COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

National Scorecard on U.S. Health System Performance: Complete Chartpack

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The Commonwealth Fund

The Commonwealth Fund, among the first private foundations started by a woman philanthropist—Anna M. Harkness—was established in 1918 with the broad charge to enhance the common good.

The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

NATIONAL SCORECARD: COMPLETE CHARTPACK

This *Chartpack* presents data for all indicators scored in the *National Scorecard on U.S. Health System Performance*. Charts display average performance for the U.S. as a whole and the range of performance found within the U.S or compared to other countries.

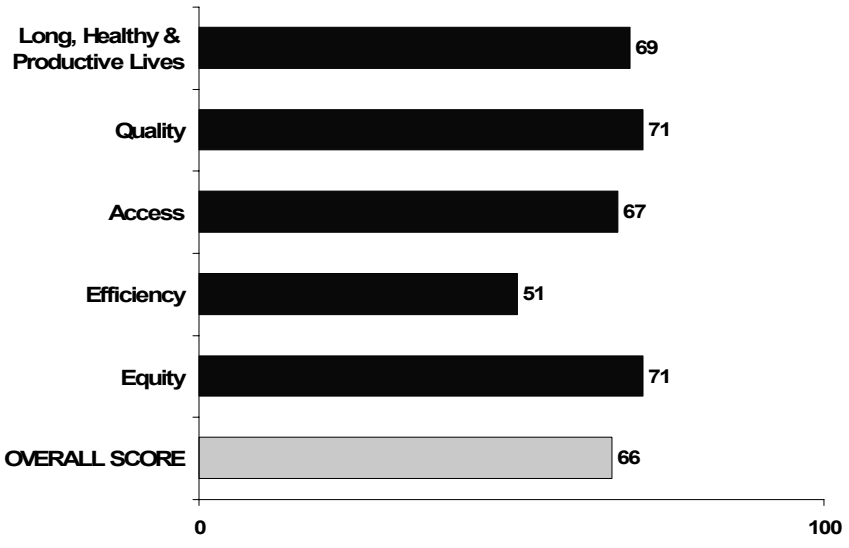
The charts accompany the *Health Affairs* article, "U.S. Health System Performance, A National Scorecard," and the *Technical Report* published by The Commonwealth Fund, which together provide detailed information on scoring and results:

- C. Schoen, K. Davis, S. K. H. How, and S. C. Schoenbaum, "U.S. Health System Performance: A National Scorecard," *Health Affairs* Web Exclusive (Sept. 20, 2006):w457–w475.
- C. Schoen and S. K. H. How, *National Scorecard on U.S. Health System Performance: Technical Report* (New York: The Commonwealth Fund, Sept. 2006).

In addition to the Chartpack, the *Technical Appendix* includes full descriptions of performance indicators and data sources.

See the last page for a list of Scorecard-related publications that are available for download.

Scores: Dimensions of a High Performance Health System



Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 4

SECTION 1. LONG, HEALTHY, AND PRODUCTIVE LIVES

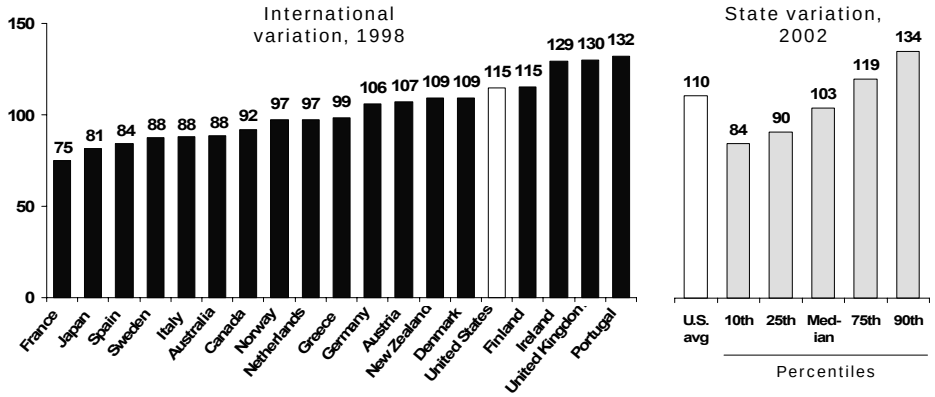
Scored Indicators:

1. **Mortality amenable to health care**
2. **Infant mortality rate**
3. **Healthy life expectancy at age 60**
4. **Adults under 65 limited in any activities because of health problems**
5. **Children who missed 11 or more days of school due to illness or injury**

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*

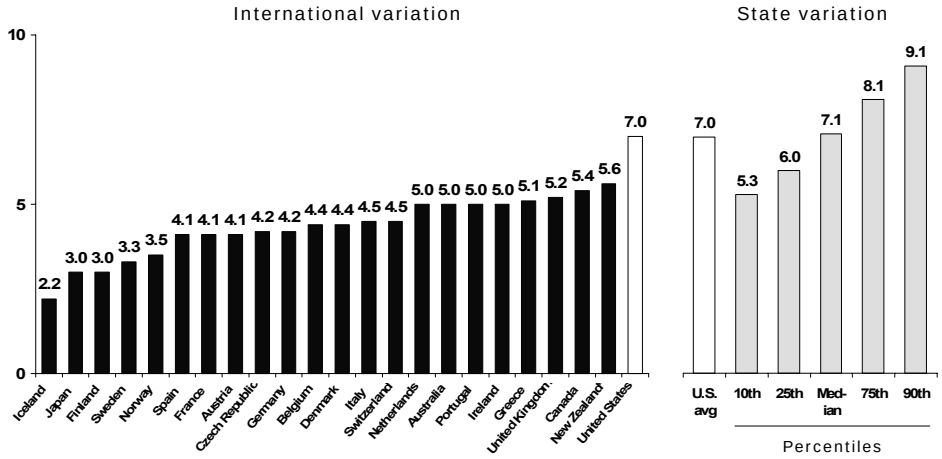


* Countries' age-standardized death rates, ages 0–74; includes ischemic heart disease.
See Technical Appendix for list of conditions considered amenable to health care in the analysis.
Data: International estimates—World Health Organization, WHO mortality database (Nolte and McKee 2003);
State estimates—K.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

LONG, HEALTHY & PRODUCTIVE LIVES

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).

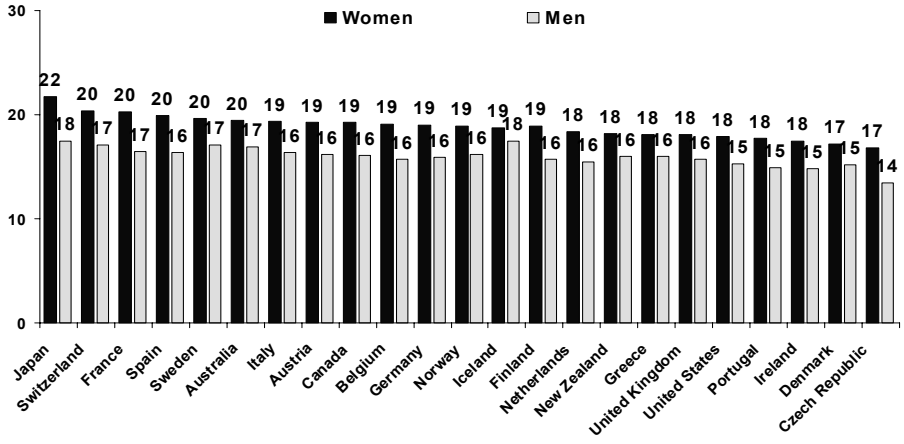
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 7

LONG, HEALTHY & PRODUCTIVE LIVES

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

Years



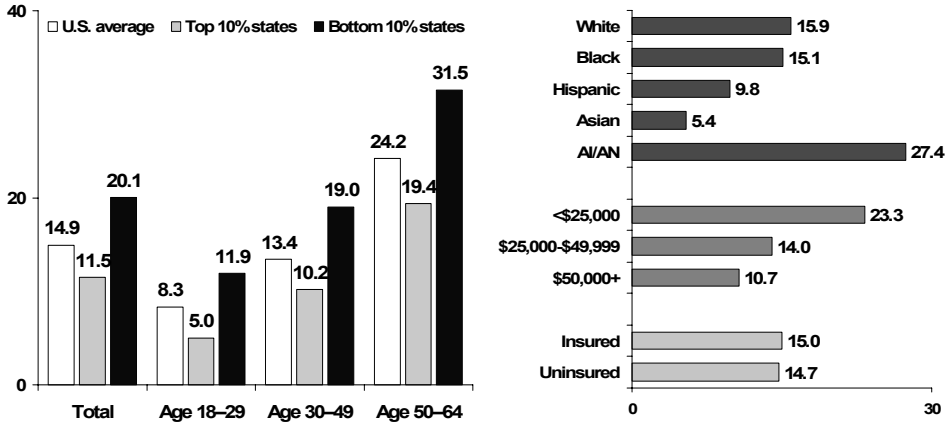
Data: The World Health Report 2003 (WHO 2003, Annex Table 4).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 8

LONG, HEALTHY & PRODUCTIVE LIVES

Working-Age Adults with Health Limits on Activities or Work, by Age, Race/Ethnicity, Household Income, and Insurance Status, 2004

Percent of adults (ages 18–64) limited in any activities because of physical, mental, or emotional problems



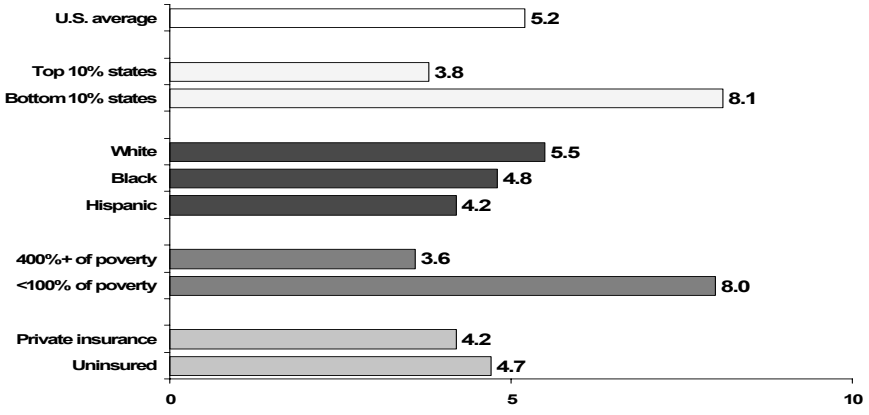
Note: Data were not available for Hawaii in 2004.
AI/AN = American Indian or Alaskan Native.
Data: B. Mahato, Columbia University analysis of 2004 Behavioral Risk Factor Surveillance System.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 9

LONG, HEALTHY & PRODUCTIVE LIVES

School Absences Due to Illness or Injury, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages 6–17) who missed 11 or more school days due to illness or injury during past year



Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at http://www.nschdata.org).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 10

SECTION 2. QUALITY

Quality includes indicators organized into four groups:

- **The right care**
- **Coordinated care**
- **Safe care**
- **Patient-centered, timely care**

The Scorecard scores each group of indicators separately, and then averages the four scores to create the overall score for Quality.

The Right Care

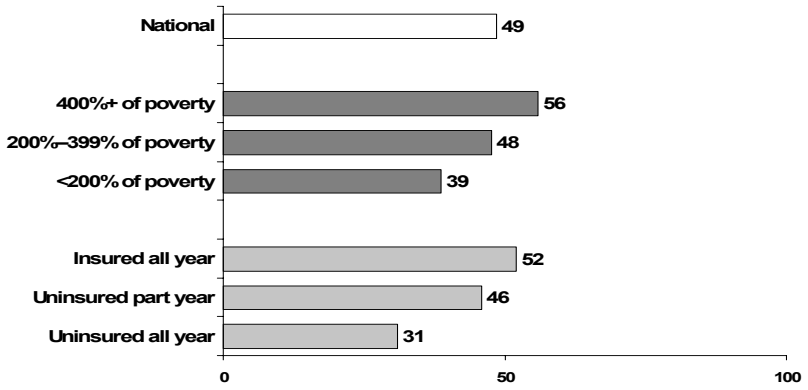
Scored Indicators:

1. **Adults received recommended screening and preventive care**
2. **Children received recommended immunizations and preventive care**
   - **Received all recommended doses of five key vaccines**
   - **Received both medical and dental preventive care visits**
3. **Needed mental health care and received treatment**
   - **Adults**
   - **Children**
4. **Chronic disease under control**
   - **Adults with diabetes whose HbA1c level <9%**
   - **Adults with hypertension whose blood pressure <140/90 mmHg**
5. **Hospitalized patients receive recommended care for AMI, CHF, and pneumonia**

QUALITY: THE RIGHT CARE

Receipt of Recommended Screening and Preventive Care for Adults, by Family Income and Insurance Status, 2002

Percent of adults (ages 18+) who received all recommended screening and preventive care within a specific time frame given their age and sex*



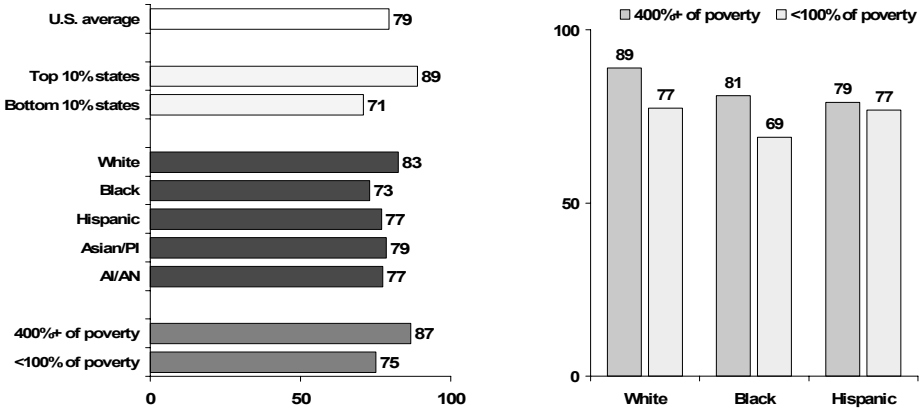
* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot.
Data: B. Mahato, Columbia University analysis of 2002 Medical Expenditure Panel Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **13**

QUALITY: THE RIGHT CARE

Immunizations for Young Children, by Top and Bottom States, Race/Ethnicity, and Family Income, 2003

Percent of children (ages 19–35 months) who received all recommended doses of five key vaccines*



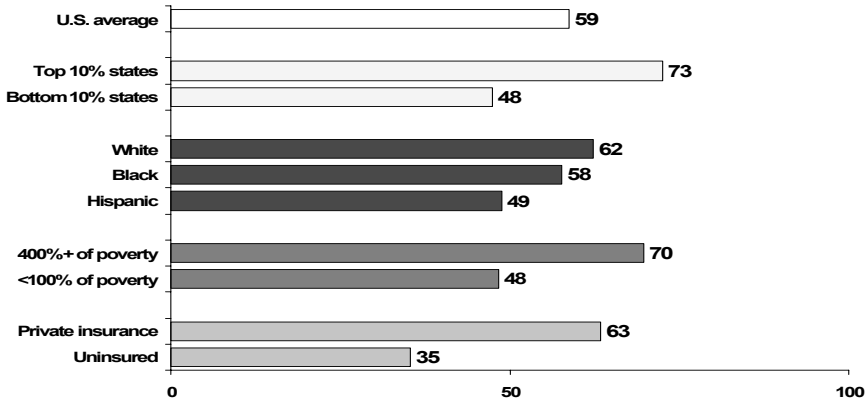
* Recommended vaccines include: 4 doses of diphtheria-tetanus-pertussis (DTP), 3+ doses of polio, 1+ dose of measles-mumps-rubella, 3+doses of Haemophilus influenzae type B, and 3+ doses of hepatitis B vaccine.
PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.
Data: National Immunization Survey (AHRQ 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **14**

QUALITY: THE RIGHT CARE

Preventive Care Visits for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) received BOTH a medical and dental preventive care visit in past year



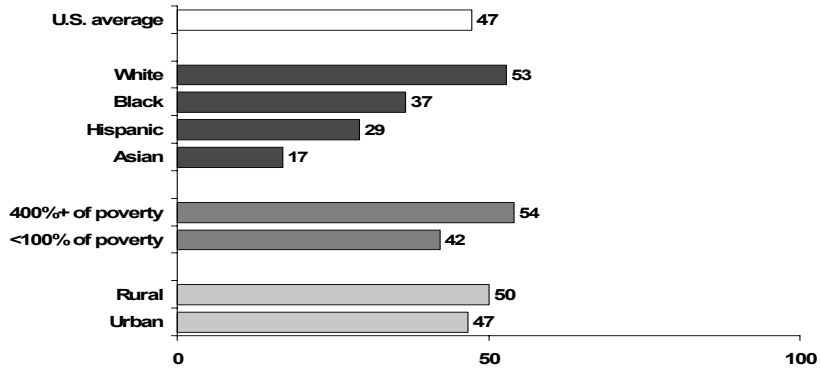
Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at http://www.nschdata.org).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **15**

QUALITY: THE RIGHT CARE

Adults with Serious Mental Illness Who Received Treatment, by Race/Ethnicity, Family Income, and Residence Location, 2003

Percent of adults (ages 18+) with serious mental illness who received mental health treatment or counseling in the past year*



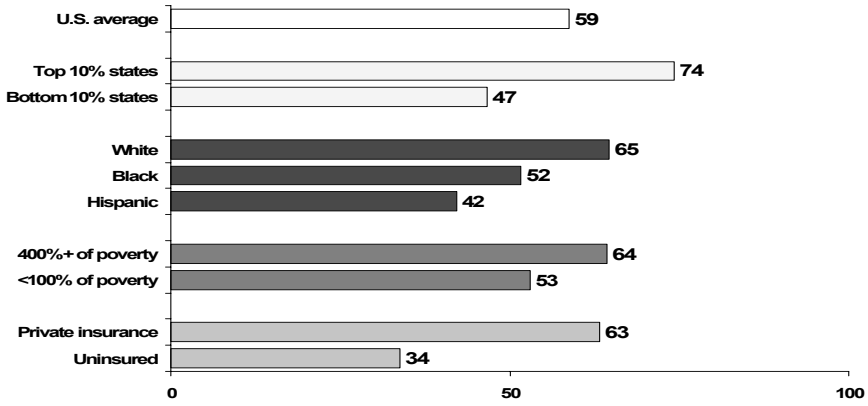
* Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder which resulted in functional impairment that significantly impeded one or more major life activities. Mental health treatment/counseling includes any hospital or outpatient care or medications.
Data: National Survey on Drug Use and Health (AHRQ 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **16**

QUALITY: THE RIGHT CARE

Mental Health Care for Children, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children (ages <18) who needed and received mental health care in past year*



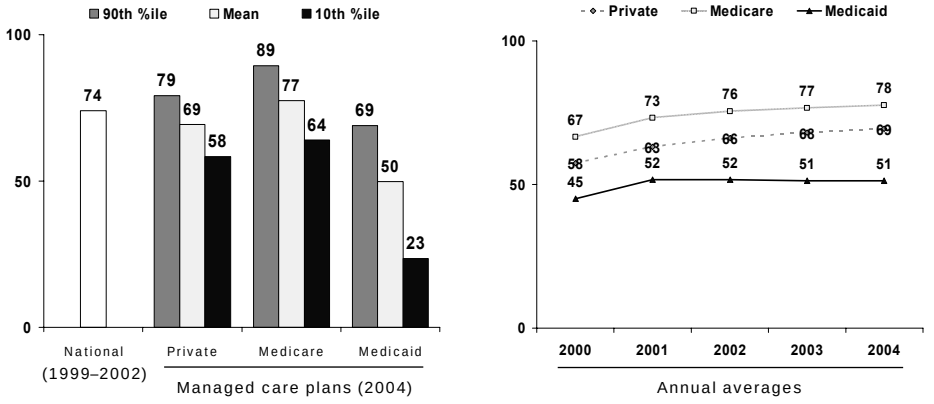
* Children with current emotional, developmental, or behavioral health condition requiring treatment or counseling who received needed care during the year.
Data: 2003 National Survey of Children's Health (HRSA 2005; Retrieved from Data Resource Center for Child and Adolescent Health database at http://www.nschdata.org).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 17

QUALITY: THE RIGHT CARE

Diabetic Adults Who Have Blood Glucose Levels Under Fair Control, National and Managed Care Plan Type

Percent of adults with diagnosed diabetes whose HbA1c level <9.0%



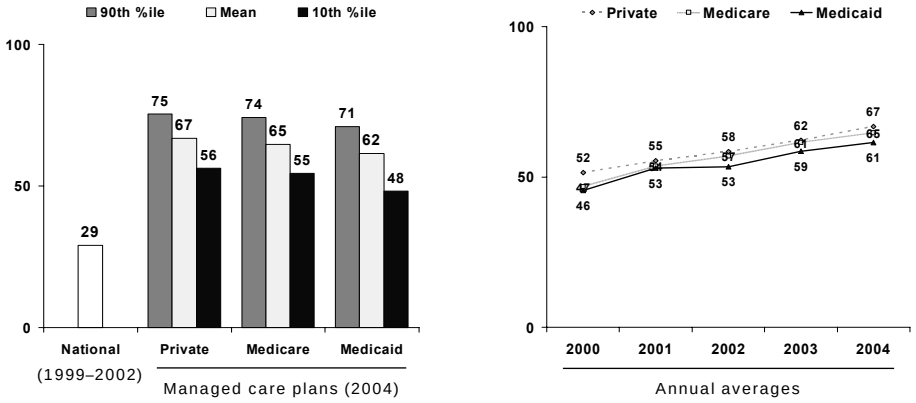
Note: National estimate includes ages 18+ and plan estimates include ages 18–75.
Data: National estimate—National Health and Nutrition Examination Survey (AHRQ 2005a); Plan estimates—Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 18

QUALITY: THE RIGHT CARE

Adults with Hypertension Who Have Blood Pressure Under Control, National and Managed Care Plan Type

Percent of adults with hypertension whose blood pressure <140/90 mmHg



Note: National estimate includes ages 18+ and plan estimates include ages 46–85.
Data: National estimate—National Health and Nutrition Examination Survey (AHRQ 2005a);
Plan estimates—Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

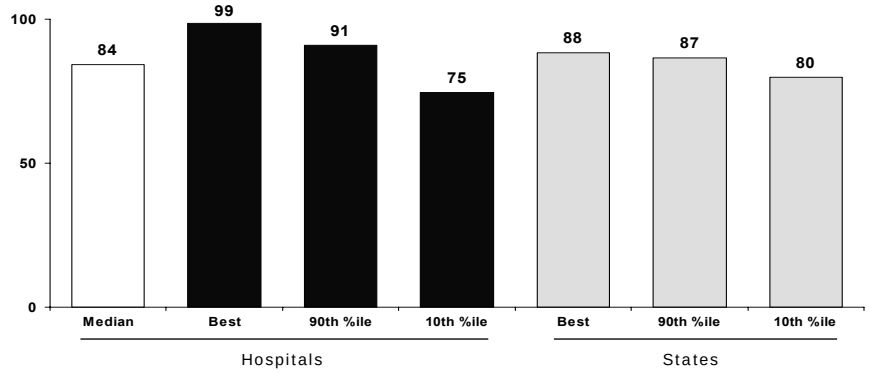
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **19**

QUALITY: THE RIGHT CARE

Composite: Hospital Quality of Care for Heart Attack, Heart Failure, and Pneumonia, by Hospitals and States, 2004

This is a composite of ten clinical indicators of the quality of care for acute myocardial infarction (heart attack), congestive heart failure, and pneumonia*

Percent of patients who received recommended care for all three conditions



* See following chart for description of ten clinical indicators.
Data: A. Jha and A. Epstein, Harvard University analysis of data from Hospital Quality Alliance national reporting system and CMS Hospital Compare.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **20**

QUALITY: THE RIGHT CARE

Hospital Quality of Care for Heart Attack, Heart Failure, and Pneumonia, by Hospitals and States, 2004

Percent of patients who received recommended care:	HOSPITALS				STATES		
	Median	Best	90th percentile	10th percentile	Best	90th percentile	10th percentile
Acute myocardial infarction (AMI) (5 indicators)	92	100	98	80	97	96	89
Congestive heart failure (CHF) (2 indicators)	83	100	94	62	91	89	79
Pneumonia (3 indicators)	78	99	88	66	82	79	69
COMPOSITE OF 10 INDICATORS	84	99	91	75	88	87	80

AMI—aspirin within 24 hours before or after arrival at the hospital and at discharge, beta-blocker within 24 hours after arrival and at discharge, and angiotensin-converting enzyme (ACE) inhibitor for left ventricular systolic dysfunction; CHF—assessment of left ventricular function and ACE inhibitor for left ventricular dysfunction; Pneumonia—timing of initial antibiotic therapy, pneumococcal vaccination, and assessment of oxygenation.
Data: A. Jha and A. Epstein, Harvard University analysis of data from Hospital Quality Alliance national reporting system and CMS Hospital Compare.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 21

QUALITY: COORDINATED CARE

Coordinated Care

Scored Indicators:

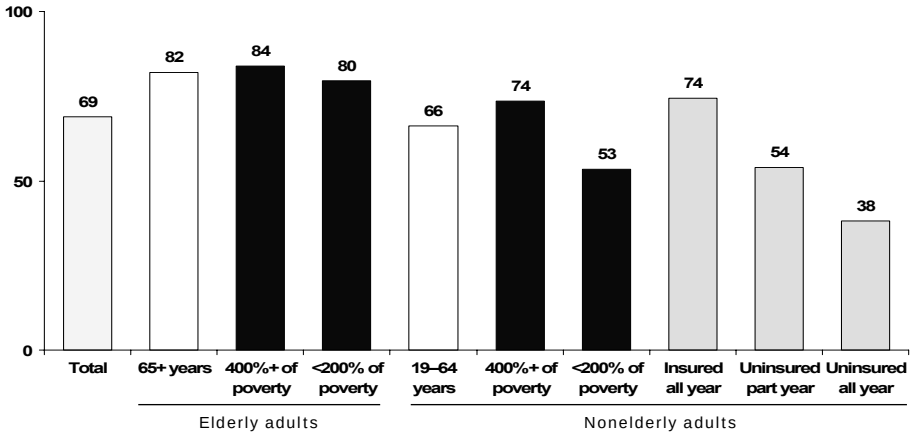
1. **Adults under 65 with an accessible primary care provider**
2. **Children with a medical home**
3. **Care coordination at hospital discharge**
   - **Hospitalized patients with new Rx: Medications were reviewed at discharge**
   - **Heart failure patients received written instructions at discharge**
   - **Follow-up within 30 days after hospitalization for mental health disorder**
4. **Nursing homes: hospital admissions and readmissions among residents**
5. **Home health: hospital admissions**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 22

QUALITY: COORDINATED CARE

Having an Accessible Primary Care Provider, by Age Group, Family Income, and Insurance Status, 2002

Percent of adults with a usual source of care who provides preventive care, care for new and ongoing health problems, and referrals, and who is easy to get to



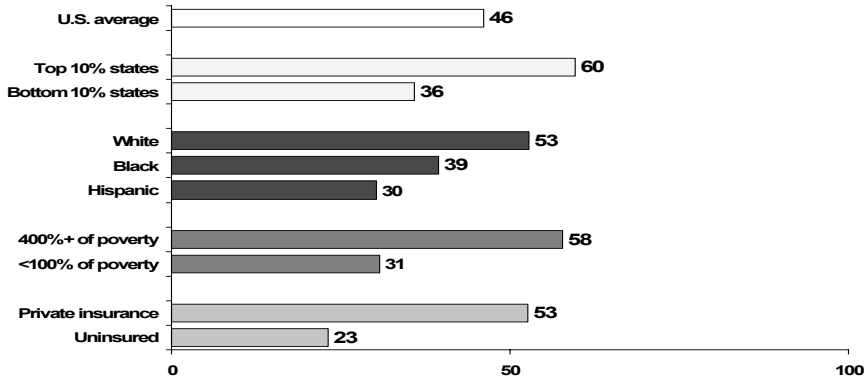
Data: B. Mahato, Columbia University analysis of 2002 Medical Expenditure Panel Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **23**

QUALITY: COORDINATED CARE

Children with a Medical Home, by Top and Bottom States, Race/Ethnicity, Family Income, and Insurance, 2003

Percent of children who have a personal doctor or nurse and receive care that is accessible, comprehensive, culturally sensitive, and coordinated*



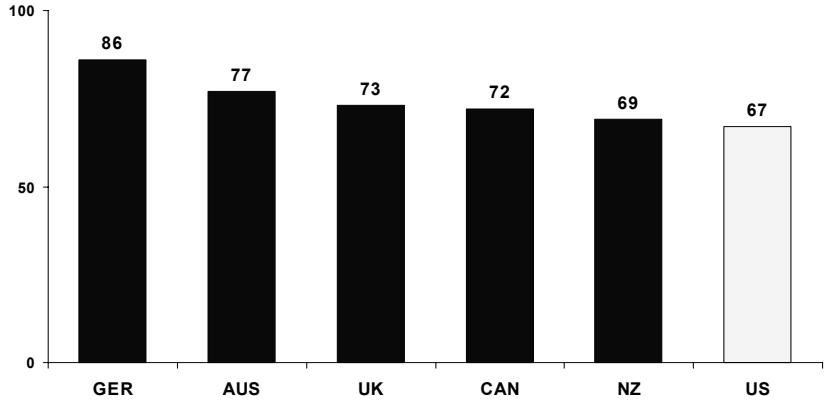
* Child had 1+ preventive visit in past year; access to specialty care; personal doctor/nurse who usually/always spent enough time and communicated clearly, provided telephone advice or urgent care and followed up after the child's specialty care visits. Data: 2003 National Survey of Children's Health (HRSA 2005; retrieved from Data Resource Center for Child and Adolescent Health database at http://www.nschdata.org).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **24**

QUALITY: COORDINATED CARE

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

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



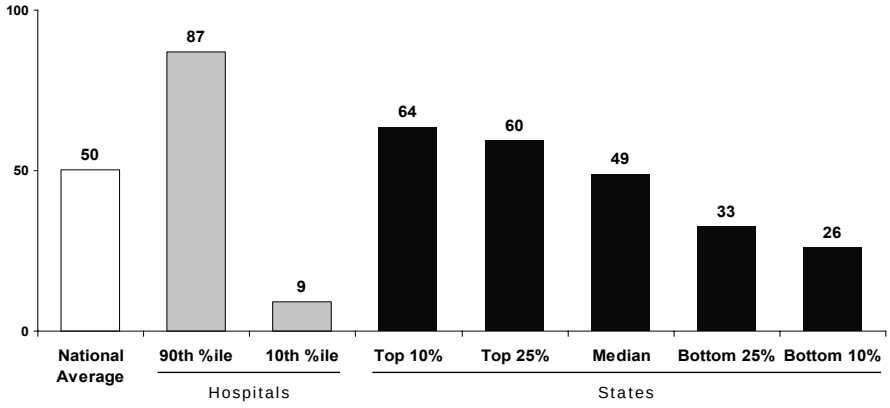
GER=Germany; AUS=Australia; UK=United Kingdom; CAN=Canada; NZ=New Zealand; US=United States.
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **25**

QUALITY: COORDINATED CARE

Heart Failure Patients Given Written Instructions or Educational Materials When Discharged, by Hospitals and States, 2004

Percent of heart failure patients discharged home with written instructions or educational material*



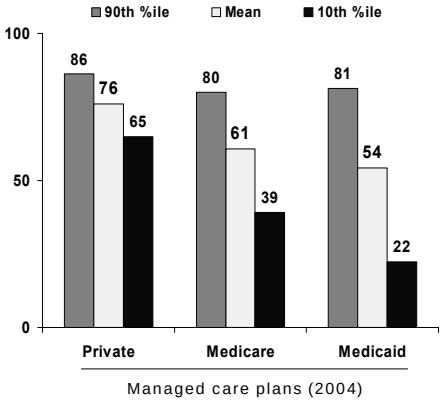
* Discharge instructions must address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.
Data: National and hospital estimates—A. Jha and A. Epstein, Harvard University analysis of data from Hospital Quality Alliance national reporting system; State estimates—Retrieved from Hospital Compare database at http://www.hospitalcompare.hhs.gov.

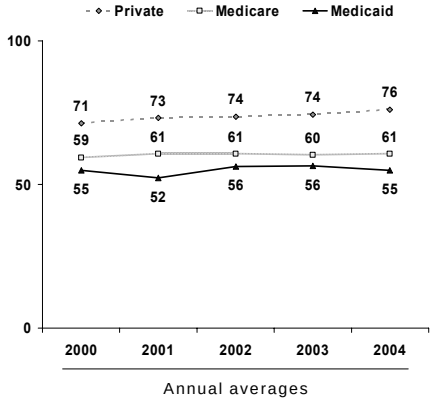
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **26**

QUALITY: COORDINATED CARE

Managed Care Health Plans: 30-Day Follow-Up After Hospitalization for Mental Illness, 2000–2004

Percent of health plan members (ages >6) who received inpatient treatment for a mental health disorder and had follow-up within 30 days after hospital discharge



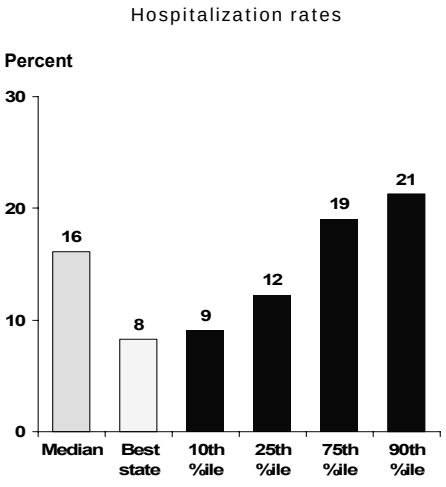


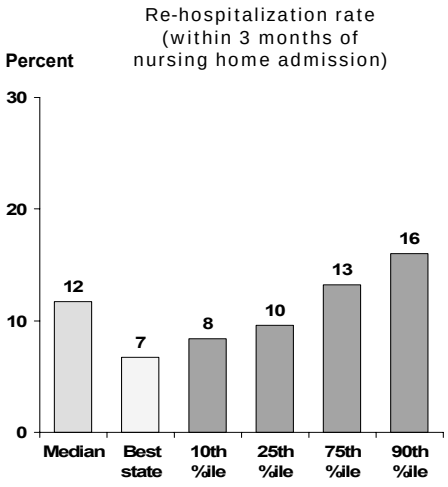
Data: Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 27

QUALITY: COORDINATED CARE

Nursing Homes: Hospital Admission and Readmission Rates Among Nursing Home Residents, per State, 2000



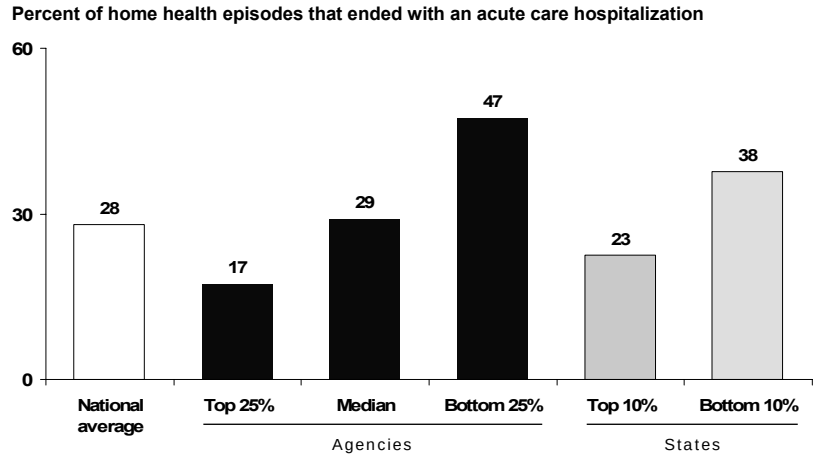


Data: V. Mor, Brown University analysis of Medicare enrollment data and Part A claims data for all Medicare beneficiaries who entered a nursing home and had a Minimum Data Set assessment during 2000.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 28

QUALITY: COORDINATED CARE

Home Health Care: Hospital Admissions, by Agencies and States, 2003–2004



Data: Outcome and Assessment Information Set (Pace et al. 2005).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **29**

QUALITY: SAFE CARE

Safe Care

Scored Indicators:

1. **Patients reported medical, medication, or lab test error**
2. **Unsafe drug use**
   - **Ambulatory care visits for treating adverse drug effects**
   - **Children prescribed antibiotics for throat infection without a "strep" test**
   - **Elderly used 1 of 33 inappropriate drugs**
3. **Nursing home residents with pressure sores**
4. **Hospital-standardized mortality ratios**

Other Indicators:

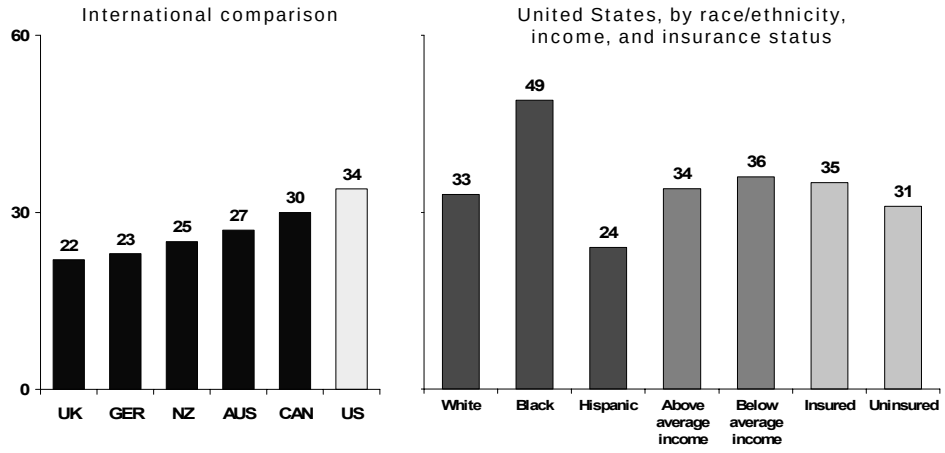
1. **Nosocomial infections in intensive care unit patients**
2. **AHRQ indicators for patient safety in hospitals: trends**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **30**

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



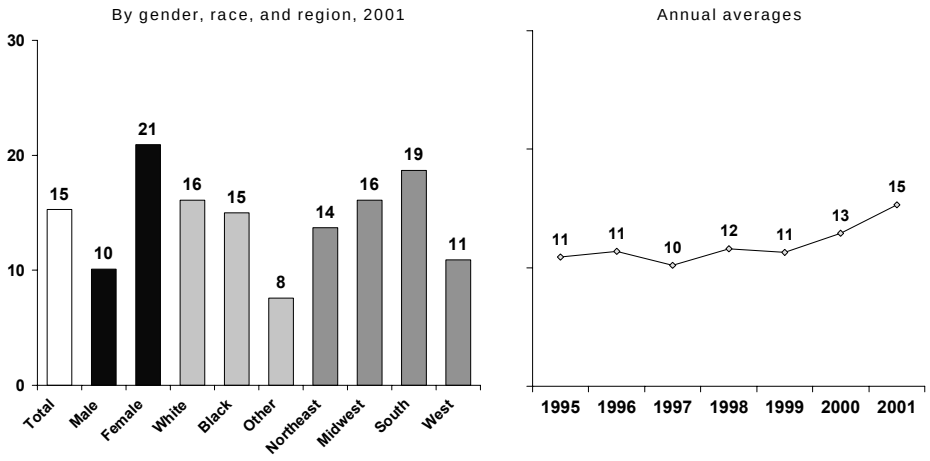
UK=United Kingdom; GER=Germany; NZ=New Zealand; AUS=Australia; CAN=Canada; US=United States.
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 31

QUALITY: SAFE CARE

Ambulatory Care Visits for Treating Adverse Drug Effects, 1995–2001

Visits per 1,000 population per year



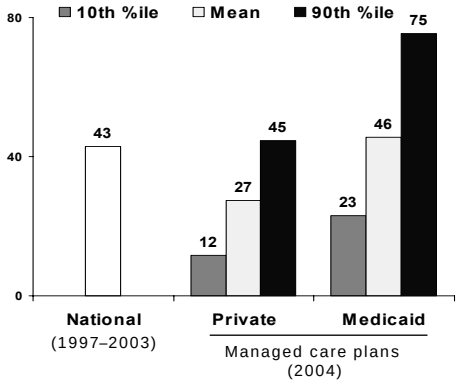
Data: National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey (Zhan et al. 2005).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 32

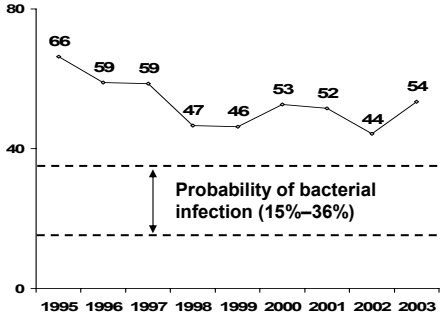
QUALITY: SAFE CARE

Potentially Inappropriate Antibiotic Prescribing for Children with Sore Throat

Percent of children prescribed antibiotics for throat infection without receiving a "strep" test*



Percent of children (ages 3–17) who received antibiotic at visit for sore throat



Note: National estimate includes ages 3–17 and plan estimates include ages 2–18.
* A strep test means a rapid antigen test or throat culture for group A streptococcus.
Data: National estimate—National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey (Linder 2005); Plan estimates—Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

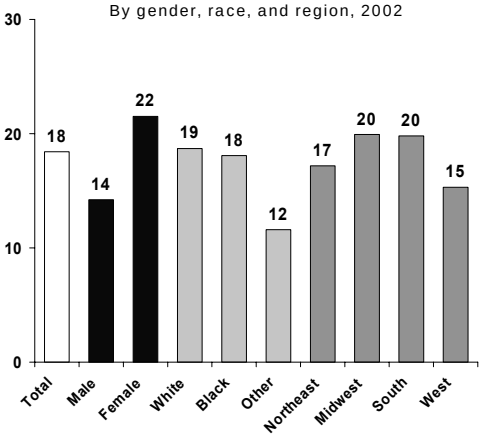
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **33**

QUALITY: SAFE CARE

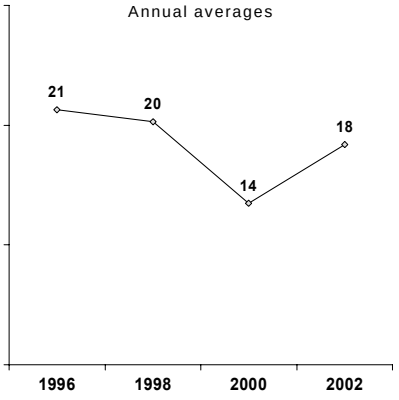
Inappropriate Use of Medications by Elderly, 1996–2002

Percent of community-dwelling elderly adults (ages 65+) who reported taking at least 1 or more of 33 drugs that are potentially inappropriate for the elderly

By gender, race, and region, 2002



Annual averages



Data: Medical Expenditure Panel Survey (AHRQ 2005a).

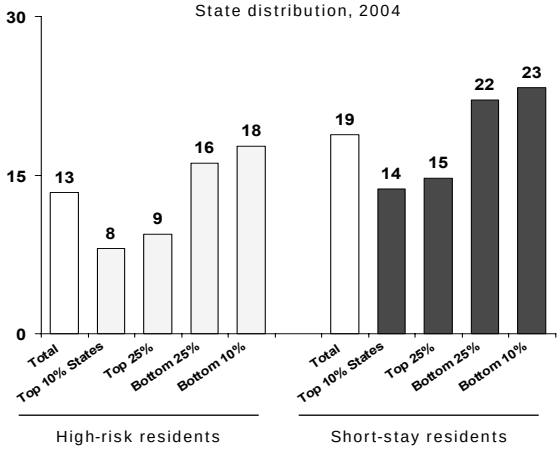
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **34**

QUALITY: SAFE CARE

Pressure Sores Among High-Risk and Short-Stay Residents in Nursing Facilities

Percent of nursing home residents with pressure sores

State distribution, 2004



By race/ethnicity, 2003

	High-risk residents	Short-stay residents
White	13%	21%
Black	17	26
Hispanic	15	25
Asian	12	22
AI/AN	17	23

AI/AN = American Indian or Alaskan Native.
Data: Nursing Home Minimum Data Set (AHRQ 2005a, 2005b).

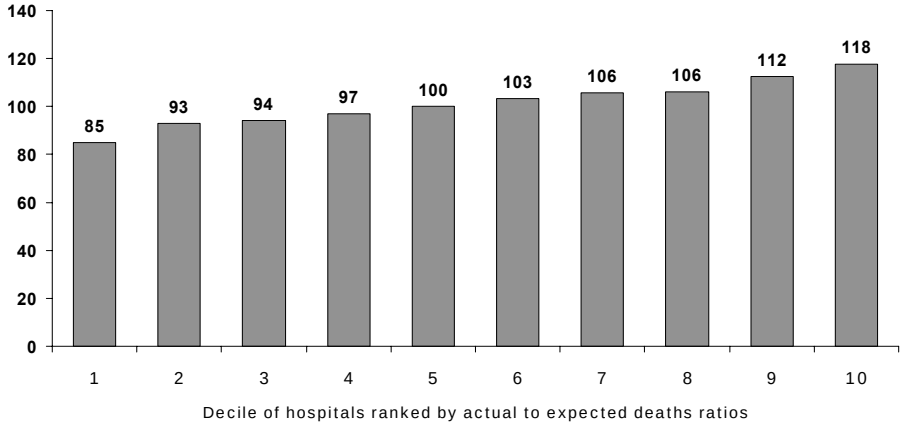
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 35

QUALITY: SAFE CARE

Hospital-Standardized Mortality Ratios, 2000–2002

Standardized ratios compare actual to expected deaths, risk-adjusted for patient mix and community factors. Medicare national average for 2000 = 100

Ratio of actual to expected deaths in each decile (x 100)



See Technical Appendix for methodology.
Data: B. Jarman analysis of Medicare discharges from 2000 to 2002 for conditions leading to 80 percent of all hospital deaths.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 36

QUALITY: SAFE CARE

Nosocomial Infections in Intensive Care Unit Patients, 2002–2004

Central line-associated bloodstream infection rate, per 1,000 days use		**Percentile**				
Type of ICU	**No. of units**	10%	25%	50%	75%	90%
Medical	**94**	**0.5**	**2.4**	**3.9**	**6.4**	**8.8**
Medical-surgical—major teaching	**100**	**1.7**	**2.6**	**3.4**	**5.1**	**7.6**
Medical-surgical—all others	**109**	**0.8**	**1.6**	**3.1**	**4.3**	**6.1**
Surgical	**99**	**0.0**	**2.0**	**3.4**	**5.9**	**8.7**
High-risk nursery (infants weighing 1,000 grams or less)	**104**	**1.6**	**5.4**	**8.5**	**11.6**	**16.1**
Ventilator-associated pneumonia rate, per 1,000 days use		**Percentile**				
Type of ICU	**No. of units**	10%	25%	50%	75%	90%
Medical	**92**	**0.5**	**2.1**	**3.7**	**6.2**	**8.9**
Medical-surgical—major teaching	**99**	**1.2**	**2.6**	**4.6**	**7.2**	**9.9**
Medical-surgical—all others	**109**	**1.7**	**2.9**	**5.1**	**6.7**	**8.9**
Surgical	**98**	**2.2**	**4.7**	**8.3**	**12.2**	**17.9**
High-risk nursery (infants weighing 1,000 grams or less)	**102**	**0.0**	**0.0**	**2.4**	**5.8**	**8.5**

Data: ~300 hospitals participating in the National Nosocomial Infections Surveillance (NNIS) System (NNIS 2004, Tables 1,3).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **37**

QUALITY: SAFE CARE

Potentially Preventable Adverse Events and Complications of Care in Hospitals, National and Medicare Trends

*Risk-adjusted rate per 10,000 discharges**	**1997/1998****	**2000**	**2002**	**2003**
Decubitus ulcer (pressure sore)				
National	**199**	**217**	**233**	**NA**
Medicare	**206**	**225**	**251**	**267**
Postoperative pulmonary embolism or deep vein thrombosis				
National	**65**	**75**	**84**	**NA**
Medicare	**62**	**71**	**86**	**92**
Postoperative sepsis				
National	**85**	**105**	**116**	**NA**
Medicare	**80**	**97**	**111**	**120**
Postoperative respiratory failure				
National	**23**	**34**	**40**	**NA**
Medicare	**25**	**34**	**46**	**50**
Accidental puncture or laceration				
National	**27**	**33**	**38**	**NA**
Medicare	**31**	**32**	**36**	**34**
Infection due to medical care				
National	**18**	**20**	**23**	**NA**
Medicare	**20**	**20**	**24**	**25**

* Rates exclude complications present on admission and are adjusted for gender, comorbidities, and diagnosis-related group clusters. ** National rate is for 1997, Medicare rate is for 1998.
Data: National estimates—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (retrieved from HCUPNet at http://www.ahrq.gov/HCUPnet); Medicare estimates—MedPAC analysis of Medicare administrative data using AHRQ indicators and methods (MedPAC 2005, Chart 3-3).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **38**

QUALITY: PATIENT-CENTERED, TIMELY CARE

Patient-Centered, Timely Care

Scored Indicators:

1. **Ability to see doctor on same/next day when sick or needed medical attention**
2. **Very/somewhat easy to get care after hours without going to the emergency room**
3. **Doctor–patient communication: always listened, explained, showed respect, spent enough time**
4. **Adults with chronic conditions given self-management plan**
5. **Patient-centered hospital care**

Other Indicator:

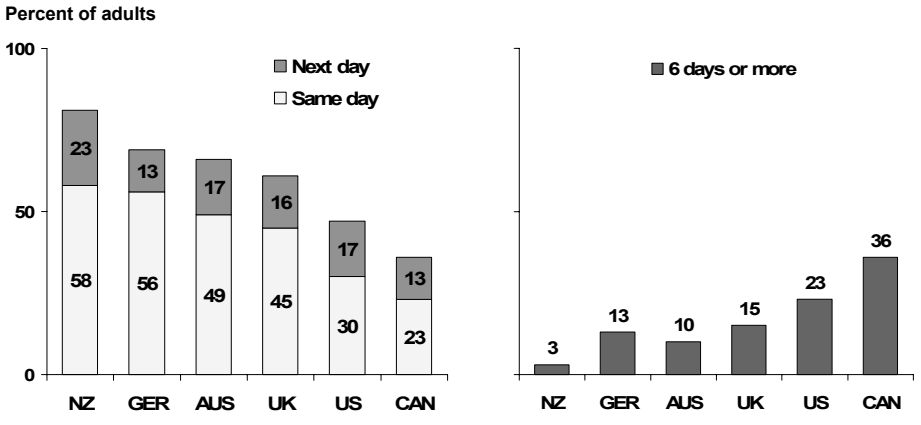
1. **Physical restraints in nursing homes**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 39

QUALITY: PATIENT-CENTERED, TIMELY CARE

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

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

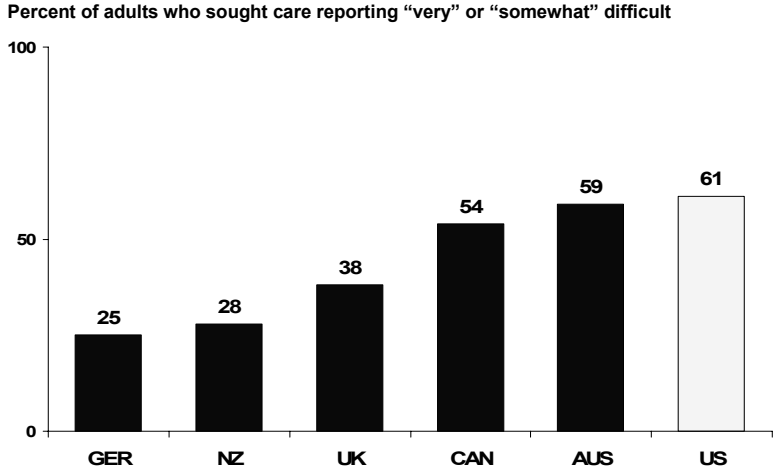


NZ=New Zealand; GER=Germany; AUS=Australia; UK=United Kingdom; US=United States; CAN=Canada.
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 40

QUALITY: PATIENT-CENTERED, TIMELY CARE

Difficulty Getting Care on Nights, Weekends, Holidays Without Going to the ER, Among Sicker Adults in Six Countries, 2005

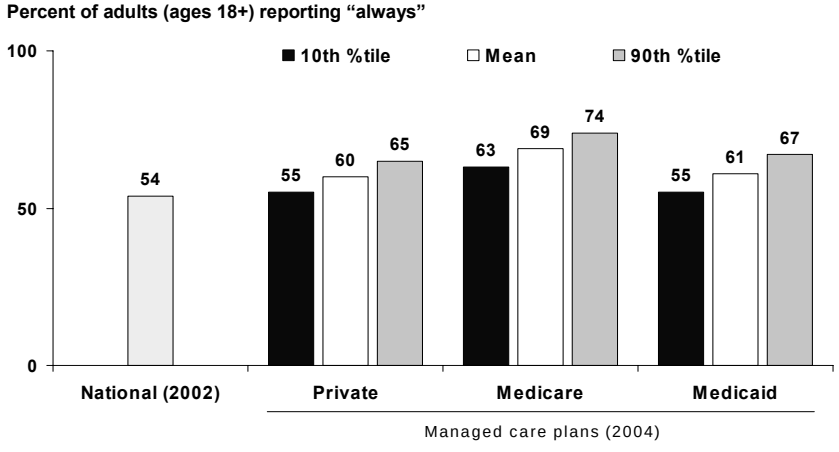


GER=Germany; NZ=New Zealand; UK=United Kingdom; CAN=Canada; AUS=Australia; US=United States.
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 41

QUALITY: PATIENT-CENTERED, TIMELY CARE

Doctor–Patient Communication: Doctor Listened Carefully, Explained Things, Showed Respect, and Spent Enough Time, National and Managed Care Plan Type



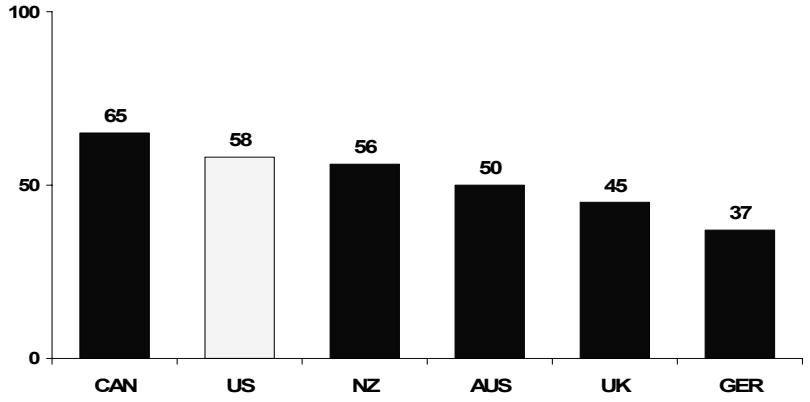
Data: National rate—2002 Medical Expenditure Panel Survey (AHRQ 2005a);
Plan rates—National CAHPS Benchmarking Database (data provided by NCQA).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 42

QUALITY: PATIENT-CENTERED, TIMELY CARE

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

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



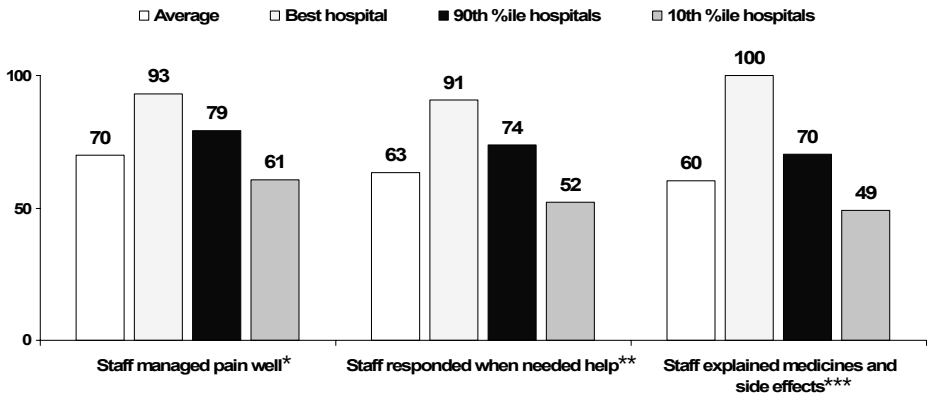
* Adult reported at least one of six conditions: hypertension, heart disease, diabetes, arthritis, lung problems (asthma, emphysema, etc.), or depression.
CAN=Canada; US=United States; NZ=New Zealand; AUS=Australia; UK=United Kingdom; GER=Germany.
Data: 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults (Schoen et al. 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 43

QUALITY: PATIENT-CENTERED, TIMELY CARE

Patient-Centered Hospital Care: Staff Managed Pain, Responded When Needed Help, and Explained Medicines, by Hospitals, 2005

Percent of patients reporting "always"



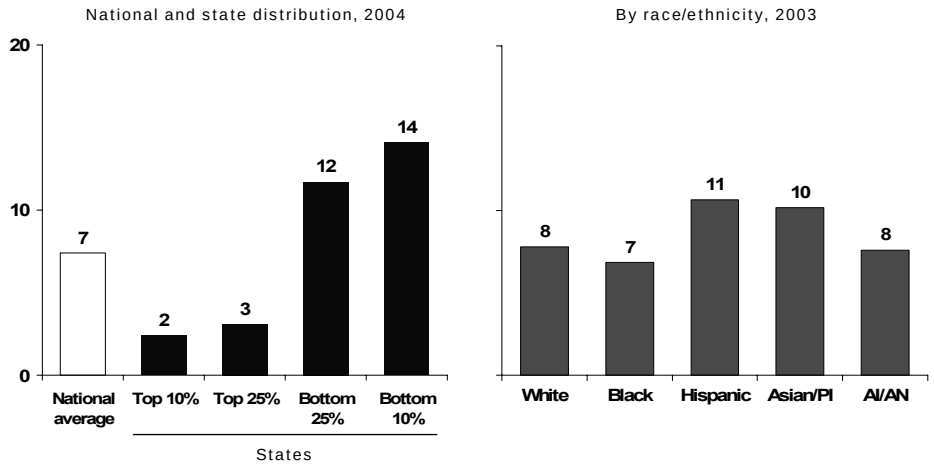
* Patient's pain was well controlled and hospital staff did everything to help with pain.
** Patient got help as soon as wanted after patient pressed call button and in getting to the bathroom/using bedpan.
*** Hospital staff told patient what medicine was for and described possible side effects in a way that patient could understand.
Data: CAHPS Hospital Survey results for 254 hospitals submitting data in 2005. National CAHPS Benchmarking Database.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 44

QUALITY: PATIENT-CENTERED, TIMELY CARE

Physical Restraints in Nursing Facilities

Percent of nursing home residents who were physically restrained



PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.
Data: Nursing Home Minimum Data Set (AHRQ 2005a, AHRQ 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **45**

ACCESS

SECTION 3. ACCESS

Access includes indicators organized into two groups:

- **Universal participation**
- **Affordable care**

The Scorecard scores each group of indicators separately, and then averages the two scores to create the overall score for Access.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **46**

ACCESS: UNIVERSAL PARTICIPATION

Universal Participation

Scored Indicators:

1. **Adults under 65 insured all year, not underinsured**
2. **Adults with no access problem due to costs**

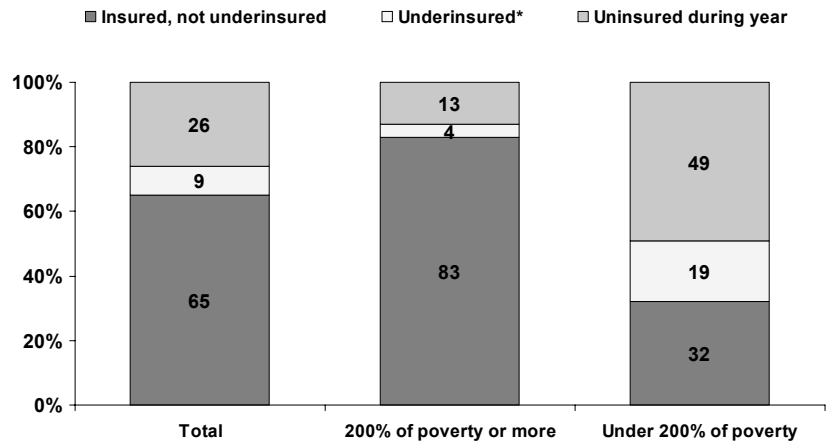
Other Indicator:

1. **Uninsured under 65: national and state trends**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 47

ACCESS: UNIVERSAL PARTICIPATION

Adults Ages 19–64 Who Are Uninsured and Underinsured, by Poverty Status, 2003



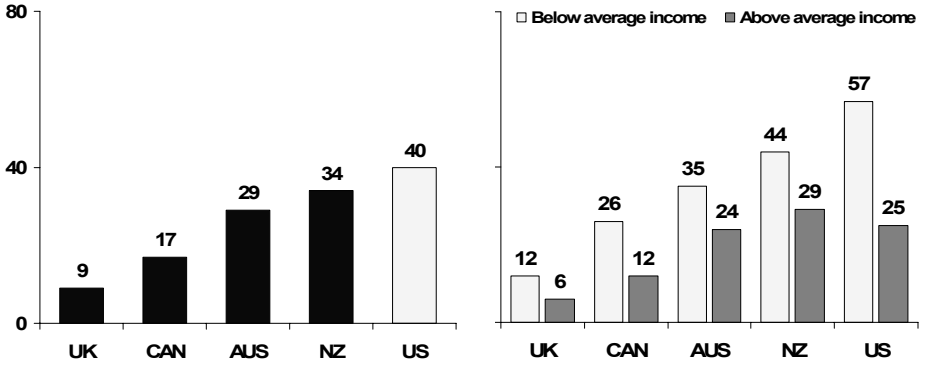
* Underinsured defined as insured all year but experienced one of the following: medical expenses equaled 10% or more of income; medical expenses equaled 5% or more of incomes if low-income (<200% of poverty); or deductibles equaled 5% or more of income. Data: 2003 Commonwealth Fund Biennial Health Insurance Survey (Schoen et al. 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 48

ACCESS: UNIVERSAL PARTICIPATION

Access Problems Because of Costs in Five Countries, Total and by Income, 2004

Percent of adults who had any of three access problems* in past year because of costs



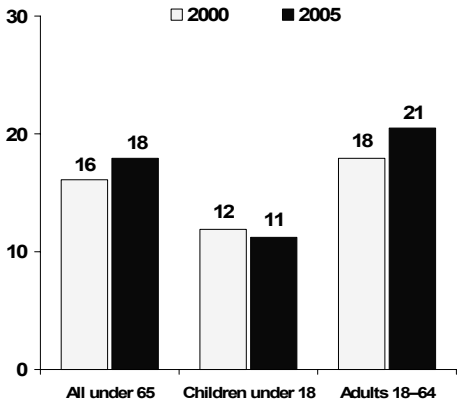
* Did not get medical care because of cost of doctor's visit, skipped medical test, treatment, or follow-up because of cost, or did not fill Rx or skipped doses because of cost.
UK=United Kingdom; CAN=Canada; AUS=Australia; NZ=New Zealand; US=United States.
Data: 2004 Commonwealth Fund International Health Policy Survey of Adults' Experiences with Primary Care (Schoen et al. 2004; Huynh et al. 2006).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 49

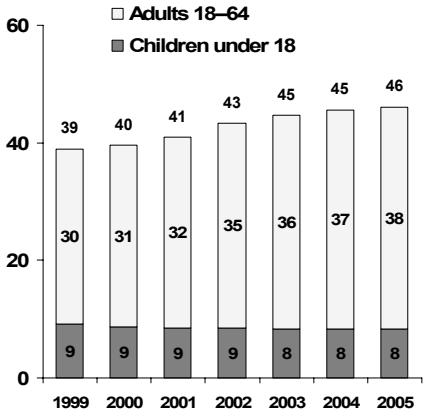
ACCESS: UNIVERSAL PARTICIPATION

Population Under Age 65 Without Health Insurance

Percent uninsured



Millions uninsured

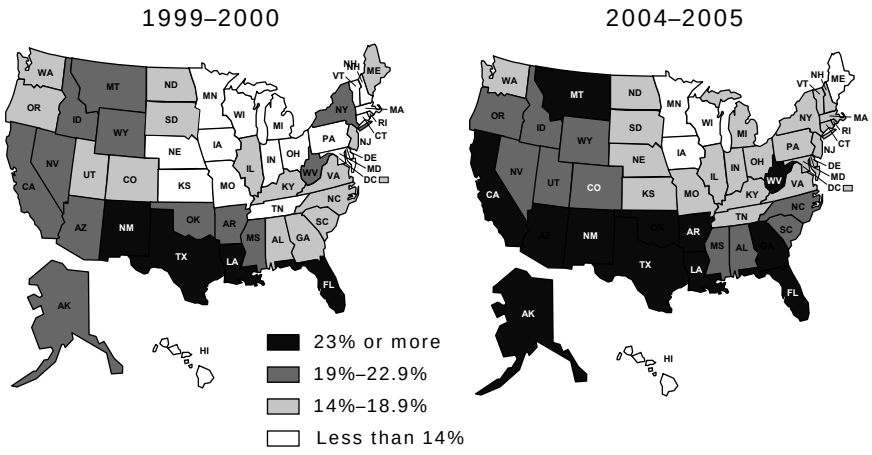


Data: Analysis of Current Population Survey, March 1995–2005 supplements; P. Fronstin. 2005. *Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 2005 Current Population Survey*. Employee Benefit Research Institute (Figures 1, 2, and 3).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 50

ACCESS: UNIVERSAL PARTICIPATION

Percent of Adults Ages 18–64 Uninsured by State



Data: Two-year averages 1999–2000 and 2004–2005 from the Census Bureau's March 2000, 2001 and 2005, 2006 Current Population Surveys. Estimates by the Employee Benefit Research Institute.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **51**

ACCESS: AFFORDABLE CARE

Affordable Care

Scored Indicators:

1. **Families spending less than 10% of income or less than 5% of income, if low-income, on out-of-pocket medical costs and premiums**
2. **Population under 65 living in states where premiums for employer-sponsored health coverage are less than 15% of under-65 median household income**
3. **Adults under 65 with no medical bill problems or medical debt**

Other Indicator:

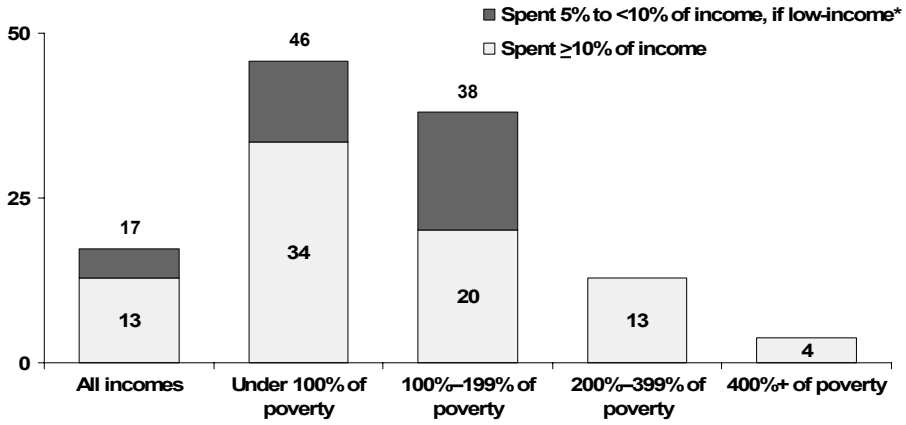
1. **Health insurance premium trends compared to workers' earnings and overall inflation**

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **52**

ACCESS: AFFORDABLE CARE

Families with High Medical and Premium Costs Compared with Income, by Family Income, 2001–2002

Percent of nonelderly families with high out-of-pocket medical costs and premiums relative to income



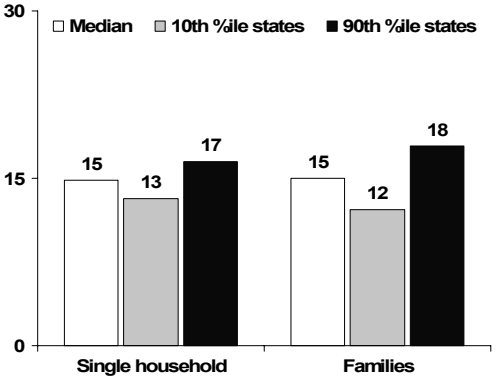
* Low-income denotes families with incomes <200% of the federal poverty level.
Data: 2001–2002 Medical Expenditure Panel Survey (Merlis 2006).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **53**

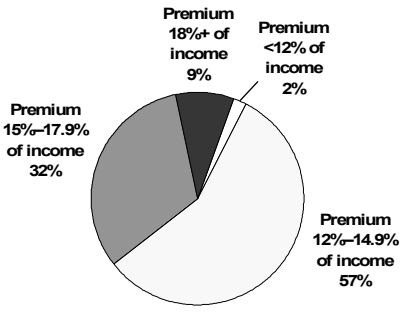
ACCESS: AFFORDABLE CARE

Employer Premiums as Percentage of Median Household Income for Under-65 Population, Distribution by State

Premiums for private coverage as percent of median income per state



Under-65 population by premiums as share of state median income



Data: State averages private premium rates—2003 Medical Expenditure Panel Survey;
State median household incomes, under-65 population—2004–2005 Current Population Survey.

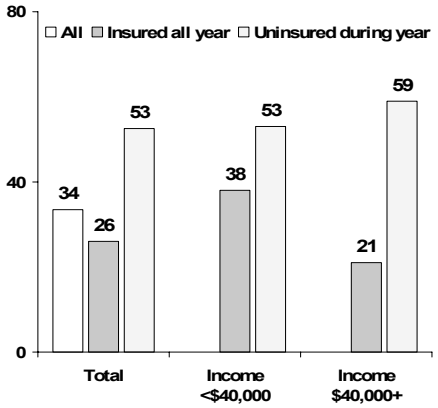
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **54**

ACCESS: AFFORDABLE CARE

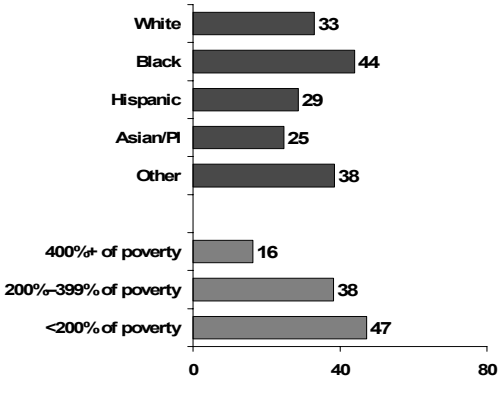
Medical Bill Problems or Accrued Medical Debt, 2005

Percent of adults (ages 19–64) with any medical bill problem or outstanding debt*

By income and insurance status



By race/ethnicity and income

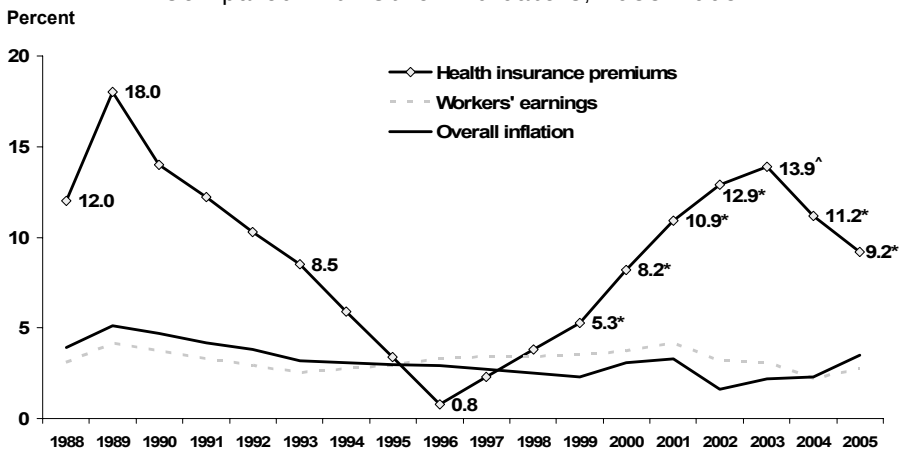


* Problems paying or unable to pay medical bills, contacted by a collection agency for inability to pay medical bills (only), had to change way of life to pay bills, or has medical debt being paid off over time.
PI = Pacific Islander.
Data: Analysis of 2005 Commonwealth Fund Biennial Health Insurance Survey; Collins et al. 2006.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 55

ACCESS: AFFORDABLE CARE

Increases in Health Insurance Premiums Compared with Other Indicators, 1988–2005



* Estimate is statistically different from the previous year shown at p<0.05.
^ Estimate is statistically different from the previous year shown at p<0.1.
Note: Data on premium increases reflect the cost of health insurance premiums for a family of four.
Historical estimates of workers' earnings have been updated to reflect new industry classifications (NAICS).
Data: KFF/HRET Survey of Employer-Sponsored Health Benefits: 2005.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 56

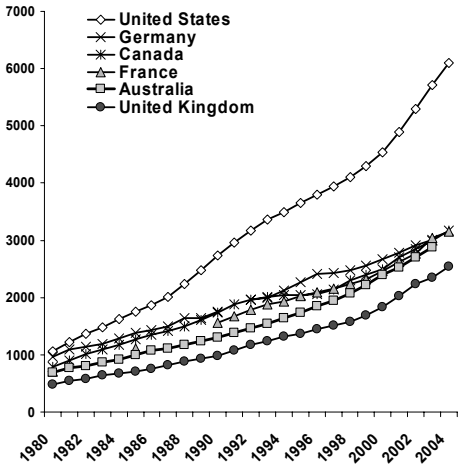
SECTION 4. EFFICIENCY

Scored Indicators:

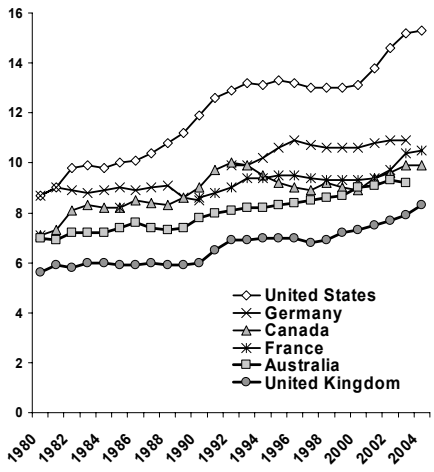
1. **Potential overuse or waste**
   - **Duplicate medical tests**
   - **Tests results or records not available at time of appointment**
   - **Received imaging study for acute low back pain with no risk factors**
2. **ER use for condition that could have been treated by regular doctor**
3. **Hospital admissions for ambulatory care sensitive (ACS) conditions**
   - **National ACS admissions: CHF, diabetes, and pediatric asthma**
   - **Medicare ACS admissions**
4. **Medicare hospital 30-day readmission rates**
5. **Medicare costs of care and mortality for AMI, colon cancer, hip fracture**
6. **Medicare costs of care for chronic diseases: diabetes, CHF, COPD**
7. **National health expenditures spent on health administration and insurance**
8. **Physicians using electronic medical records**

International Comparison of Spending on Health, 1980–2004

Average spending on health per capita ($US PPP)



Total expenditures on health as percent of GDP

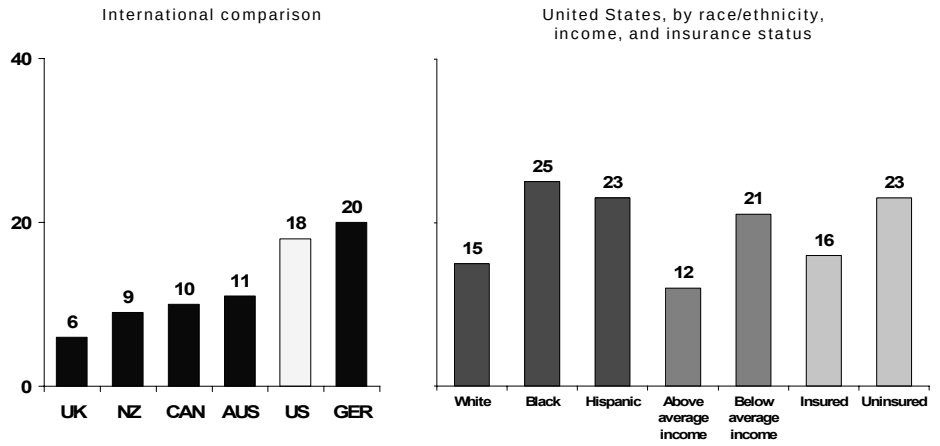


Data: OECD Health Data 2005 and 2006.

EFFICIENCY

Duplicate Medical Tests, Among Sicker Adults, 2005

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



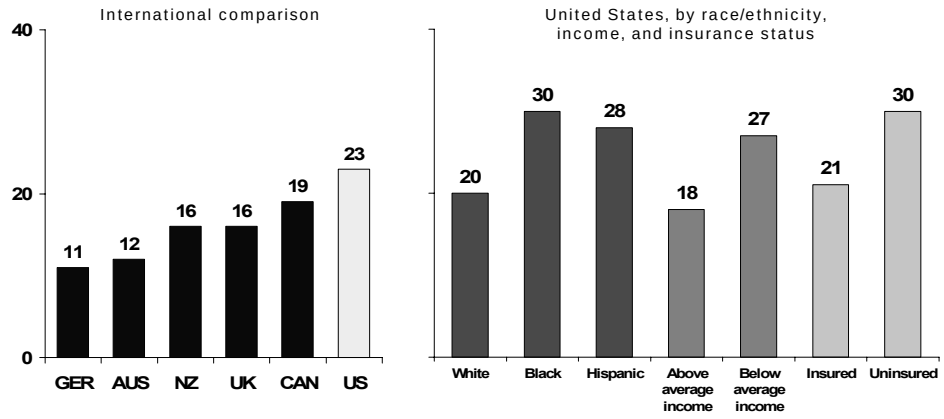
UK=United Kingdom; NZ=New Zealand; CAN=Canada; AUS=Australia; US=United States; GER=Germany.
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **59**

EFFICIENCY

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



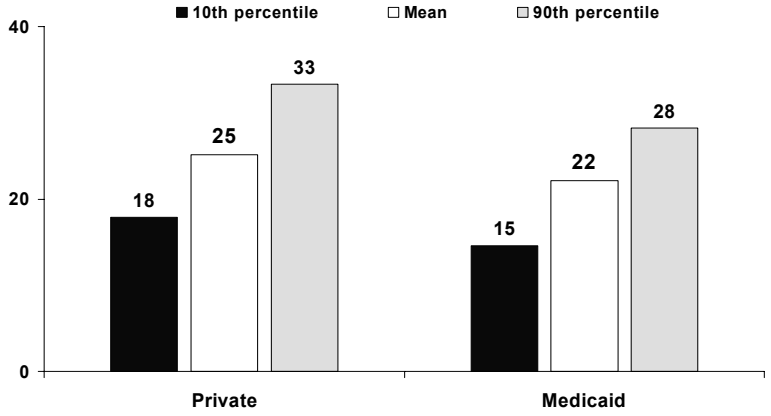
GER=Germany; AUS=Australia; NZ=New Zealand; UK=United Kingdom; CAN=Canada; US=United States.
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **60**

EFFICIENCY

Managed Care Health Plans: Potentially Inappropriate Imaging Studies for Low Back Pain, by Plan Type, 2004

Percent of health plan members (ages 18–50) who received an imaging study within 28 days following an episode of acute low back pain with no risk factors



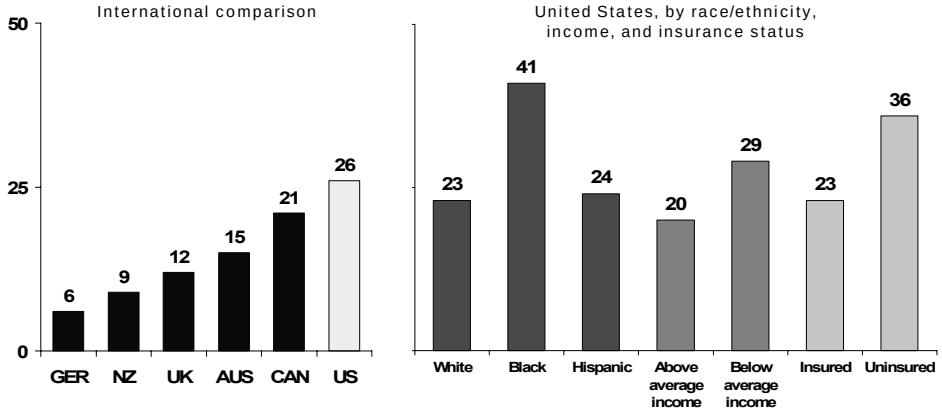
Data: Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 61

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

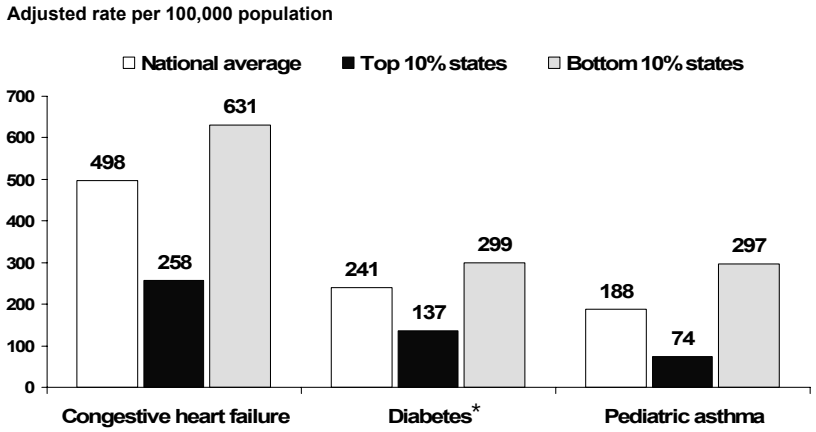


GER=Germany; NZ=New Zealand; UK=United Kingdom; AUS=Australia; CAN=Canada; US=United States.
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 62

EFFICIENCY

Ambulatory Care Sensitive (Potentially Preventable) Hospital Admissions for Select Conditions, 2002

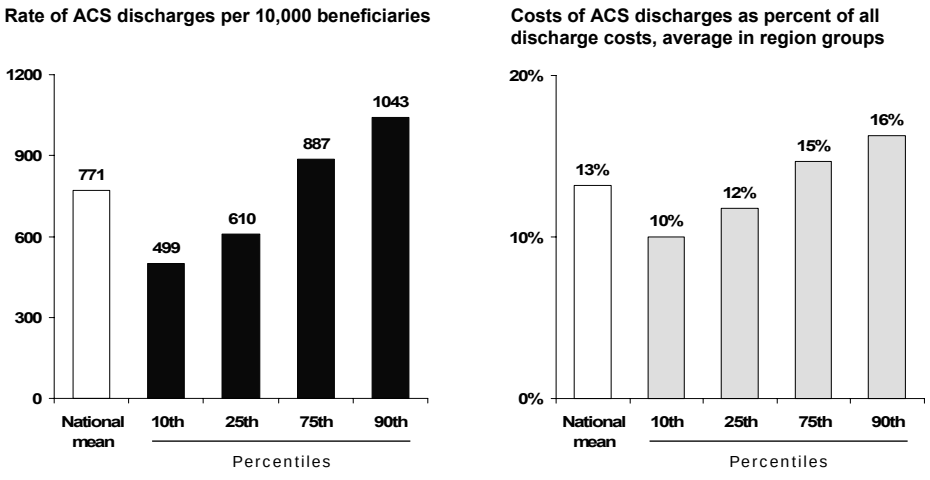


* Combines four diabetes admission measures: uncontrolled, short-term complications, long-term complications, and lower extremity amputations.
Data: National estimates—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample; State estimates—State Inpatient Databases; not all states participate in HCUP (AHRQ 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **63**

EFFICIENCY

Medicare Discharges for Ambulatory Care Sensitive Conditions, Rates and Associated Costs, by Hospital Referral Regions, 2003



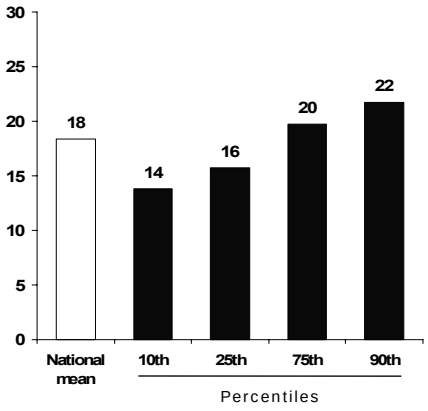
Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of 2003 Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **64**

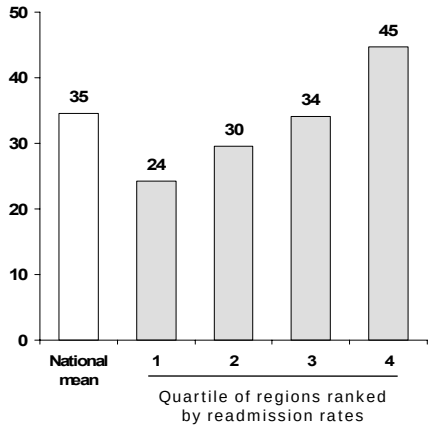
EFFICIENCY

Medicare Hospital 30-Day Readmission Rates and Associated Costs, by Hospital Referral Regions, 2003

Rate of hospital readmission within 30 days



Readmission reimbursement as percent of total reimbursement for all admissions

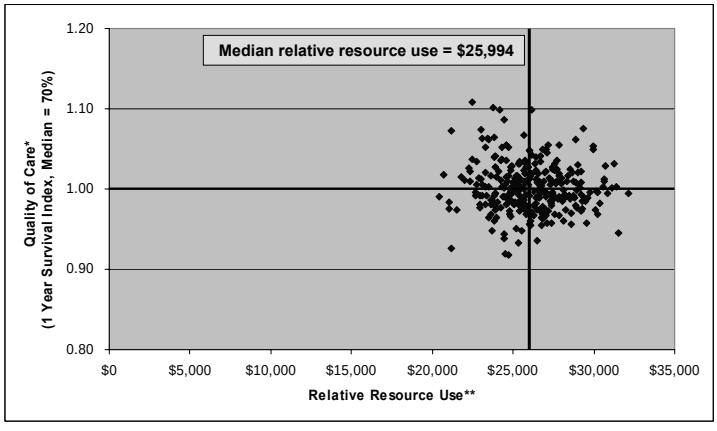


Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of 2003 Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **65**

EFFICIENCY

Quality and Costs of Care for Medicare Patients Hospitalized for Heart Attacks, Colon Cancer, and Hip Fracture, by Hospital Referral Regions, 2000–2002

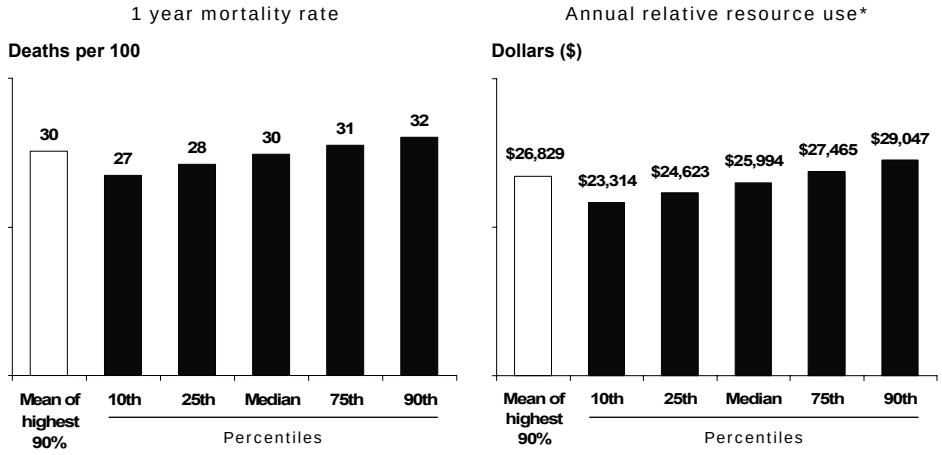


* Indexed to risk-adjusted 1 year survival rate (median = 0.70).
** Risk-adjusted spending on hospital and physician services using standardized national prices.
Data: E. Fisher and D. Staiger, Dartmouth College analysis of data from a 20% national sample of Medicare beneficiaries.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **66**

EFFICIENCY

Quality and Costs of Care for Medicare Patients Hospitalized for Heart Attacks, Colon Cancer, and Hip Fracture, by Hospital Referral Regions, 2000–2002



* Risk-adjusted spending on hospital and physician services using standardized national prices.
Data: E. Fisher and D. Staiger, Dartmouth College analysis of data from a 20% national sample of Medicare beneficiaries.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **67**

EFFICIENCY

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

	Average annual reimbursement					Ratio of percentile groups	
	Average	10th percentile	25th percentile	75th percentile	90th percentile	90th to 10th	75th to 25th
All 3 conditions (Diabetes + CHF + COPD)	$31,792	$20,960	$23,973	$37,879	$43,973	2.10	1.58
Diabetes + CHF	$18,461	$12,747	$14,355	$20,592	$27,310	2.14	1.43
Diabetes + COPD	$13,188	$8,872	$10,304	$15,246	$18,024	2.03	1.48
CHF + COPD	$22,415	$15,355	$17,312	$25,023	$32,732	2.13	1.45

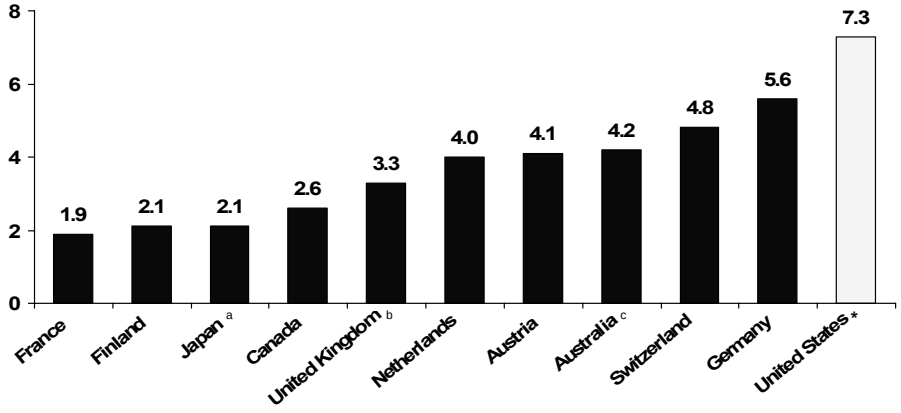
CHF = Congestive heart failure; COPD = Chronic obstructive pulmonary disease.
Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of 2001 Medicare Standard Analytical Files (SAF) 5% Inpatient Data.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **68**

EFFICIENCY

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



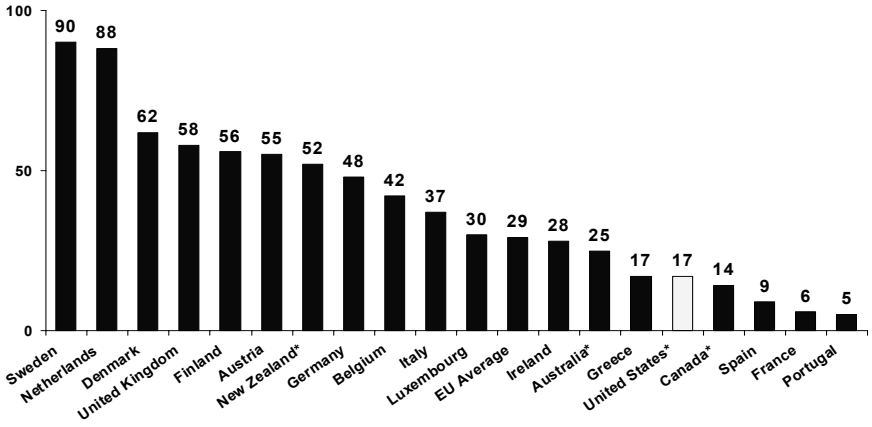
[a] 2002 [b] 1999 [c] 2001
* Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.
Data: OECD Health Data 2005.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **69**

EFFICIENCY

Physicians' Use of Electronic Medical Records, U.S. Compared with Other Countries, 2001

Percent of physicians



* 2000
Data: 2001 European Union EuroBarometer and 2000 Commonwealth Fund International Health Policy Survey of Physicians (Harris Interactive 2002).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **70**

EQUITY

SECTION 5. EQUITY

For equity, the Scorecard contrasts rates of risk by insurance, income, and race/ethnicity. Specifically, the risk ratios compare:

- **Insured to uninsured rates**
- **High-income to low-income rates**
- **White to black rates**
- **White to Hispanic rates**

Indicators used to score equity include a subset of main indicators and a few equity-only indicators to highlight certain areas of concern. They are grouped as follows:

- **Long, healthy & productive lives**
- **The right care**
- **Safe care**
- **Patient-centered, timely care**
- **Coordinated and efficient care**
- **Universal participation and affordable care**

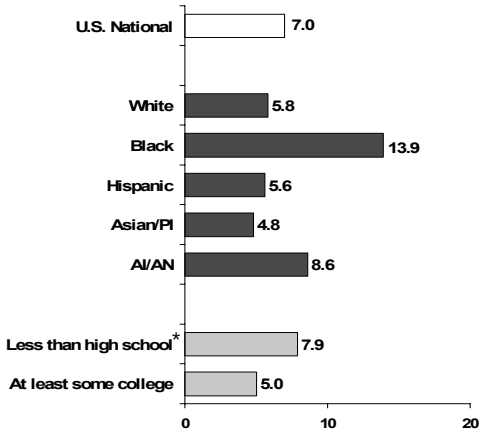
Charts for equity indicators are interspersed throughout other sections as appropriate.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **71**

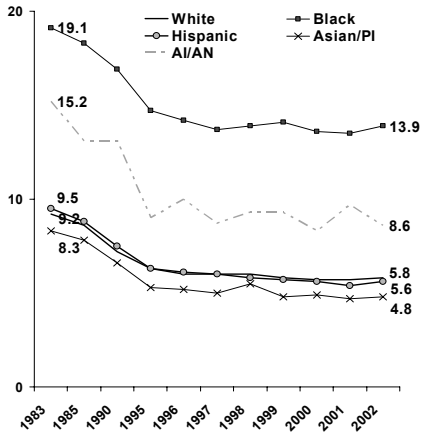
EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Infant Deaths Within One Year, per 1,000 Live Births

Infant mortality by race/ethnicity, and mother's education, 2002



Infant mortality trends, 1983–2002



* For mothers age 20 and older.
PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.
Data: National Vital Statistics System—Linked Birth and Infant Death Data (AHRQ 2005a; NCHS 2005).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **72**

EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Five-Year Survival Rates for All Cancers, by Gender, Race/Ethnicity, and Census Tract Poverty Rate

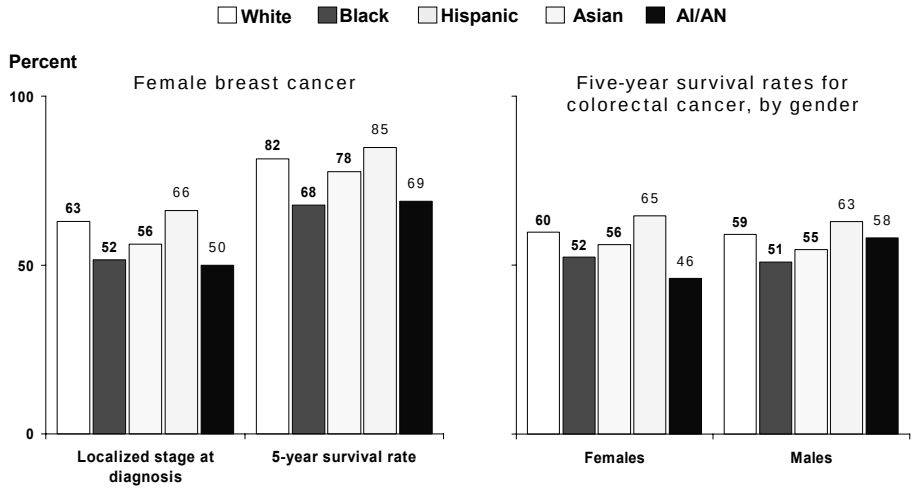
	White	Black	Hispanic	Asian	AI/AN
TOTAL (1988–1997)					
Men	55	46	53	50	40
Women	58	47	57	61	47
MEN (1988–1994)					
Low poverty, <10%	61	58	60	55	38
High poverty, 20%+	52	45	54	44	42
WOMEN (1988–1994)					
Low poverty, <10%	63	58	65	66	44
High poverty, 20%+	55	48	60	56	53

Note: Low poverty denotes census tracts where less than 10% of households have incomes below the federal poverty level in 1990; high poverty denotes census tracts where 20% or more of households have incomes below the federal poverty level in 1990.
AI/AN = American Indian or Alaskan Native.
Data: Surveillance, Epidemiology, and End Results (SEER) Program
(Total estimates—Clegg 2002; Poverty estimates—Singh 2003).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 73

EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Stage at Diagnosis and Five-Year Survival Rate for Breast Cancer and Colorectal Cancer, by Race/Ethnicity, 1988–1997



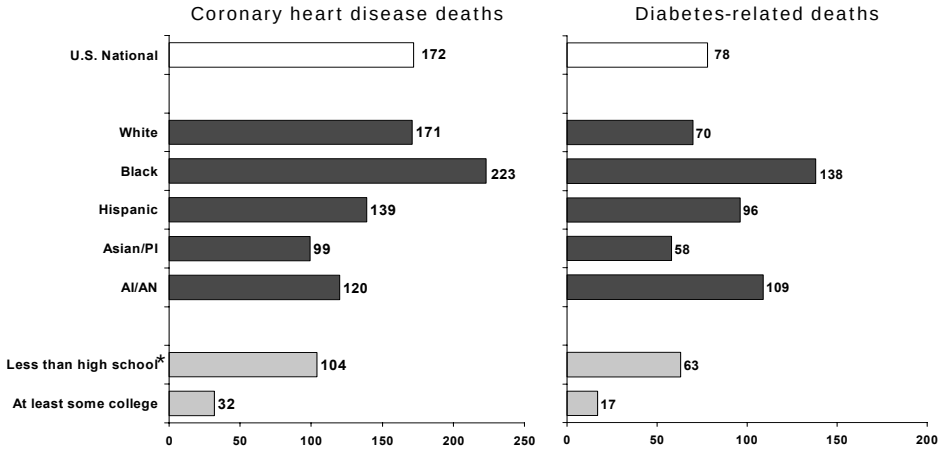
AI/AN = American Indian or Alaskan Native.
Data: Surveillance, Epidemiology, and End Results (SEER) Program (Clegg 2002).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 74

EQUITY: LONG, HEALTHY & PRODUCTIVE LIVES

Coronary Heart Disease and Diabetes-Related Mortality, by Race/Ethnicity and Education Level, 2003

Age-adjusted per 100,000 population



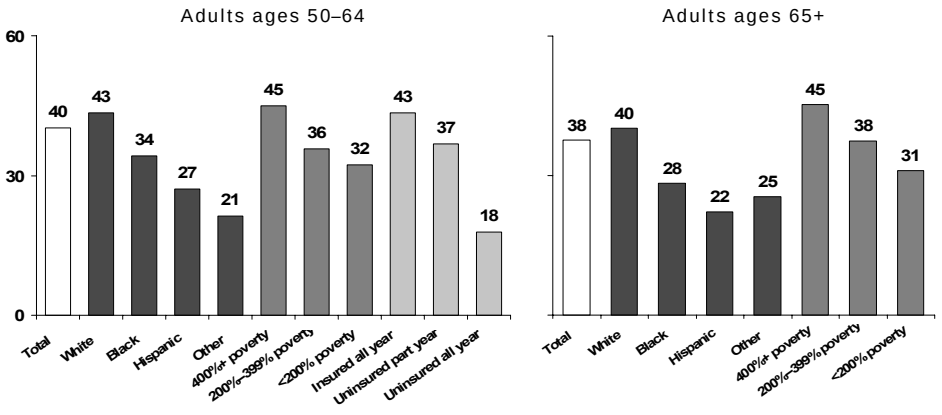
* Total of 43 reporting states and D.C. for people ages 25–64.
PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.
Data: National Vital Statistics System—Mortality (Retrieved from DATA2010 at http://wonder.cdc.gov/data2010).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **75**

EQUITY: THE RIGHT CARE

Receipt of Recommended Preventive Care for Older Adults, by Race/Ethnicity, Family Income, and Insurance Status, 2002

Percent of older adults who received all recommended screening and preventive care within a specific time frame given their age and sex*



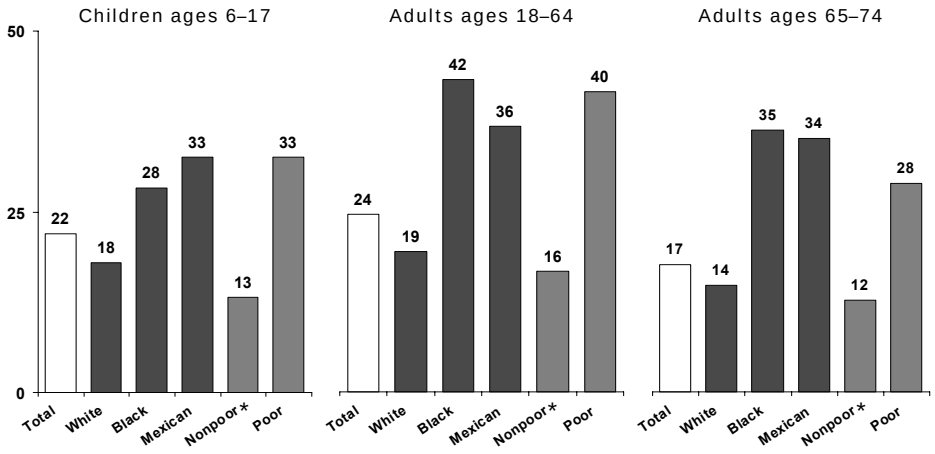
* Recommended care includes seven key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot.
Data: B. Mahato, Columbia University analysis of 2002 Medical Expenditure Panel Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **76**

EQUITY: THE RIGHT CARE

Untreated Dental Caries, by Age, Race/Ethnicity, and Income, 1999–2002

Percent of persons with untreated dental caries



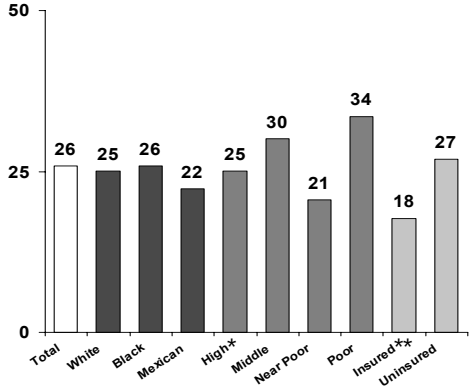
* Nonpoor refers to household incomes ≥200% of federal poverty level; Poor to <100% of poverty level.
Data: National Health and Nutrition Examination Survey (NCHS 2005).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 77

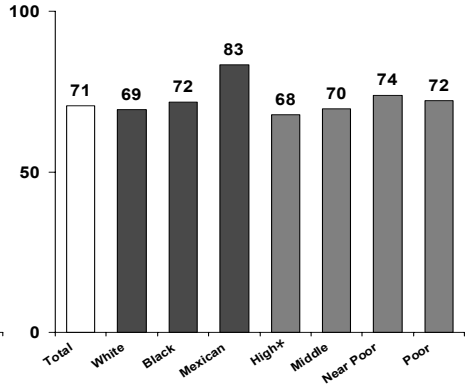
EQUITY: THE RIGHT CARE

Adults with Poorly Controlled Chronic Diseases, by Race/Ethnicity, Family Income, and Insurance Status, 1999–2002

Percent of adults (ages 18+) with diagnosed diabetes with HbA1c level >9%



Percent of adults (ages 18+) with hypertension with blood pressure >140/90 mmHg



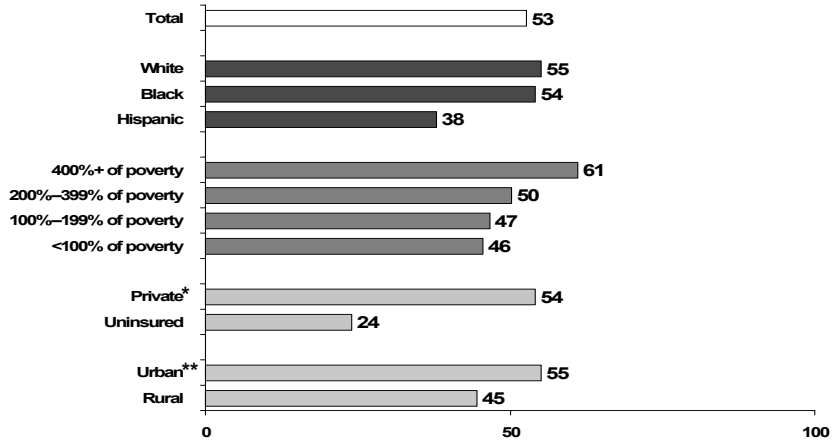
* High refers to household incomes ≥400% of federal poverty level; Middle to 200%–399% of poverty; Near Poor to 100%–199% of poverty; and Poor to <100% of poverty.
** Data by insurance was from 1988–1994; HbA1c level >9.5%.
Data: National Health and Nutrition Examination Survey (AHRQ 2005a, Saaddine 2002).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 78

EQUITY: THE RIGHT CARE

Receipt of All Three Recommended Services for Diabetics, by Race/Ethnicity, Family Income, Insurance, and Residence, 2002

Percent of diabetics (ages 18+) who received HbA1c test, retinal exam, and foot exam in past year



* Insurance for people ages 18–64.
** Urban refers to metropolitan area ≥1 million inhabitants; Rural refers to noncore area <10,000 inhabitants.
Data: 2002 Medical Expenditure Panel Survey (AHRQ 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 79

EQUITY: SAFE CARE

Select AHRQ Patient Safety Indicators, 2002

*Risk adjusted rate per 1,000 discharges**	Failure to rescue	Decubitus ulcers	Selected infections due to medical care	Postoperative pulmonary embolus or deep vein thrombosis	Postoperative sepsis
RACE/ETHNICITY					
White	141.6	22.4	2.2	7.9	11.1
Black	141.3	35.2	3.3	12.0	16.2
Hispanic	146.3	25.3	2.1	7.4	13.1
Asian/Pacific Islander	155.6	19.9	2.5	5.4	12.6
MEDIAN INCOME OF PATIENT ZIPCODE					
Less than $25,000	128.9	28.0	2.4	9.4	13.8
$45,000 or more	136.4	23.8	2.4	8.8	11.1
INSURANCE					
Private insurance	128.5	20.3	1.9	7.5	9.4
Uninsured/self pay	151.3	19.4	1.5	7.6	10.5
PATIENT RESIDENCE					
Urban	138.8	26.2	2.5	9.4	12.8
Rural	124.8	18.7	1.7	6.8	10.0

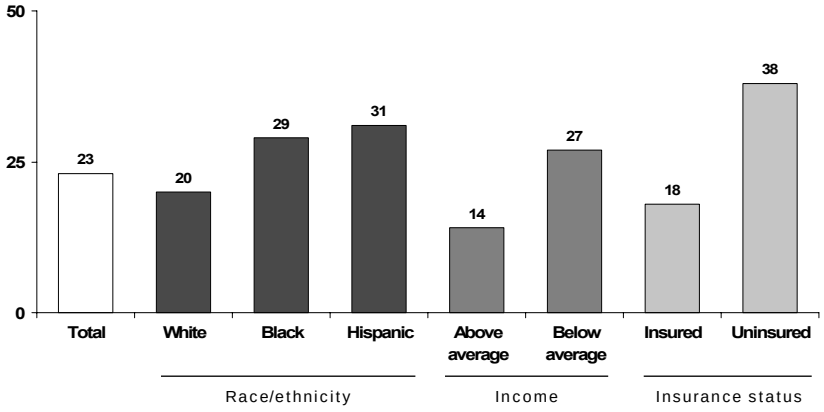
* Rates exclude complications present on admission and are adjusted for gender, comorbidities, and diagnosis-related group clusters. See Technical Appendix for details.
Data: Income Area, Insurance, and Residence estimates—Healthcare Cost and Utilization Project, Nationwide Inpatient Sample; Race/Ethnicity estimates—HCUP, State Inpatient Database (AHRQ 2005a, 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 80

EQUITY: PATIENT-CENTERED, TIMELY CARE

Waiting Time to See Doctor When Sick by Race/Ethnicity, Income, and Insurance Status, 2005

Percent of adults who reported waiting six or more days for an appointment when sick or needed medical attention



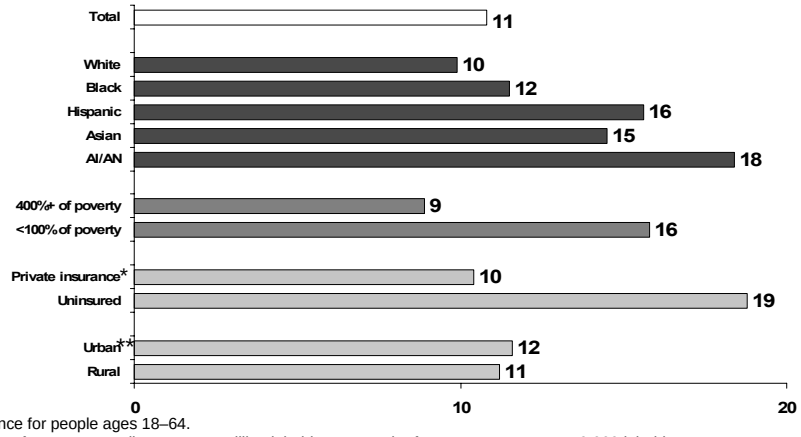
Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 81

EQUITY: PATIENT-CENTERED, TIMELY CARE

Doctor–Patient Communication by Race/Ethnicity, Family Income, Insurance, and Residence, 2002

Percent of adults (ages 18+) reporting health providers "sometimes" or "never" listen carefully, explain things clearly, respect what they say, and spend enough time with them



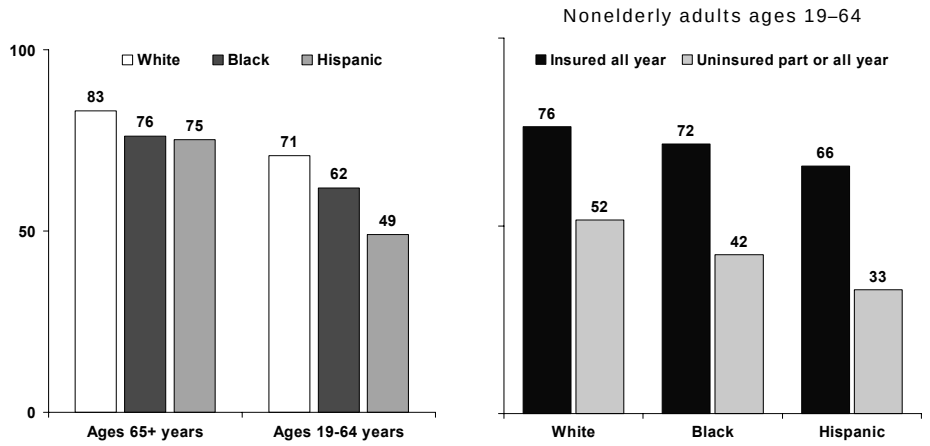
* Insurance for people ages 18–64.
** Urban refers to metropolitan area ≥1 million inhabitants; Rural refers to noncore area <10,000 inhabitants.
AI/AN = American Indian or Alaskan Native.
Data: 2002 Medical Expenditure Panel Survey (AHRQ 2005a).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 82

EQUITY: COORDINATED AND EFFICIENT CARE

Having an Accessible Primary Care Provider, by Age Group, Race/Ethnicity, and Insurance Status, 2002

Percent of adults with a usual source of care who provides preventive care, care for new and ongoing health problems, and referrals, and who is easy to get to



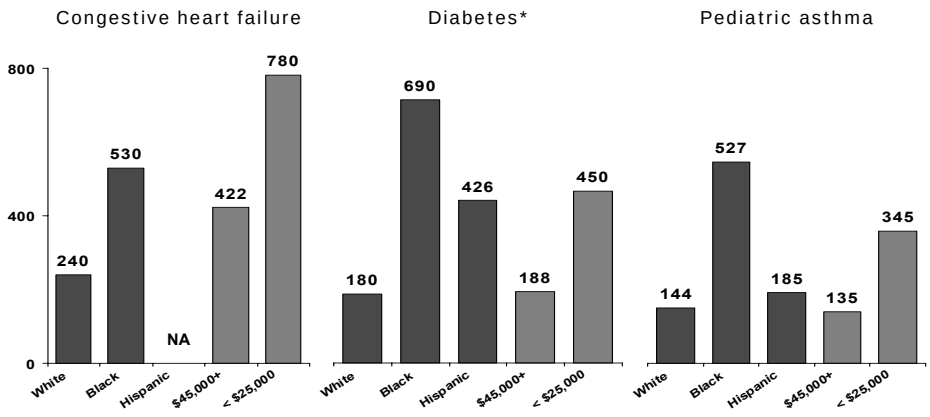
Data: B. Mahato, Columbia University analysis of 2002 Medical Expenditure Panel Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **83**

EQUITY: COORDINATED AND EFFICIENT CARE

Ambulatory Care Sensitive (Potentially Preventable) Hospital Admissions, by Race/Ethnicity and Patient Income Area, 2002

Adjusted rate per 100,000 population



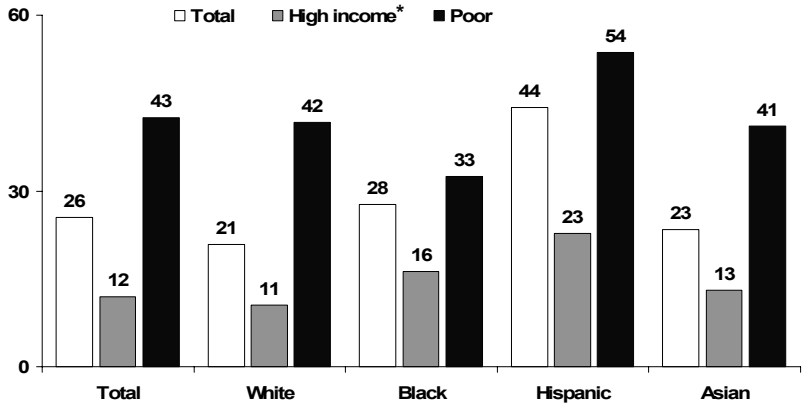
* Combines 4 diabetes admission measures: uncontrolled, short-term complications, long-term complications, and lower extremity amputations. Data: Race/ethnicity estimates—Healthcare Cost and Utilization Project, State Inpatient Databases (disparities analysis files) and National Hospital Discharge Survey (AHRQ 2005a, 2005b); Income area estimates—HCUP, Nationwide Inpatient Sample (AHRQ 2005a). Patient Income Area = median income of patient zip code. NA = data not available.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **84**

EQUITY: UNIVERSAL PARTICIPATION AND AFFORDABLE CARE

Nonelderly Adults with Time Uninsured During the Year, by Race/Ethnicity and Family Income, 2002

Percent of nonelderly adults (ages <65) who had no health insurance coverage sometime during the year



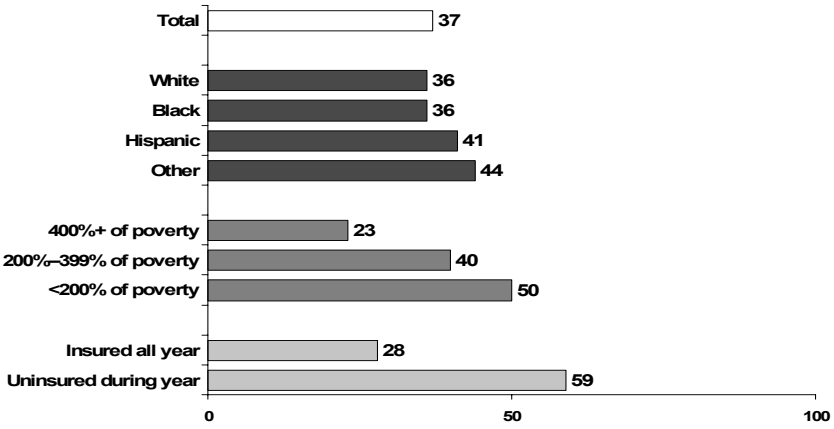
* High refers to household incomes ≥400% of federal poverty level; Poor to <100% of poverty.
Data: 2002 Medical Expenditure Panel Survey (AHRQ 2005b).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 85

EQUITY: UNIVERSAL PARTICIPATION AND AFFORDABLE CARE

Cost-Related Access Problems, by Race/Ethnicity, Income, and Insurance Status, 2005

Percent of adults (ages 19–64) who had any of four access problems* in past year because of cost



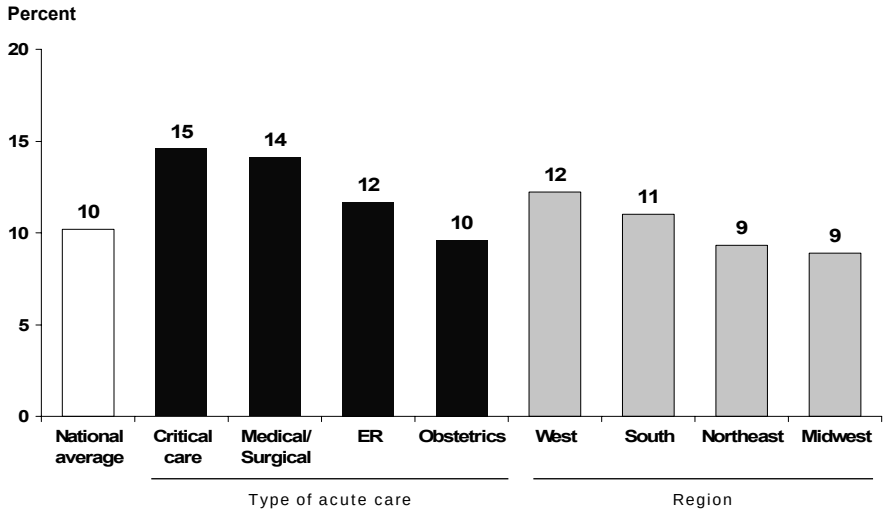
* Did not fill a prescription; skipped recommended medical test, treatment, or follow-up; had a medical problem but did not visit doctor or clinic; or did not see a specialist when needed.
Data: Analysis of 2005 Commonwealth Fund Biennial Health Insurance Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 86

SECTION 6. SYSTEM CAPACITY TO INNOVATE AND IMPROVE

The Scorecard addresses but does *not* score indicators for system capacity to innovate and improve.

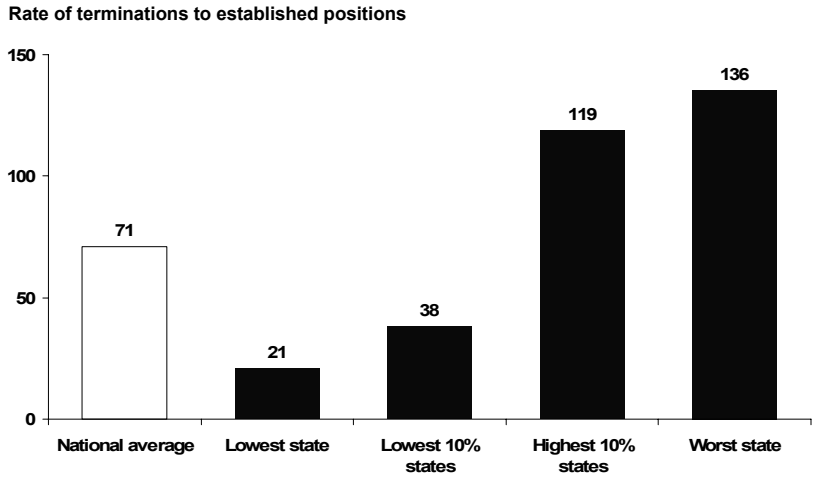
Hospital Nursing Staff Vacancy Rates, 2000



Data: American Organization of Nurse Executives 2000 Acute Care Hospital Survey of RN Vacancies and Turnover Rates.

SYSTEM CAPACITY TO IMPROVE

Nursing Homes: Turnover Rates of Certified Nursing Aides in Nursing Homes, 2002

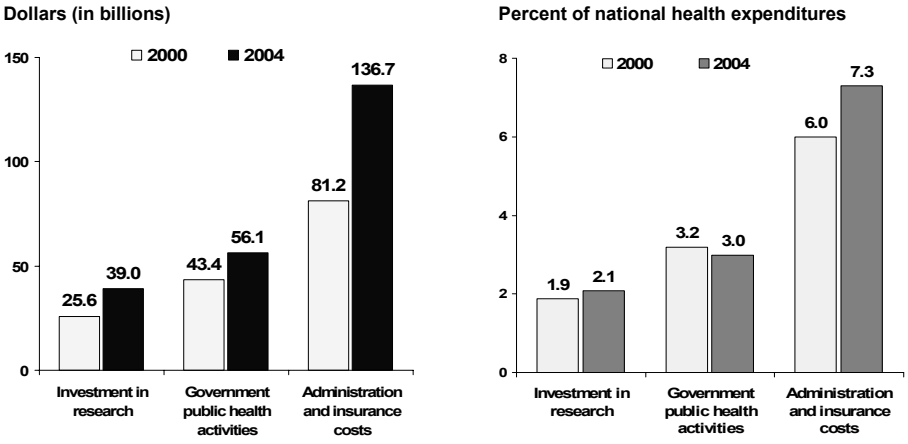


Data: 2002 American Health Care Association Survey of Nursing Staff Vacancy and Turnover in Nursing Homes (AHCA 2002).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **89**

SYSTEM CAPACITY TO IMPROVE

National Health Expenditures Invested in Research and Spent on Public Health Activities Compared with Administration and Insurance Costs, 2000 and 2004



Data: CMS Office of the Actuary, National Health Statistics Group; and U.S. Dept. of Commerce, Bureau of Economic Analysis and U.S. Bureau of the Census (Smith et al. 2006).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006 **90**

Scorecard-Related Publications

Health Affairs article

Cathy Schoen, Karen Davis, Sabrina K. H. How, and Stephen C. Schoenbaum, "U.S. Health System Performance: A National Scorecard," *Health Affairs* Web Exclusive (Sept. 20, 2006):w457–w475.

Commonwealth Fund Publications

Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance* (Sept. 2006).

Cathy Schoen and Sabrina K. H. How, *National Scorecard on U.S. Health System Performance: Technical Report* (Sept. 2006).

Cathy Schoen and Sabrina K. H. How, *National Scorecard on U.S. Health System Performance: Chartpack Technical Appendix* (Sept. 2006).

Other Commission Publications

Commonwealth Fund Commission on a High Performance Health System, *Framework for a High Performance Health System for the United States* (Aug. 2006).

These Fund publications are available for free download on The Commonwealth Fund's Web site at www.cmwf.org.