



NEWS RELEASE

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EXPERTS AGREE ON FIRST SET OF INTERNATIONAL HEALTH CARE QUALITY INDICATORS; U.S. SPENDS MOST, BUT QUALITY COULD IMPROVE

No One Country Is Best or Worst In Medical Care, Pointing to Room for Improvement in Every Nation for Every Indicator

New York City, May 4th, 2004—The first-ever international comparison of health care quality on key medical care measures such as cancer survival and screening rates finds that no one country does better than the others on all indicators. Further, each country in the comparative analysis—Australia, Canada, England, New Zealand, and the U.S.—does worst and best on at least one measure, pointing to areas where countries can improve, and where countries might learn about ways to improve care.

In the article published today in *Health Affairs*, the authors compare how well countries perform on twenty-one indicators developed by the Commonwealth Fund International Working Group on Quality Indicators. The indicators, while not a comprehensive list, were selected by the group of health care quality experts from the five countries as important measures of health system performance, and also because they provide opportunities for policymakers to improve care and outcomes.

“Even countries that are doing well could do better. These indicators begin to tell health care leaders and clinicians where they can focus to improve health care and outcomes, and are a step forward in trying to assess whether they are getting value for their money, particularly in the U.S., which spends more on health care than other nations,” said Karen Davis, president of The Commonwealth Fund.

The rankings allow countries to benchmark their progress against each other, find areas of medical care where they might learn from each other, and also raise red flags where health systems are falling behind. For example, asthma mortality rates for the U.S. have been increasing, while they have decreased in the other countries. The U.S. now has a higher asthma mortality rate than Australia or England. On some measures, there is clearly room for improvement in every country. Flu vaccination rates show that all five countries could prevent more flu-related deaths through vaccination.

Among the findings detailed in “How Does the Quality of Medical Care Compare in Five Countries,” by Peter Hussey and Gerard Anderson of the Johns Hopkins Bloomberg School of Public Health and colleagues, are many areas for improvement in each country, as well as

areas where other countries might learn from the experience of a country that performs well, as shown in the examples below.

A “+” notes an indicator for which the country shows better performance relative to the other countries, and the numbers in brackets show the country’s absolute performance compared to that of the country with the lowest performance. A “-“ notes an indicator where performance is poor relative to the other countries, and the numbers in brackets show the country’s absolute performance compared to that of the country with the best performance.

Australia:

- Breast cancer screening rates are higher than in other countries (+) [**AU=74% vs. NZ=63%**]
- 30-Day AMI (acute myocardial infarction) case fatality rates are lowest (+) * [**AU=7.3% vs. CA=11.1%**]
- Childhood leukemia 5-year relative survival rates are lowest (-) [**AU=69% vs. CA=81%**]
- Pertussis incidence (whooping cough) per 100,000 people is higher than in other countries (-) [**AU=31 vs. ENG=1.3**]

** Data are only available for Australia, Canada, and New Zealand*

Canada:

- Childhood leukemia 5-year relative survival rates are highest (+) [**CA=81% vs. AU=69%**]
- Kidney and liver transplant 5-year survival rates are highest (+) [**kidney: CA=94% vs. US=83%; liver: CA=87% vs. ENG=71%**]
- AMI 30-day case fatality rates are higher than in other countries* (-) [**CA=11.1% vs. AU=7.3%**]
- Pertussis (whooping cough) incidence per 100,000 people is the second highest of the five countries (-) [**CA=20 vs. ENG=1.3**]

** Data are only available for Australia, Canada, and New Zealand*

England:

- Suicide rates (per 100,000 people, all ages) are low compared to other countries (+) [**ENG=6% vs. NZ=13%**]
- Polio vaccination rates (age 2) are highest (+) [**ENG=95% vs. NZ=82%**]
- Five-year survival rates (relative) for breast cancer are lowest (-) [**ENG=75% vs. US=86%**]
- Five-year survival rates (relative) for colorectal cancer are lower than in other countries (-) [**ENG=53% vs. NZ=65%**]

New Zealand:

- Colorectal cancer 5-year survival relative rates are the highest (+) [**NZ=65% vs. ENG=53%**]

- Non-Hodgkins lymphoma 5-year relative survival rates are highest in Australia and New Zealand (+) [**NZ=67% vs. ENG=58%**]
- Suicide rates are highest, particularly among young people (rate per 100,000 people ages 15-19). (-) [**NZ=25.1% vs. ENG=3.3%**]
- Ischemic stroke 30-day mortality rates are highest* (-) [**NZ=11.8% vs. CA=9.0%**]

* *Data are only available for Australia, Canada, and New Zealand*

United States:

- Breast cancer five-year relative survival rates are highest (+) [**US=86% vs. ENG=75%**]
- Cervical cancer screening rates are higher than in other countries (+) [**US=93% vs. CA and NZ=77%**]
- Asthma mortality rates (per 100,000 people age 5-39) are increasing (-)
- Kidney transplant 5-year survival rates are lowest (-) [**US=83% vs. CA=94%**]

While underscoring the importance of this initial set of twenty-one indicators, the authors note that the limitations of this indicator list preclude the definite conclusion that any country has the best or worst quality of care, and recommend further investment to expand the scope and depth of the indicator set in order to be able to judge overall health system performance.

This report is the first installment in ongoing efforts to conduct international quality comparisons. The OECD has undertaken an initiative to expand the number of countries involved, develop additional quality indicators, and institutionalize the collection of the expanded group of indicators.

The special international issue of *Health Affairs* includes several studies based on research supported by The Commonwealth Fund, including articles comparing health spending in OECD nations, and findings from the Fund's 2003 International Health Policy Survey comparing quality of care in hospitals. Taken together, the research findings reveal that while the U.S. far outspends other countries on health care, more money does not translate into better quality of care.

Another article in the issue, "U.S. Health Care Spending in an International Context," by Uwe Reinhardt, Peter S. Hussey, and Gerard F. Anderson, reveals that U.S. spent \$4,887 per capita on health care in 2001, far outstripping other OECD (Organization for Economic Cooperation and Development) countries, and averaging \$2,000 more per capita than Canada, the next highest spending country of the five quality indicator nations, which spent \$2,792. Australia spent \$2,513 per capita, the U.K. \$1,992, and New Zealand \$1,710.

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