

Comparing Nations on Timeliness and Coordination of Health Care

Findings from the 2021 Commonwealth Fund Health Policy Survey of Older Adults

Michelle M. Doty

Arnav Shah

Katharine Fields

Molly FitzGerald

Reginald D. Williams II



The
Commonwealth
Fund

Introduction

Aging populations present major challenges to health care systems around the world. The 2021 Commonwealth Fund International Health Policy Survey, conducted among adults age 65 and older between March and June 2021, provides insights about how well U.S. seniors fare relative to older adults in 10 other high-income countries. (See slide 18 to learn more about the survey.)

The findings present a mixed picture of U.S. health system performance as the COVID-19 pandemic continues:

- U.S. seniors are more likely than their counterparts in other wealthy countries to [experience economic hardship](#) as a result of the pandemic, with Latino/Hispanic and Black seniors most affected. Nearly four in 10 older Latino/Hispanic adults and one in three older Black adults said they used up their savings or lost a job or source of income because of COVID-19, compared to 14 percent of older white adults.
- Despite the near-universal coverage Medicare provides, U.S. older adults have comparatively high out-of-pocket health expenses and are [much more likely to forgo care](#) because of cost than are their counterparts in the other survey countries.

Overview of Survey Findings on Timeliness and Coordination of Care

The charts that follow present the international survey's findings on timeliness and coordination of care: how quickly and easily older adults are able to get care when they need it, including through video or telephone appointments; and how well ongoing care is coordinated for patients with multiple chronic conditions.

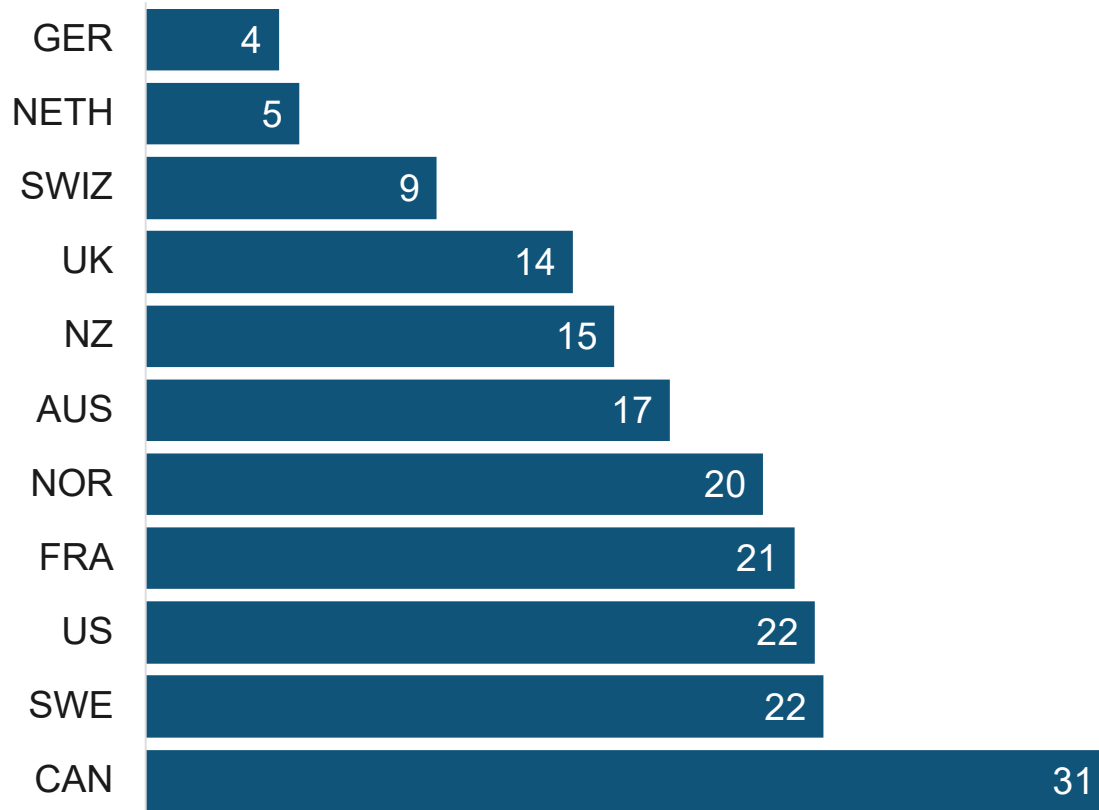
Responses show that many older adults, both in the U.S. and other countries, experience problems getting timely health care, including waits of six days or more to see a doctor when sick, difficulty in getting after-hours care without visiting an emergency department, and delays in hearing back from their regular doctor on the same day.

The U.S., however, does comparatively well on coordination of patient care, a set of findings consistent with [other studies](#) and with previous Commonwealth Fund [surveys of older adults](#). Older adults in the U.S. were the least likely of those surveyed to experience gaps in hospital discharge planning. Among U.S. respondents with chronic conditions, a majority reported having a treatment plan and being in contact with care providers between office visits.

TIMELINESS OF CARE

Older adults in Germany, the Netherlands, and Switzerland were least likely to have long waits for a doctor's appointment.

Percentage of adults age 65+ who waited six days or more for an appointment when sick



Waited six days or more for an appointment to see someone when sick.

Population: Excludes adults who did not need to make an appointment.

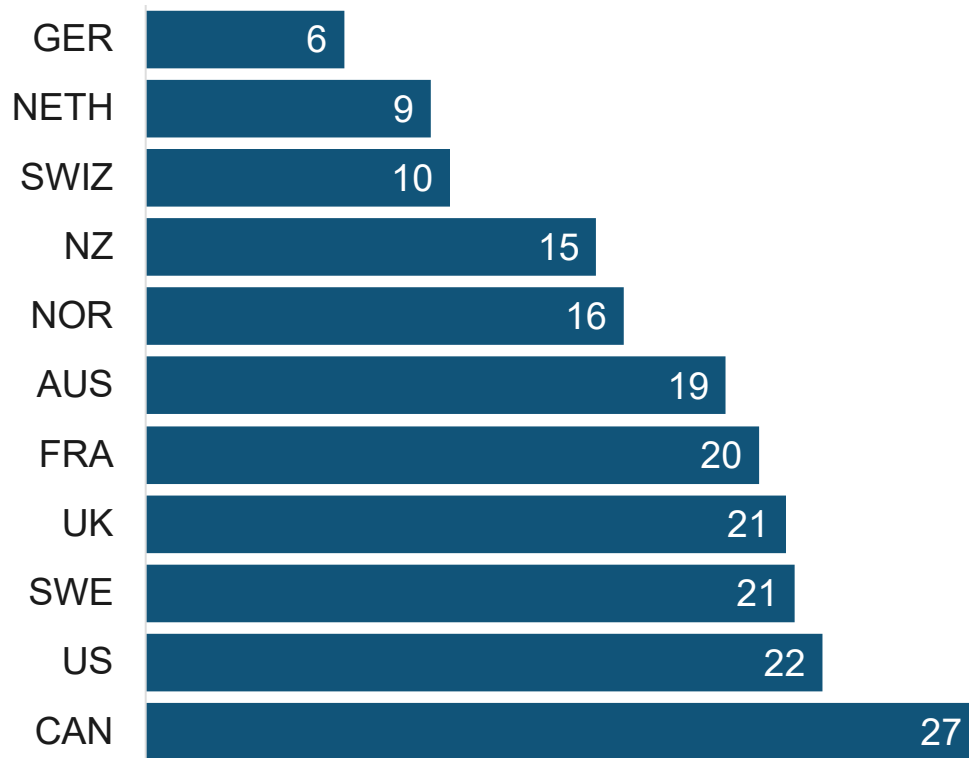
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

TIMELINESS OF CARE

Older adults in Canada were most likely to say they don't always hear back from their regular doctor on the same day when they contact them with a medical concern.

Percentage of adults age 65+ who said they sometimes, rarely, or never heard back from regular doctor on the same day



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.

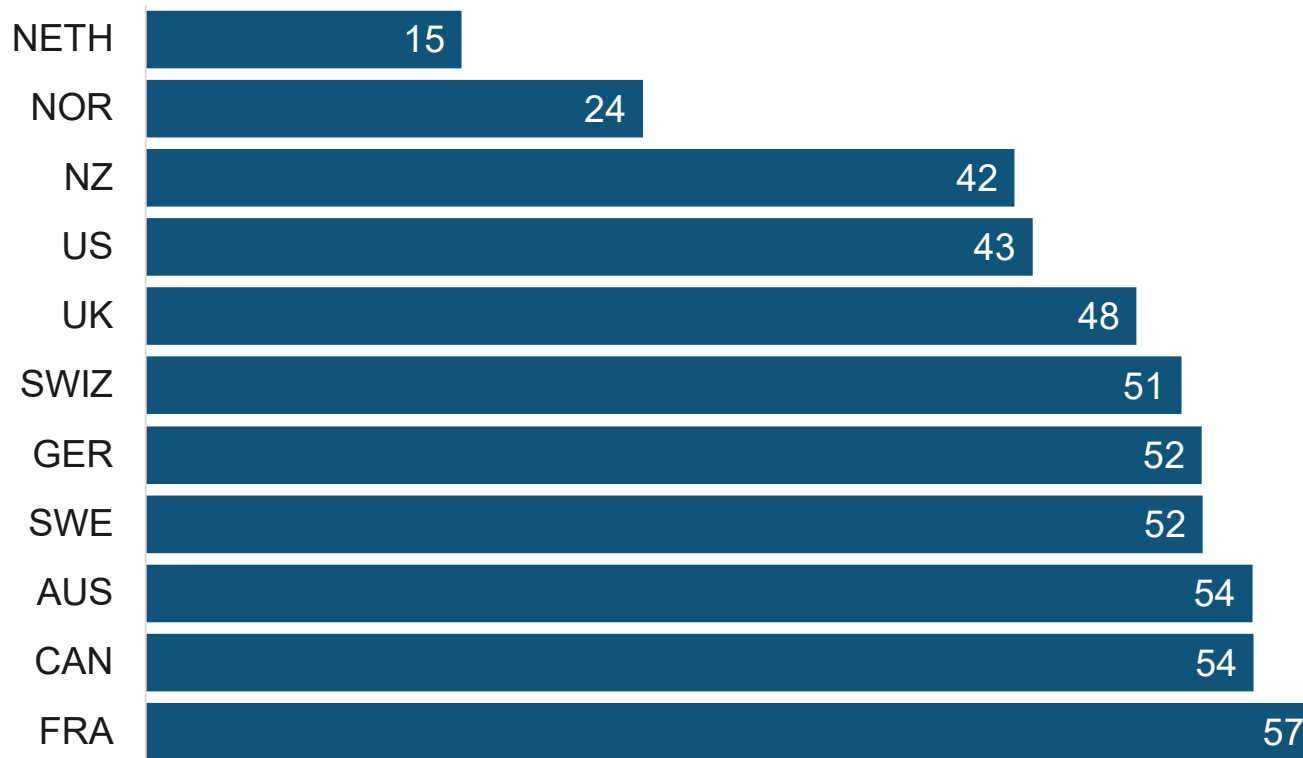
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

TIMELINESS OF CARE

Older adults in the Netherlands were the least likely to have difficulty getting after-hours care without going to the emergency department.

Percentage of adults age 65+ reporting it is somewhat or very difficult to get after-hours care



Definition: "Somewhat difficult" or "very difficult" to get after-hours care.

Population: Excludes adults who did not need after-hours care.

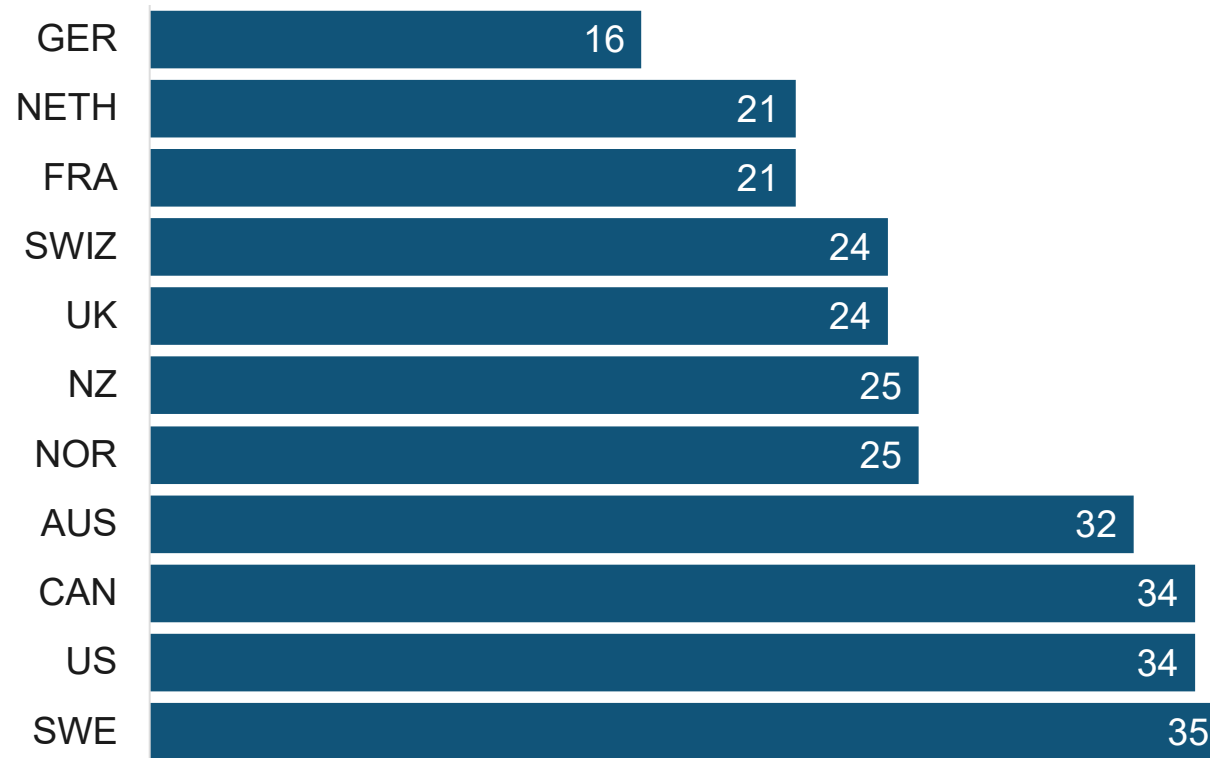
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

TIMELINESS OF CARE

Older Adults in Canada, the U.S., and Sweden were most likely to have sought care in an emergency department in the past two years.

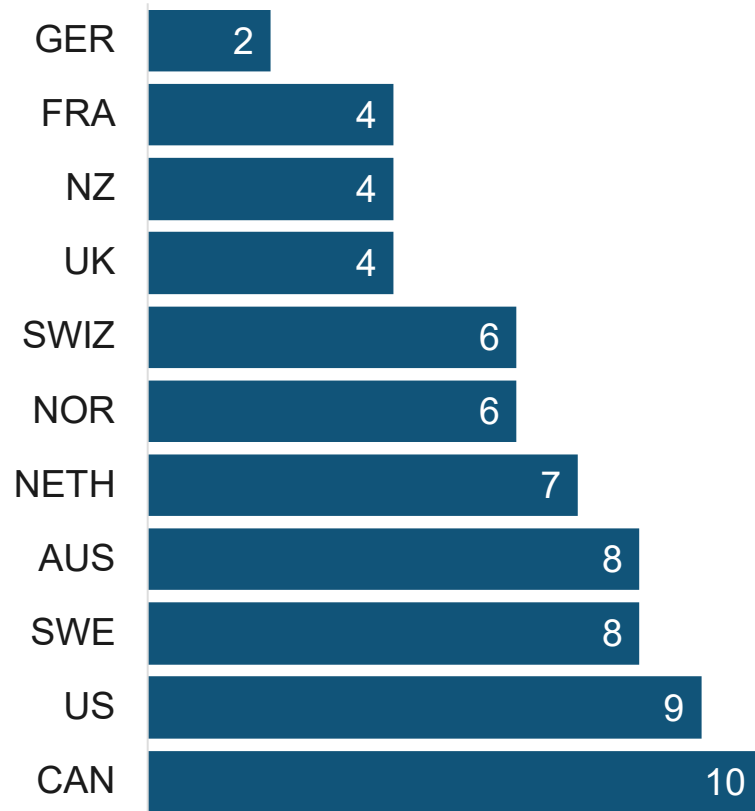
Percentage of adults age 65+ who went to the emergency department at least once in the past two years



TIMELINESS OF CARE

Few older adults used the emergency department for nonurgent care in the past two years.

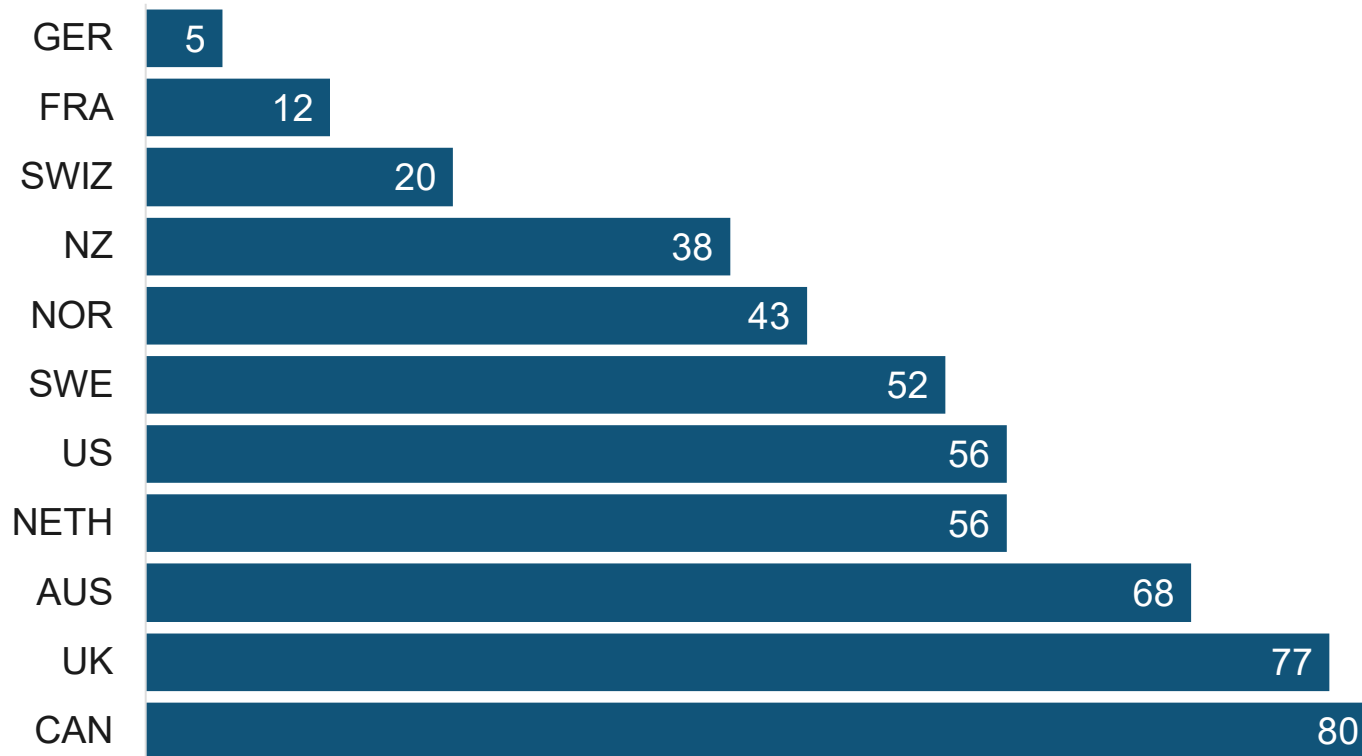
Percentage of adults age 65+ who used the emergency department for care that could have been provided by regular doctor if available



TIMELINESS OF CARE

More than two-thirds of older adults with chronic conditions in Australia, the U.K., and Canada had health care appointments by telephone or video in the past year.

Percentage of adults age 65+ with two or more chronic conditions* who had a virtual appointment



* Respondents reported ever being told by a doctor they had at least two of the following conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

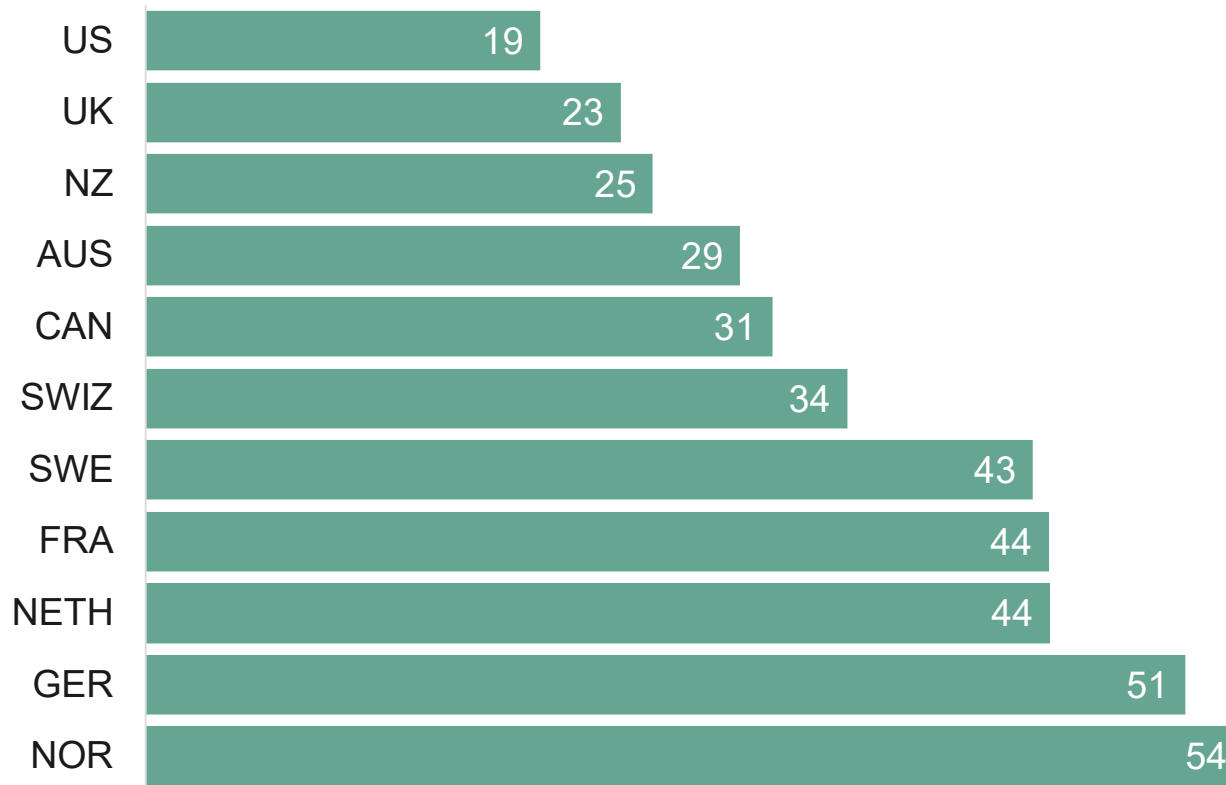
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

COORDINATION GAPS

Older adults in the U.S. were the least likely to experience gaps in hospital discharge planning in the past two years.

Percentage of adults age 65+ who were hospitalized saying they did not receive written information or hospital did not make any arrangements for follow-up care after hospital discharge



Did NOT receive written information about what to do when returned home and symptoms to watch for OR hospital did NOT make arrangements or make sure you had follow-up care with a doctor or other health care professional.

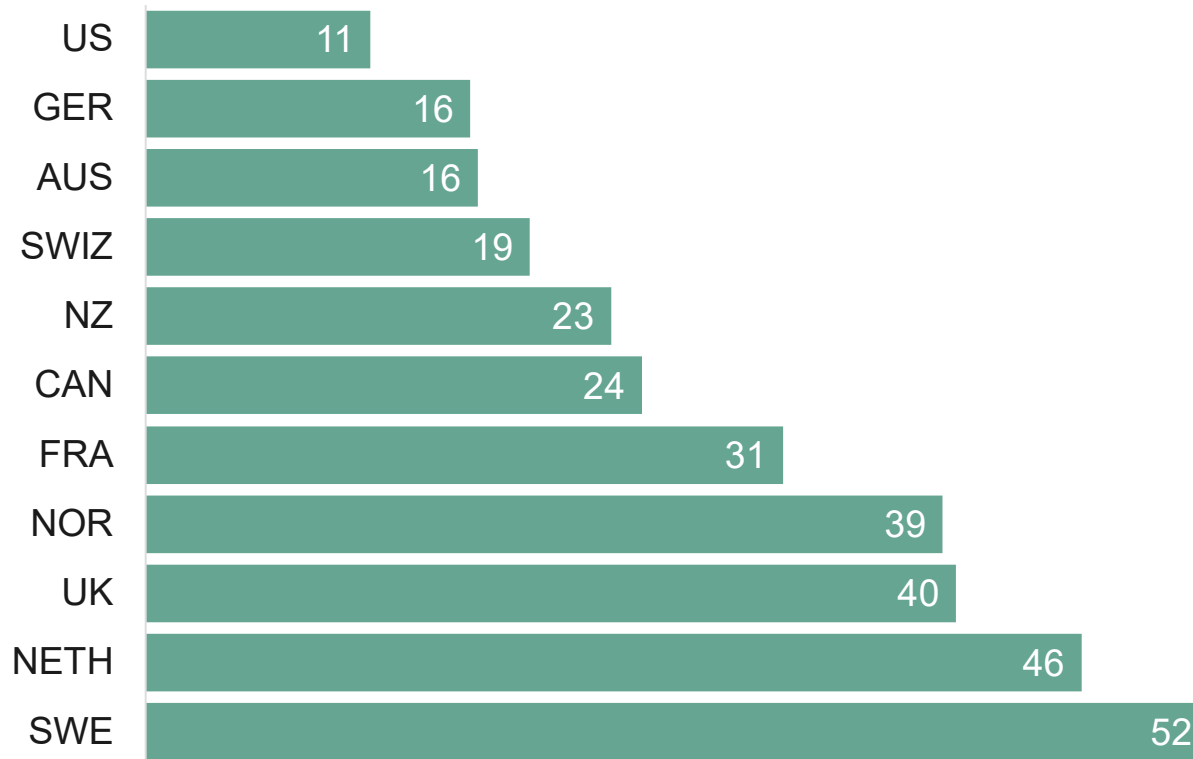
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

COORDINATION GAPS

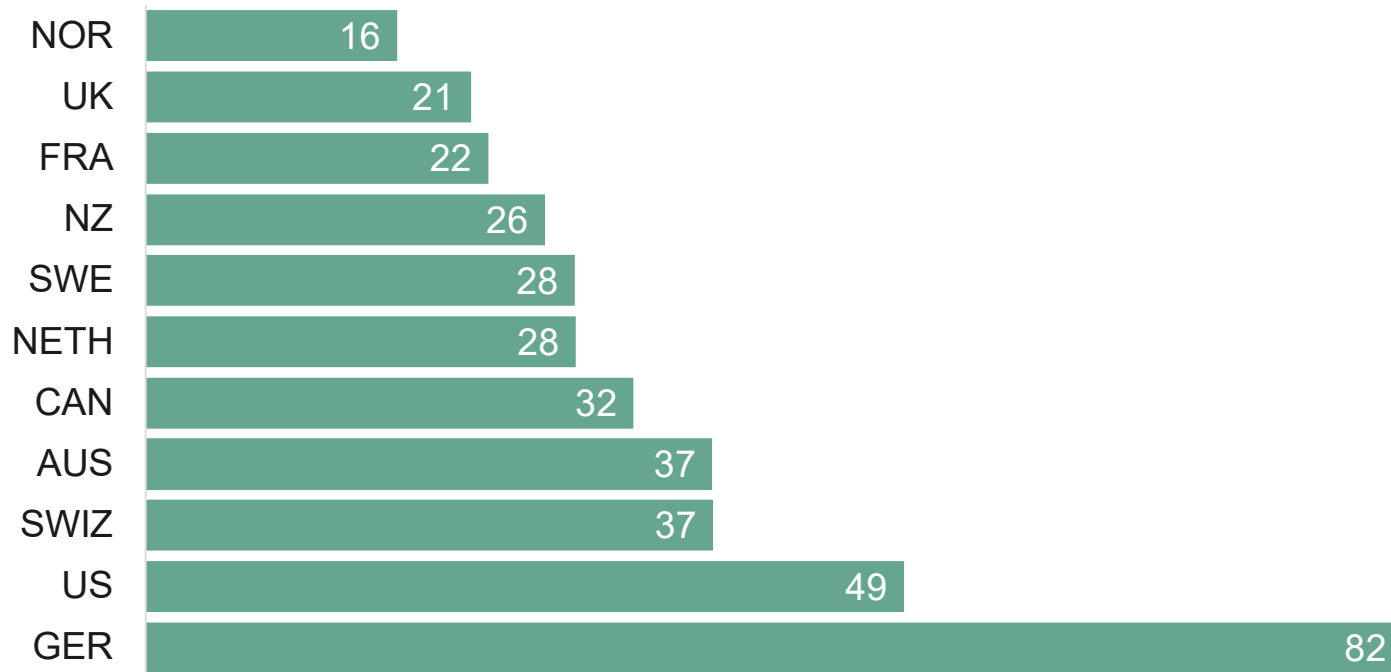
Older adults in the U.S. were the least likely to report missed opportunities to review their prescribed medication lists with providers.

Percentage of adults age 65+ taking four or more prescription medications saying their doctor did not review all medications



Older adults with chronic conditions in Germany were the most likely to have conversations around care management with their physicians.

Percentage of adults age 65+ with a chronic condition* who had conversations with providers about their care management goals and got clear instructions about when to seek further care



In past year, health care professional you see for chronic condition discussed with you your main goals or priorities AND got clear instructions about symptoms to watch for and when to seek further care or treatment.

Population: Excluding adults who have a chronic condition and are taking a medication to manage but not currently seeing a health care professional.

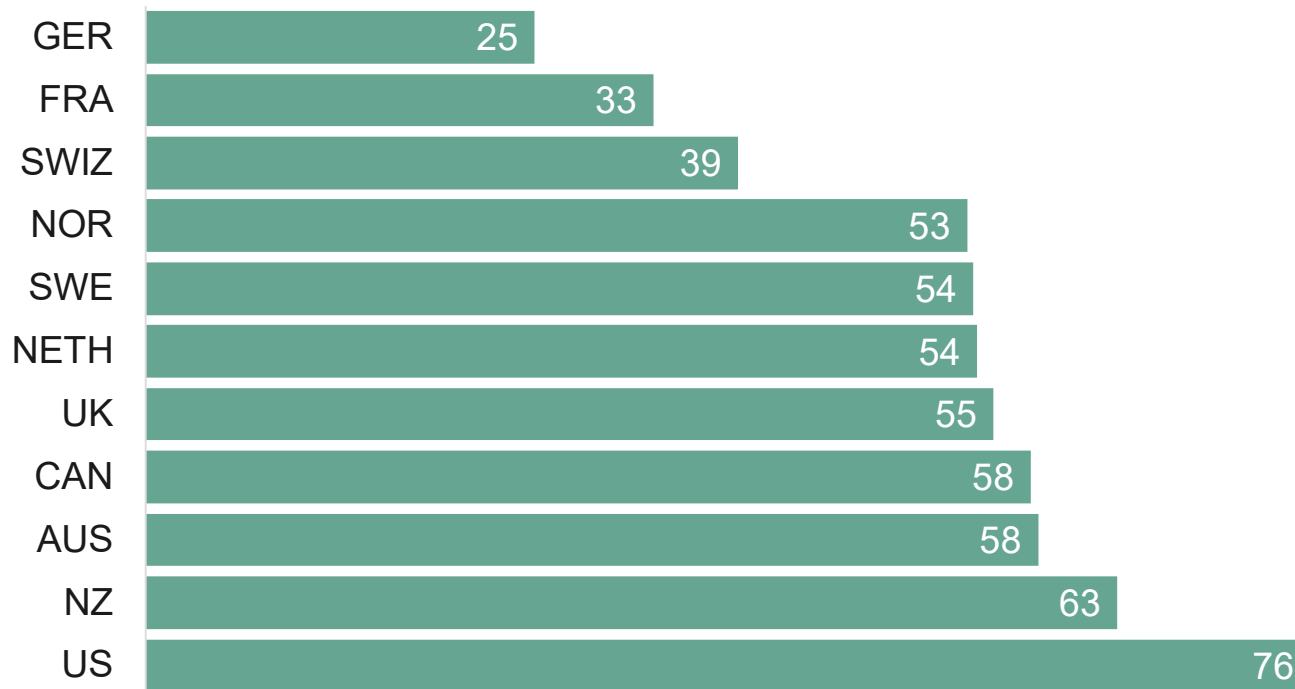
* Chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

U.S. older adults with chronic conditions were most likely to have contact with health professionals between visits.

Percentage of adults age 65+ with a chronic condition* reporting they could easily contact a health care provider or they were contacted between visits



Between doctor visits there is a health care professional who contacts you to see how things are going OR you can easily contact to ask a question or get advice about your health condition.

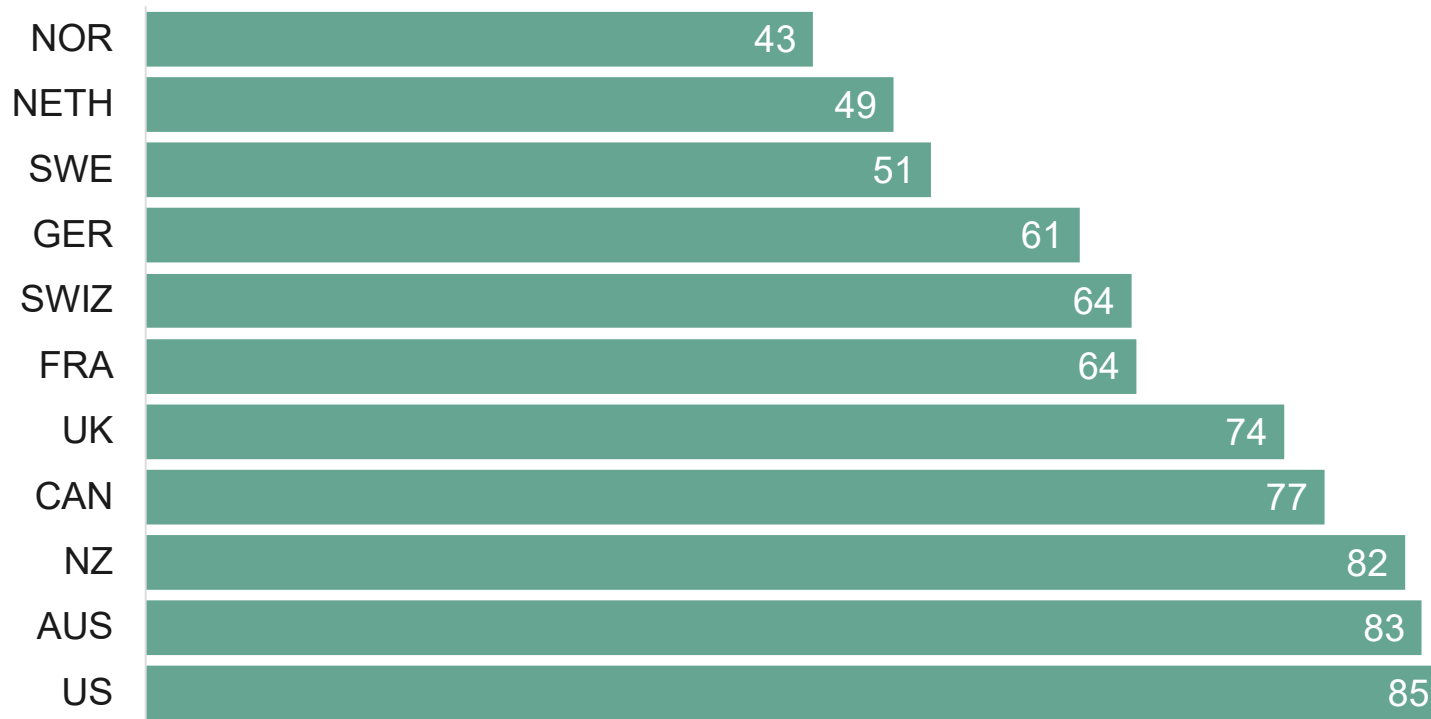
* Chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

In half of the countries, at least three-quarters of older adults with chronic conditions had a treatment plan they could carry out at home.

Percentage of adults age 65+ with a chronic condition* who had a treatment plan for their condition



Has a treatment plan for your condition that patients can carry out in their daily life.

* Chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

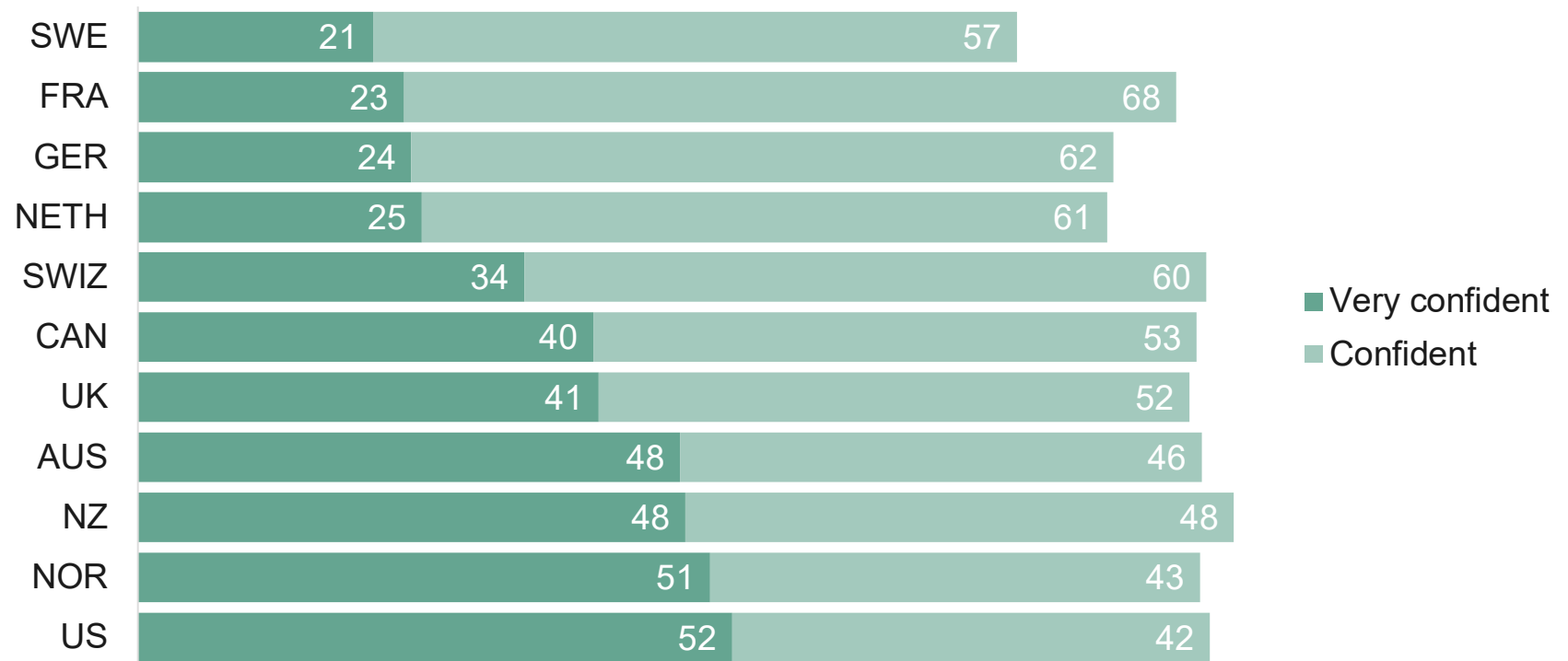
Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

CARE MANAGEMENT

The majority of older adults with chronic conditions were confident they could control and manage their health conditions.

Percentage of adults age 65+ with a chronic condition* who were confident they could manage



How confident are you that you can control and manage your health conditions? — Very confident or Confident.

* Chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

Hospitalizations, prescription drug use, and chronic conditions among older adults

| | Hospitalized in the past two years (%) | Uses four or more prescription drugs on a regular basis (%) | Any chronic condition* (%) |
|------|--|---|----------------------------|
| AUS | 32 | 38 | 85 |
| CAN | 20 | 47 | 85 |
| FRA | 27 | 38 | 84 |
| GER | 24 | 40 | 73 |
| NETH | 22 | 38 | 70 |
| NOR | 30 | 38 | 74 |
| NZ | 25 | 39 | 75 |
| SWE | 24 | 42 | 83 |
| SWIZ | 27 | 33 | 80 |
| UK | 20 | 40 | 78 |
| US | 27 | 55 | 88 |

* Chronic conditions: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease; depression, anxiety, or other mental health conditions; cancer; joint pain or arthritis; stroke.

Data: 2021 Commonwealth Fund International Health Policy Survey of Older Adults.

Source: Michelle M. Doty et al., *Comparing Nations on Timeliness and Coordination of Health Care: Findings from the 2021 Commonwealth Fund International Health Policy Survey of Older Adults* (Commonwealth Fund, Oct. 2021),

About the 2021 Commonwealth Fund International Health Policy Survey of Older Adults

- Twenty-third in the Commonwealth Fund's series of international health policy surveys, and the eighth survey focusing on older and/or sicker adults
- Survey research firm SSRS interviewed nationally representative samples of 18,477 adults age 65 and older across 11 countries: Australia (501), Canada (4,332), France (1,751), Germany (1,163), Netherlands (630), New Zealand (500), Norway (500), Sweden (3,018), Switzerland (2,597), United Kingdom (1,876), United States (1,609)
- Survey completed online or through computer-assisted landline or mobile phone interviews between March 1 and June 14, 2021
- Learn more [about the survey here](#)

Acknowledgments

The authors thank SSRS and the following cofunders:

- Canada: Health Quality Ontario; Canadian Institute for Health Information; Commissaire à la santé et au bien-être du Quebec; Ministère de la Santé et des Services sociaux
- France: La Haute Autorité de Santé; Caisse Nationale d'Assurance Maladie des Travailleurs Salariés; Directorate for Research, Evaluation, Studies, and Statistics of the French Ministry of Health
- Germany: German Ministry of Health and BQS Institute for Quality and Patient Safety
- Netherlands: Dutch Ministry of Health, Welfare and Sport and Radboud University Medical Center
- Sweden: Swedish Agency for Health and Care Services Analysis (Vård- och omsorgsanalys)
- Switzerland: Swiss Federal Office of Public Health
- United Kingdom: The Health Foundation