

2017 Commonwealth Fund International Health Policy Survey of Older Adults

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The
Commonwealth
Fund

Meet Margaret

Margaret is 82 and frail.

She has diabetes, early dementia, macular degeneration, and arthritis.

Margaret is taking 11 medications.

She has seen 5 specialists in the last three months.

Margaret lives on \$20,000 a year.

She lives alone and is facing eviction from a formerly rent-stabilized apartment.



Methods:

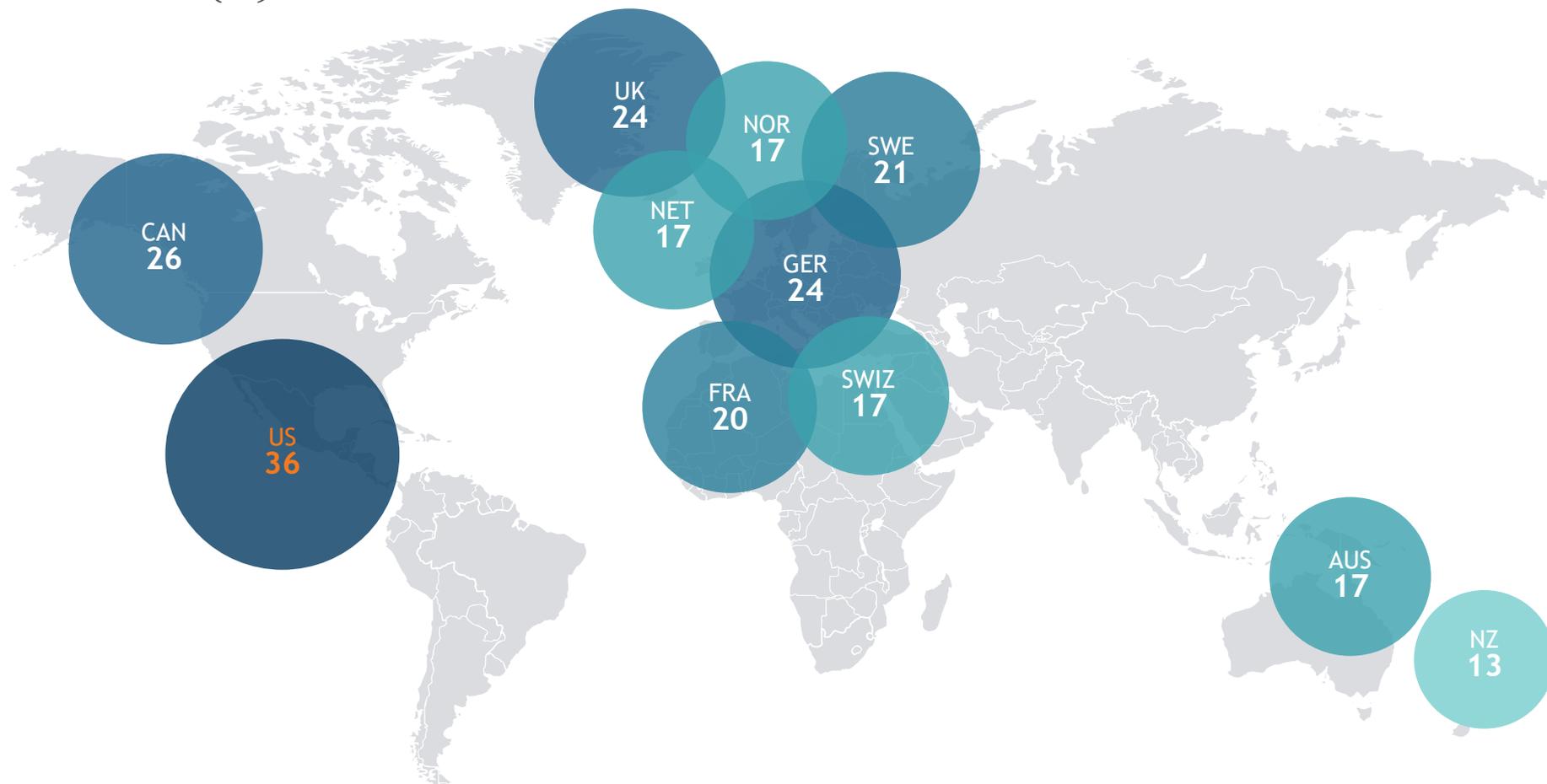
- 20th annual survey; 7th survey on older and/or sicker adults
- Views and experiences of adults 65 years and older in 11 countries
- Total sample included 22,913 older adults
- Samples sizes: Australia (2,500), Canada (4,549), France (750), Germany (751), Netherlands (750), New Zealand (500), Norway (750), Sweden (7,000), Switzerland (3,238), United Kingdom (753), United States (1,392)
- Telephone Survey (with online component in Switzerland) conducted March to June 2017
- Made possible with co-funding from country partners

2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

Health Status, Functional Limitations, Utilization and Economic and Social Vulnerability

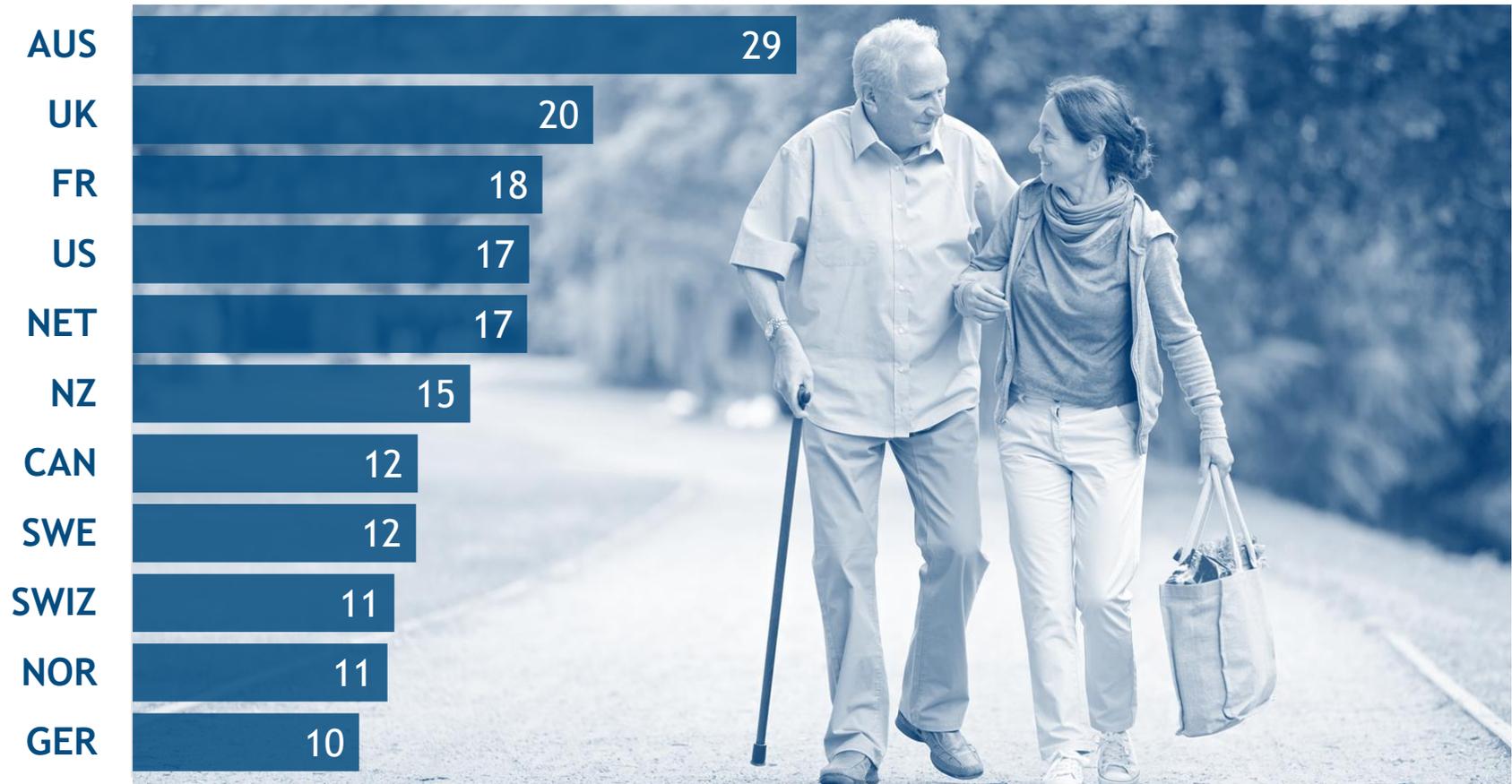
Older Adults with Three or More Chronic Conditions*

Percent (%)

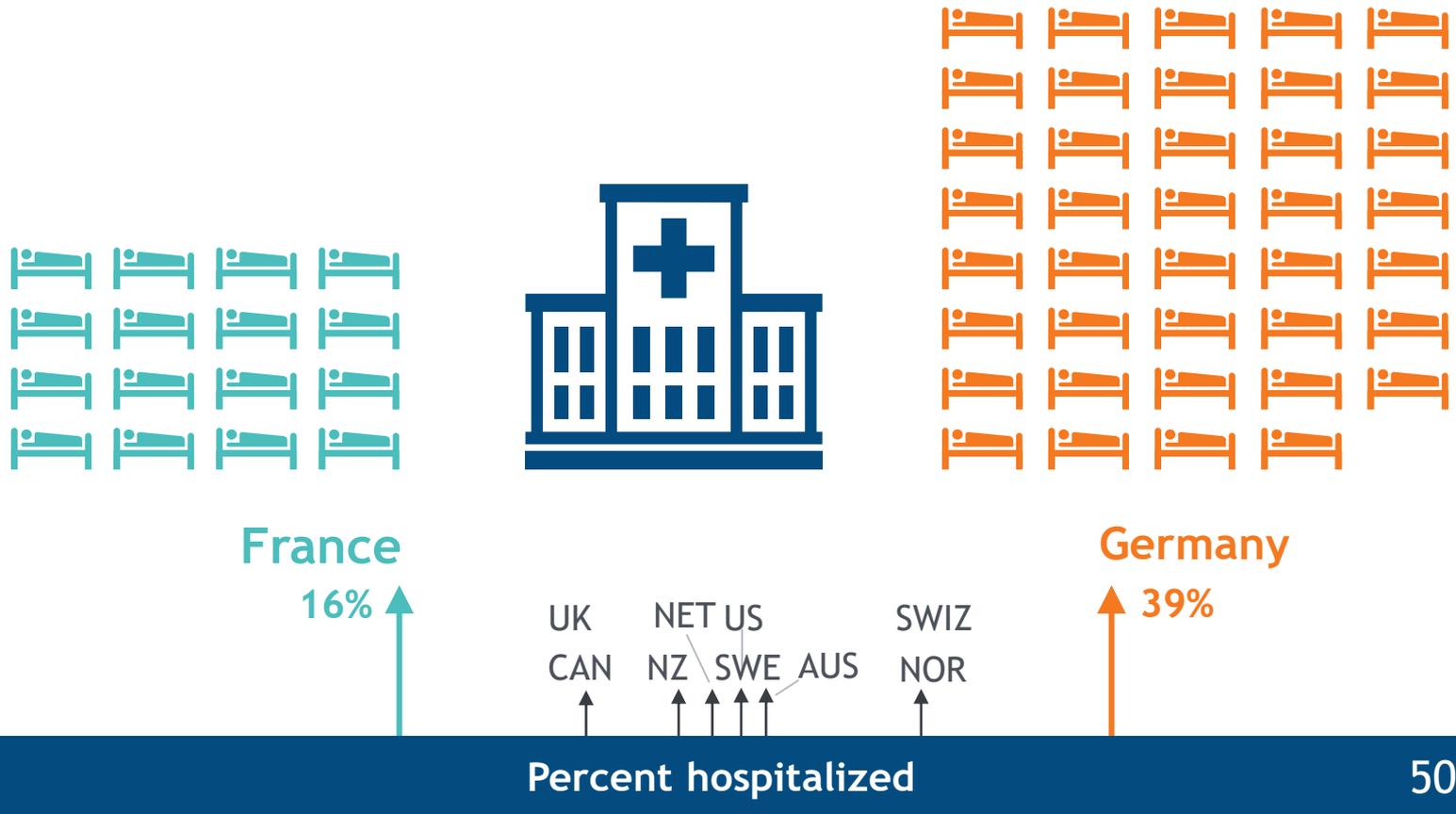


Older Adults Needing Help with Housework, Meals, Daily Medications or Shopping Because of Their Health*

Percent (%)

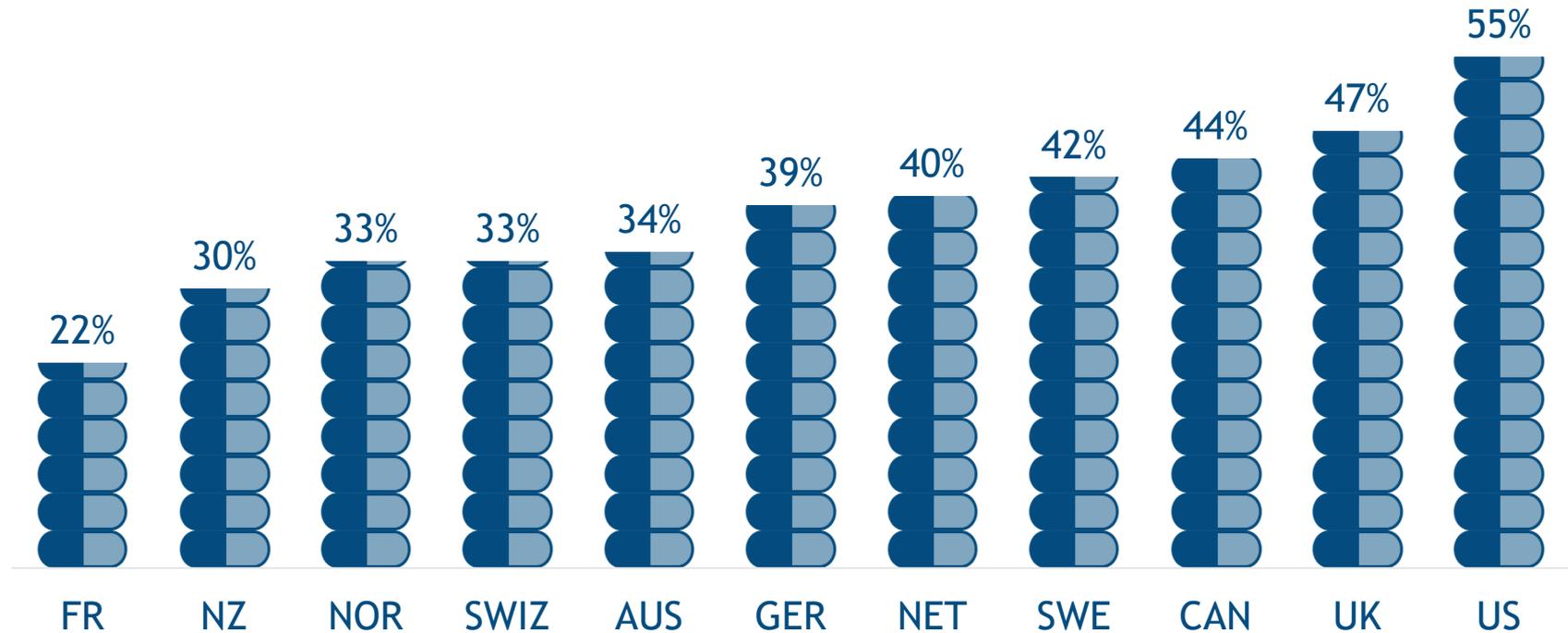


Older Adults Hospitalized in Last 2 Years



Older Adults Who Regularly Take 4 or More Prescription Drugs

Percent (%)



Economic Vulnerability



Older Adults who Experienced Economic Vulnerability in the Past Year*

NOR
SWE
NZ
UK
NET
FR
SWIZ

10%
OR LESS



US

25%

Older Adults Who Lived Alone and Felt Socially Isolated*

Percent (%)

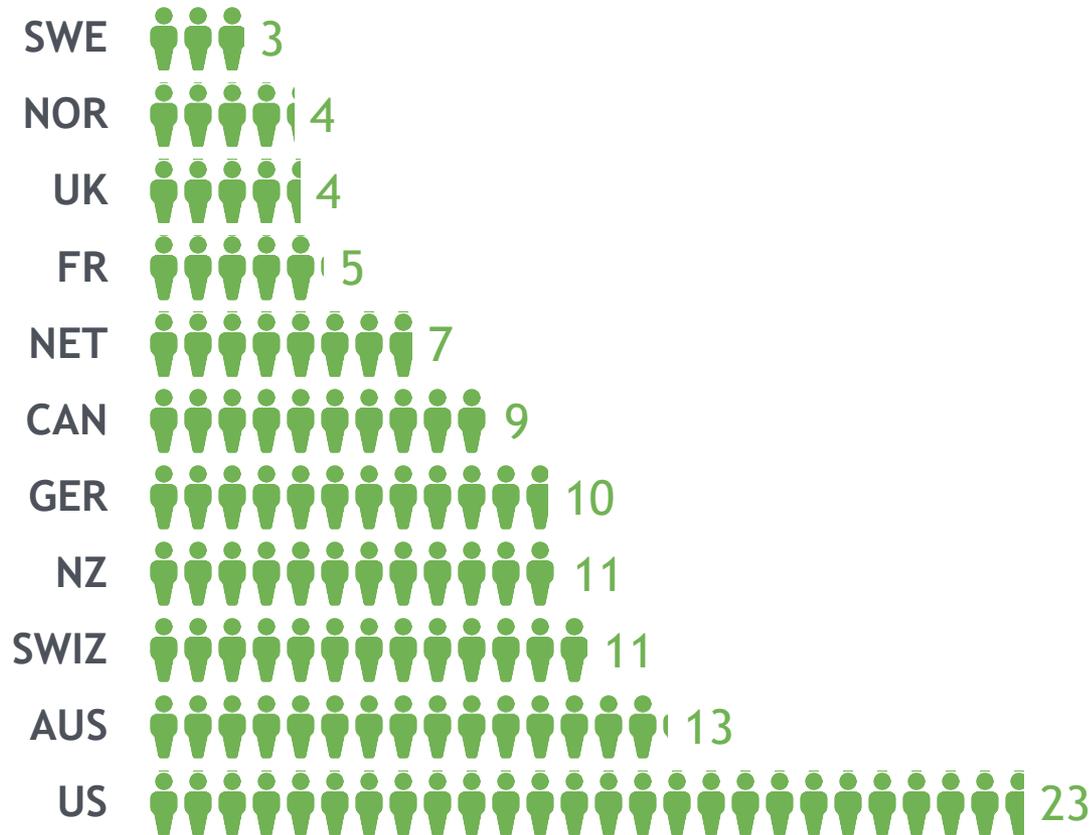


2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

Affordability & Cost-related Access Barriers

Older Adults Who Experienced Cost-related Access Problems to Care in Past Year *

Percent (%) who had to forgo care because of cost

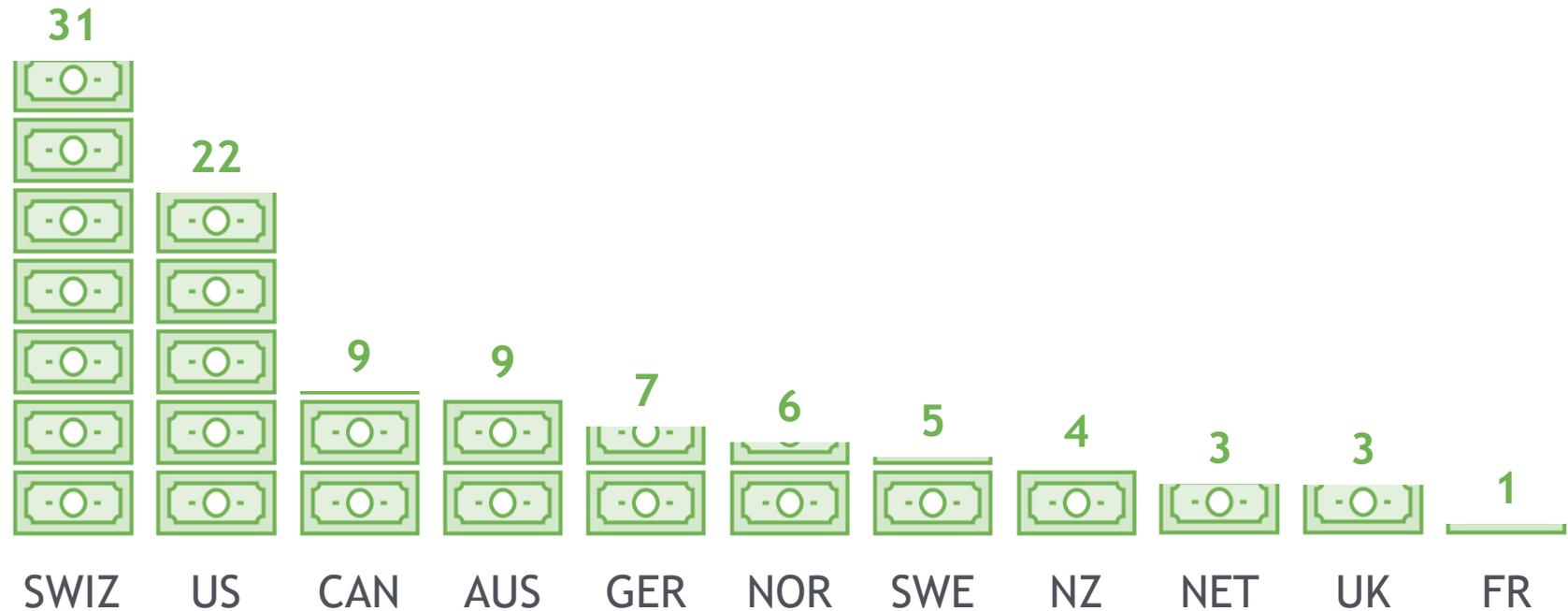


Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

* Cost-related access problem in past year, including: 1) Did not see doctor when sick; 2) skipped medical test or treatment recommended by doctor; and/or 3) did not fill prescription or skipped doses because of the cost in past year.

Older Adults Facing High Out-of-pocket Costs in the Past Year (\$2,000 or More)

Percent (%)



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults
Definition: Had out-of-pocket medical expenses of \$2,000 or more in the past year

Older Adults Who Did Not Receive Needed Help with Activities of Daily Living Because of Cost

SWE
FR
NET
UK
SWIZ

10%
OR LESS



ABOUT
20%
OR MORE

*19%

CAN*
AUS
US



2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

Timeliness of Care

Older Adults Reporting They Often/Always Did Not Hear Back From Regular Doctor on Same Day, When Contacted with a Medical Concern

Percent (%)



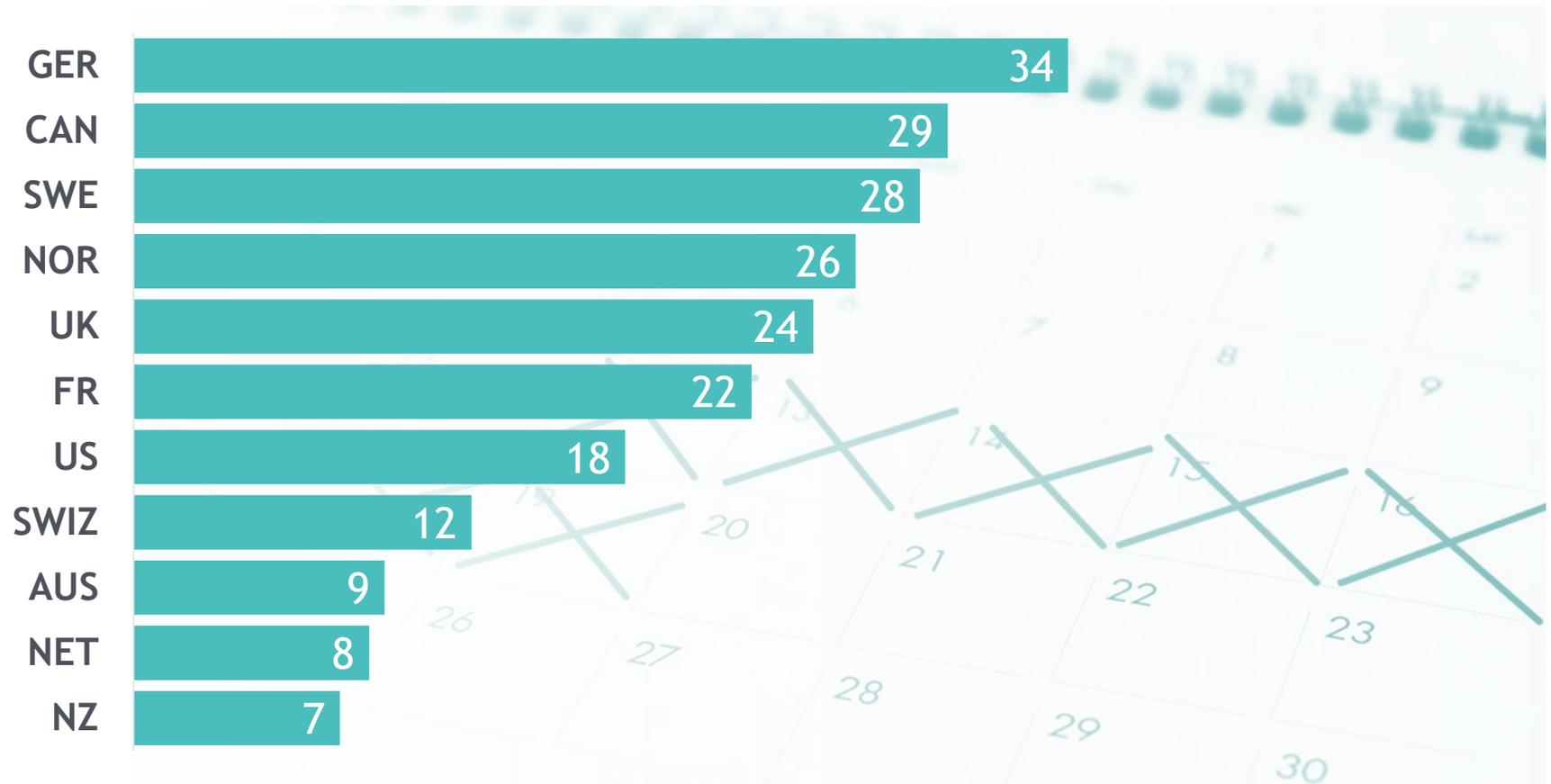
Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

Definition: Did not always or often hear from regular doctor on same day, when contacted doctor with a medical concern. Possible responses: “always,” “often,” “sometimes,” and “rarely or never”.

Population: Excluding adults who did not report having a regular doctor or place of care and who never tried to contact their doctor.

Older Adults Who Waited 6 days or More for an Appointment

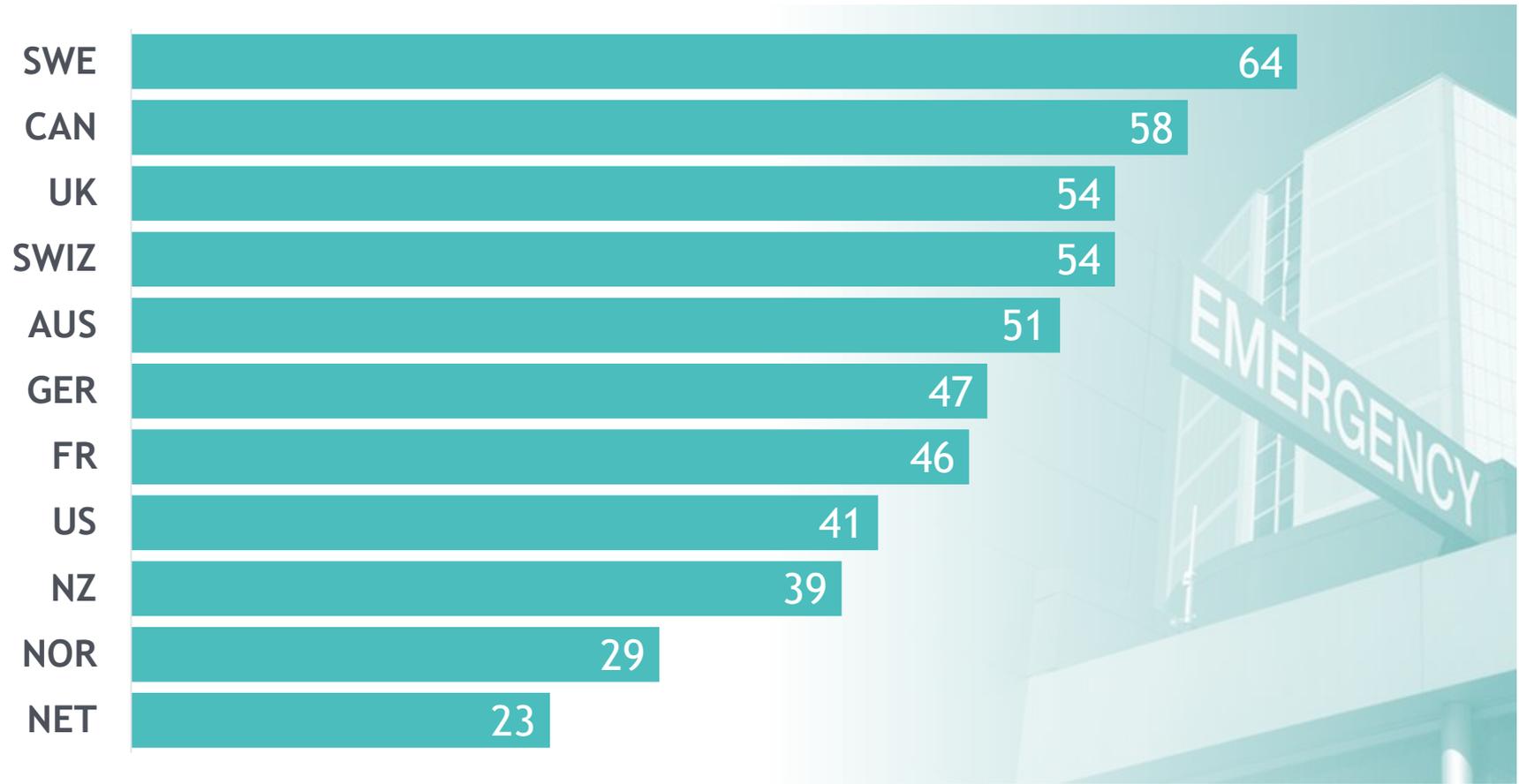
Percent (%)



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults
Long wait time: Waited six days or more for an appointment to see someone when sick.
Population: Excludes adults who did not need to make an appointment.

Older Adults Who Had Difficulty Getting After-hours Care Without Going to the ED

Percent (%)



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults
Definition: “Somewhat” or “very difficult” to get after-hours care.
Population: Excludes adults who did not need after-hours care.
ED, Emergency Department.

2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

Patient Engagement and Health Promotion

Older Adults Who Talked With Doctor About Health Promotion in Last 2 Years

✓ = 50% or More Reported Talking With Doctor About Health Promotion

	Falls, among those at moderate or high risk of falls	Healthy diet and exercise and physical activity	Things in life that cause stress like depression and anxiety
AUS	✓		
CAN			
FR	✓		
GER			
NET			
NOR			
NZ	✓		
SWE			
SWIZ	✓		
UK			
US	✓	✓	

Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

Definition: During past two years, talked with doctor or other clinical staff at regular place of care about healthy diet, exercise and physical activity; things in life that cause stress; or falls, among whose self-perceived risk of falling is high or moderate.

2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

Experiences of High-need Older Adults

'High-need' Definition Among Older Adults Aged 65 Years or Over

Chronic Conditions

3 or more:



Joint pain or arthritis



Asthma or chronic lung disease



Cancer



Diabetes



Heart disease, including heart attack



Hypertension/high blood pressure and/or stroke

AND / OR

Functional Limitations

Because of health, needed help with activities of daily living:



Housework



Meals



Daily medications



Shopping

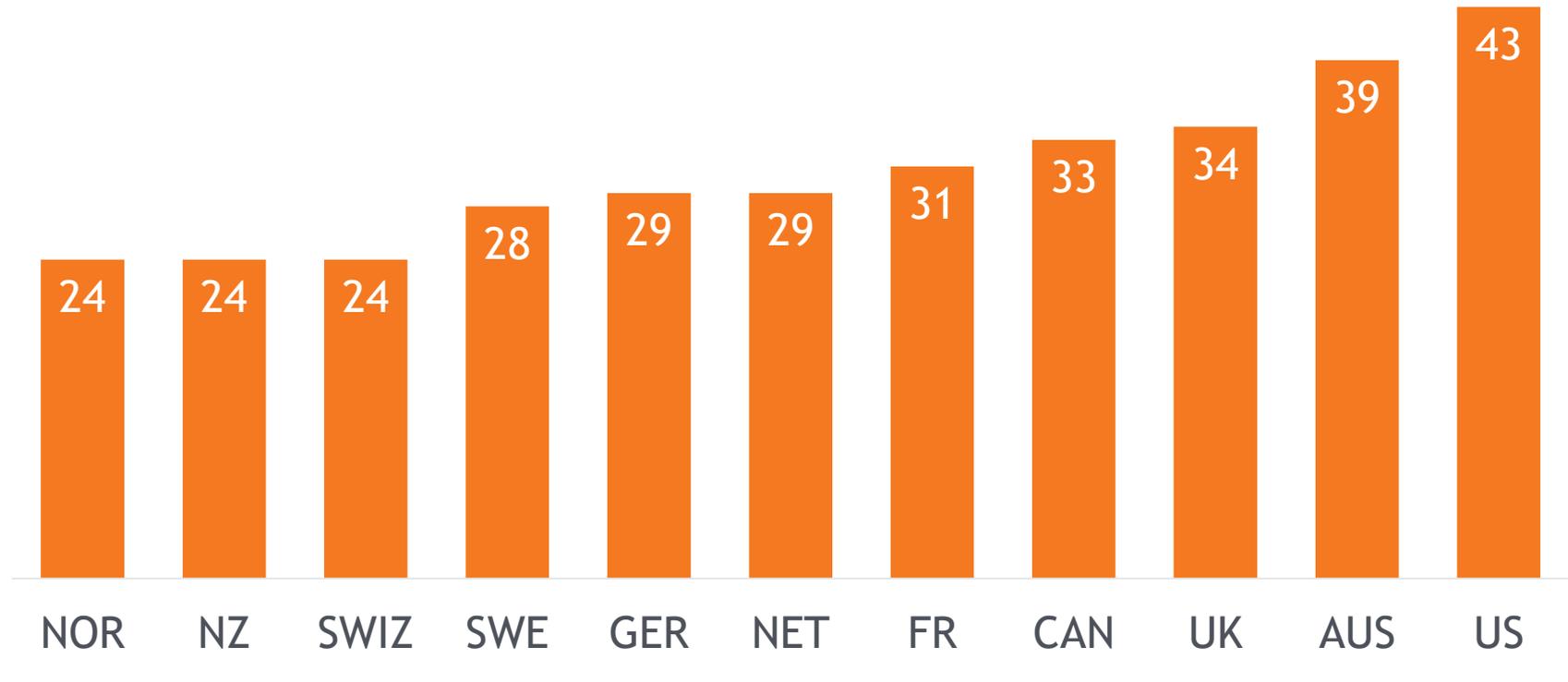


Bathing

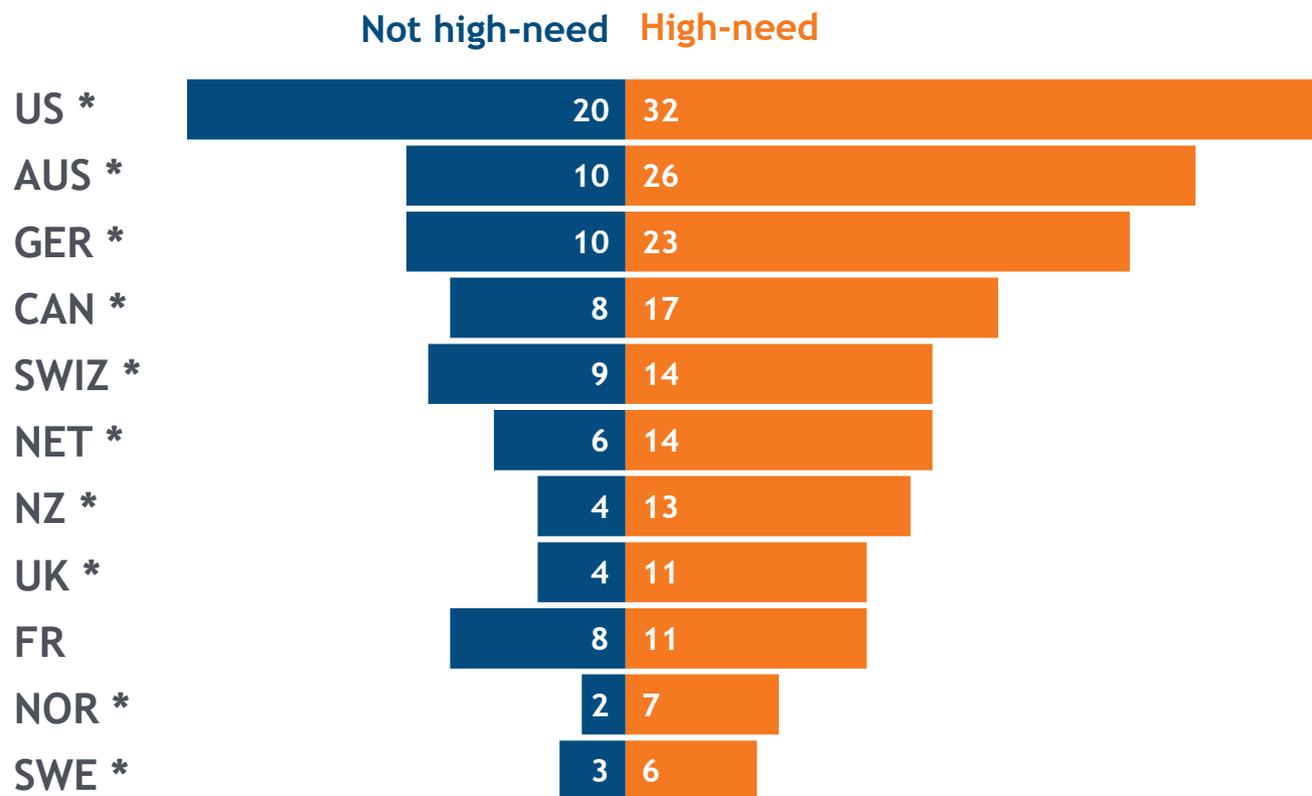


Dressing

Percent of Older Adults with 'High-needs' (%)



High-need Older Adults Experience Greater Economic Vulnerability*



Percent of older adults

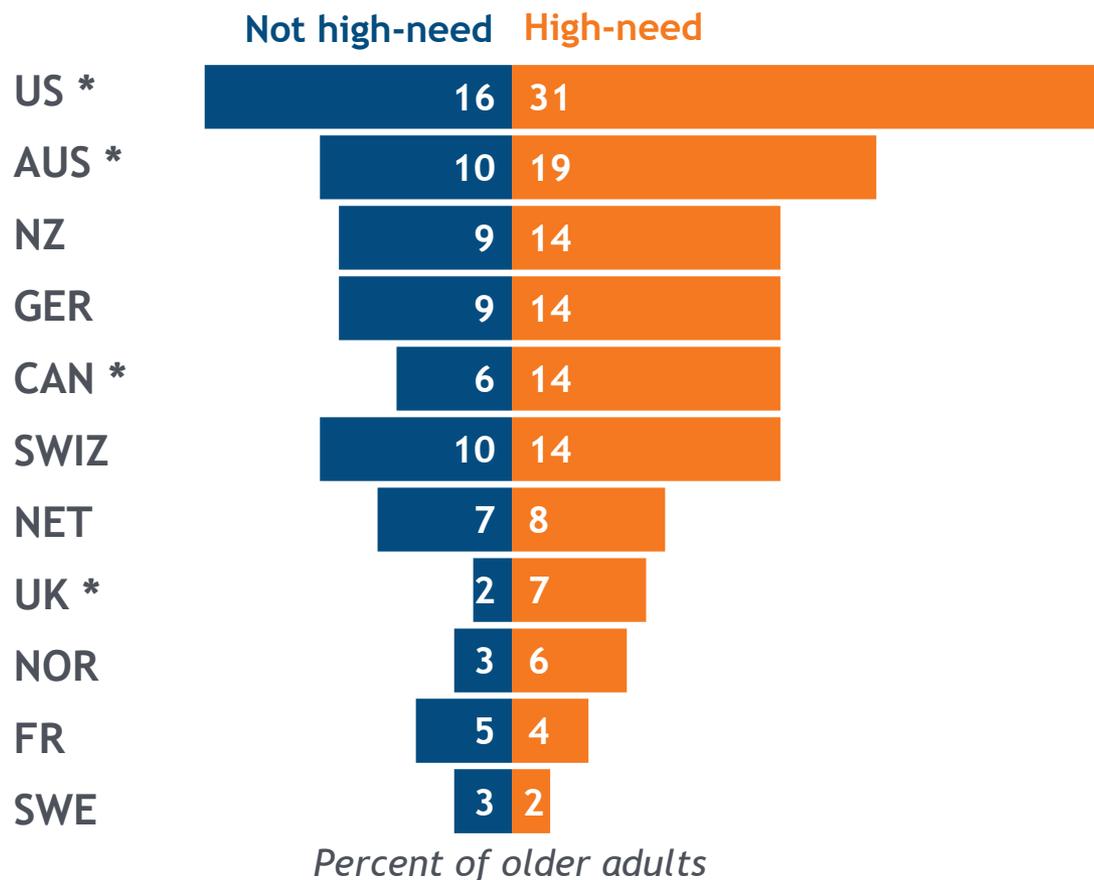
Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

Population: High-need older adults are defined as having three or more chronic conditions or a functional limitation.

*Economic vulnerability: "Always" or "usually" stressed or worried about having enough money to 1) buy nutritious meals, 2) pay rent or mortgage, 3) pay for other monthly bills like electricity, heat, and your telephone in the past year; and/or 4) having had problems paying or being unable to pay any medical bills in the past year.

Asterisk(*) indicates that the differences between high need and not high need are significant below $p < 0.05$.

High-need Older Adults Experience Greater Cost Barriers to Receiving Care*



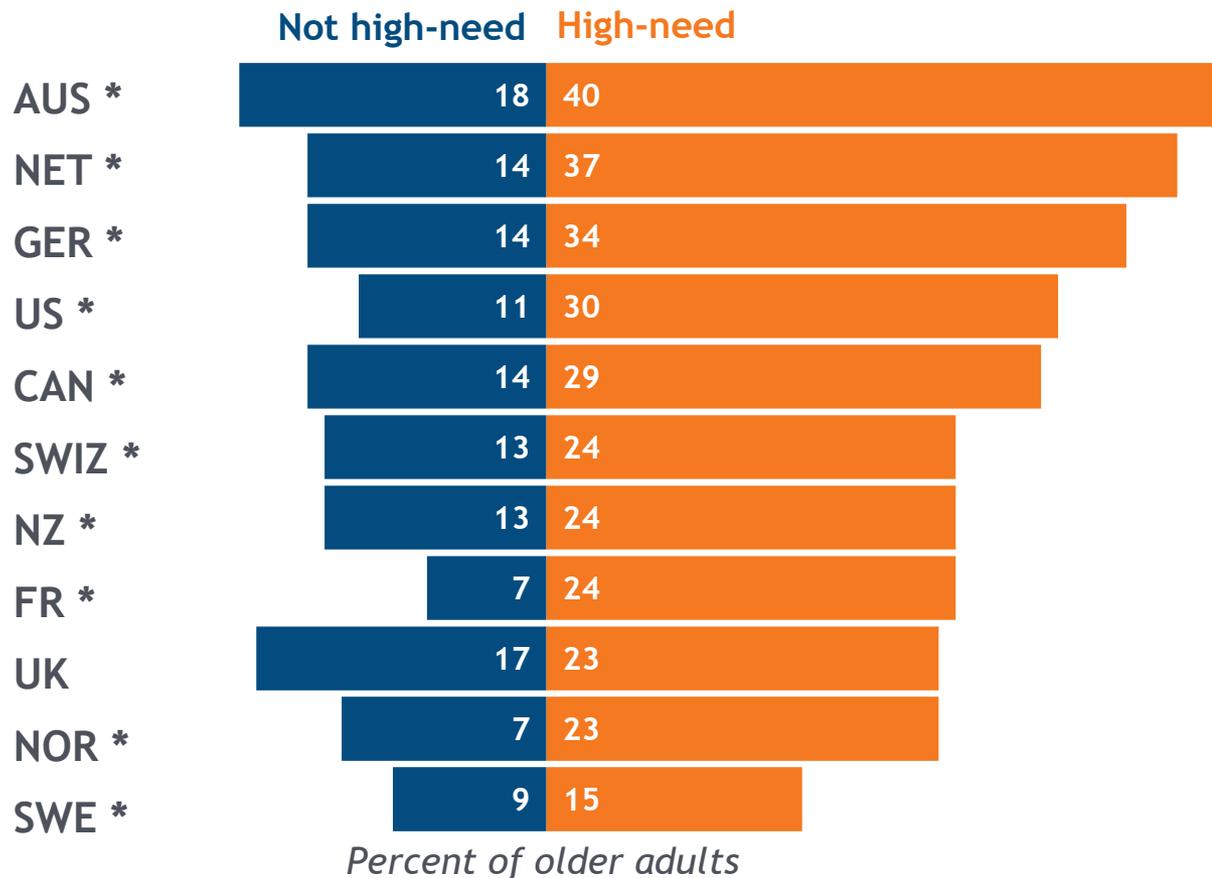
Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

Population: High-need older adults are defined as having three or more chronic conditions or a functional limitation.

* Cost-related access problem in past year, including: 1) Did not see doctor when sick; 2) skipped medical test or treatment recommended by doctor; and/or 3) did not fill prescription or skipped doses because of the cost in past year.

Asterisk(*) indicates that the differences between high need and not high need are significant below $p < 0.05$.

High-need Older Adults Experience Greater Emotional Distress*



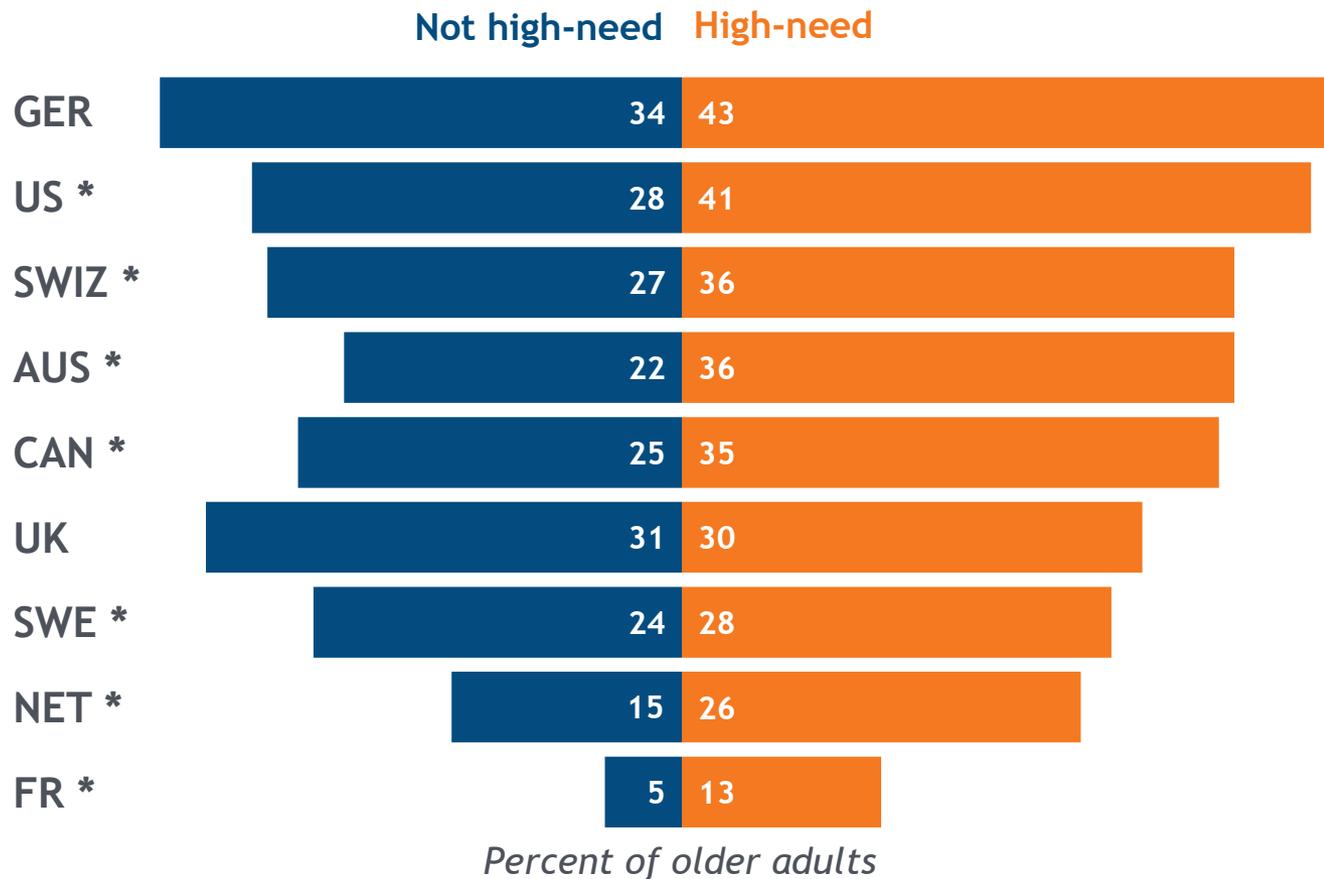
Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

* Emotional distress includes anxiety or depression in the past year.

Population: High-need older adults are defined as having three or more chronic conditions or a functional limitation.

Asterisk(*) indicates that the differences between high need and not high need are significant below $p < 0.05$.

High-need Older Adults Experience More Care Coordination Problems*



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

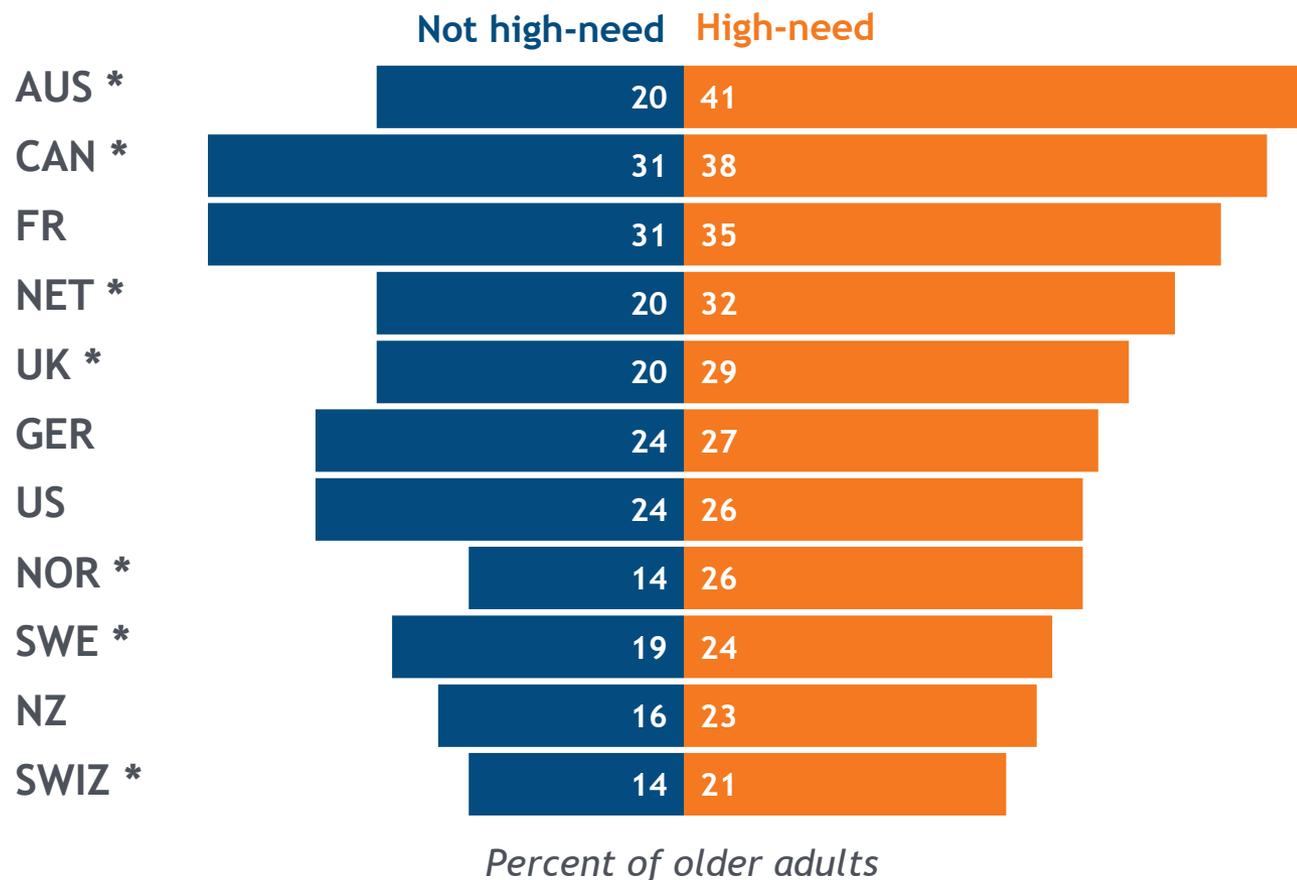
* Care coordination problem: 1) Test results/records not being available at appointment or duplicate tests ordered; 2) specialist lacked medical history or regular doctor not informed about specialist care; and/or 3) received conflicting information from different doctors or health care professionals in the past two years.

Population: High-need older adults are defined as having three or more chronic conditions or a functional limitation.

Data not shown: New Zealand and Norway excluded due to sample size n<100.

Asterisk(*) indicates that the differences between high need and not high need are significant below p<0.05.

High-need Older Adults Experience Higher Patient Dissatisfaction with Care Quality*



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

* Somewhat or not at all satisfied with the quality of care received in the past year. Possible answer categories were: "completely satisfied," "very satisfied," "somewhat satisfied" or "not at all satisfied."

Population: High-need older adults are defined as having three or more chronic conditions or a functional limitation. Excludes those who did not receive care in the past year.

Asterisk(*) indicates that the differences between high need and not high need are significant below $p < 0.05$.

2017 INTERNATIONAL HEALTH POLICY SURVEY OF OLDER ADULTS

What Have We Learned About the Health Care Needs and Experiences of Older Adults?

Lessons Learned from 2017 International Health Policy Survey

- U.S. seniors are sicker, more economically vulnerable, and face greater financial barriers to medical care and social care than elderly in the 10 other countries
- Benefit design matters
- Older adults across countries face gaps in timely access to care
- Across countries, health promotion is a missed opportunity
- Strengthening the social safety net is critical for addressing the challenges facing high-need elderly
- Innovative programs are needed for high-need elderly that address both health and social care needs

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