



In the Literature

Robert J. Blendon
Cathy Schoen
Catherine DesRoches
Robin Osborn
Kinga Zapert

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For more information about this study, please contact:

Robert J. Blendon
Professor, Harvard School of Public Health
TEL 617-432-4502
E-MAIL
rblendon@hsph.harvard.edu
or

Cathy Schoen
Vice President for Health Policy, Research, and Evaluation
The Commonwealth Fund
TEL 212-606-3864
E-MAIL cs@cmwf.org

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THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021-2692
TEL 212.606.3800FAX
212.606.3500
E-MAIL cmwf@cmwf.org
<http://www.cmwf.org>

COMMON CONCERNS AMID DIVERSE SYSTEMS: HEALTH CARE EXPERIENCES IN FIVE COUNTRIES

A Commonwealth Fund/Harvard/Harris Interactive survey of patients with health problems in the United States and four other industrialized countries reveals disturbingly high rates of medical errors, lack of coordination in patient care, poor communication between doctors and patients, and barriers when accessing care. The findings, published in the May/June issue of *Health Affairs*, point to widespread error, inefficiency, and missed opportunities in the health systems of Australia, Canada, New Zealand, the United Kingdom, and the United States. The authors suggest that reforms targeted to populations with health problems could reap systemwide improved quality and potential cost savings.

["Common Concerns Amid Diverse Systems: Health Care Experiences in Five Countries"](#) discusses findings from a survey of the health care experiences of patients age 18 or older who reported fair or poor health, a serious illness, injury, or disability, or major surgery or hospitalization for something other than a normal delivery in the past two years. It was prepared by health policy analysts Robert J. Blendon and Catherine DesRoches of the Harvard School of Public Health, Cathy Schoen and Robin Osborn of The Commonwealth Fund, and Kinga Zapert of Harris Interactive.

Medication and Medical Errors

One-fourth of adults with health problems in Australia, Canada, New Zealand, and the United States and one-fifth of this population in the United Kingdom reported that they had experienced a medication error or medical er-

ror in the past two years (Figure 1). Among those reporting a medication or medical error, majorities in every country said the error caused serious health consequences.

Percent in the past two years:	AUS	CAN	NZ	UK	US
Given the wrong medication or wrong dose by a doctor, hospital, or pharmacist	11	11	13	10	12
Believed a medical mistake was made in your treatment or care	19	20	18	13	23
Either error: medication error or medical mistake	23	25	23	18	28

The Commonwealth Fund 2002 International Health Policy Survey

Adults with health problems

Care Coordination Problems

Lack of coordination of care was a problem for significant proportions of patients. One of five sicker adults in Canada and the United States reported being sent for duplicate tests by different health professionals, as did one of six in New Zealand and one of eight in Australia and the United Kingdom. In all five countries, about half the individuals said they had to repeat their health history to multiple health professionals.

One-fourth of U.S. and U.K. respondents, one-fifth of Canadian respondents, and one of six in Australia and New Zealand said that their medical records did not reach a doctor's office in time for an appointment. About one-fourth of respondents in Australia, Canada, New Zealand, and the U.S., and one-fifth in the U.K., reported receiving conflicting information from different health professionals (Figure 2).

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Figure 2
Care Coordination Problems

Percent in the past two years:	AUS	CAN	NZ	UK	US
Had to tell the same story to multiple health professionals	49	50	47	49	57
Received conflicting information from different health professionals	23	23	24	19	26
Sent for duplicate tests by different health professionals	13	20	17	13	22
Records/tests didn't reach office in time for appointment	14	19	16	23	25

The Commonwealth Fund 2002 International Health Policy Survey

Adults with health problems

than one of six adults with health problems in each of the countries stopped taking prescription medications without their doctor's advice because of the side effects (U.S. 19%; CAN 17%; N.Z. 16%; U.K. 16%; AUS 15%).

Access and Cost Problems

Not surprisingly, a higher proportion of U.S. respondents compared with the four other countries said they encountered problems accessing health care because of the cost—although cost did affect access to some extent in all the countries. In the U.S., one-third of adults with health problems did not fill a prescription, and one-fourth did not get medical care or a recommended test, treatment, or follow-up due to cost (Figure 3).

Physician–Patient Communication

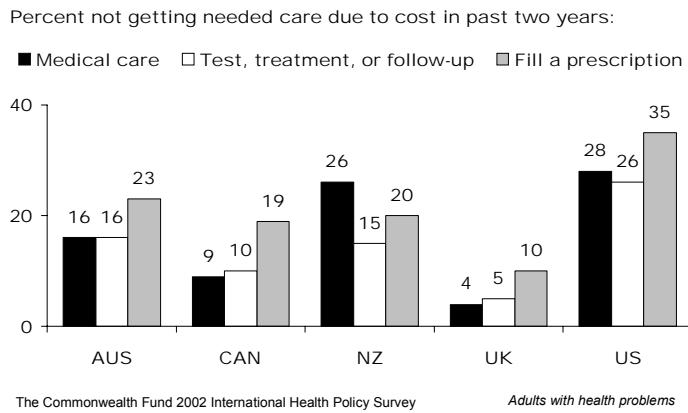
U.S. patients were more likely than those in the other countries to report communication difficulties with their physicians. Three of 10 respondents in the U.S. (31%) said they left a doctor's office without getting important questions answered, compared with one of five in Australia (21%), New Zealand (20%), and the U.K. (19%), and one of four Canadians (25%). Two of five (39%) U.S. respondents said they did not follow a doctor's advice, compared with three of 10 in Australia (31%) and Canada (31%), one of four in New Zealand (27%), and one of five (21%) in the U.K. The primary reasons given for not following a doctor's advice were that they did not agree with the doctor's recommendations or the advice was too difficult to follow.

A surprisingly high proportion of adults with health problems—half of those in Australia, Canada, New Zealand, and the U.S., two-thirds in the U.K.—reported their regular doctor does not ask for their ideas and opinions about treatment and care. From one-fifth to one-quarter of respondents in four countries, and two of five in the U.K., said their doctor did not make clear specific goals for treatment.

Half of respondents in four countries (CAN 55%; AUS 54%; N.Z. 54%; U.S. 51%) and two-thirds (66%) of U.K. adults with health problems said their physician had not discussed the emotional burden of coping with their condition.

Underscoring concerns about the quality of care and the efficiency of health expenditures, the survey found that more

Figure 3
Access Problems Due to Cost



Respondents in other countries also cited cost-related access problems: one-fifth of respondents in Australia, Canada, and New Zealand said they did not fill a prescription due to cost, although only 10 percent of U.K. respondents reported the same. One-fourth of adults with health problems in New Zealand said they did not get medical care because of cost, as did one of six Australian respondents. U.K. respondents were least likely to report access problems due to cost: 4 percent cited cost as the reason they did not get medical care, and 5 percent said it was the reason they did not get a recommended test, treatment, or follow-up.

Data briefs for each country, available at www.cmwf.org, offer additional analyses and cross-national comparisons.