



Health System Performance in Selected Nations: A Chartpack

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Outline

- I. Quality of Care**
- II. Access to Care**
- III. Efficiency of Health System**
- IV. Equity of Health System**
- V. Ability to Ensure Long, Healthy and Productive Lives**
- VI. Views of the Health Care System: Physicians and Patients**
- VII. Country Rankings**



Data Sources

- **2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Random, representative samples of adults 18 and older)**
 - **Sample sizes: 1,400 in Australia, 1,410 in Canada, 1,400 in New Zealand, 3,061 in U.K., and 1,401 in U.S.; total sample of 8,672 adults.**
- **2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Adults in six countries who met at least one of four criteria: rated their health as fair or poor; reported that they had a serious illness, injury, or disability that required intensive medical care in the past two years; or reported that in the past two years they had major surgery or had been hospitalized)**
 - **Sample Size: 700–750 sicker adults in Australia, Canada, and New Zealand and 1,500 or more in the United Kingdom, United States, and Germany; total sample of 6,958 sicker adults.**
- **2006 International Health Policy Survey of Primary Care Doctors (Primary care physicians)**
 - **Sample Size: Australia: 1,003, Canada: 578, Germany: 1,006, Netherlands: 931, New Zealand: 503, UK: 1,063, US: 1,004; total sample of 5,157 primary care physicians**
- **OECD Health Data from 2004 and 2005**



Data References

- **K. Davis, et al., *Mirror, Mirror on the Wall: An Update on the Quality of American Health Care Through the Patient's Lens*, (New York: The Commonwealth Fund, May 2007)**
- **C. Schoen, R. Osborn, P. Trang Huynh, M. Doty, J. Peugh, K. Zapert, *On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries*, *Health Affairs Web Exclusive* (Nov. 2, 2006): w555–w571**
- **C. Schoen, M.S., Robin Osborn, M.B.A., Phuong Trang Huynh, Ph.D., Michelle Doty, Ph.D., Kinga Zapert, Ph.D., Jordon Peugh, M.A., Karen Davis, Ph.D. *Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries*, *Health Affairs Web Exclusive* (November 3, 2005): W5-509–W5-525**
- **C. Schoen, M.S., Robin Osborn, M.B.A., Phuong Trang Huynh, Ph.D., Michelle Doty, Ph.D., Karen Davis, Ph.D., Kinga Zapert, Ph.D., and Jordon Peugh, M.A. *Primary Care and Health System Performance: Adults' Experiences in Five Countries*, *Health Affairs Web Exclusive* (October 28, 2004): W4-487–W4-503**
- **P. T. Huynh, C. Schoen, R. Osborn, and A. L. Holmgren, *The U.S. Health Care Divide: Disparities in Primary Care Experiences by Income*, (New York: The Commonwealth Fund, April 2006)**
- **J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, May 2007).**

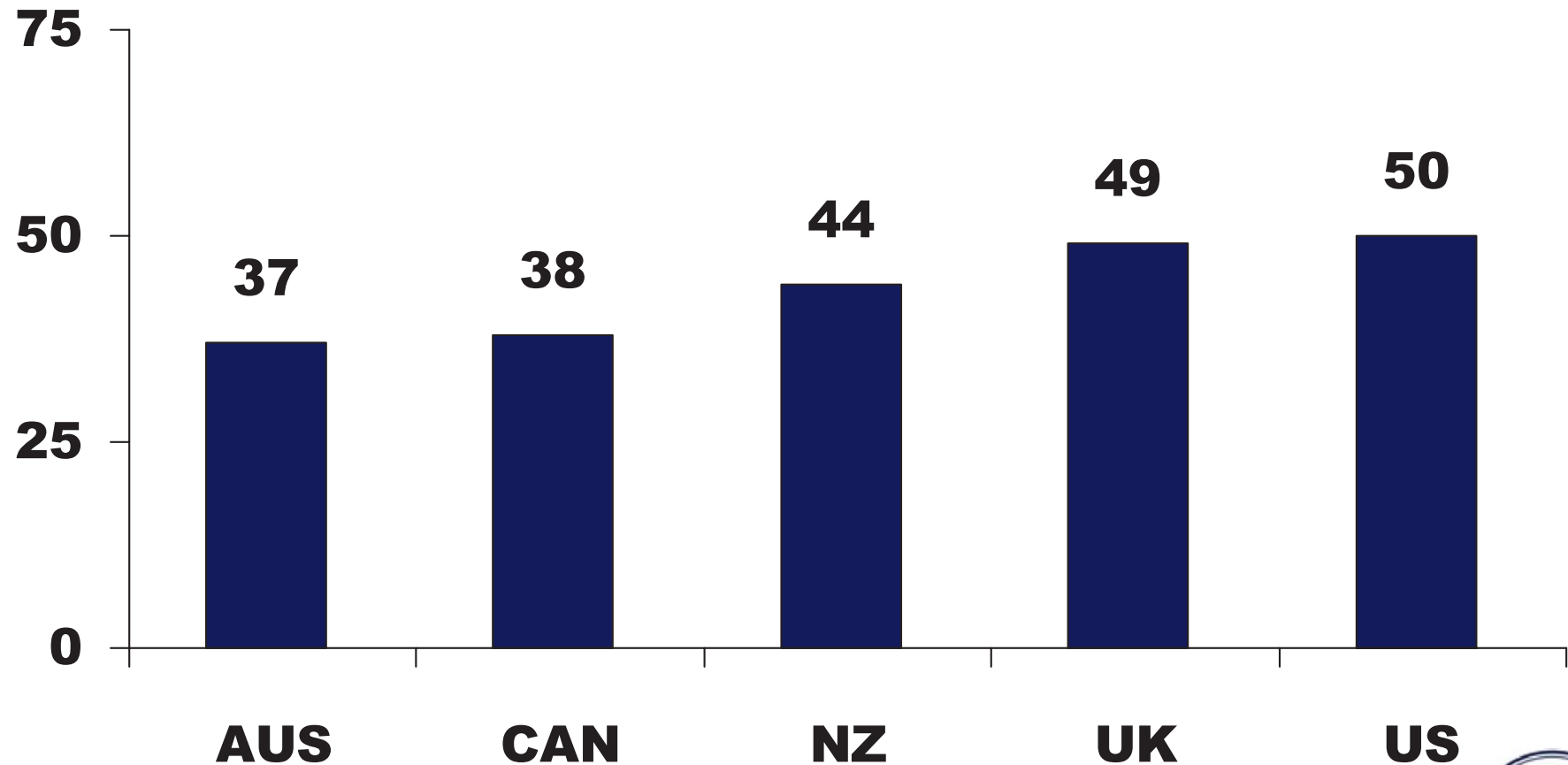


Quality: Right Care

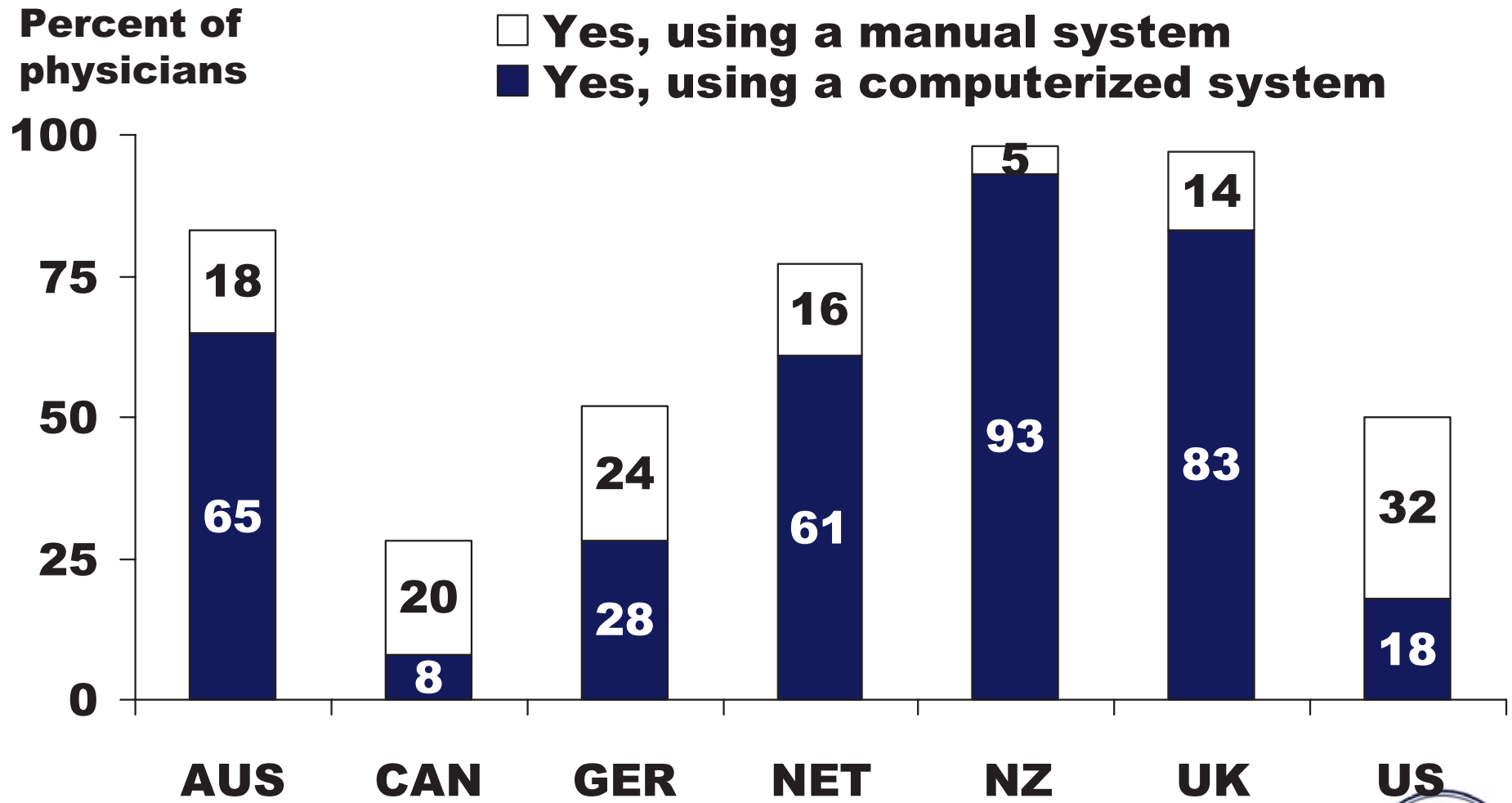


Patient Reports on Reminders for Preventive Care, 2004

Percent of adults receiving preventive care reminders



Physicians Reporting Routinely Sending Patients ⁷ Reminder Notice for Preventive or Follow-Up Care, 2006



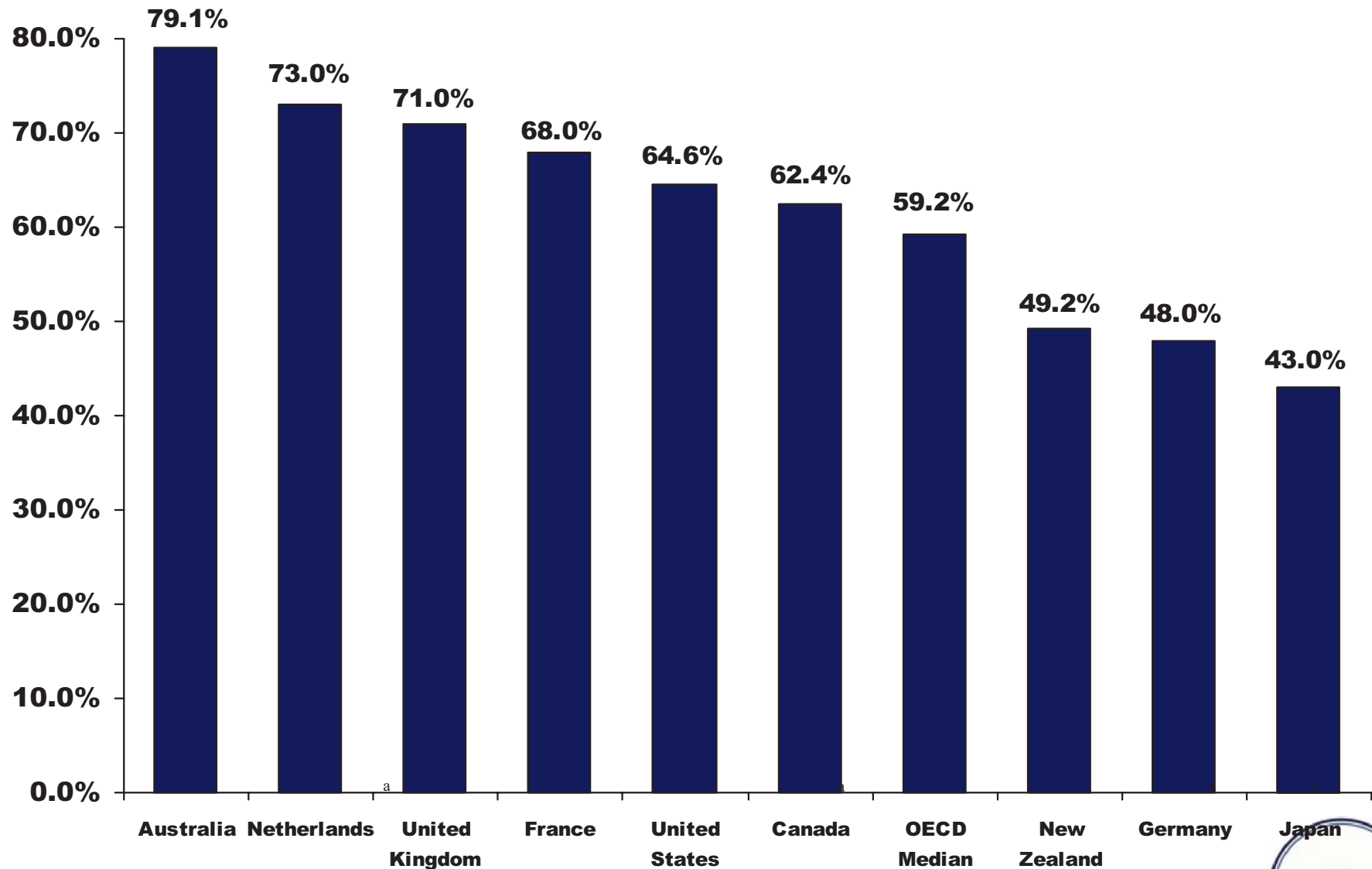
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians



Preventive Care, 2004

Percent received:	AUS	CAN	NZ	UK	US
Pap in past 3 years, Women age 25-64	78	77	81	77	89
Mammogram in past 3 years, Women age 50-64	80	79	81	77	86

Percentage of Population over Age 65 with Influenza Immunization in 2004

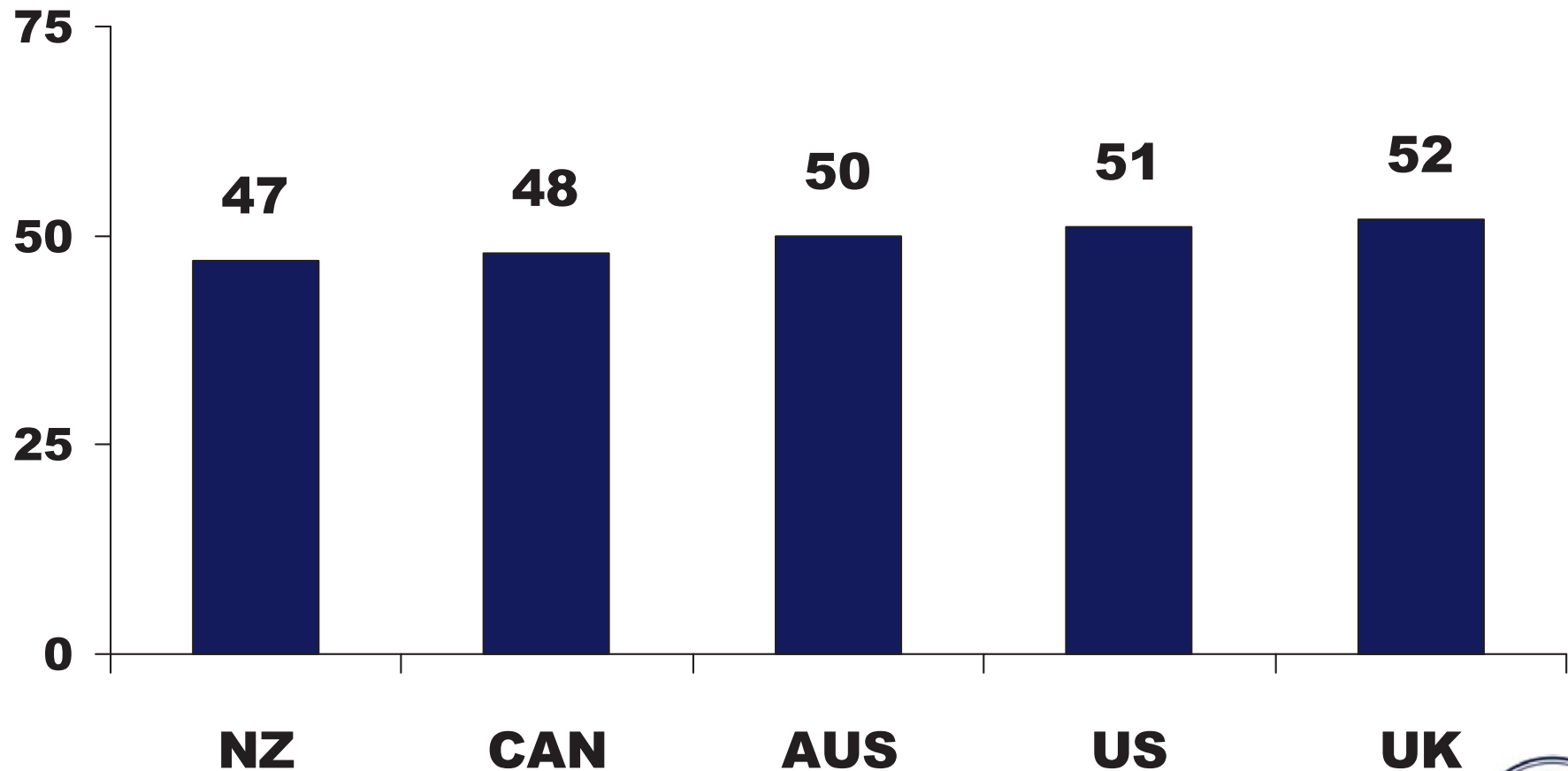


Source: J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Prevalence of Chronic Conditions, 2004

Percent of adults with at least one of six chronic conditions*

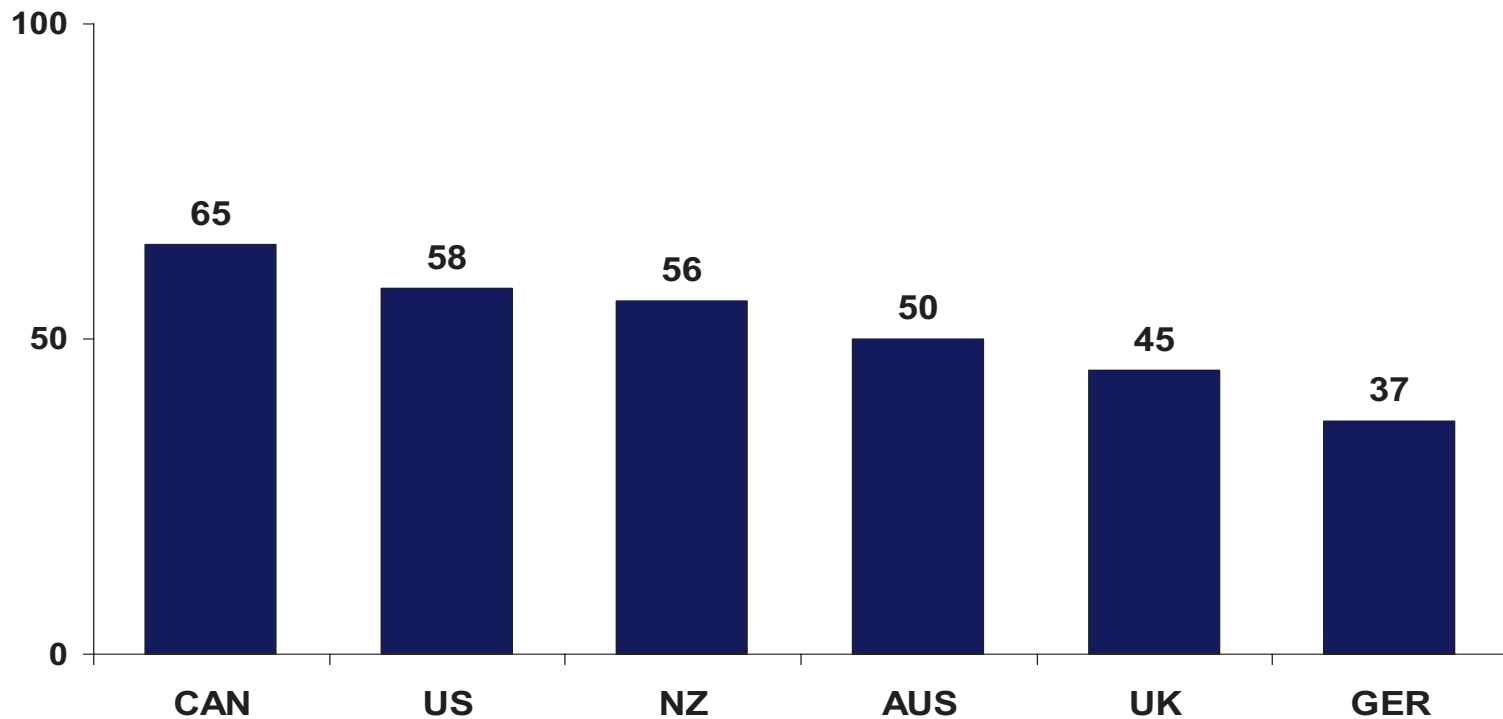


*Hypertension, heart disease, diabetes, arthritis, lung problems, and depression
2004 Commonwealth Fund International Health Policy Survey



Sicker Adults with Chronic Conditions: Receipt of Self-Management Plan in Six Countries, 2005

Percent of sicker adults with chronic conditions* whose doctor gave plan to manage care at home



* Adult reported at least one of six conditions: hypertension, heart disease, diabetes, arthritis, lung problems (asthma, emphysema, etc.), or depression.

.Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



Received Recommended Care for Chronic Condition, Sicker Adults, 2005

Percent received recommended care:	AUS	CAN	GER	NZ	UK	US
Hypertension*	78	85	91	77	72	85
Diabetes**	41	38	55	40	58	56

* Blood pressure and cholesterol checked.

** Hemoglobin A1c and cholesterol checked, and feet and eyes examined.



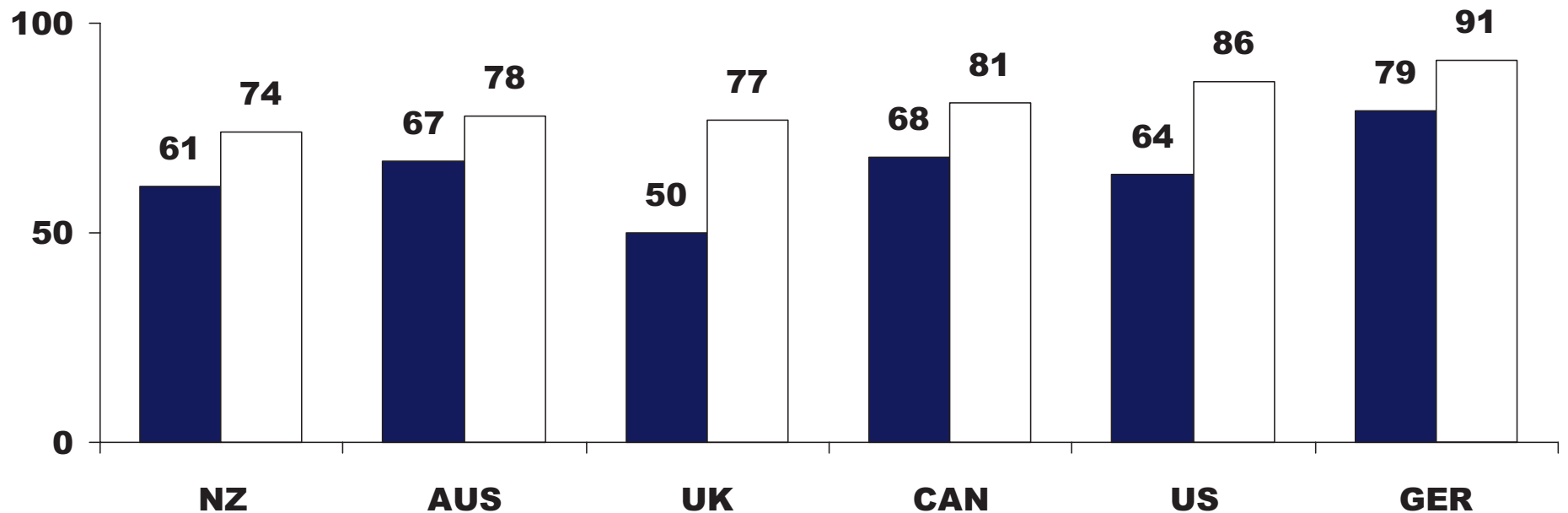
Sicker Adults with Hypertension or Diabetes

Who Received Recommended Care by Self-Management Plan or Nurse Involvement, 2005

Includes blood pressure and cholesterol for hypertension; Hemoglobin A1c and cholesterol checked, and feet and eyes examined for diabetes

■ Neither self-management plan or nurse □ Self-management plan and/or nurse

Percent



Percent of Doctors Reporting Practice Is Well Prepared to Care for Chronic Diseases, 2006

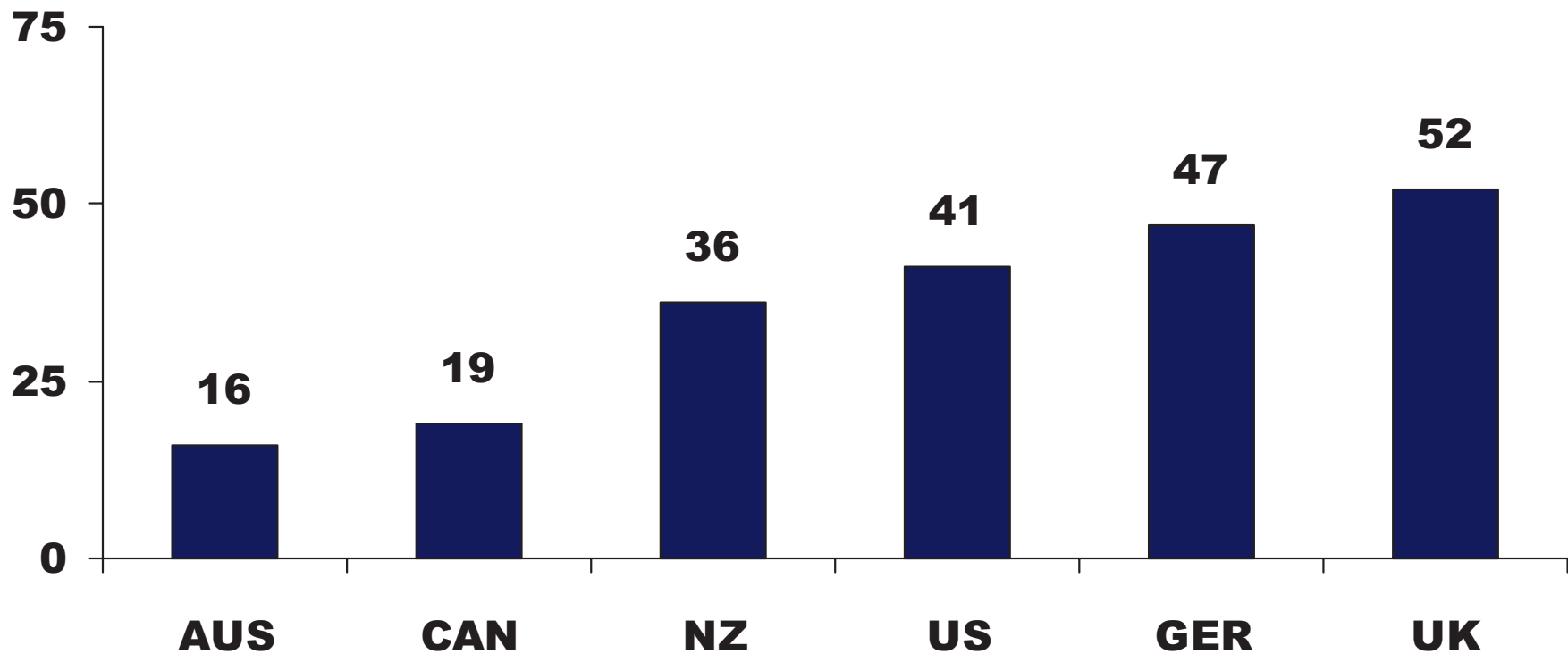
Percent of physicians reporting “well prepared”:	AUS	CAN	GER	NET	NZ	UK	US
Patients with multiple chronic diseases	69	55	93	75	67	76	68
Patients with mental health problems	50	40	70	65	48	55	37



Doctor's Office Has a Nurse Regularly Involved in Care Management, Sicker Adults, 2005

Base: Adults with chronic disease

Percent who have a nurse involved in case management



Prescription Medication Advice Among Sicker Adults with Chronic Conditions, 2005

Base: Adults with chronic disease who use prescription medications regularly

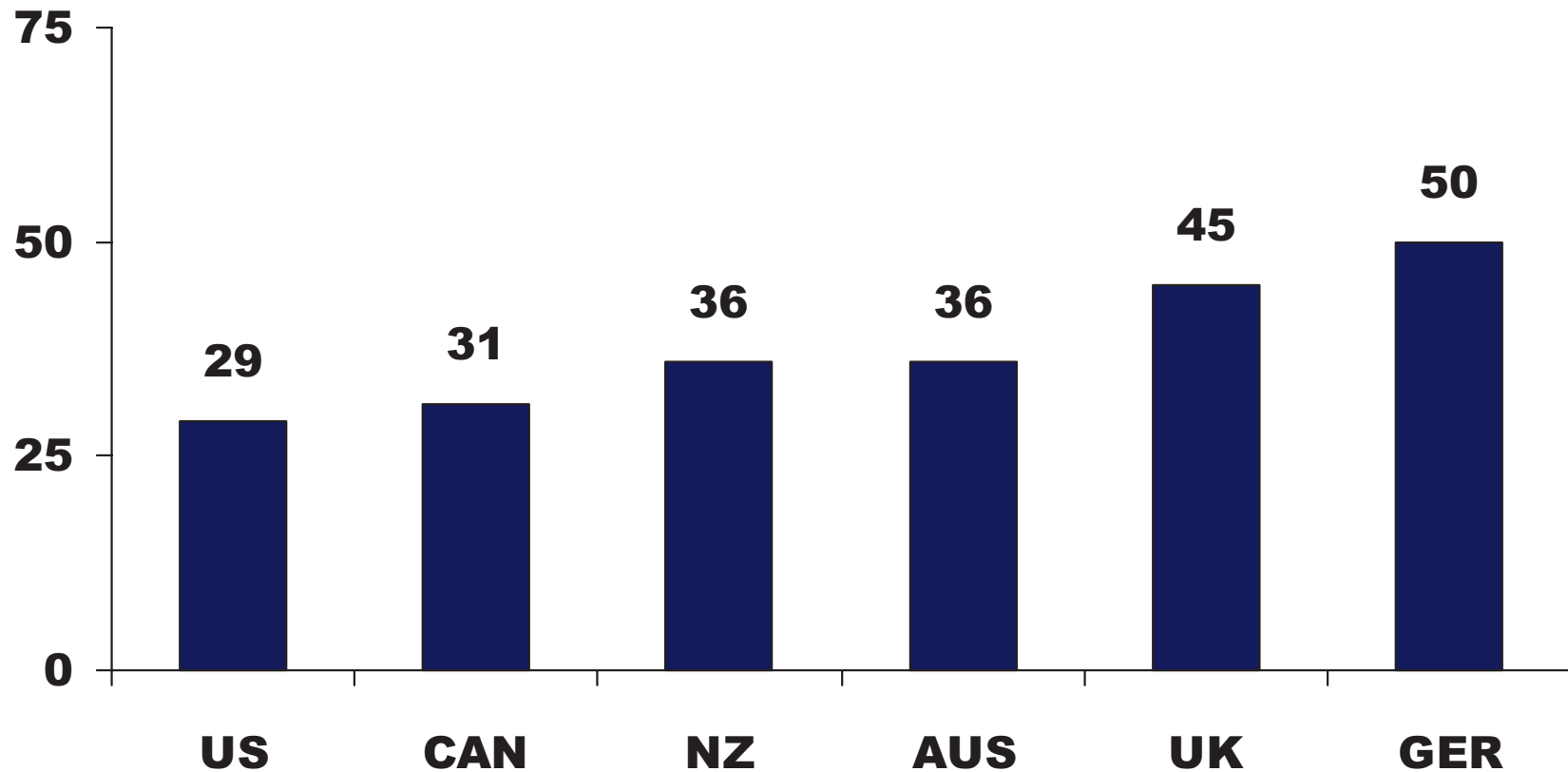
Percent saying doctor:*	AUS	CAN	GER	NZ	UK	US
Does NOT review all medications taking, including prescribed by other doctors	46	38	35	42	42	40
Does NOT explain side effects	36	40	47	33	48	49

* Doctor sometimes, rarely, or never.



Patients Did Not Receive Counseling About Exercise and Diet in Past Year, Sicker Adults, 2005

Base: Adults with chronic health condition



Physician-Reported Use of Multi-Disciplinary Teams¹⁸ and Non-Physicians, 2006

	AUS	CAN	GER	NET	NZ	UK	US
Practice routinely uses multi-disciplinary teams:							
Yes	32	32	49	50	30	81	29
Practice routinely uses clinicians other than doctors to:							
Help manage patients with multiple chronic diseases	38	25	62	46	57	73	36
Non-physicians provide primary care services	38	22	56	33	51	70	39

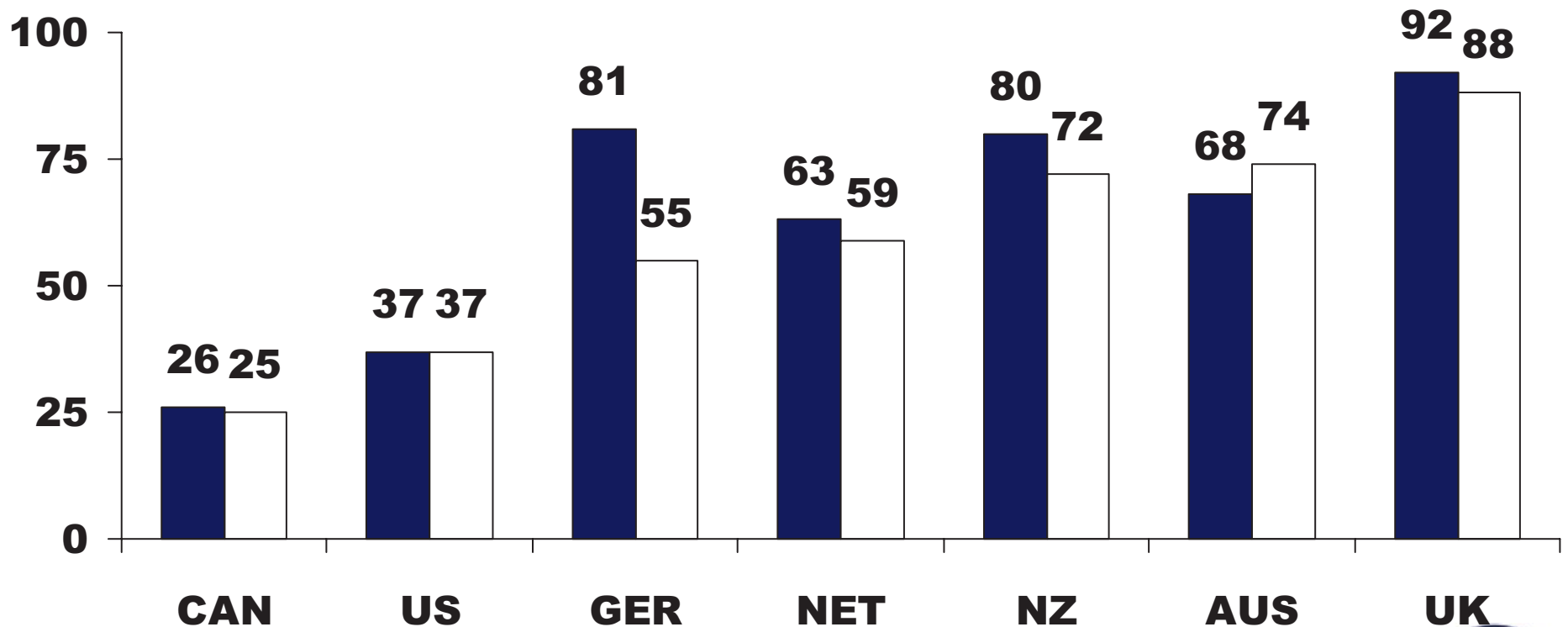


Capacity to Generate Patient Information, 2006 ¹⁹

Percent of primary care practices reporting very or somewhat easy to generate

■ List of patients by diagnosis

□ List of patients' medications, including Rx by other doctors



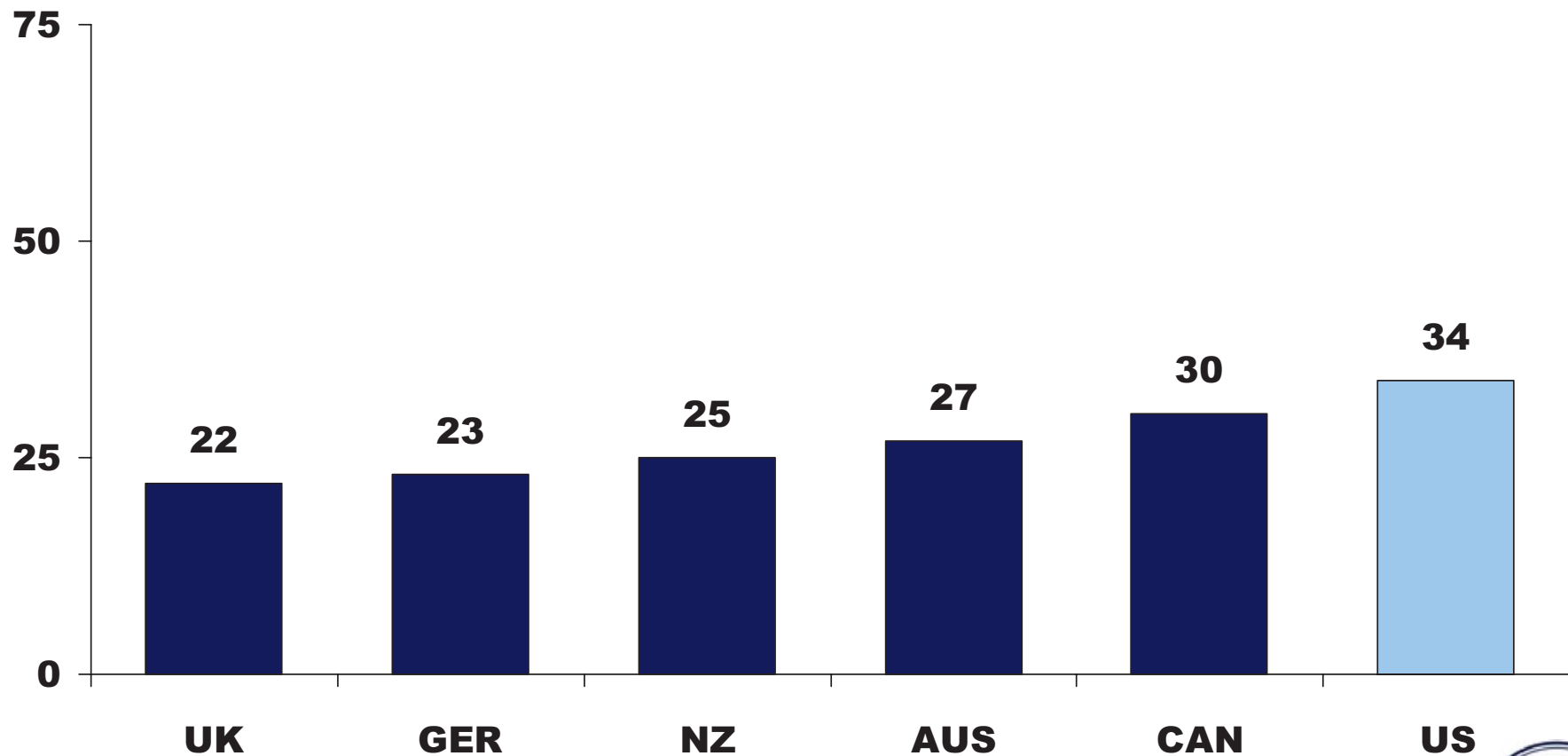
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Quality: Safe Care



Medical, Medication, and Lab Errors Among Sicker Adults, 2005

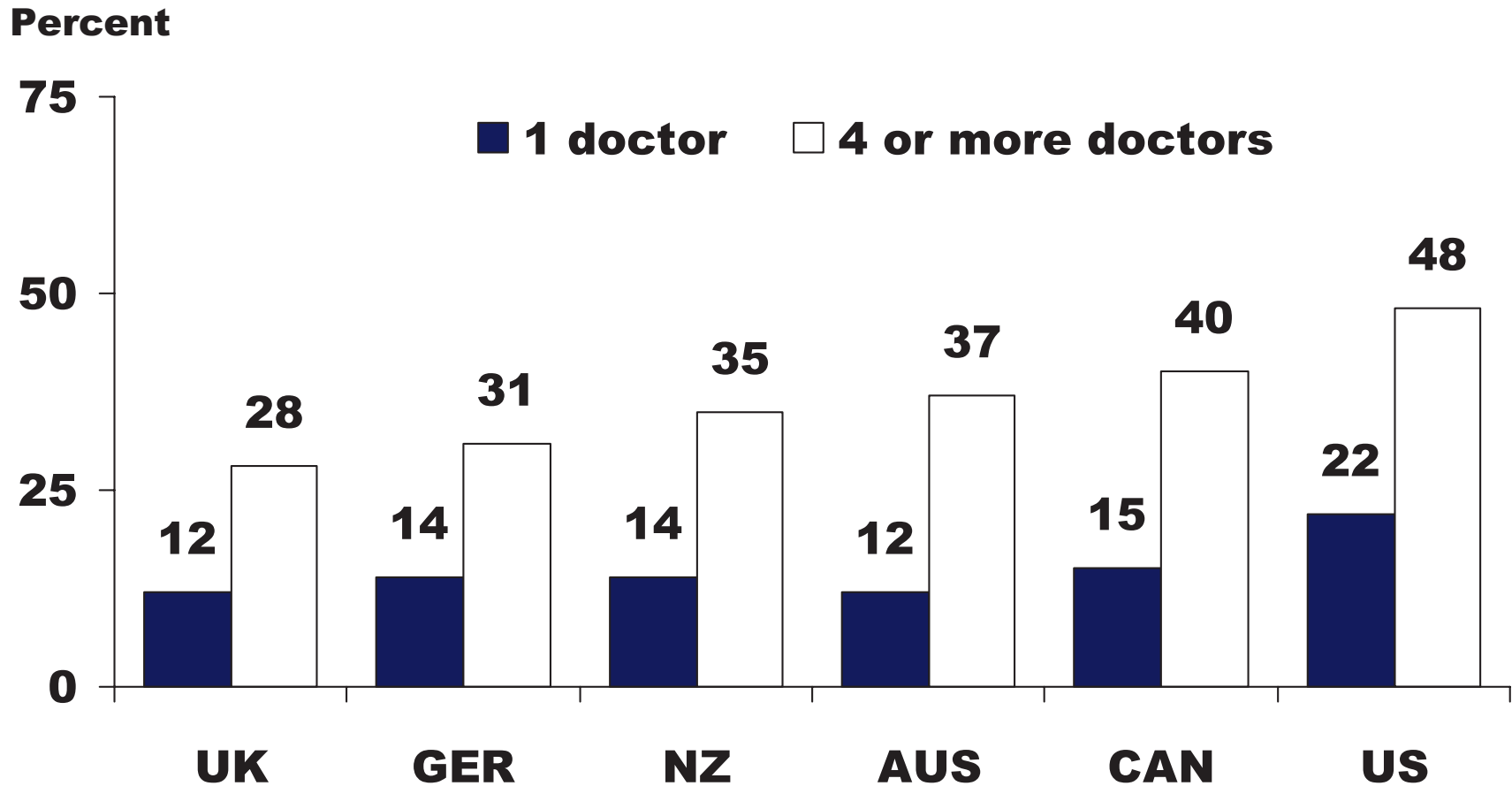
Percent reporting medical mistake, medication error, or lab error in past two years



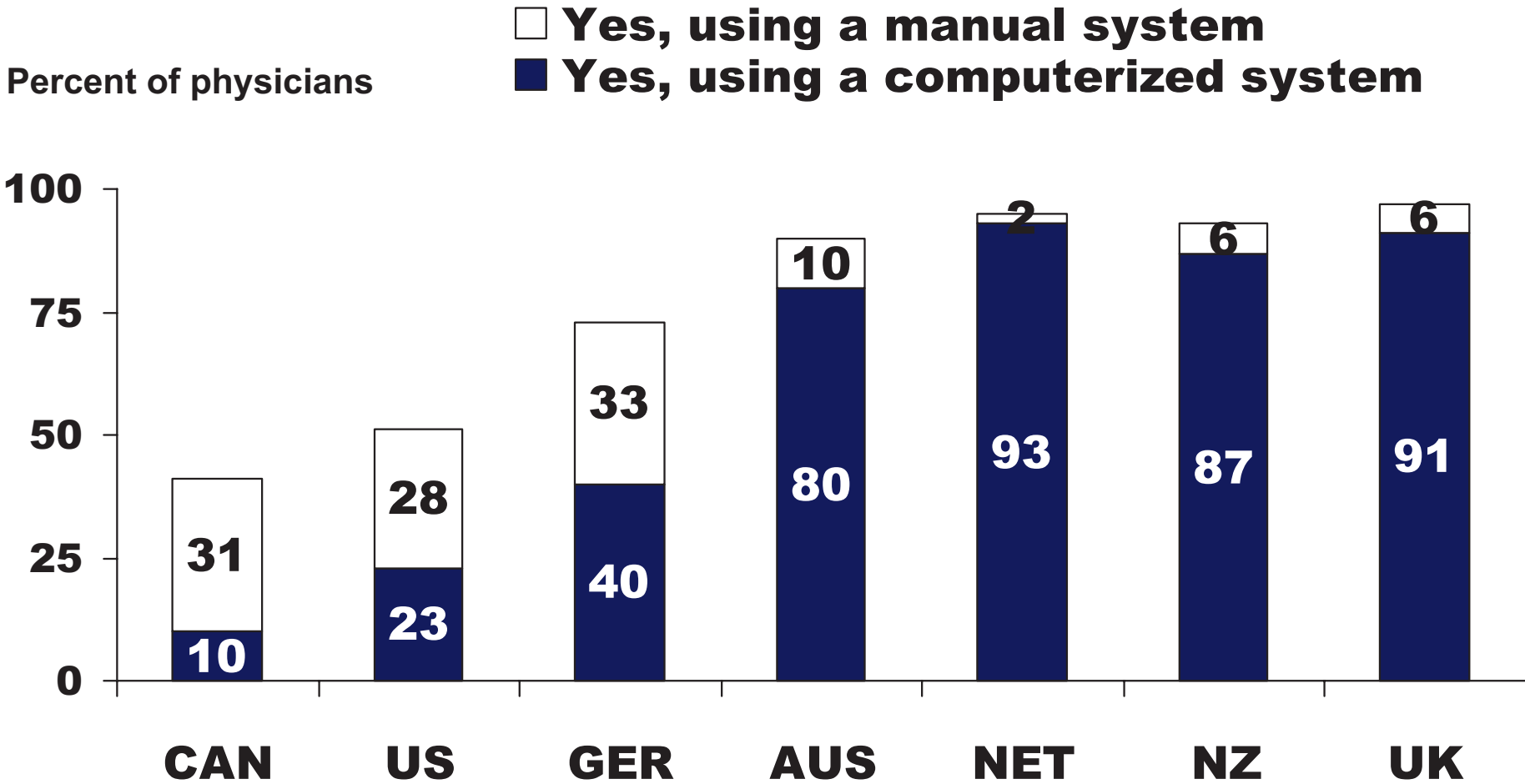
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



Patients Reporting Any Error by Number of Doctors Seen in Past Two Years, Sicker Adults, 2005



Doctors Reporting Routinely Receiving Alerts about Potential Problem with Drug Dose/Interaction

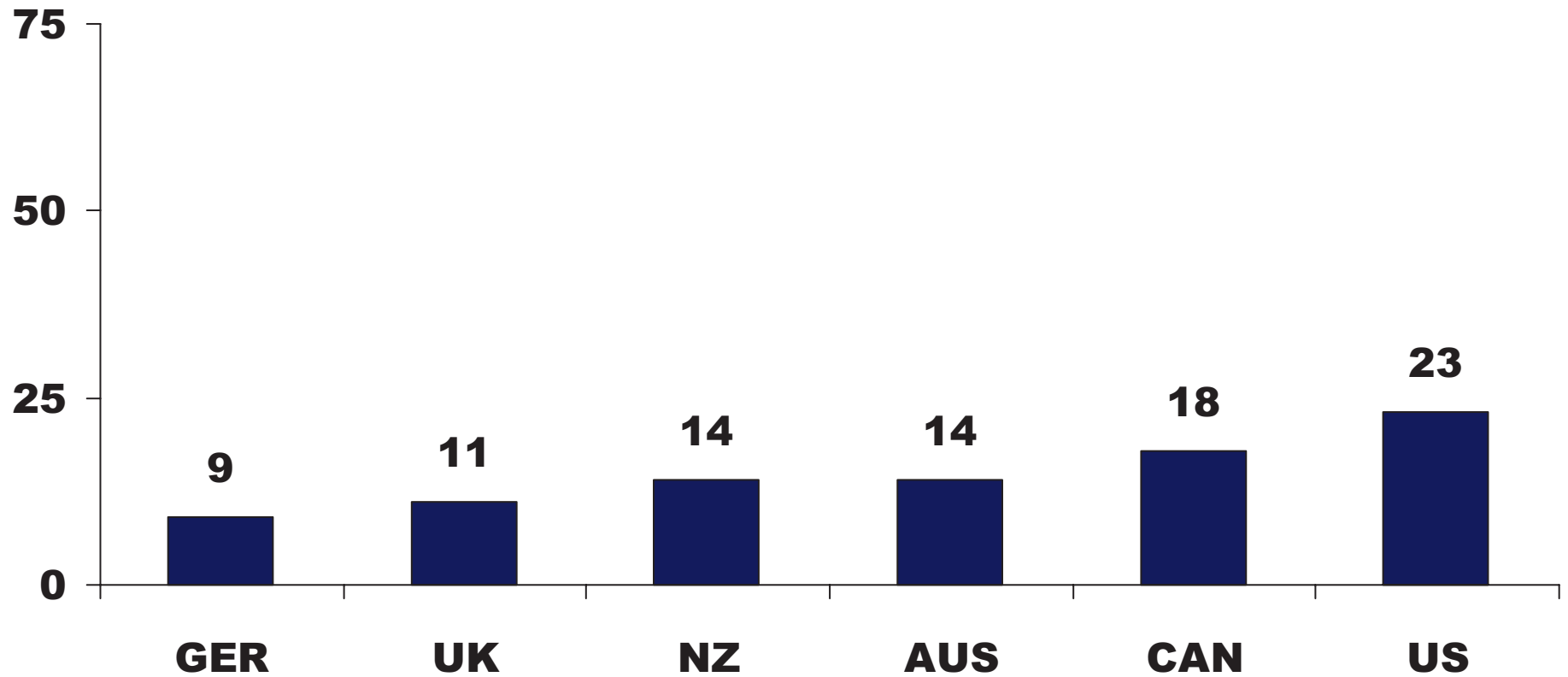


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

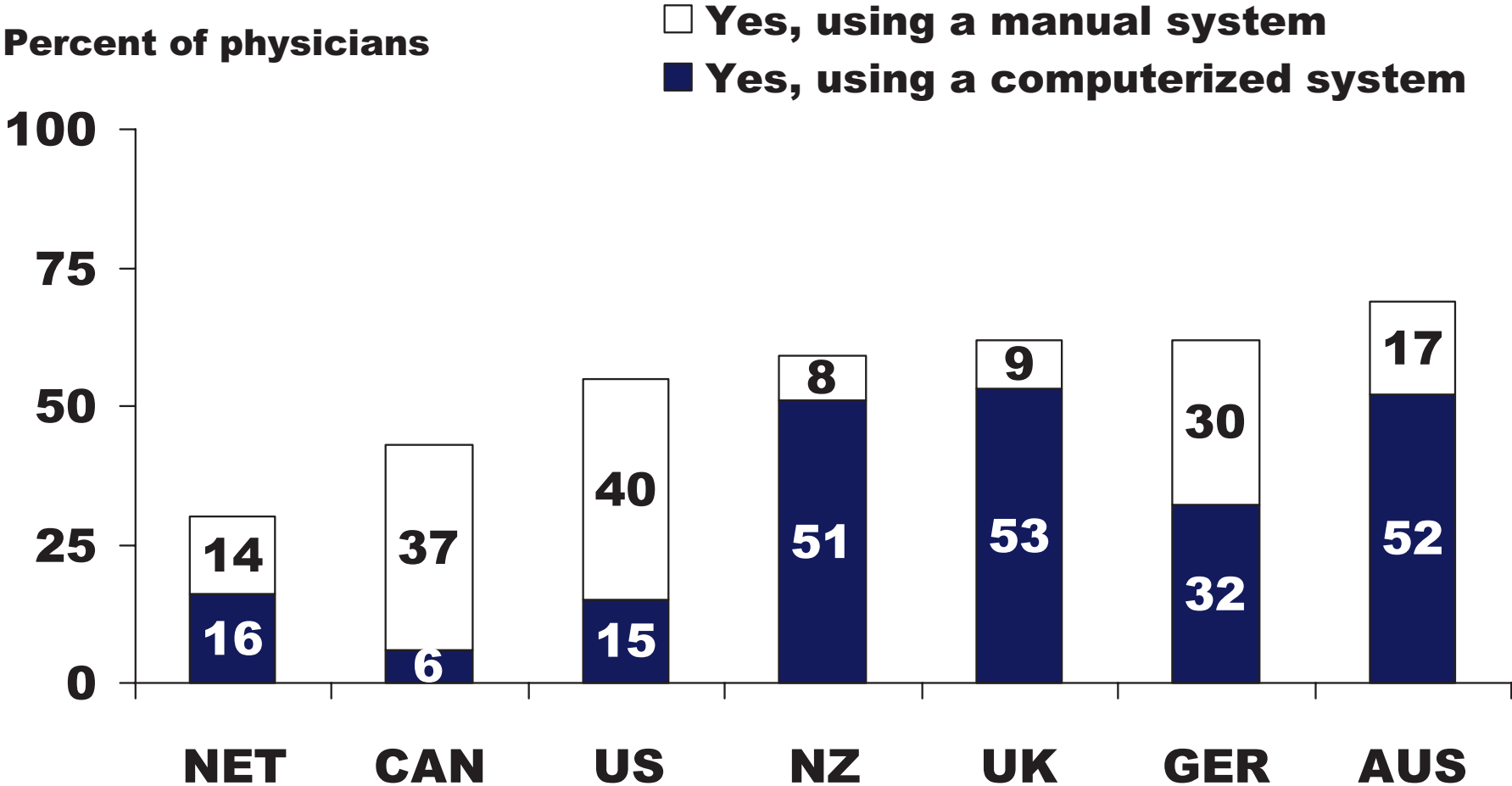


Incorrect Lab/Diagnostic Test or Delay in Receiving Abnormal Test Results, Sicker Adults, 2005

Percent reporting either lab test error in past two years



Doctors Reporting Routinely Receiving Alerts to Provide Patients with Test Results, 2006



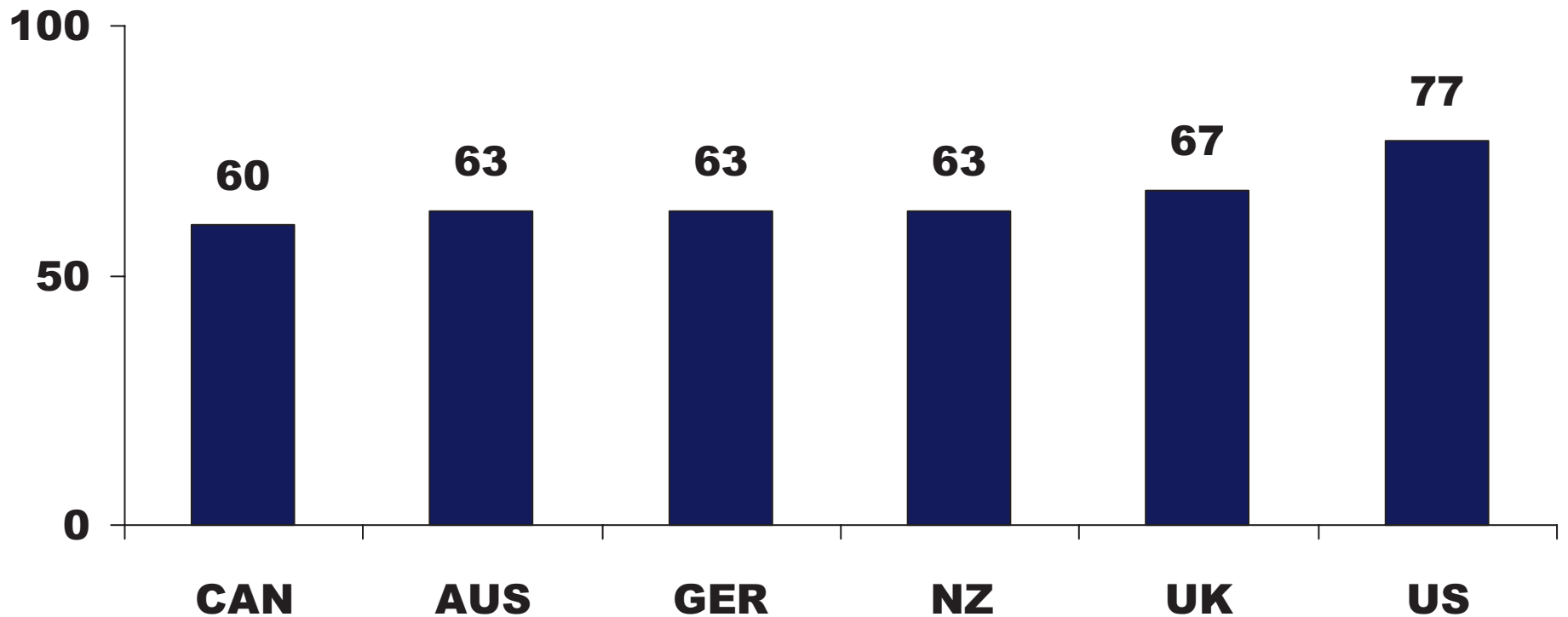
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians



Medical Mistake or Medication Error Occurred Outside the Hospital, Sicker Adults, 2005

Base: Experienced medical mistake or medication error

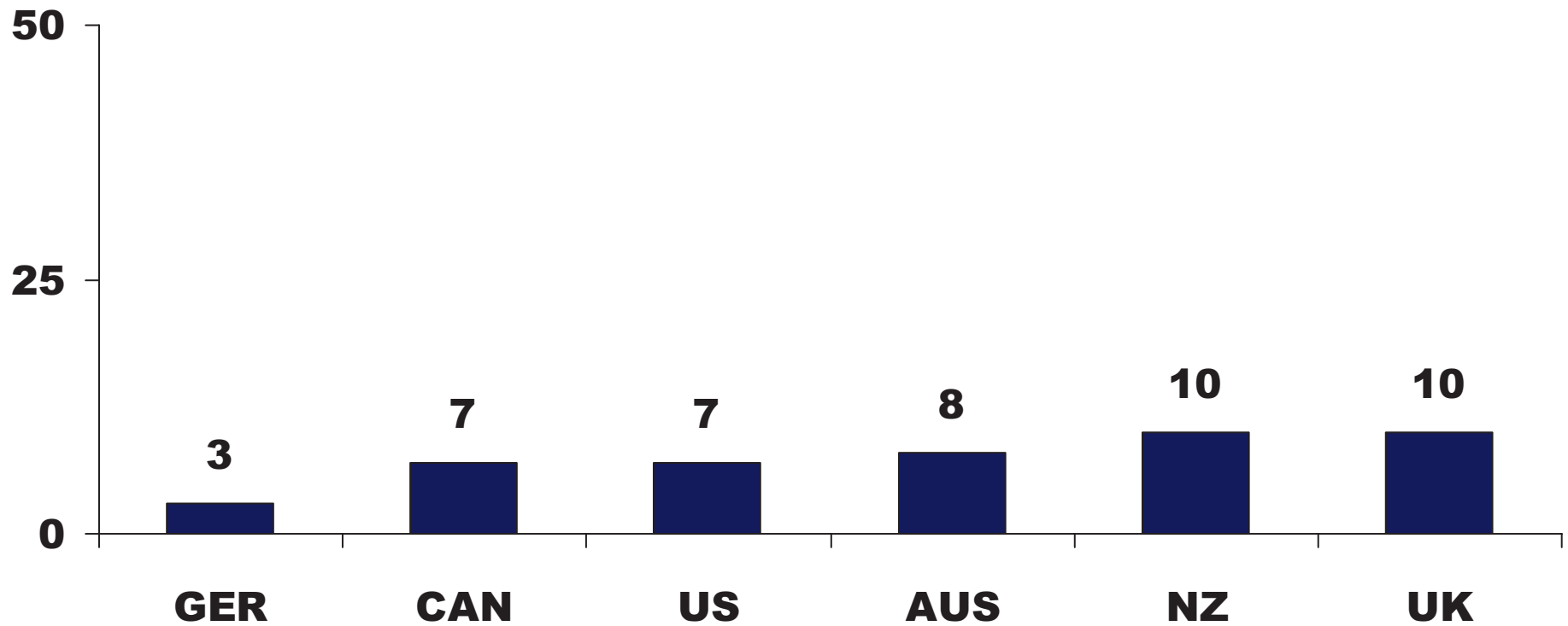
Percent saying error occurred outside the hospital



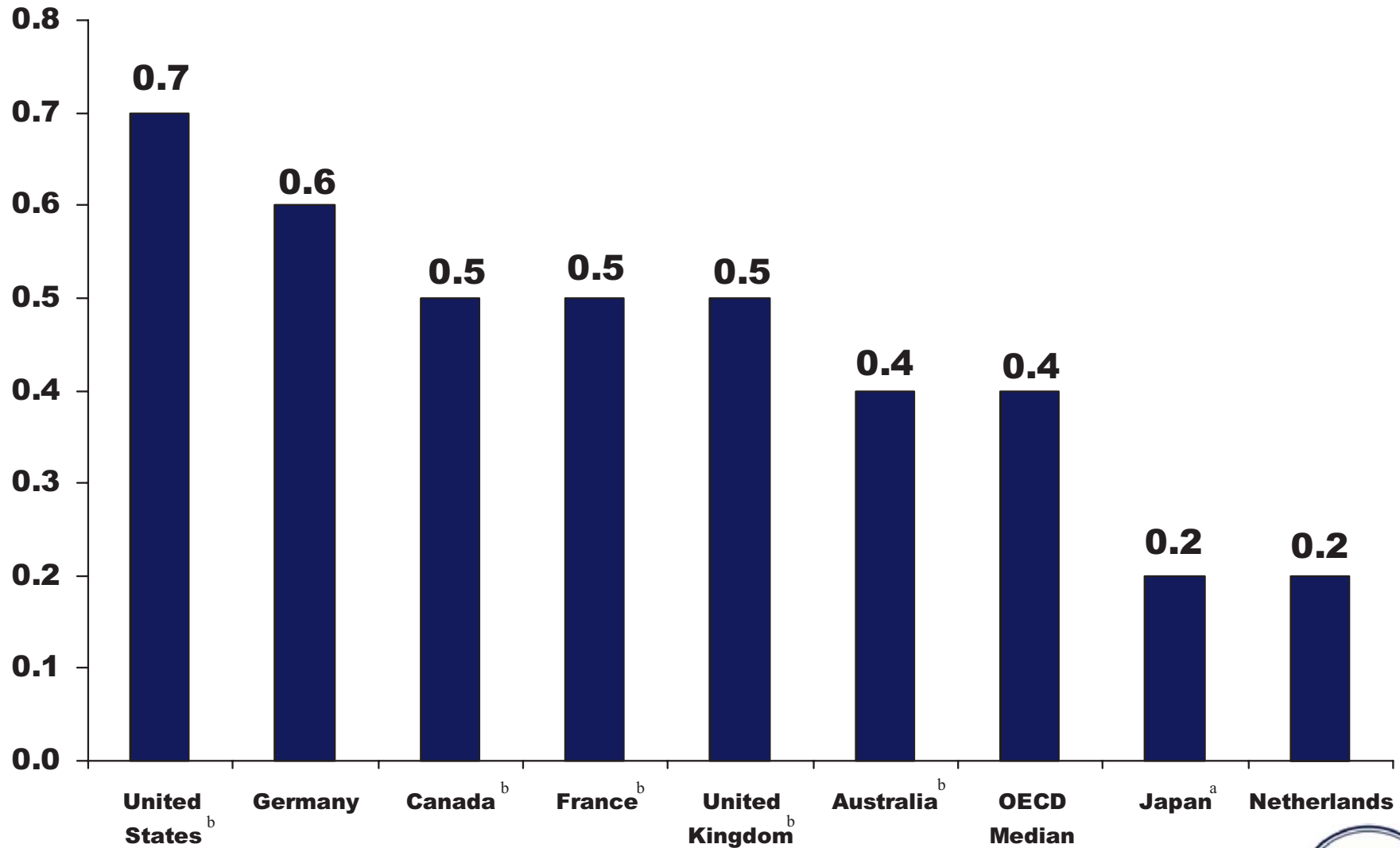
Developed Infection While in the Hospital, Sicker²⁷ Adults, 2005

Base: Hospitalized in past 2 years

Percent



Deaths Due to Surgical or Medical Mishaps per 100,000 Population in 2004



^a2003
^b2002



Quality: Coordinated Care



Length of Time with Regular Doctor, Sicker Adults³⁰ 2005

Percent:	AUS	CAN	GER	NZ	UK	US
Has regular doctor	92	92	97	94	96	84
Less than 2 years	16	12	6	19	14	17
5 years or more	56	60	76	57	66	42
No regular doctor	8	8	3	6	4	16



Patient Report of Care Coordination, Sicker Adults^{3,1} 2005

Percent saying in the past 2 years:	AUS	CAN	GER	NZ	UK	US
Test results or records not available at time of appointment	12	19	11	16	16	23
Duplicate tests: doctor ordered test that had already been done	11	10	20	9	6	18
Percent who experienced either coordination problem	19	24	26	21	19	33



Doctors' Reports of Care Coordination Problems, 2006

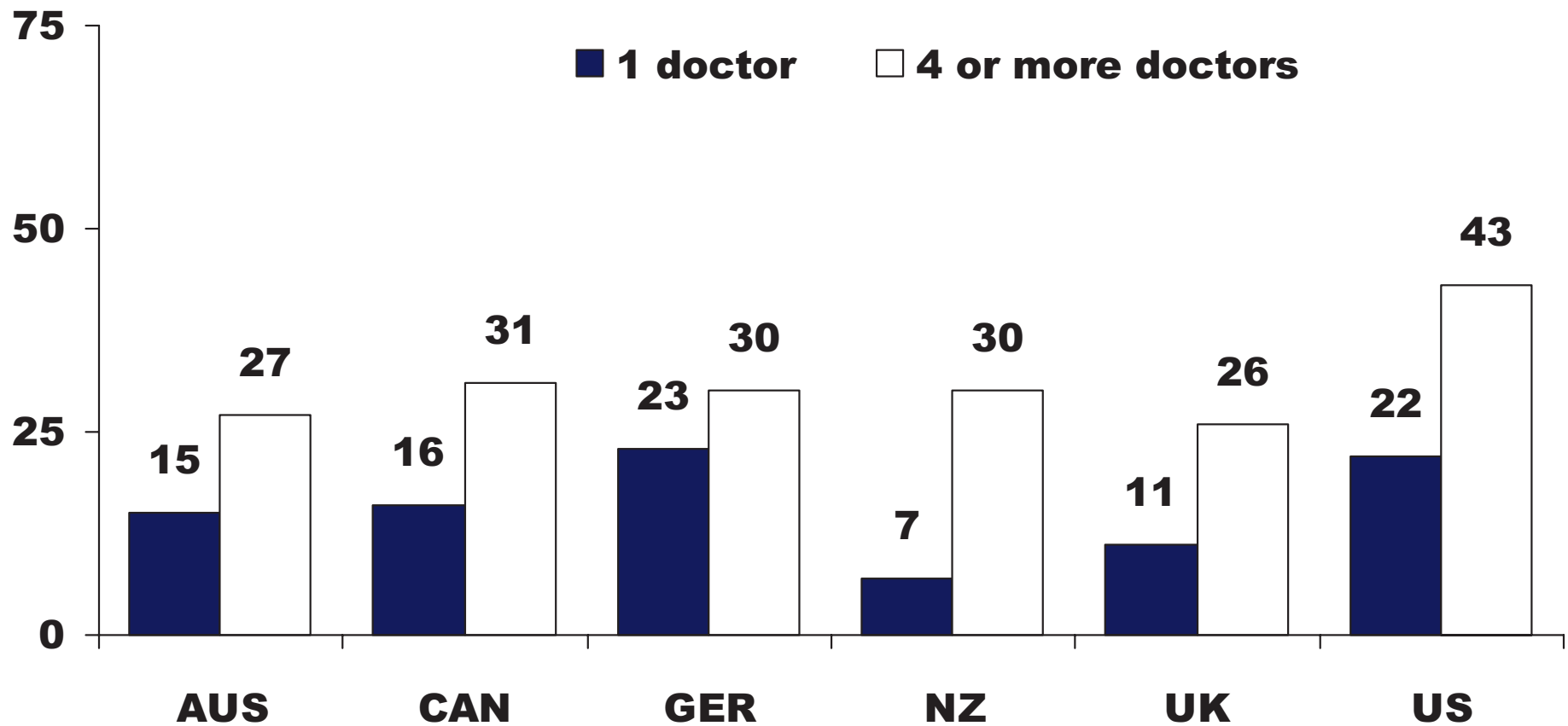
Percent saying their patients “often/sometimes” experienced:	AUS	CAN	GER	NET	NZ	UK	US
Records or clinical information not available at time of appointment	28	42	11	16	28	36	40
Tests/procedures repeated because findings unavailable	10	20	5	7	14	27	16
Problems because care was not well coordinated across sites/providers	39	46	22	47	49	65	37



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

Coordination Problems by Number of Doctors, Sicker³³ Adults, 2005

Percent



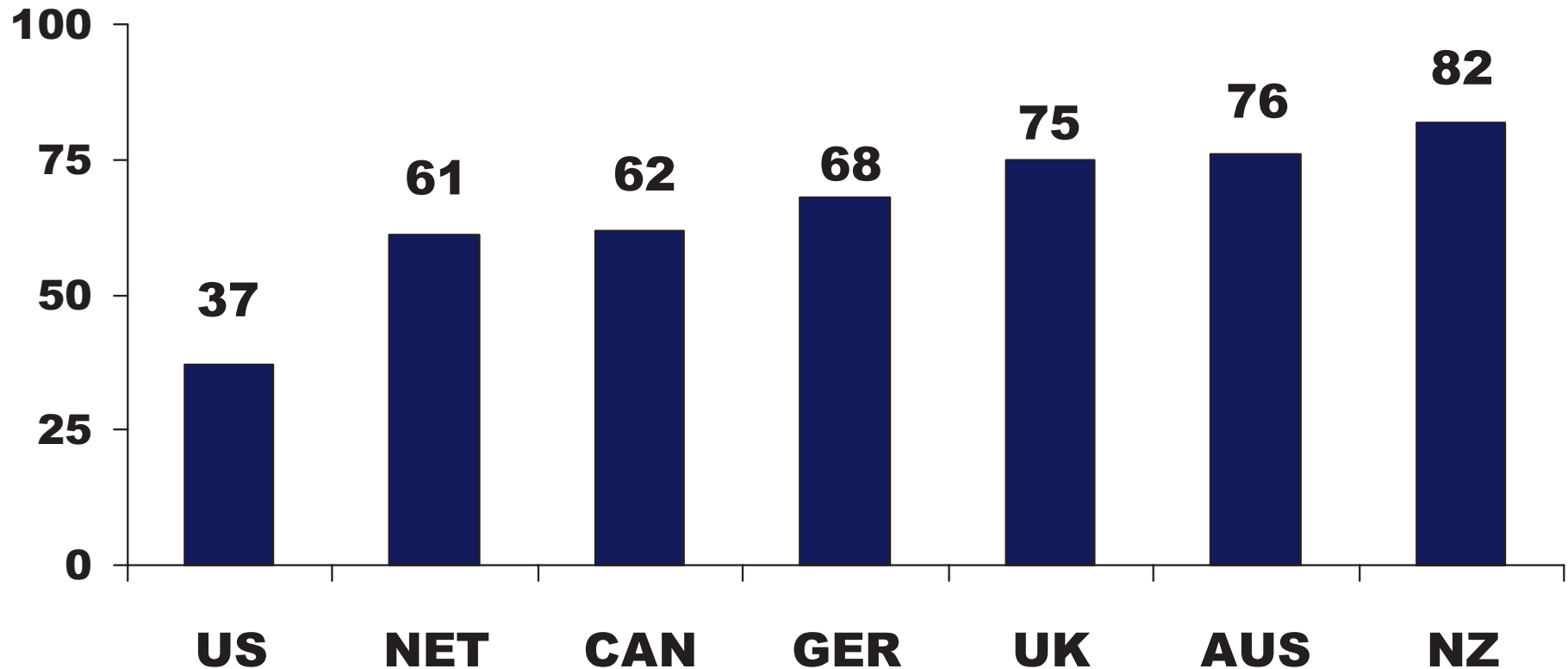
* Either records/results did not reach doctors office in time for appointment OR doctors ordered a duplicate medical test

2005 Commonwealth Fund International Health Policy Survey of Sicker Adults



Receive Information Back after Referrals of Patients to Other Doctors/Specialists, 2006

Percent of physicians reporting receive for “almost all” referrals (80% or more)



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



Deficiencies in Transition Planning When Discharged from the Hospital, Sicker Adults, 2005

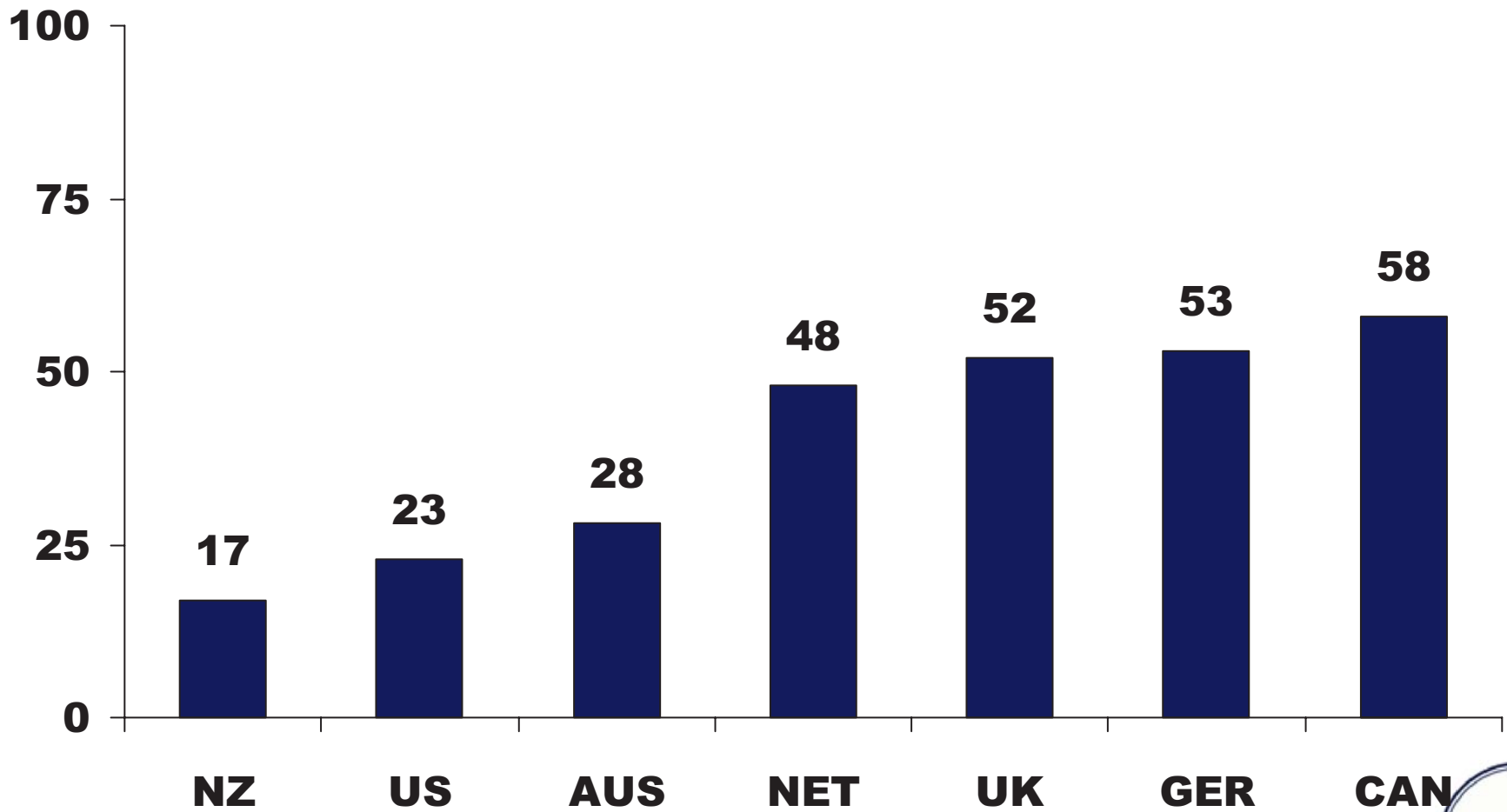
Base: Hospitalized in past 2 years

Percent who reported when discharged:	AUS	CAN	GER	NZ	UK	US
Did NOT receive instructions about symptoms to watch and when to seek further care	18	17	23	14	26	11
Did NOT know who to contact with questions about condition or treatment	9	12	12	9	12	8
Hospital did NOT make arrangements for follow-up visits	23	30	50	23	19	27
% any of the above	36	41	60	33	37	33



Doctors' Reports of Length of Time to Receive a ³⁶ Full Hospital Discharge Report, 2006

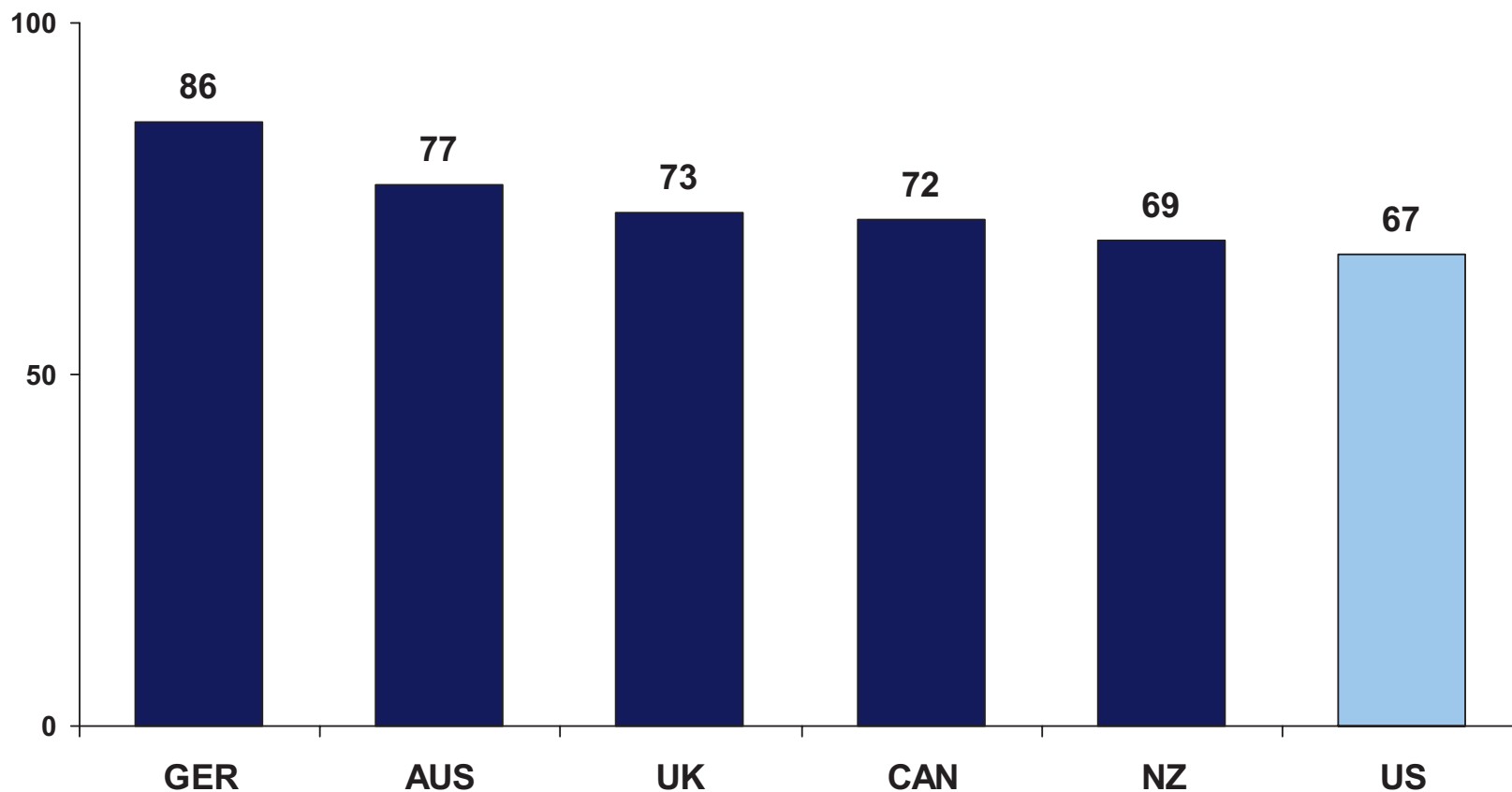
Percent of physicians saying 15 days or more or rarely receive a full report



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

Medications Reviewed When Discharged from the Hospital,³⁷ Among Sicker Adults in Six Countries, 2005

Percent of hospitalized patients with new prescription who reported prior medications were reviewed at discharge



Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



Quality: Patient-Centered Care



Patient Reports about Doctor-Patient Relationship, 2004

Percent saying doctor:	AUS	CAN	NZ	UK	US
Always listens carefully	71	66	74	68	58
Always explains things so you can understand	73	70	73	69	58
Always spends enough time with you	63	55	66	58	44

Missed Opportunities to Engage Patient in Care, Sicker Adults, 2005

Base: Adults with chronic disease

Percent saying doctor:*	AUS	CAN	GER	NZ	UK	US
Does NOT give you clear instructions	19	24	18	15	27	27
Does NOT make goals and plans clear	19	19	21	16	27	25
Does NOT tell you about treatment choices or ask your opinions	45	38	39	38	51	49

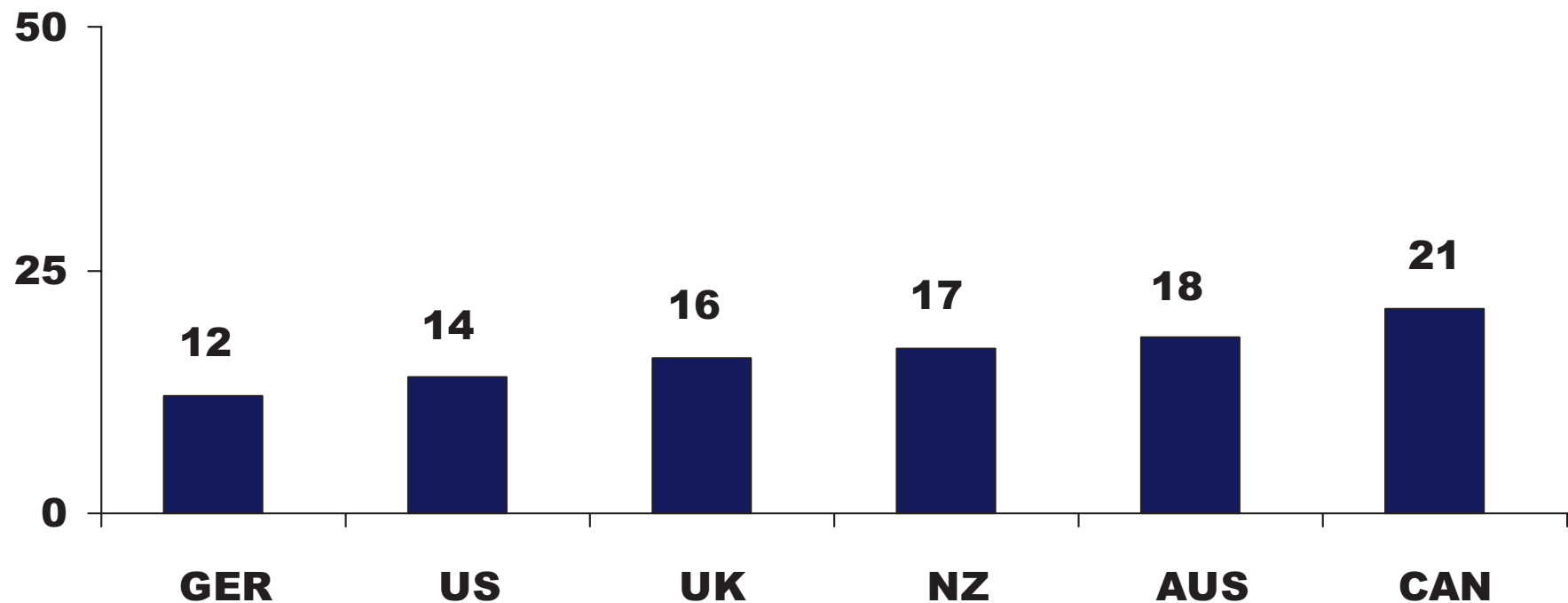
* Doctor only sometimes, rarely, or never.



Were Risks Explained Before a Hospital Procedure⁴¹ in an Understandable Way?, Sicker Adults, 2005

Base: Hospitalized in past 2 years

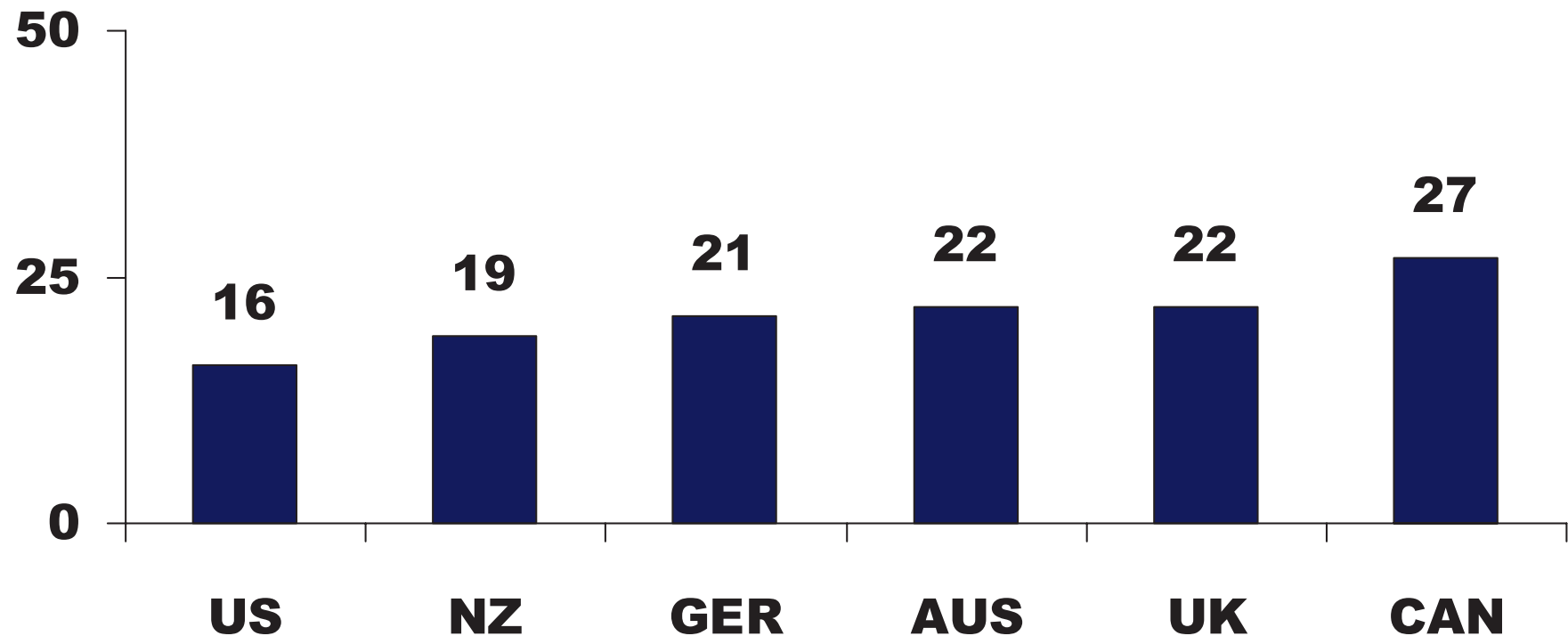
Percent who said risks were NOT explained



Did Doctors and Nurses Involve You as Much as You Wanted in Care Decisions? , Sicker Adults, 2005 42

Base: Hospitalized in past 2 years

Percent NOT involved as much as would like



Top Two Most Important Types of Information About Surgeons, Sicker Adults, 2005

Base: Had major surgery in the past 2 years

Percent:	AUS	CAN	GER	NZ	UK	US
Experience with specific conditions	68	59	59	67	59	55
Outcomes of specific surgery or treatment	52	53	47	49	43	55
Patient satisfaction ratings	36	36	33	36	43	41
Training	23	32	36	26	19	34



Missed Opportunity to Engage Patients on Choice and Quality, Sicker Adults, 2005

Base: Had major surgery in the past 2 years

Percent who said:	AUS	CAN	GER	NZ	UK	US
Did NOT have a choice of surgeons	34	36	23	38	44	23
Did NOT have any quality information about the surgeon	63	48	53	54	65	53



Quality: Quality Improvement Efforts



Physician Participation in Activities to Improve Quality of Care, 2006

	AUS	CAN	GER	NET	NZ	UK	US
Percent of physicians in past 2 years who:							
Participated in collaborative QI efforts	58	48	76	70	78	58	49
Conducted clinical audit of patient care	76	45	69	46	82	96	70
Percent reporting their practice:							
Sets formal targets for clinical performance	26	27	70	35	41	70	50



Physicians' Reports on Availability of Data on Clinical Outcomes or Performance, 2006

47

Percent of physicians reporting yes:	AUS	CAN	GER	NET	NZ	UK	US
Patients' clinical outcomes	36	24	71	37	54	78	43
Surveys of patient satisfaction and experiences	29	11	27	16	33	89	48



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

Primary Care Doctor's Practice Has Documented ⁴⁸ Process for Follow-Up/Analysis of Adverse Events, 2006

	AUS	CAN	GER	NET	NZ	UK	US
Yes, for all adverse events	35	20	32	7	41	79	37
Yes, for adverse drug reactions only	21	19	26	10	19	8	19
Do Not have a process	44	58	42	82	40	13	41



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

Primary Care Doctors' Reports of Financial Incentives For Quality of Care Improvement, 2006

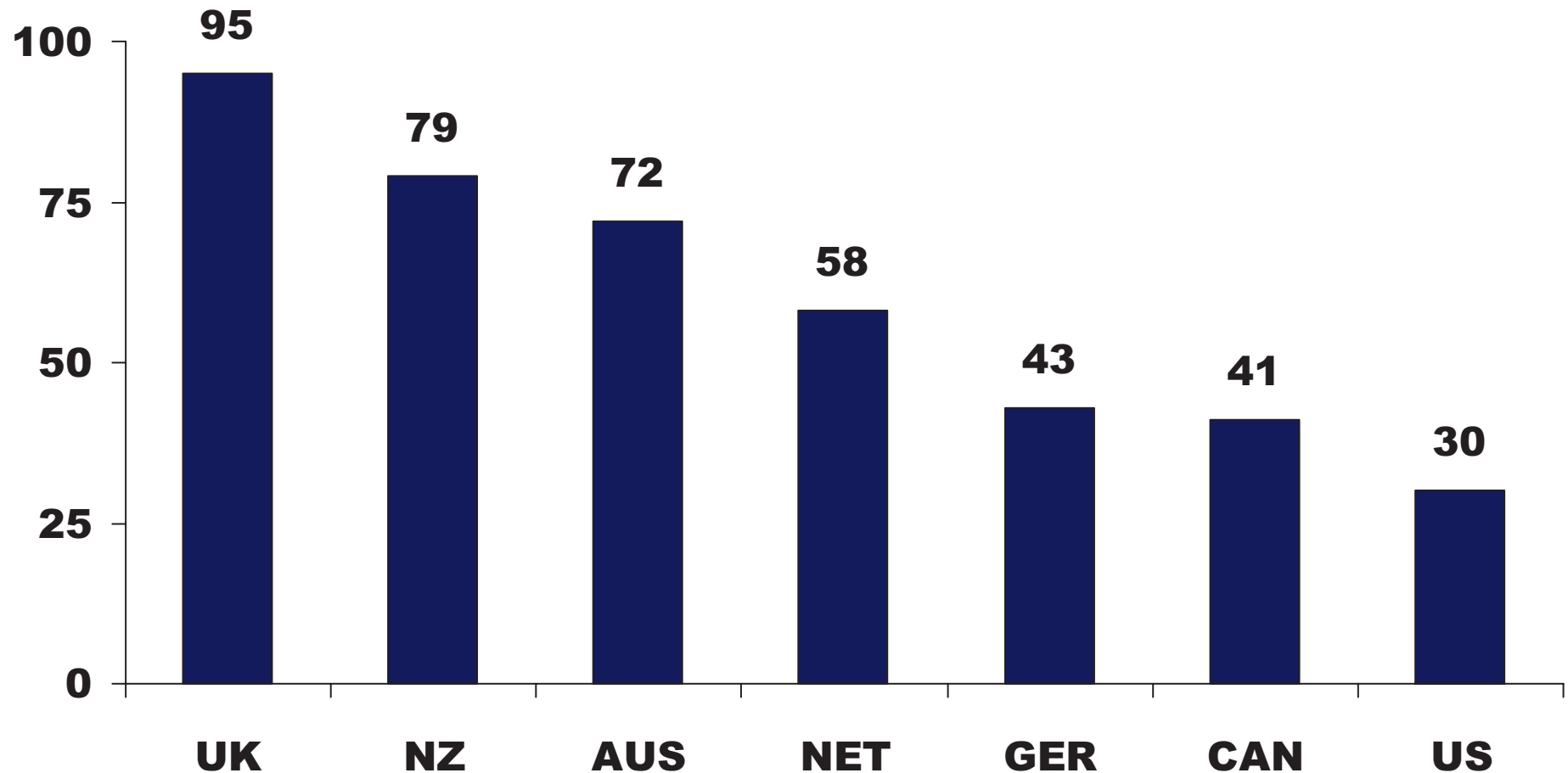
Percent of physicians who receive financial incentive:*	AUS	CAN	GER	NET	NZ	UK	US
Achieving certain clinical care targets	33	10	9	6	43	92	23
High ratings for patient satisfaction	5	-	5	1	2	52	20
Managing patients with chronic disease/ complex needs	62	37	24	47	68	79	8
Enhanced preventive care activities	53	13	28	18	42	72	12
Participating in quality improvement activities	35	7	21	28	47	82	19

*Receive or have the potential to receive



Primary Care Doctors' Reports of Any Financial ⁵⁰ Incentives for Quality of Care Improvement, 2006

Percent of physicians reporting any financial incentive*



*Receive or have potential to receive payment for: clinical care targets, high patient ratings, managing chronic disease/complex needs, preventive care, or QI activities

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



Access to Care



Cost-Related Access Problems, Sicker Adults, 2005

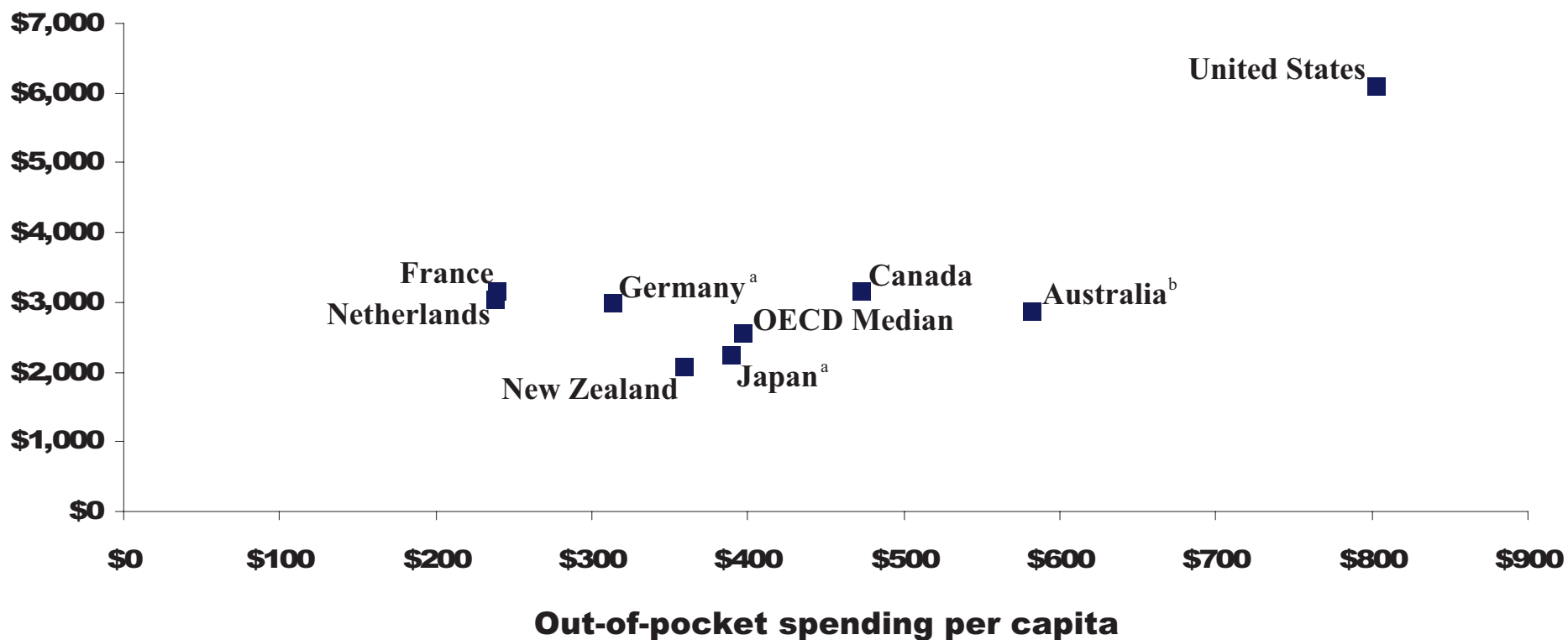
52

Percent in past year due to cost:	AUS	CAN	GER	NZ	UK	US
Did not fill prescription or skipped doses	22	20	14	19	8	40
Had a medical problem but did not visit doctor	18	7	15	29	4	34
Skipped test, treatment or follow-up	20	12	14	21	5	33
Percent who said yes to at least one of the above	34	26	28	38	13	51



Americans Spend More Out-of-Pocket on Health Care Expenses, 2004

Total health care spending per capita



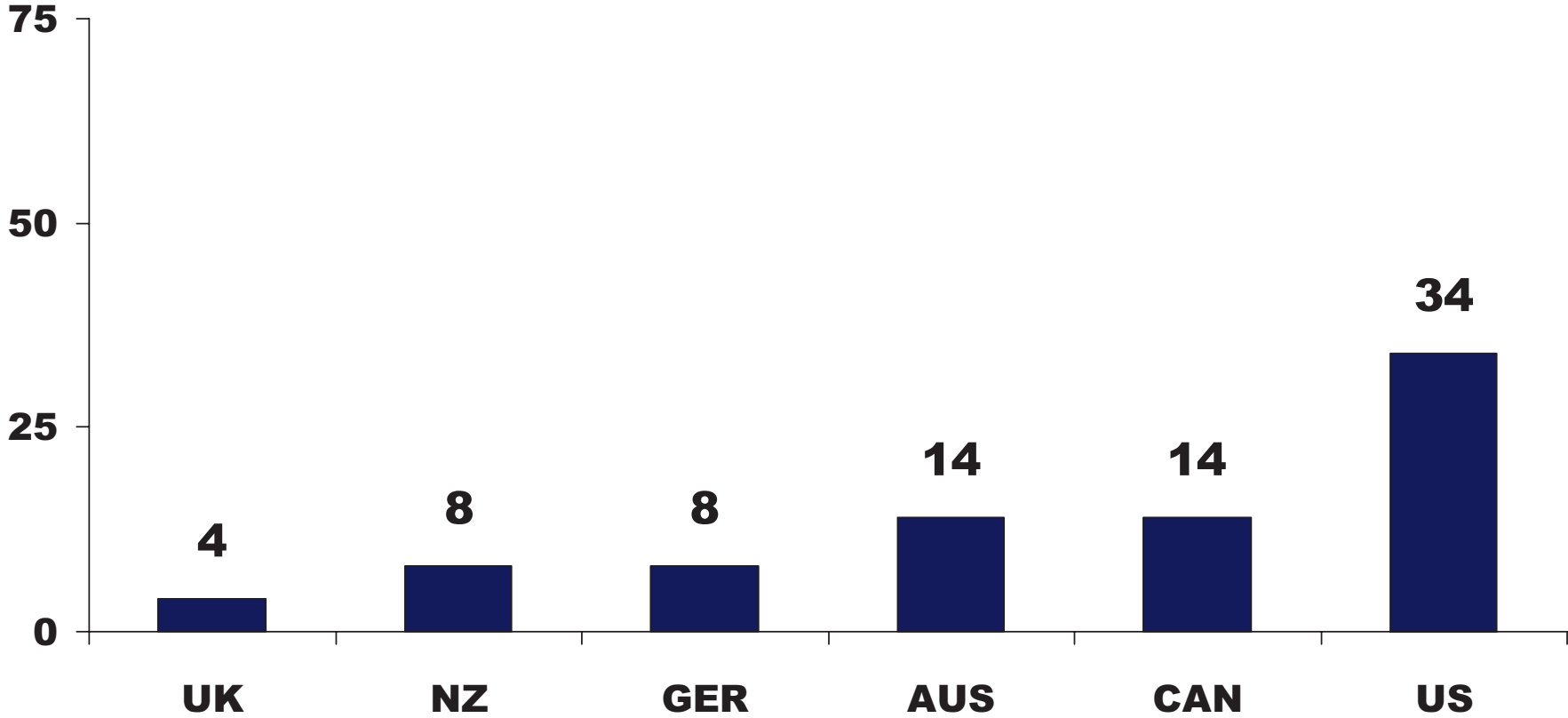
^a2003

^b2003 Total Health Care Spending, 2002 OOP Spending



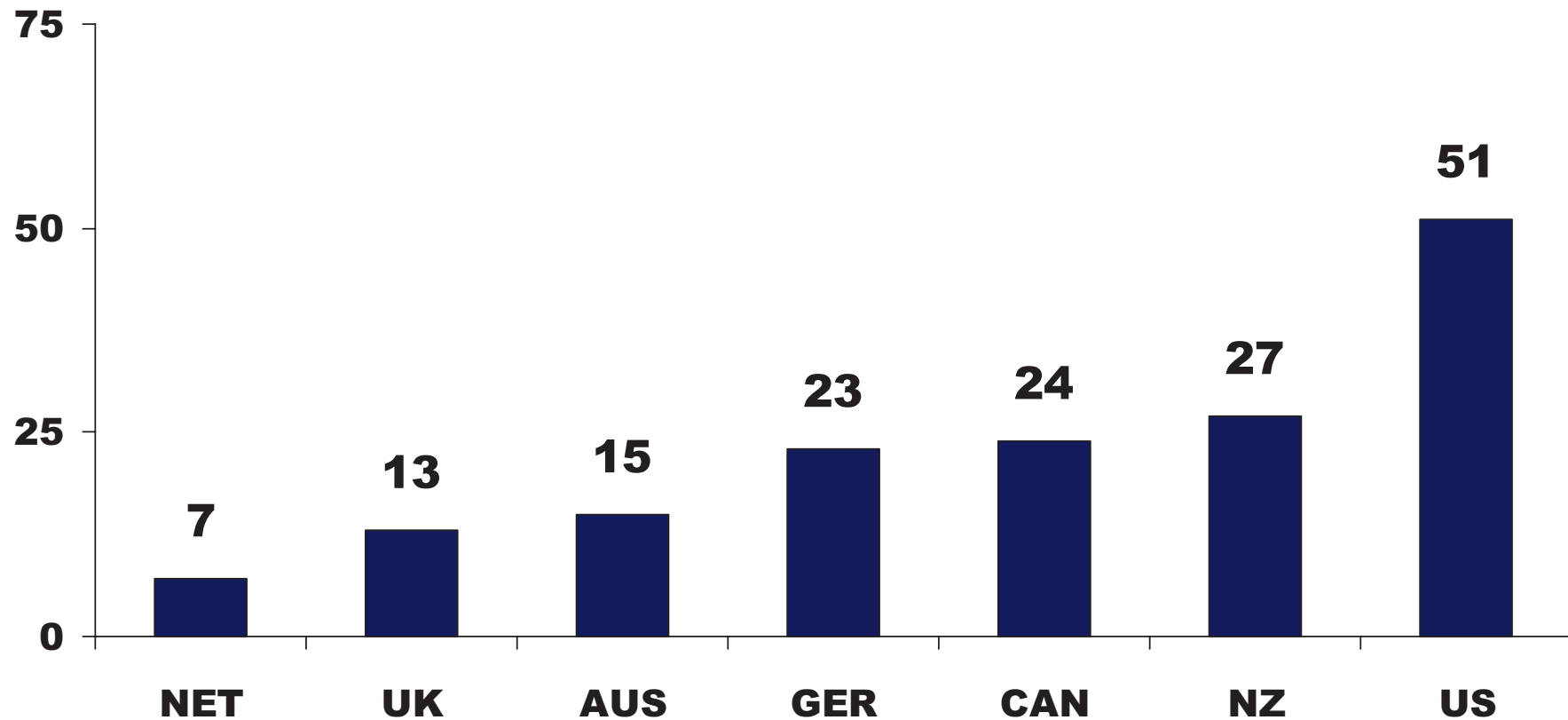
Out-of-Pocket Medical Costs in the Past Year, Sicker Adults, 2005

Percent with out of pocket expenses for medical bills more than \$1000, US
In the past year



Physicians' Perception of Patient Access: Patients Often Have Difficulty Paying for Medications, 2006

Percent of physicians

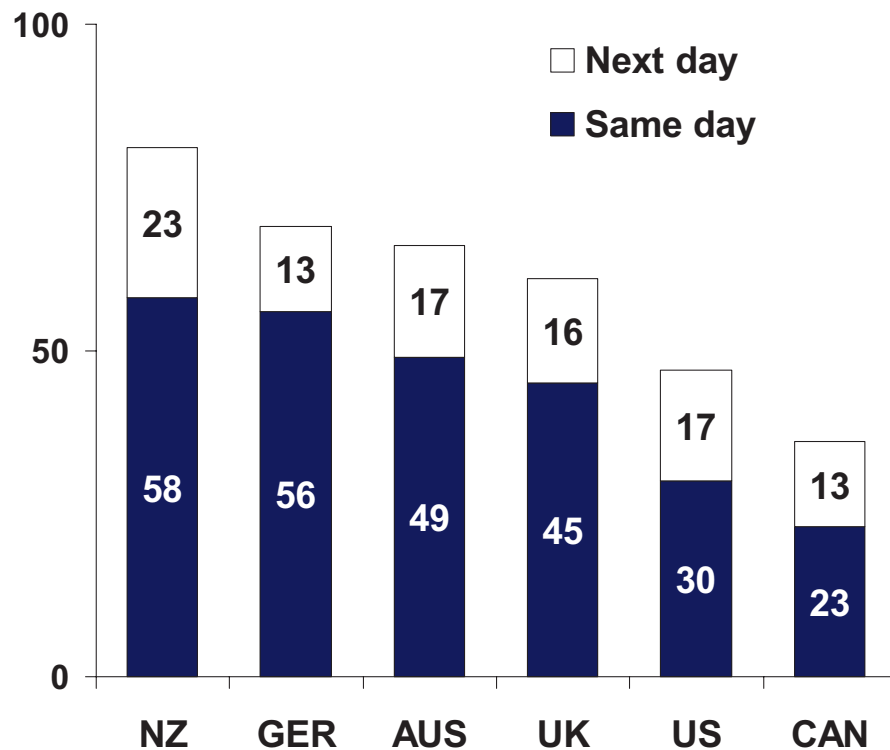


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

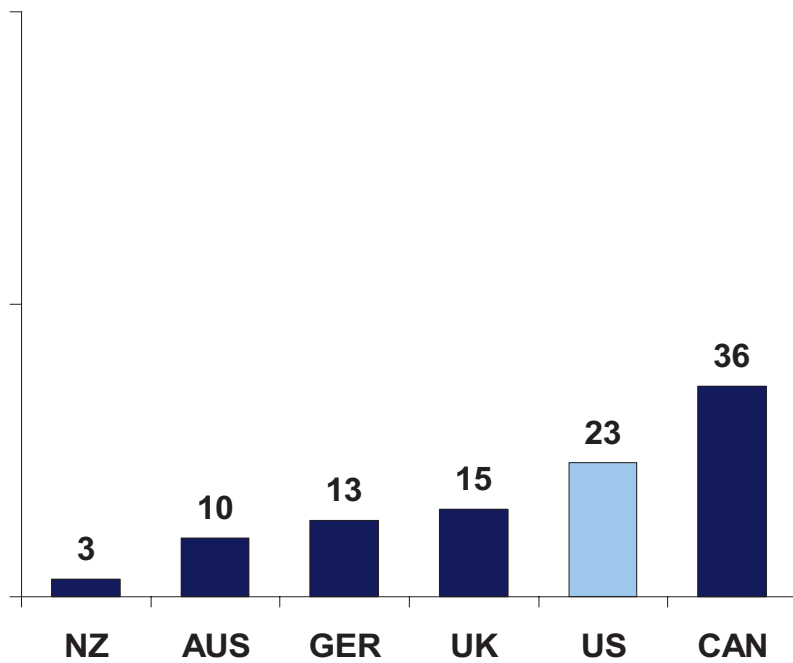
Waiting Time to See Doctor When Sick or Need Medical Attention, Sicker Adults in Six Countries, 2005 56

Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor?

Percent of adults



Percent of adults reporting 6 days or more

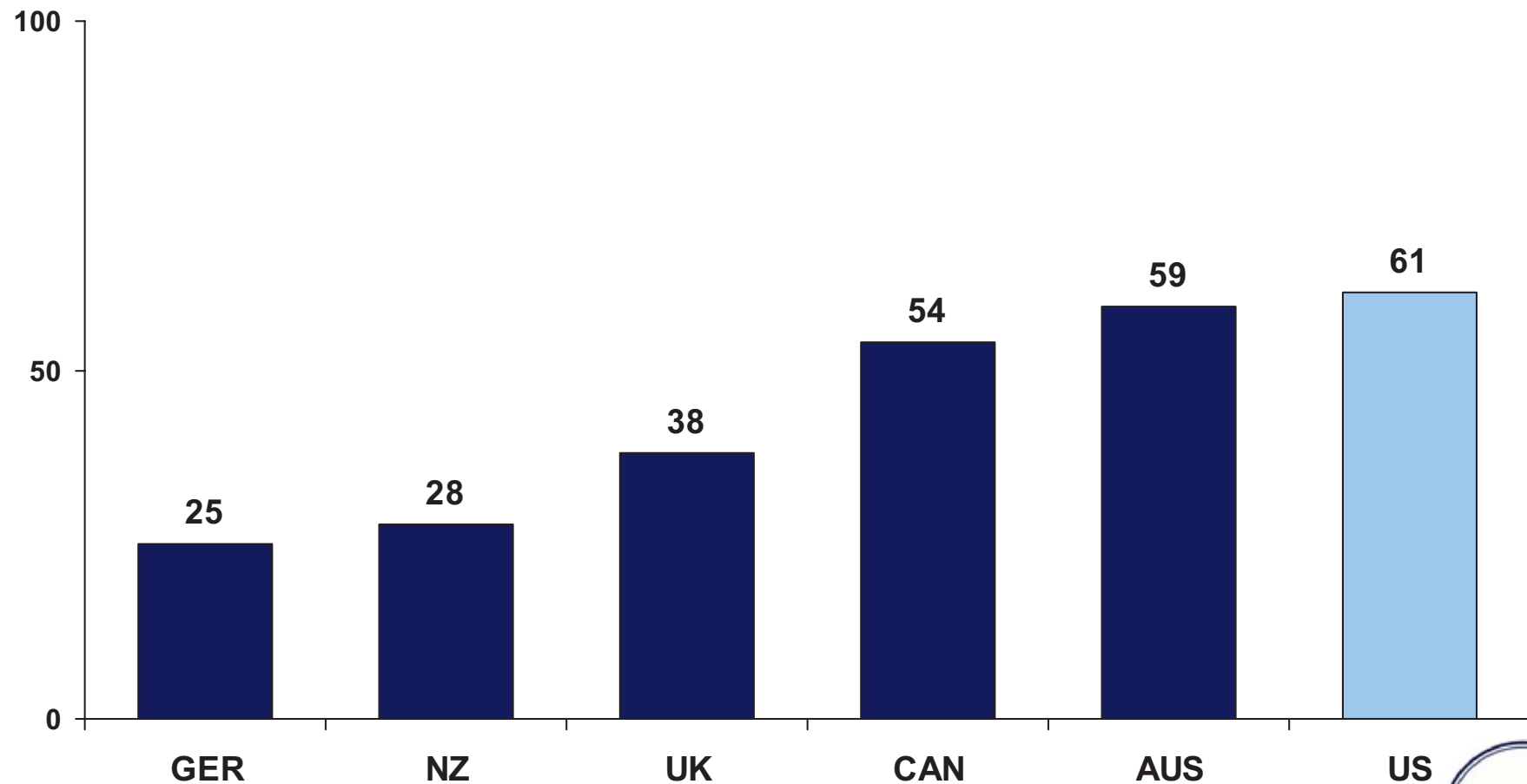


Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



Difficulty Getting Care on Nights, Weekends, Holidays Without Going to the ER, Among Sicker Adults in Six Countries, 2005⁵⁷

Percent of adults who sought care reporting “very” or “somewhat” difficult

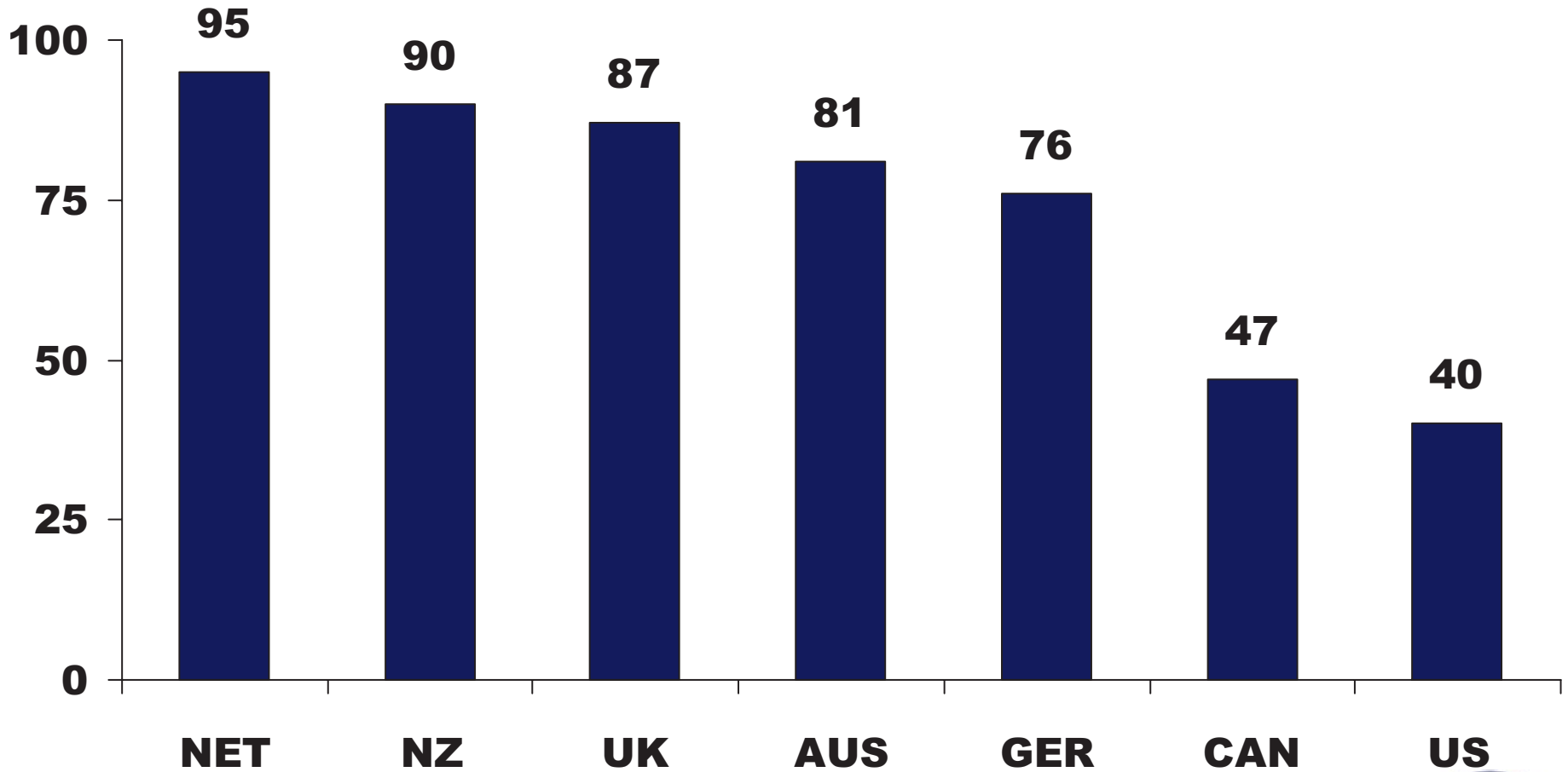


GER=Germany; NZ=New Zealand; UK=United Kingdom; CAN=Canada; AUS=Australia; US=United States.
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).



Doctor's Reports on Whether Practice Has Arrangement for Patients' After-Hours Care to See Nurse/Doctor, 2006

Percent of physicians reporting "yes"



Help Line Use, Sicker Adults, 2005

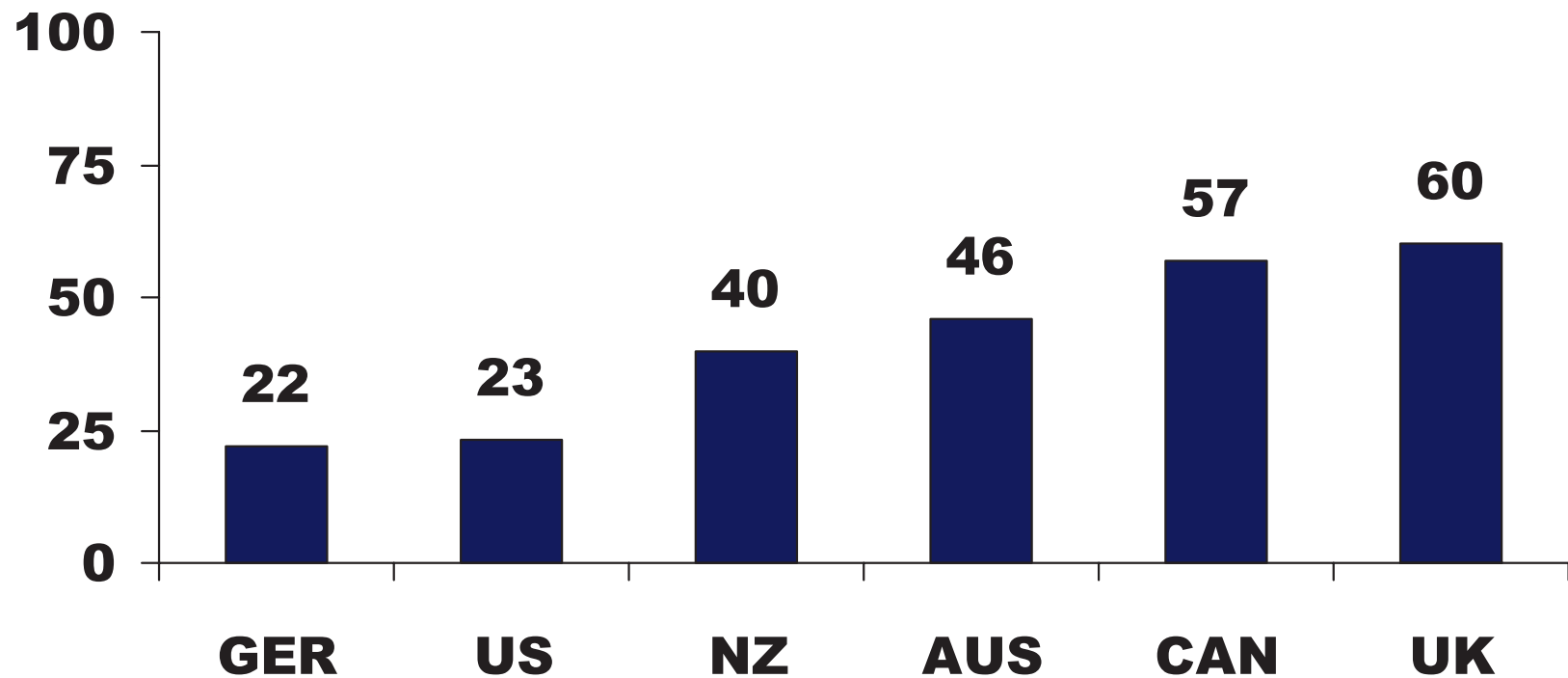
Percent who reported:	AUS	CAN	GER	NZ	UK	US
Called help line for medical advice in the past 2 years	10	28	5	10	32	13
Advice was definitely or somewhat helpful (Base: used help line)	90	86	75	86	88	80



Waited More than Four Weeks to See a Specialist Doctor, Sicker Adults, 2005

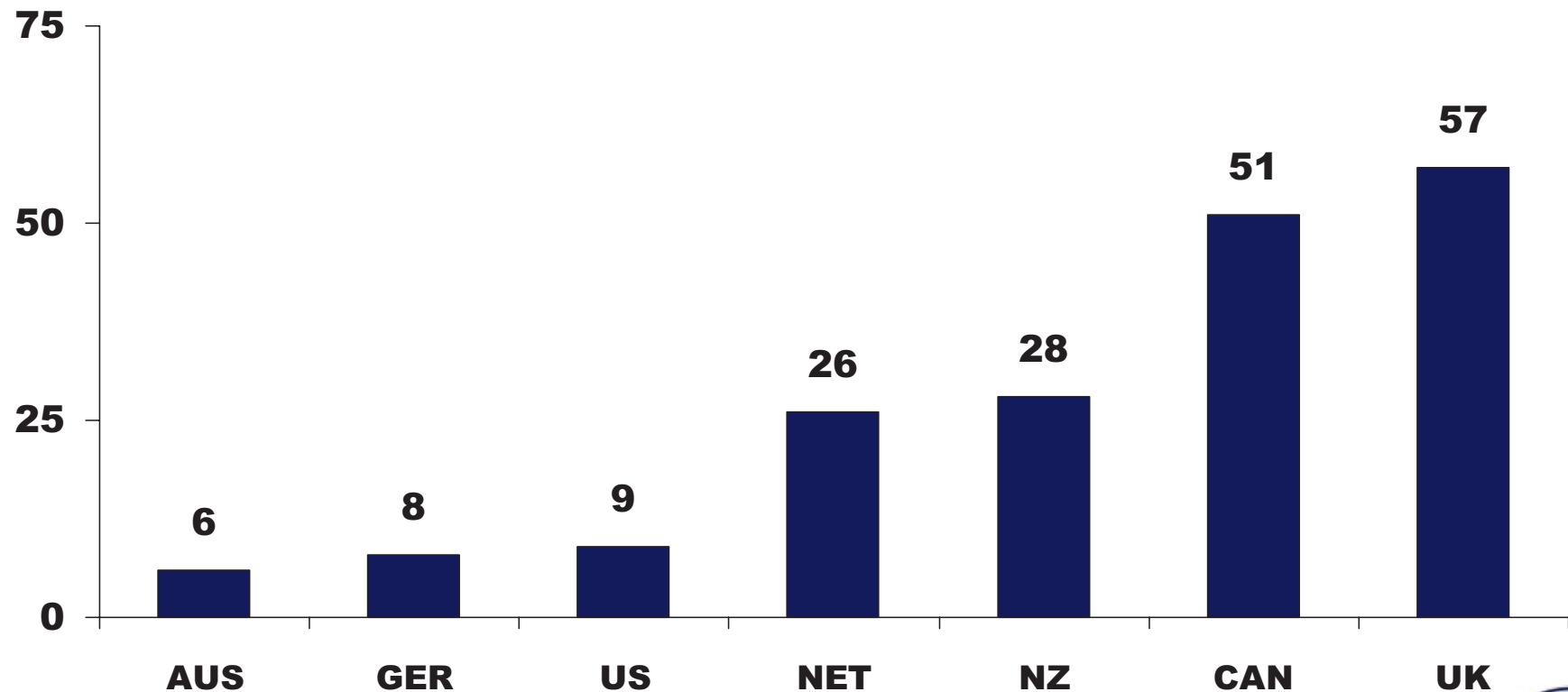
Base: Saw or needed to see a specialist

Percent



Physicians' Perception of Patient Access: Patients Often Experience Long Waits for Diagnostic Tests, 2006

Percent of physicians

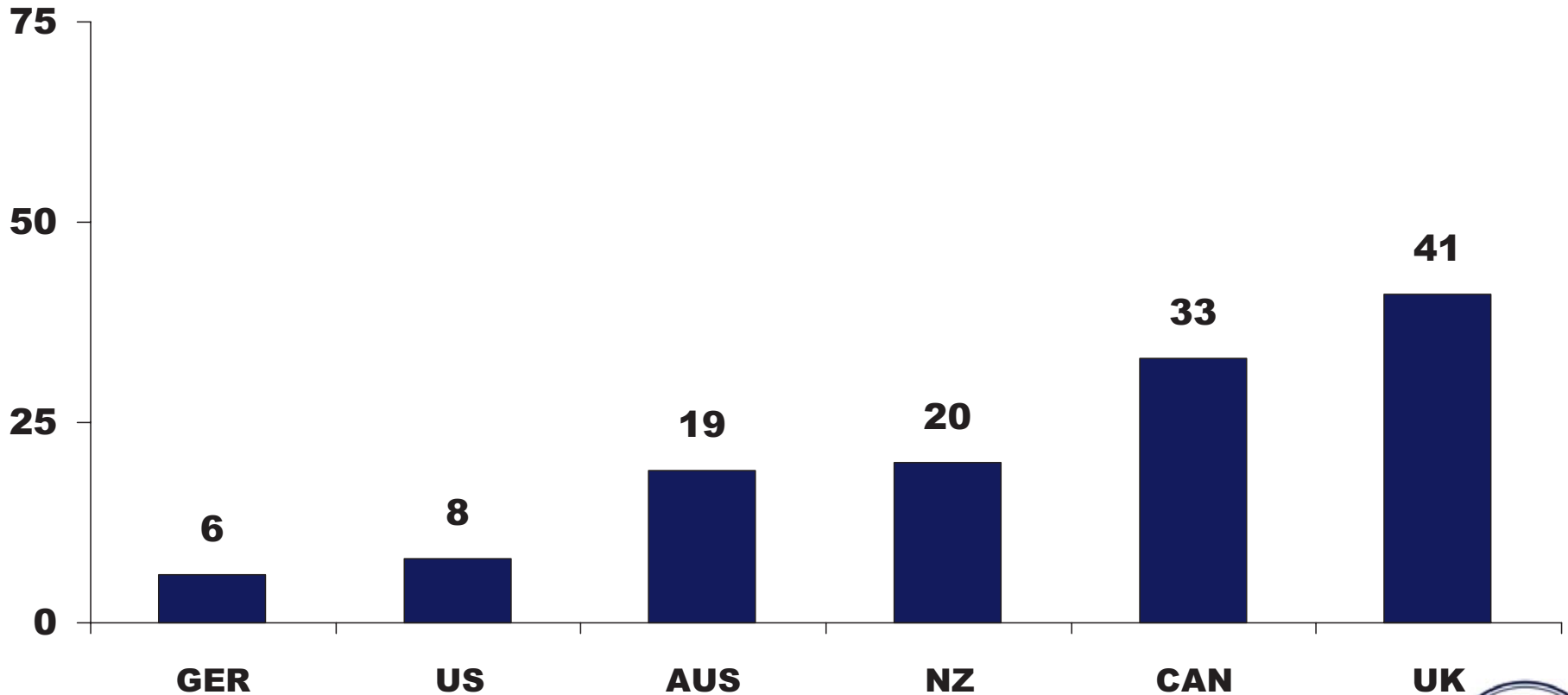


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Waiting Time for Elective or Non-Emergency Surgery, Sicker Adults, 2005

Base: Needed non-emergency or elective surgery

Percent experienced wait time of 4 month or more

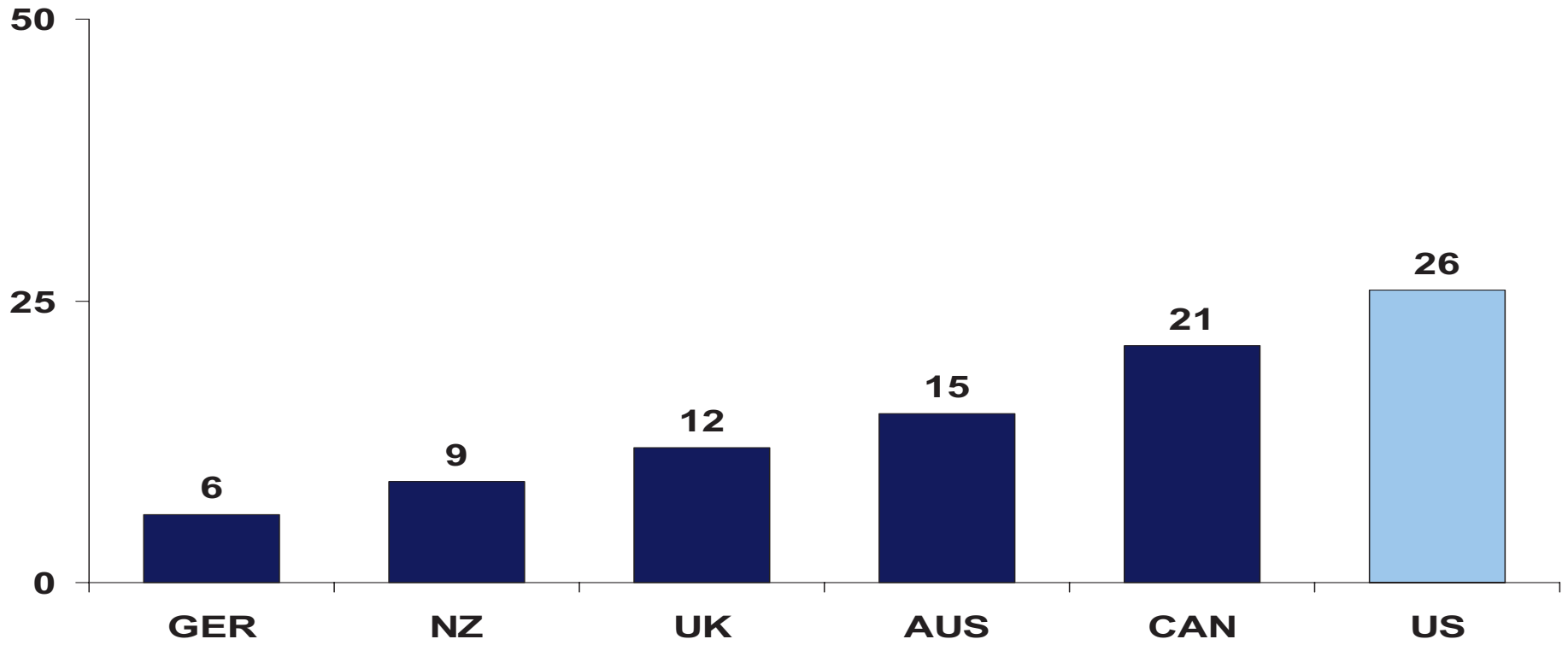


Efficiency



Went to ER for Condition That Could Have Been Treated by Regular Doctor, Among Sicker Adults, 2005

Percent of adults who went to ER in past two years for condition that could have been treated by regular doctor if available



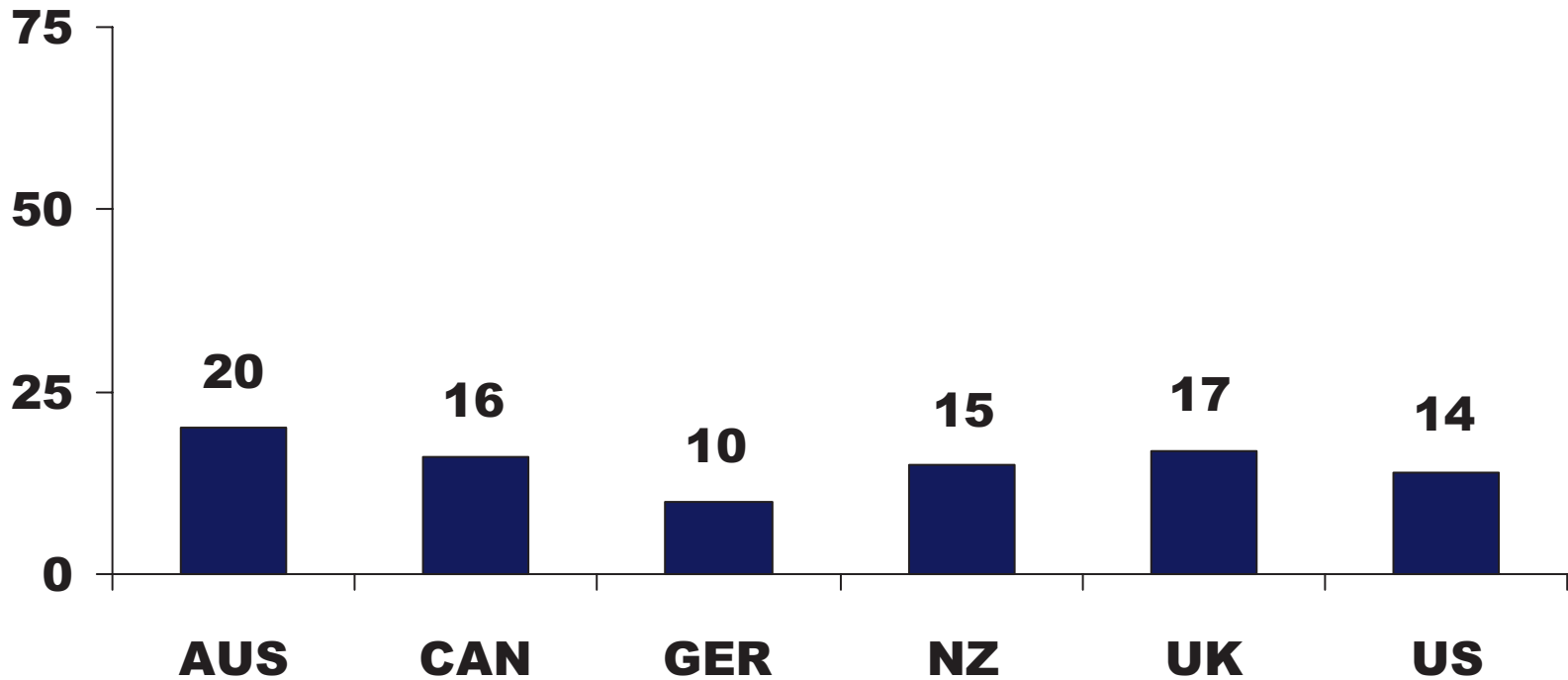
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



Readmitted to a Hospital or Went to ER as a Result of Complications After Discharge, Sicker Adults, 2005

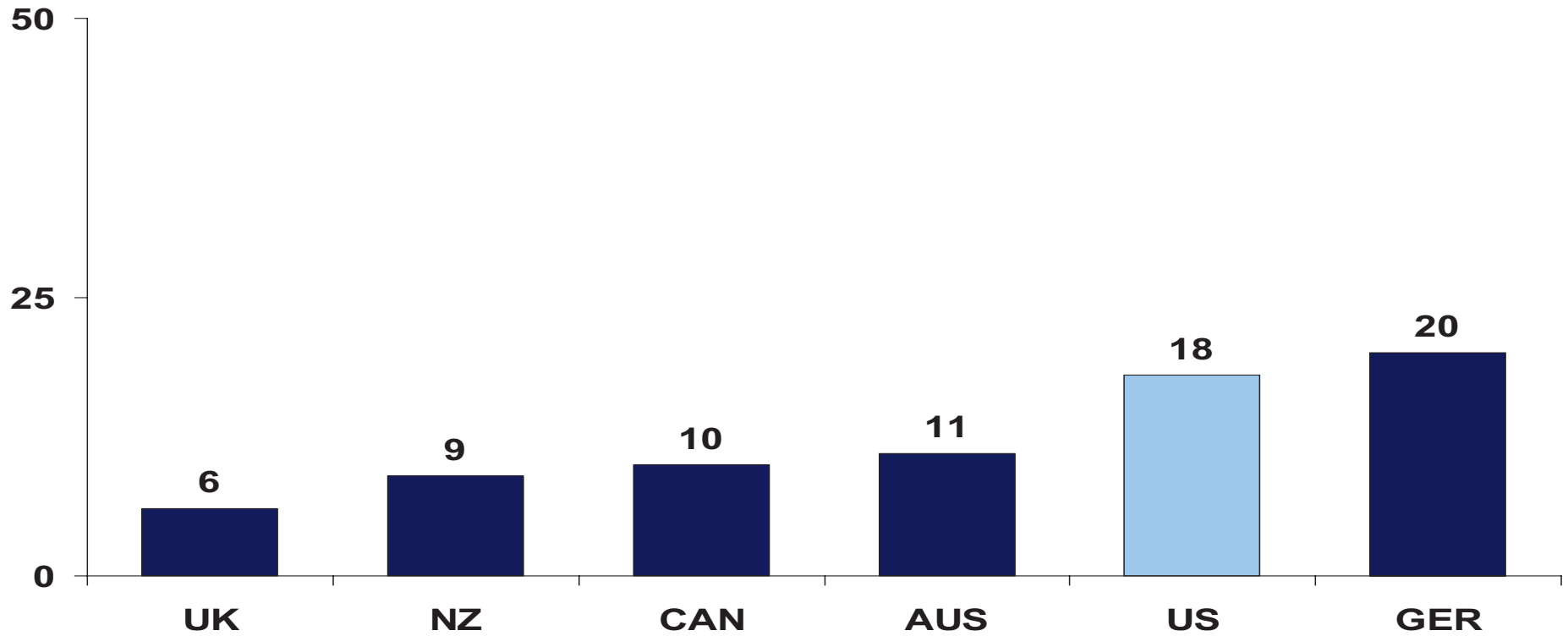
Base: Hospitalized in past 2 years

Percent readmitted or ER visit due to complications



Duplicate Medical Tests, Sicker Adults, 2005

Percent reporting that doctor ordered test that had already been done in past two years

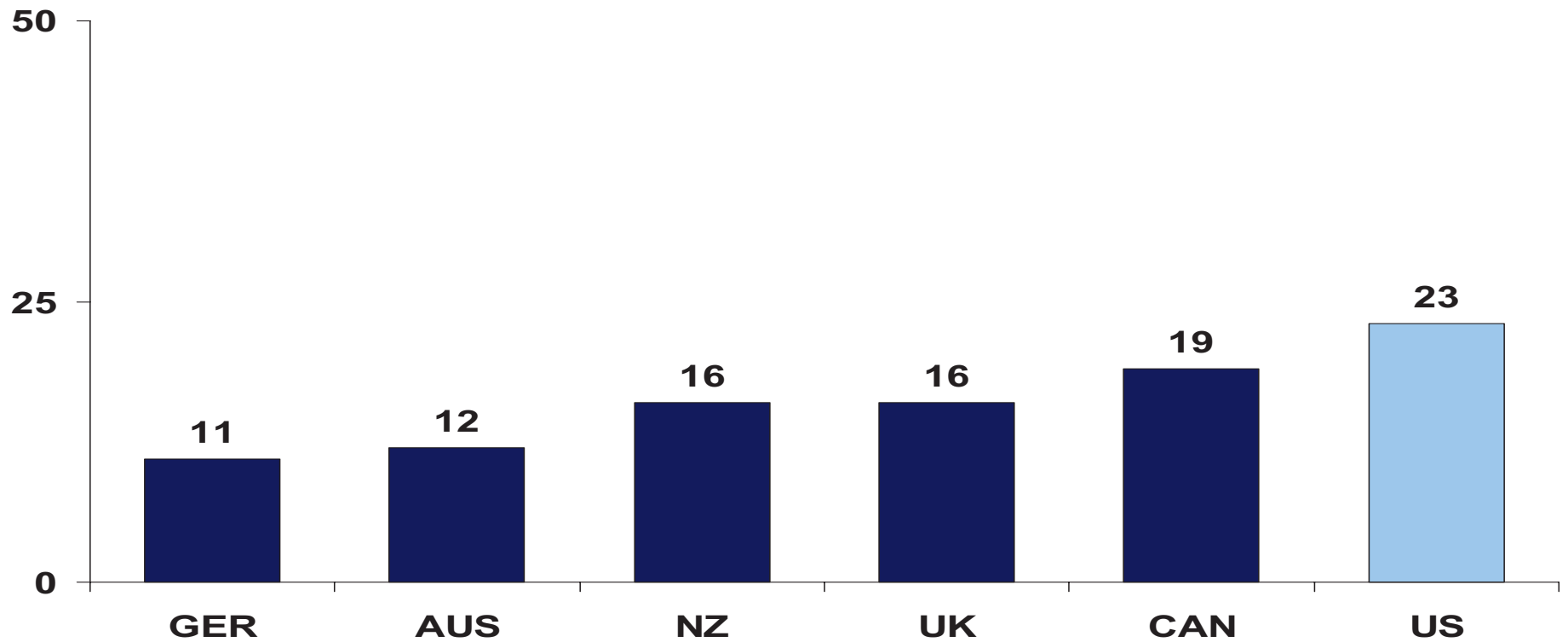


Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



Test Results or Medical Record Not Available at Time of Appointment, Among Sicker Adults, 2005

Percent reporting test results/records not available at time of appointment in past two years

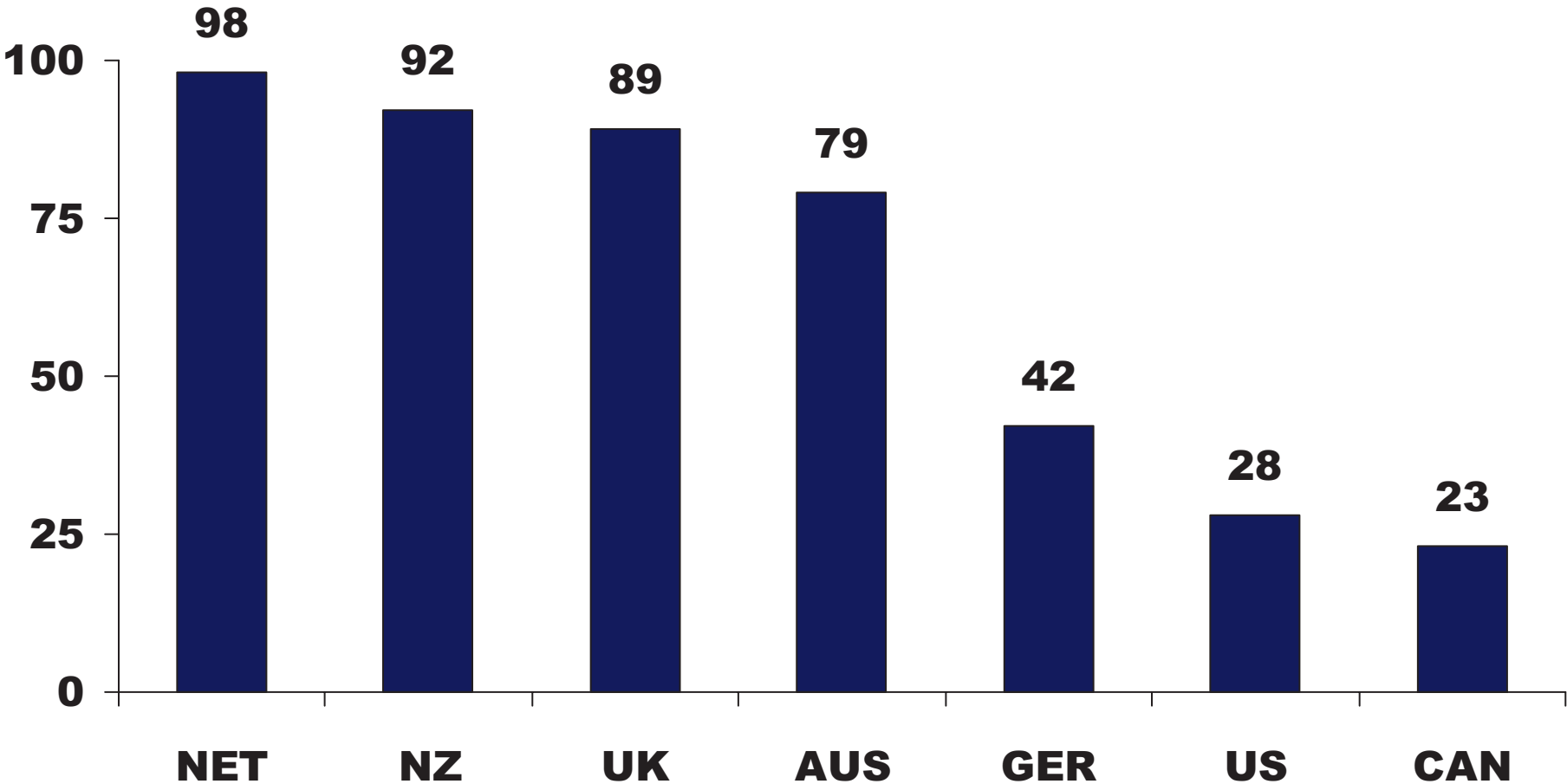


Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



Primary Care Doctors Use of Electronic Patient ⁶⁸ Medical Records, 2006

Percent of physicians



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

Primary Care Doctors' Access to Electronic Medical Record System Access, 2006

Percent with capability to:	AUS	CAN	GER	NET	NZ	UK	US
Share records electronically with clinicians outside your practice	10	6	9	45	17	15	12
Access records from outside the office	19	11	16	32	36	22	22
Provide patients with easy access to their records	36	6	15	8	32	50	10



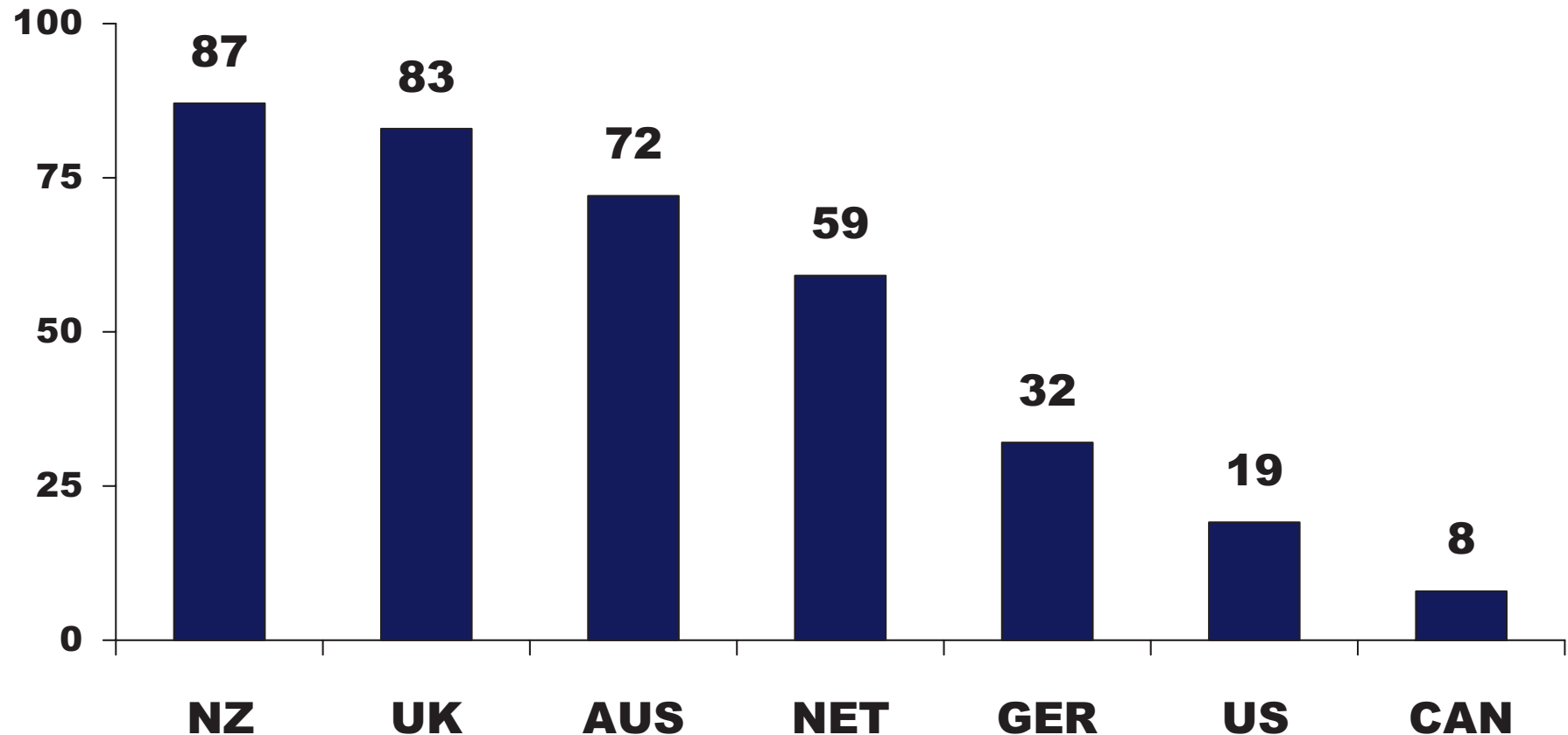
Practice Use of Electronic Technology, 2006

Percent reporting routine use of:	AUS	CAN	GER	NET	NZ	UK	US
Electronic ordering of tests	65	8	27	5	62	20	22
Electronic prescribing of medication	81	11	59	85	78	55	20
Electronic access to patients' test results	76	27	34	78	90	84	48
Electronic access to patients' hospital records	12	15	7	11	44	19	40



Primary Care Practices with Advanced Information Capacity, 2006

Percent reporting 7 or more out of 14 functions*

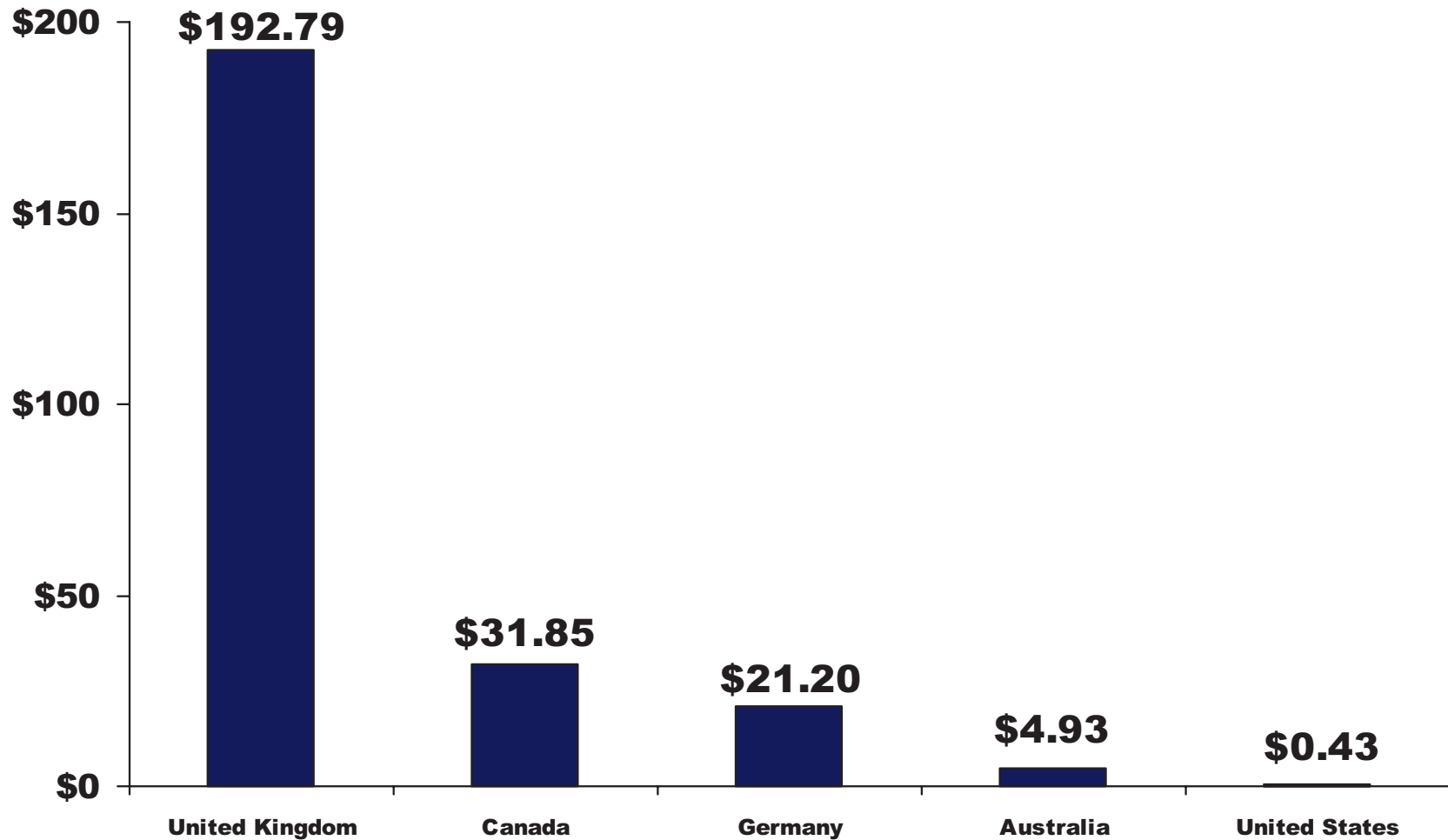


*Count of 14: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt tests results; easy to list diagnosis, medications, patients due for care.

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



Public Investment per Capita in Health Information Technology (HIT) as of 2005

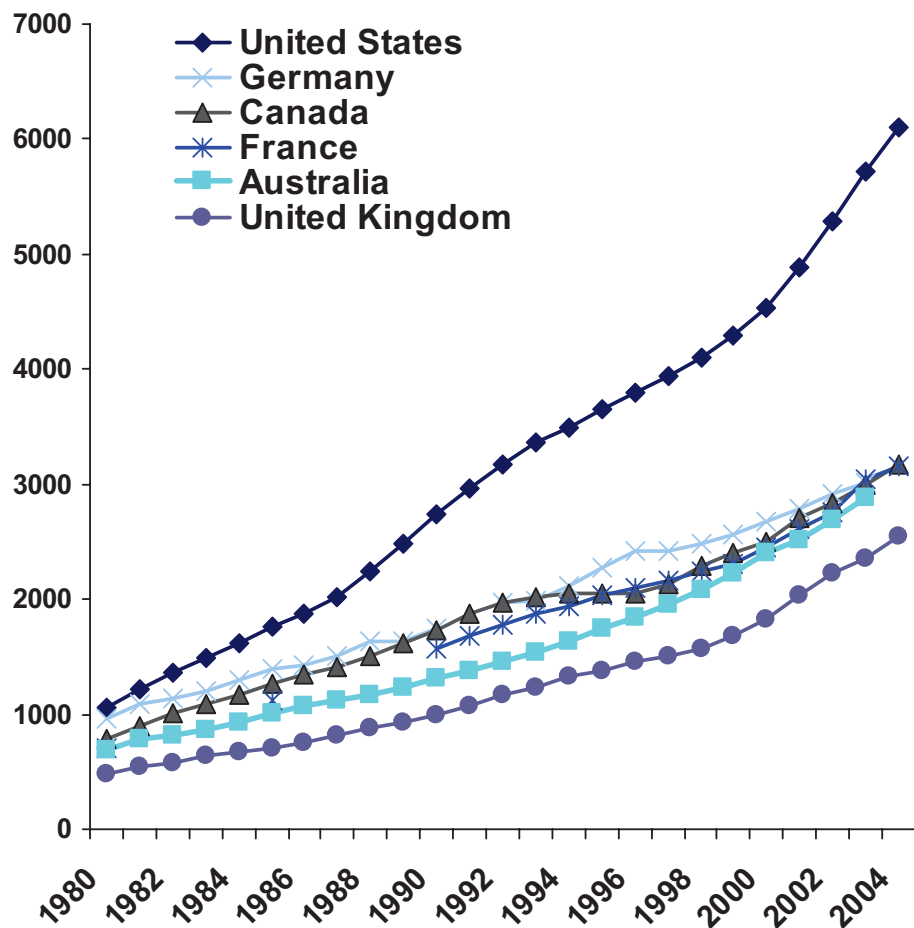


Source: The Commonwealth Fund, calculated from Anderson, G.F., Frogner, B., Johns, R.A., and Reinhardt, U. "Health Care Spending and Use of Information Technology in OECD Countries," *Health Affairs*, 2006.

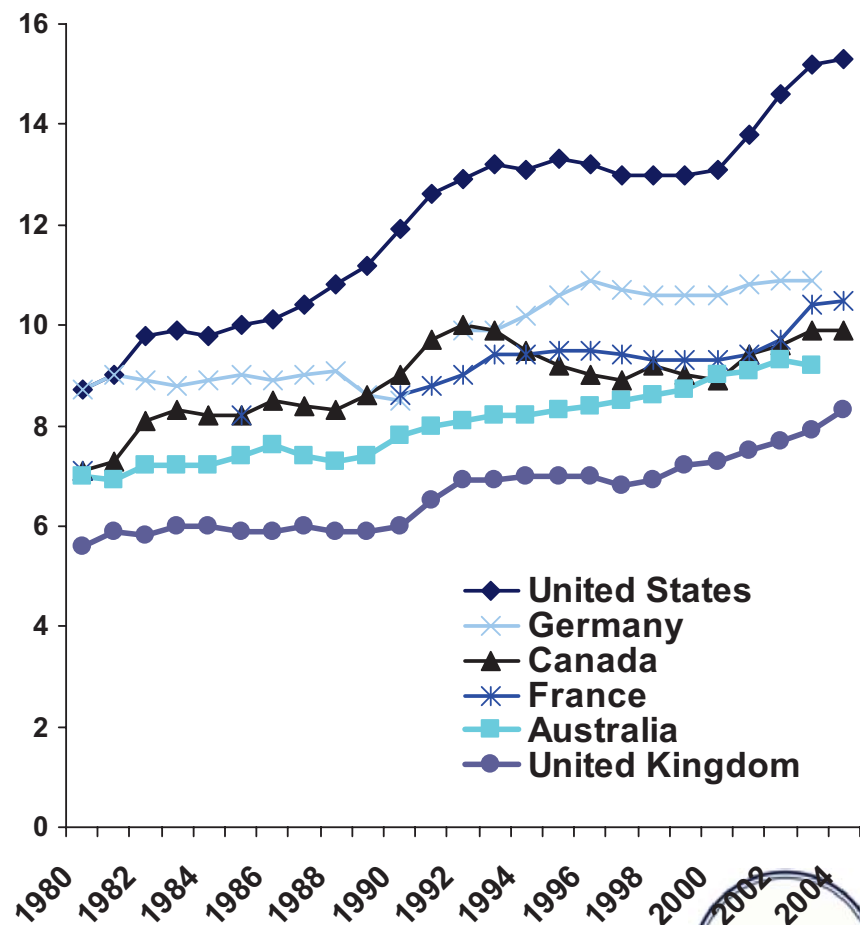


International Comparison of Spending on Health, 1980–2004

Average spending on health per capita (\$US PPP)



Total expenditures on health as percent of GDP

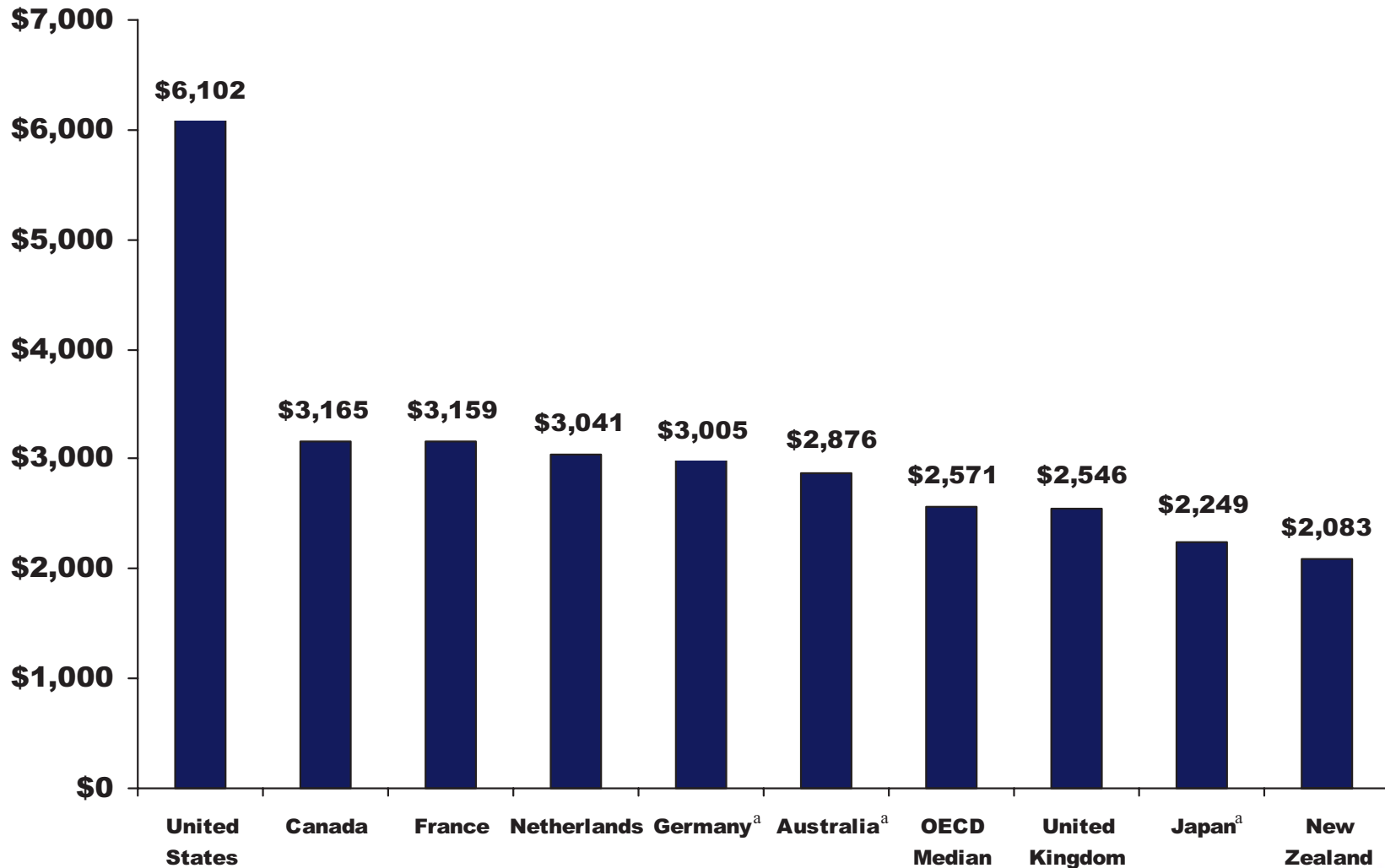


Data: OECD Health Data 2005 and 2006.



Health Care Spending per Capita in 2004

Adjusted for Differences in Cost of Living

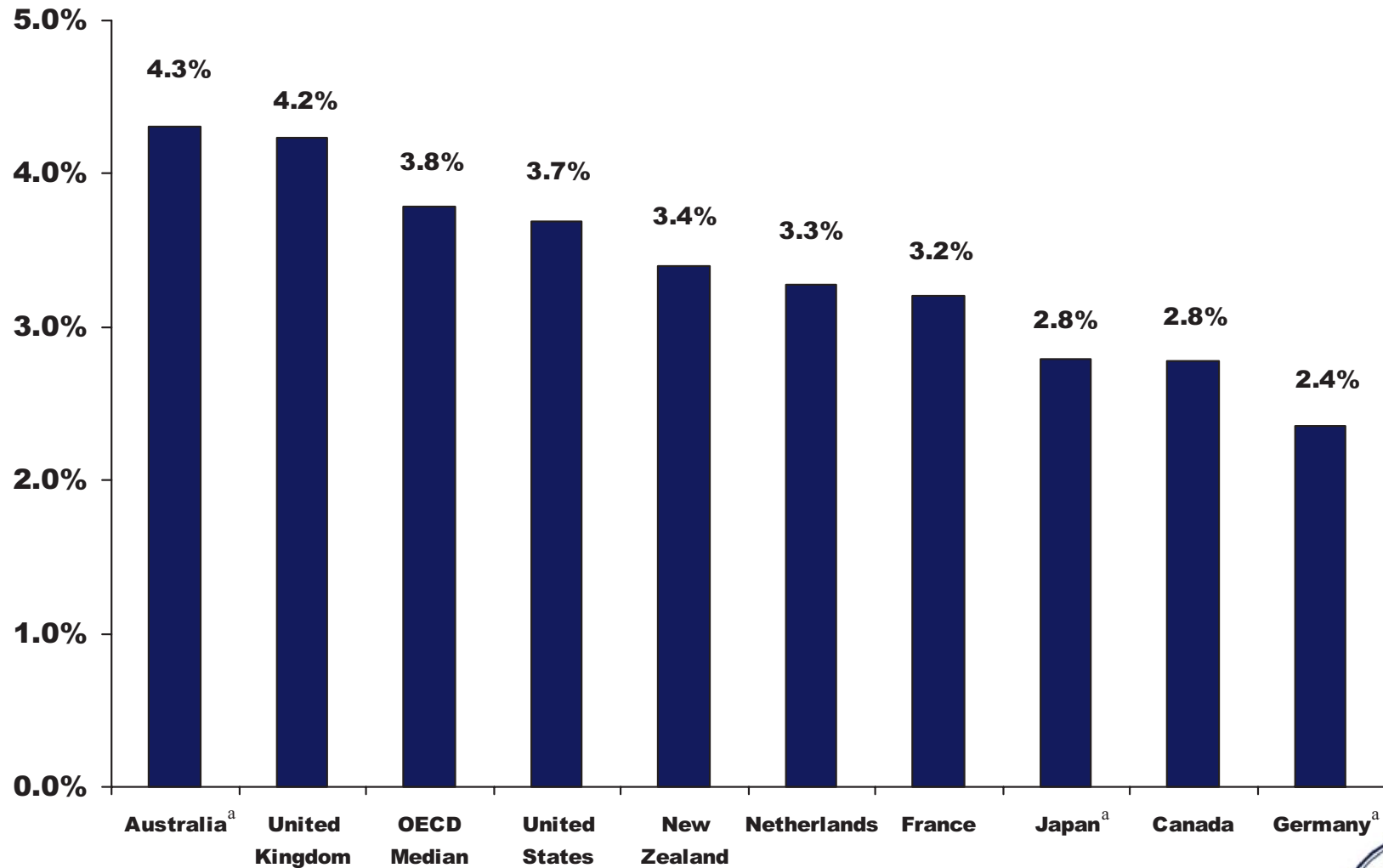


^a2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Average Annual Growth Rate of Real Health Care Spending per Capita, 1994–2004

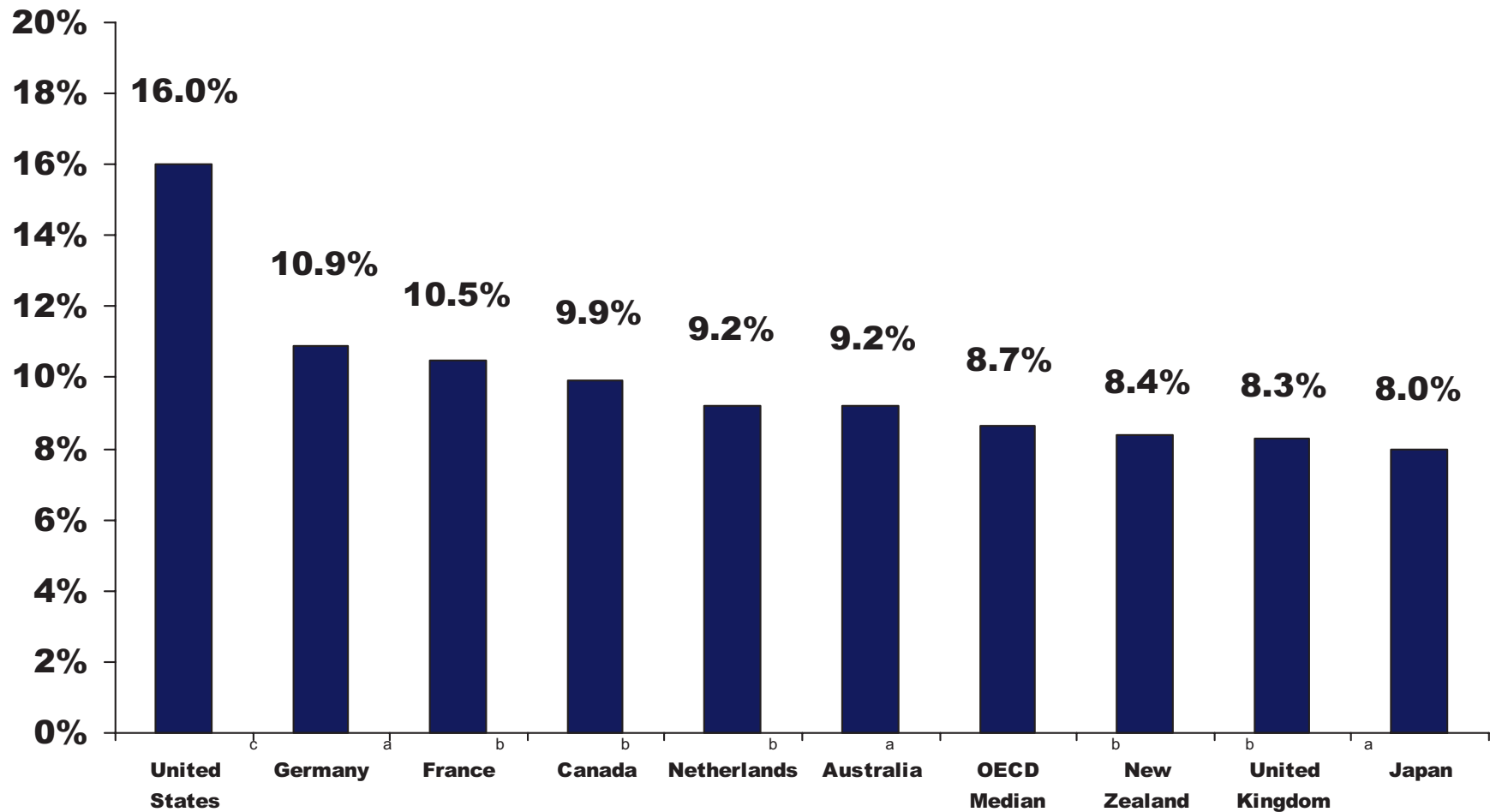


^a1994–2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Percentage of Gross Domestic Product Spent on Health Care in 2004



^a2003

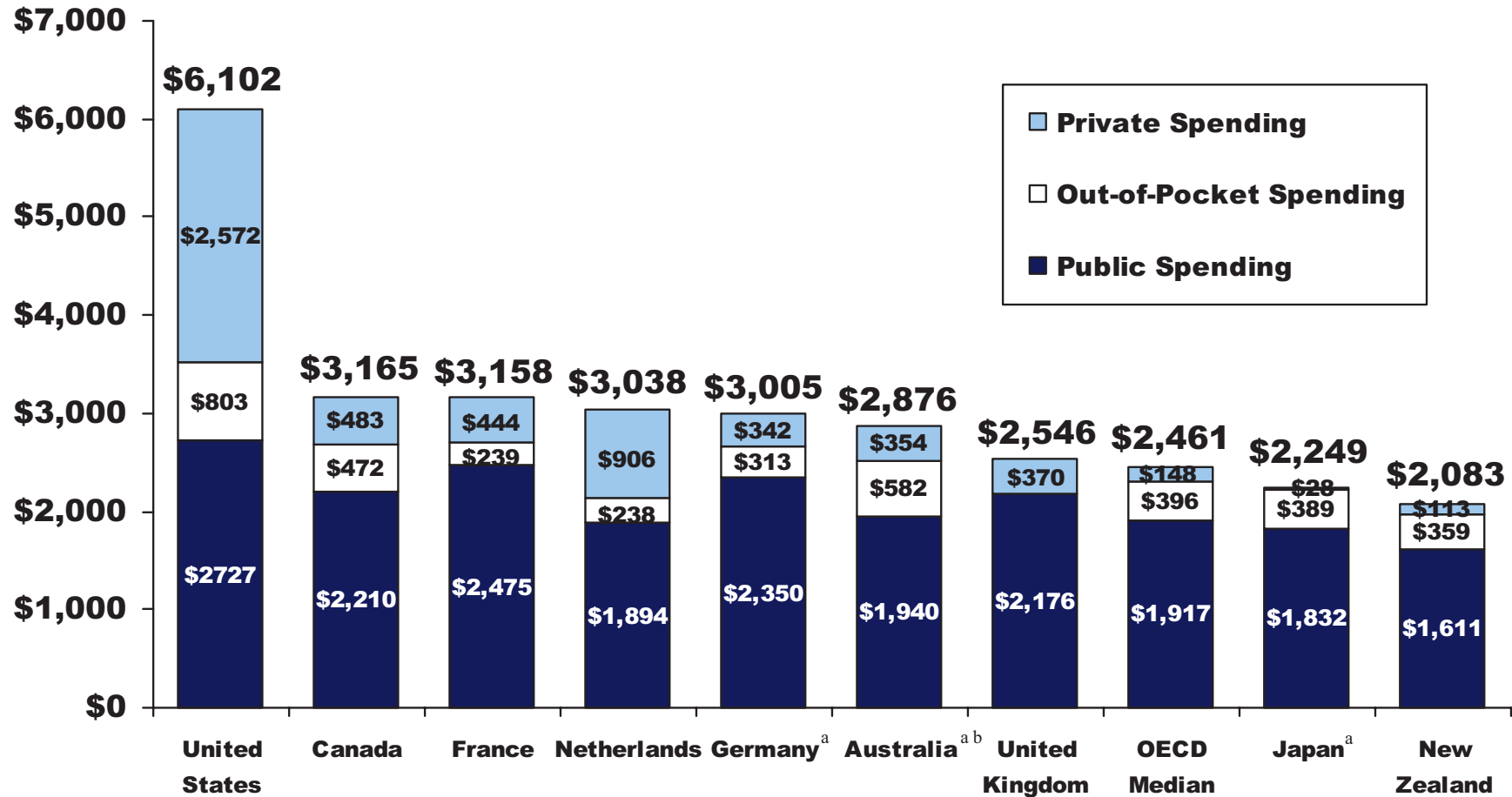
^b2004

^c2004 number for US from C. Smith et al., "National Health Spending in 2004: Recent Slowdown Led by Prescription Drug Spending," *Health Affairs*, Jan./Feb. 2006 25(1):186-96.



Health Care Expenditure per Capita by Source of Funding in 2004

Adjusted for Differences in Cost of Living



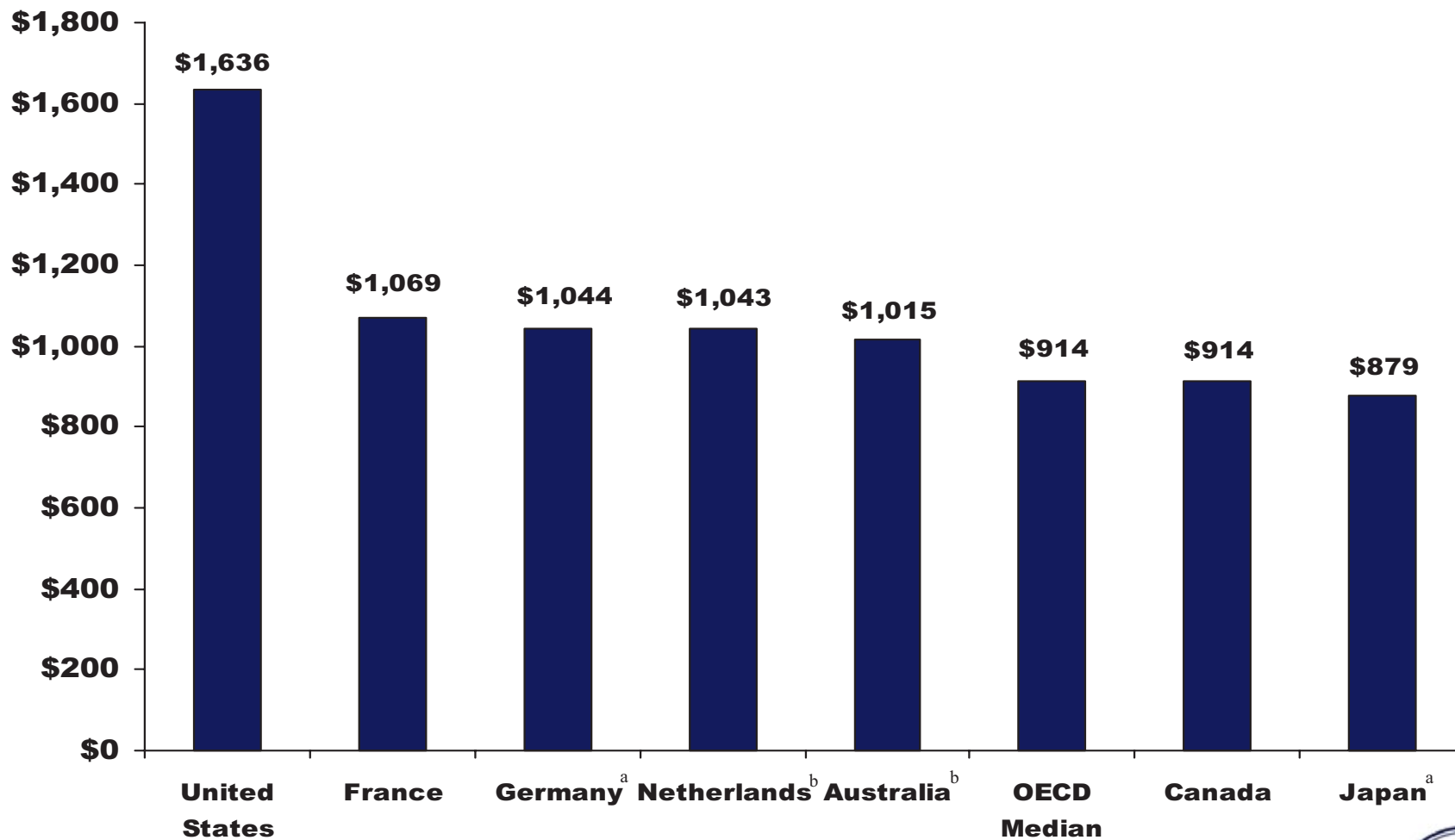
^a2003

^b2002 (Out-of-Pocket)



Inpatient Hospital Spending per Capita in 2004 78

Adjusted for Differences in Cost of Living

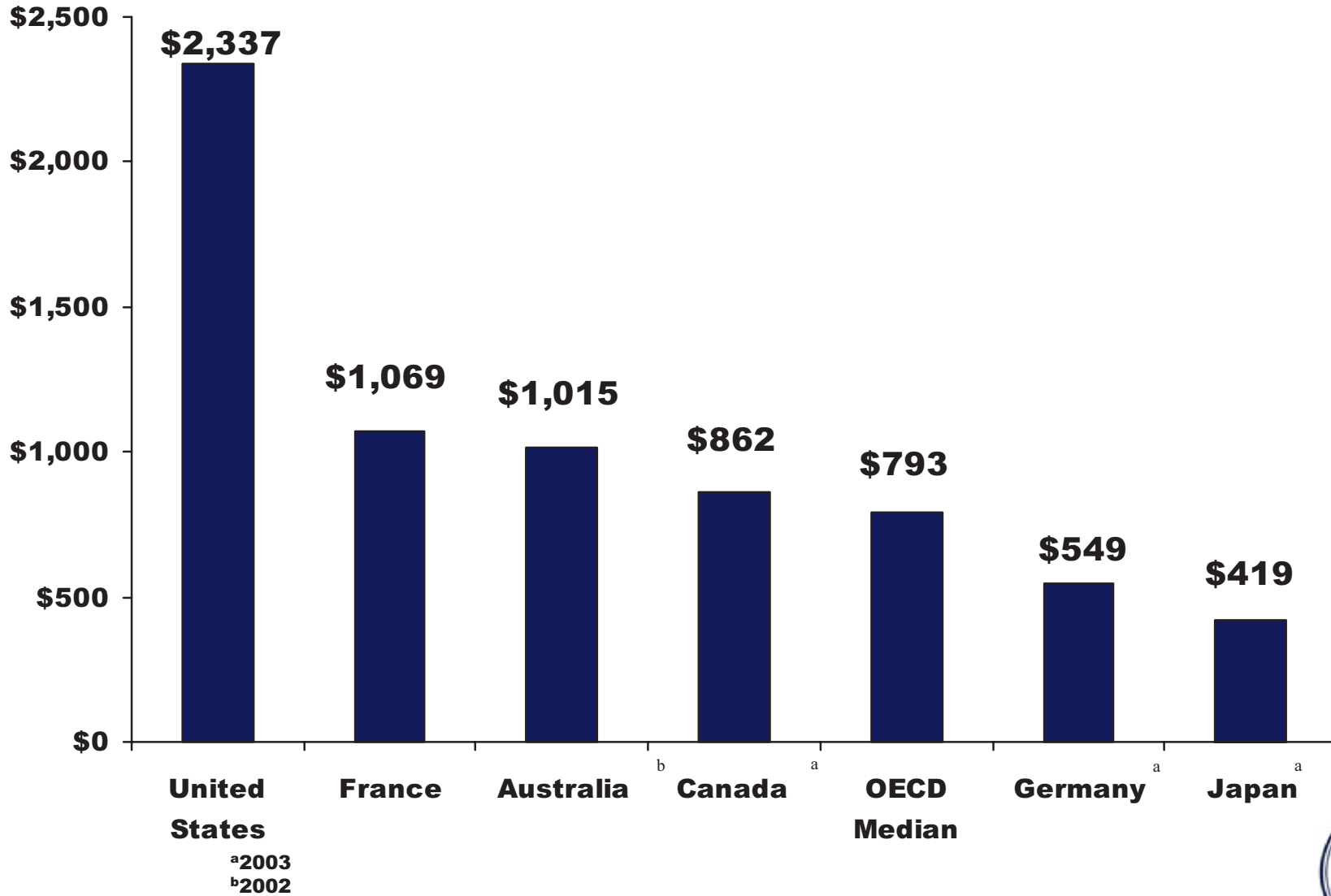


^a2003
^b2002



Hospital Spending per Inpatient Acute Care Day in 2004

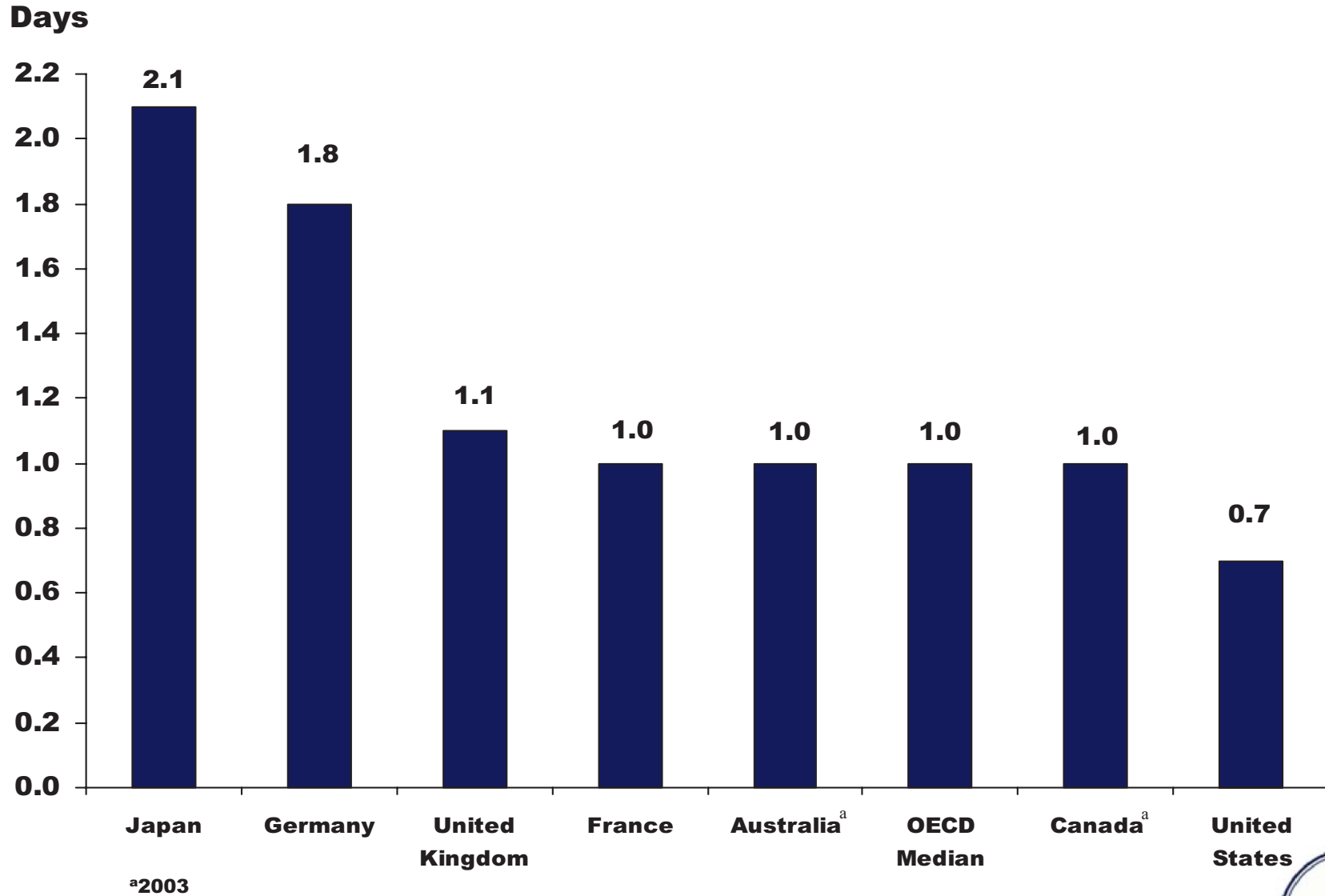
Adjusted for Differences in Cost of Living



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



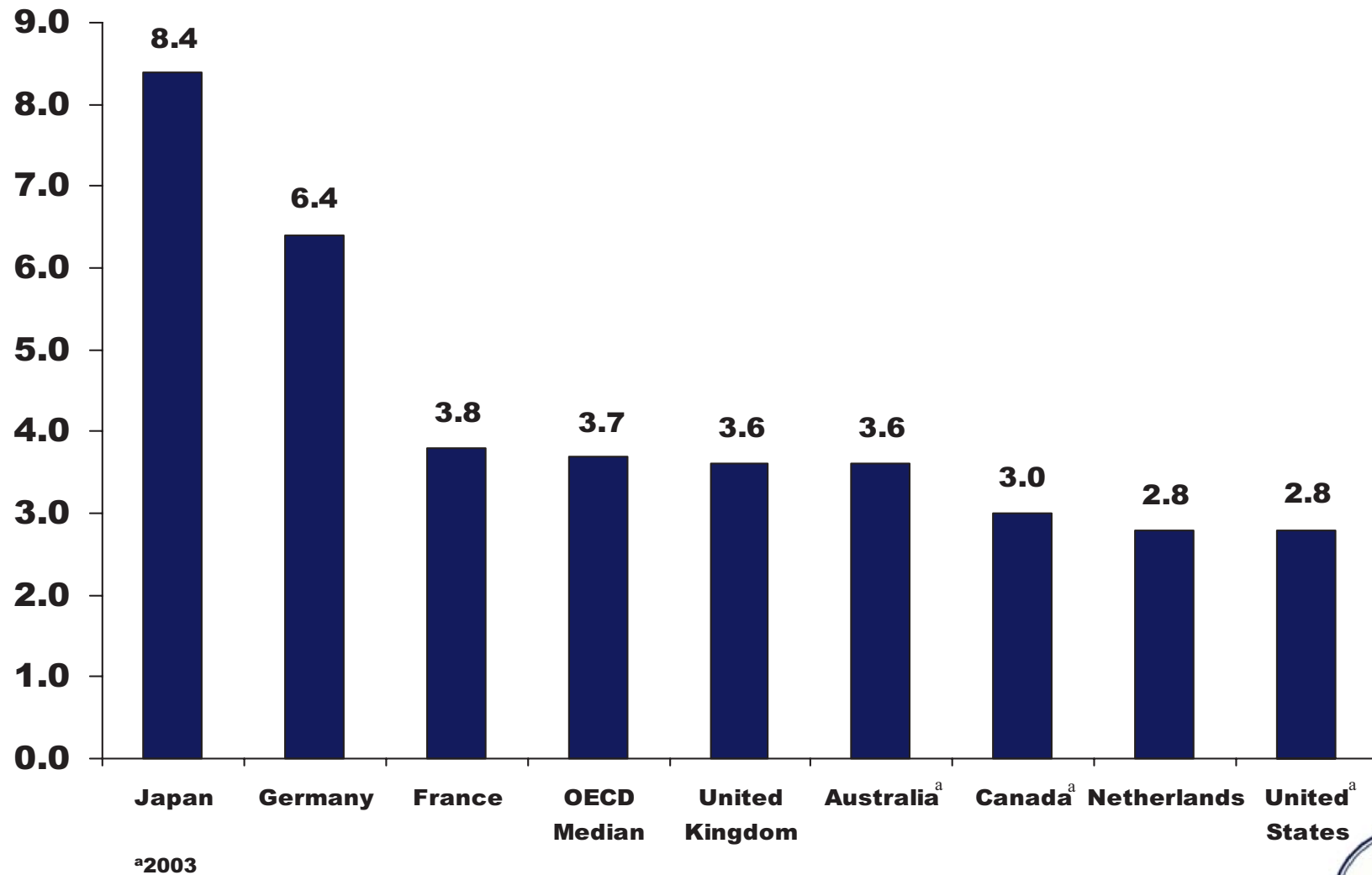
Average Annual Hospital Inpatient Acute Care Days per Capita in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



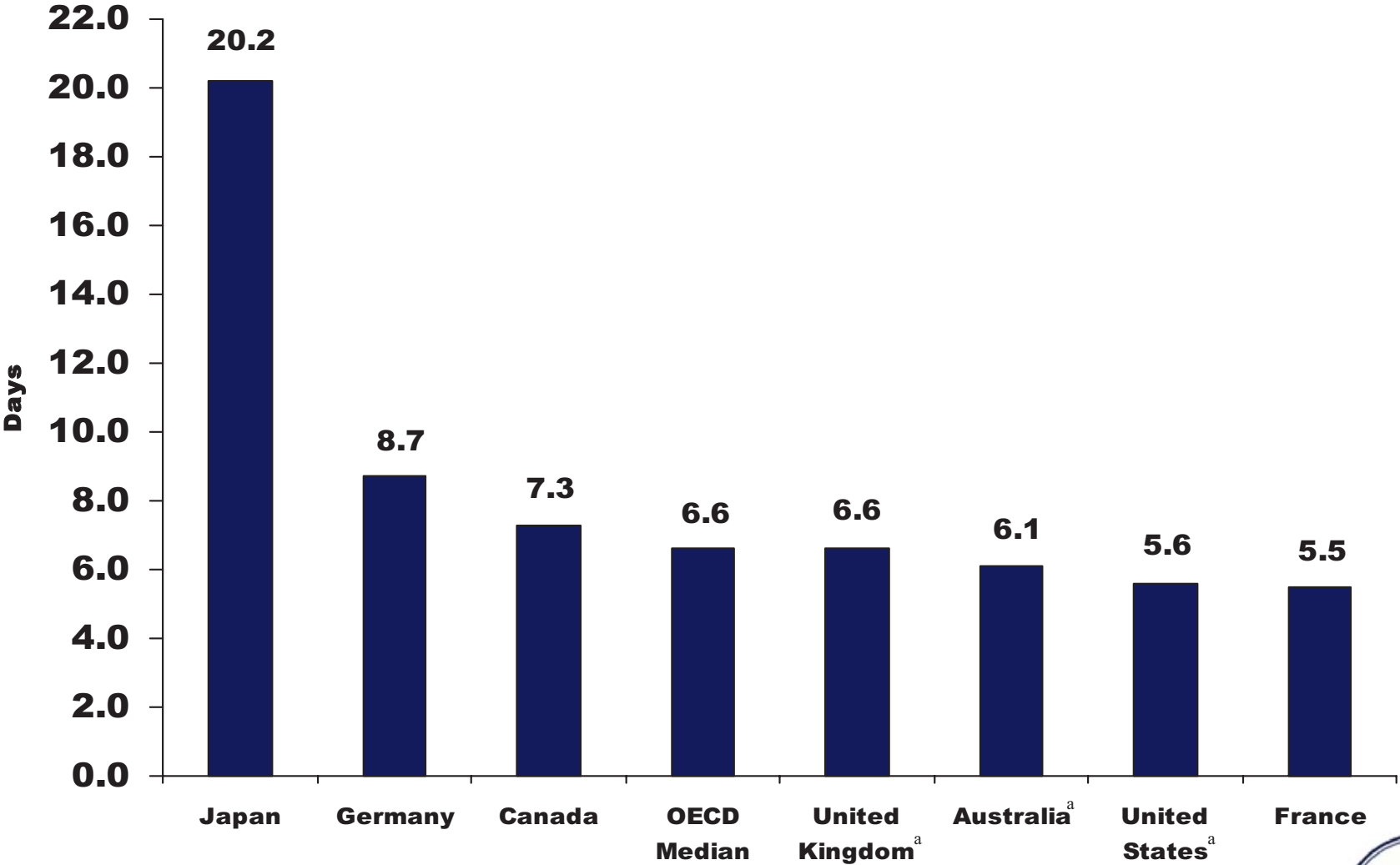
Number of Acute Care Hospital Beds per 1,000 Population in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Average Length of Stay for Acute Care in 2004 82



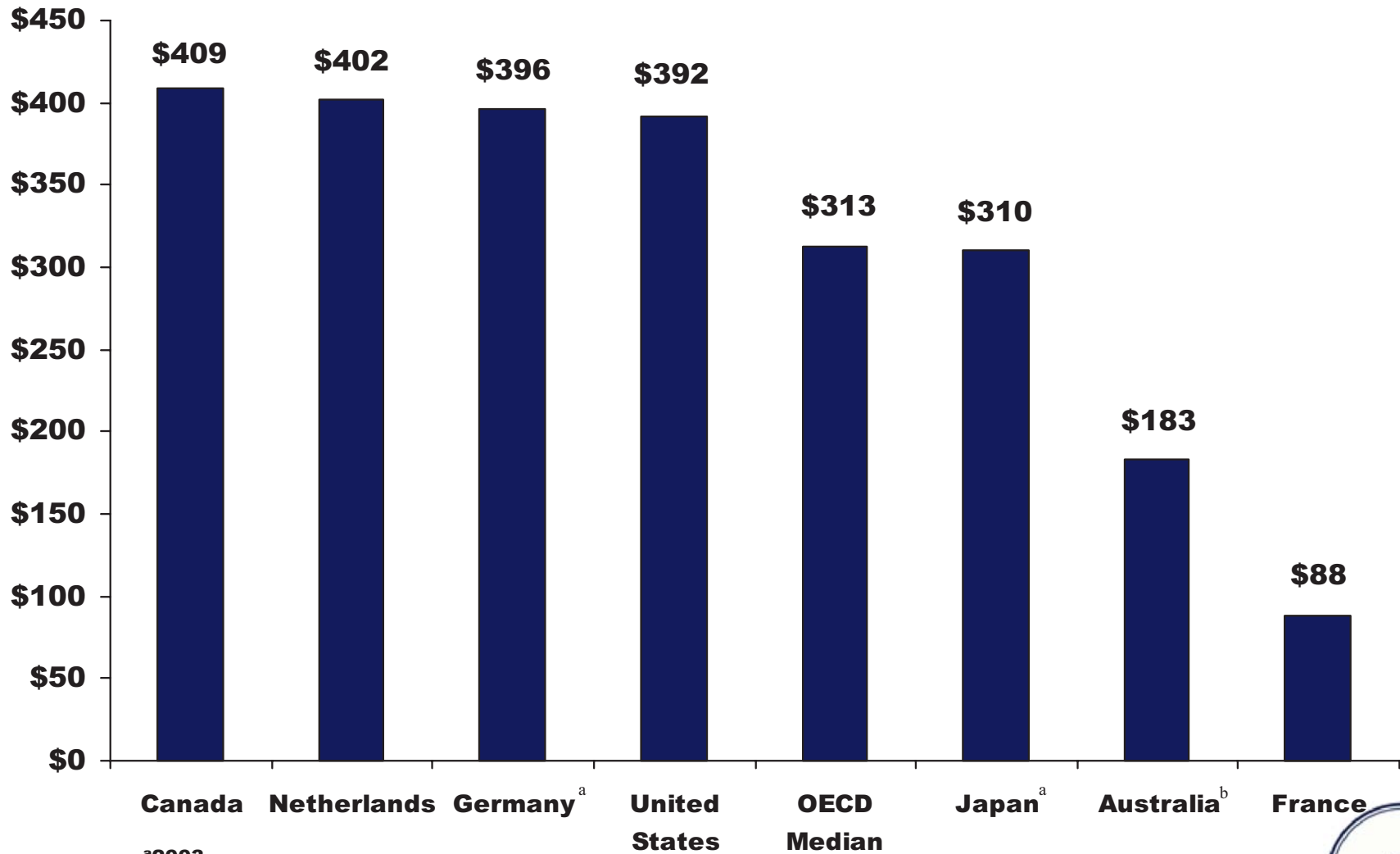
^a2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Long-Term Institutional Care Spending per Capita in 2004

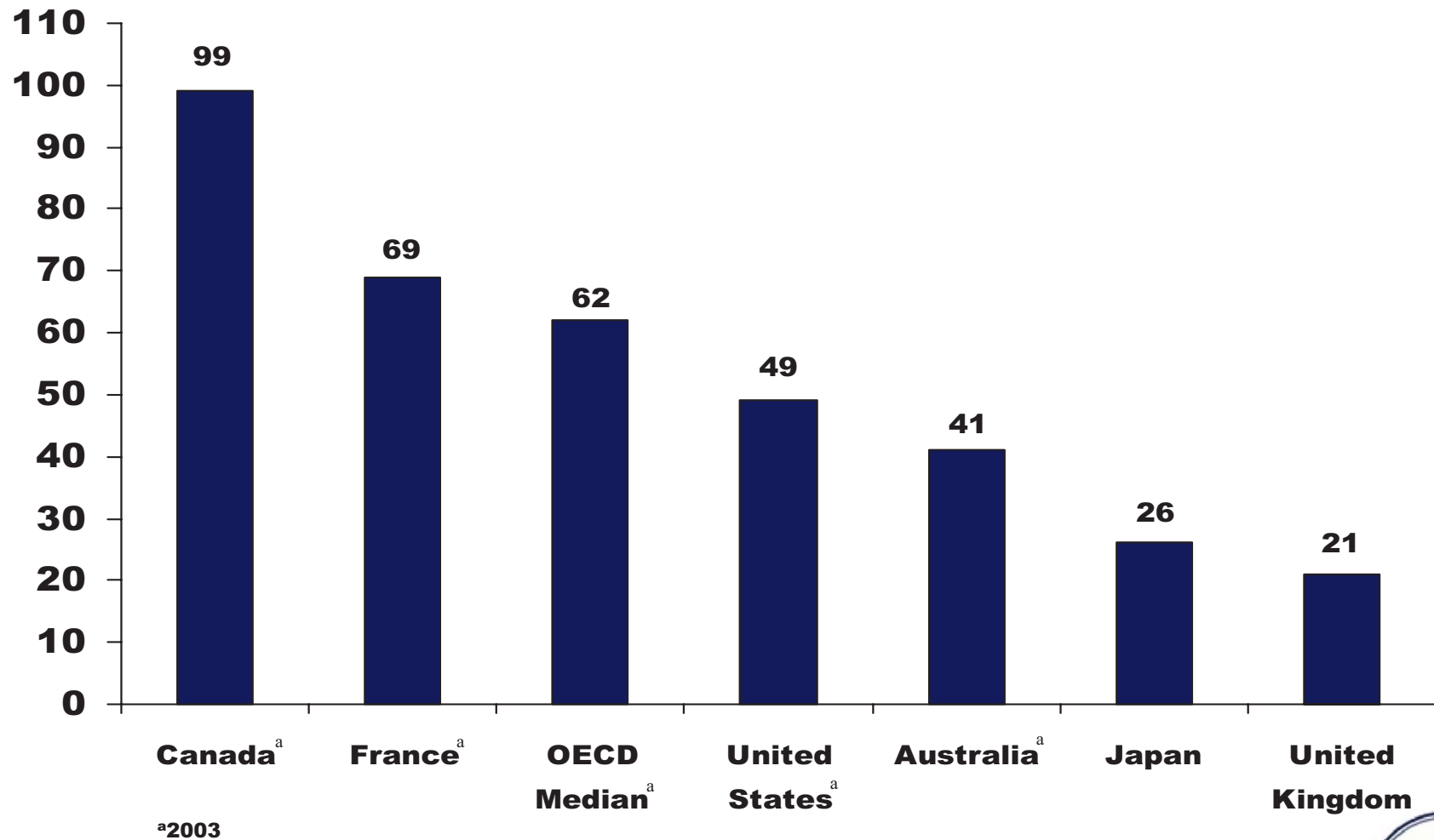
Adjusted for Differences in Cost of Living



^a2003
^b2002



Number of Long-Term Care Beds per 1,000 Population over Age 65 in 2004

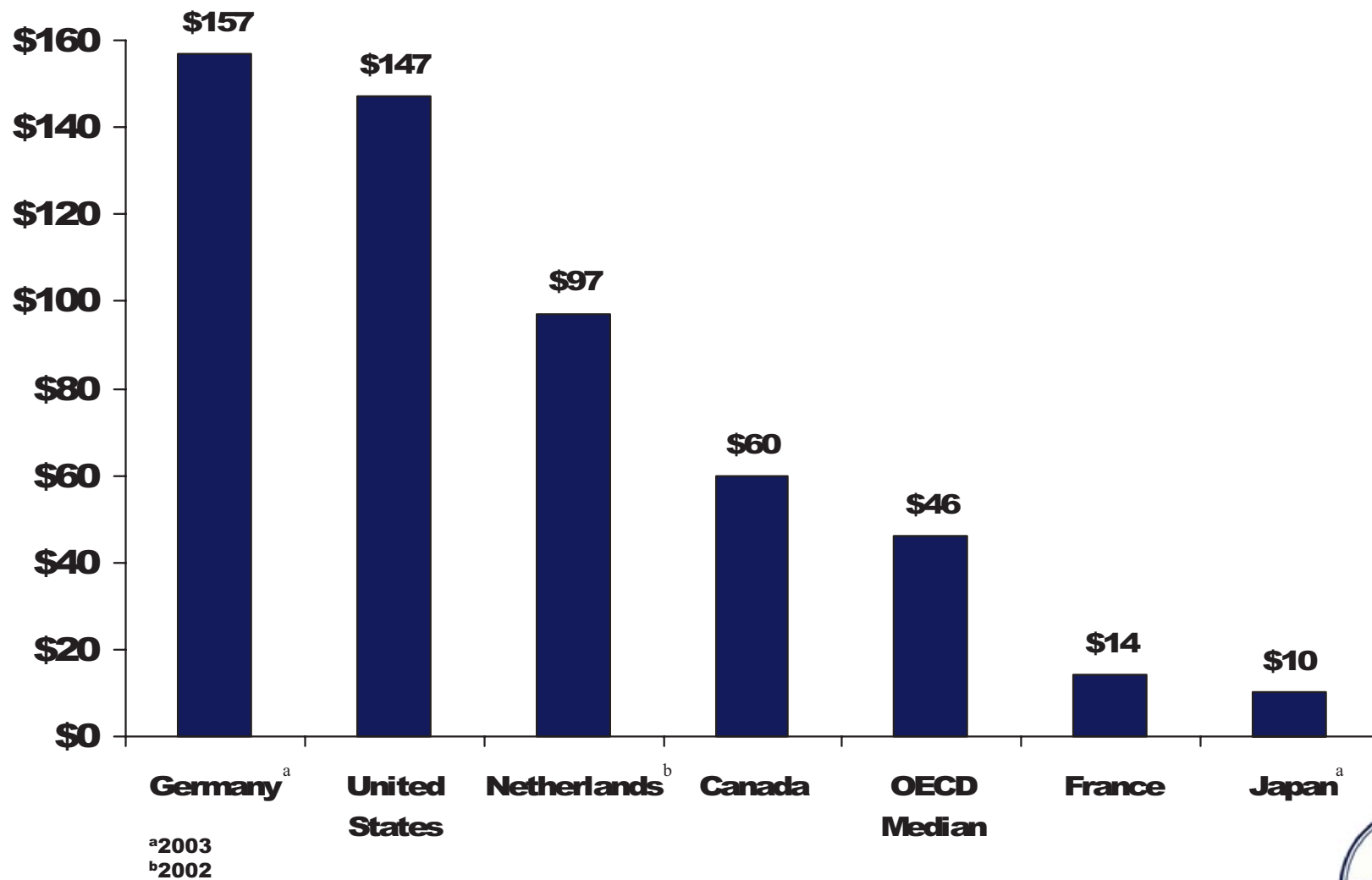


J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).

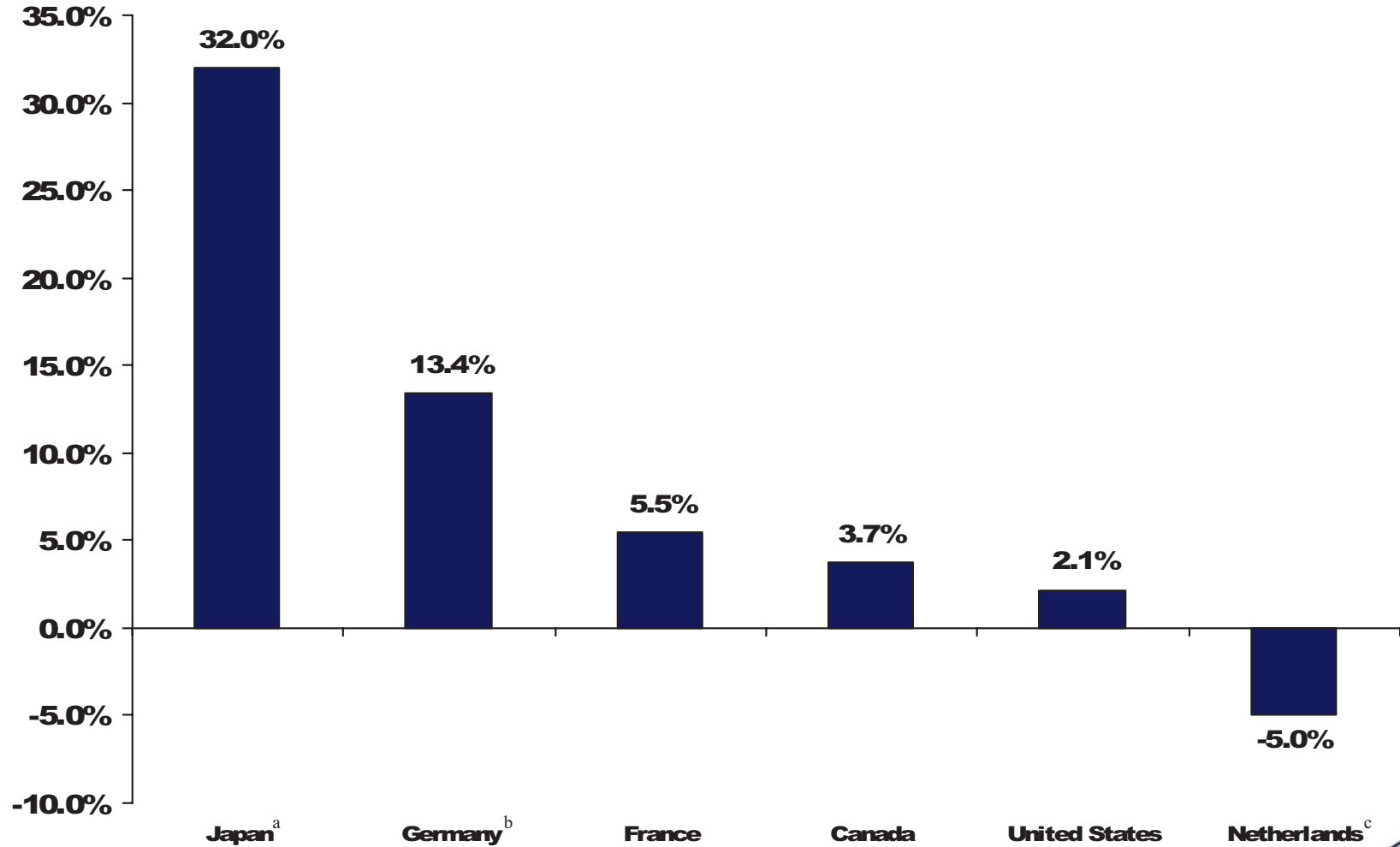


Home Health Care Spending per Capita in 2004 85

Adjusted for Differences in Cost of Living



Average Annual Growth Rate of Home Health Care Spending per Capita, 1994–2004

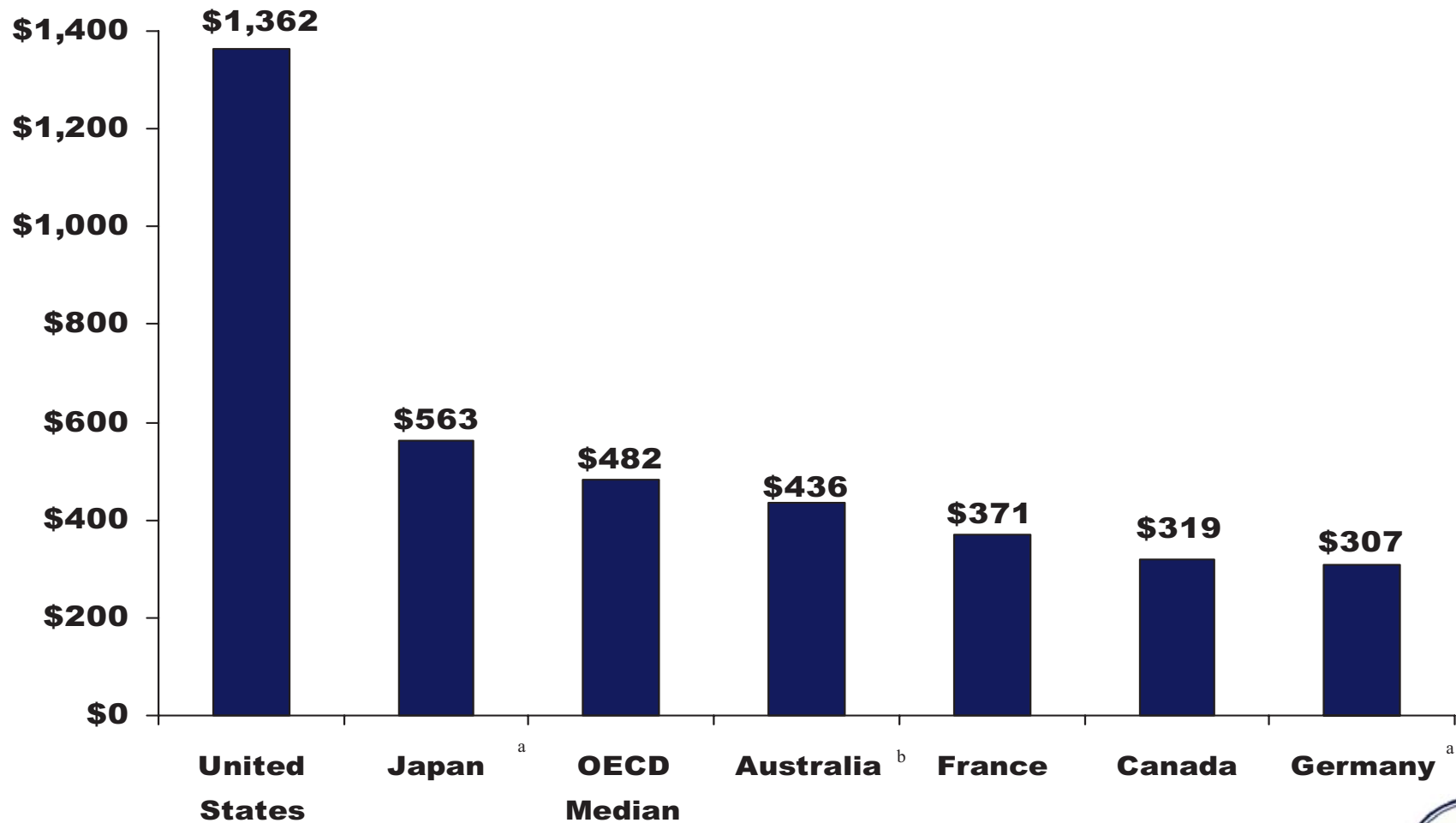


^a1995–2003 ^b1994–2003 ^c1994–2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data*, 2006 (New York: The Commonwealth Fund, Apr. 2007).



Spending on Physician Services per Capita in 2004⁷ Adjusted for Differences in Cost of Living

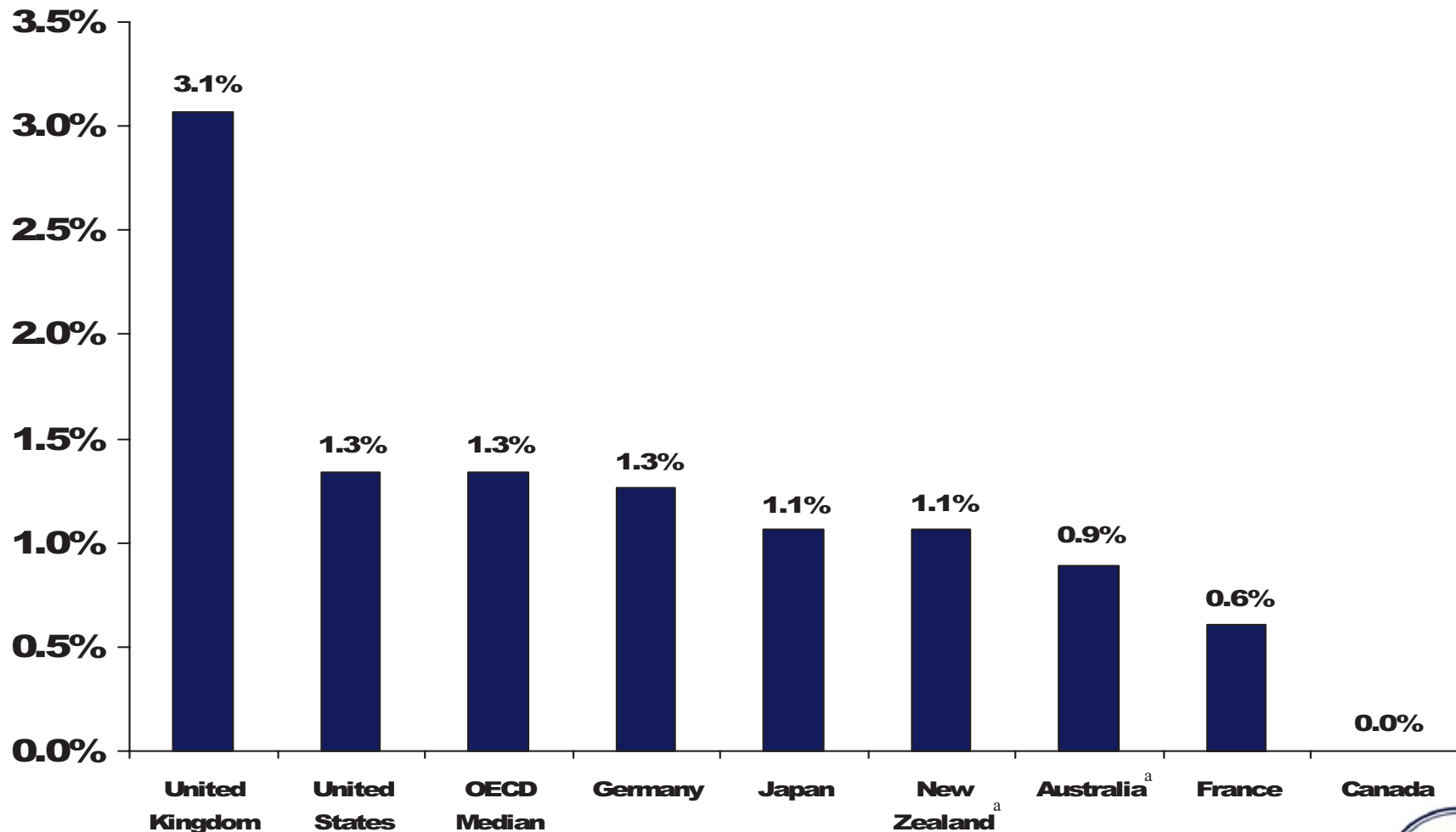


^a2003

^b2002



Average Annual Growth Rate of Practicing Physicians per 1,000 Population, 1994–2004

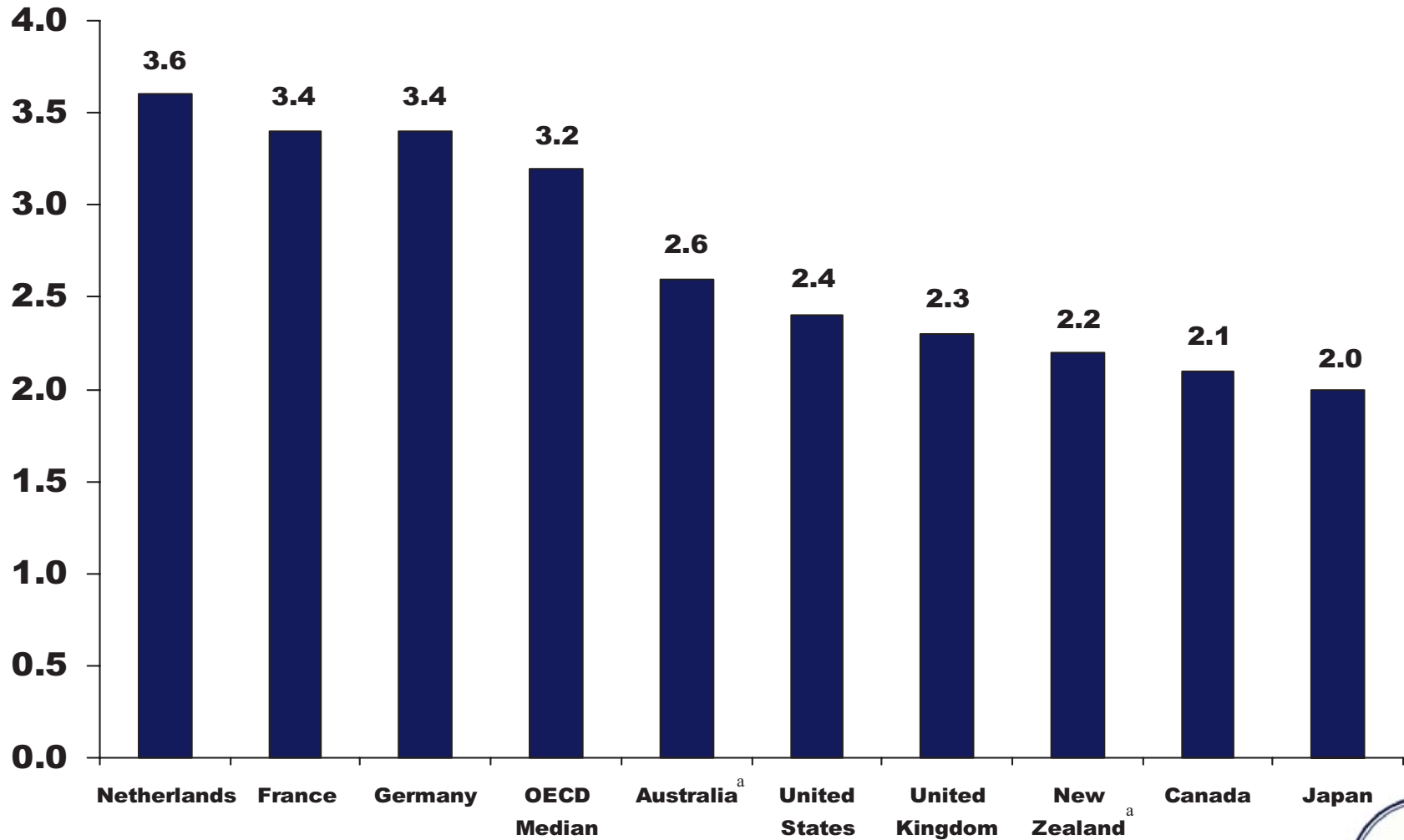


^a1994–2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



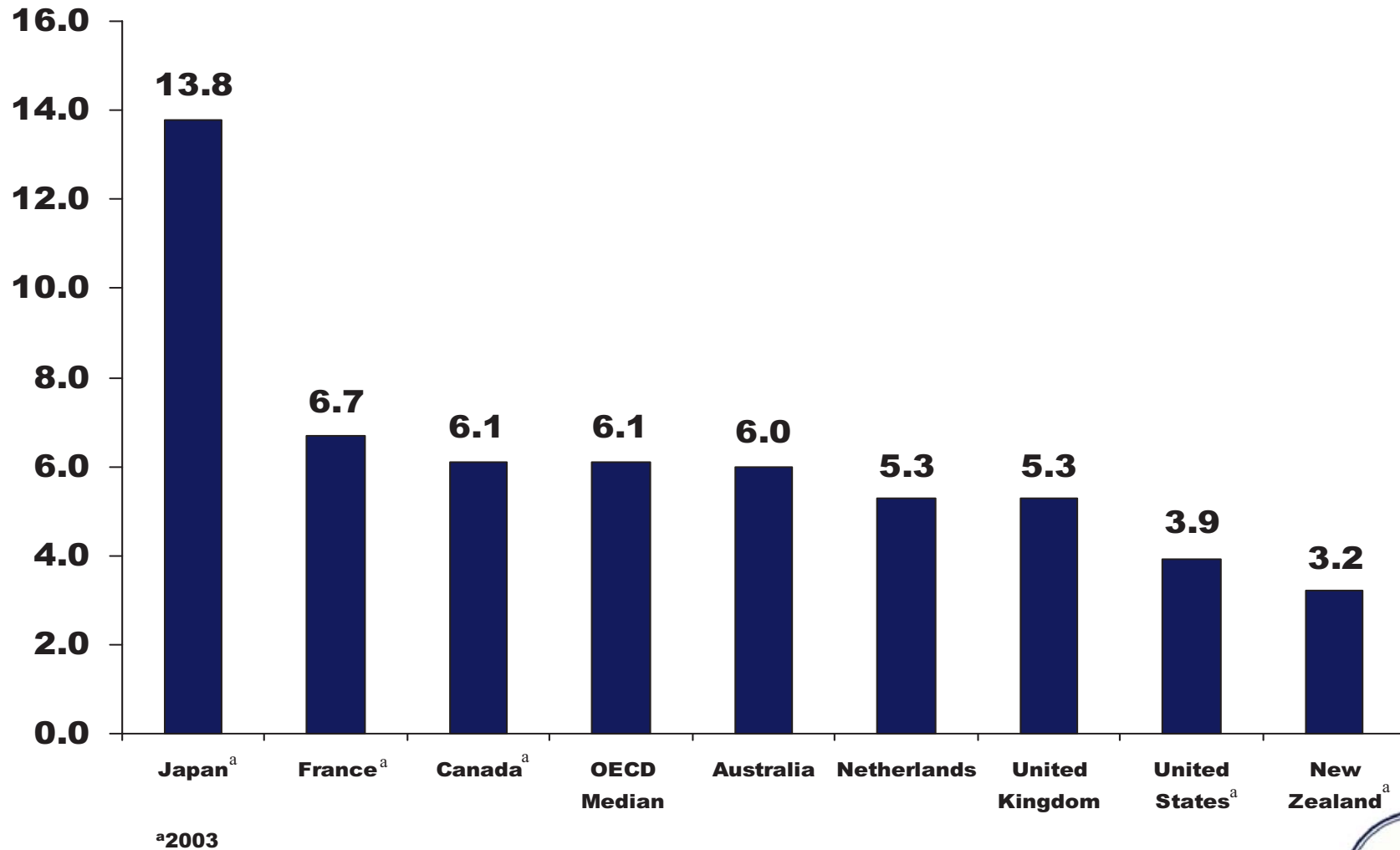
Number of Practicing Physicians per 1,000 Population in 2004



^a2003



Average Annual Number of Physician Visits per Capita in 2004

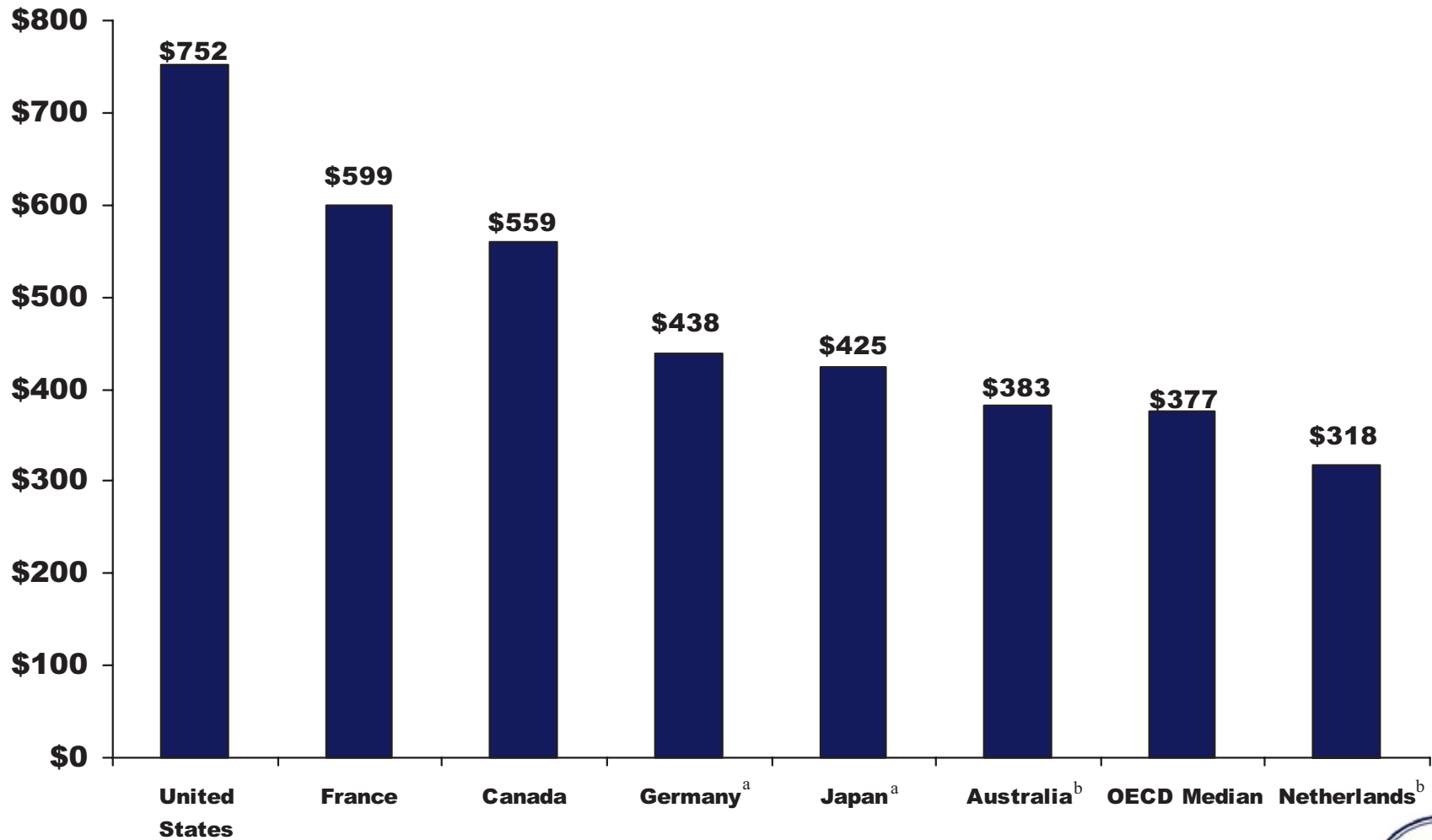


J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Pharmaceutical Spending per Capita in 2004

Adjusted for Differences in Cost of Living

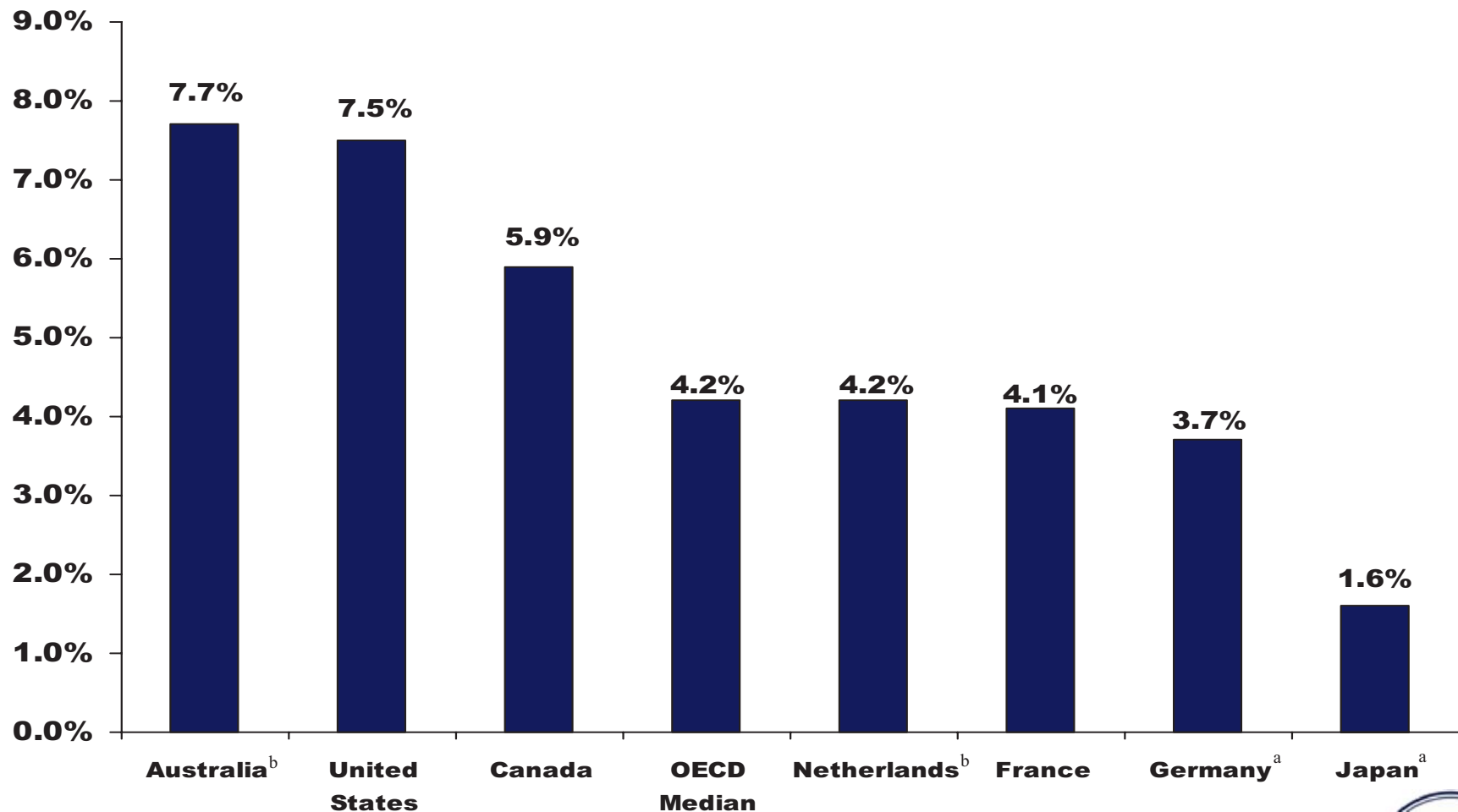


^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Average Annual Growth Rate of Real Spending per Capita on Pharmaceuticals, 1994–2004 92



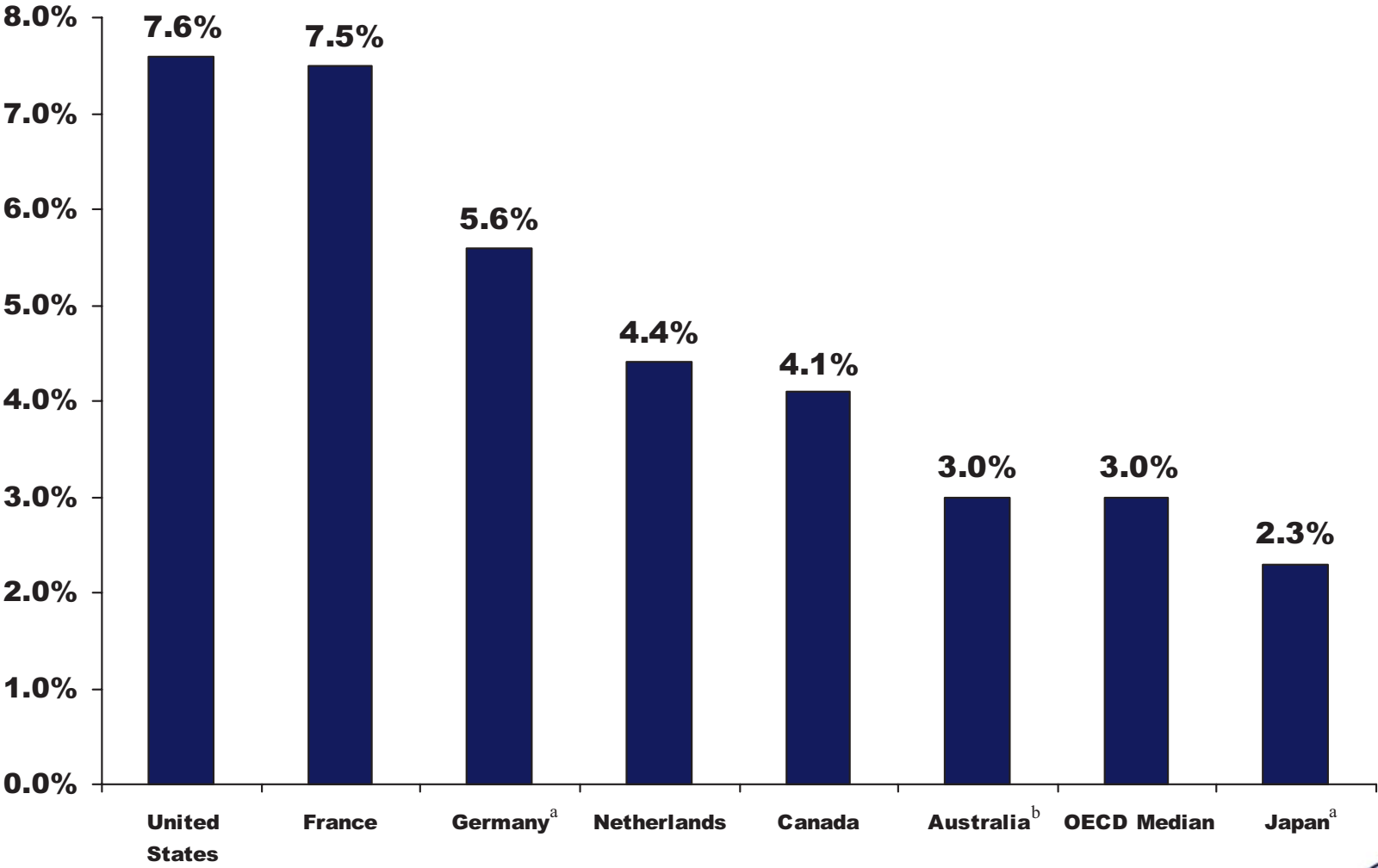
^a1994–2003

^b1994–2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Percentage of Total Health Care Spending on Health Administration and Insurance in 2004



^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Equity



Health Status by Income, 2004

Percent:	AUS	CAN	NZ	UK	US
Fair/Poor Health:					
Below Average	22*	19*	22*	24*	30*
Above Average	7	7	6	8	6
Any of 6 Chronic Illnesses:[^]					
Below Average	63*	58*	62*	64*	62*
Above Average	41	42	40	39	42

[^] Chronic illnesses include: hypertension, heart disease, diabetes, arthritis, lung problems, and depression.

* Significant difference between below and above average income groups within country at p<.05.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Insurance and Cost-Sharing Policies in Four Countries with Universal Public Coverage

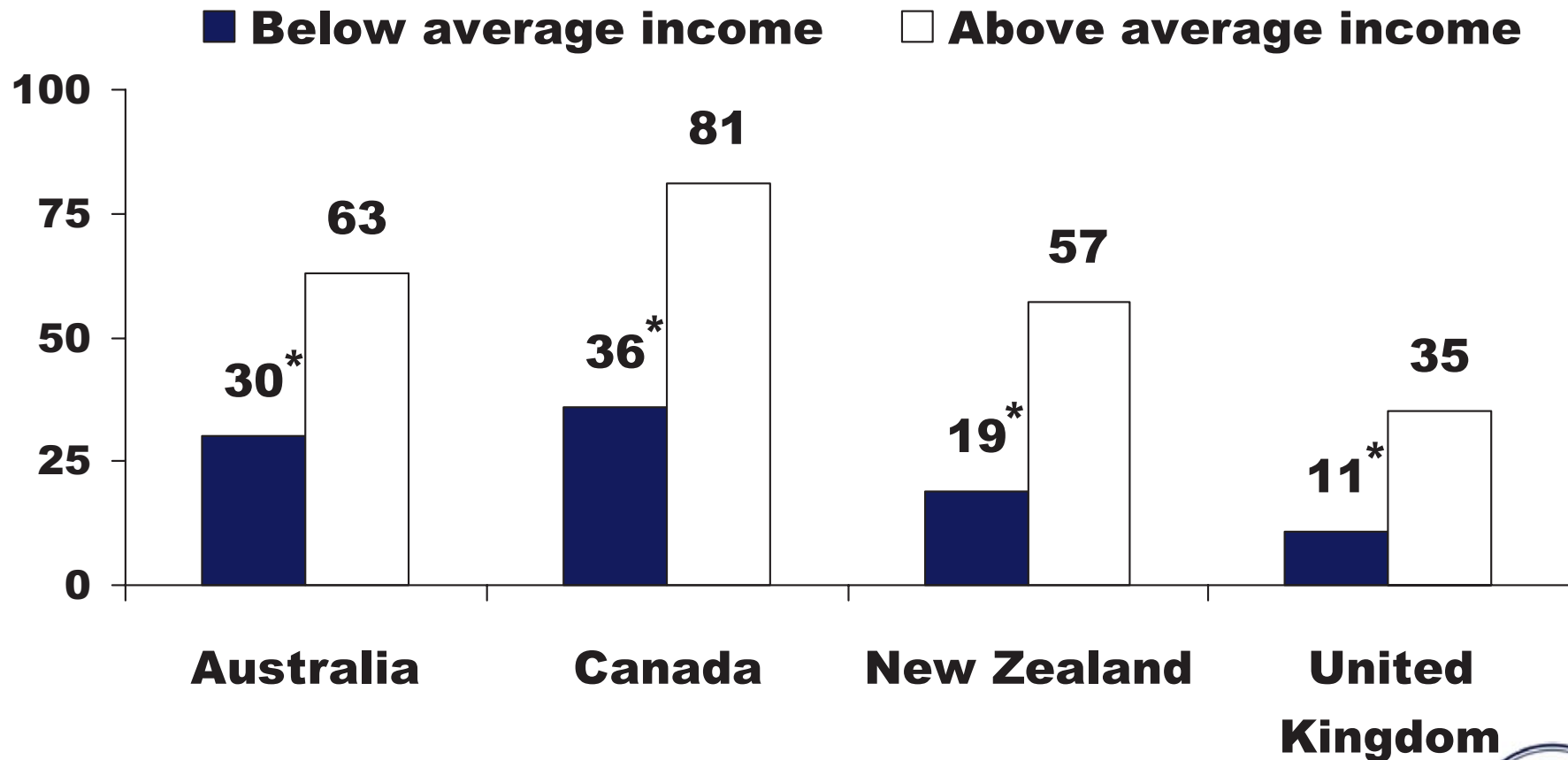
	AUS	CAN	NZ	UK
Private insurance for services covered by public	Permitted only for hospital services	Prohibited for core services in most provinces	Permitted	Permitted
Percent with private coverage	49%	79.9% (to cover benefits excluded from 'free-of charge' public plan)	33%	12%
Public Plan Patient Cost-Sharing	Variable depending on service type and provider	None for core services	Copayments for many services	None for basic services (except Rx and optical)
Prescription Drugs	Covered	Publicly covered for social assistance beneficiaries and in most provinces for seniors	Covered	Covered

Source: B. K. Frogner and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2005* (New York: The Commonwealth Fund, Apr. 2006).



Private Insurance in Four Countries with Universal Coverage, 2004

Percent who have private insurance in addition to public



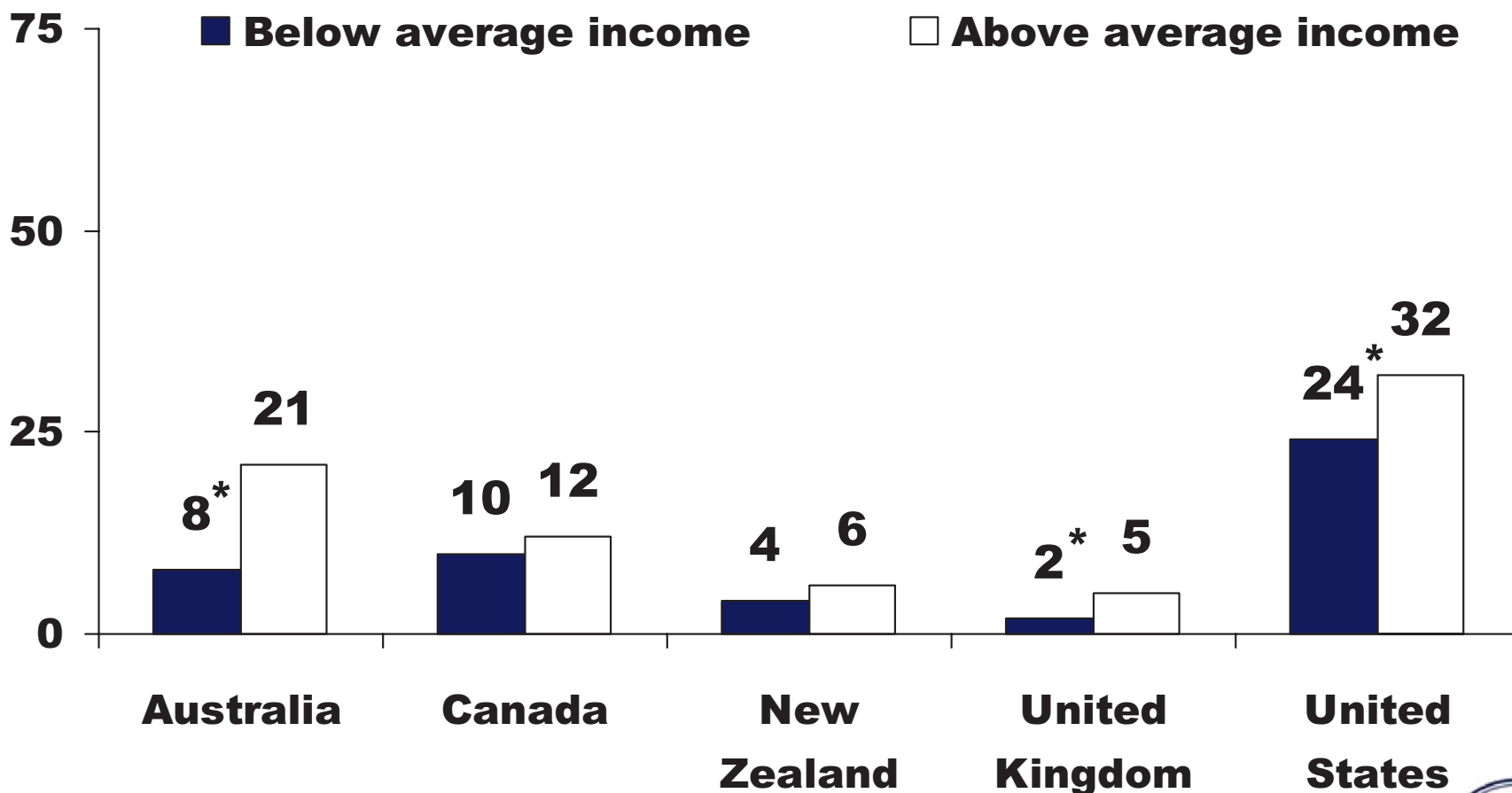
* Significant difference between below and above average income groups within country at $p < .05$.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Spent More than US\$1,000 Out-of-Pocket for Medical Care in Past Year, by Income, 2004

Percent

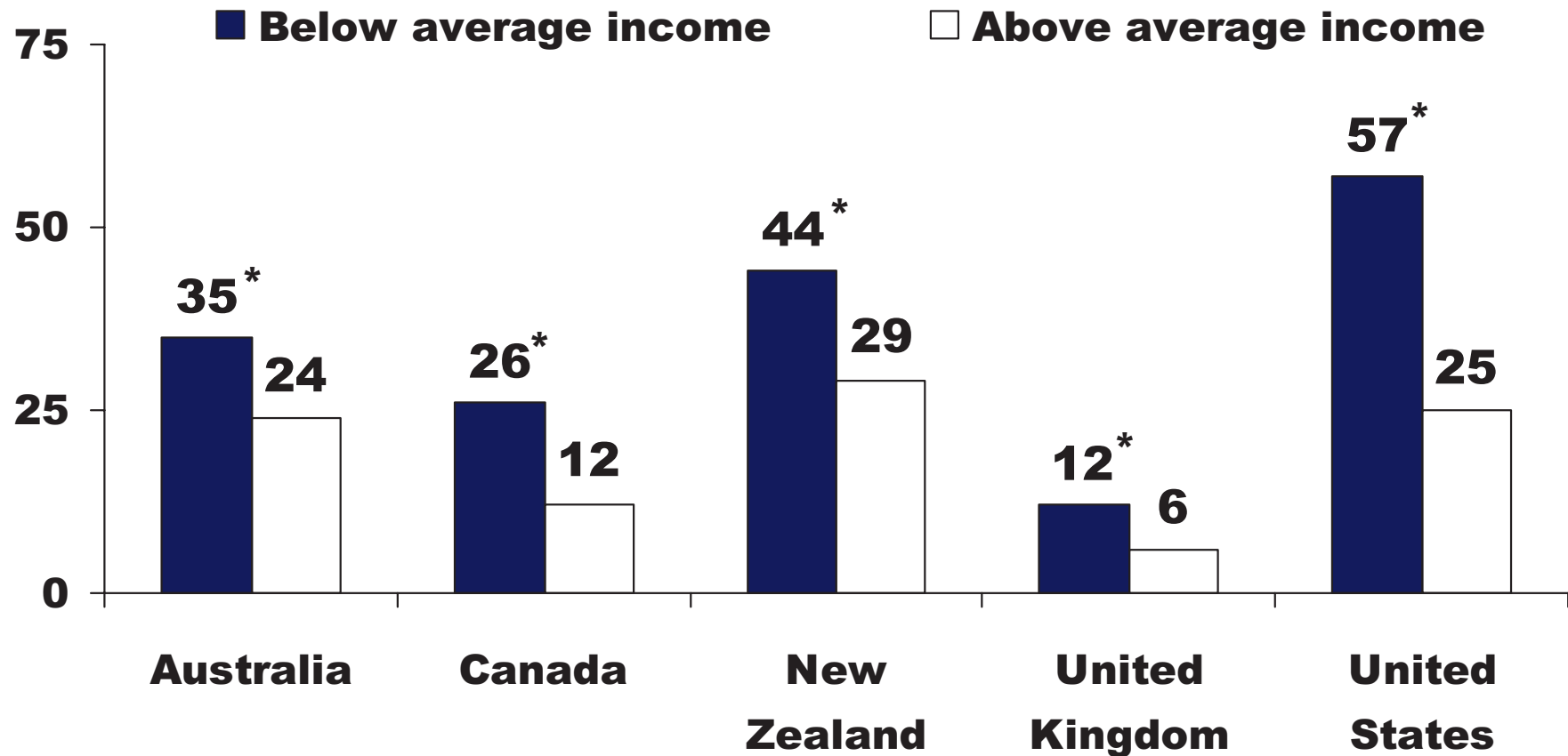


* Significant difference between below and above average income groups within country at $p < .05$.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huvnh et al. 2006).



Cost-Related Access Problems, by Income, 2004 ⁹⁹

Percent reporting any of three access problems because of costs[^]



[^] Access problems include: Had a medical problem but did not visit a doctor; skipped a medical test, treatment, or follow-up recommended by a doctor; or did not fill a prescription because of cost.

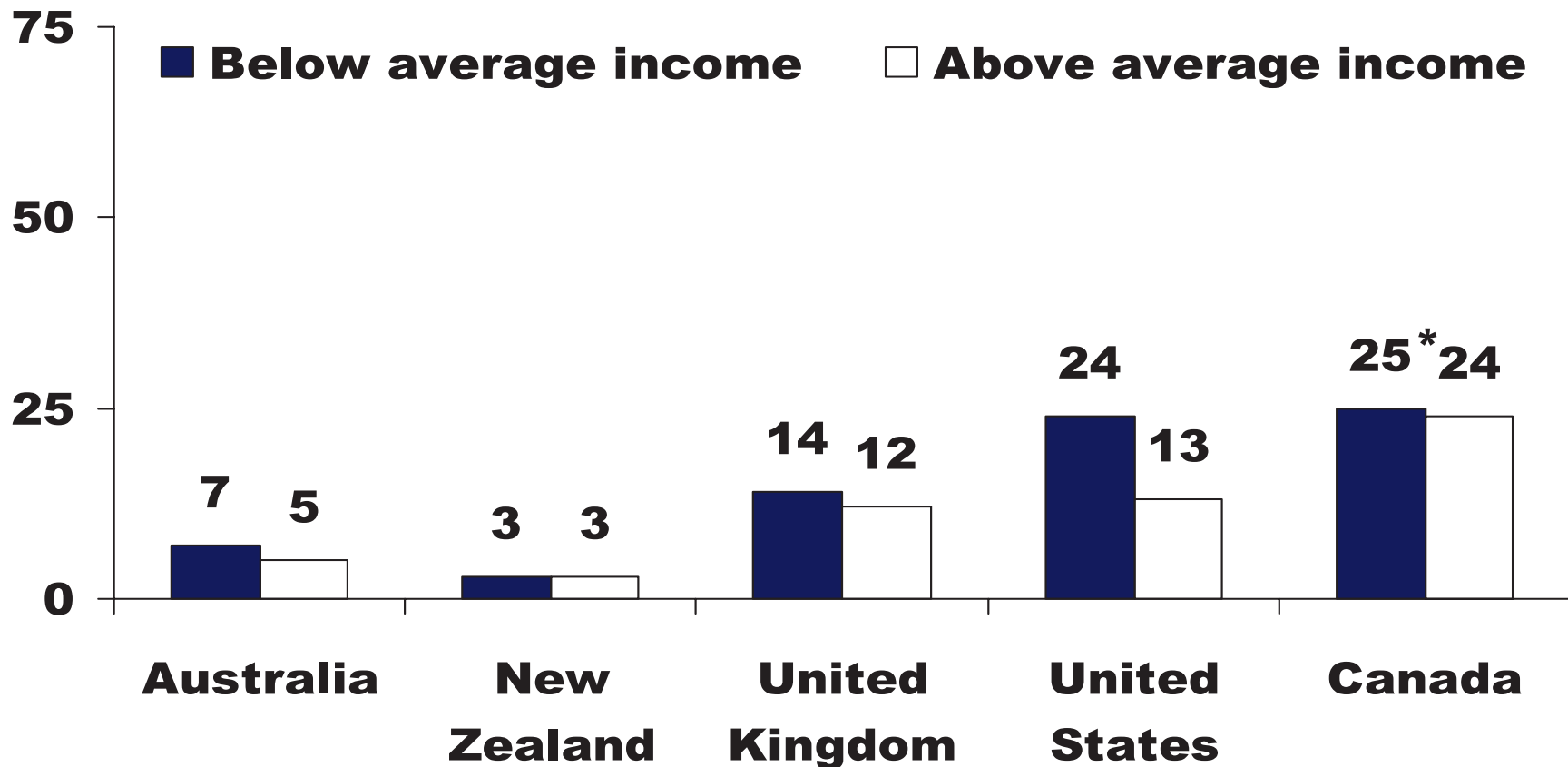
* Significant difference between below and above average income groups within country at $p < .05$.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Access to Doctor When Sick or Need Medical Attention, by Income, 2004

Percent waited six days or more for appointment when sick



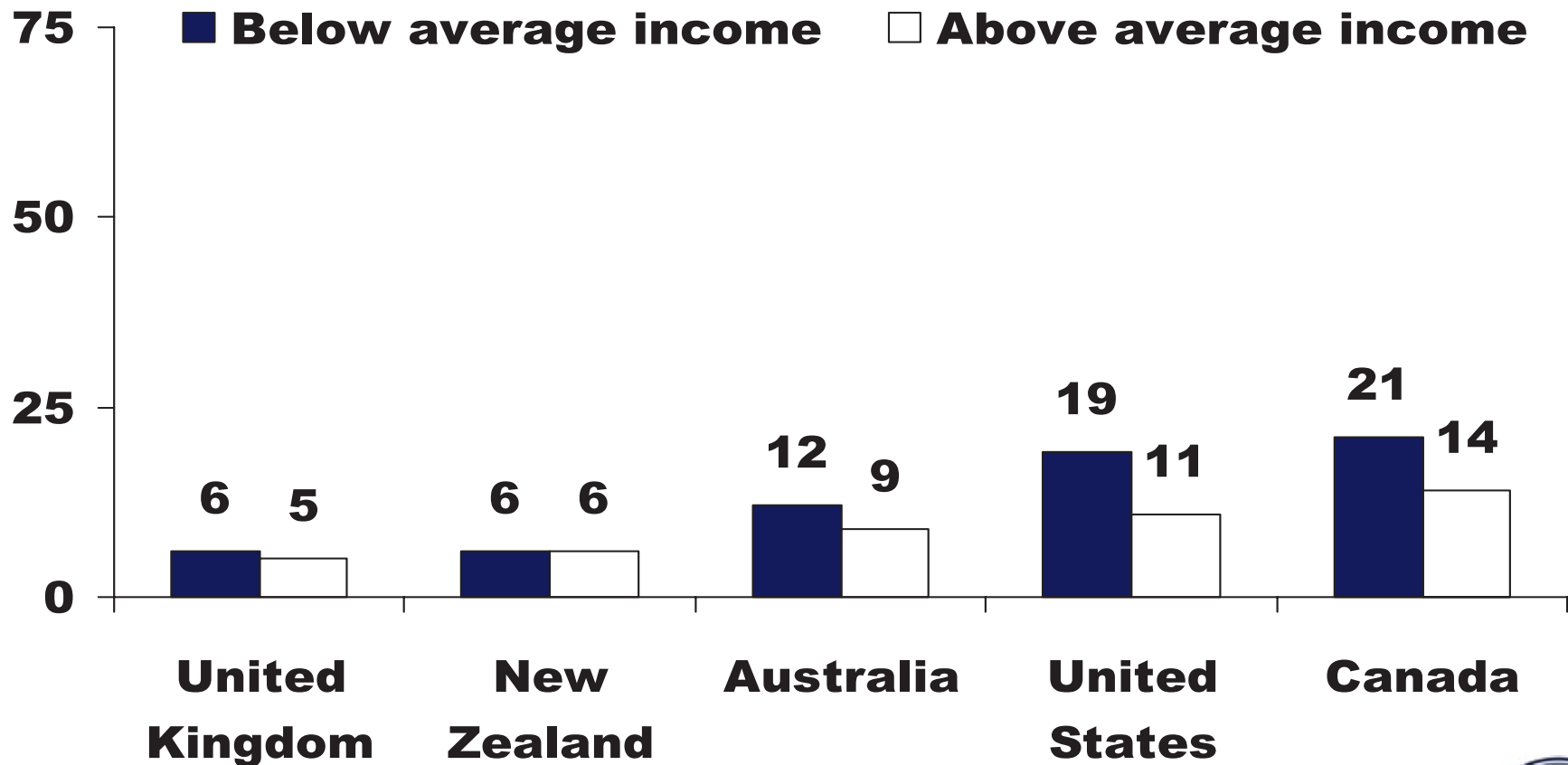
* Significant difference between below and above average income groups within country at $p < .05$.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



ER Visit for Condition a Primary Care Doctor Could Have Treated if Available, by Income, 2004

Percent

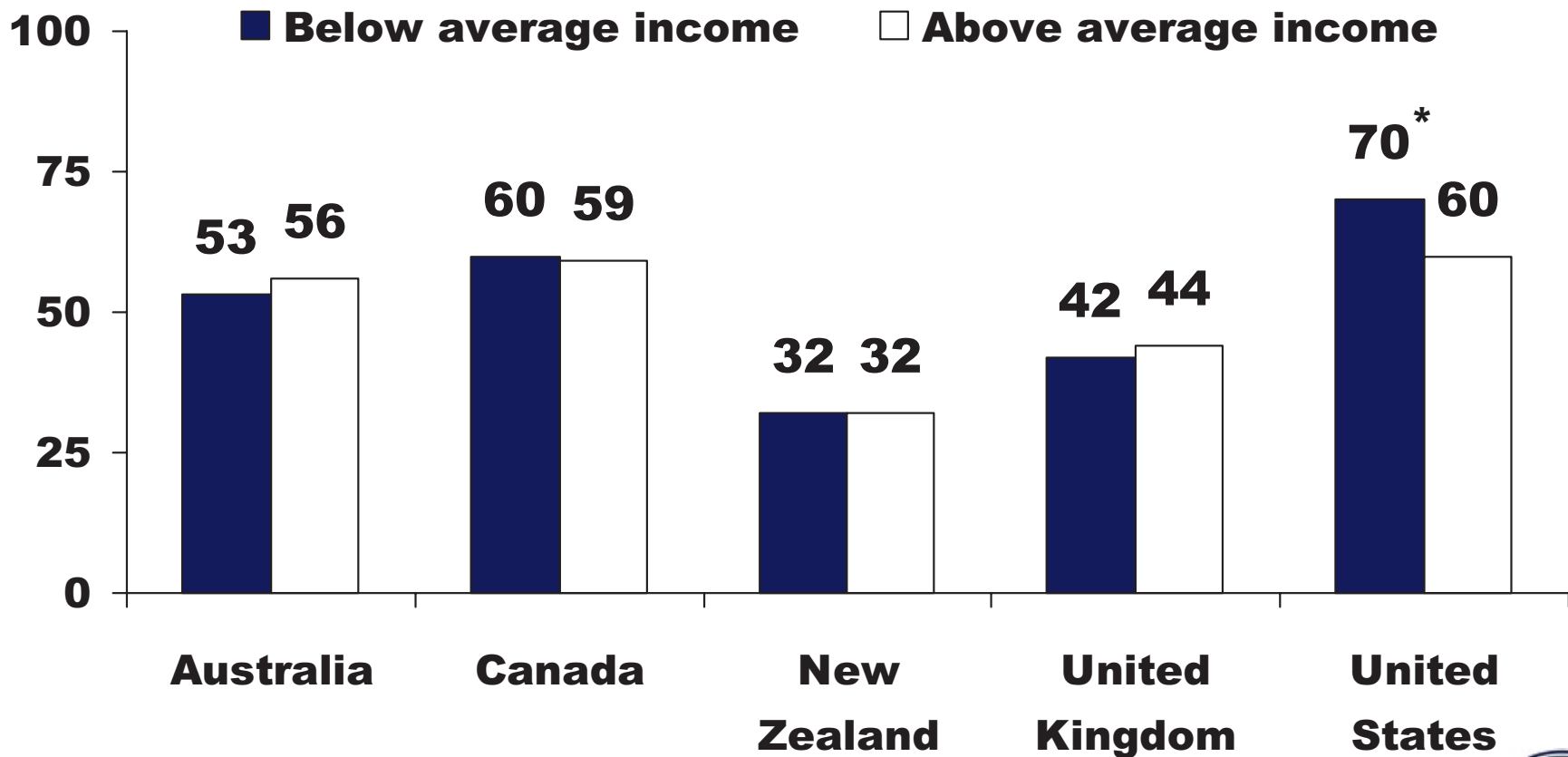


Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Difficulty Getting Care on Nights, Weekends, Holidays Without Going to ER, 2004

Percent saying “very” or “somewhat difficult”



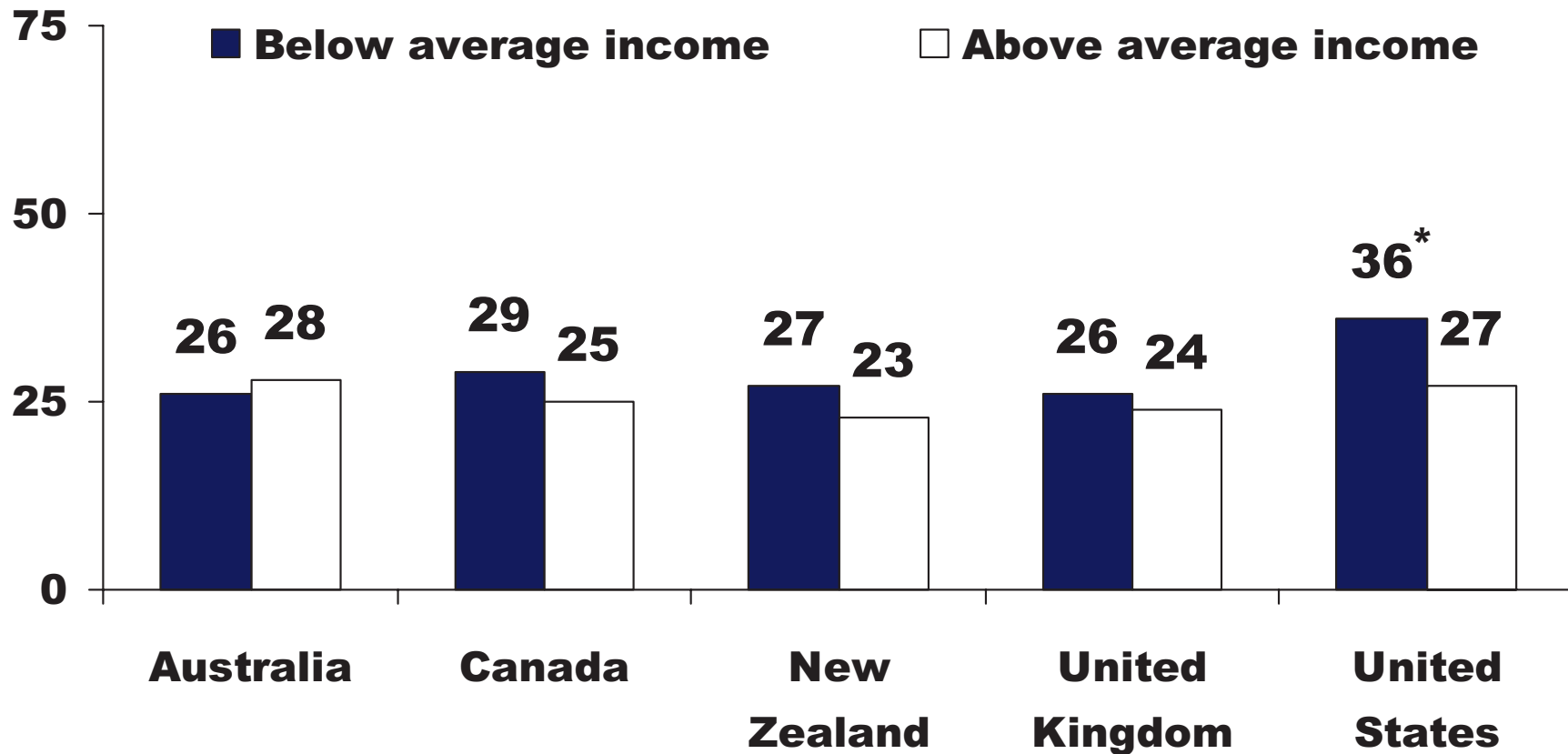
•Significant difference between below and above average income groups within country at $p < .05$.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Care Coordination, by Income, 2004

Base: Have seen a doctor in past two years

Percent reporting any of three care coordination problems[^]



[^] Coordination problems include: Test results or medical records not available at time of appointment, received conflicting information from different doctors, or doctor ordered duplicate medical test.

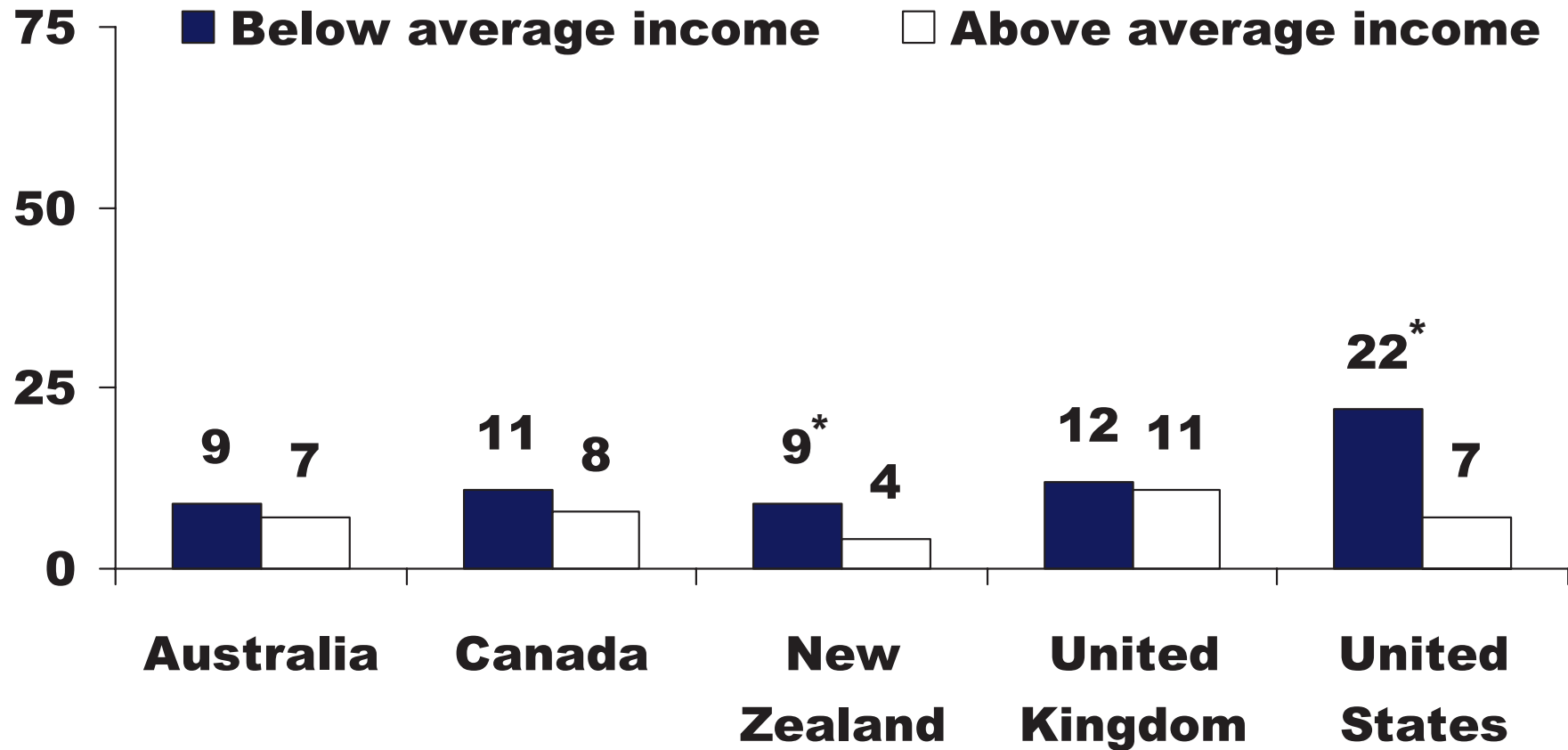
* Significant difference between below and above average income groups within country at $p < .05$.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Rated Doctor Fair or Poor, by Income, 2004

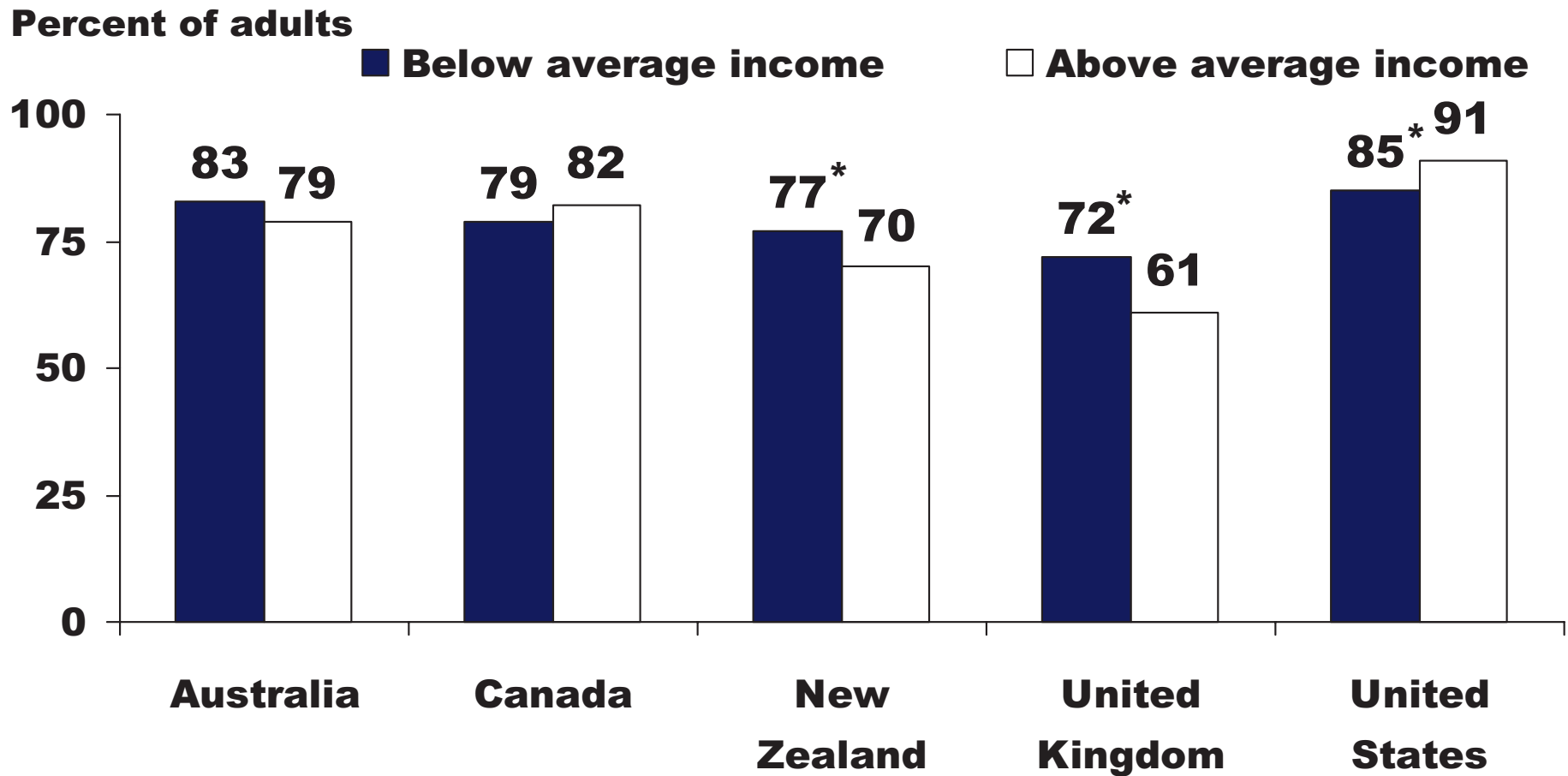
Percent of adults



* Significant difference between below and above average income groups within country at $p < .05$.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Had Blood Pressure Check in Past Year, by Income, 2004

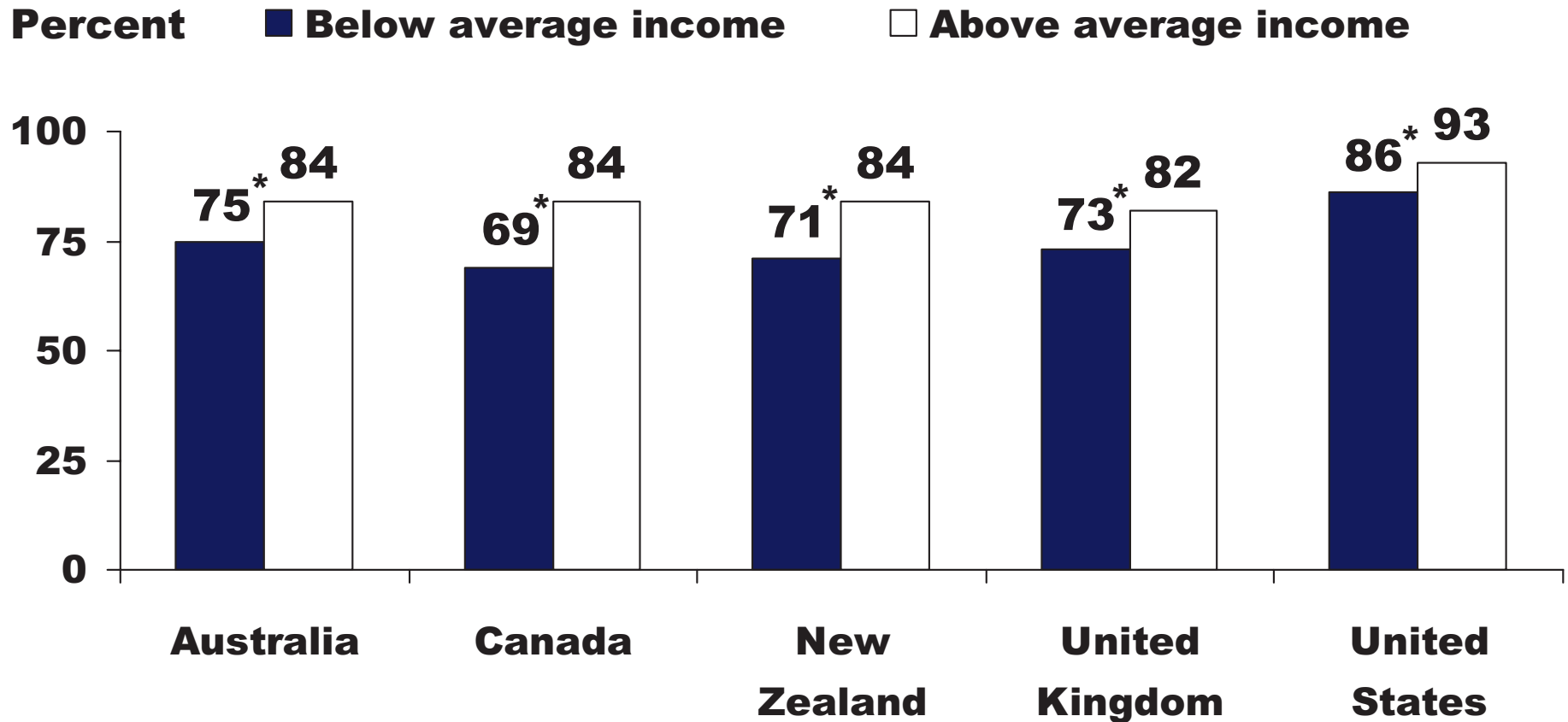


* Significant difference between below and above average income groups within country at $p < .05$.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care
(Schoen et al. 2004; Huynh et al. 2006).



Had Pap Test in Past Three Years, by Income, 2004

Base: Women ages 25–64

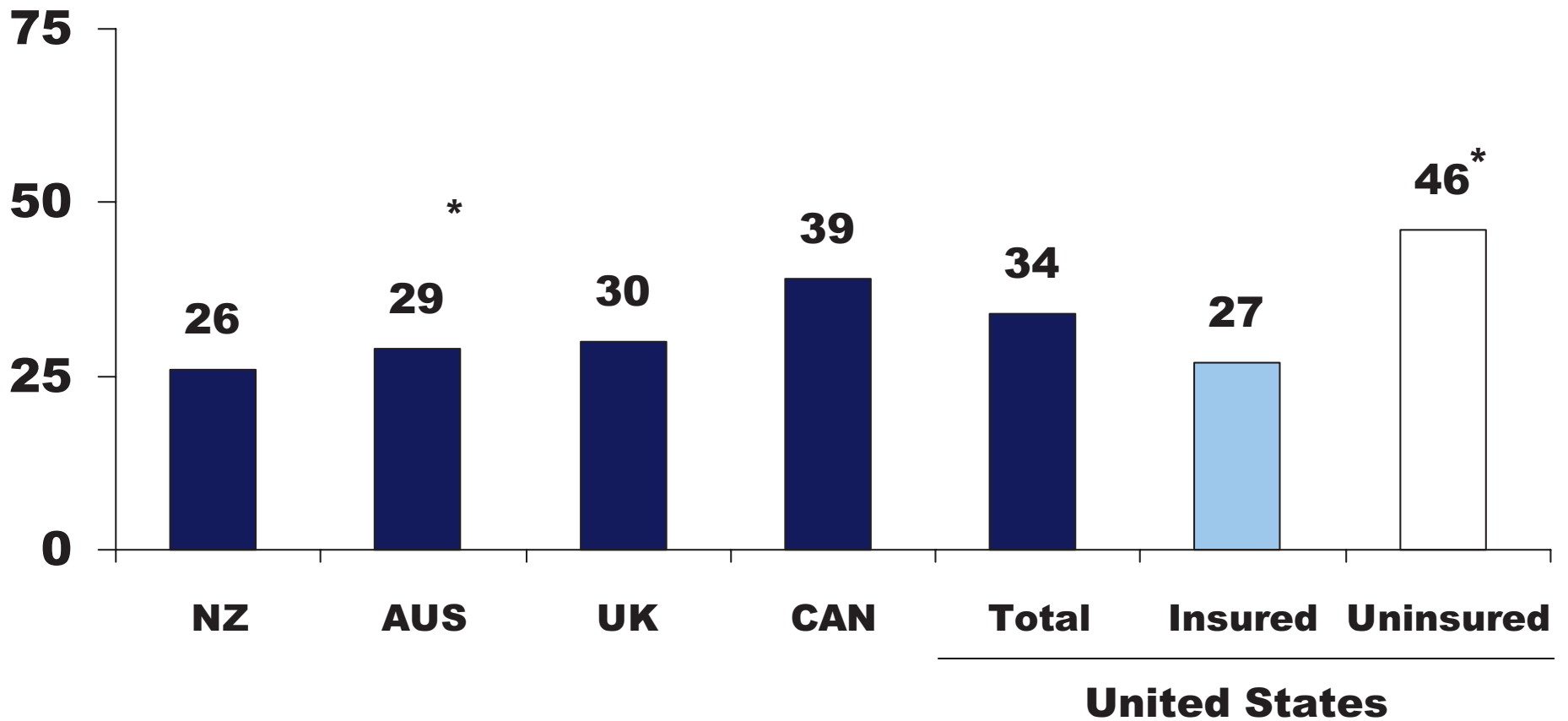


* Significant difference between below and above average income groups within country at $p < .05$.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huvnh et al. 2006).



Under 65: ER Use— Comparisons with U.S. Insured and Uninsured, 2004

Percent under 65 with ER visit in past two years



* Significantly different from U.S. insured at $p < .05$.

Uninsured = uninsured at time of survey or any time during the year.

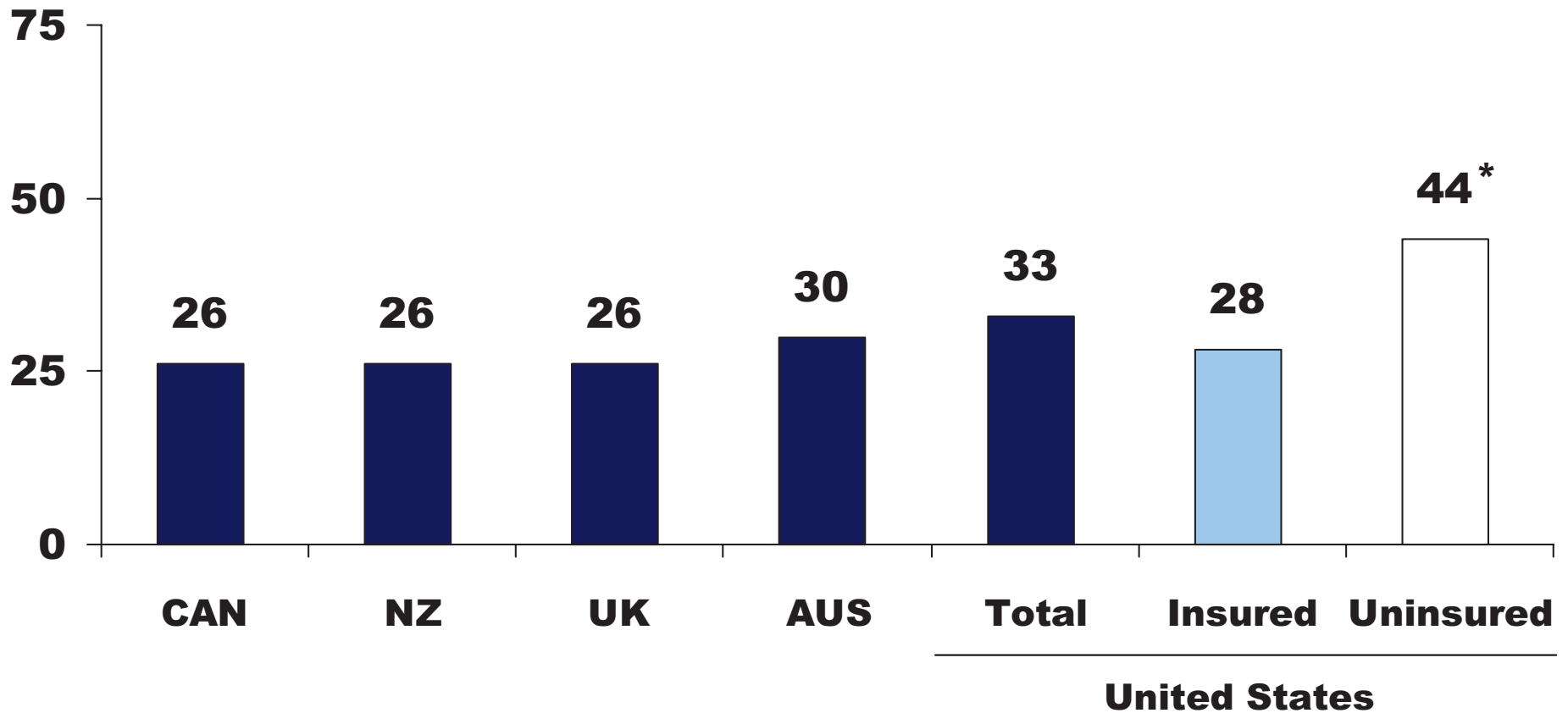
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care

(Schoen et al. 2004; Huynh et al. 2006).



Under 65: Coordination Problem— Comparisons with U.S. Insured and Uninsured, 2004

Percent under 65 with at least one of three coordination problems[^]



[^] Coordination problems include: Test results or medical records not available at time of appointment, received conflicting information from different doctors, or doctor ordered duplicate medical test.

* Significantly different from U.S. insured at $p < .05$.

Uninsured = uninsured at time of survey or any time during the year.

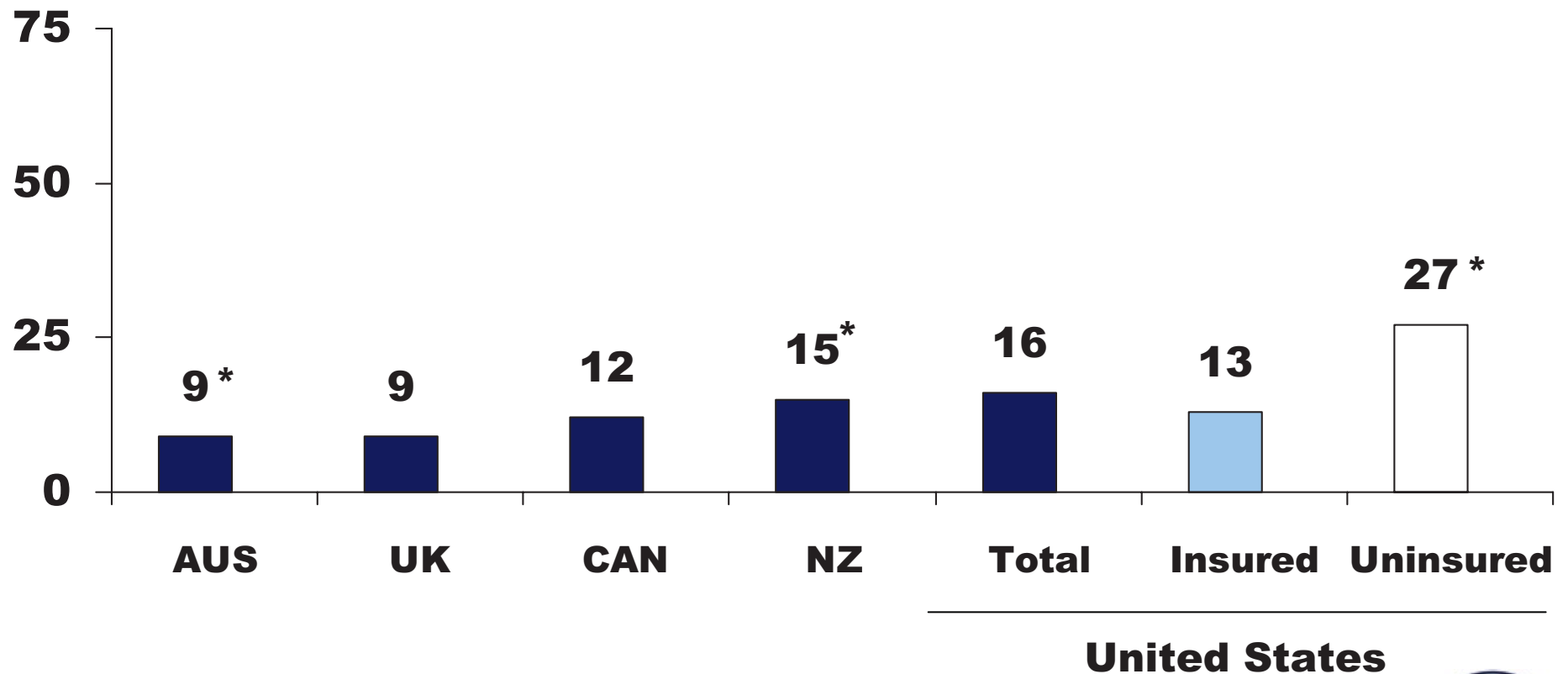
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).



Under 65: Lab Test Errors— Comparisons with U.S. Insured and Uninsured, 2004

Base: Under 65 who have had lab tests in past two years

Percent given wrong result or delay in receiving abnormal test result



* Significantly different from U.S. insured at p<.05.

Uninsured = uninsured at time of survey or any time during the year.

Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care

(Schoen et al. 2004; Huynh et al. 2006)



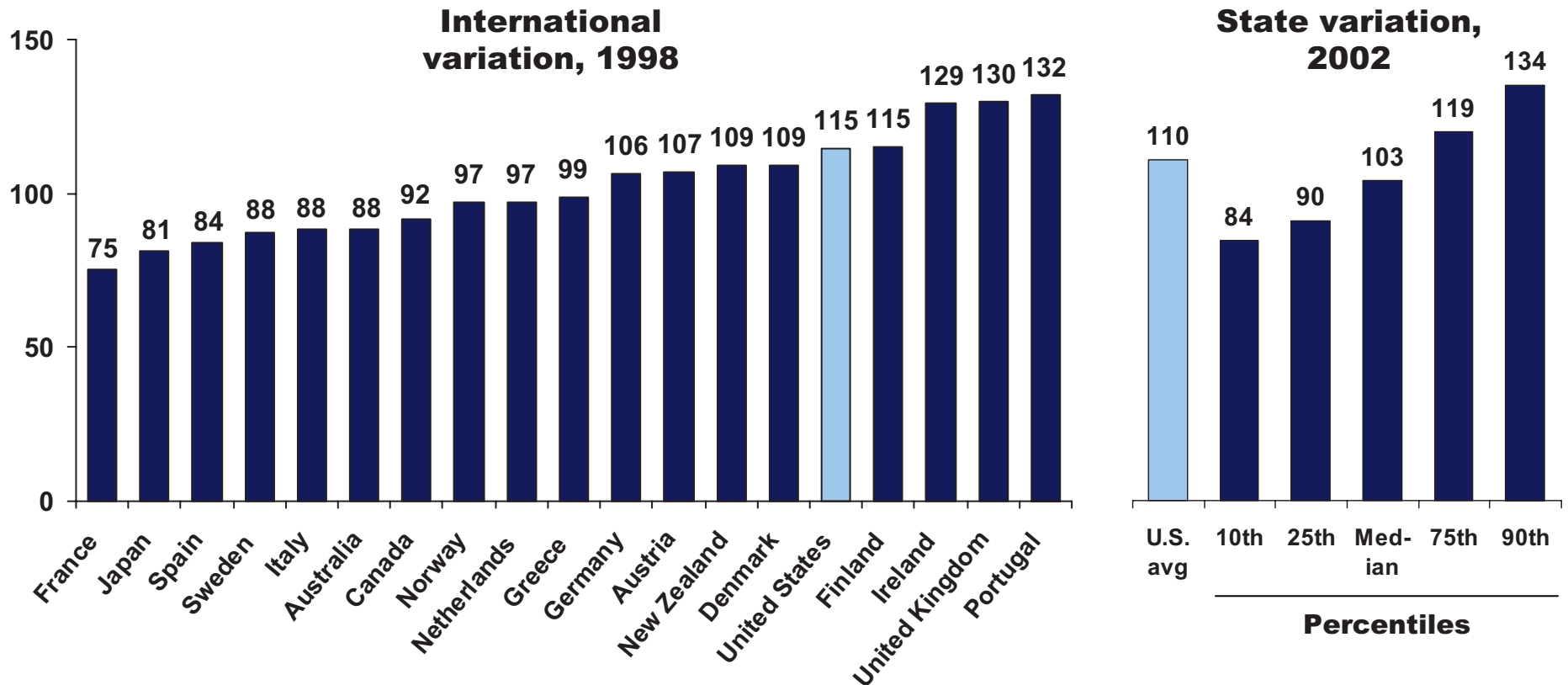
Long, Healthy, and Productive Lives



Mortality Amenable to Health Care

Mortality from causes considered amenable to health care is deaths before age 75 that are potentially preventable with timely and appropriate medical care

Deaths per 100,000 population*

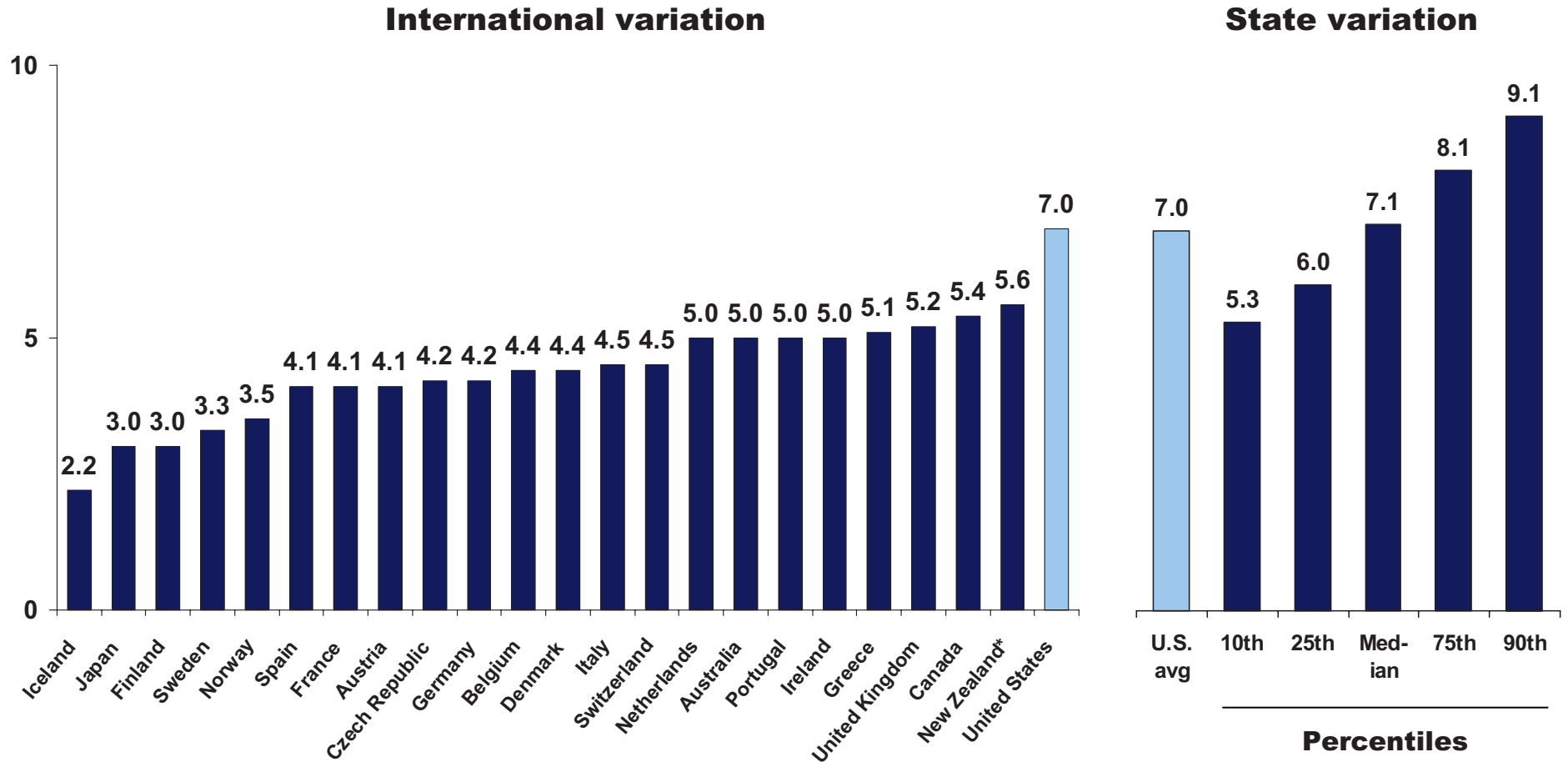


* Countries' age-standardized death rates, ages 0–74; includes ischemic heart disease. See Technical Appendix for list of conditions considered amenable to health care in the analysis. Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003); State estimates—K. Hempstead, Rutgers University using Nolte and McKee methodology. Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



Infant Mortality Rate, 2002

Infant deaths per 1,000 live births



* 2001.

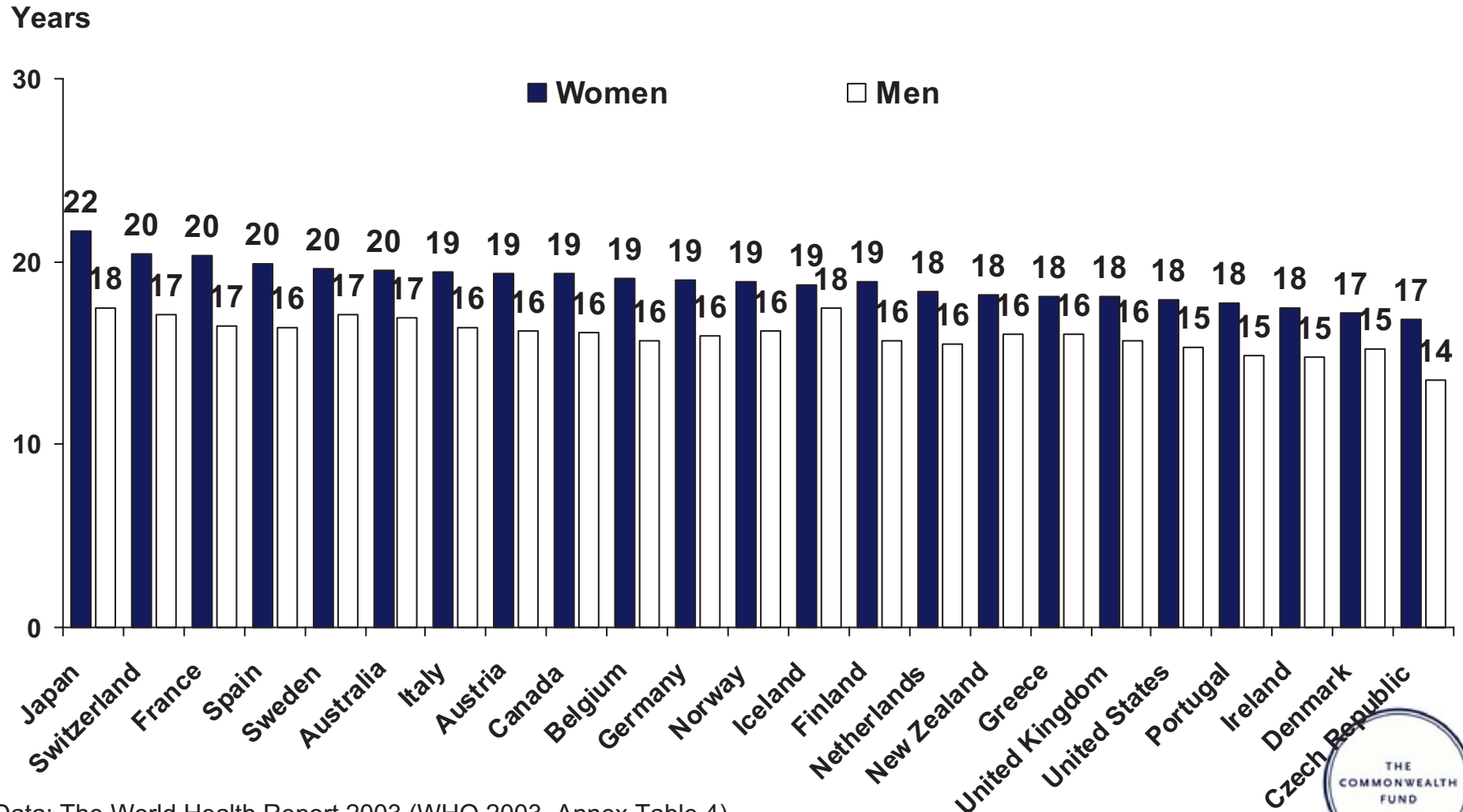
Data: International estimates—OECD Health Data 2005;

State estimates—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2005a).



Healthy Life Expectancy at Age 60, 2002

Developed by the World Health Organization, healthy life expectancy is based on life expectancy adjusted for time spent in poor health due to disease and/or injury

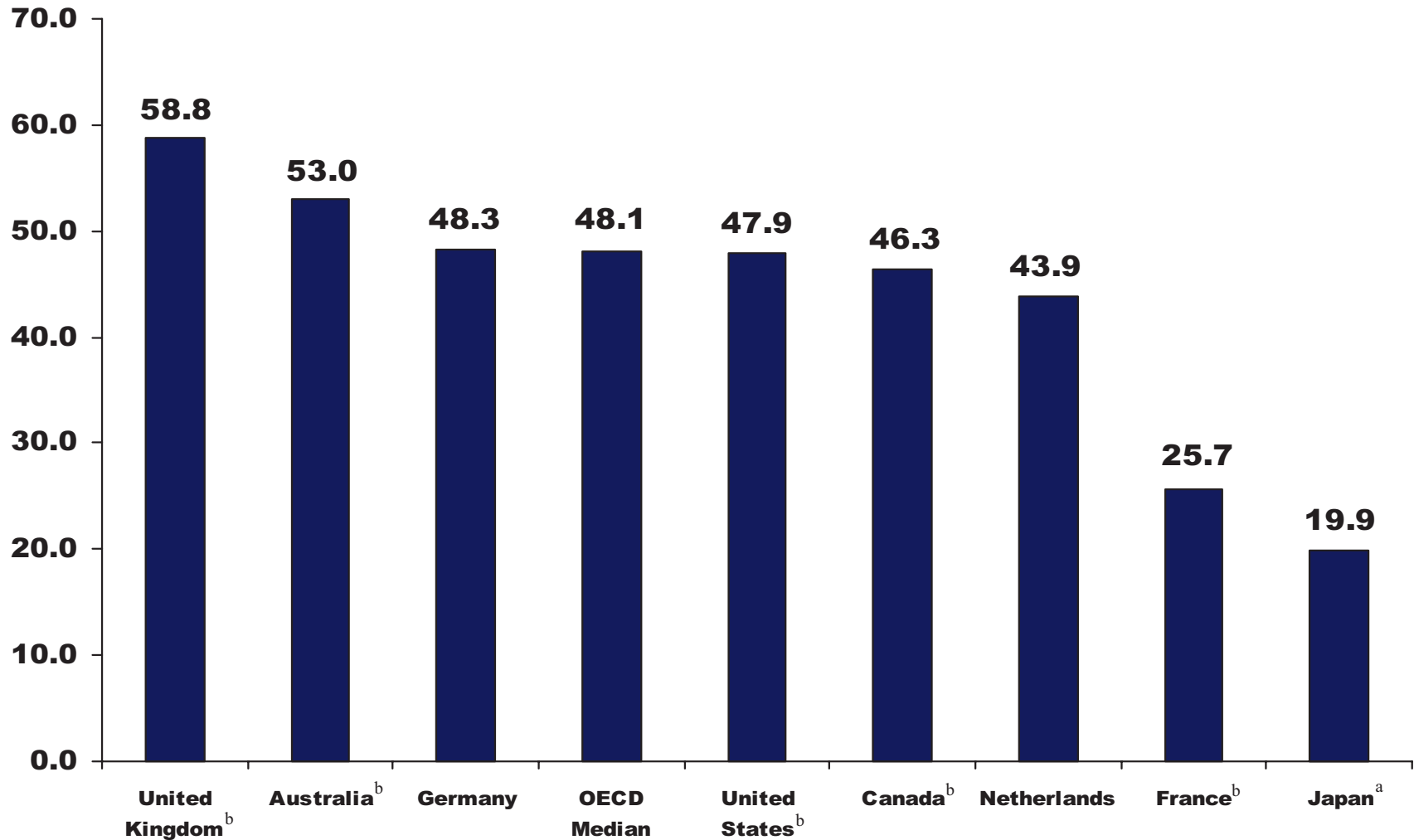


Data: The World Health Report 2003 (WHO 2003, Annex Table 4).

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



Acute Myocardial Infarction Deaths per 100,000 Population

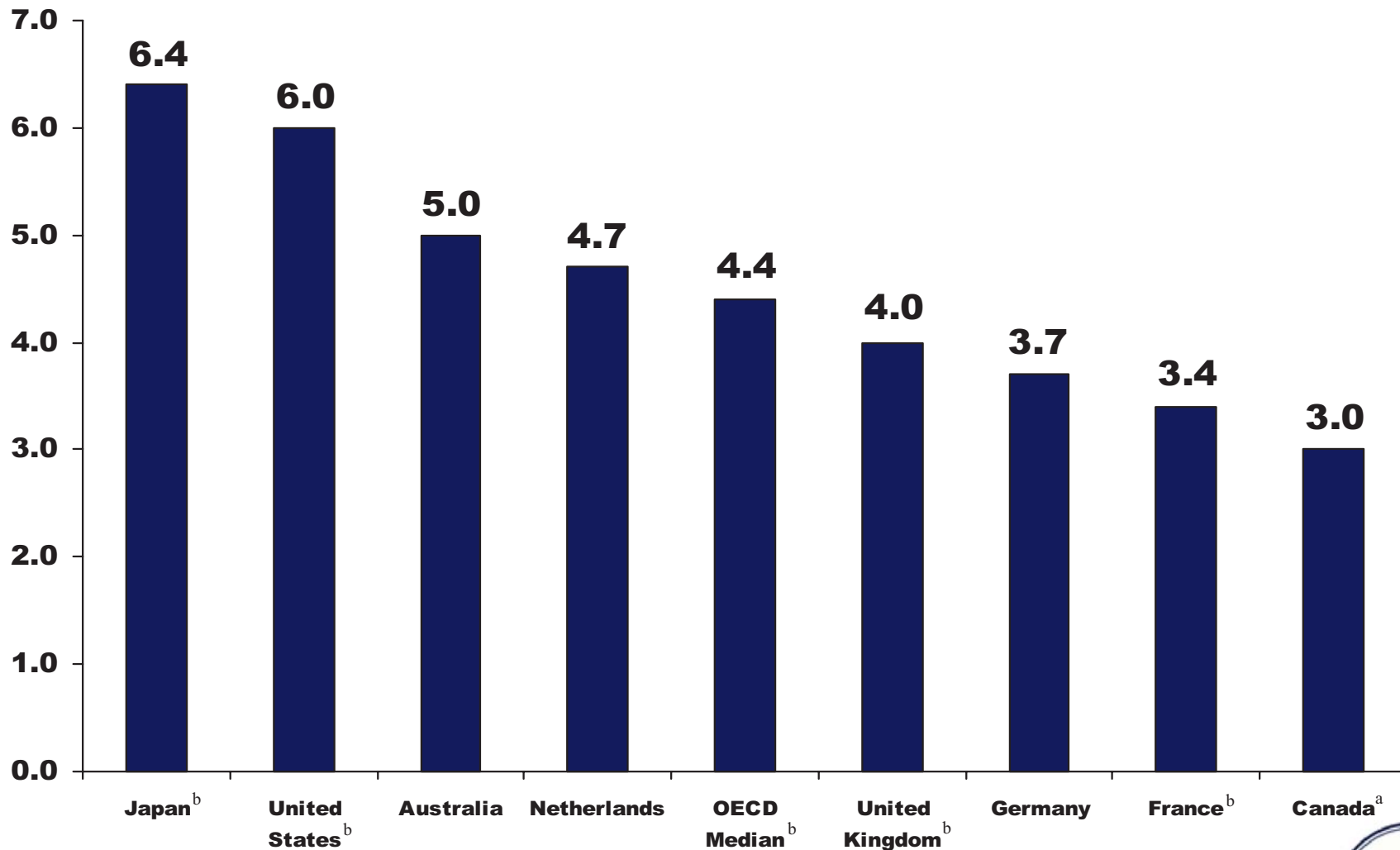


^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Bronchitis, Asthma, and Emphysema Deaths per 100,000 Population

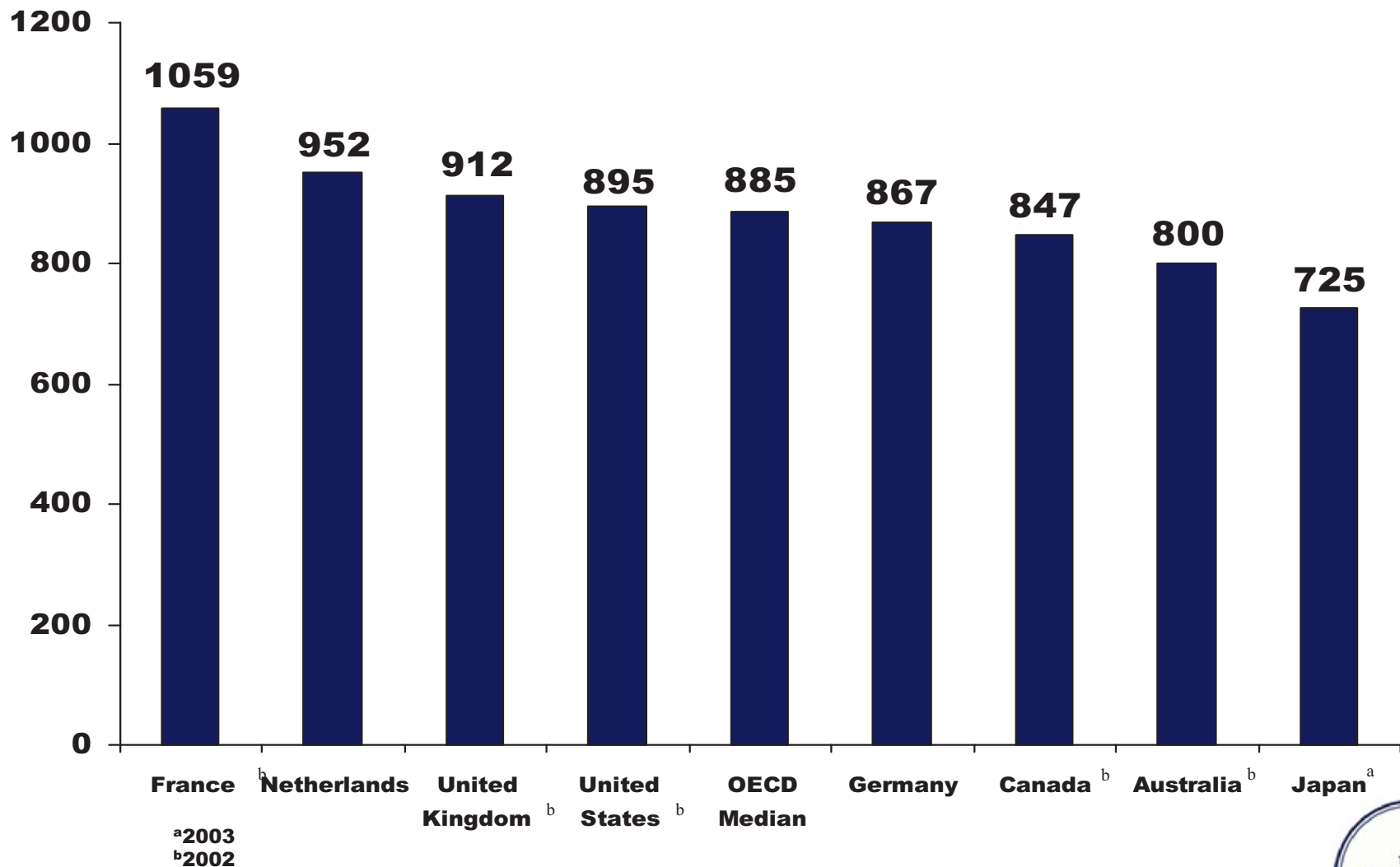


^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



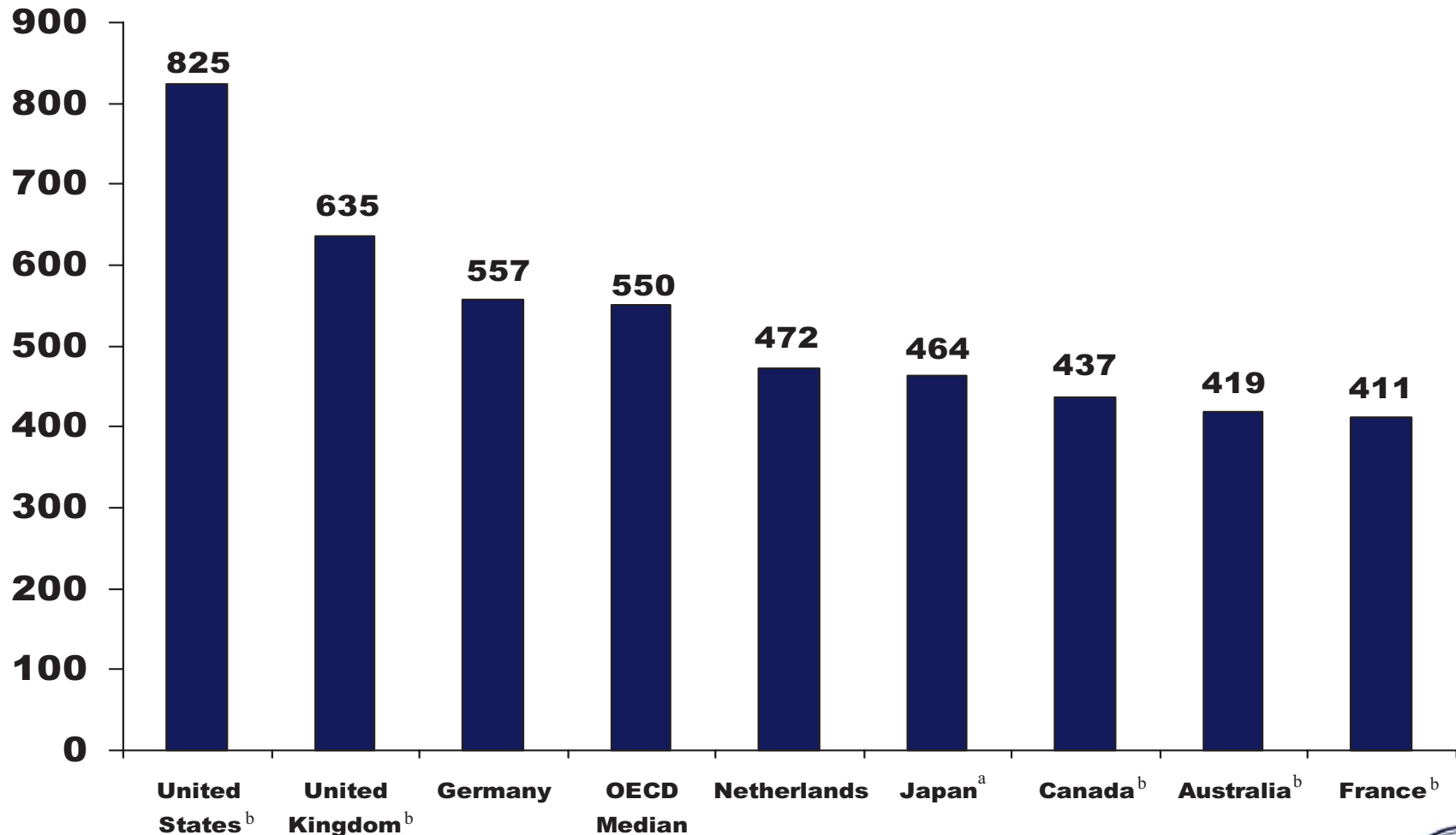
Potential Years of Life Lost Due to Malignant Neoplasms per 100,000 Population in 2004



J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



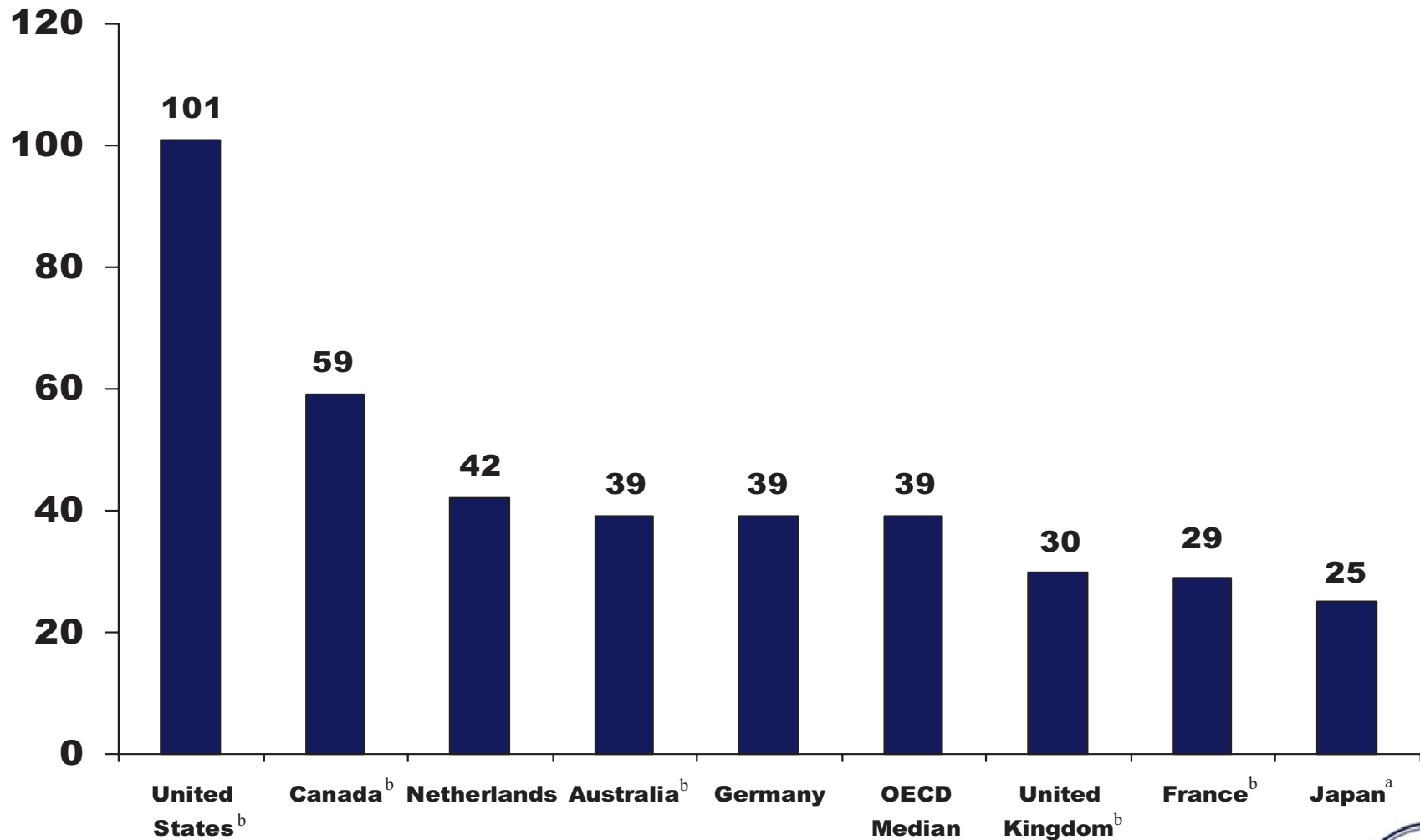
Potential Years of Life Lost Due to Diseases of the Circulatory System per 100,000 Population in 2004



^a2003
^b2002



Potential Years of Life Lost Due to Diabetes per 100,000 Population in 2004

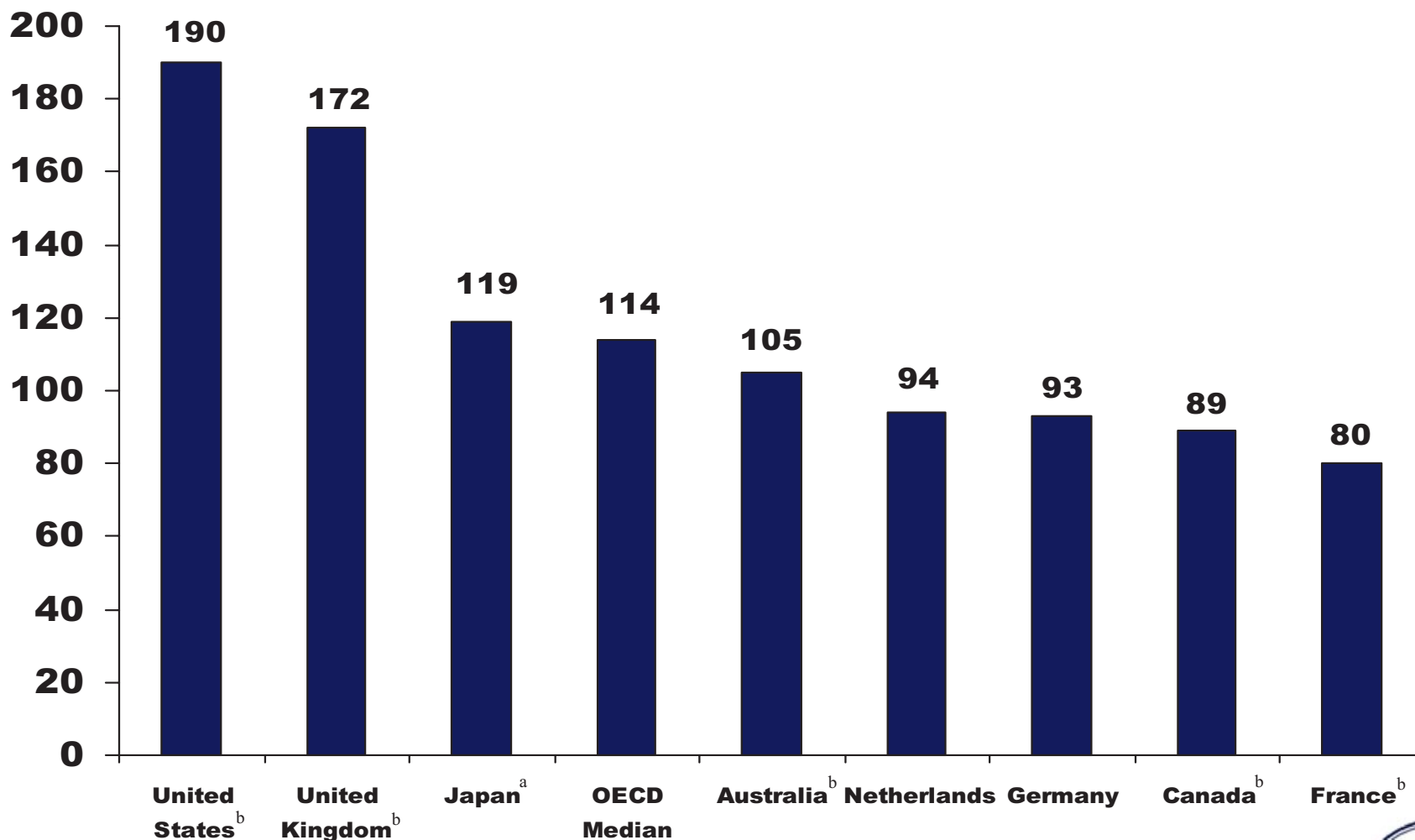


^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Potential Years of Life Lost Due to Diseases of the Respiratory System in 2004

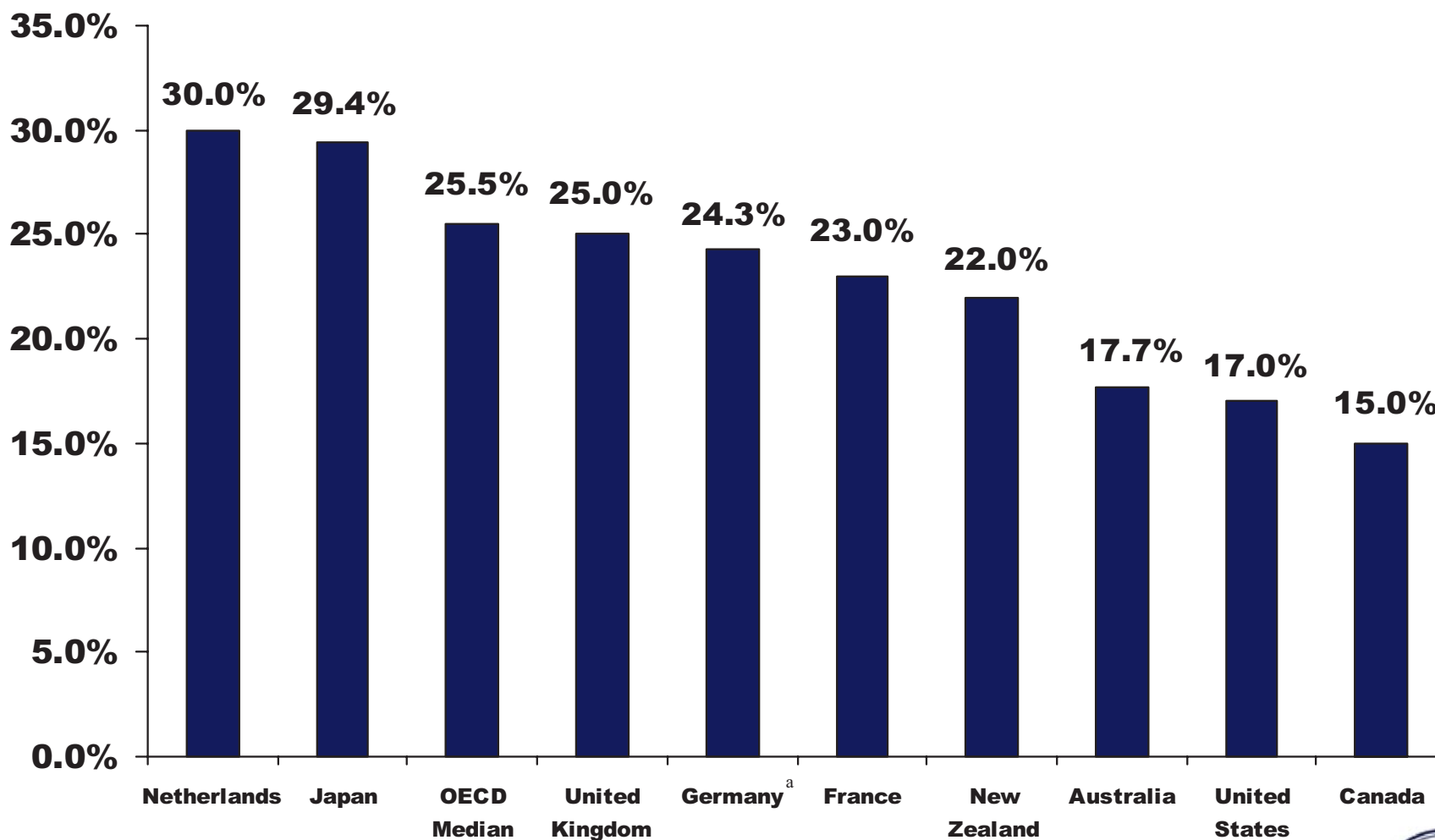


^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Percentage of Adults Who Reported Being Daily Smokers in 2004

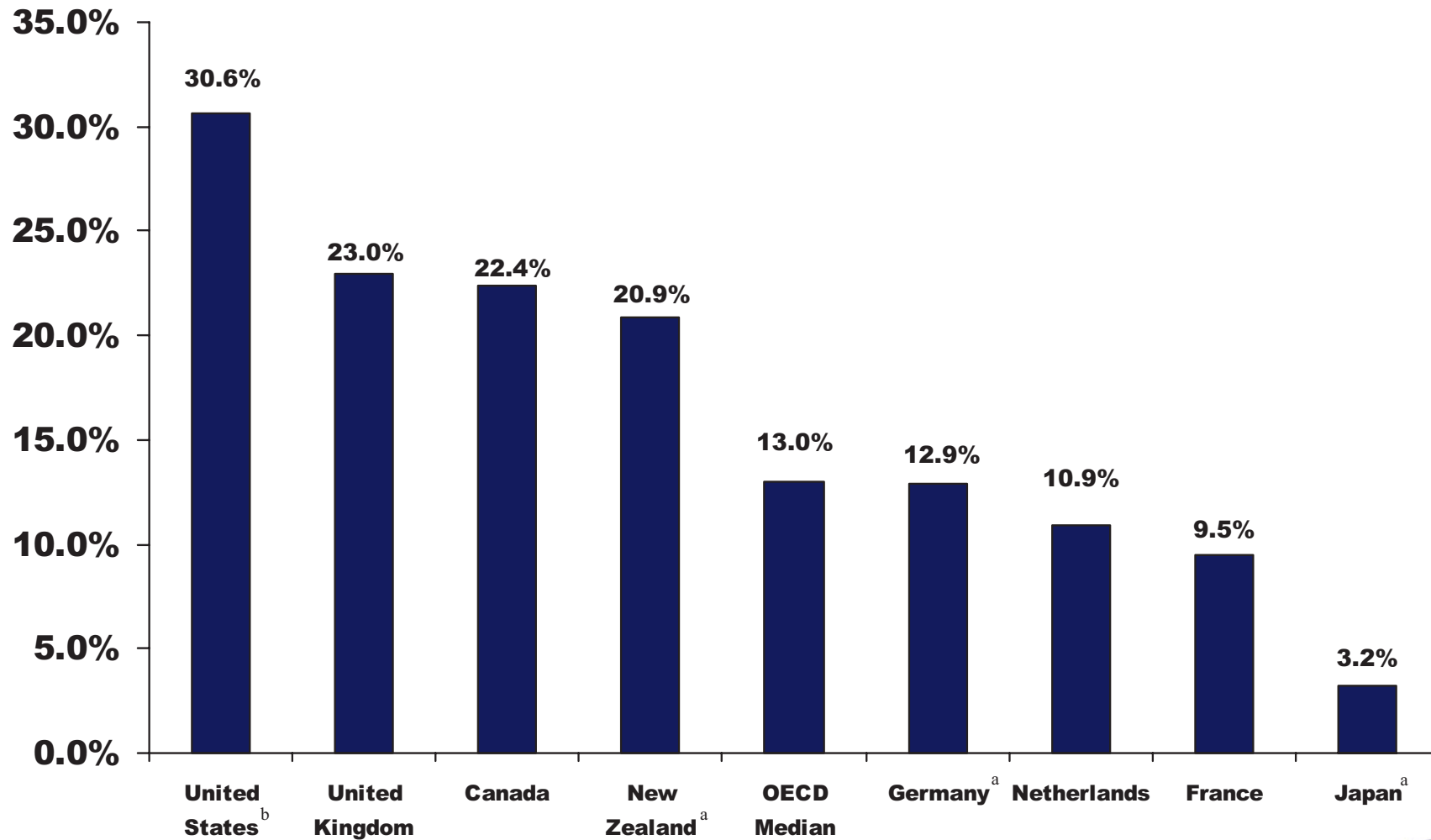


^a2003

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Obesity (BMI>30) Prevalence in 2004



^a2003
^b2002

J. Cylus and G. F. Anderson, *Multinational Comparisons of Health Systems Data, 2006* (New York: The Commonwealth Fund, Apr. 2007).



Health Care System Views



Views of the Health Care System in Five Nations, 1998 to 2004

Percent saying:	AUS	CAN	NZ	UK	US
Only Minor Changes Needed					
2004	21	21	19	26	16
2001	25	21	18	21	18
1998	19	20	9	25	17
Rebuild Completely					
2004	23	14	19	13	33
2001	19	18	20	18	28
1998	30	23	32	14	33

Source: 2004, 2001 and 1998 Commonwealth Fund International Health Policy Surveys



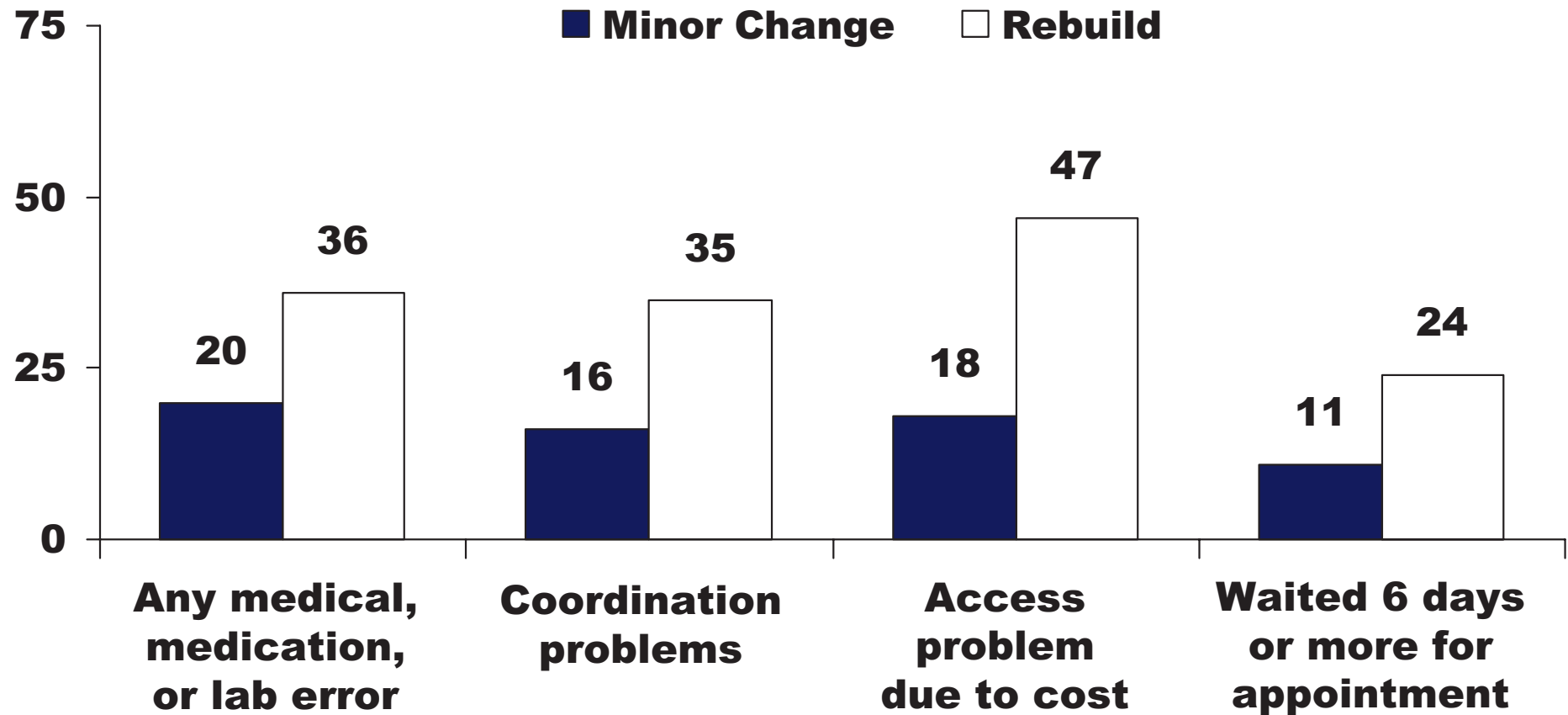
Sicker Adults Views of the Health Care System ¹²⁴ in Six Nations, 2005

Percent saying:	AUS	CAN	GER	NZ	UK	US
Only minor changes needed	23	21	16	27	30	23
Fundamental changes needed	48	61	54	52	52	44
Rebuild completely	26	17	31	20	14	30



Care Experiences Reported by Adults with Positive or Negative System Views, Sicker Adults, 2005

Percent



Physician Views of the Health System, 2006

Percent saying:	AUS	CAN	GER	NET	NZ	UK	US
Only Minor Changes Needed	38	23	4	52	34	23	13
Fundamental Changes Needed	56	71	54	42	62	68	69
Rebuild Completely	5	3	42	3	4	9	16



Physician Dissatisfaction with Medical Practice, 2006

Percent very or somewhat dissatisfied with:	AUS	CAN	GER	NET	NZ	UK	US
Freedom to make clinical decisions	8	12	74	10	26	24	31
Time to spend per patient	33	36	50	35	33	51	42
Income from medical practice	36	40	53	23	44	18	47
Overall experience with medical practice	14	16	19	9	23	14	23



A Six Country Ranking of Healthcare Quality, Access, Efficiency, Equity and Mortality



Overall Ranking

Country Rankings	
	1.0-2.66
	2.67-4.33
	4.34-6.0

	AUSTRALIA	CANADA	GERMANY	NEW ZEALAND	UNITED KINGDOM	UNITED STATES
OVERALL RANKING (2007)	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Long, Healthy, and Productive Lives	1	3	2	4.5	4.5	6
Health Expenditures per Capita, 2004	\$2,876*	\$3,165	\$3,005*	\$2,083	\$2,546	\$6,102

* 2003 data

Source: Calculated by Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard.



A Three Year View of Overall Ranking

Country Rankings	
	1.0-2.66
	2.67-4.33
	4.34-6.0

	AUSTRALIA	CANADA	GERMANY	NEW ZEALAND	UNITED KINGDOM	UNITED STATES
OVERALL RANKING (2007 Edition)	3.5	5	2	3.5	1	6
OVERALL RANKING (2006 Edition)	4	5	1	2	3	6
OVERALL RANKING (2004 Edition)	2	4	n/a	1	3	6
Health Expenditures per Capita, 2004	\$2,876*	\$3,165	\$3,005*	\$2,083	\$2,546	\$6,102

* 2003 data

Source: Calculated by Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians; the Commonwealth Fund Commission on a High Performance Health System National Scorecard; K. Davis, C. Schoen, S.C. Schoenbaum, A.J. Audet, M.M. Doty, and K. Tenney, *Mirror, Mirror on the Wall: Looking at the Quality of American Health Care through the Patient's Lens* (New York: The Commonwealth Fund, Jan. 2004); and K. Davis, C. Schoen, S. C. Schoenbaum, A. J. Audet, M. M. Doty, A. L. Holmgren, and J. L. Kriss, *Mirror, Mirror on the Wall: An Update on the Quality of American Health Care Through the Patient's Lens* (New York: The Commonwealth Fund, Apr. 2006).

