



NEWS RELEASE

For immediate release:
Wednesday, August 2, 2006

For further information, contact:
Mary Mahon: (212) 606-3853 / mm@cmwf.org
cell phone (917) 225-2314
Bethanne Fox: (301) 576-6359
Jacki Flowers: (301) 652-1558

Commonwealth Fund Commission Says the U.S. Health Care System Needs Thorough Transformation to Deliver Real Value.

Report Provides Vision for U.S. System; Sets Stage for Forthcoming National Scorecard

New York, NY, August 2, 2006—A panel of prominent leaders from all sectors of the health care system today issued its [*Framework for a High Performance Health System for the United States*](#). The report says that, although some of the best medical care in the world is delivered in the United States, when examined as a whole our country falls far short of providing high-quality, safe, well-coordinated, and efficient care, accessible to all Americans—and that we are failing to deliver adequate value for the very high proportion of resources we devote to health care in this country.

The report from the Commonwealth Fund Commission on a High Performance Health System states that there are concrete steps that could be taken to improve value, for example:

- Implementing major known quality and safety improvements;
- expanding the use of information technology;
- rewarding performance for quality and efficiency through our payment systems;
- increasing public reporting on quality and costs; and
- importantly, expanding health insurance coverage.

The Commission finds that central to implementing these changes is the need to establish more organized systems of care so that individual practitioners and hospitals can have:

- A structure within which to implement known quality and safety improvements;
- a structure to invest in and support appropriate information technology advances;
- a sufficiently broad base to enter into pay-for-performance contracts which reward quality and efficiency;
- the ability to provide reliable and objective public comparison of results among systems and providers; and
- the ability to care for patients across a range of needs for acute and chronic services.

“There is wide agreement among the public, policymakers, and health care professionals that we should get much more from our health care system, with its wealth of resources—including highly-trained, dedicated professionals, the most advanced medical technology, and the highest per capita spending in the world,” said Commission Chair James J. Mongan, M.D., president and CEO of Partners HealthCare System in Boston. “Our message to the nation is that our future health and economic well-being depends on acting now to begin the transformation.”

The Commission finds that systems with some degree of organization and cohesion are necessary as a base upon which to build an American health system adequate for the next century. These systems can take a number of forms, including, but not limited to tightly integrated systems, organized networks of physicians and hospitals, large medical group practices, or more loosely affiliated networks of rural hospitals and physicians achieving virtual integration through advanced information technology.

The report was informed by an exhaustive review of evidence on health system performance in terms of coverage and access, quality and safety, efficiency, and system capacity to innovate and improve. The Commission plans to release an annual national scorecard to monitor how the U.S. is performing on key health indicators. The scorecard, to be released this fall, will be the first to provide scores on all key dimensions of health care system performance as well as specific achievable benchmarks for improvement.

The framework report highlights the most crucial failings of the current health system, one the Commission describes as rife with inefficiencies, leaving large numbers of people without health care coverage, and allowing significant disparities in health care. Specifically, there is a lack of incentives to make sustained improvements; payment structures are misaligned and provide financial incentives for inefficient care; there is not enough investment in health information technology; and there is a persistent lack of accountability.

“More and more people are facing problems with their health care—higher costs, unmanageable bills, medical errors, and loss of coverage,” said Commonwealth Fund President Karen Davis. “Americans want and expect more than the inefficient, uncoordinated care they all too often experience. It’s time to push for the excellence that’s achievable with the resources we now devote to health care.”

About the Commission

The Commission—established by the Fund's Board of Directors in July 2005—seeks opportunities to change the delivery and financing of health care to improve system performance, and will identify public and private policies and practices that would lead to those improvements. It also explores mechanisms for financing improved health insurance coverage and investment in the nation's capacity for quality improvement, including reinvesting savings from efficiency gains.

The Commission is specifically charged with:

- Defining the characteristics of a high-performance health system.
- Setting realistic targets and identifying policies needed to achieve such a system
- Recommending concrete steps to achieve five-, 10-, and 15-year goals.
- Issuing an annual scorecard documenting progress.
- Issuing annual policy briefs on key policy issues related to achieving a high-performance health system.

The Commission members are:

James J. Mongan, M.D. (Chair), Partners HealthCare System, Inc.

Maureen Bisognano, Institute for Healthcare Improvement

Christine K. Cassel, M.D., American Board of Internal Medicine and ABIM Foundation

Michael Chernew, Ph.D., Department of Health Care Policy, Harvard Medical School

Patricia Gabow, M.D., Denver Health

Fernando A. Guerra, M.D., M.P.H., San Antonio Metropolitan Health District

George C. Halvorson, Kaiser Foundation Health Plan Inc.

Robert M. Hayes, J.D., Medicare Rights Center

Glenn M. Hackbarth, J.D.

Cleve L. Killingsworth, Blue Cross Blue Shield of Massachusetts

Sheila T. Leatherman, School of Public Health, University of North Carolina

Gregory P. Poulsen, M.B.A., Intermountain Health Care

Dallas L. Salisbury, Employee Benefit Research Institute

Sandra Shewry, State of California Department of Health Services

Glenn D. Steele, Jr., M.D., Ph.D., Geisinger Health System

Mary K. Wakefield, Ph.D., R.N., Center for Rural Health, University of North Dakota

Alan R. Weil, J.D., M.P.P., National Academy for State Health Policy

Steve Wetzell, HR Policy Association