



## NEWS RELEASE

Embargoed for release:  
12:01 a.m.,  
Tuesday, May 15, 2007

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### **New Update of International Health System Comparisons: U.S. Continues to Lag on Most Performance Measures, Spends Most on Health Care, Least on Health Information Technology**

New York City, May 15, 2007—The U.S. health care system ranks last compared with five other nations on measures of quality, access, efficiency, equity, and outcomes, in the third edition of a Commonwealth Fund report analyzing international health policy surveys. While the U.S. did well on some preventive care measures, the nation ranked at the bottom on measures of safe care and coordinated care.

Another new Commonwealth Fund report comparing health spending data in industrialized nations published today reveals that despite spending more than twice as much per capita on health care as other nations (\$6,102 vs. \$2,571 for the median of Organization for Economic Cooperation and Development [OECD] countries in 2004) the U.S. spends far less on health information technology—just 43 cents per capita, compared with about \$192 per capita in the U.K.

“The United States stands out as the only nation in these studies that does not ensure access to health care through universal coverage and promotion of a ‘medical home’ for patients,” said Commonwealth Fund President Karen Davis. “Our failure to ensure health insurance for all and encourage stable, long-term ties between physicians and patients shows in our poor performance on measures of quality, access, efficiency, equity, and health outcomes. In light of the significant resources we devote to health care in this country, we should expect the best, highest performing health system.”

*In Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care*, by Karen Davis, Ph. D., and colleagues, compare surveys on physicians’ and patients’ experiences and views of their health systems conducted in Australia, Canada, Germany, New Zealand, the U.K., and the U.S. between 2004 and 2006. Key findings include:

- **On measures of quality, the U.S. overall ranked 5th out of 6 countries.** The U.S. ranked fifth in coordinated care, and last in patients reporting that they have a regular doctor (84% vs. 92%–97% in other countries).
- **On access measures the U.S. ranked last overall, including** last on timeliness of care: 61% of U.S. patients said it was somewhat or very difficult to get care on nights or weekends, compared with 25%–59% in other countries.
- **On efficiency, the U.S. ranked last overall,** including last on percent of patients who have visited the emergency room for conditions that could have been treated

by a regular doctor if one had been available (26% vs. 6%–21% in other countries). The U.S. ranked fifth of six countries on primary care practices having “high clinical information functions,” defined as practices having at least 7 of 14 office practice information functions, including electronic records, electronic prescribing, computerized safety alerts, and patient reminders systems and registries (19% compared with 8%–87% in other countries).

*Multinational Comparisons of Health Systems Data, 2006* by Jonathan Cylus and Gerard Anderson, Ph.D., of The Johns Hopkins University, compares health spending data in nine Organization for Economic Cooperation and Development (OECD) countries: Australia, Canada, France, Germany, Japan, the Netherlands, New Zealand, the United Kingdom, and the United States and, where possible, the median of all 30 OECD countries. Key findings include:

- In 2004 the U.S. spent the most per capita on hospital services, and Canada and Japan spent the least. Adjusted for differences in cost of living, inpatient acute care spending per day in the United States was nearly three times the median OECD country (\$2,337) and over five times more than Japan (\$419).
- The U.S. spent twice the OECD median per capita on drugs in 2004—\$752 compared with \$377.
- Nearly one-third (30.6%) of individuals in the U.S. were obese in 2004, compared with 13 percent of the OECD median.
- The U.S. had about two and a half times the OECD median for years of potential life lost due to diabetes—101 per 1,000 people compared with 39 per 1,000 (U.S. data is for 2002).

**The Commonwealth Fund is a private foundation working toward a high performance health system.**