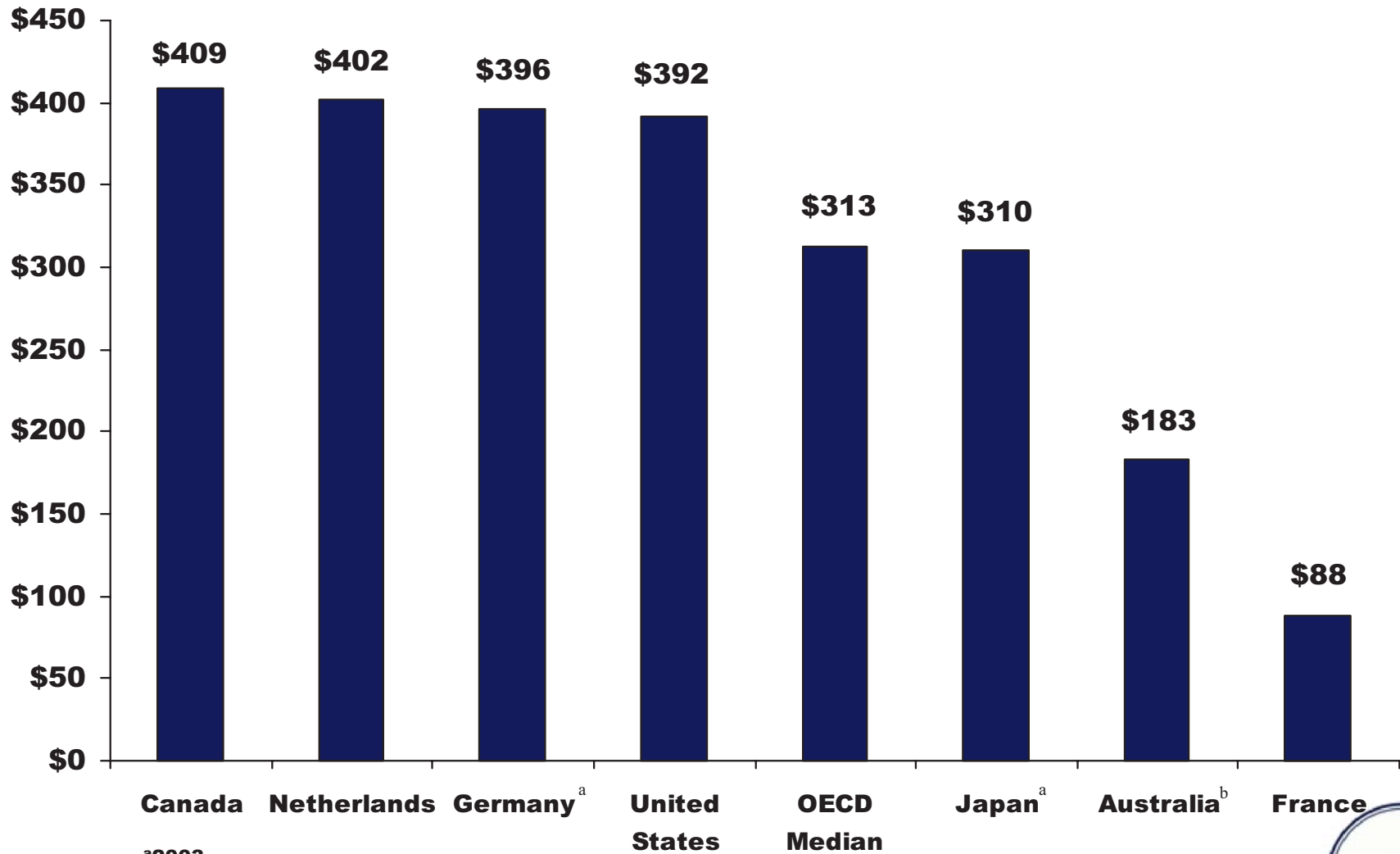
<sup>a</sup>2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Long-Term Institutional Care Spending per Capita in 2004

Adjusted for Differences in Cost of Living

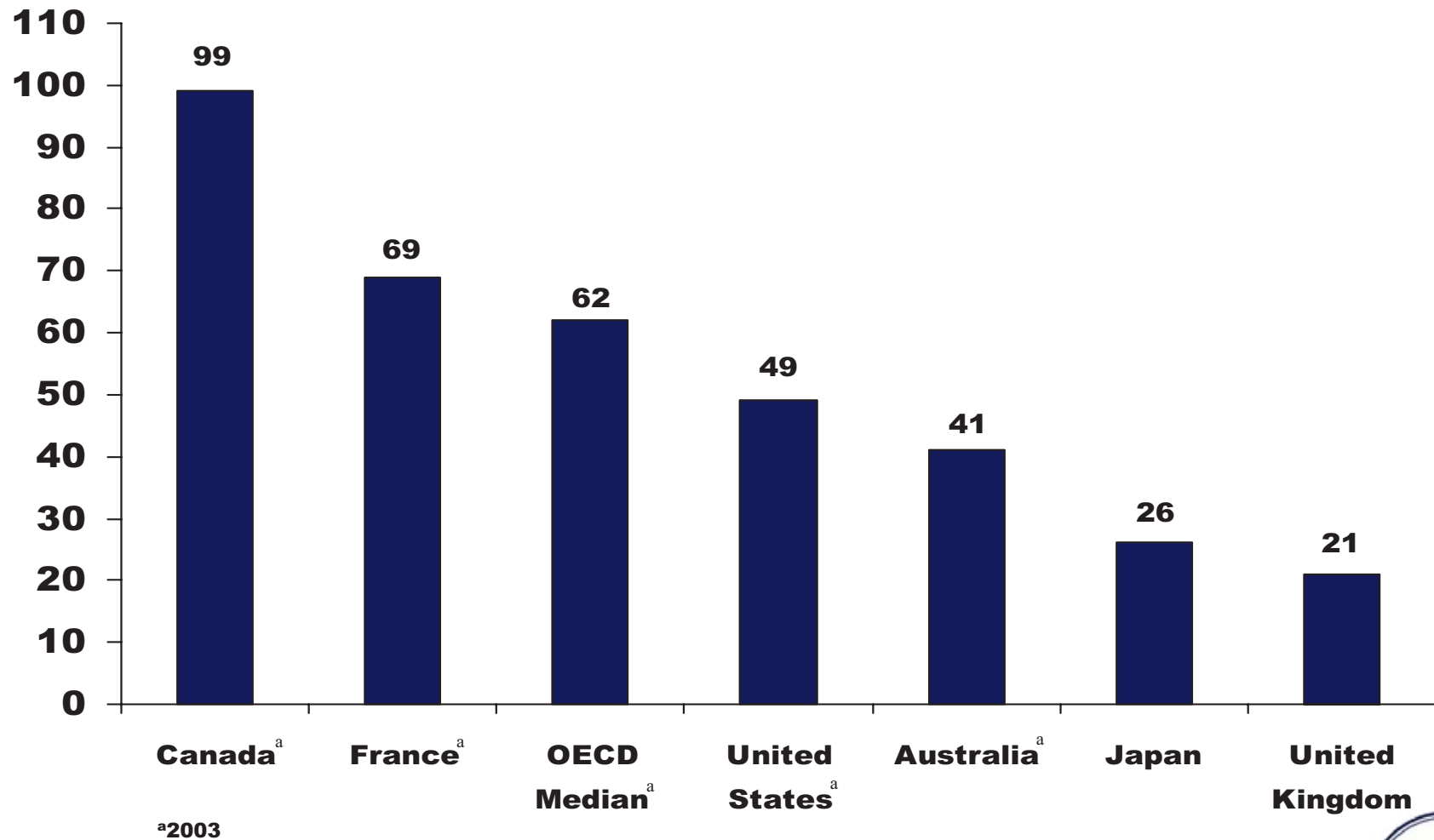


<sup>a</sup>2003  
<sup>b</sup>2002



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data*, 2006 (New York: The Commonwealth Fund, Apr. 2007).

# Number of Long-Term Care Beds per 1,000 Population over Age 65 in 2004

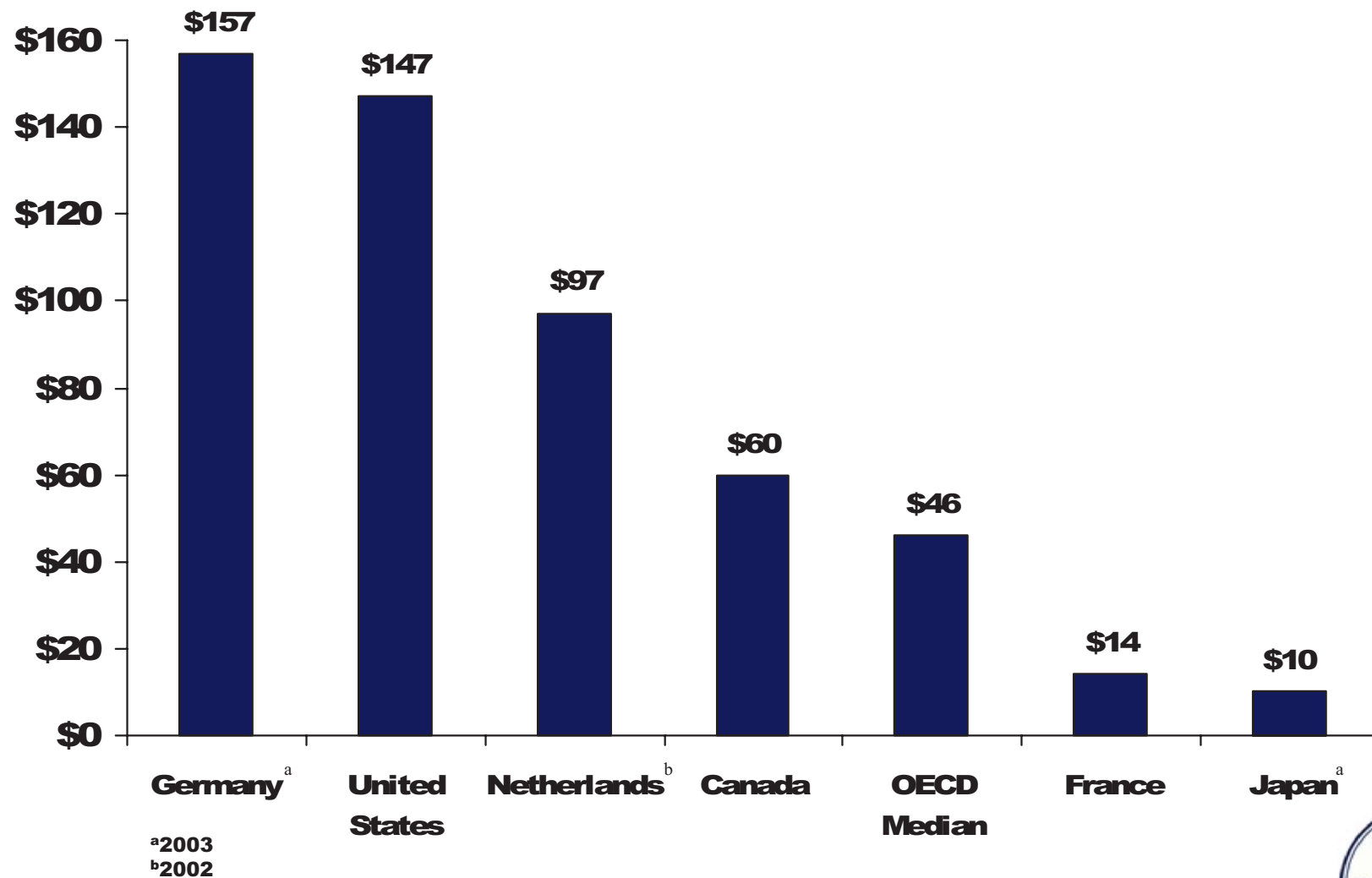


J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).

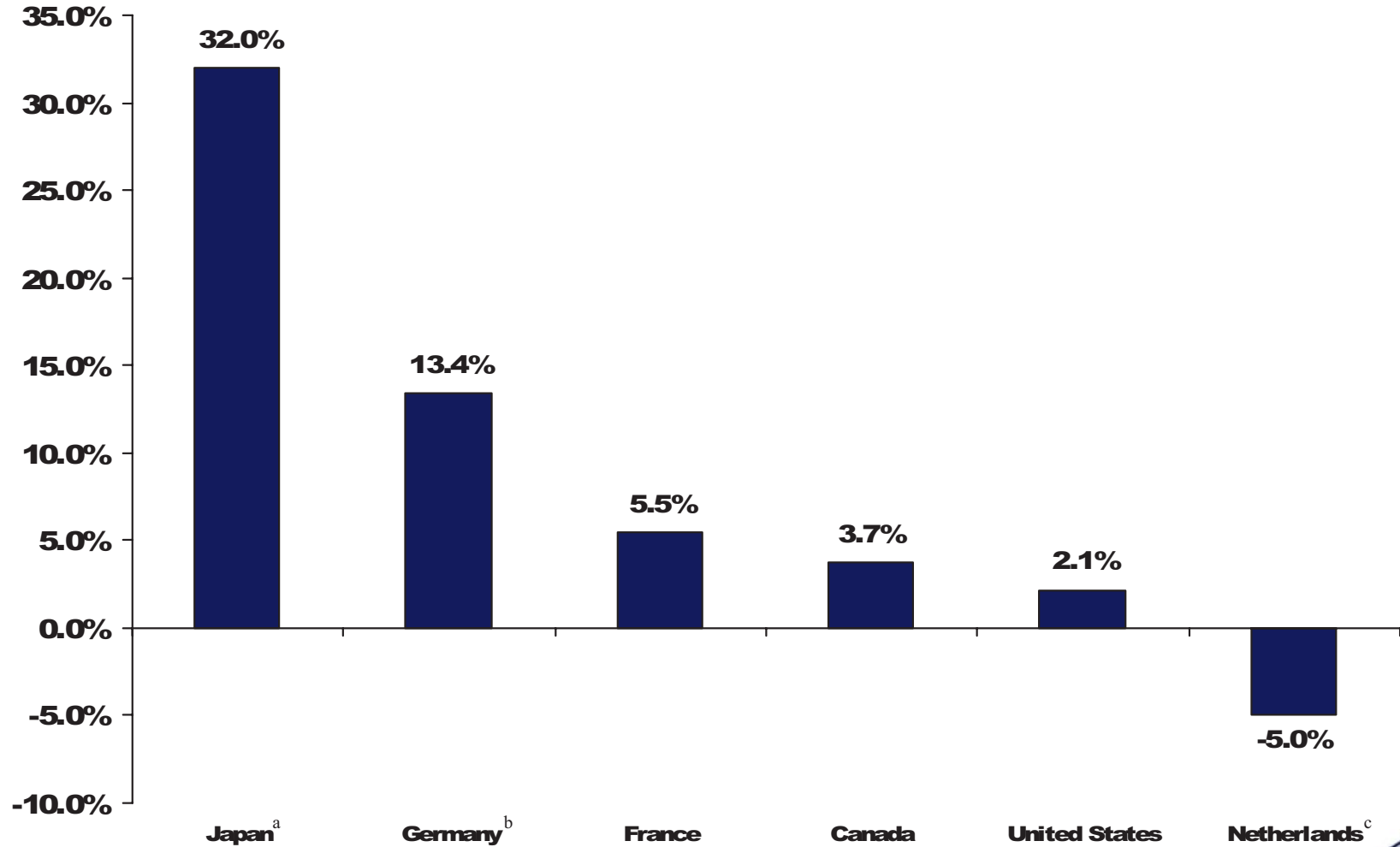


# Home Health Care Spending per Capita in 2004 85

## Adjusted for Differences in Cost of Living



# Average Annual Growth Rate of Home Health Care Spending per Capita, 1994–2004

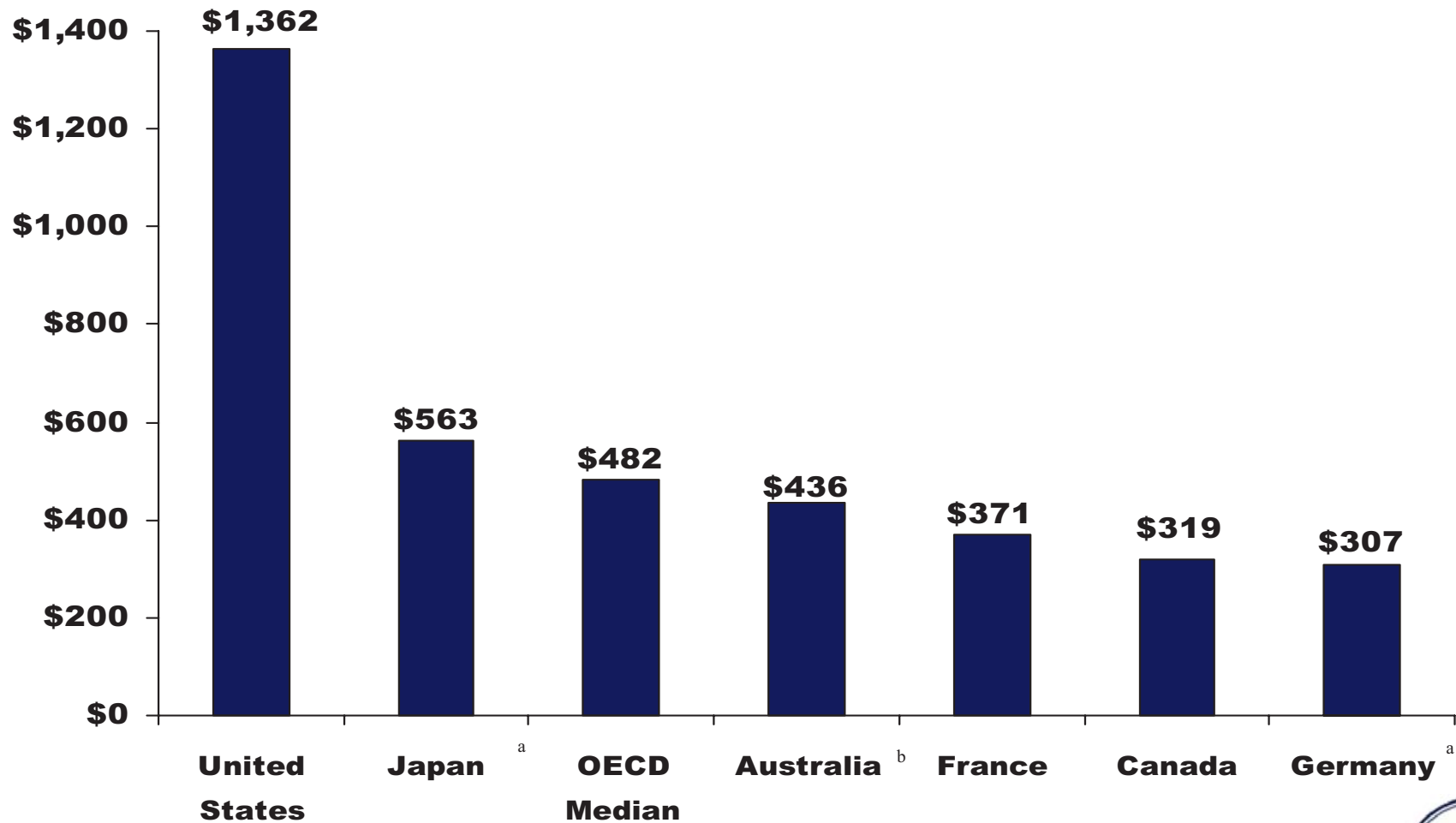


<sup>a</sup>1995–2003 <sup>b</sup>1994–2003 <sup>c</sup>1994–2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data*, 2006 (New York: The Commonwealth Fund, Apr. 2007).



# Spending on Physician Services per Capita in 2004<sup>7</sup> Adjusted for Differences in Cost of Living

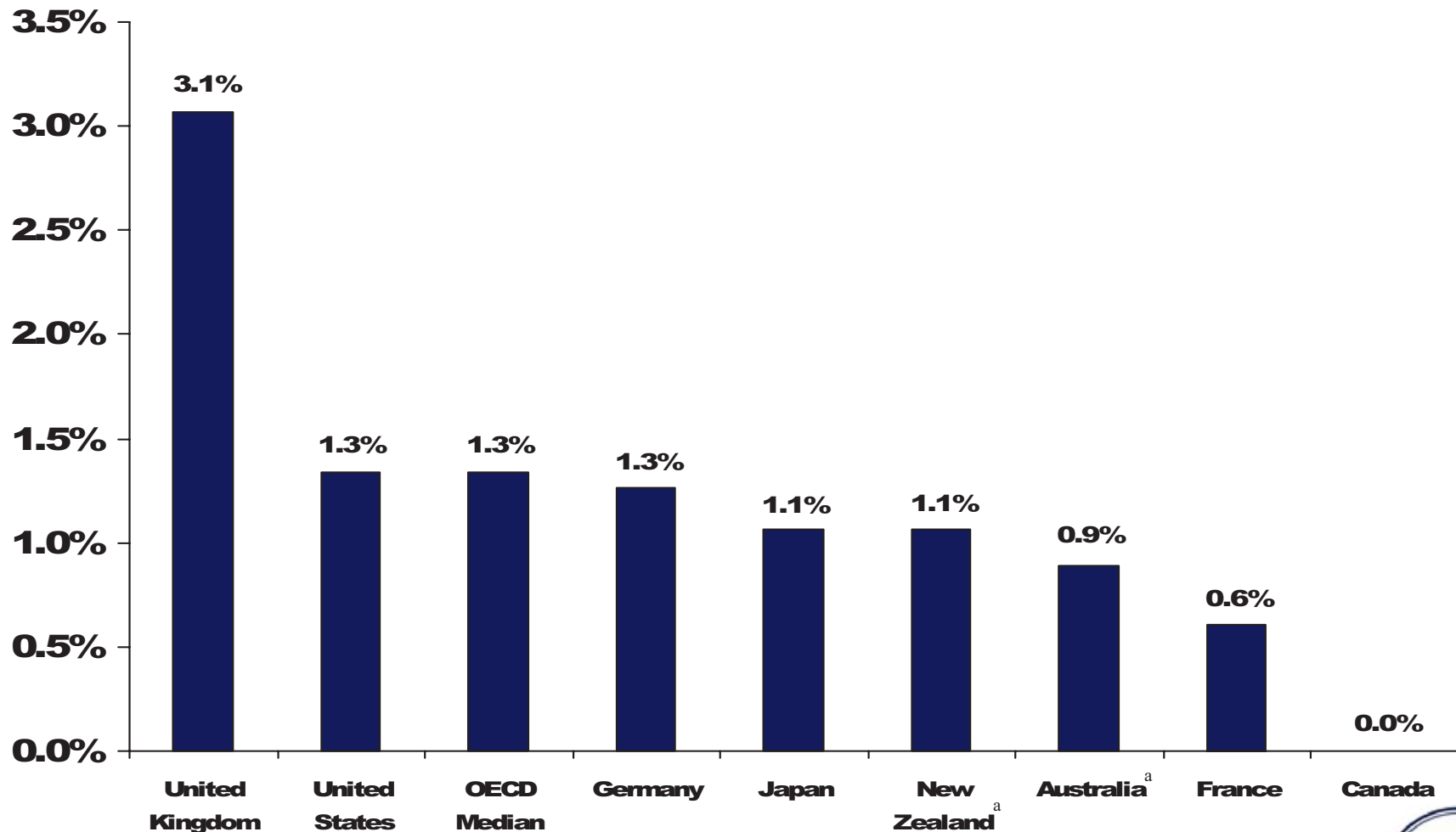


<sup>a</sup>2003

<sup>b</sup>2002



# Average Annual Growth Rate of Practicing Physicians per 1,000 Population, 1994–2004

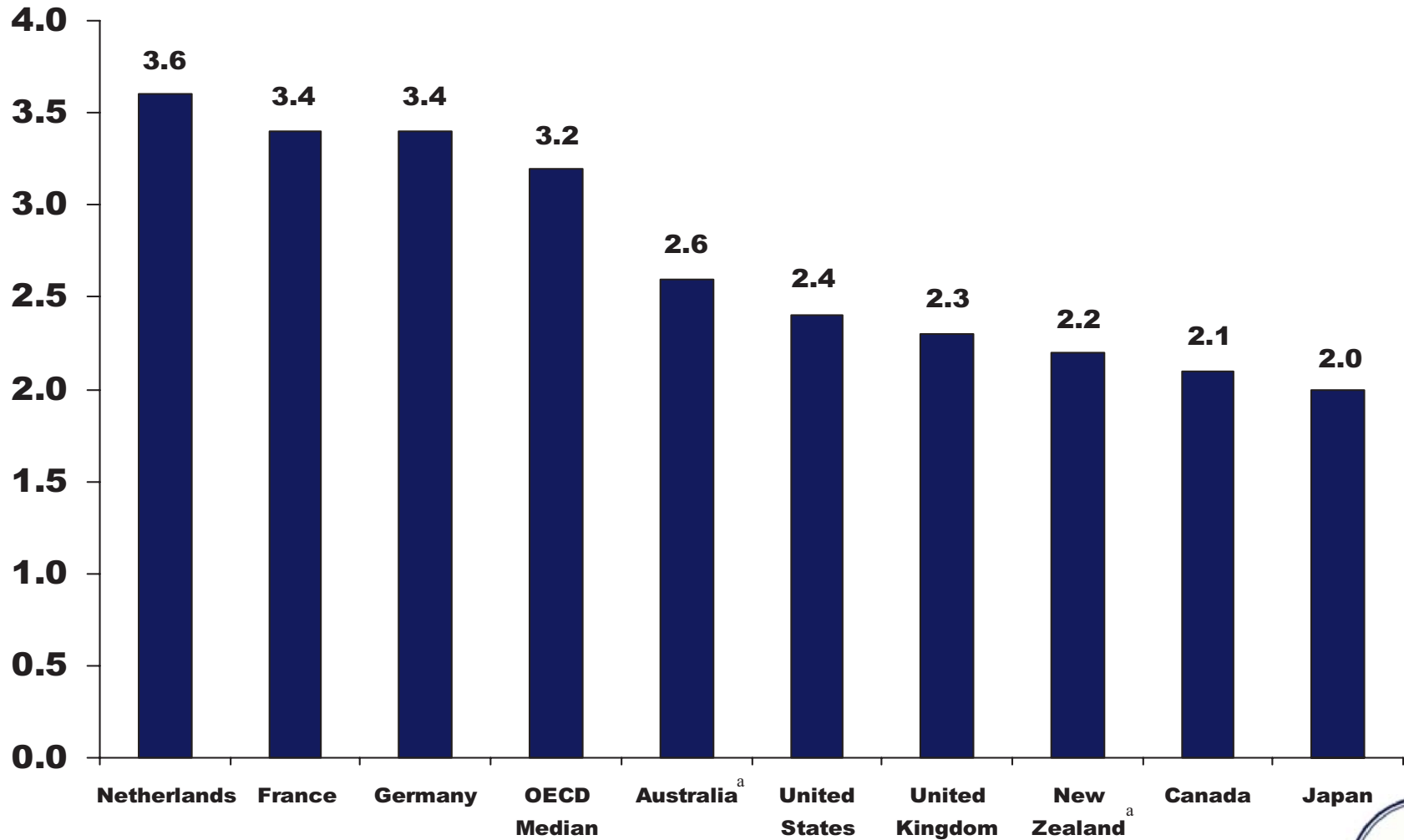


<sup>a</sup>1994–2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



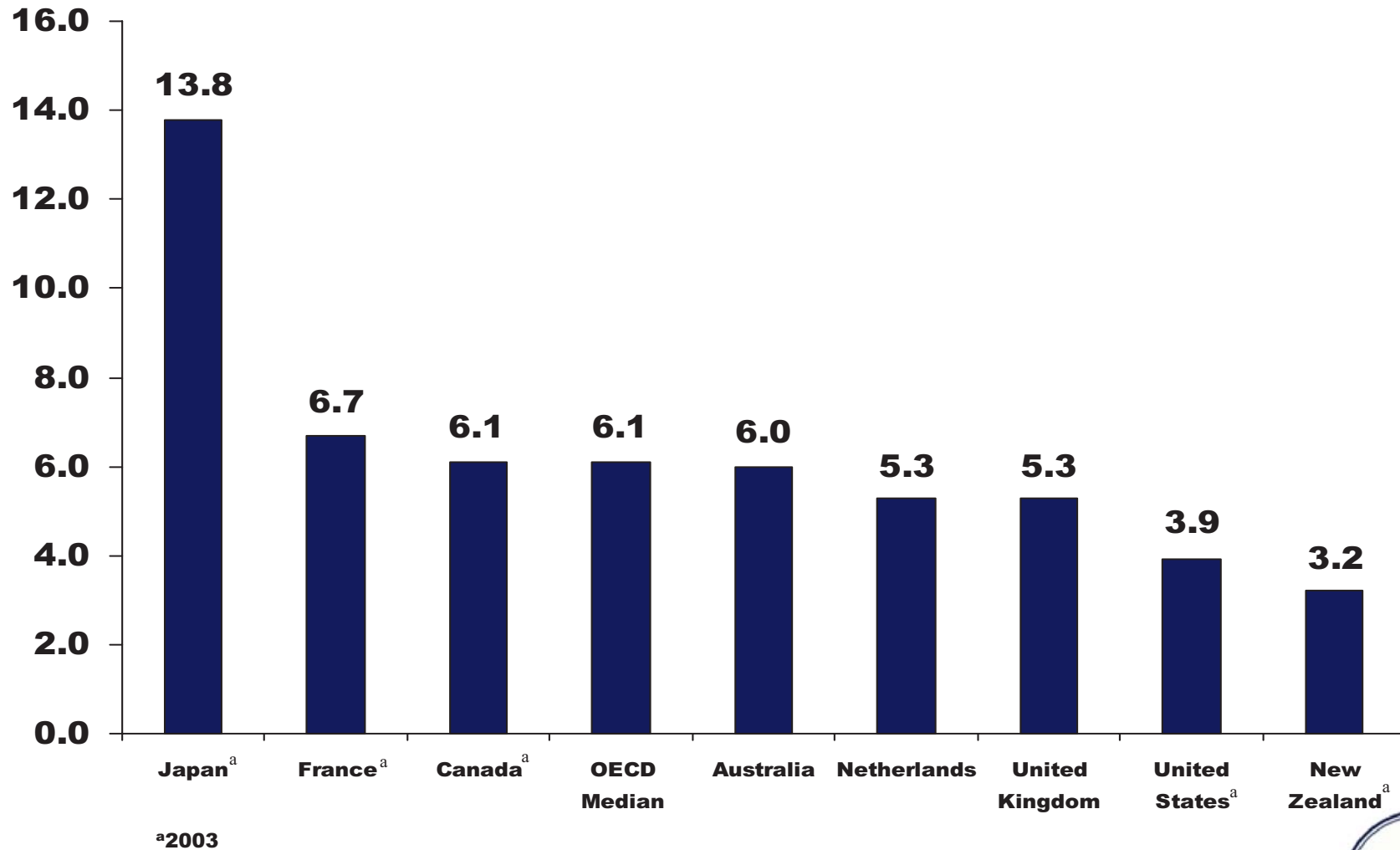
# Number of Practicing Physicians per 1,000 Population in 2004



<sup>a</sup>2003



# Average Annual Number of Physician Visits per Capita in 2004

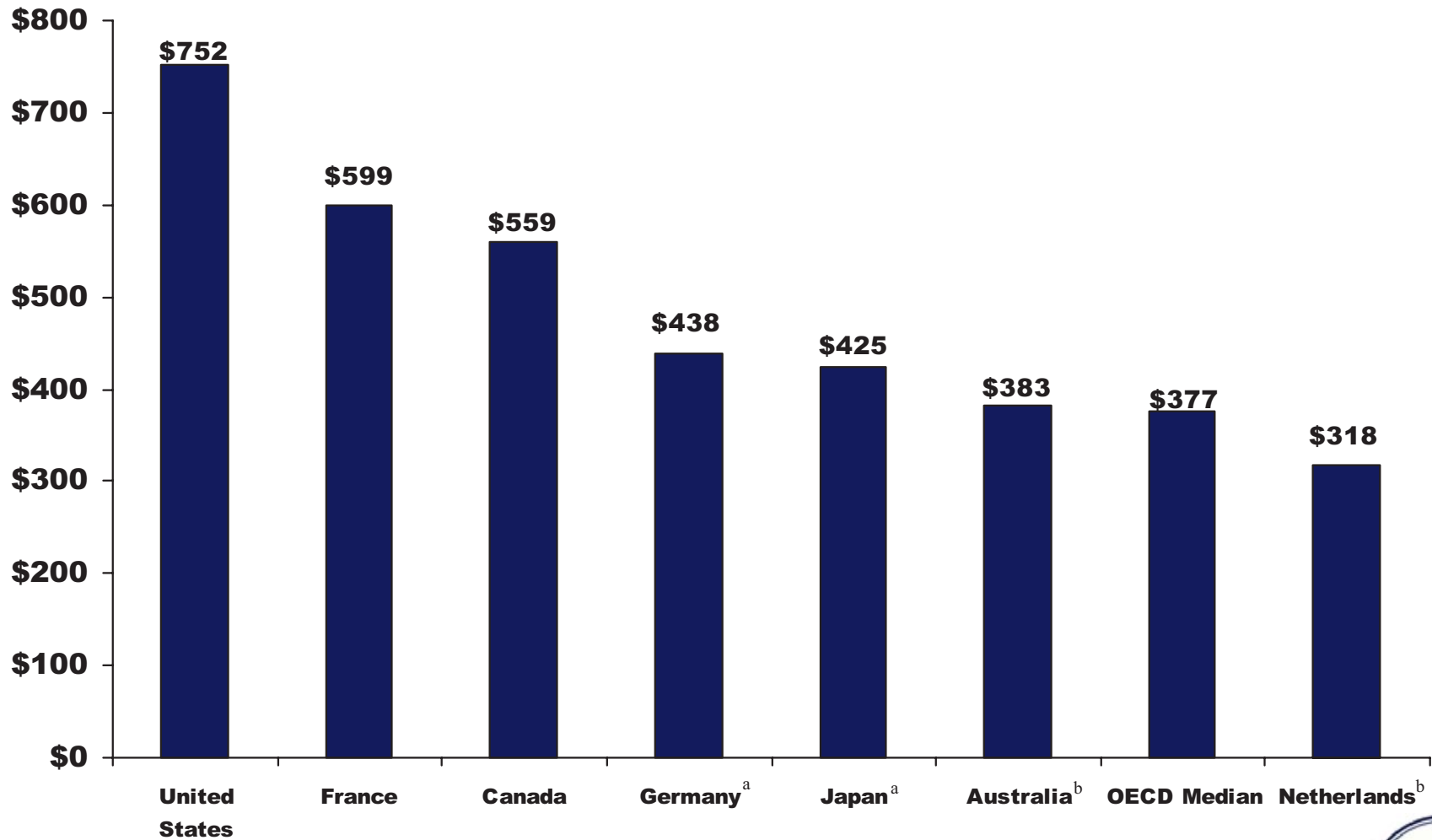


J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Pharmaceutical Spending per Capita in 2004

## Adjusted for Differences in Cost of Living

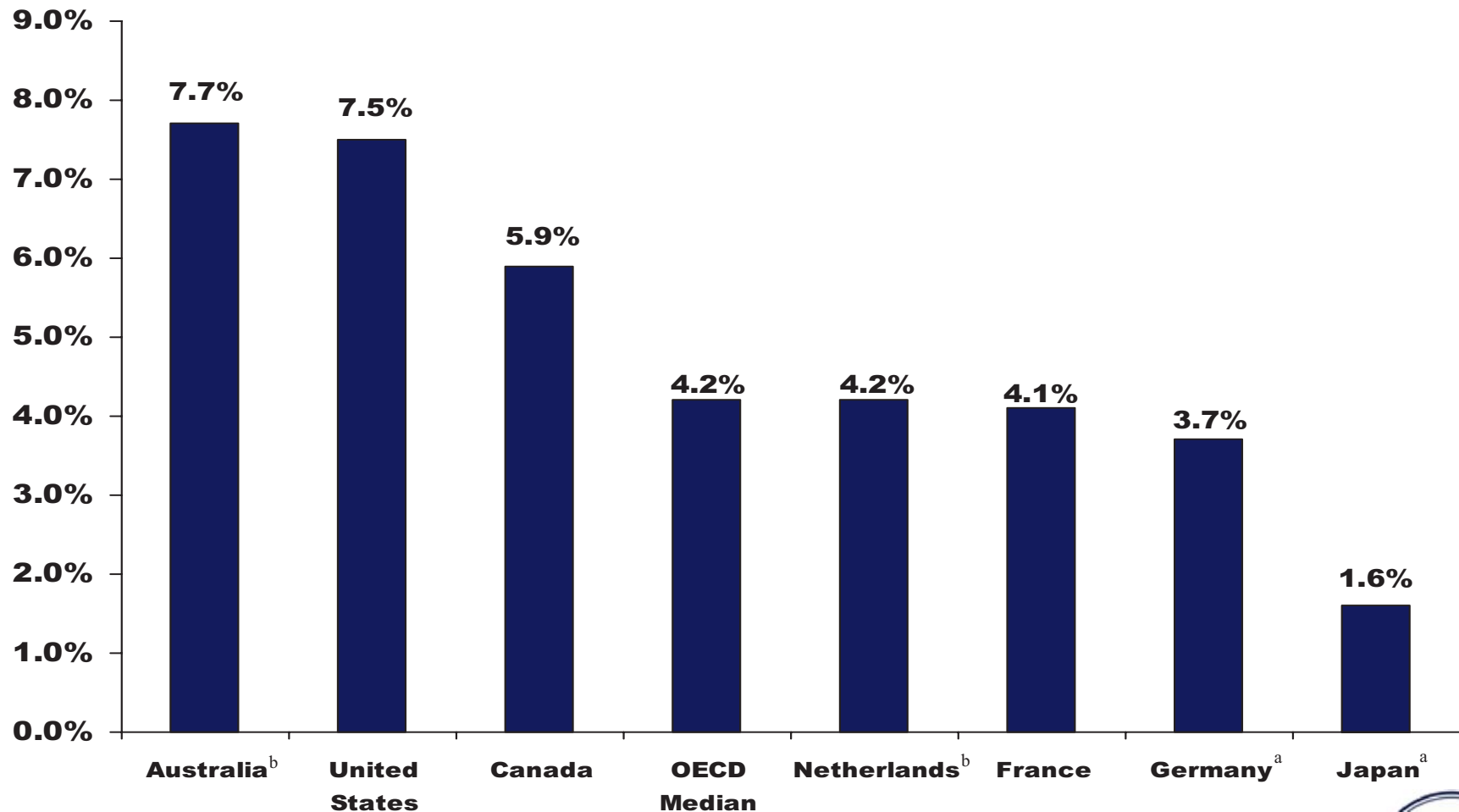


<sup>a</sup>2003  
<sup>b</sup>2002



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).

# Average Annual Growth Rate of Real Spending per Capita on Pharmaceuticals, 1994–2004 92



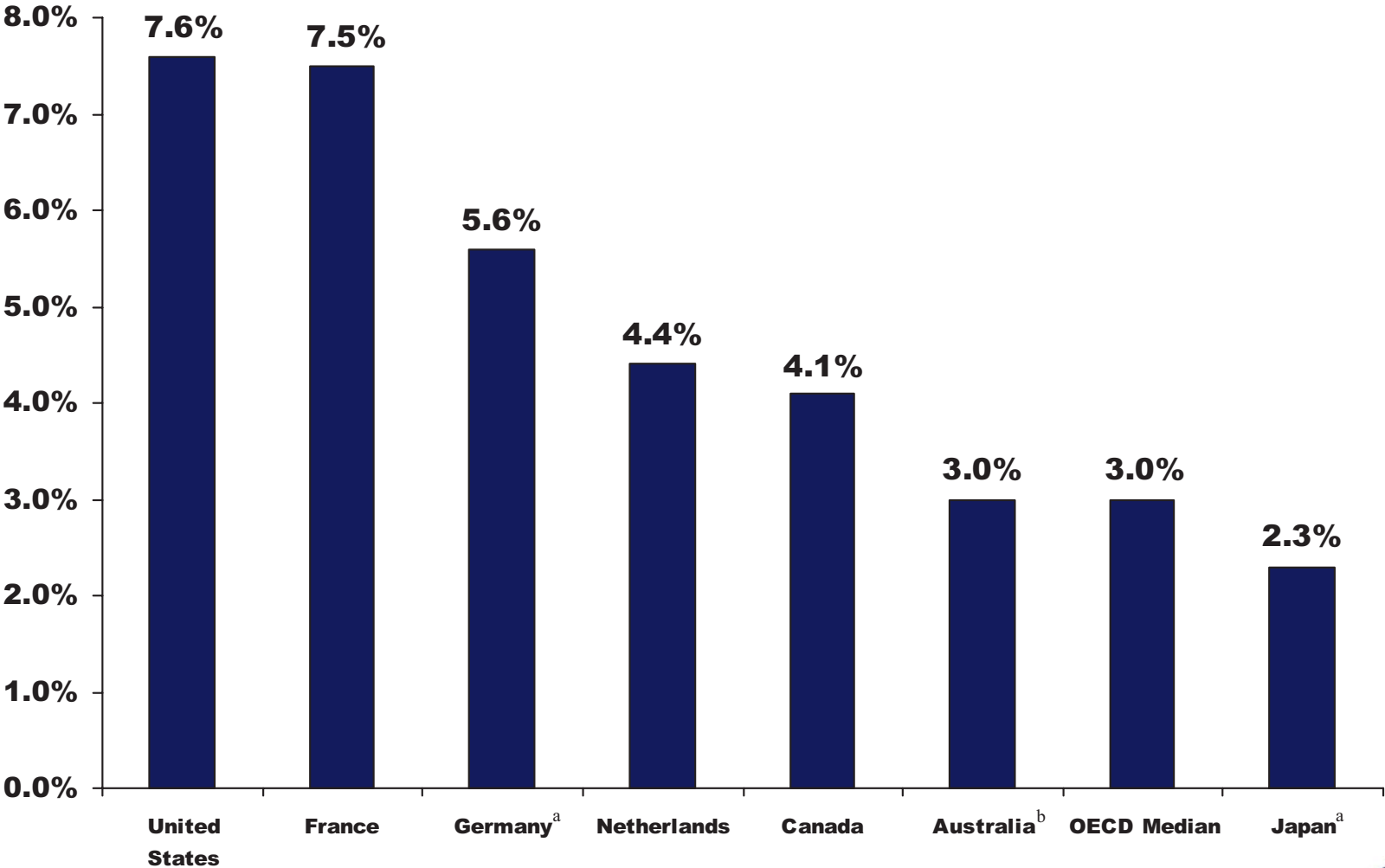
<sup>a</sup>1994–2003

<sup>b</sup>1994–2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Percentage of Total Health Care Spending on Health Administration and Insurance in 2004



<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Equity



# Health Status by Income, 2004

<b>Percent:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Fair/Poor Health:</b>					
<b>Below Average</b>	<b>22*</b>	<b>19*</b>	<b>22*</b>	<b>24*</b>	<b>30*</b>
<b>Above Average</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>6</b>
<b>Any of 6 Chronic Illnesses:^</b>					
<b>Below Average</b>	<b>63*</b>	<b>58*</b>	<b>62*</b>	<b>64*</b>	<b>62*</b>
<b>Above Average</b>	<b>41</b>	<b>42</b>	<b>40</b>	<b>39</b>	<b>42</b>

^ Chronic illnesses include: hypertension, heart disease, diabetes, arthritis, lung problems, and depression.

\* Significant difference between below and above average income groups within country at p<.05.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Insurance and Cost-Sharing Policies in Four Countries with Universal Public Coverage

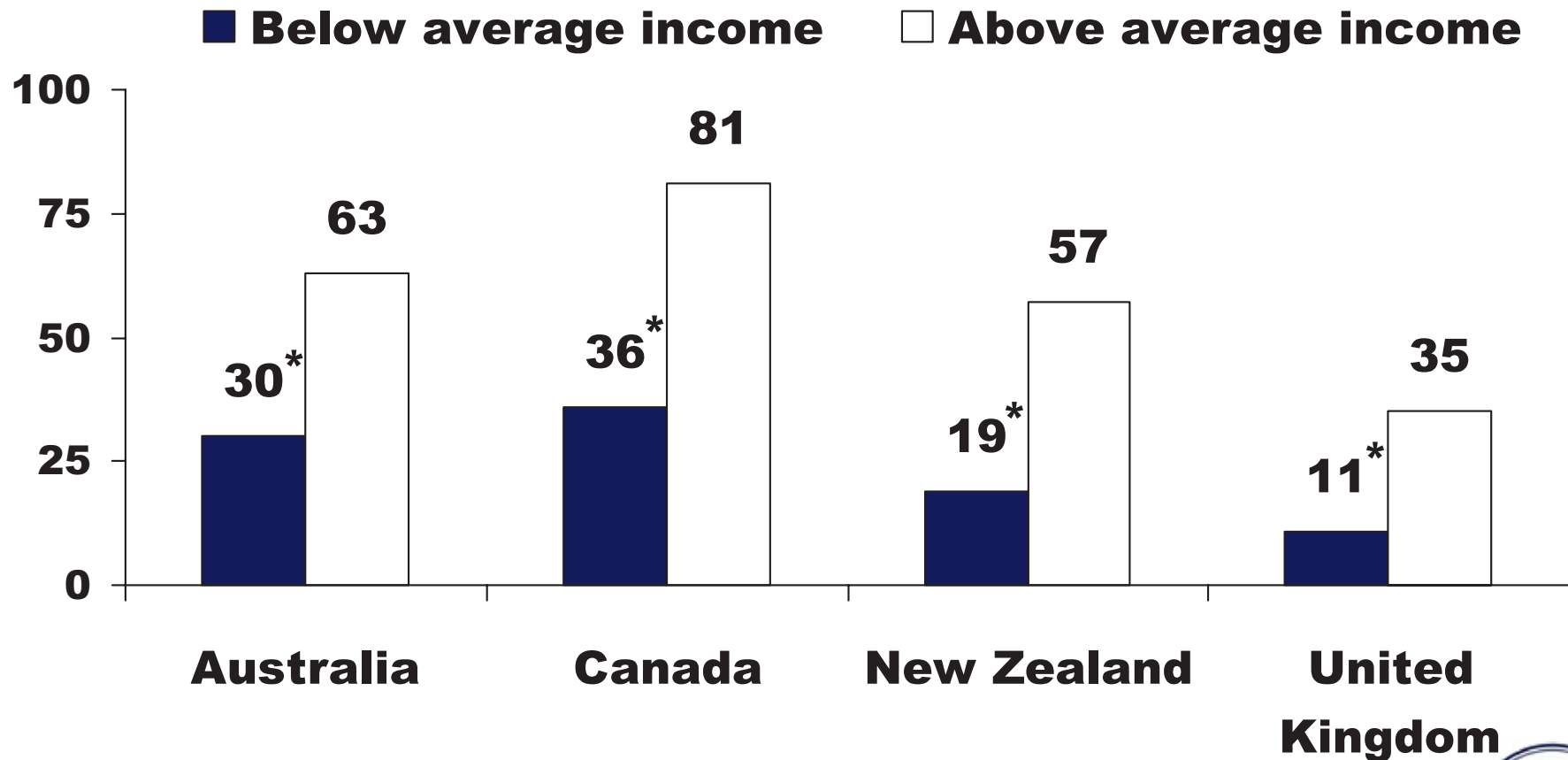
	AUS	CAN	NZ	UK
<b>Private insurance for services covered by public</b>	Permitted only for hospital services	Prohibited for core services in most provinces	Permitted	Permitted
<b>Percent with private coverage</b>	49%	79.9% (to cover benefits excluded from 'free-of charge' public plan)	33%	12%
<b>Public Plan Patient Cost-Sharing</b>	Variable depending on service type and provider	None for core services	Copayments for many services	None for basic services (except Rx and optical)
<b>Prescription Drugs</b>	Covered	Publicly covered for social assistance beneficiaries and in most provinces for seniors	Covered	Covered

Source: B. K. Frogner and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2005* (New York: The Commonwealth Fund, Apr. 2006).



# Private Insurance in Four Countries with Universal Coverage, 2004

Percent who have private insurance in addition to public



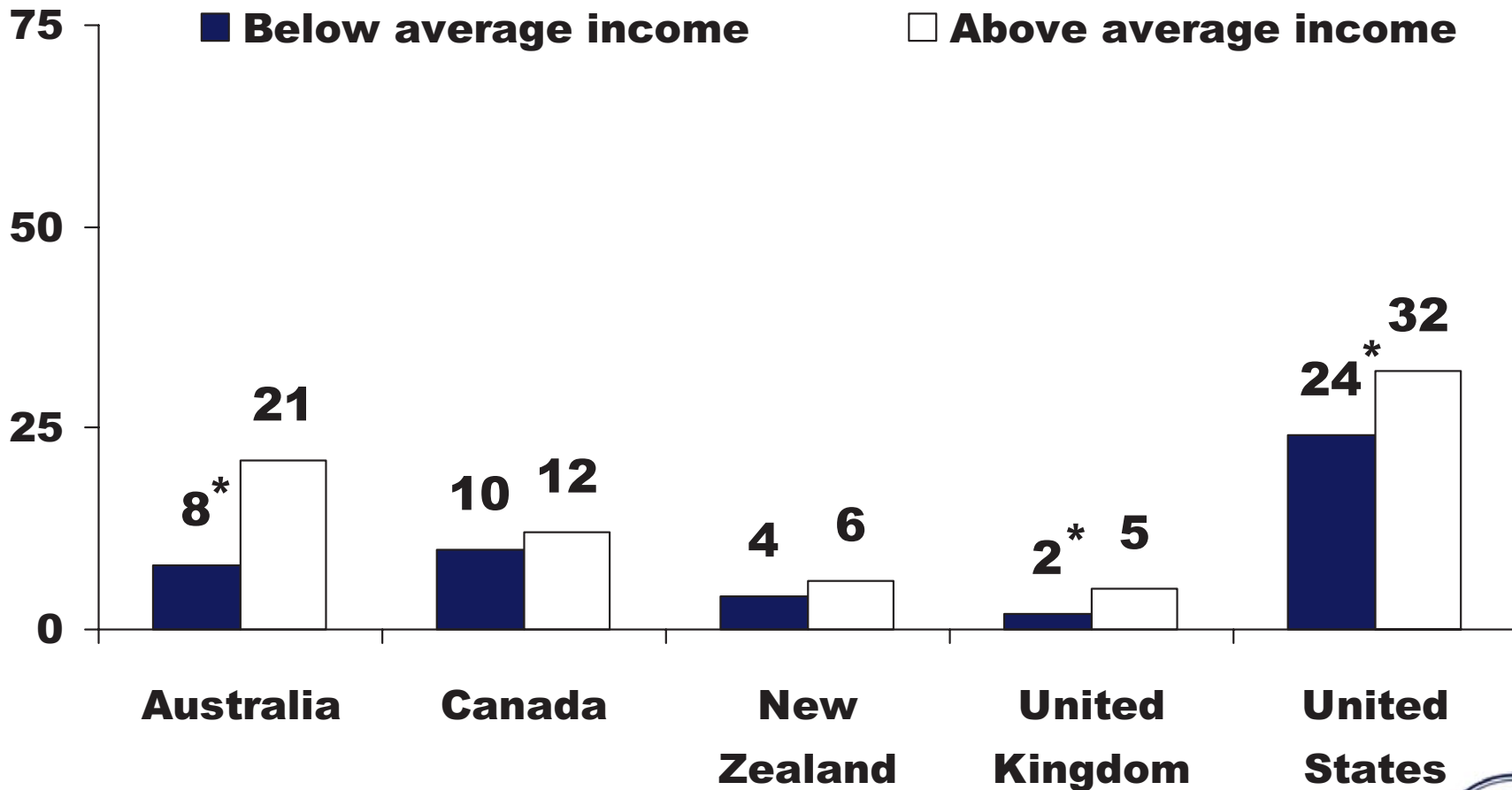
\* Significant difference between below and above average income groups within country at  $p < .05$ .

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Spent More than US\$1,000 Out-of-Pocket for Medical Care in Past Year, by Income, 2004

Percent

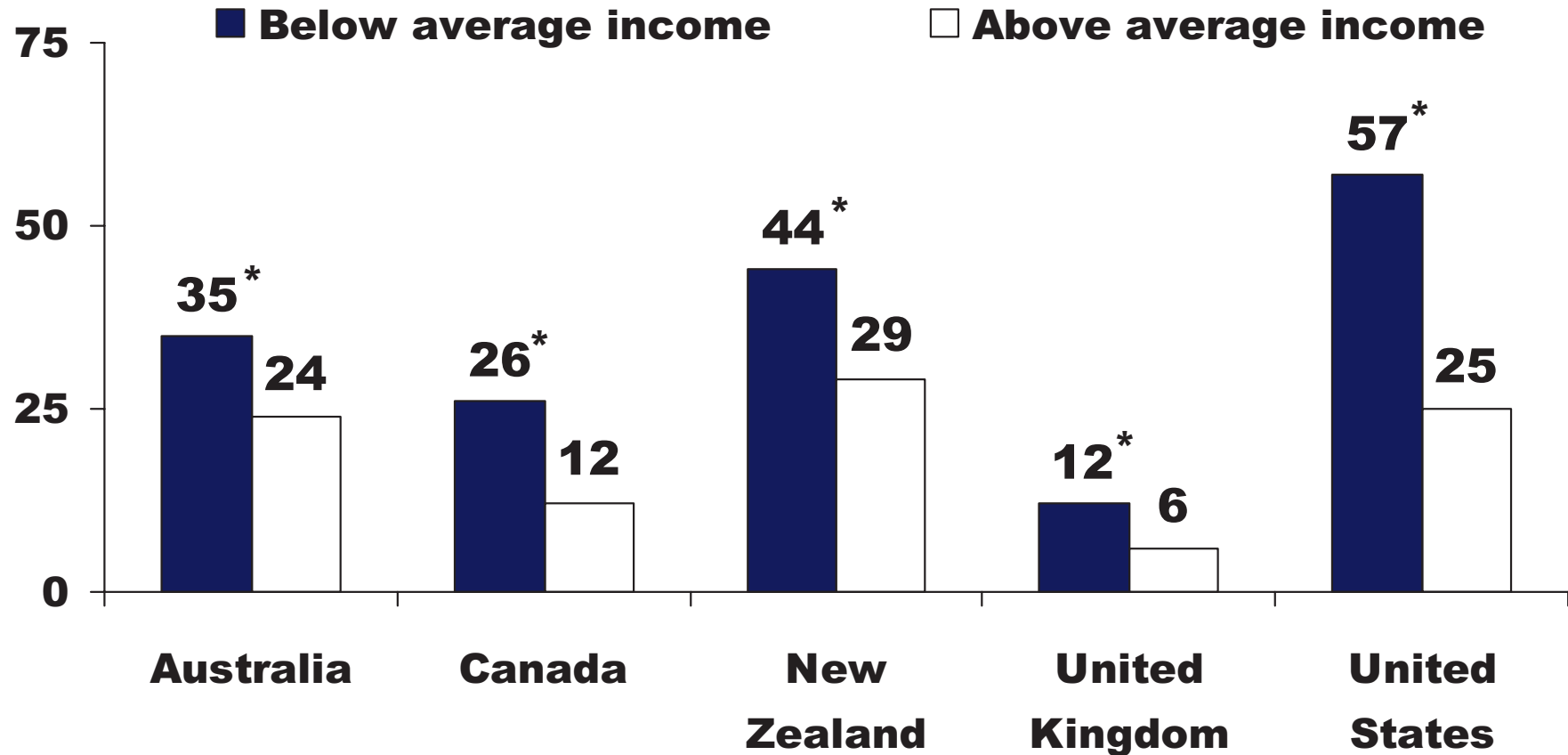


\* Significant difference between below and above average income groups within country at  $p < .05$ .  
 Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huvnh et al. 2006).



# Cost-Related Access Problems, by Income, 2004 <sup>99</sup>

Percent reporting any of three access problems because of costs<sup>^</sup>



<sup>^</sup> Access problems include: Had a medical problem but did not visit a doctor; skipped a medical test, treatment, or follow-up recommended by a doctor; or did not fill a prescription because of cost.

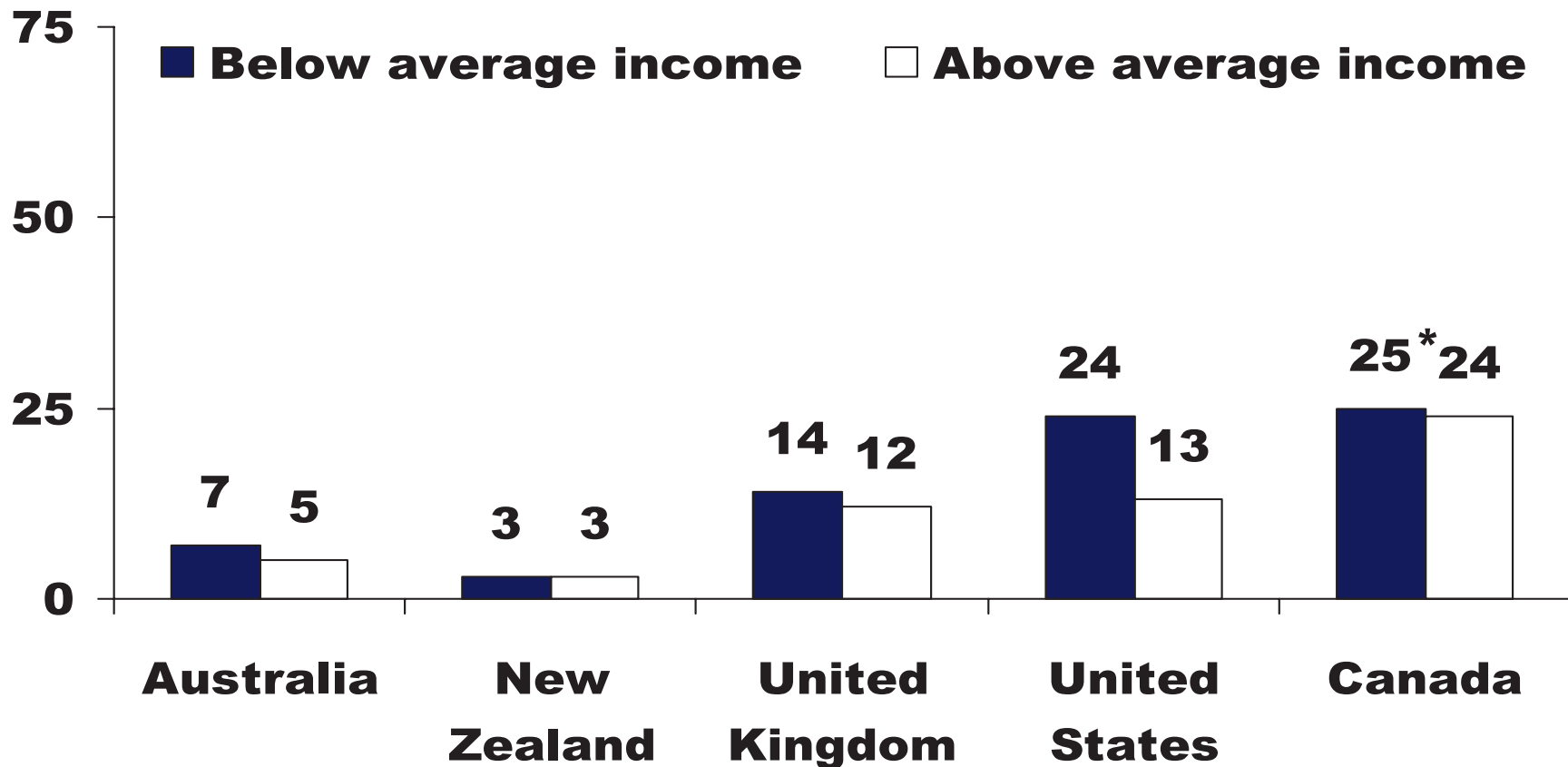
\* Significant difference between below and above average income groups within country at  $p < .05$ .

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Access to Doctor When Sick or Need Medical Attention, by Income, 2004

Percent waited six days or more for appointment when sick



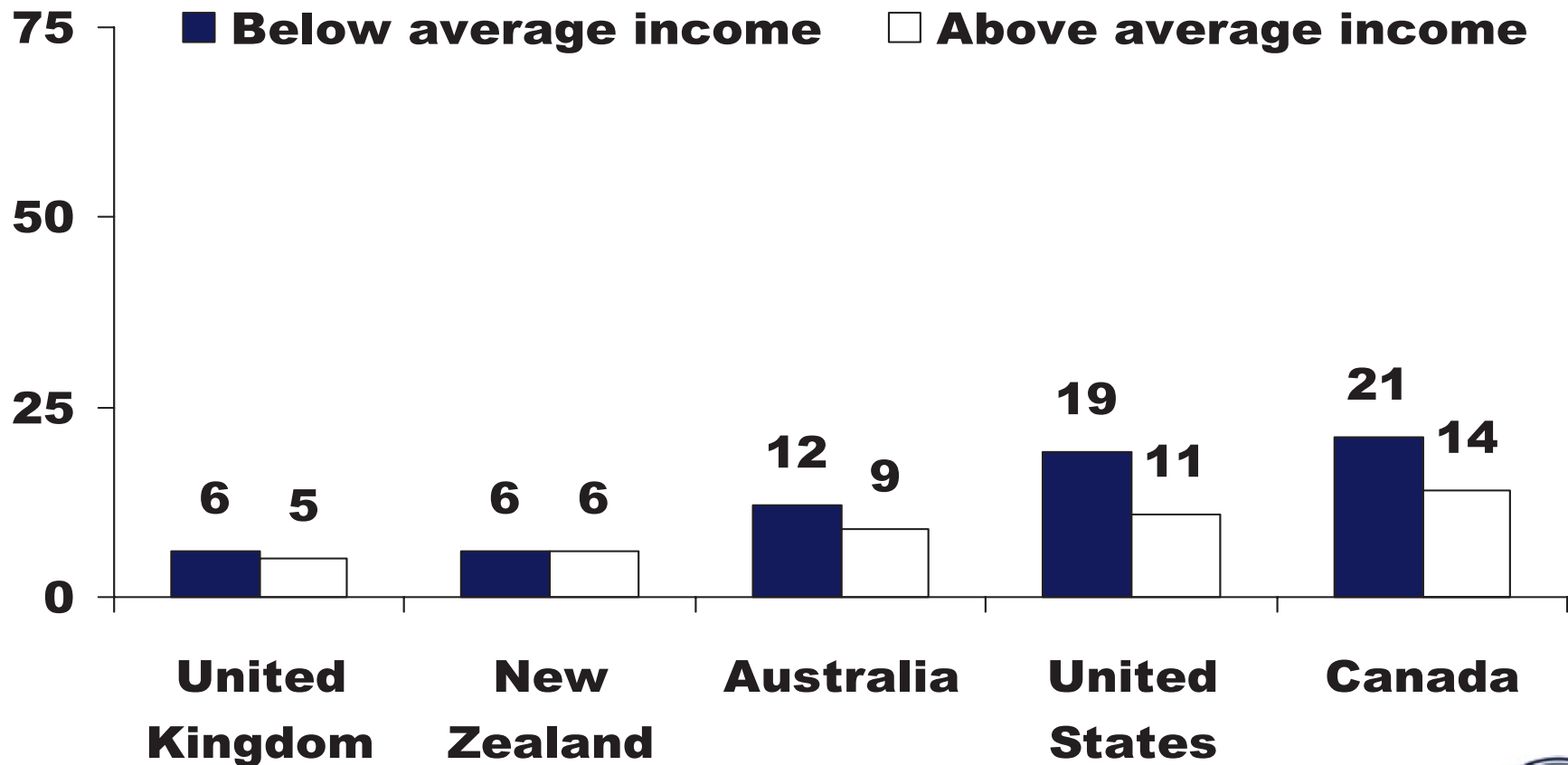
\* Significant difference between below and above average income groups within country at  $p < .05$ .

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# ER Visit for Condition a Primary Care Doctor Could Have Treated if Available, by Income, 2004

Percent

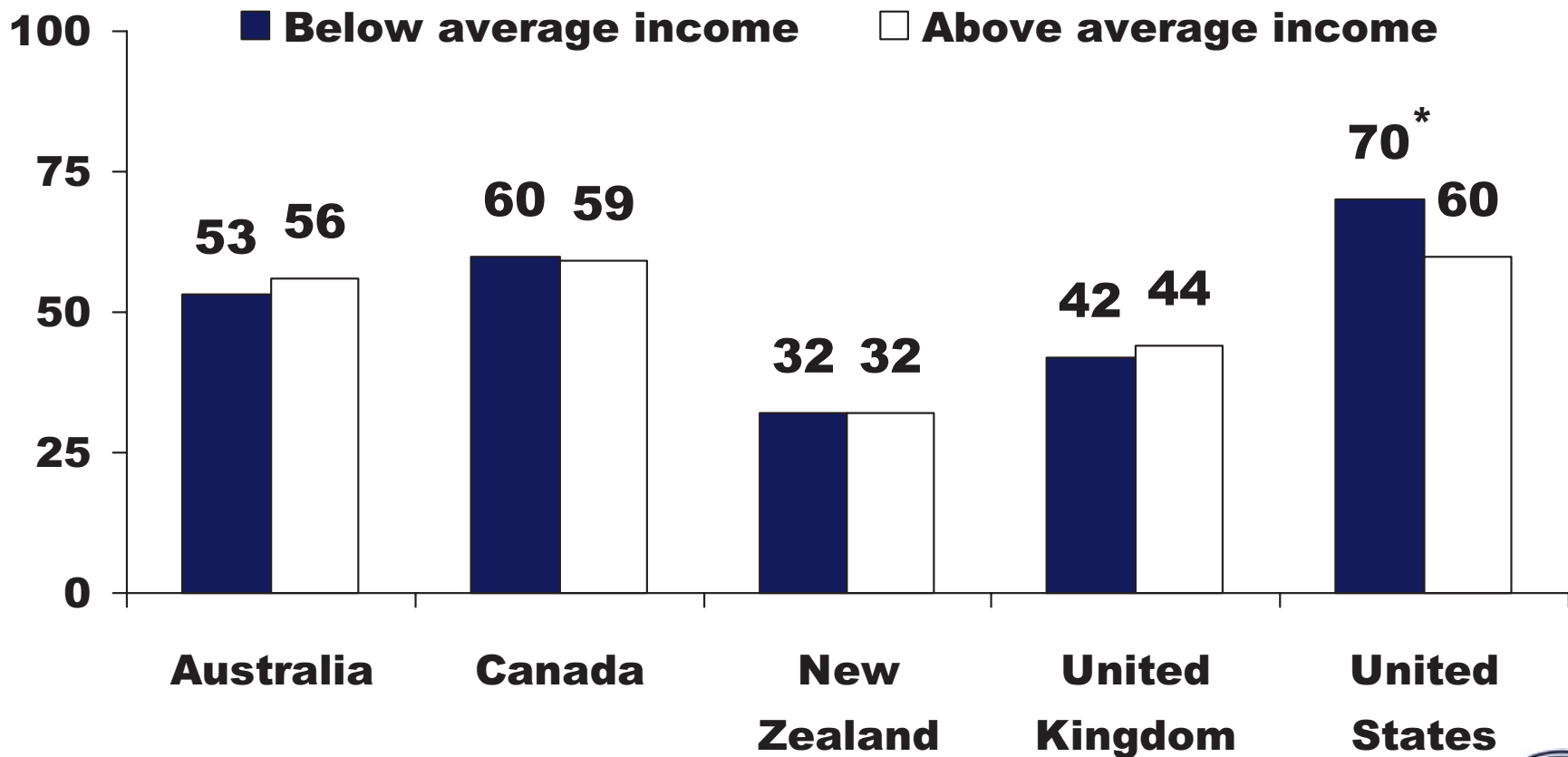


Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Difficulty Getting Care on Nights, Weekends, Holidays Without Going to ER, 2004

Percent saying “very” or “somewhat difficult”



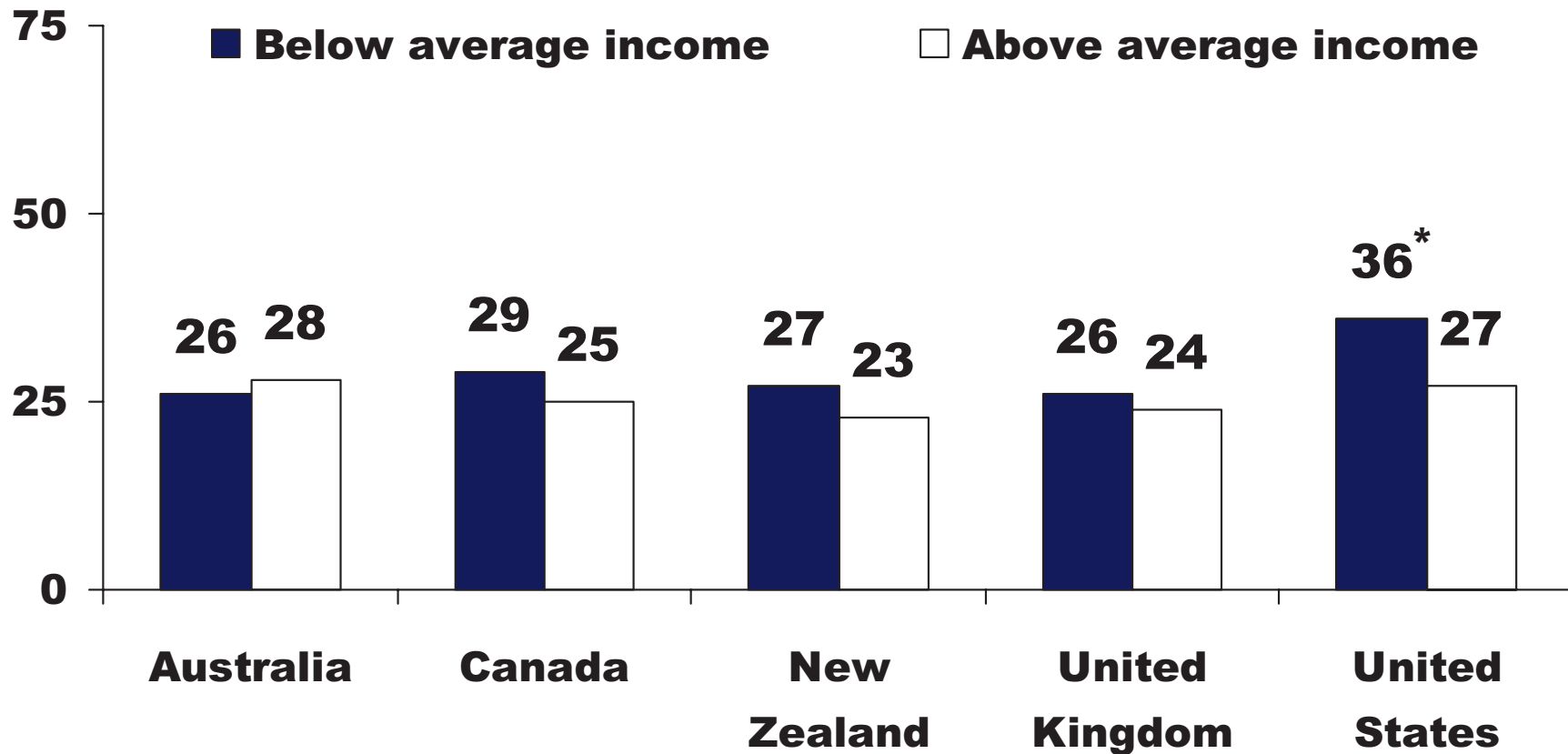
•Significant difference between below and above average income groups within country at  $p < .05$ .  
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Care Coordination, by Income, 2004

Base: Have seen a doctor in past two years

Percent reporting any of three care coordination problems<sup>^</sup>



<sup>^</sup> Coordination problems include: Test results or medical records not available at time of appointment, received conflicting information from different doctors, or doctor ordered duplicate medical test.

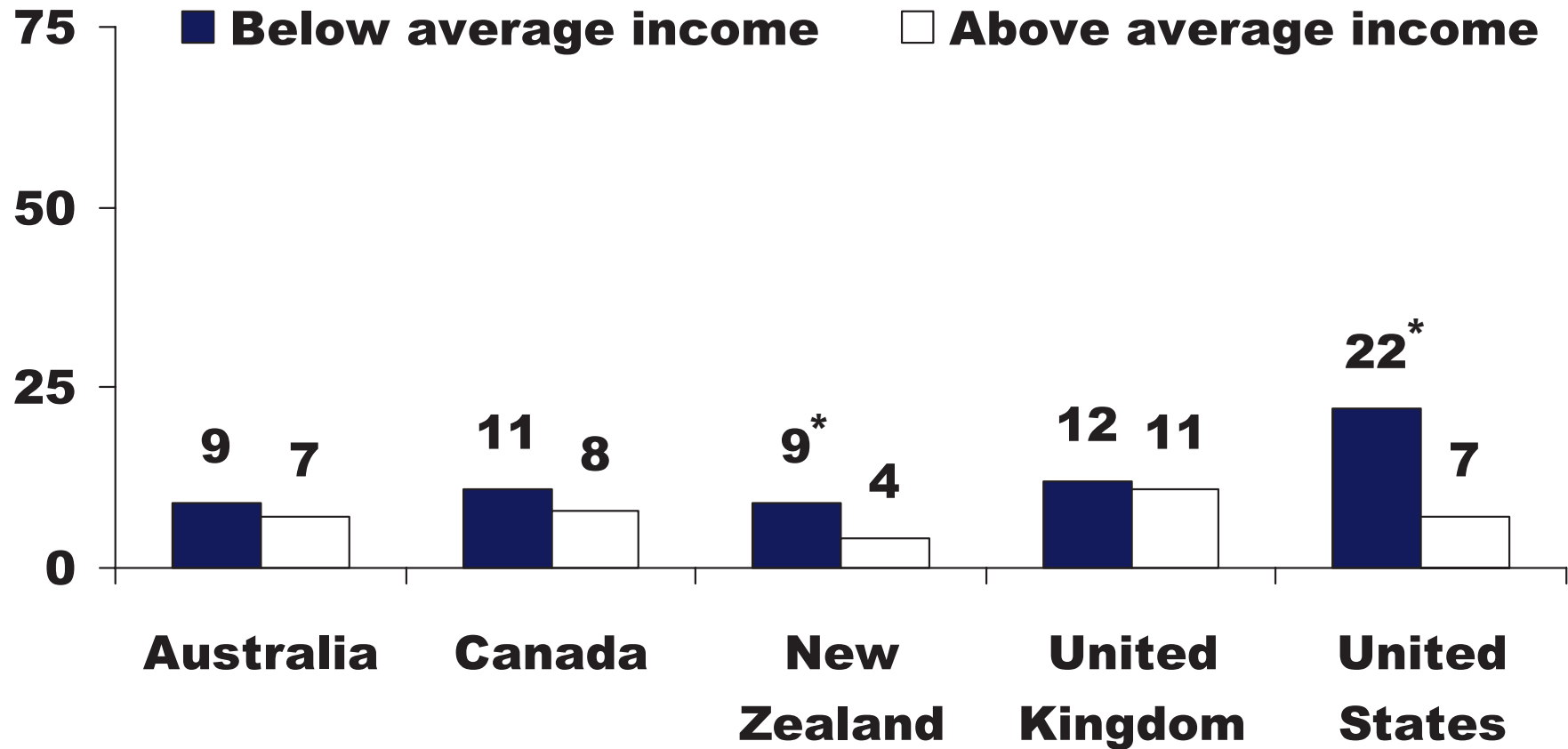
\* Significant difference between below and above average income groups within country at  $p < .05$ .

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Rated Doctor Fair or Poor, by Income, 2004

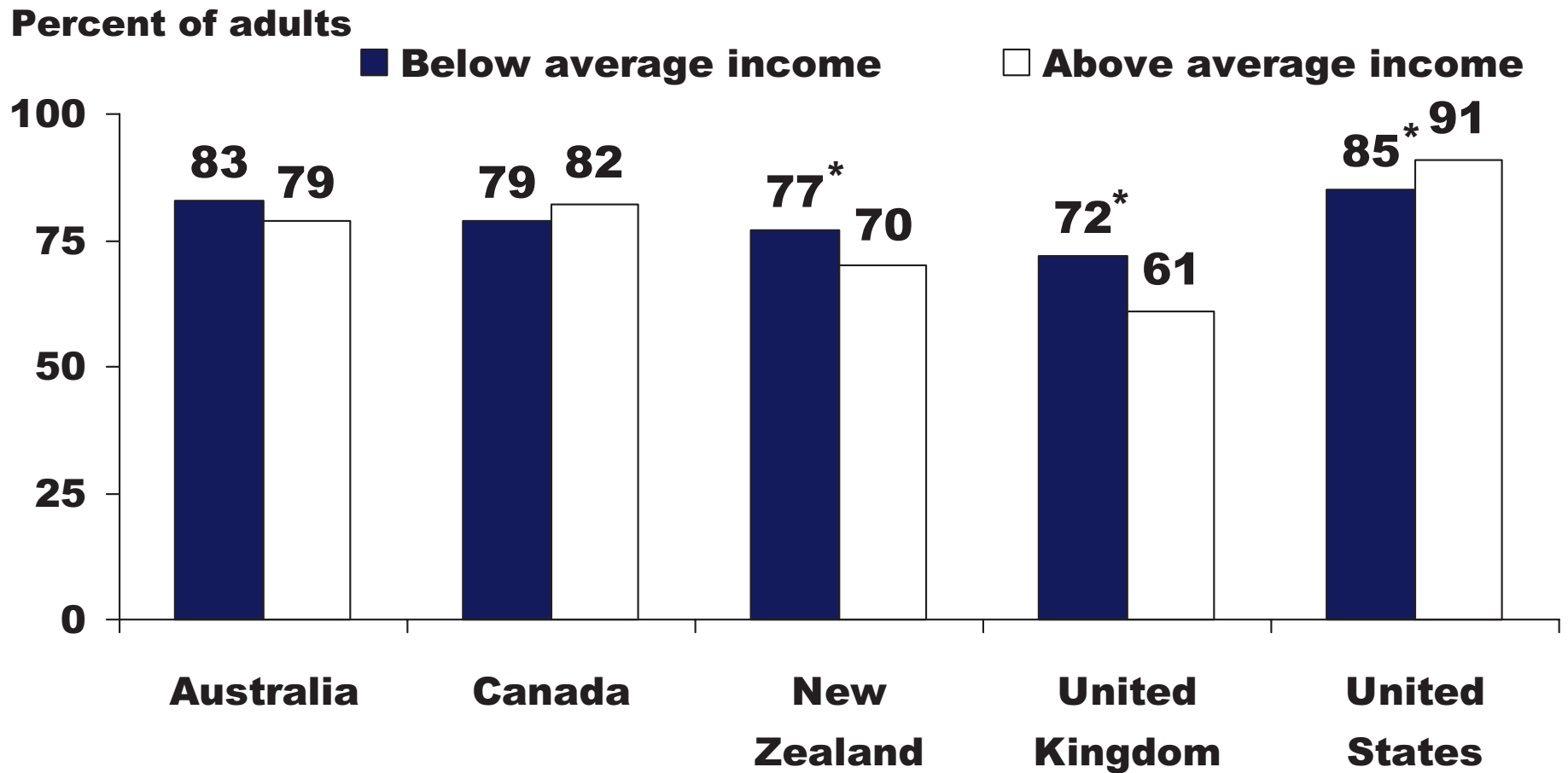
Percent of adults



\* Significant difference between below and above average income groups within country at  $p < .05$ .  
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Had Blood Pressure Check in Past Year, by Income, 2004

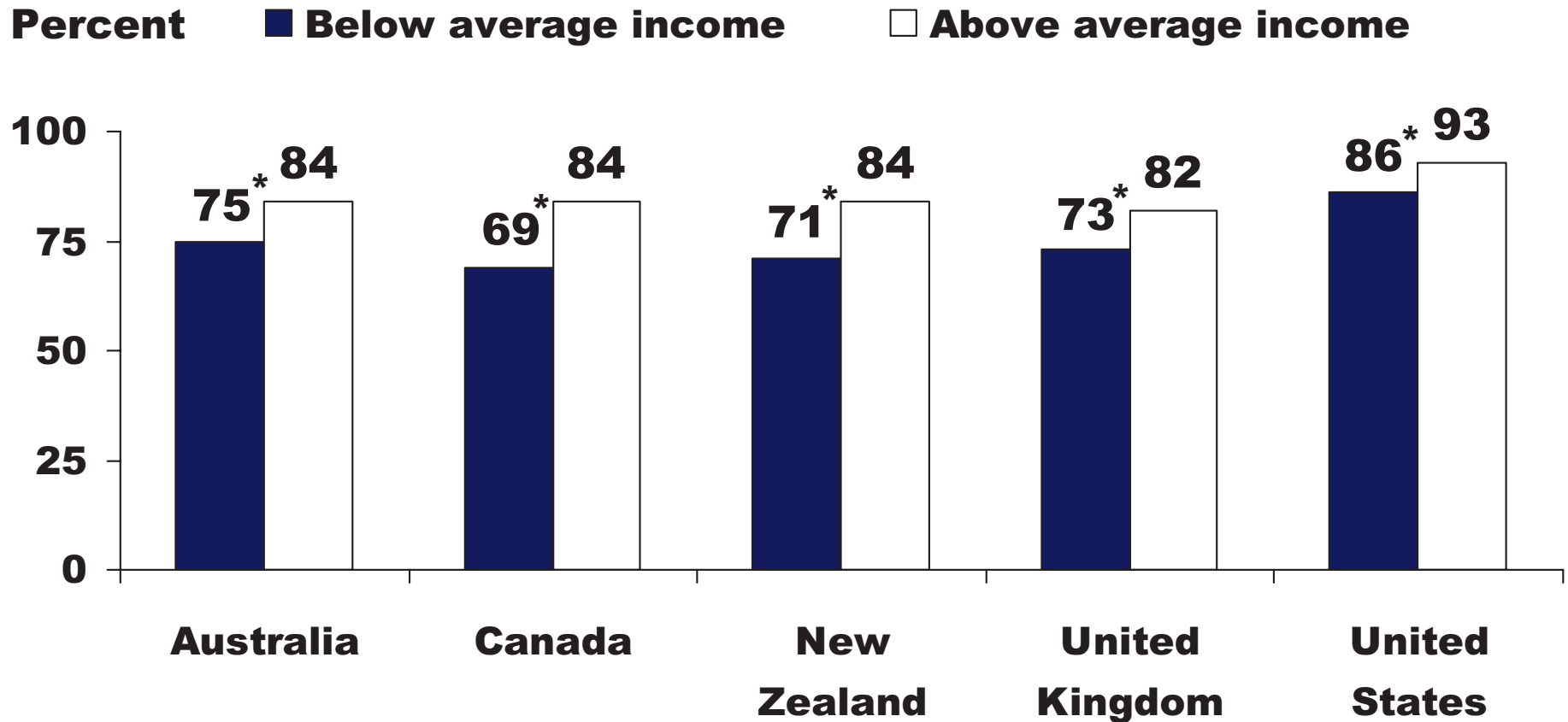


\* Significant difference between below and above average income groups within country at  $p < .05$ .  
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care  
(Schoen et al. 2004; Huynh et al. 2006).



# Had Pap Test in Past Three Years, by Income, 2004

Base: Women ages 25–64



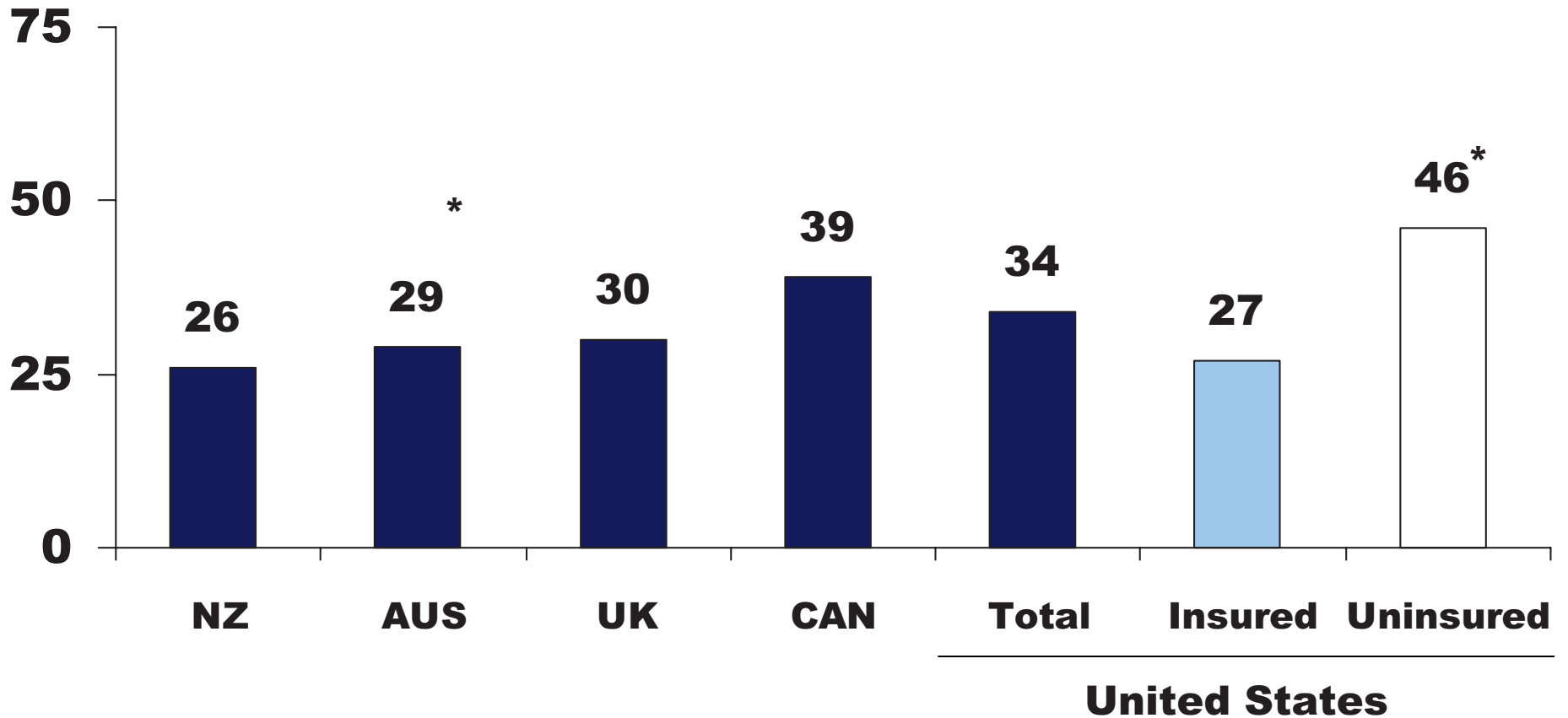
\* Significant difference between below and above average income groups within country at  $p < .05$ .  
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huvnh et al. 2006).



# Under 65: ER Use—

## Comparisons with U.S. Insured and Uninsured, 2004

Percent under 65 with ER visit in past two years



\* Significantly different from U.S. insured at  $p < .05$ .

Uninsured = uninsured at time of survey or any time during the year.

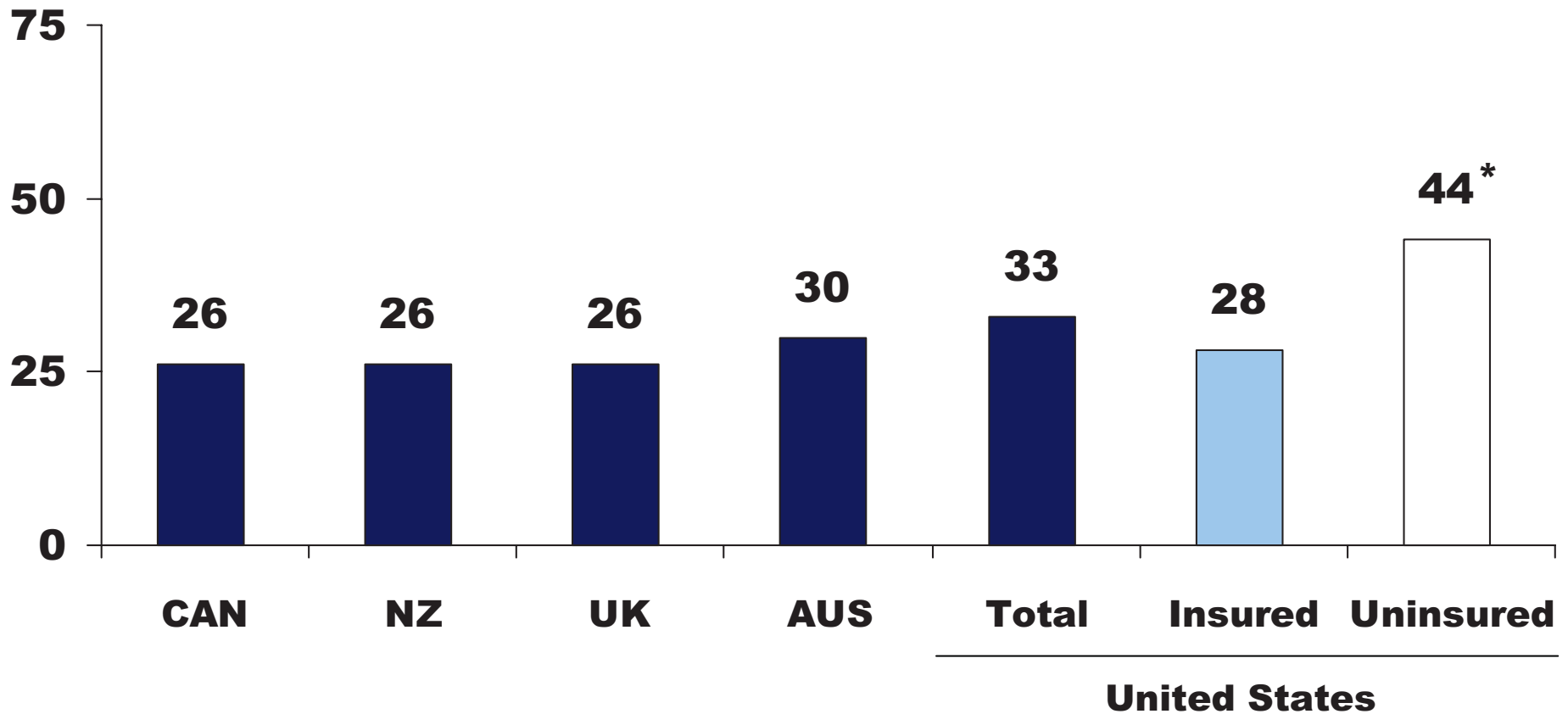
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care

(Schoen et al. 2004; Huynh et al. 2006).



# Under 65: Coordination Problem— Comparisons with U.S. Insured and Uninsured, 2004

Percent under 65 with at least one of three coordination problems<sup>^</sup>



<sup>^</sup> Coordination problems include: Test results or medical records not available at time of appointment, received conflicting information from different doctors, or doctor ordered duplicate medical test.

\* Significantly different from U.S. insured at  $p < .05$ .

Uninsured = uninsured at time of survey or any time during the year.

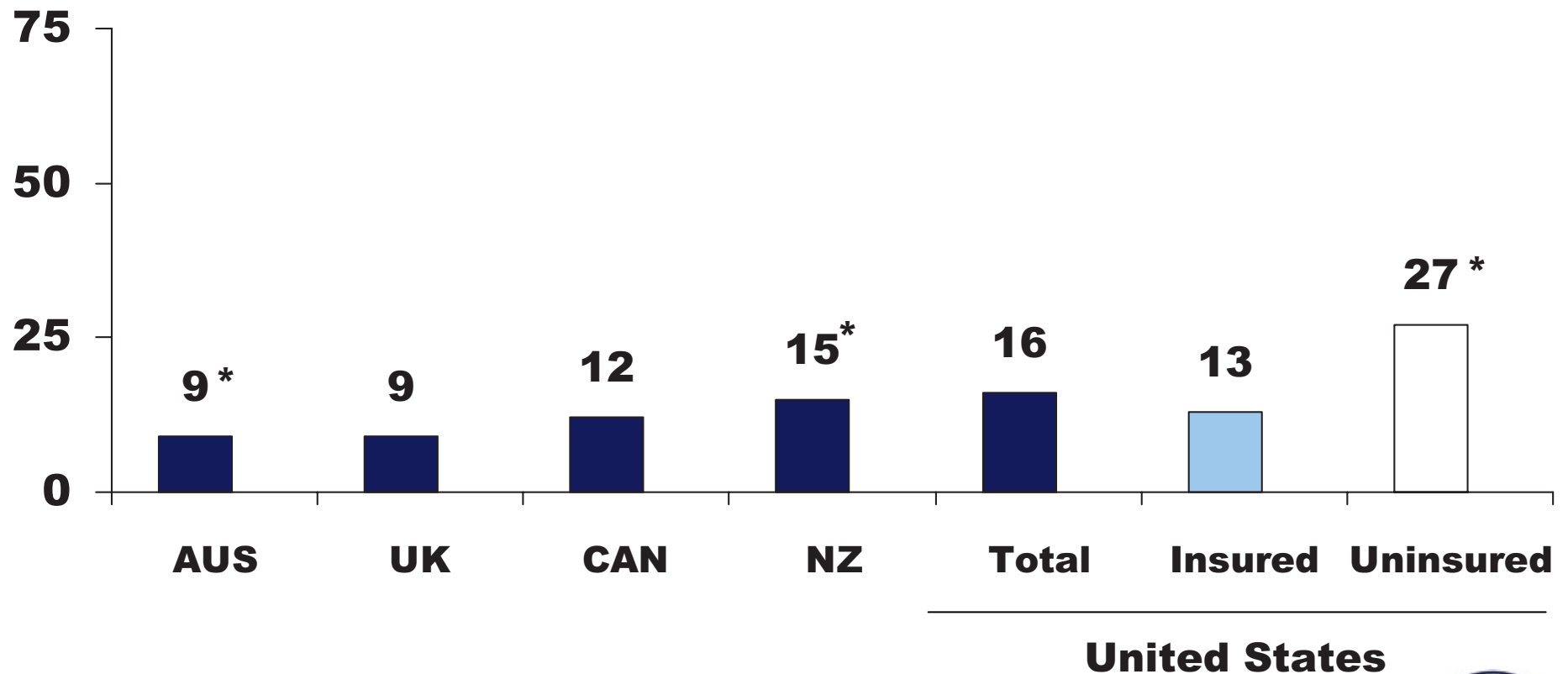
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



# Under 65: Lab Test Errors— Comparisons with U.S. Insured and Uninsured, 2004

Base: Under 65 who have had lab tests in past two years

Percent given wrong result or delay in receiving abnormal test result



\* Significantly different from U.S. insured at  $p < .05$ .

Uninsured = uninsured at time of survey or any time during the year.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care

(Schoen et al. 2004; Huynh et al. 2006)



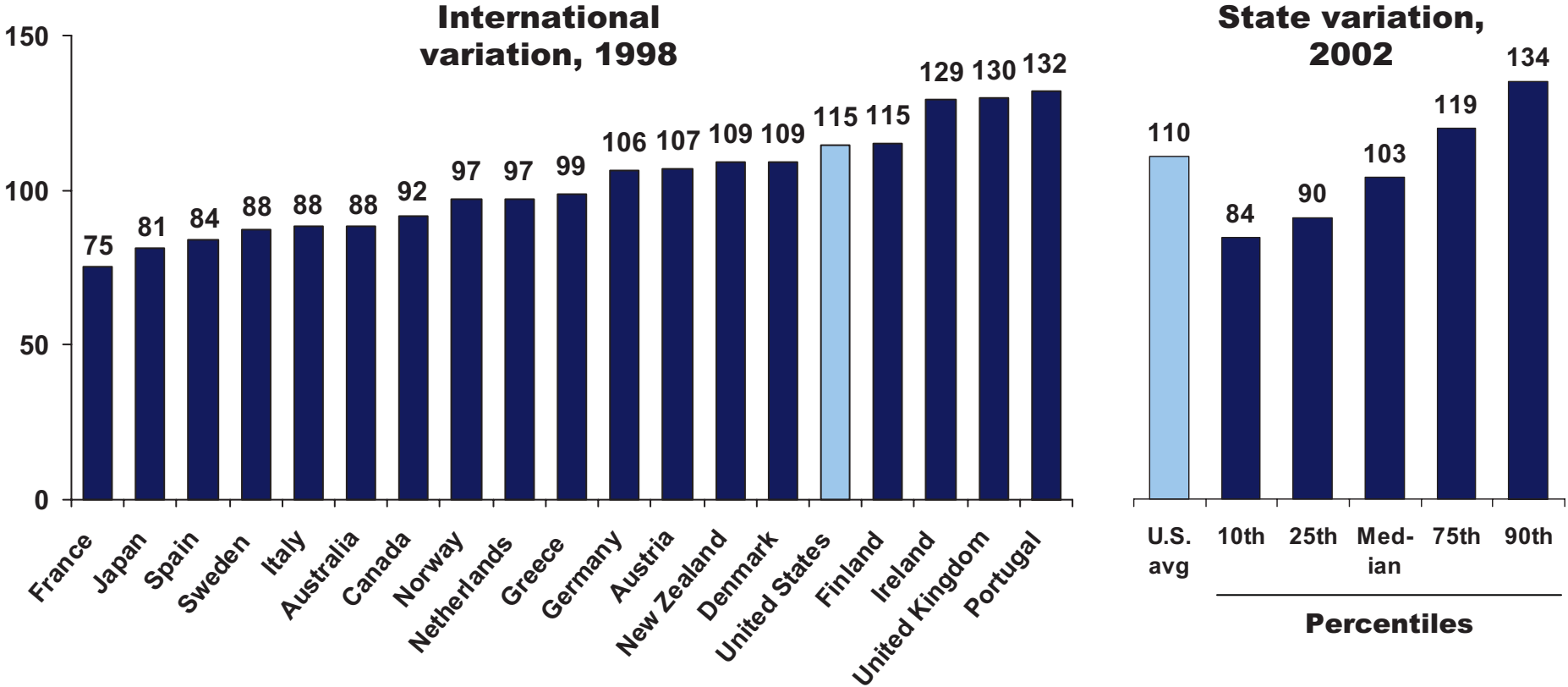
# Long, Healthy, and Productive Lives



# Mortality Amenable to Health Care

Mortality from causes considered amenable to health care is deaths before age 75 that are potentially preventable with timely and appropriate medical care

Deaths per 100,000 population\*

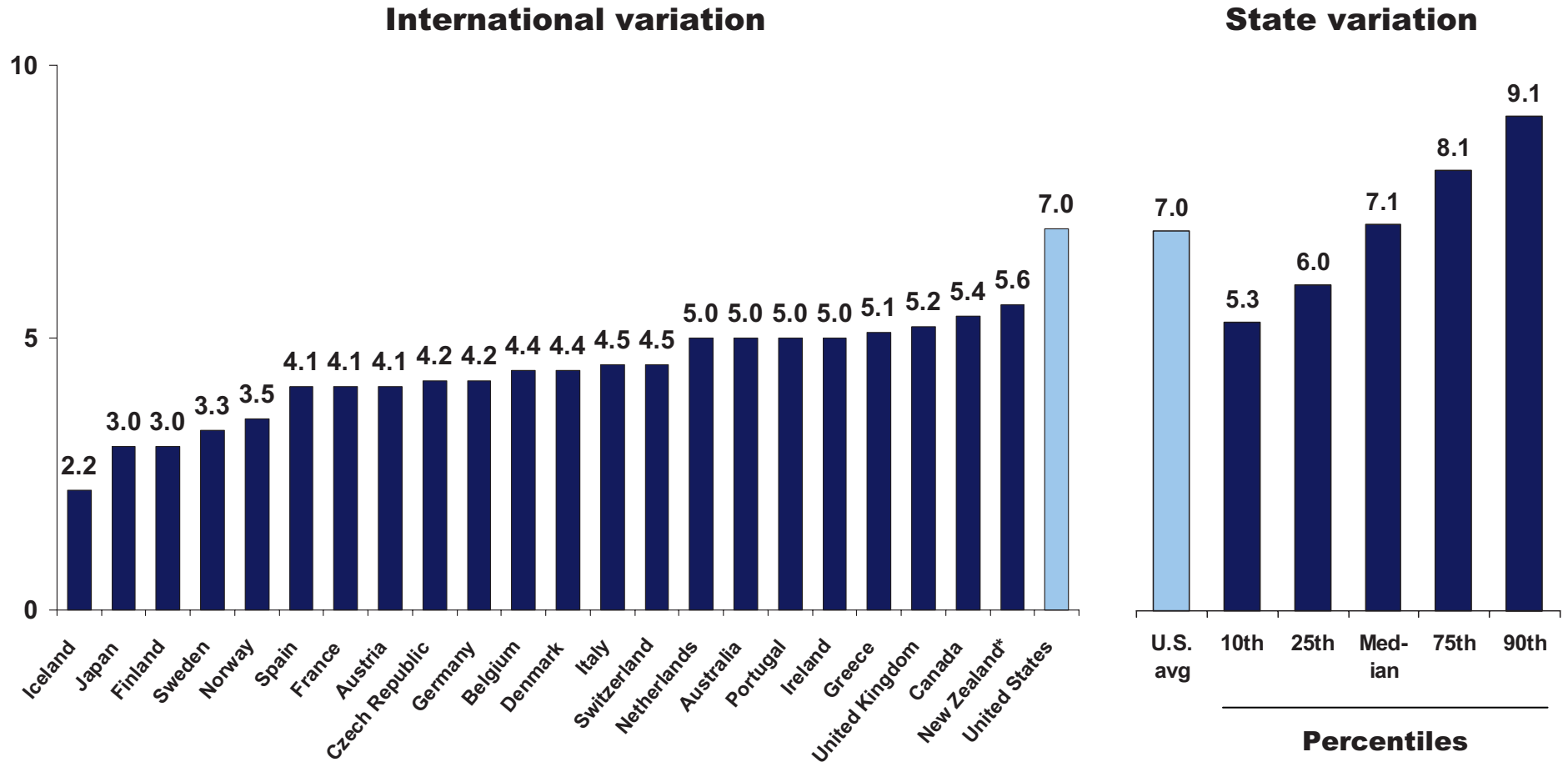


\* Countries' age-standardized death rates, ages 0–74; includes ischemic heart disease. See Technical Appendix for list of conditions considered amenable to health care in the analysis. Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003); State estimates—K. Hempstead, Rutgers University using Nolte and McKee methodology. Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Infant Mortality Rate, 2002

Infant deaths per 1,000 live births



\* 2001.

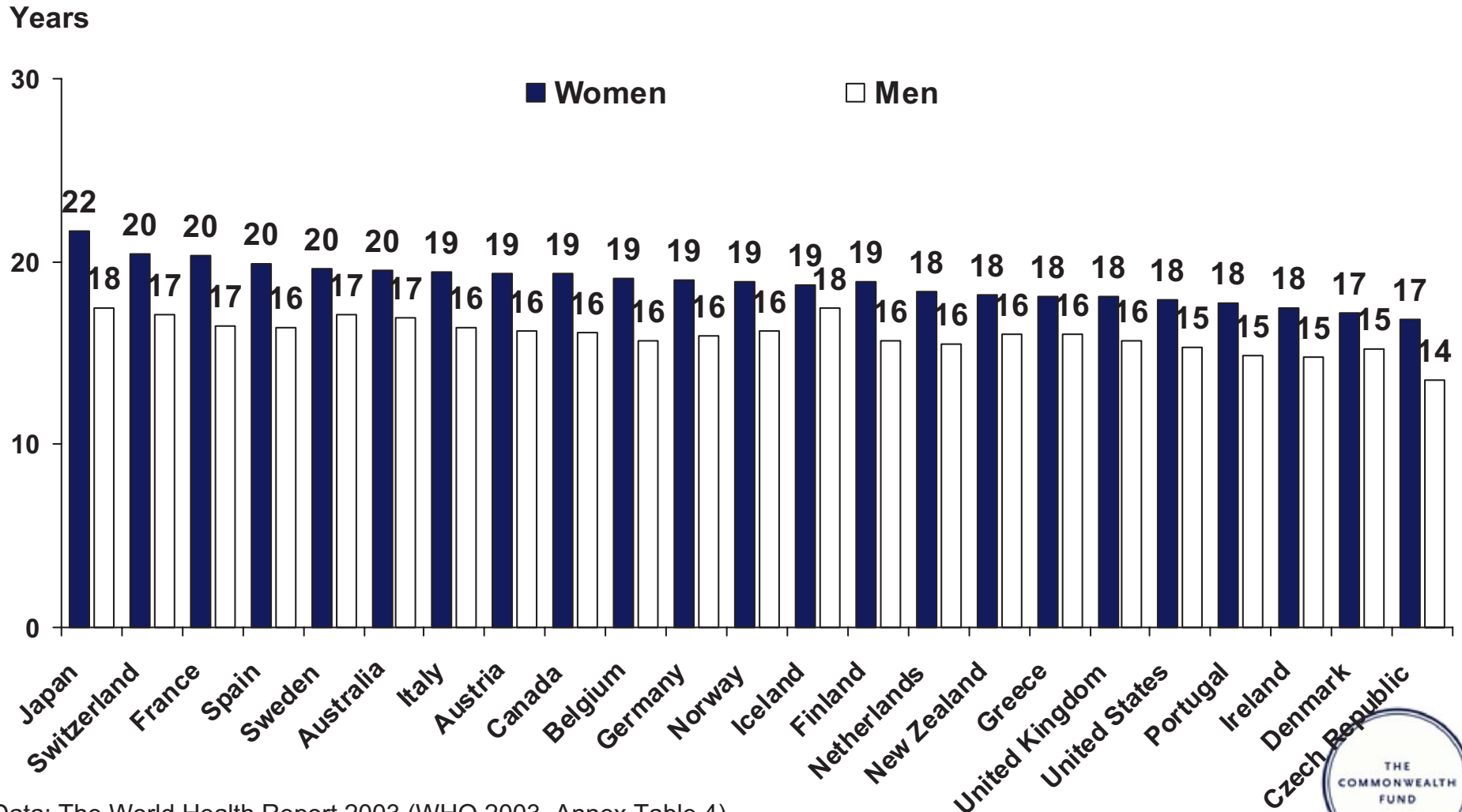
Data: International estimates—OECD Health Data 2005;

State estimates—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2005a).



# Healthy Life Expectancy at Age 60, 2002

Developed by the World Health Organization, healthy life expectancy is based on life expectancy adjusted for time spent in poor health due to disease and/or injury

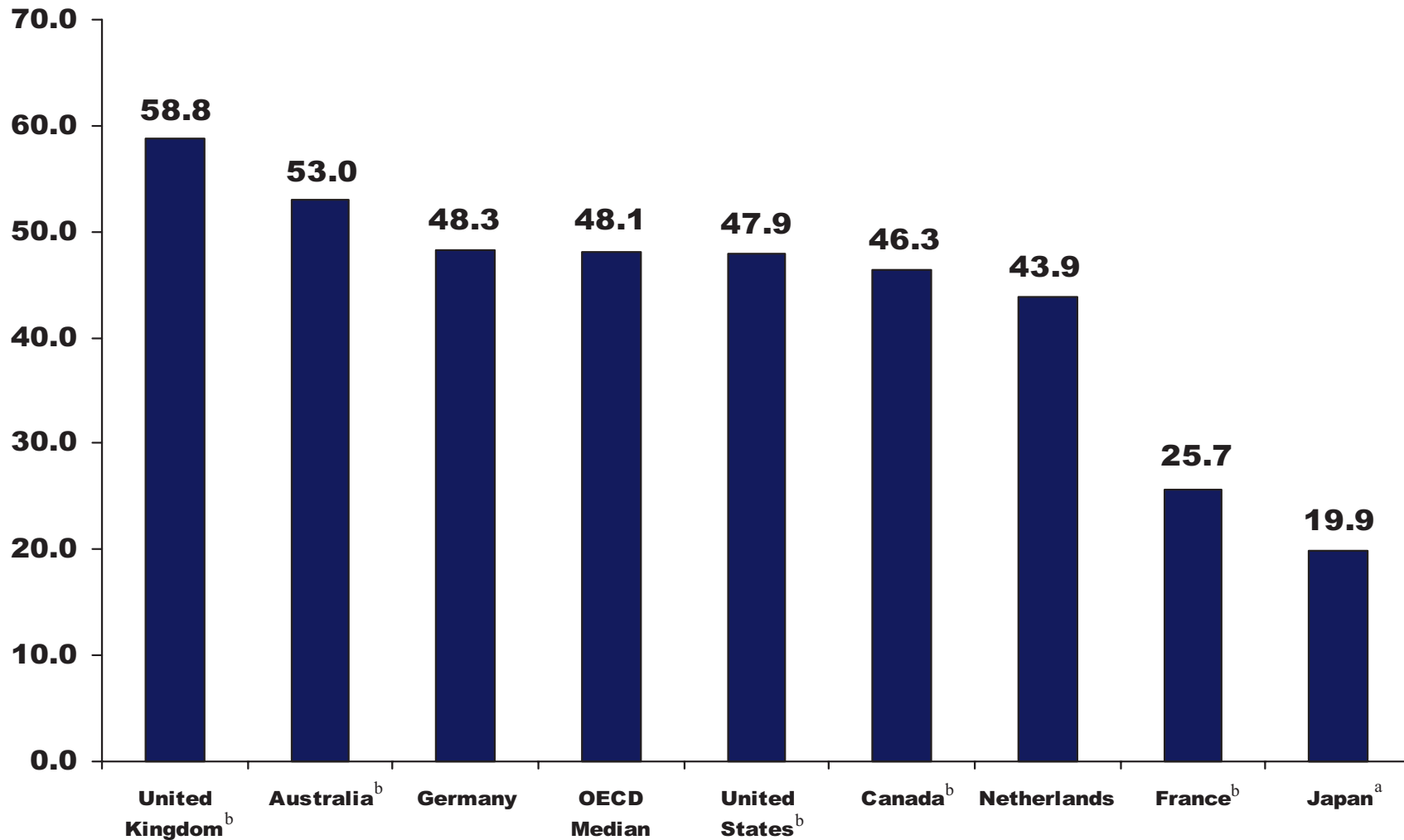


Data: The World Health Report 2003 (WHO 2003, Annex Table 4).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



# Acute Myocardial Infarction Deaths per 100,000 Population

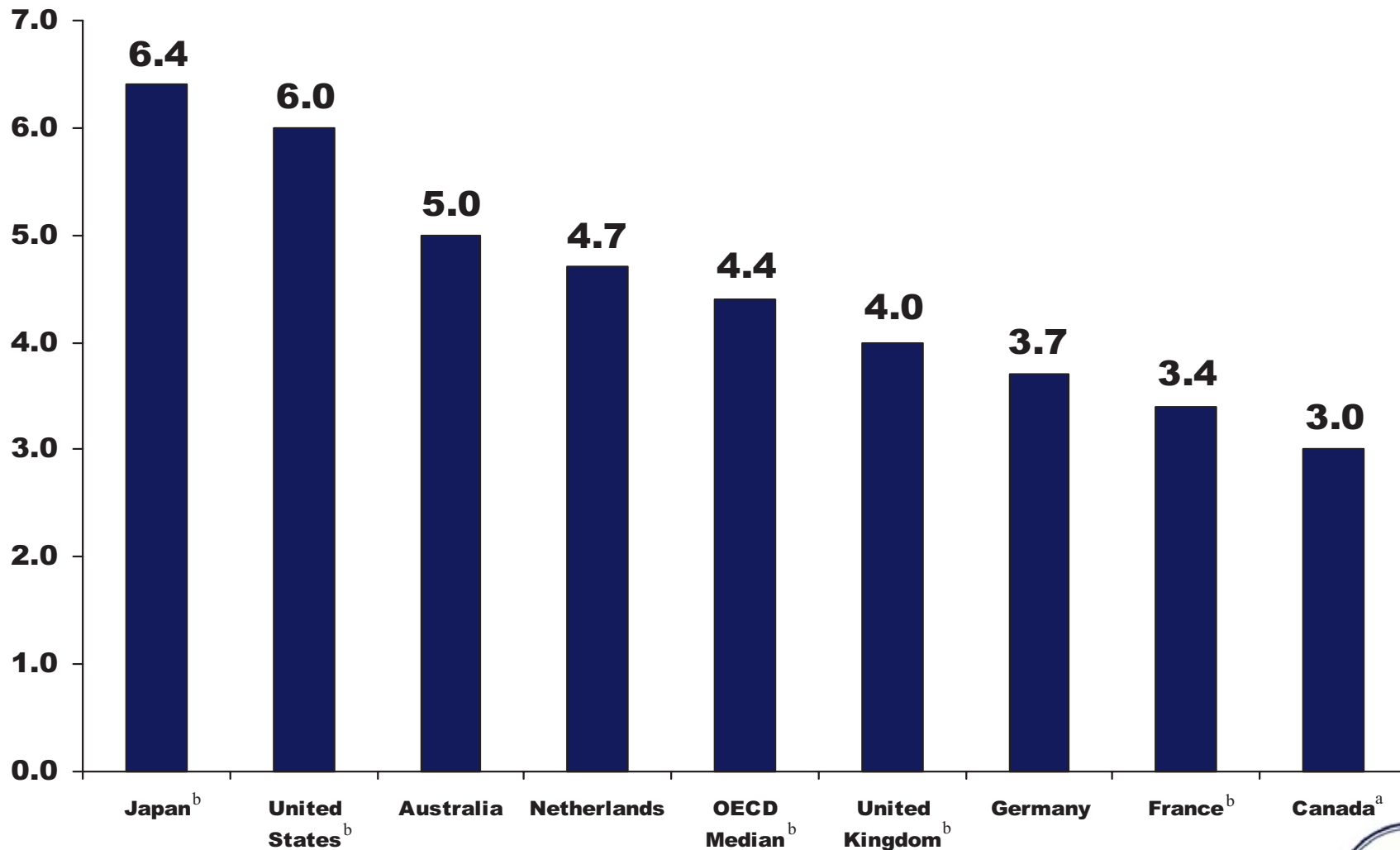


<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Bronchitis, Asthma, and Emphysema Deaths per 100,000 Population

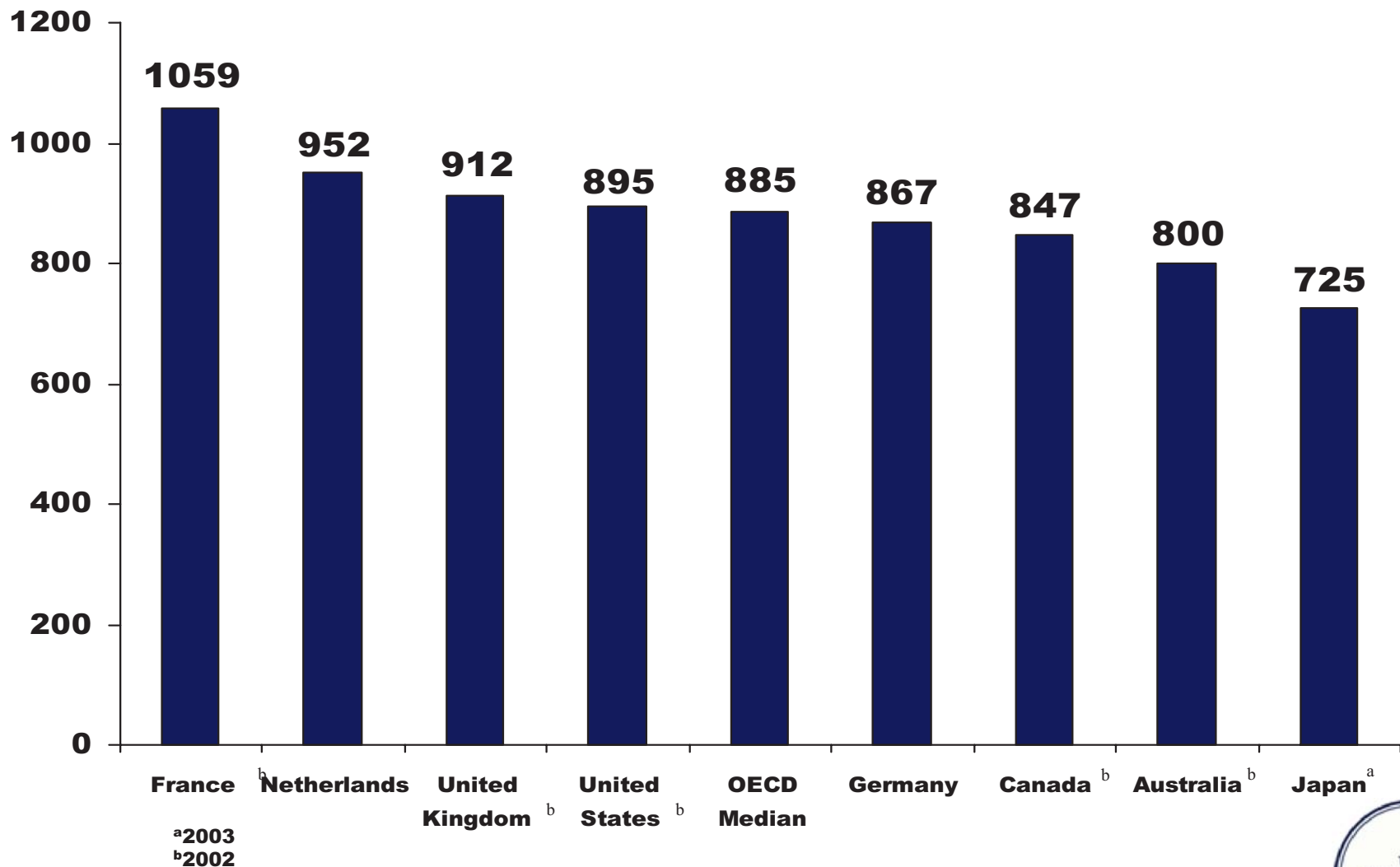


<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



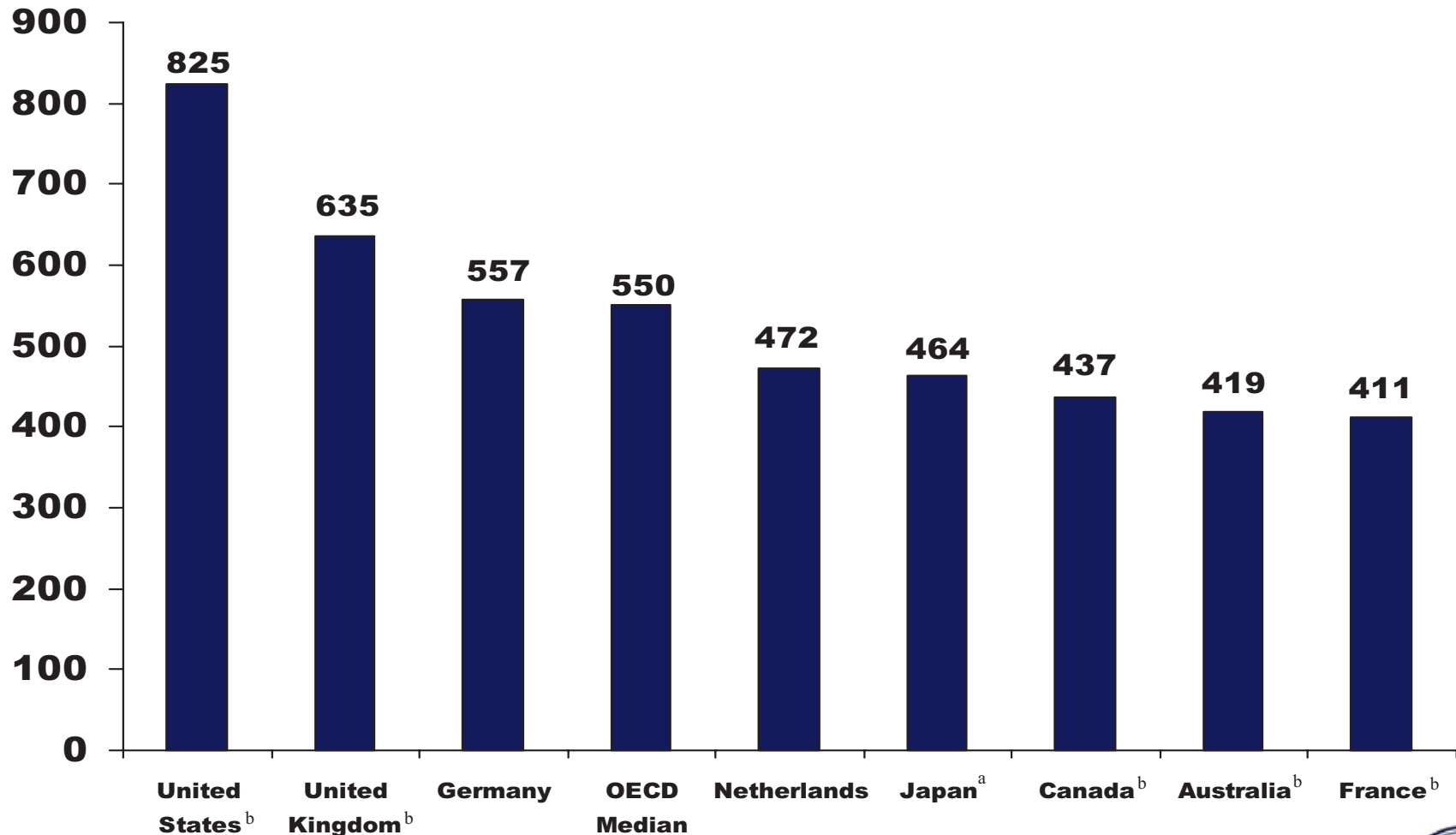
# Potential Years of Life Lost Due to Malignant Neoplasms per 100,000 Population in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Potential Years of Life Lost Due to Diseases of the Circulatory System per 100,000 Population in 2004

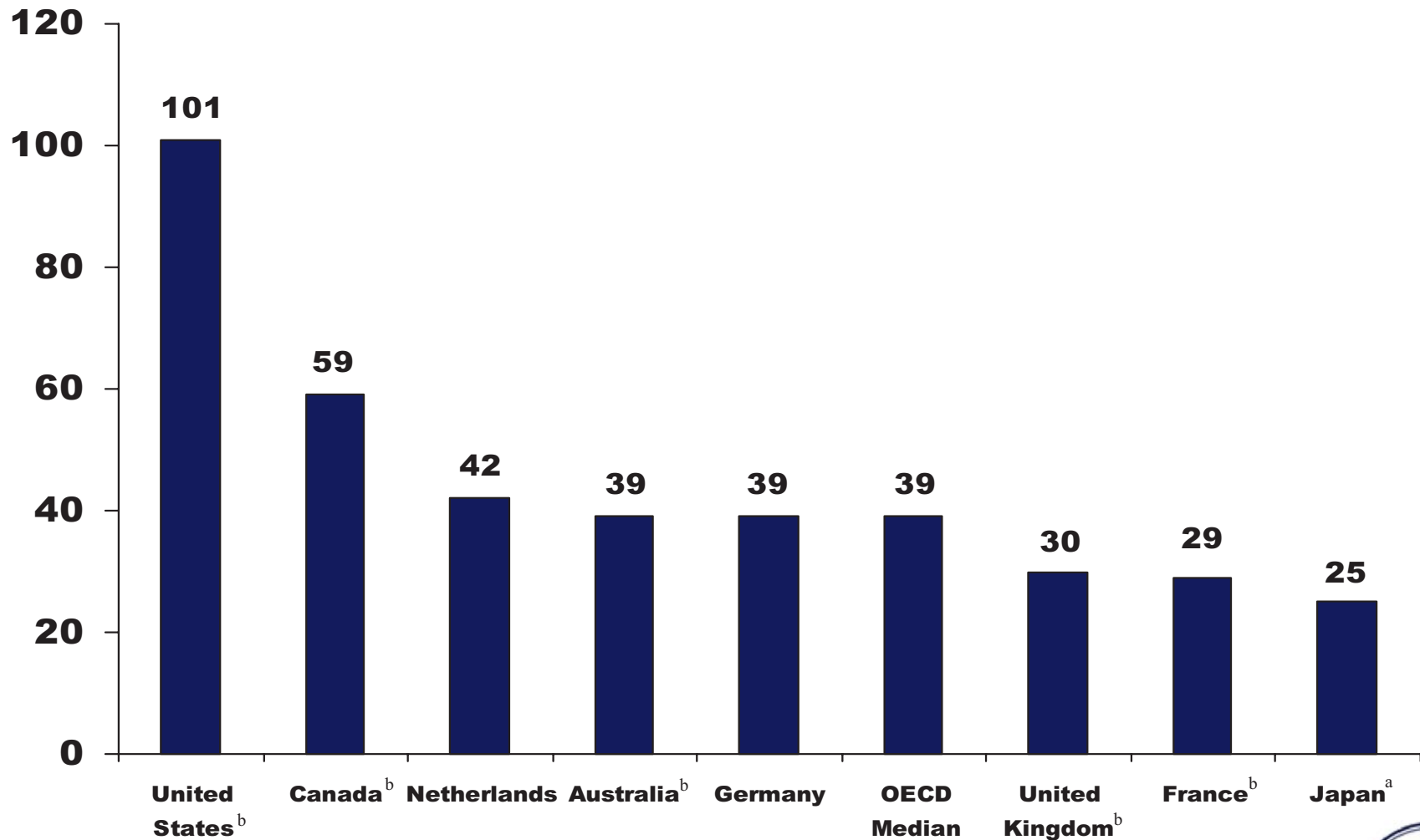


<sup>a</sup>2003  
<sup>b</sup>2002



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).

# Potential Years of Life Lost Due to Diabetes per 100,000 Population in 2004

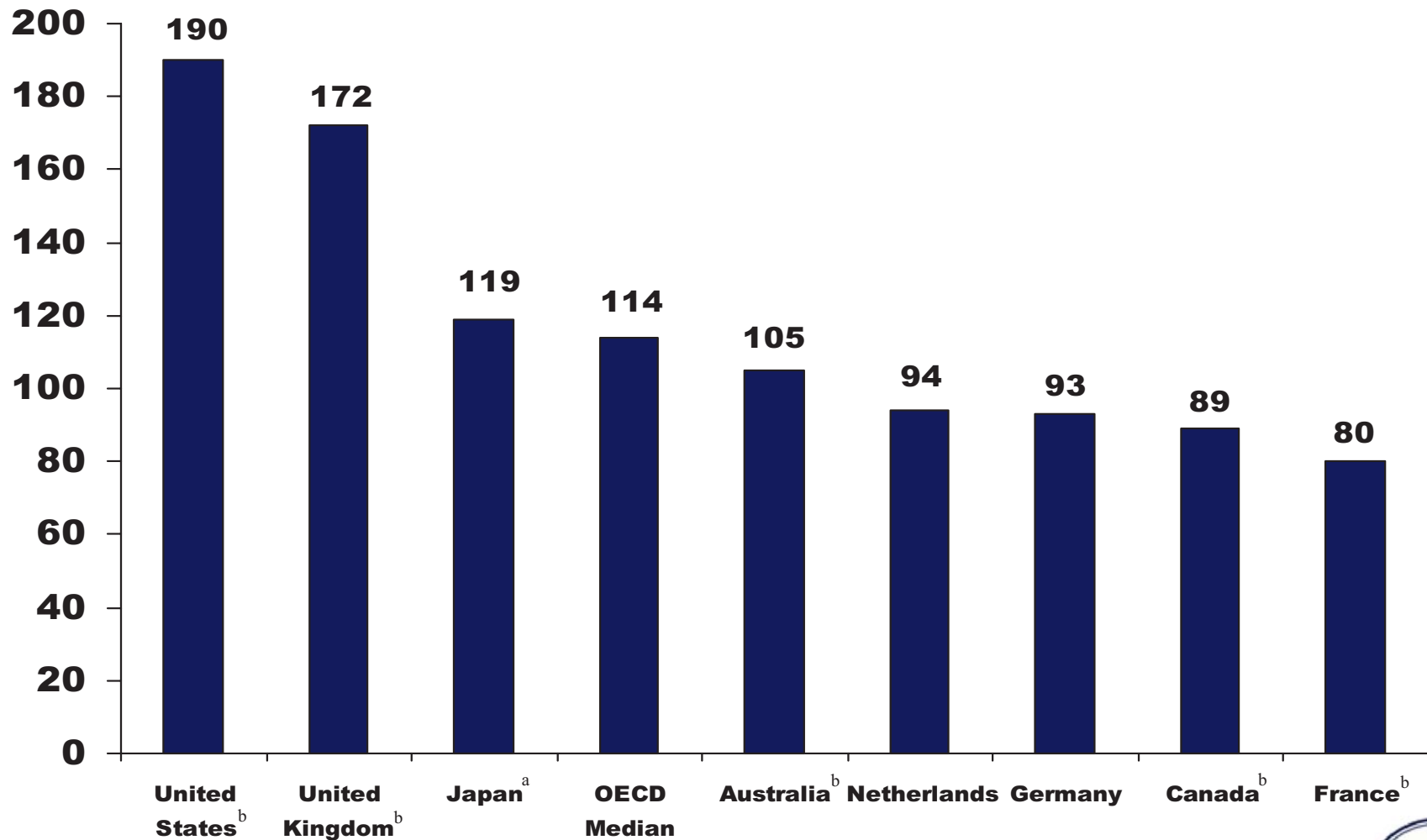


<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Potential Years of Life Lost Due to Diseases of the Respiratory System in 2004

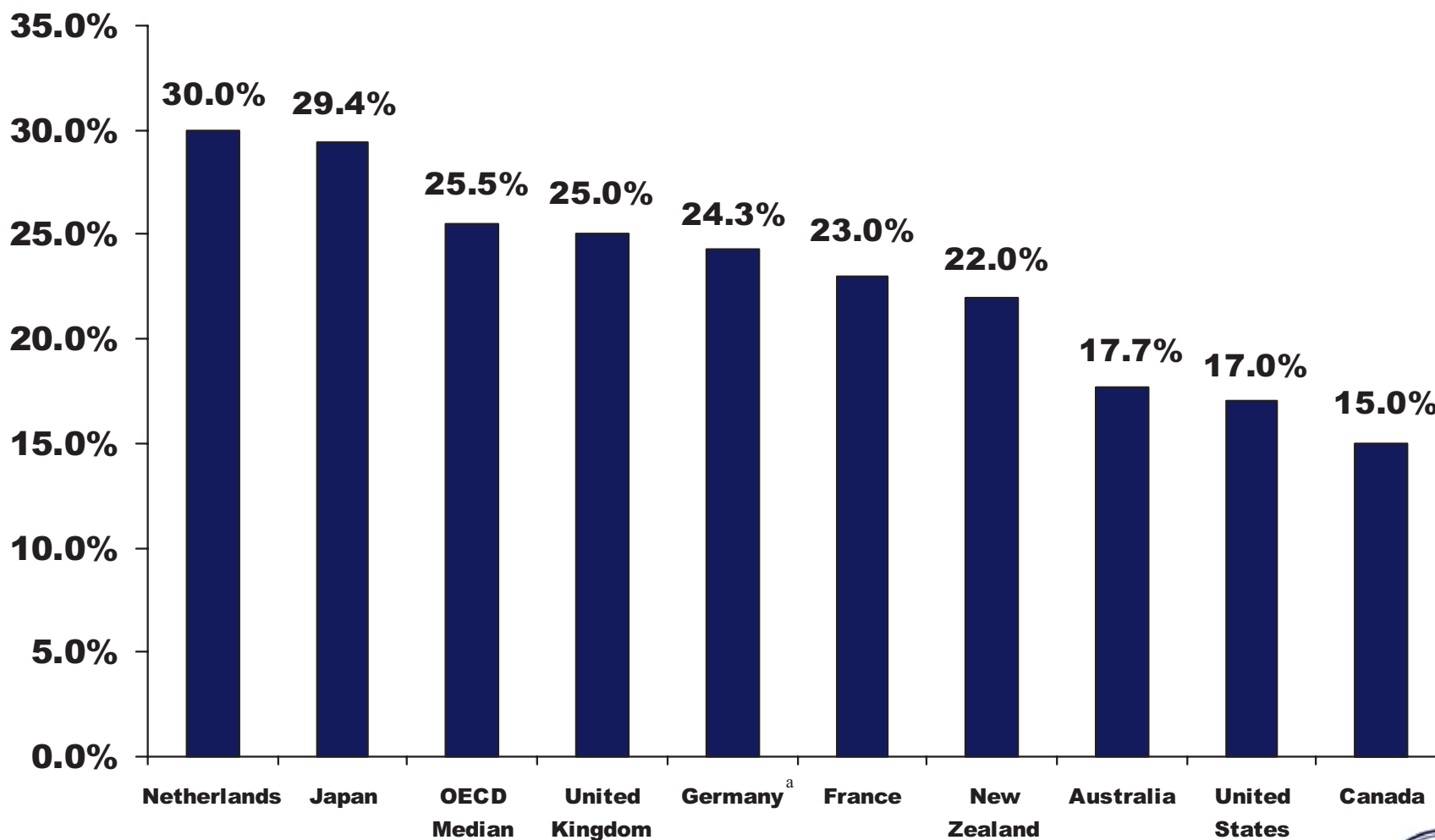


<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



## Percentage of Adults Who Reported Being Daily Smokers in 2004

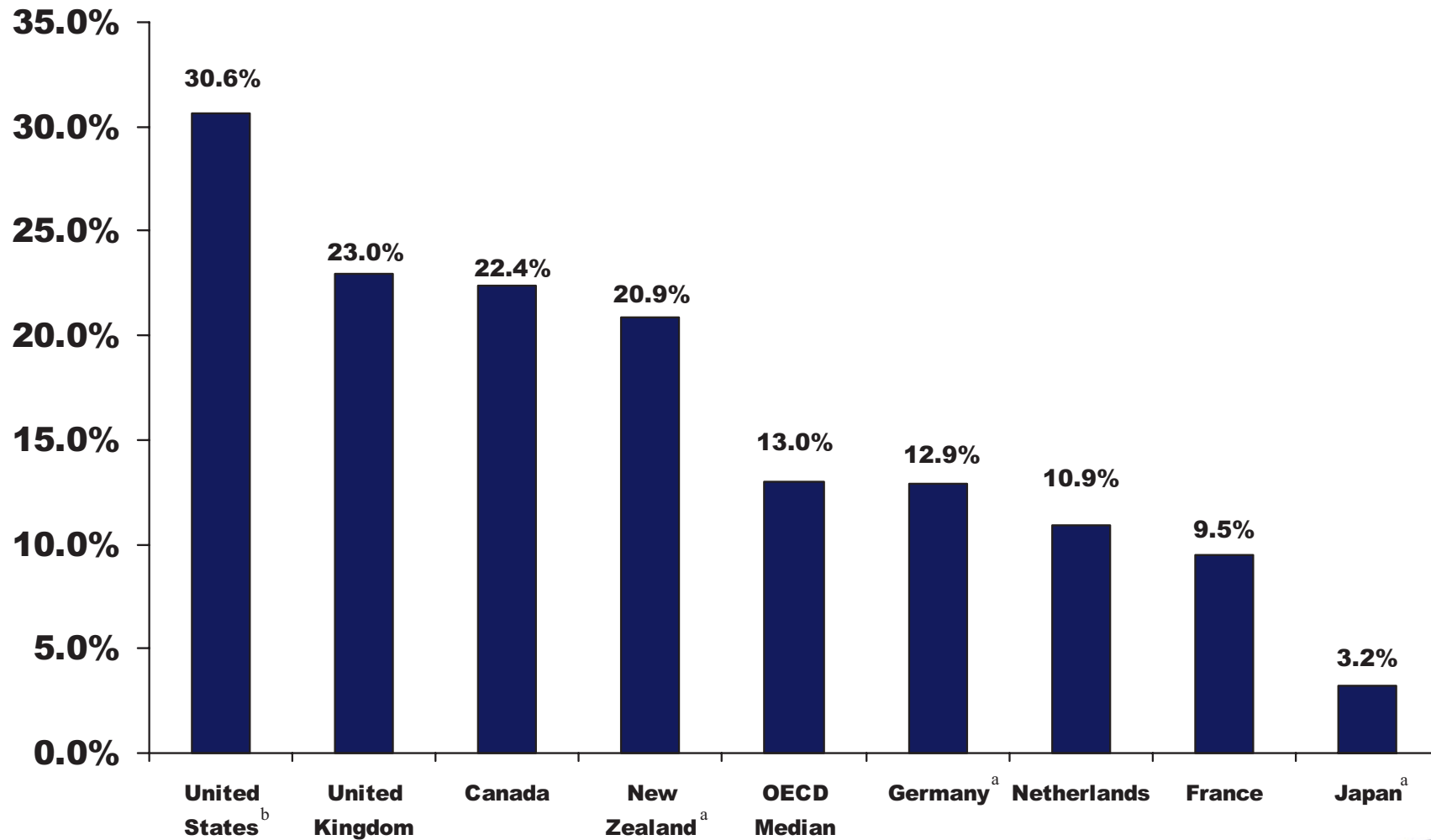


<sup>a</sup>2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Obesity (BMI>30) Prevalence in 2004



<sup>a</sup>2003  
<sup>b</sup>2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



# Health Care System Views



# Views of the Health Care System in Five Nations, 1998 to 2004

<b>Percent saying:</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Only Minor Changes Needed</b>					
<b>2004</b>	<b>21</b>	<b>21</b>	<b>19</b>	<b>26</b>	<b>16</b>
<b>2001</b>	<b>25</b>	<b>21</b>	<b>18</b>	<b>21</b>	<b>18</b>
<b>1998</b>	<b>19</b>	<b>20</b>	<b>9</b>	<b>25</b>	<b>17</b>
<b>Rebuild Completely</b>					
<b>2004</b>	<b>23</b>	<b>14</b>	<b>19</b>	<b>13</b>	<b>33</b>
<b>2001</b>	<b>19</b>	<b>18</b>	<b>20</b>	<b>18</b>	<b>28</b>
<b>1998</b>	<b>30</b>	<b>23</b>	<b>32</b>	<b>14</b>	<b>33</b>

Source: 2004, 2001 and 1998 Commonwealth Fund International Health Policy Surveys



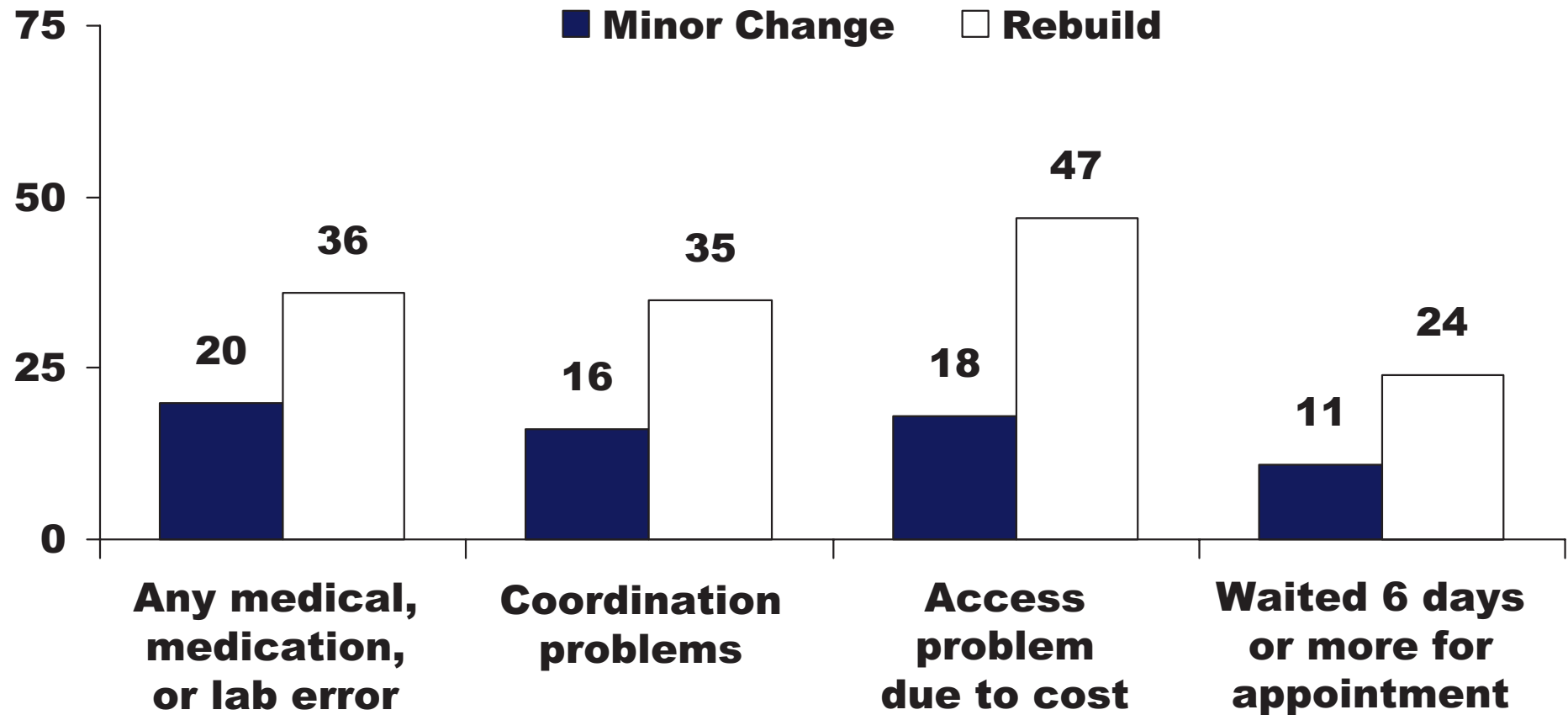
# Sicker Adults Views of the Health Care System <sup>124</sup> in Six Nations, 2005

<b>Percent saying:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Only minor changes needed</b>	<b>23</b>	<b>21</b>	<b>16</b>	<b>27</b>	<b>30</b>	<b>23</b>
<b>Fundamental changes needed</b>	<b>48</b>	<b>61</b>	<b>54</b>	<b>52</b>	<b>52</b>	<b>44</b>
<b>Rebuild completely</b>	<b>26</b>	<b>17</b>	<b>31</b>	<b>20</b>	<b>14</b>	<b>30</b>



# Care Experiences Reported by Adults with Positive or Negative System Views, Sicker Adults, 2005

Percent



## Physician Views of the Health System, 2006

<b>Percent saying:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Only Minor Changes Needed</b>	<b>38</b>	<b>23</b>	<b>4</b>	<b>52</b>	<b>34</b>	<b>23</b>	<b>13</b>
<b>Fundamental Changes Needed</b>	<b>56</b>	<b>71</b>	<b>54</b>	<b>42</b>	<b>62</b>	<b>68</b>	<b>69</b>
<b>Rebuild Completely</b>	<b>5</b>	<b>3</b>	<b>42</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>16</b>



# Physician Dissatisfaction with Medical Practice, 2006

<b>Percent very or somewhat dissatisfied with:</b>	<b>AUS</b>	<b>CAN</b>	<b>GER</b>	<b>NET</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Freedom to make clinical decisions</b>	<b>8</b>	<b>12</b>	<b>74</b>	<b>10</b>	<b>26</b>	<b>24</b>	<b>31</b>
<b>Time to spend per patient</b>	<b>33</b>	<b>36</b>	<b>50</b>	<b>35</b>	<b>33</b>	<b>51</b>	<b>42</b>
<b>Income from medical practice</b>	<b>36</b>	<b>40</b>	<b>53</b>	<b>23</b>	<b>44</b>	<b>18</b>	<b>47</b>
<b>Overall experience with medical practice</b>	<b>14</b>	<b>16</b>	<b>19</b>	<b>9</b>	<b>23</b>	<b>14</b>	<b>23</b>



# **A Six Country Ranking of Healthcare Quality, Access, Efficiency, Equity and Mortality**



# Overall Ranking

Country Rankings	
	1.0-2.66
	2.67-4.33
	4.34-6.0

	AUSTRALIA	CANADA	GERMANY	NEW ZEALAND	UNITED KINGDOM	UNITED STATES
<b>OVERALL RANKING (2007)</b>	3.5	5	2	3.5	1	6
<b>Quality Care</b>	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
<b>Access</b>	3	5	1	2	4	6
<b>Efficiency</b>	4	5	3	2	1	6
<b>Equity</b>	2	5	4	3	1	6
<b>Long, Healthy, and Productive Lives</b>	1	3	2	4.5	4.5	6
<b>Health Expenditures per Capita, 2004</b>	\$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.



# A Three Year View of Overall Ranking

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 Edition)	3.5	5	2	3.5	1	6
OVERALL RANKING (2006 Edition)	4	5	1	2	3	6
OVERALL RANKING (2004 Edition)	2	4	n/a	1	3	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; the Commonwealth Fund Commission on a High Performance Health System National Scorecard; K. Davis, C. Schoen, S.C. Schoenbaum, A.J. Audet, M.M. Doty, and K. Tenney, *Mirror, Mirror on the Wall: Looking at the Quality of American Health Care through the Patient's Lens* (New York: The Commonwealth Fund, Jan. 2004); and K. Davis, C. Schoen, S. C. Schoenbaum, A. J. Audet, M. M. Doty, A. L. Holmgren, and J. L. Kriss, *Mirror, Mirror on the Wall: An Update on the Quality of American Health Care Through the Patient's Lens* (New York: The Commonwealth Fund, Apr. 2006).

