Figure ES-1. International Comparison of Spending on Health, 1980–2004

Figure ES-2. Growth in National Health Expenditures (NHE) Under Various Scenarios

NHE, in trillions of dollars

Cumulative savings projections, 2007–2015:
One-time savings: $1.31 trillion
Slowing trend: $1.39 trillion

Figure 1. International Comparison of Spending on Health, 1980–2004

Average spending on health per capita ($US PPP)

Total expenditures on health as percent of GDP

Figure 2. Growth in National Health Expenditures: Private, Public, and Total Expenditures, 1980–2005

Average annual percent growth in health expenditures

Figure 3. Health Expenditure Growth 1980–2005 for Selected Categories of Expenditures

Average annual percent growth in health expenditures

Figure 4. Percentage of National Health Expenditures Spent on Health Administration and Insurance, 2003

Net costs of health administration and health insurance as percent of national health expenditures

**Source:** Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006.

*Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.*

Data: OECD Health Data 2005.
Figure 5. Monthly Percentage Change in Health Insurance Stock Price Index, 1996–2006

### Figure 6. Health Expenditures for Selected Type of Services, 2000–2015

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Billions</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$1,353.3</td>
<td>$1,987.7</td>
<td>$2,879.4</td>
<td>$4,031.7</td>
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<tr>
<td>Percent GDP</td>
<td></td>
<td>13.8%</td>
<td>16.0%</td>
<td>18.0%</td>
<td>20.0%</td>
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<tr>
<td><strong>BY TYPE OF SERVICE</strong></td>
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<td></td>
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<tr>
<td>Hospital care</td>
<td></td>
<td>$417.0</td>
<td>$611.6</td>
<td>$882.4</td>
<td>$1,230.9</td>
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<tr>
<td>Physician &amp; clinical services</td>
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<td>288.6</td>
<td>421.2</td>
<td>610.7</td>
<td>849.8</td>
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<td>Other professional services (dental, etc.)</td>
<td></td>
<td>138.2</td>
<td>200.5</td>
<td>292.6</td>
<td>411.5</td>
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<tr>
<td>Nursing home care</td>
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<td>95.3</td>
<td>121.9</td>
<td>160.5</td>
<td>216.8</td>
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<tr>
<td>Home health care</td>
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<td>30.5</td>
<td>47.5</td>
<td>72.3</td>
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<tr>
<td>Prescription drugs</td>
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<td>120.8</td>
<td>200.7</td>
<td>299.2</td>
<td>446.2</td>
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<tr>
<td>Other medical products</td>
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<td>49.5</td>
<td>58.1</td>
<td>69.1</td>
<td>83.1</td>
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<tr>
<td>Program admin. &amp; net cost of private health insurance</td>
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<td>81.2</td>
<td>143.0</td>
<td>210.6</td>
<td>289.8</td>
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<td>Investment</td>
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<td>88.8</td>
<td>126.8</td>
<td>191.3</td>
<td>268.9</td>
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Figure 7. States with Higher Medicare Spending per Enrollee Do Not Have Lower Rates of Mortality, 2003

### Figure 8. Costs of Care for Medicare Beneficiaries with Multiple Chronic Conditions, by Hospital Referral Regions, 2001

<table>
<thead>
<tr>
<th>Condition</th>
<th>Average Annual Reimbursement</th>
<th>Ratio of Percentile Groups</th>
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<tbody>
<tr>
<td>All 3 conditions (Diabetes + CHF + COPD)</td>
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<tr>
<td></td>
<td>Average</td>
<td>10th percentile</td>
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<tr>
<td>All 3 conditions (Diabetes + CHF + COPD)</td>
<td>$31,792</td>
<td>$20,960</td>
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<tr>
<td>Diabetes + CHF</td>
<td>$18,461</td>
<td>$12,747</td>
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<tr>
<td>Diabetes + COPD</td>
<td>$13,188</td>
<td>$8,872</td>
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<tr>
<td>CHF + COPD</td>
<td>$22,415</td>
<td>$15,355</td>
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</tbody>
</table>

CHF = Congestive heart failure; COPD = Chronic obstructive pulmonary disease.

Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of 2001 Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Figure 9. Growth in National Health Expenditures (NHE) Under Various Scenarios

NHE, in trillions of dollars

Cumulative savings projections, 2007–2015:
One-time savings: $1.31 trillion
Slowing trend: $1.39 trillion

$2.02 trillion in 2005


$3.71 T
$3.85 T
$4.04 T

Figure 10. Percent of Different Physicians Seen by Patients in Academic Medical Centers Varies

Average percentage of patients seeing 10+ different physicians in first year of care within AMC hospitals

- **Hip Fracture**: Lowest quintile 16, Middle quintiles 20, Highest quintile 35
- **Colorectal Cancer**: Lowest quintile 15, Middle quintiles 17, Highest quintile 25
- **Acute Myocardial Infarction**: Lowest quintile 18, Middle quintiles 25, Highest quintile 32

Note: Quintiles of practice intensity (“treatment groups”) corresponded closely to regional differences in price and to illness-adjusted Medicare spending.

Figure 11. Improvements in Use of Beta Blockers After a Heart Attack

Figure 12. Health Care Costs Concentrated in Sick Few—Sickest 10 Percent Account for 64 Percent of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2003

Figure 13. Primary Care Doctors Use of Electronic Patient Medical Records, 2006

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.