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Issue Brief

Comparison of Health Care System Views and Experiences in Five Nations, 2001

Findings from The Commonwealth Fund 2001 International Health Policy Survey

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The Commonwealth Fund 2001 International Health Policy Survey shows significant differences in the health care experiences of adults in Australia, Canada, New Zealand, the United Kingdom, and the United States. While each country excels in its performance on certain dimensions of health care—no one country is uniformly “the best”—several distinct health system patterns emerged upon close analysis. The United States in particular stands out as having the most severe health care access problems related to cost, the greatest medical expense burdens, and the most pervasive inequities in care between adults with above-average and below-average income.

Australia and New Zealand fared reasonably well on many of the health care access measures, especially access to physicians. However, they ranked in the middle of the five countries in terms of cost-related access and medical bill problems—lagging Canada and the United Kingdom but outperforming the United States. Waiting times for elective or nonemergency surgery, meanwhile, are shortest in the U.S. and longest in the U.K.; relatively long waits were reported in Australia, Canada, and New Zealand as well.

Ratings of overall medical care and hospital care were similar across the five countries. Nurse shortages were a concern shared by all people: more than one-fifth of survey respondents in each country said the availability of nurses in hospitals was a problem.

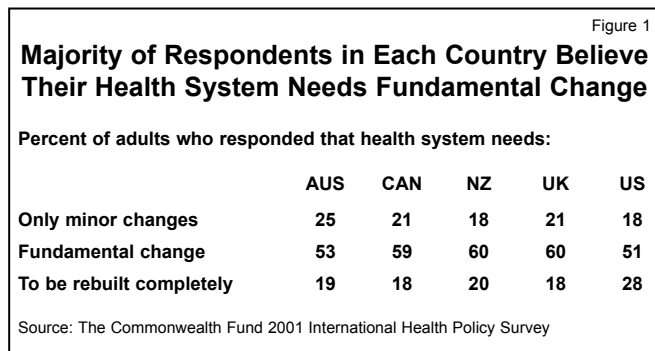
This *Issue Brief* summarizes health system differences among the five nations included in The Commonwealth Fund 2001 International Health Policy Survey. It focuses on measures of satisfaction with the health system, health care access problems, waiting times, quality of care, and financial burdens, and also

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notes the extent of inequality in experiences between people with household income below and above the national median. Overall findings and analysis from the survey can be found in an article in the May/June issue of *Health Affairs*.¹ This brief contains some additional analysis not included in that summary article.

Satisfaction with the Health Care System

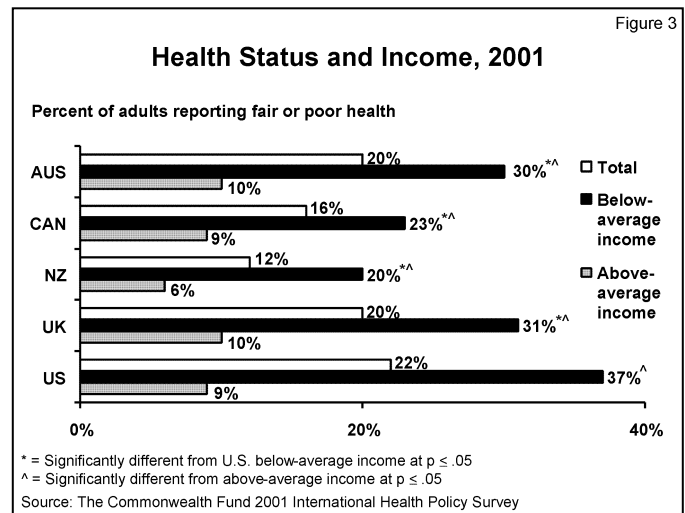
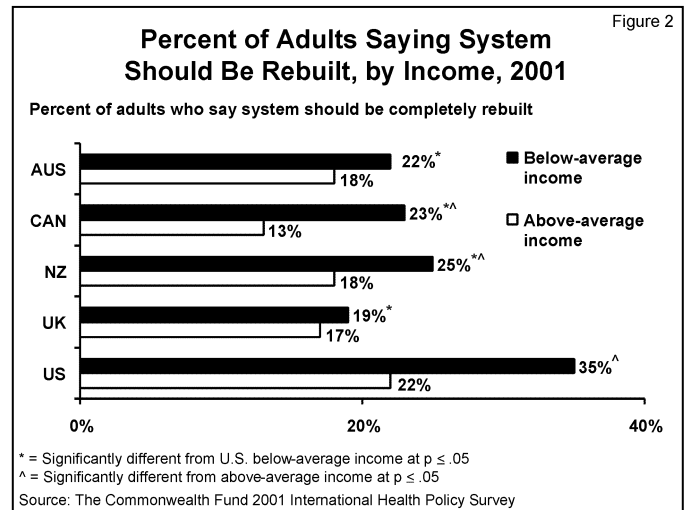
- U.S. adults were the most likely in the survey to say that the health care system should be completely rebuilt: 28 percent believed this, compared with about one-fifth of adults in Australia, Canada, New Zealand, and the United Kingdom (Figure 1).



- The majority in all five countries believed their health care system requires major reforms; no more than 25 percent of adults in any country thought the system needed only minor changes (Figure 1).
- Health system views differed by income level in all countries except the U.K. Among respondents with below-average income, those in the United States were the most likely to say they thought the system needed to be completely rebuilt (Figure 2).

Health Status

- In all five countries, self-reported health status differed notably by income. Adults with below-average income were more likely to rate their health as fair or poor than were those with above-average income (Figure 3).



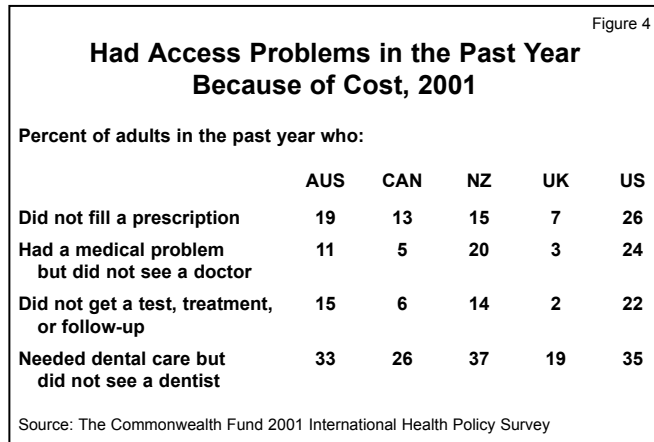
- The above finding partly reflects age differences. Adults with below-average income were more likely to be age 65 or older than those with above-average income (25% vs. 3% in Australia; 21% vs. 10% in Canada, 33% vs. 4% in New Zealand; 30% vs. 6% in the United Kingdom; 18% vs. 9% in the United States).
- Health status disparities were greatest in the U.S., where 37 percent of people with below-average income said they were in fair or poor health compared with 9 percent of people with above-average income.

Access to Health Care

The survey included multiple measures of health care access, including adults' reported difficulties getting care when needed and problems related to costs.

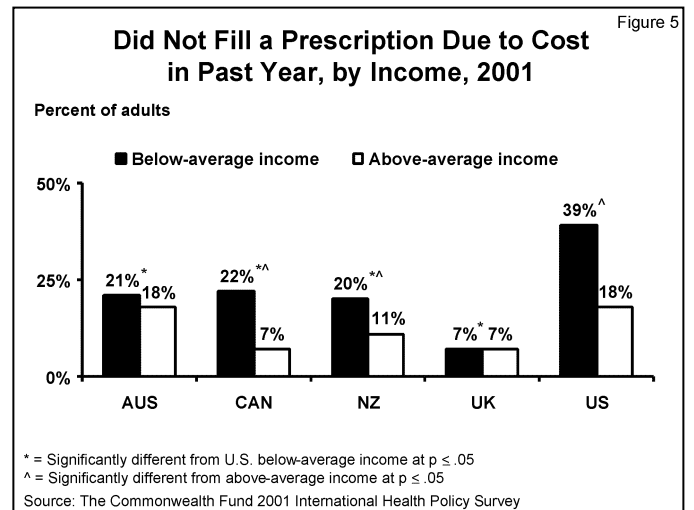
¹ Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert, "Inequities in Health Care: A Five-Country Survey," *Health Affairs* 21 (May/June 2002): 182-91.

- Health care access problems related to cost were most severe in the United States for all measures except dental care. On four different measures, at least one of five U.S. adults reported he or she had gone without care during the year (Figure 4).

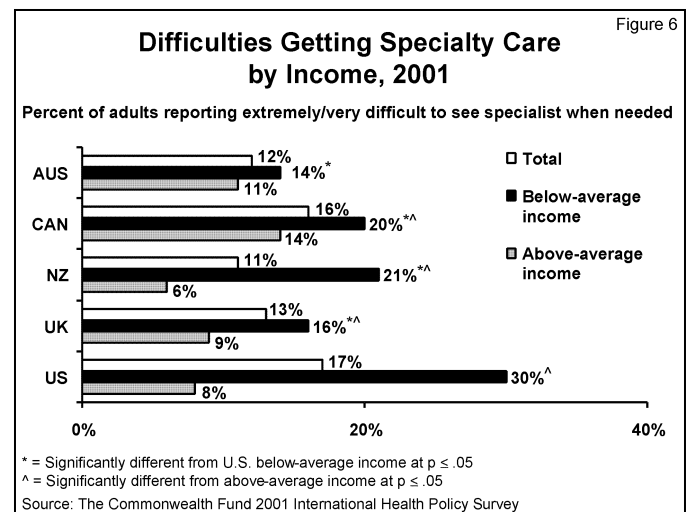


- Adults in the United Kingdom were the least likely to report access problems related to cost.
- Canadians were well protected from costs, except those for prescription drugs and dental care—two benefits not covered by Canada’s universal health system.
- New Zealand and Australia stood in the middle in terms of access to care. On four access indicators, one of seven or more adults in New Zealand and one of 10 or more adults in Australia said they had gone without needed care because of the cost.
- People in all countries had particular difficulty getting and paying for dental care.
- Affording prescriptions drugs was also a leading concern in all countries except the U.K. (Figures 4 and 5).

- Adults with below-average income in all countries except the U.K. were at greatest risk for going without prescription medications because of the expense. Among below-average income adults, one of five in Australia, Canada, and New Zealand, and nearly two of five in the U.S., did not fill a prescription (Figure 5).
- When asked about their out-of-pocket costs for prescription drugs, U.S. adults were much more likely to report paying more than \$200 annually (44% of respondents, compared with 26% in Canada, 23% in Australia, 16% in New Zealand, and 7% in the U.K.).



- Also a concern for many was the ability to see a specialist: 17 percent of adults in the U.S. said it was extremely or very difficult to see a specialist when needed, as did 16 percent of Canadians, 13 percent of Britons, 12 percent of Australians, and 11 percent of New Zealanders (Figure 6).

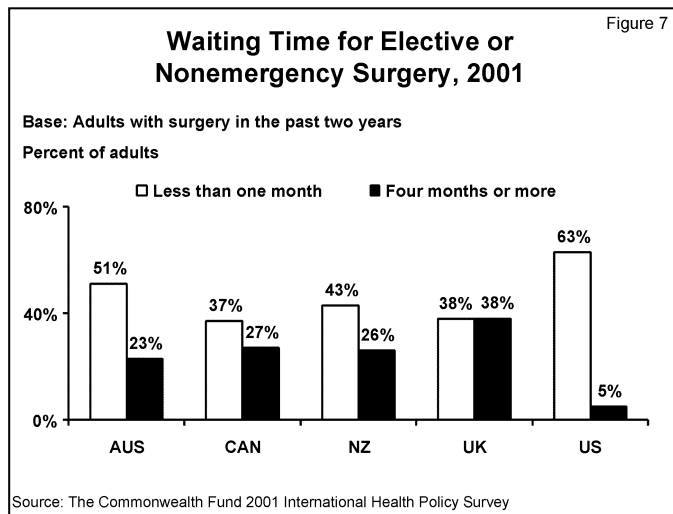


- Reasons for this difficulty differed by country. U.S. and New Zealand respondents were the most likely to cite costs as a barrier to specialist care (49% and 47%, respectively). Costs and waiting times were mentioned by Australians as leading reasons (33% waiting times; 31% costs). In Canada and the U.K., however, 41 percent and 46 percent, respectively, cited waiting times, while only 5 percent cited costs.
- Adults with below-average income in all countries but Australia were more likely to report difficulties seeing a specialist than adults with above-average income (Figure 6).

- Difficulty getting care on nights or weekends was reported by large proportions of people in all five countries. Two-fifths in both Canada (41%) and the U.S. (41%), one-third in Australia (34%) and the U.K. (33%), and one-fourth in New Zealand (23%) said it was very or somewhat difficult to get care on nights or weekends.

Waiting Times

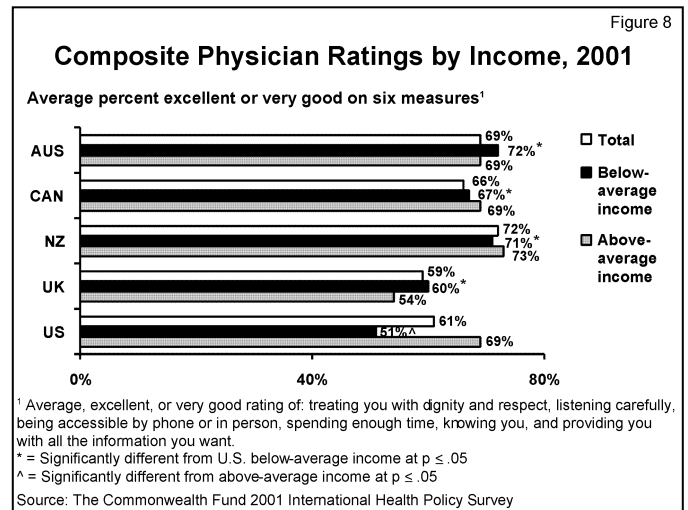
- U.S. survey respondents were the most likely to report short waiting times for elective or non-emergency surgery, U.K. respondents the longest. Among adults receiving such surgery in the last two years, 63 percent of Americans waited less than one month, compared with 51 percent of Australians, 43 percent of New Zealanders, 38 percent of Britons, and 37 percent of Canadians (Figure 7).



- In the U.S., only 5 percent of survey respondents said they waited four months or more, compared with 23 percent in Australia, 26 percent in New Zealand, 27 percent in Canada, and 38 percent in the U.K. (Figure 7).
- Notable country differences were evident regarding waits to see a doctor. The survey asked: “Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor?”. About two-thirds of New Zealanders (69%) and Australians (62%) said they were able to see the doctor the same day. In contrast, only 42 percent of British, 36 percent of American, and 35 percent of Canadian adults said they were able to get in this quickly.

Quality

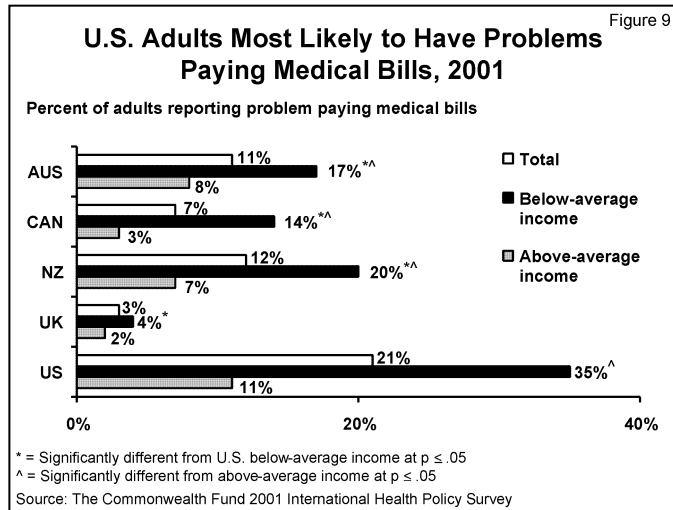
- One-half to two-thirds of adults in all five nations rated the medical care they have received in the last year as excellent or very good. New Zealand had the highest proportion responding this way (67%), and the U.K. the lowest (53%). The U.S. (57%) and Canada (54%) ranked in the middle, while Australia (63%) was closer to New Zealand.
- Patients’ ratings of their physician care were generally higher than overall ratings of medical care. Physician ratings of “excellent” or “very good” on six dimensions of care were generally the highest in New Zealand, followed closely by Australia. U.S. and U.K. ratings were the lowest, with Canada in the middle (Figure 8). The six measures included: treating the patient with dignity and respect, listening carefully, being accessible by phone or in person, spending enough time, knowing the patient, and providing wanted information.
- The U.S. was the only country in which ratings of physician care differed significantly by income. In the other four countries, ratings by adults with below-average income and above-average income were similar (Figure 8).



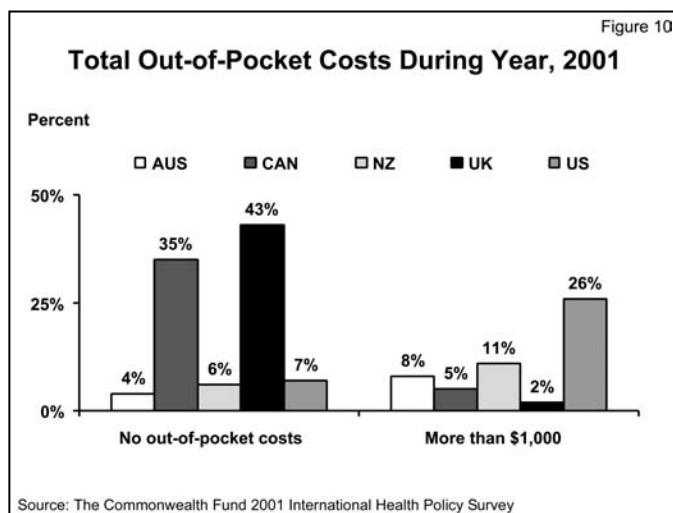
- Quality ratings for hospital care were similar across the five nations. About one-fifth of people hospitalized in the past two years rated their overall hospital experience as fair or poor (18% Australia, 19% Canada, 20% New Zealand, 22% U.K., 20% U.S.), and one-fifth to one-fourth rated the availability of nurses in the hospital as fair or poor (24% Australia, 22% Canada, 22% New Zealand, 28% U.K., 22% U.S.).

Financial Burdens

- Problems paying medical bills were the most extensively reported by adults in the U.S. (21%), but they also affected about one of 10 adults in Australia (11%) and New Zealand (12%). Only 3 percent of Britons and 7 percent of Canadians reported medical bill problems (Figure 9).



- People with below-average income in the U.S., New Zealand, Australia, and Canada were most at risk for having medical bill problems (35% U.S., 20% New Zealand, 17% Australia, 14% Canada, and 4% U.K.) (Figure 9).
- Medical bill problems reflected exposure to out-of-pocket expenses. One-fourth of U.S. adults (26%), 11 percent of New Zealanders, and 8 percent of Australians reported paying more than \$1,000 out-of-pocket on health care over the past year, compared with 5 percent of Canadians and 2 percent of Britons (Figure 10).



- U.K. and Canadian adults were relatively well protected against costs. Two-fifths of U.K. respondents (43%) and one-third of Canadian respondents (35%) had no out-of-pocket costs, compared with 7 percent in the U.S., 6 percent in New Zealand, and 4 percent in Australia (Figure 10).

Inequalities in Experience by Income

- In all five countries, adults with below-average income were more likely than those with above-average income to rate their health as fair or poor. These adults were therefore likely to be particularly sensitive to access, cost, and quality-of-care concerns.
- The United States stands out among the five countries for income-related inequities in care experiences. Experiences of U.S. adults with below-average income diverge markedly from those with above-average income on all key measures of access, quality, and financial burdens.
 - ▶ On most measures, U.S. adults with below-average income also reported higher rates of access problems and lower quality ratings than their lower-income counterparts in other countries.
- Inequality in experiences also surfaced in Canada and New Zealand.
 - ▶ In Canada, there were notable differences associated with prescription drugs and dental care—two services not included in the national health system.
 - ▶ In New Zealand, patient-cost sharing, while modest by U.S. standards, likely contributed to income differentials in experiences.
- Australians with below-average and above-average income reported similar experiences on most measures. The main exceptions were not seeing a dentist because of the cost and having problems paying medical bills.
- The U.K. exhibits the highest degree of equity with regard to access and quality-of-care experiences as well as views of the health system. The relative absence of financial barriers to care in the U.K. likely contributes to these shared experiences.

Summary

The United States generally ranks at the bottom among the five nations surveyed on equity and most indicators of getting needed care and paying for care. The notable

exception is the greater responsiveness to patients as reflected by shorter waiting times for nonemergency or elective surgery. The United Kingdom often leads the five nations in lack of financial burdens from medical bills and equality between adults with below-average income and those with above-average income. The U.K., however, is behind the other countries in waiting times and patients' physician ratings.

The survey finds that waiting times for surgery and difficulty seeing a specialist are problems in the Canadian system. Other concerns include the greater difficulty faced by lower-income adults in paying for services not covered by the system and inequality in views about the need for system reform.

Australia and New Zealand often ranked in the middle on health care access and financial concerns, although New Zealanders had more income-related differences. The two countries had the highest ratings of physician care as well as access to physicians when needed.

METHODOLOGY

The Commonwealth Fund 2001 International Health Policy Survey consisted of telephone interviews with 1,400 adults in each of five countries: Australia, Canada, New Zealand, the United Kingdom, and the United States. Conducted in April and May of 2001 by Harris Interactive, the survey explored adults' views of their health care system and recent care experiences; to permit analysis of trends over time, the survey also included questions asked in earlier surveys. To compare experiences between lower- and higher-income adults, the survey participants were quoted the national median household income in 2001 and asked whether their own income was much or somewhat below this

amount, about average, or much or somewhat above the national median. The percentages of those who identified themselves as having below-average income were: 36 percent in Australia, 34 percent in Canada, 27 percent in New Zealand, 40 percent in the U.K., and 32 percent in the U.S. The percentages of those who identified themselves as having above-average income were: 39 percent in Australia, 39 percent in Canada, 48 percent in New Zealand, 33 percent in the U.K., and 43 percent in the U.S. The percentages of those who identified themselves as having average income were: 19 percent in Australia, 22 percent in Canada, 21 percent in New Zealand, 23 percent in the U.K., and 21 percent in the U.S. The percentages of those who did not answer the income question were: 4 percent in Australia, 4 percent in Canada, 1 percent in New Zealand, 3 percent in the U.K., and 2 percent in the U.S. Adults with average income were included in the country totals but not shown separately when comparing those with below-average and above-average income.

ACKNOWLEDGMENTS

This *Issue Brief* is based on a journal article in *Health Affairs* by Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert. The survey was designed by researchers at the Harvard School of Public Health, The Commonwealth Fund, and Harris Interactive and reviewed by experts in each country. The survey interviews were conducted by Harris Interactive and its international affiliates. Michelle M. Doty of The Commonwealth Fund provided statistical assistance, and Katie Tenney of The Commonwealth Fund provided research assistance.

