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Affordable, quality health care. For everyone.

The Commonwealth Fund 2014 International Health Policy Survey of Older Adults in Eleven Countries

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The Commonwealth Fund**

November 2014

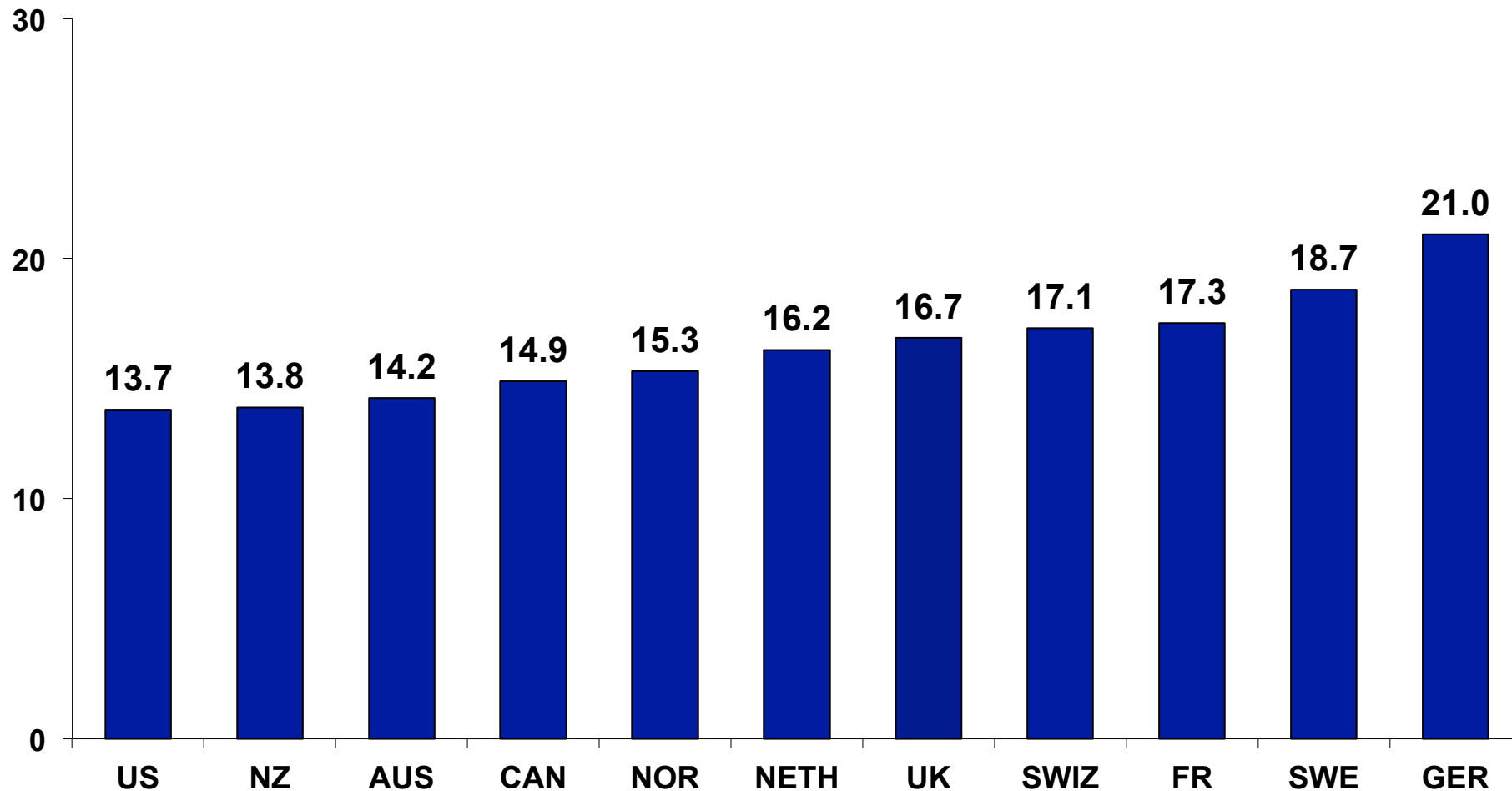
The Commonwealth Fund 2014 International Health Policy Survey of Older Adults in Eleven Countries

- **Survey of adults age 65 or older in eleven countries.**
- **Survey in the field March through May 2014.**
- **Conducted by SSRS and country contractors (by landline and cell phone).**
- **Sample Sizes: Australia (1,670), Canada (3,147), France (860), Germany (547), Netherlands (582), New Zealand (379), Norway (651), Sweden (5,000), Switzerland (1,084), United Kingdom (581), United States (1,116).**
- **Presentation topics:**
 - **access to care and wait times**
 - **care coordination**
 - **transitional care after hospital discharge**
 - **management of chronic conditions**
 - **caregiver burden**
 - **health promotion**
 - **end-of-life care planning**



Percent of Population Age 65 or Older, 2012

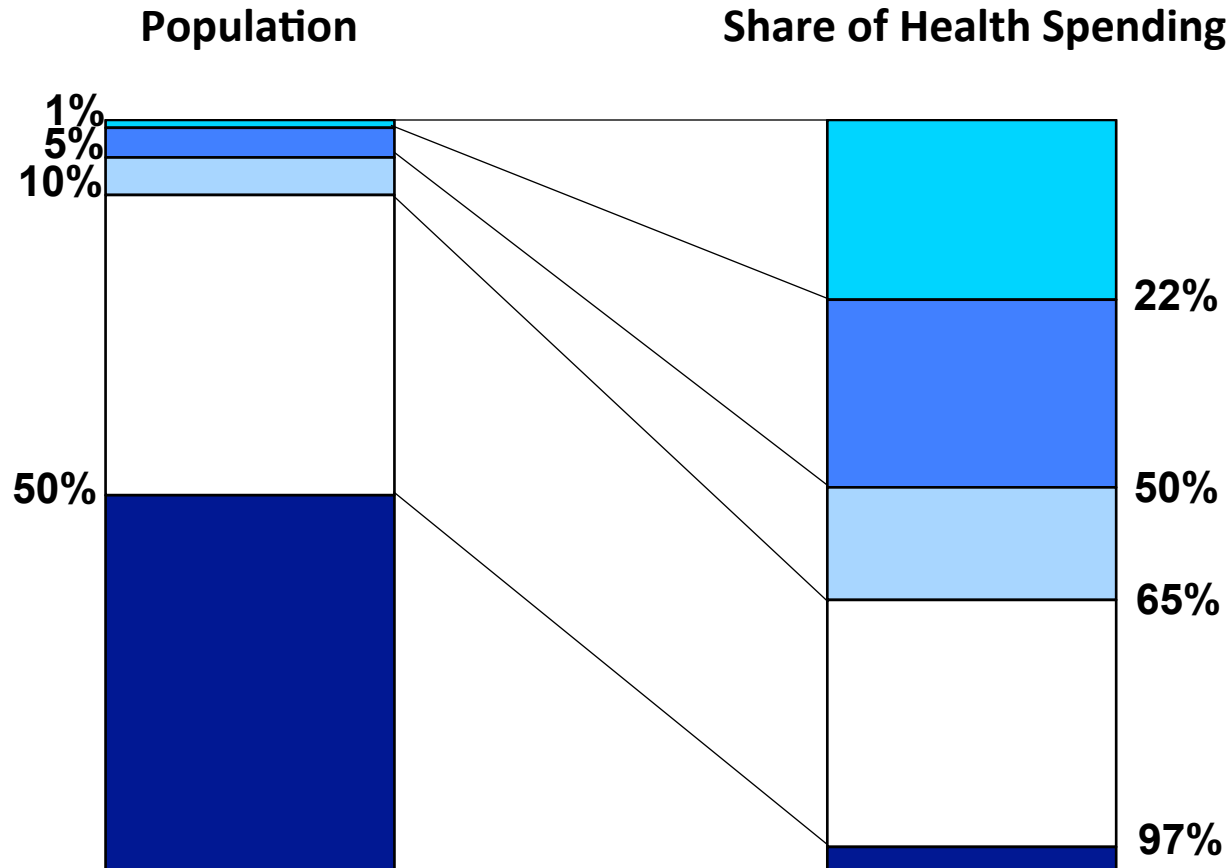
Percent



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Health Care Costs Concentrated in Sick Few— Sickest 10 Percent Account for 65 Percent of Expenses

Distribution of health expenditures for the U.S. population,
by magnitude of expenditure, 2009



Source: Agency for Healthcare Research and Quality analysis of 2009 Medical Expenditure Panel Survey.



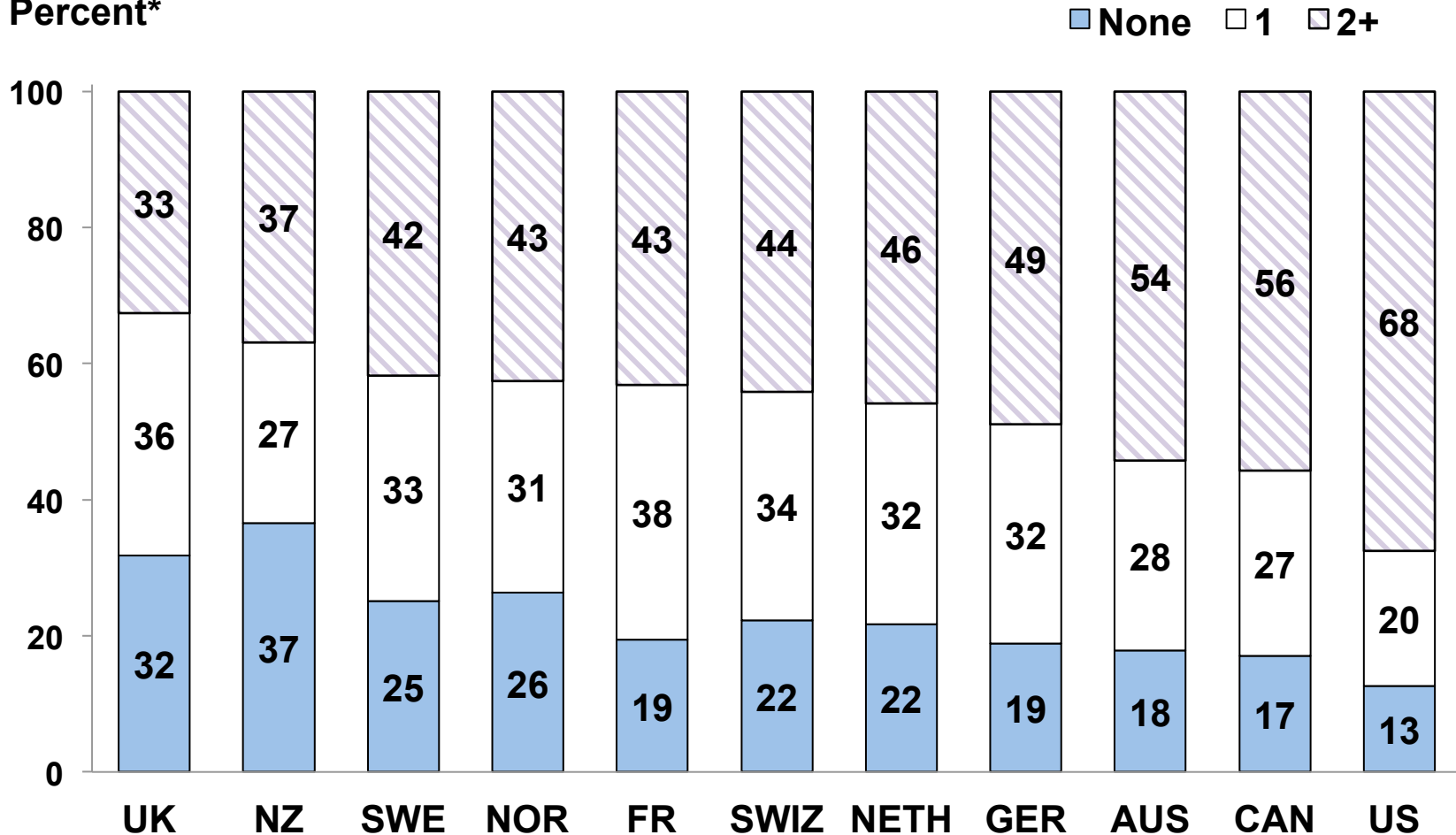
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Health and Health Care Utilization



Number of Chronic Conditions, Among Adults Age 65 or Older

Percent*



* Reported having hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and/or joint pain/arthritis.

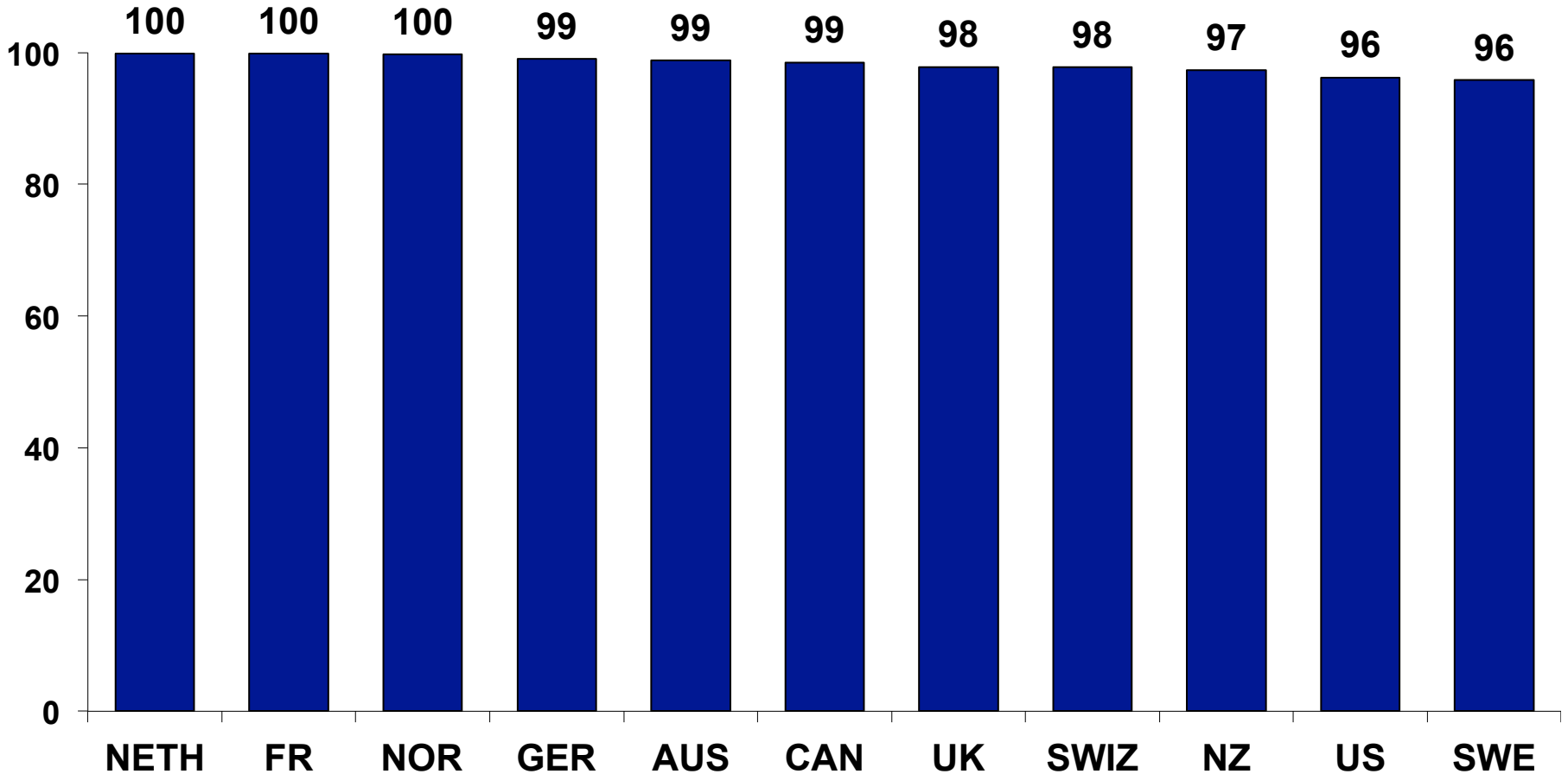
Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults

in Eleven Countries.



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Had a Regular Doctor or Place of Care, Among Adults Age 65 or Older



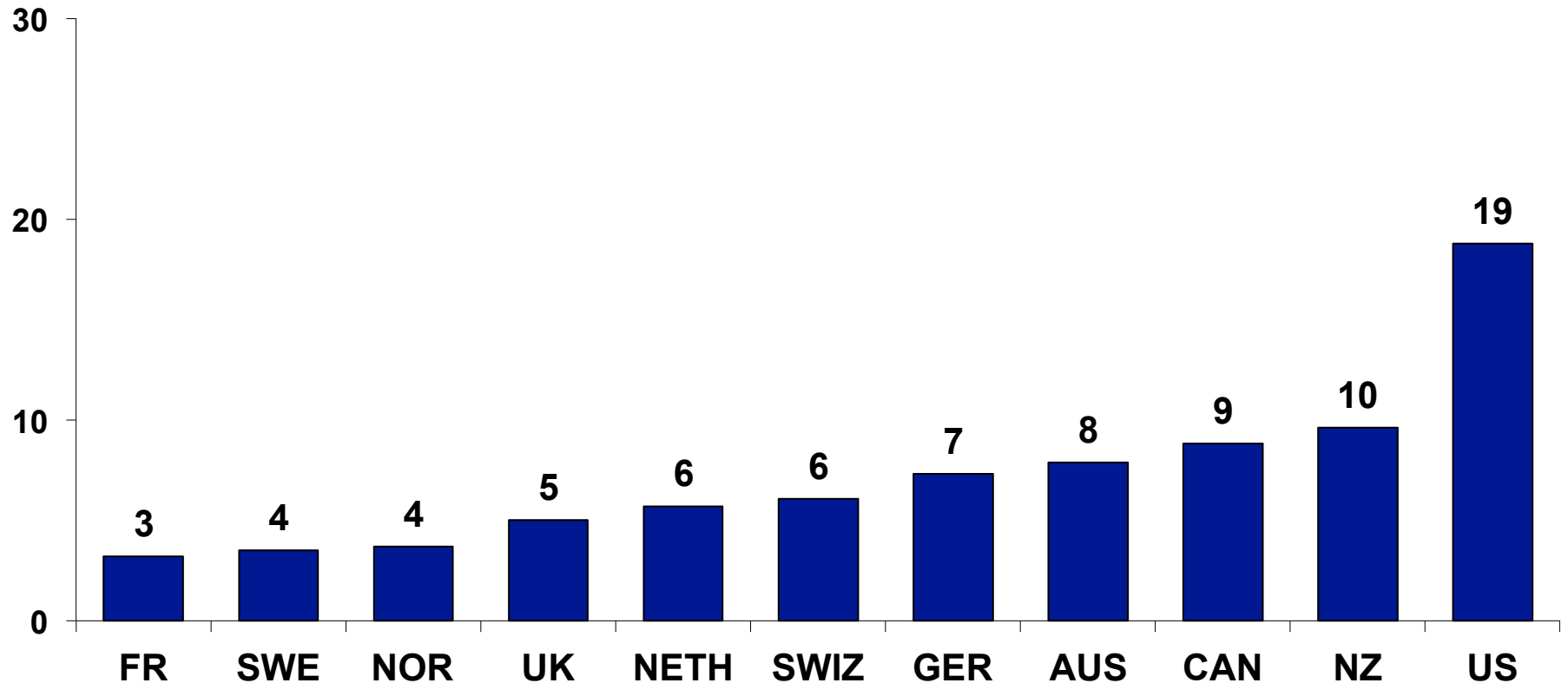
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Financial Barriers to Care



Cost-Related Access Problems in the Past Year, Among Adults Age 65 or Older

Percent*



* Had a medical problem but did not visit doctor, skipped medical test or treatment recommended by doctor, and/or did not fill prescription or skipped doses because of the cost.

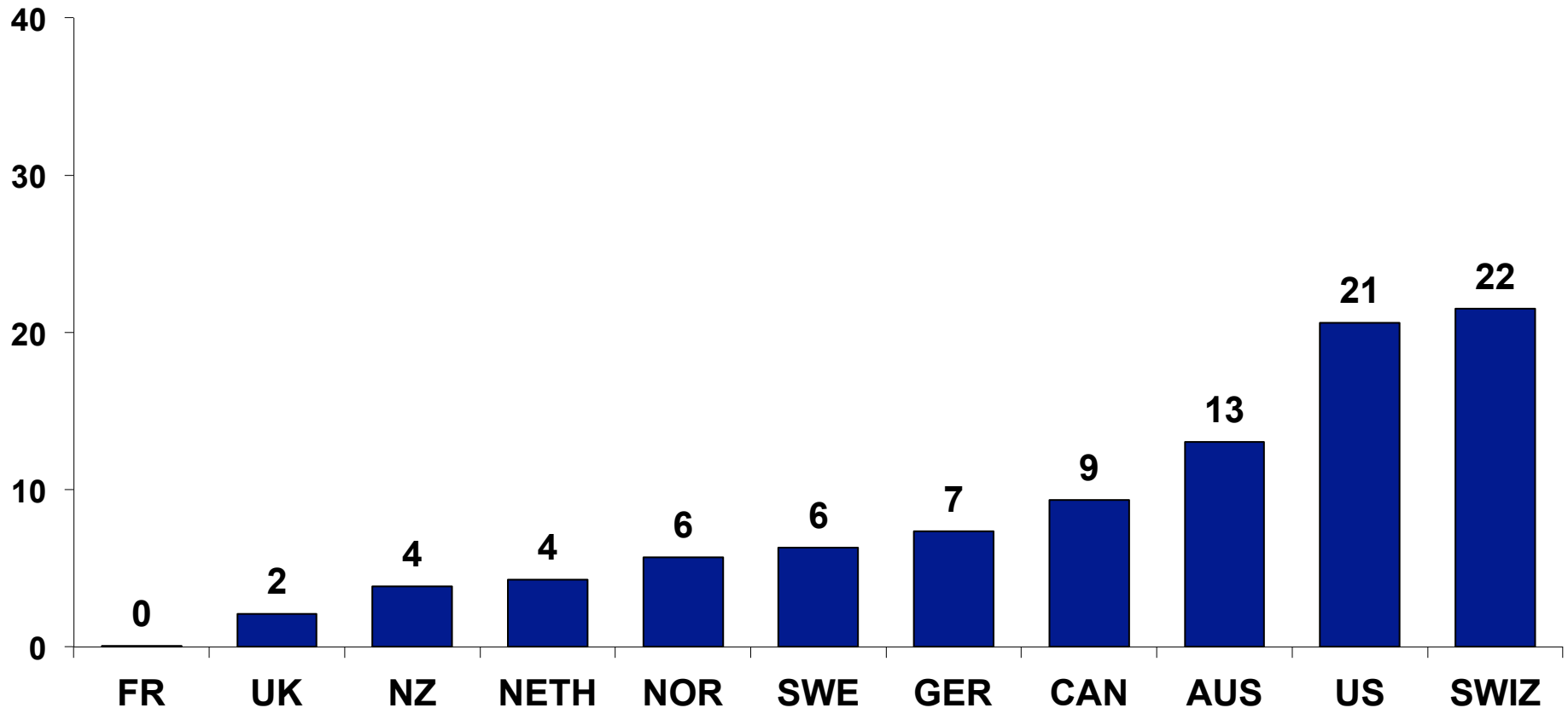
Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



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Spent \$2,000 or More Out-of-Pocket in the Past Year, Among Adults Age 65 or Older

Percent



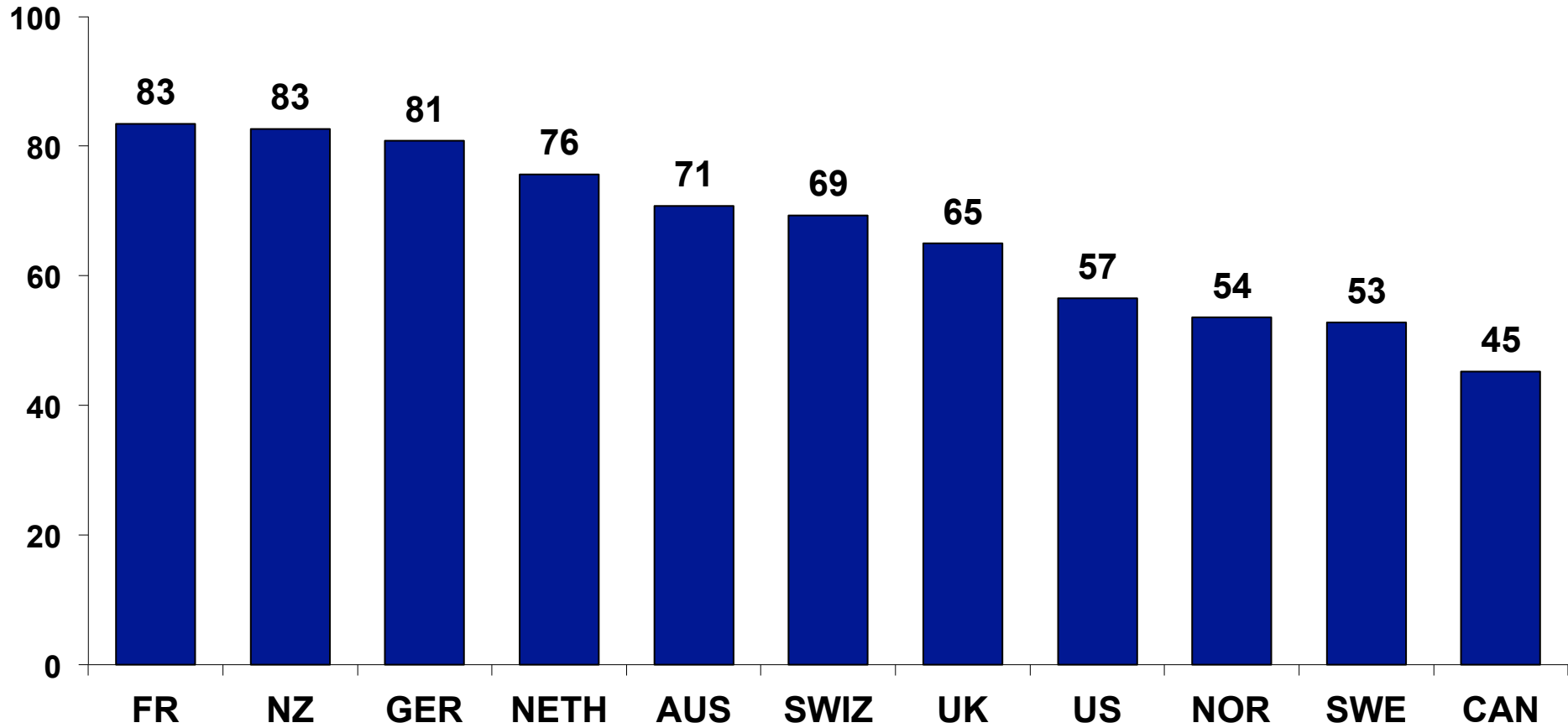
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Access to Care



Could Get Same- or Next-Day Appointment with Doctor or Nurse When Sick or Needed Care, Among Adults Age 65 or Older

Percent

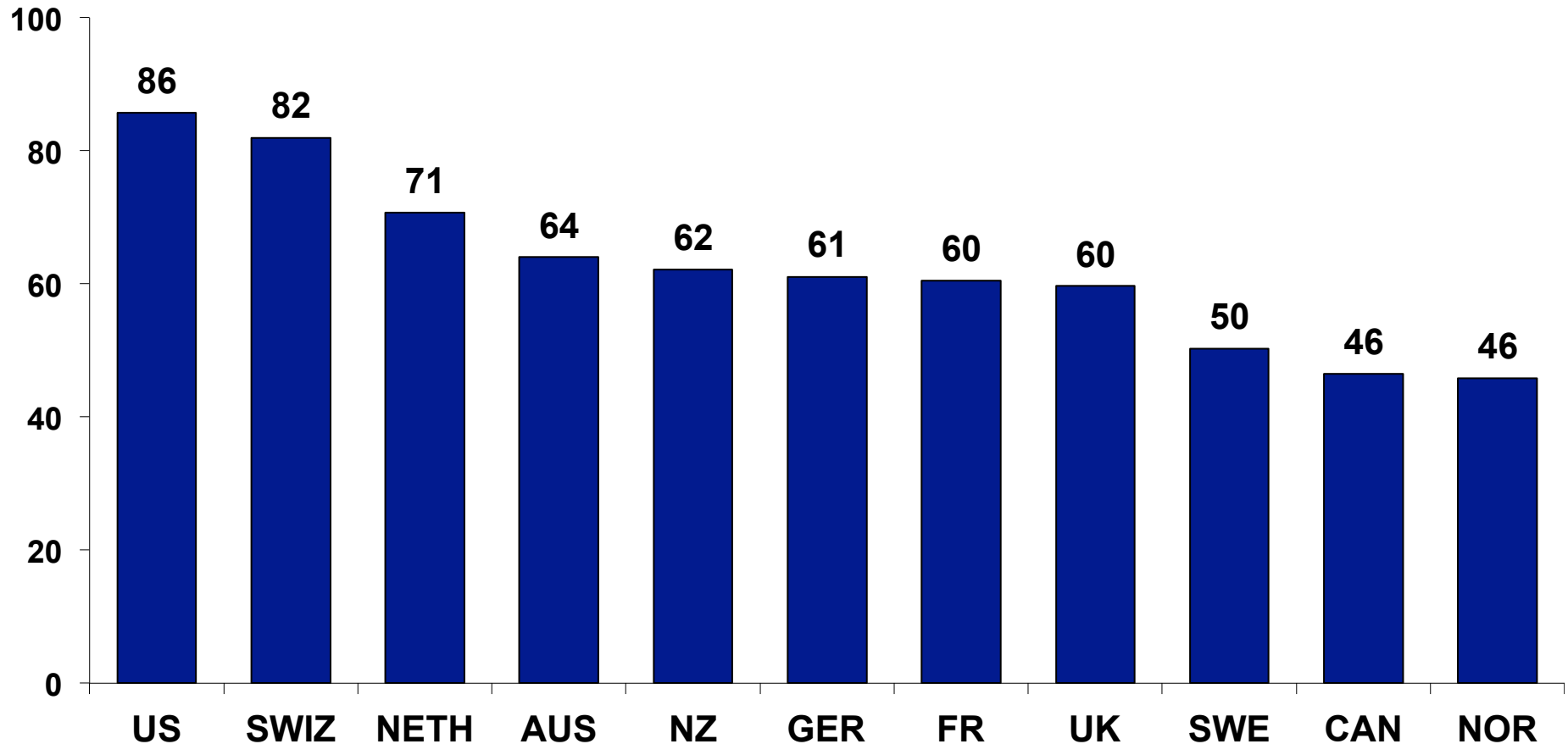


Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



Waited Less Than Four Weeks for Specialist Appointment, Among Adults Age 65 or Older

Percent*



* Base: Saw/Needed to see a specialist in the past two years.

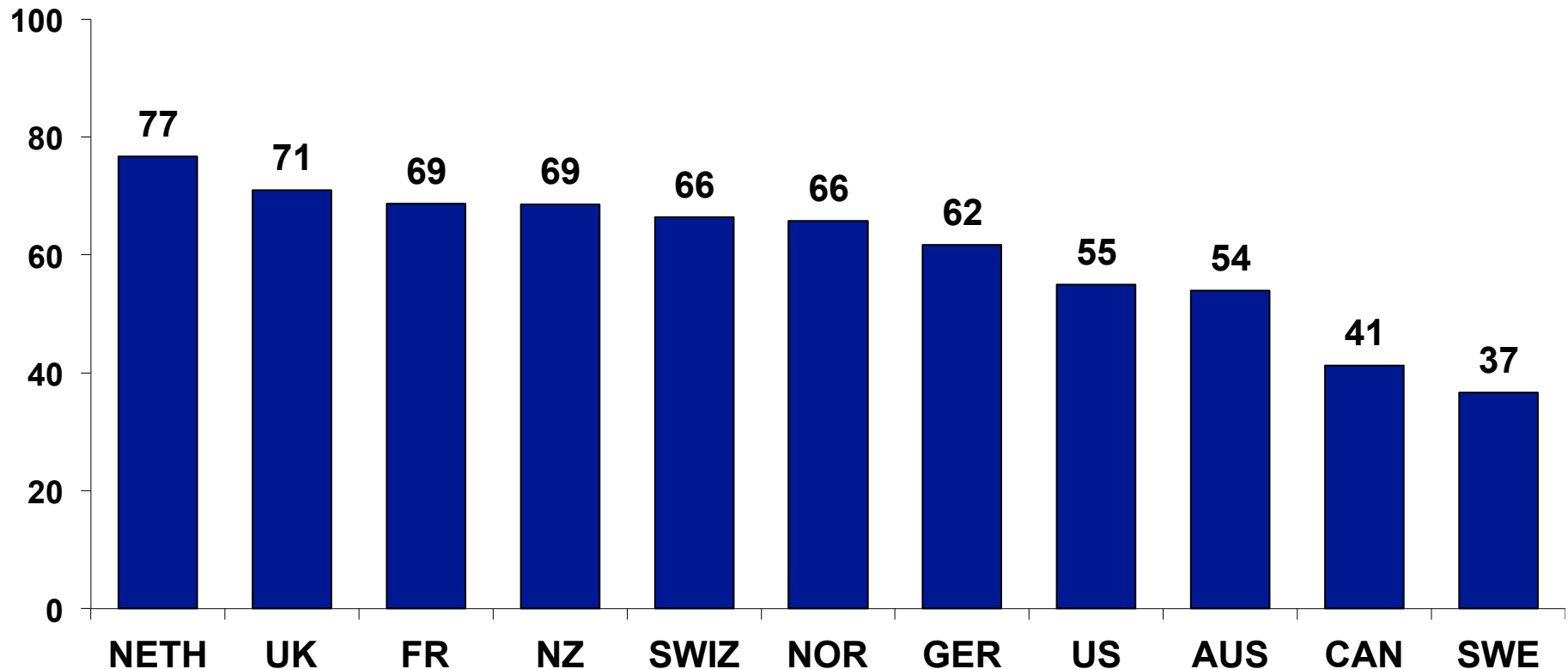
Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



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Access to After-Hours Care, Among Adults Age 65 or Older

Percent who said it was somewhat or very easy to get after-hours care without going to the emergency department*



* Base: Needed after-hours care.

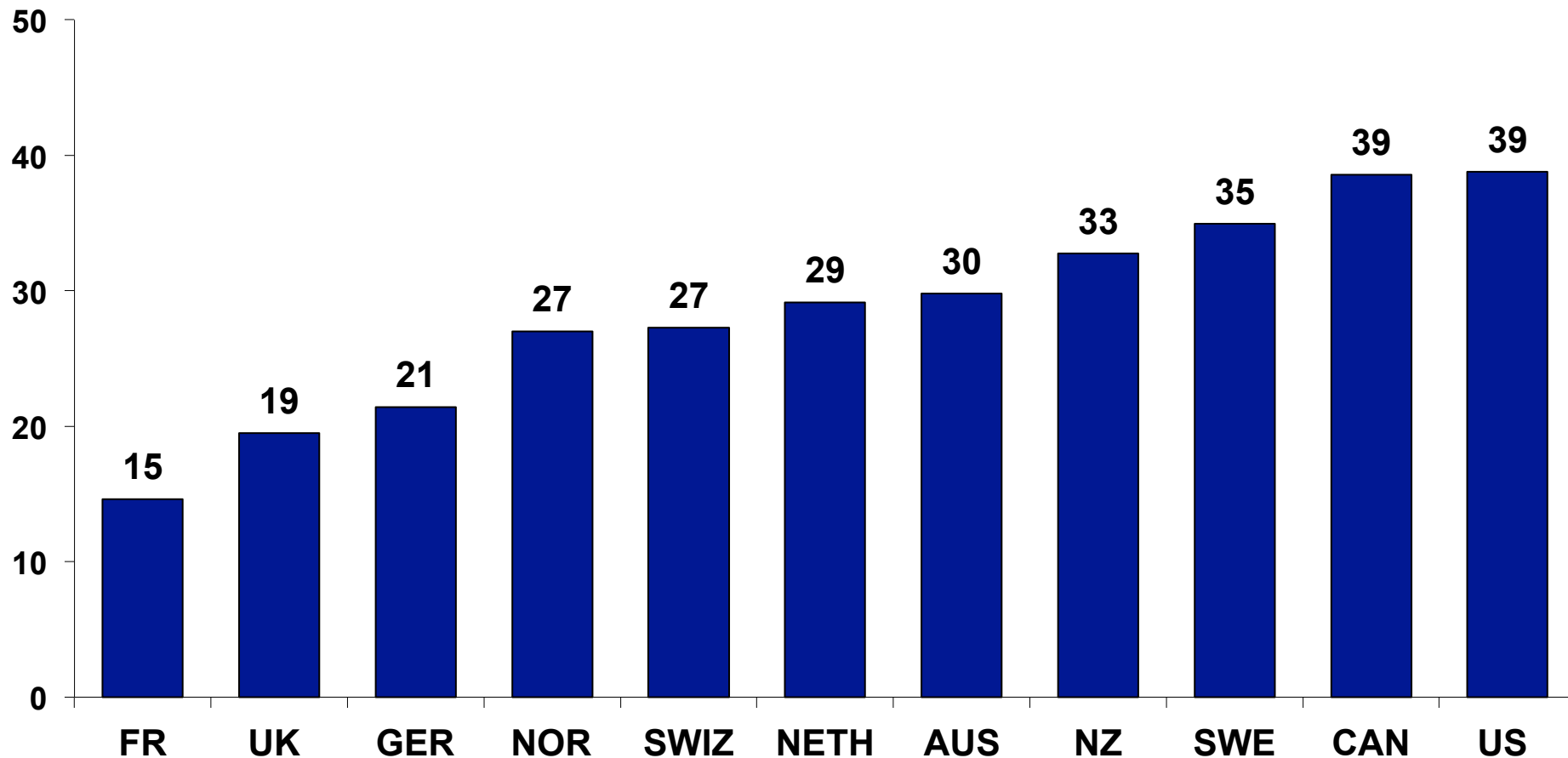
Source: 2012 and 2014 Commonwealth Fund International Health Policy Surveys.



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Emergency Department Use in the Past Two Years, Among Adults Age 65 or Older

Percent



Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



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Doctor–Patient Relationship and Health Promotion

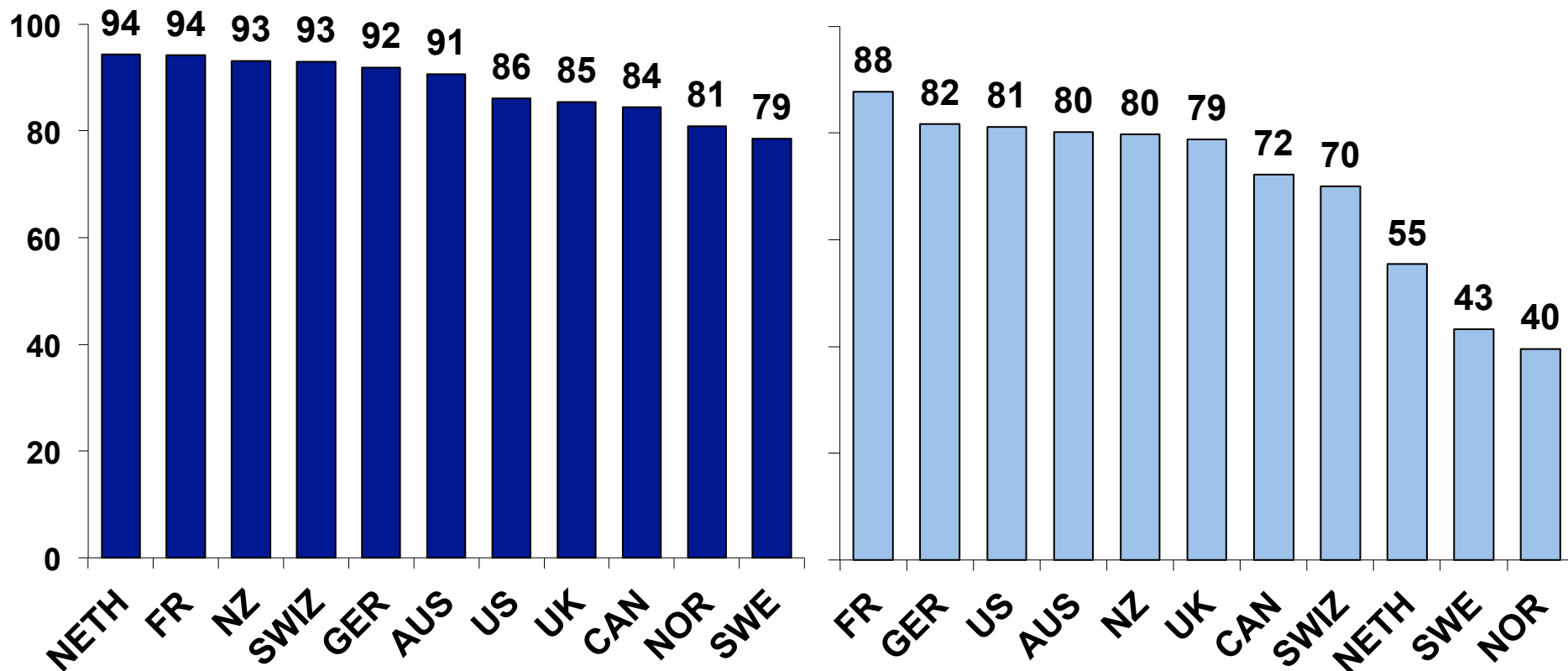


Doctor–Patient Relationship, Among Adults Age 65 or Older

Percent who reported regular doctor always/often:

Spends enough time with them

Encourages them to ask questions



Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



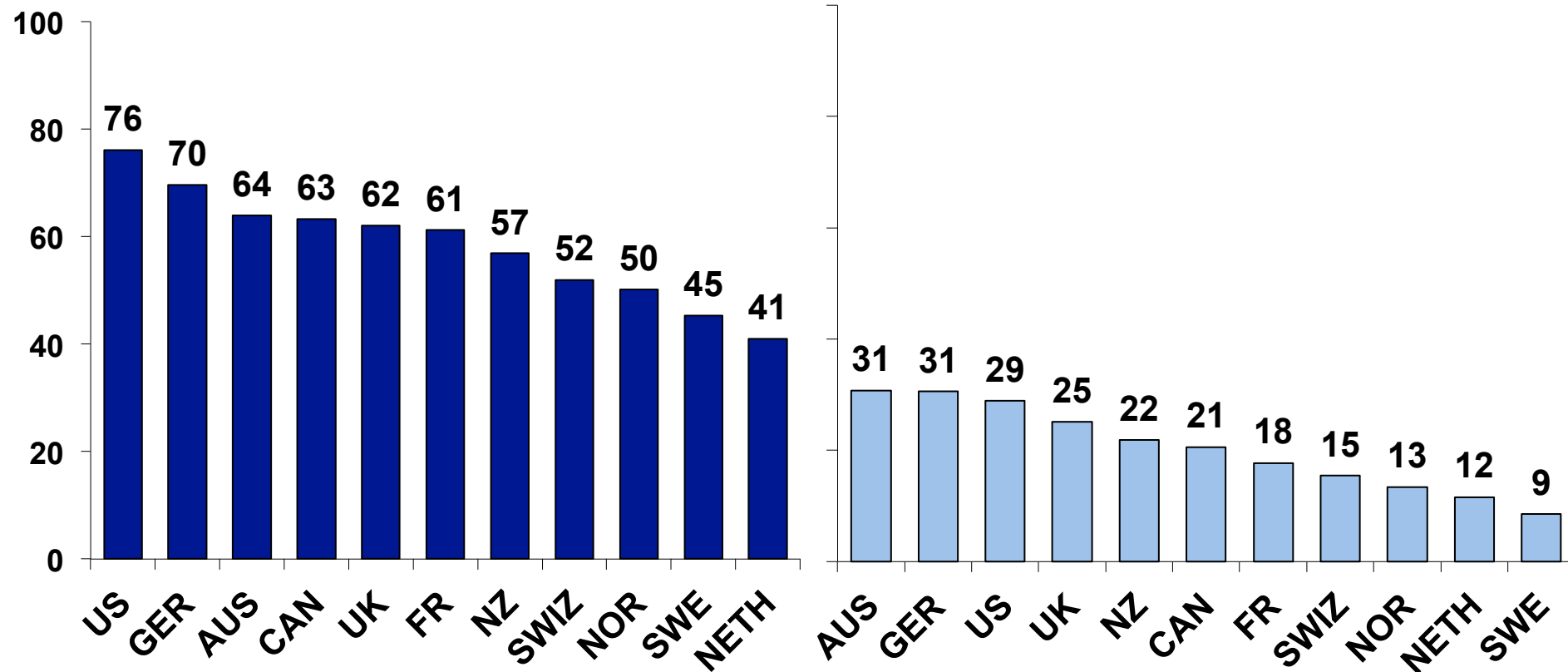
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Reported That a Health Professional Counselled Them About Diet, Exercise, and Stress in the Past Two Years, Among Adults Age 65 or Older

Percent reporting a health care professional talked to them about:

A healthy diet or exercise

Things that can cause stress

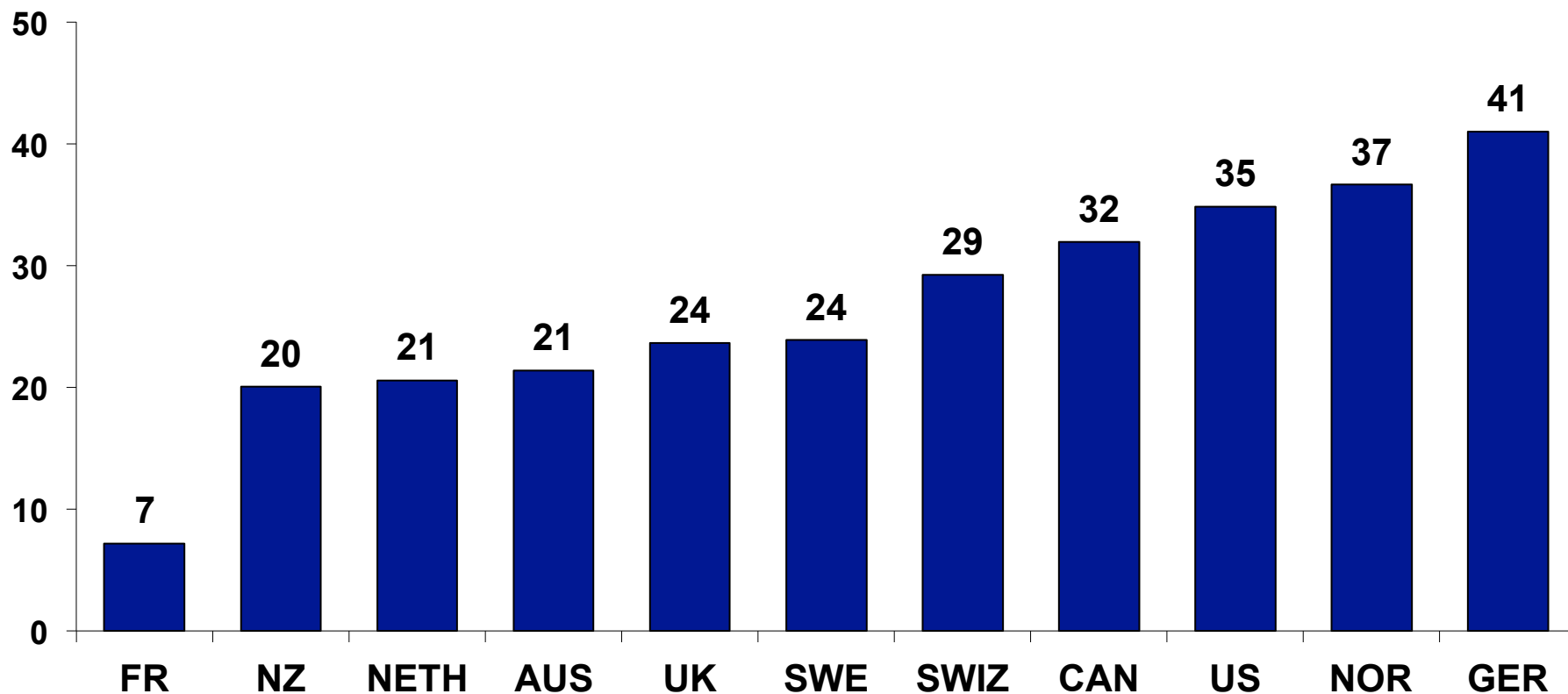


Care Coordination and Safety



Experienced a Coordination Problem in the Past Two Years, Among Adults Age 65 or Older

Percent*



* Test results/records not available at appointment or duplicate tests ordered; received conflicting information from different doctors; and/or specialist lacked medical history or regular doctor was not informed about specialist care.

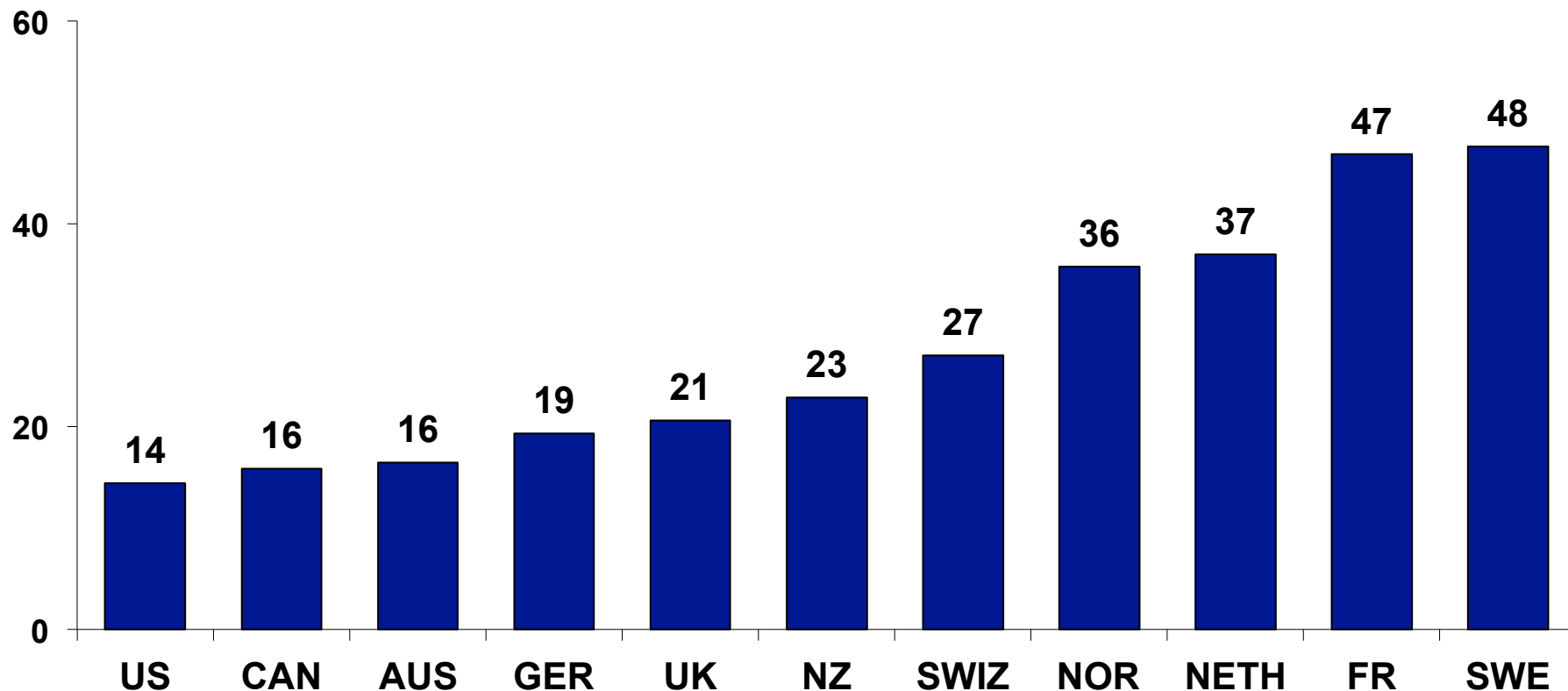
Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



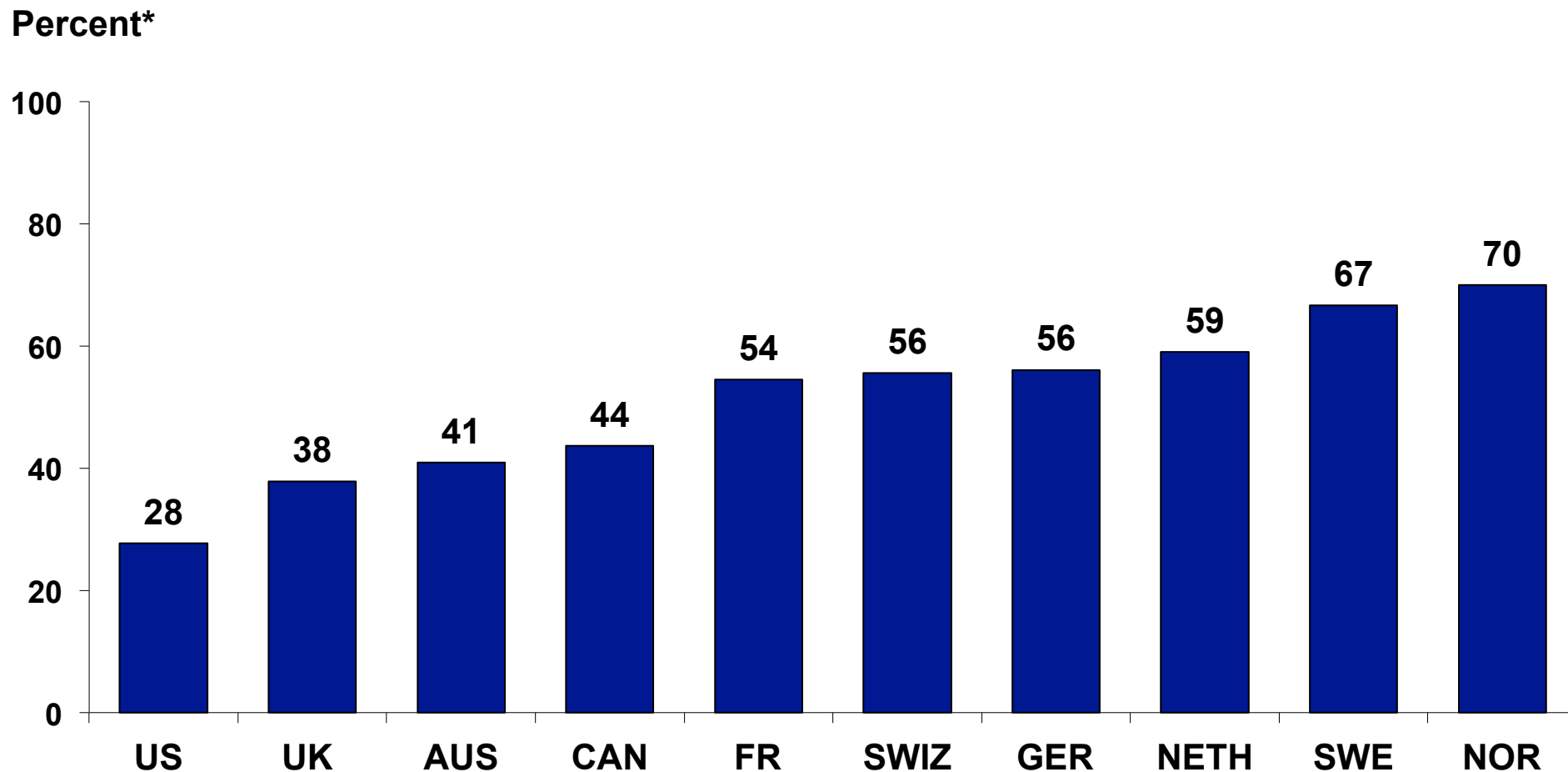
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Review of Prescription Medications in the Past Year, Among Adults Age 65 or Older

Percent taking four or more prescription medications regularly who reported a health professional did not review their prescriptions



Experienced Gaps in Hospital Discharge Planning in the Past Two Years, Among Adults Age 65 or Older



* When discharged from the hospital: you did not receive written information about what to do when you returned home and symptoms to watch for; hospital did not make sure you had arrangements for follow-up care; someone did not discuss with you the purpose of taking each medication; and/or you did not know who to contact if you had a question about your condition or treatment. Base: hospitalized overnight in the past two years.

Note: NZ omitted because of small N (fewer than 100 respondents).

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



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Management of Chronic Conditions and Caregiving

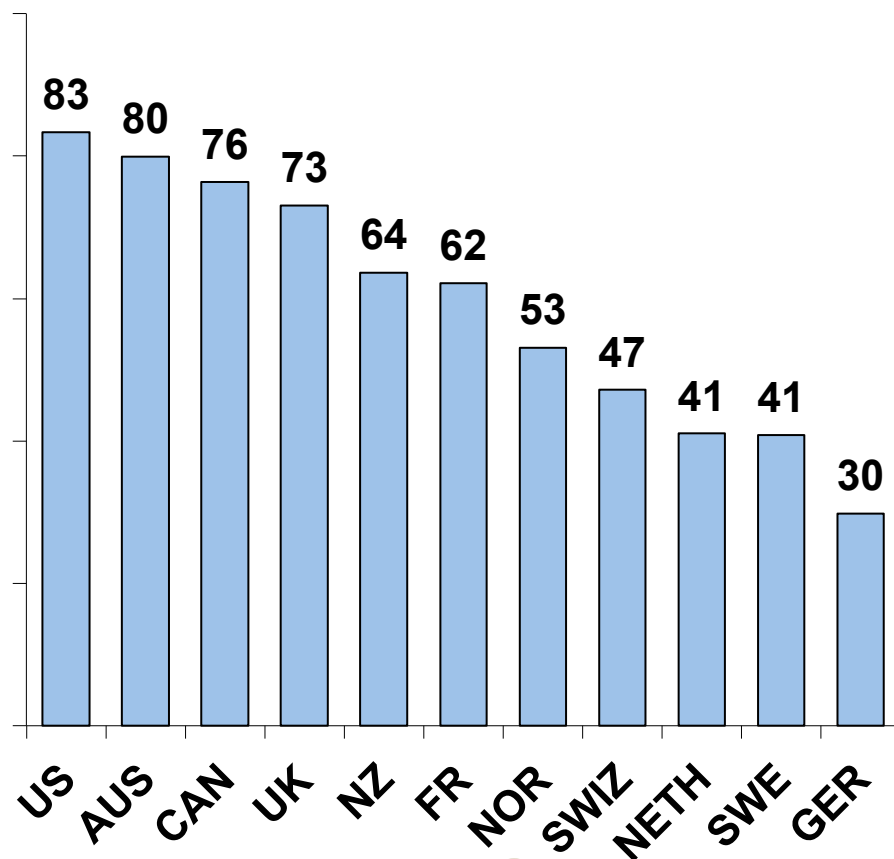
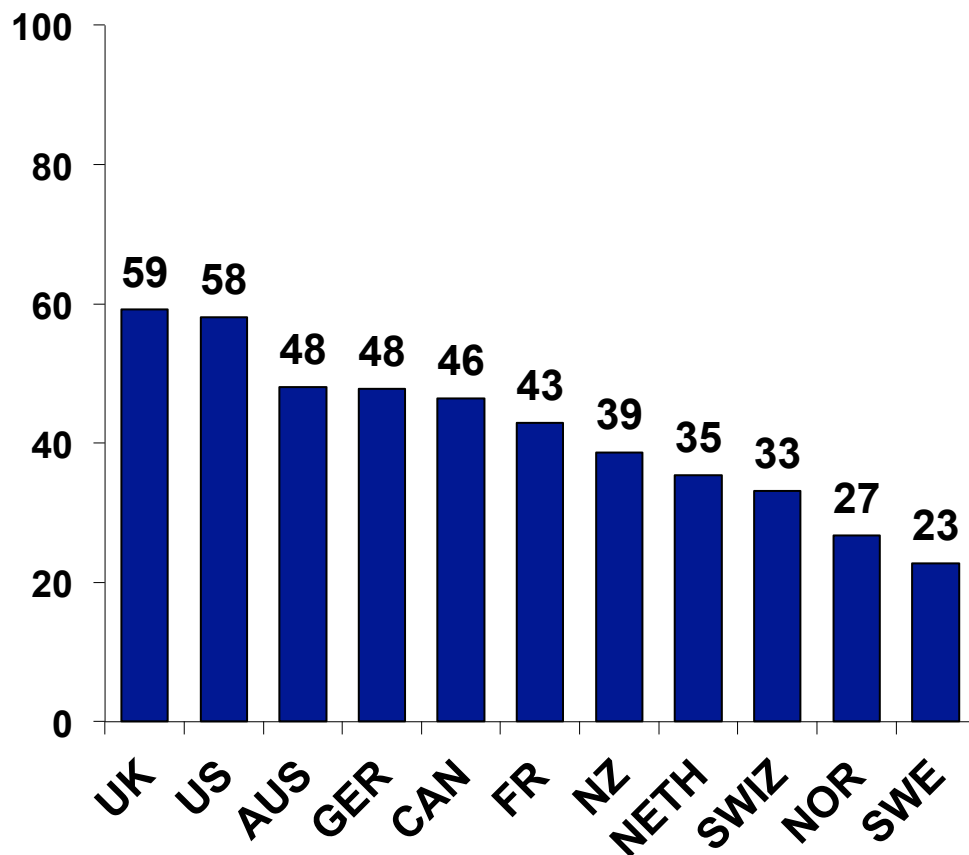


Patient Engagement in Chronic Care Management, Among Adults Age 65 or Older

Percent who have a chronic condition and:

A health care professional discussed their main goals and gave instructions on symptoms to watch for in the past year

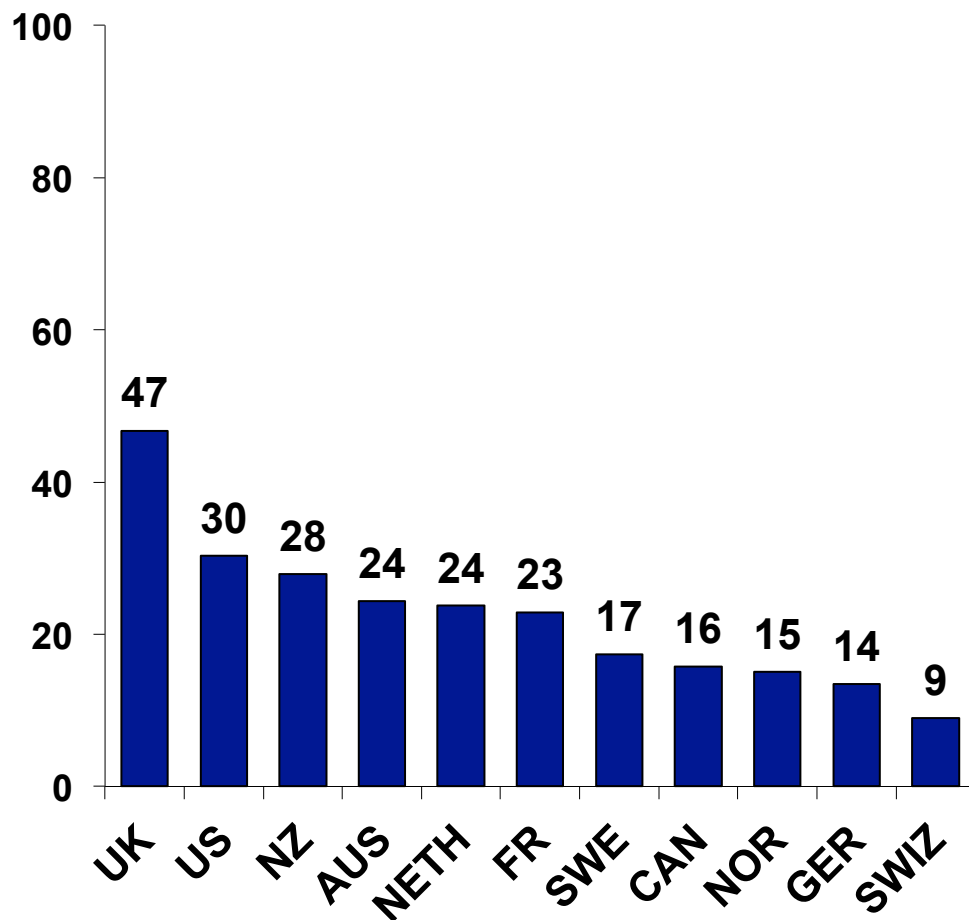
Had a treatment plan for their condition they could carry out in their daily life



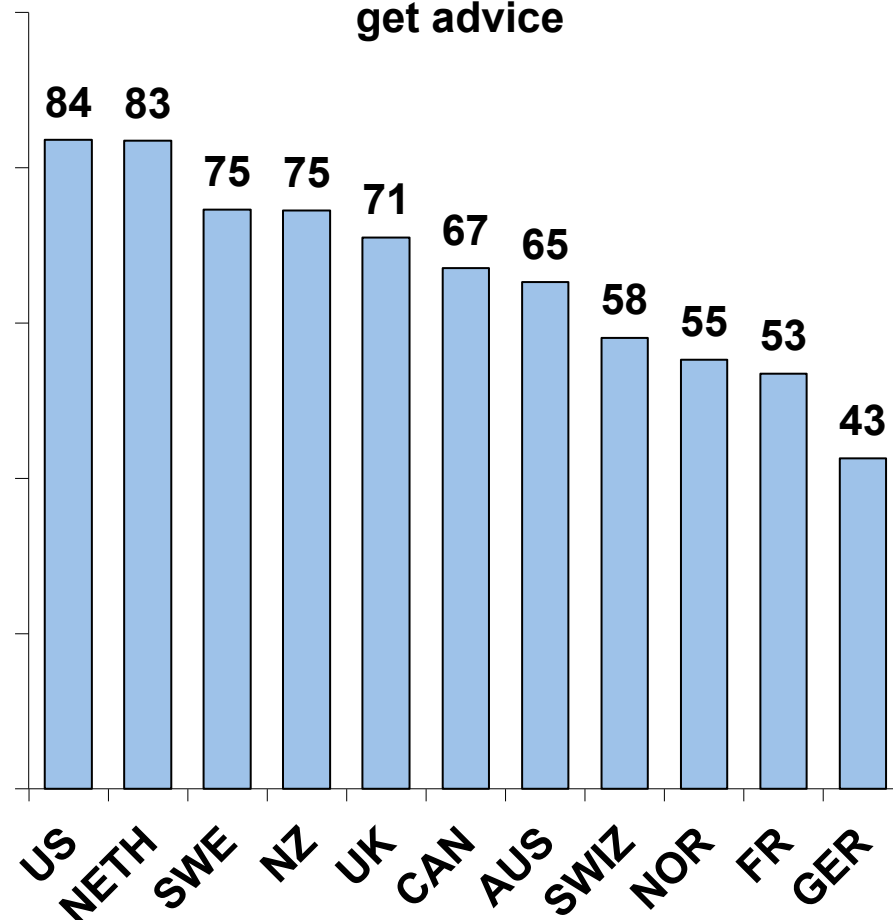
Support for Self-Management Between Doctor Visits, Among Adults Age 65 or Older

Percent who have a chronic condition and had a health care professional that between doctor visits:

Contacts them to check in



They can contact to ask questions or get advice

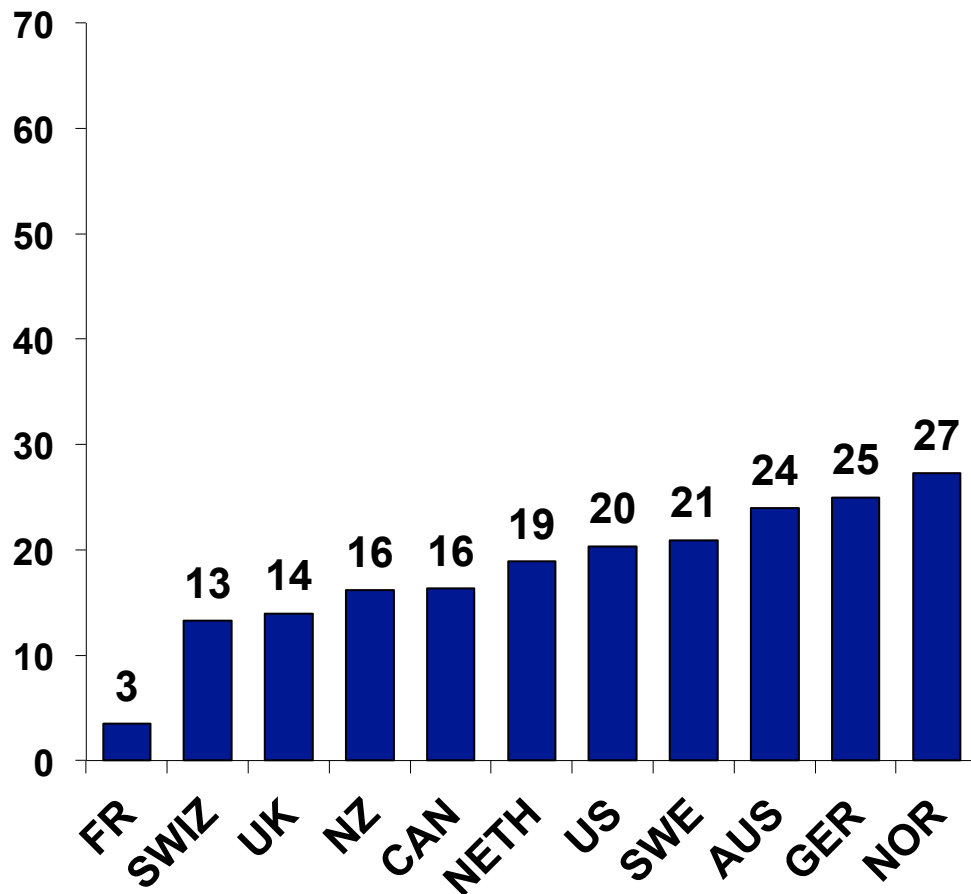


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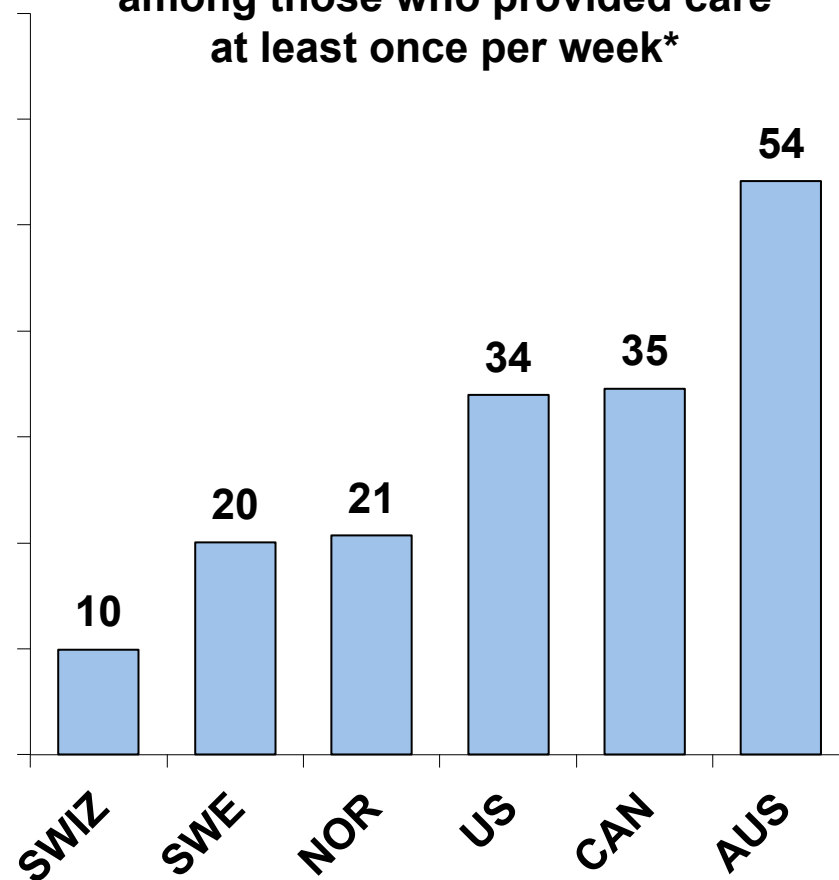
Provided Care to Someone with an Age-Related Problem, Chronic Condition, or Disability, Among Adults Age 65 or Older

Percent who have a chronic condition and:

Provided care at least once a week



Provided care for 20+ hours per week, among those who provided care at least once per week*



* FR, GER, NET, NZ, and UK omitted because of small sample size.

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



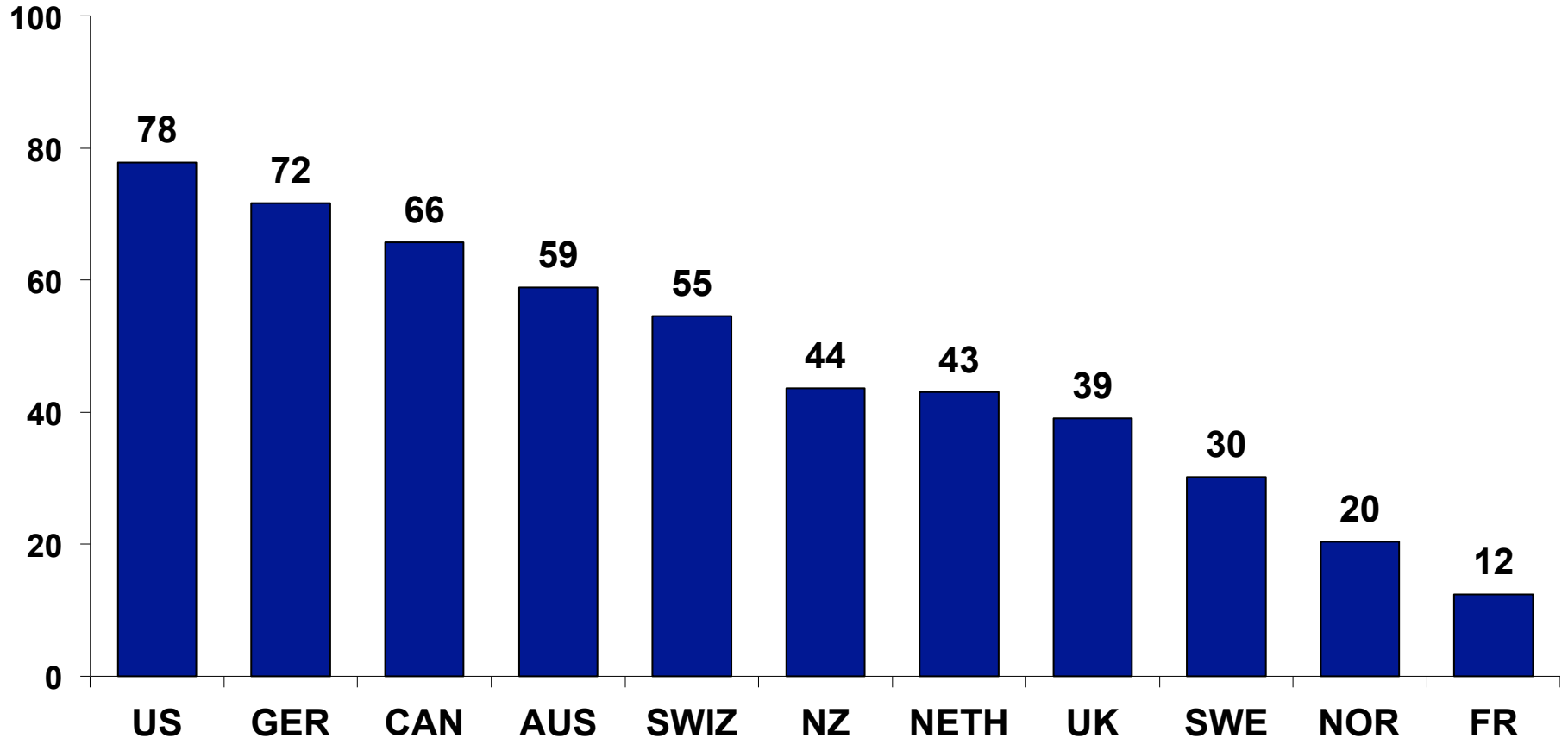
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End-of-Life Care Planning



Had a Discussion About Care Preferences If They Become Unable to Make Decisions for Themselves, Among Adults Age 65 or Older

Percent*



* Had a discussion with someone, including with family, a close friend, or a health care professional, about the health care treatment they want if they become very ill and cannot make decisions for themselves.

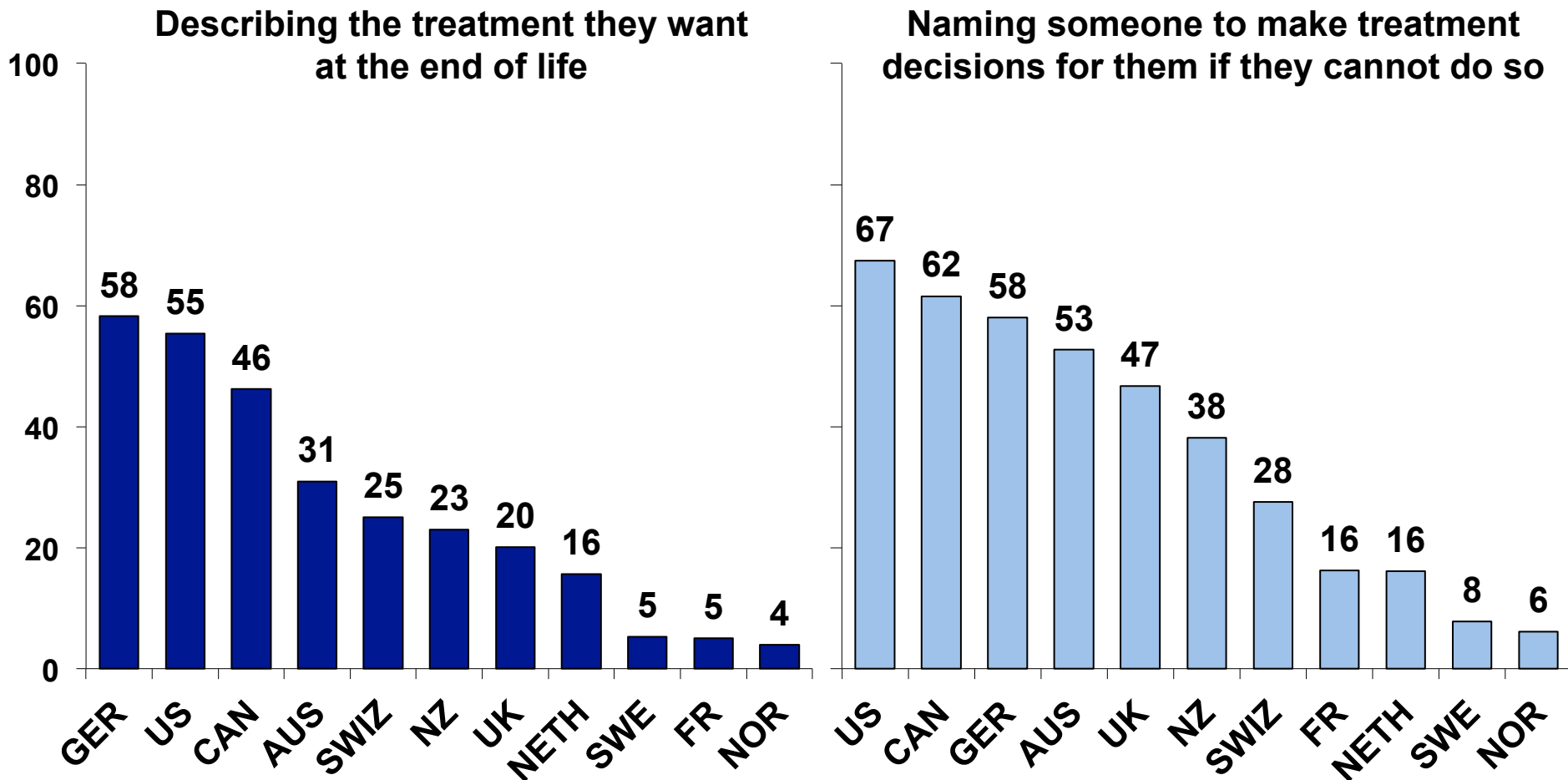
Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.



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Has a Written Plan About End-of-Life Care Preferences or Naming a Proxy Decision-Maker, Among Adults Age 65 or Older

Percent who have a written plan:



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Takeaway Messages

- **Country policies and benefit design matter for access and affordability**
- **Delivery system transformation is critical to caring for high-need, high-cost patients**
 - **Patient-centered medical homes**
 - **After-hours care**
 - **Support for social care services**
 - **Work force**
- **Room for improvement in all countries**
 - **Better care coordination and system integration**
 - **Information flow with the patient**
 - **Engaging patients in care and self-management**
- **We need to encourage more conversations about end-of-life care**
- **Opportunities for learning as countries confront often similar challenges in diverse care systems**



Acknowledgments and Country Partners

With great appreciation to David Squires, Michelle Doty, Chloe Anderson, David Blumenthal, SSRS, our country survey partners, and all the experts who offered their comments in the survey's development, for their contributions to the Commonwealth Fund 2014 International Health Policy Survey, the content and production of this presentation.

Cofunded by:

- ***Australia:* New South Wales Bureau of Health Information**
- ***Canada:* Canadian Institute for Health Information, Canadian Institutes of Health Research, Health Quality Ontario, Commissaire à la Santé et au Bien-être du Québec, and Health Quality Council of Alberta.**
- ***France:* Haute Autorité de Santé and Caisse Nationale d'Assurance Maladie des Travailleurs Salariés**
- ***Germany:* Federal Ministry of Health and the National Institute for Quality Measurement in Health Care**
- ***Netherlands:* Ministry of Health, Welfare, and Sport and the Scientific Institute for Quality of Healthcare at Radboud University Nijmegen Medical Centre**
- ***Norway:* Norwegian Knowledge Centre for the Health Services**
- ***Sweden:* Ministry of Health and Social Affairs**
- ***Switzerland:* Federal Office of Public Health**

