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**The Commonwealth Fund
2012 International Health Policy Survey
of Primary Care Physicians**

2012 INTERNATIONAL SYMPOSIUM ON HEALTH CARE POLICY

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The Commonwealth Fund**

November 2012

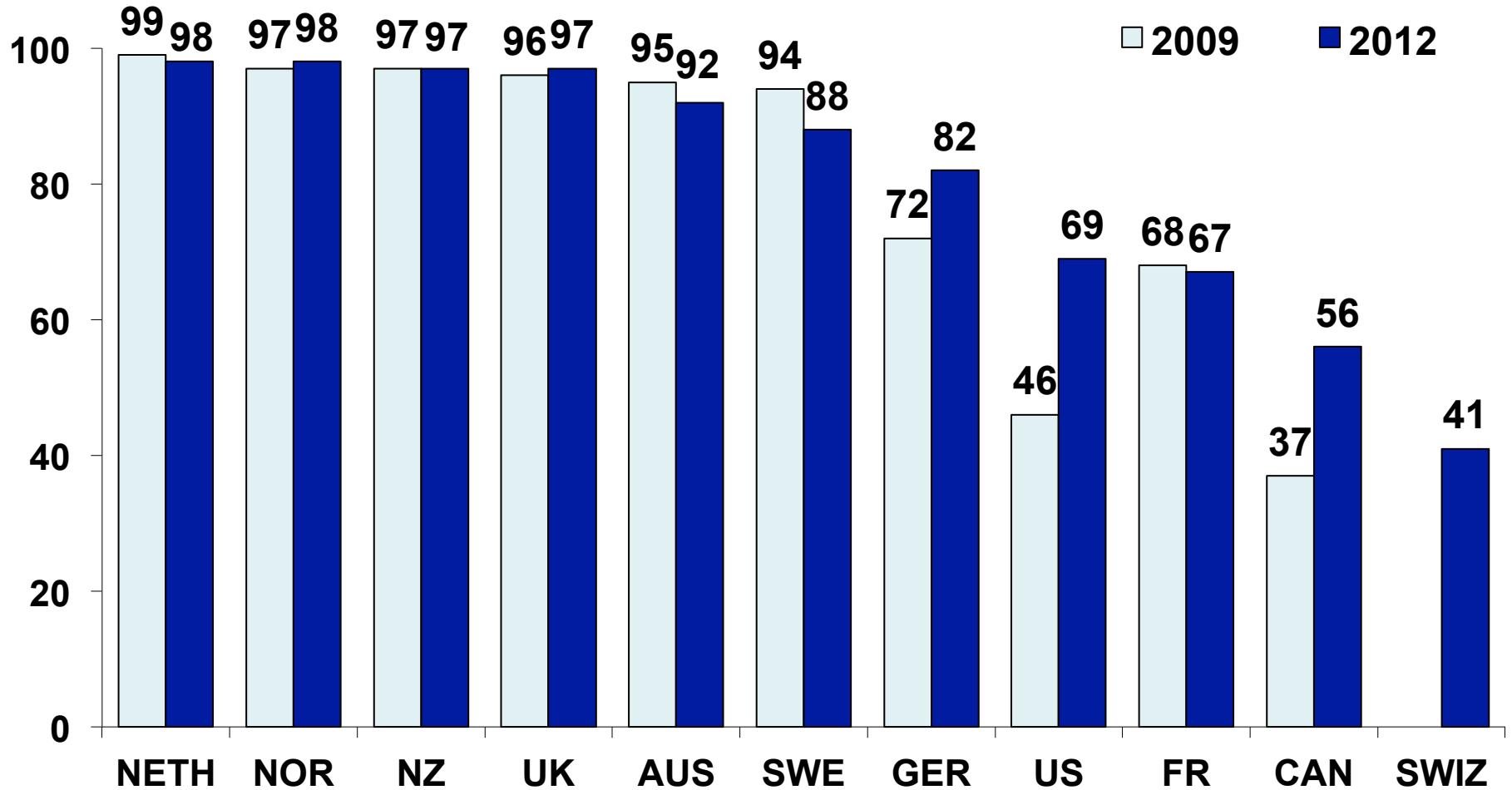
- **Mail and phone survey of primary care physicians in Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom, and United States**
- **Samples: Australia (500), Canada (2,124), France (501), Germany (909), Netherlands (522), New Zealand (500), Norway (869), Sweden (1,314), Switzerland (1,025), United Kingdom (500), and United States (1,012)**
- **Survey in the field March to July 2012**
- **Conducted by Harris Interactive and country contractors**
- **Core topics: Health information technology; access; care coordination; financial incentives for quality improvement; assessment and feedback of practice performance; system views and physician satisfaction**

Health Information Technology



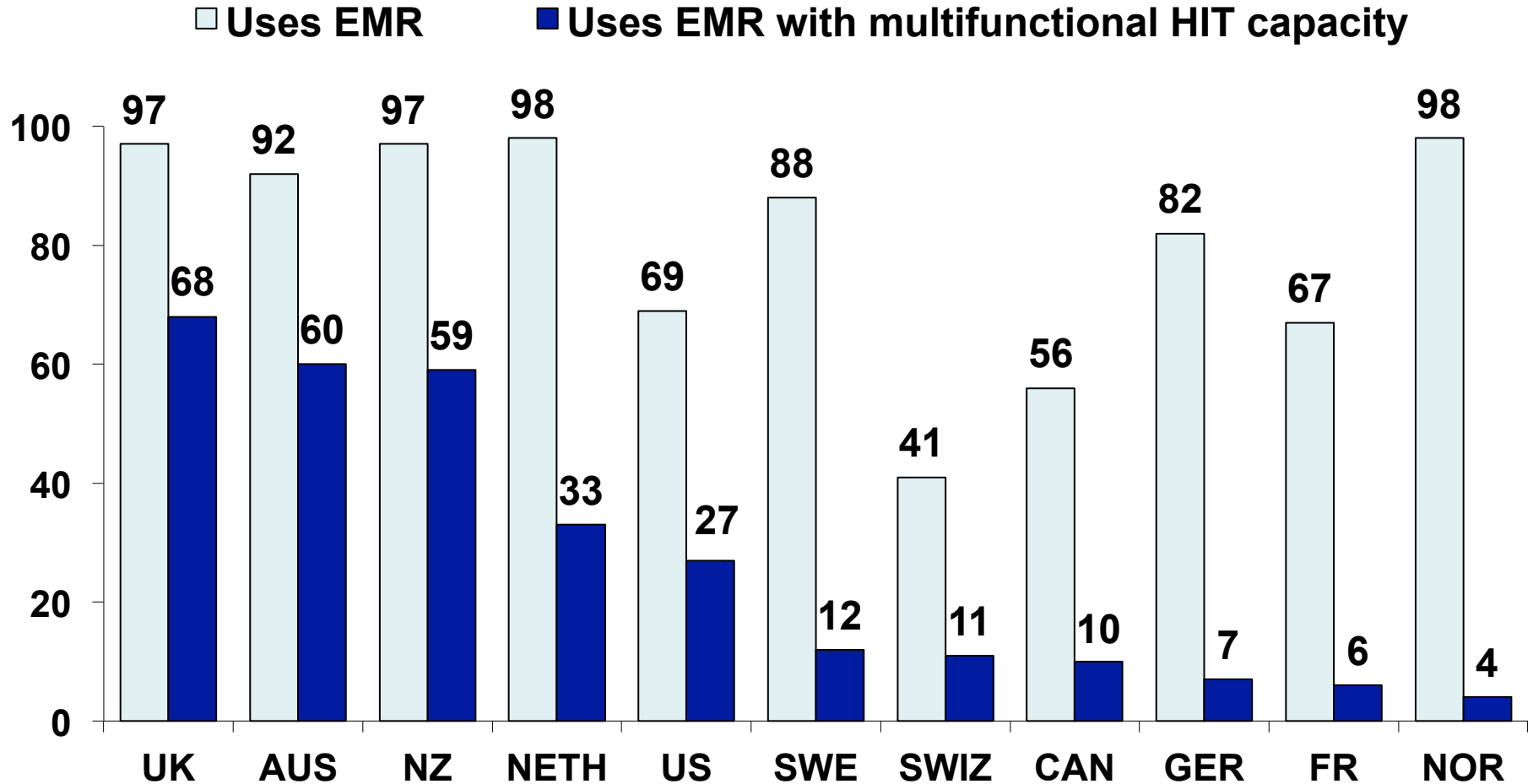
Doctors' Use of Electronic Medical Records in Their Practice, 2009 and 2012

Percent



Doctors with Electronic Medical Records and Multifunctional Health IT Capacity

Percent



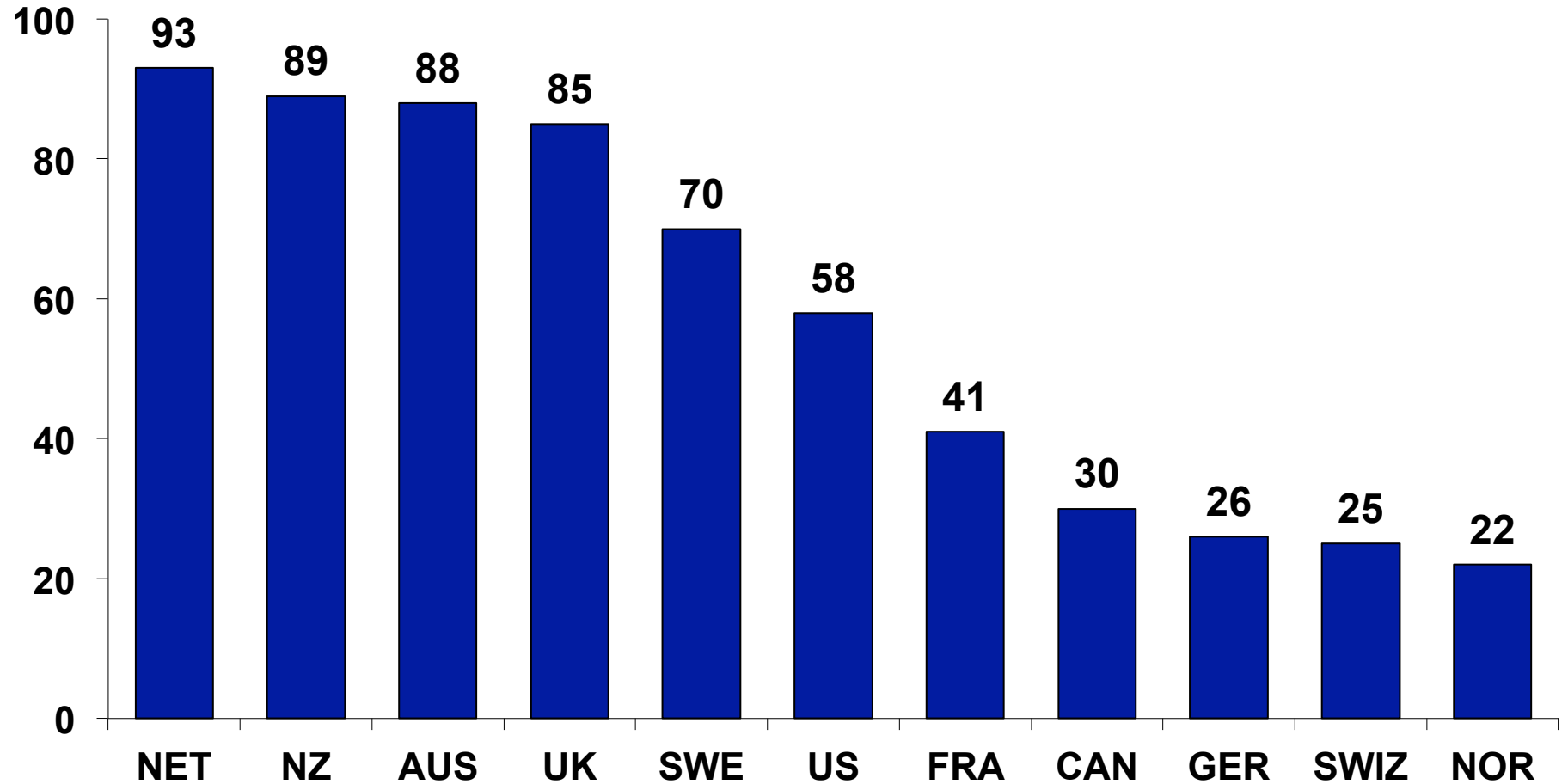
Note: Multifunctional health IT capacity—uses electronic medical record and at least two electronic functions: for order entry management, generating patient information, generating panel information, and routine clinical decision support.

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



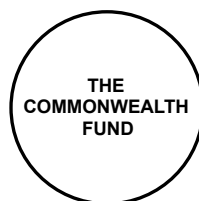
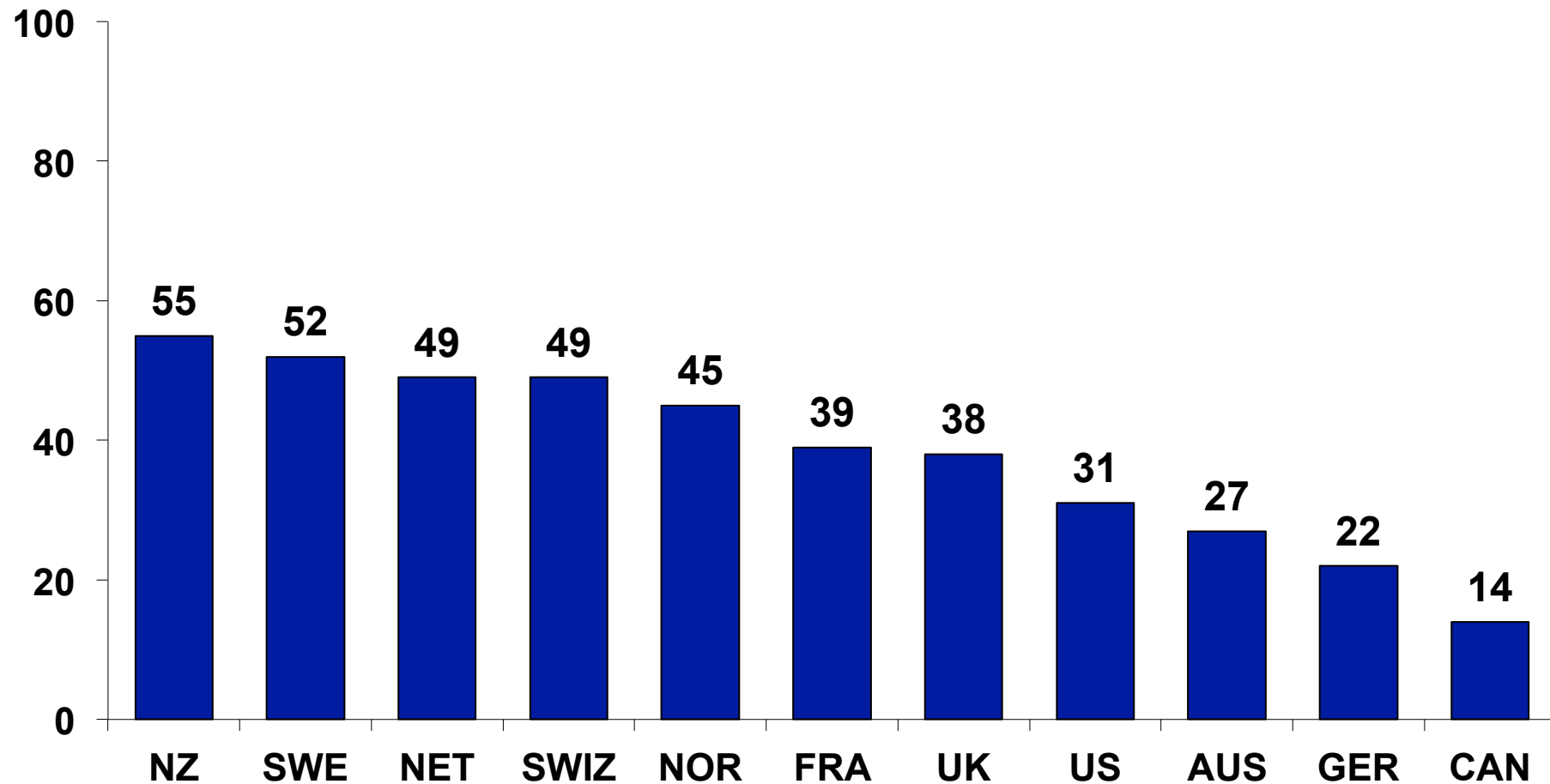
Doctor Routinely Receives Electronic Prompts About Potential Problems with Rx Dose or Interaction

Percent



Doctor Can Electronically Exchange Patient Summaries and Test Results with Doctors Outside their Practice

Percent

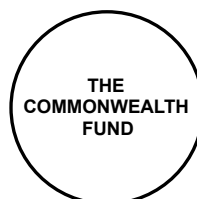


Access and Barriers to Care



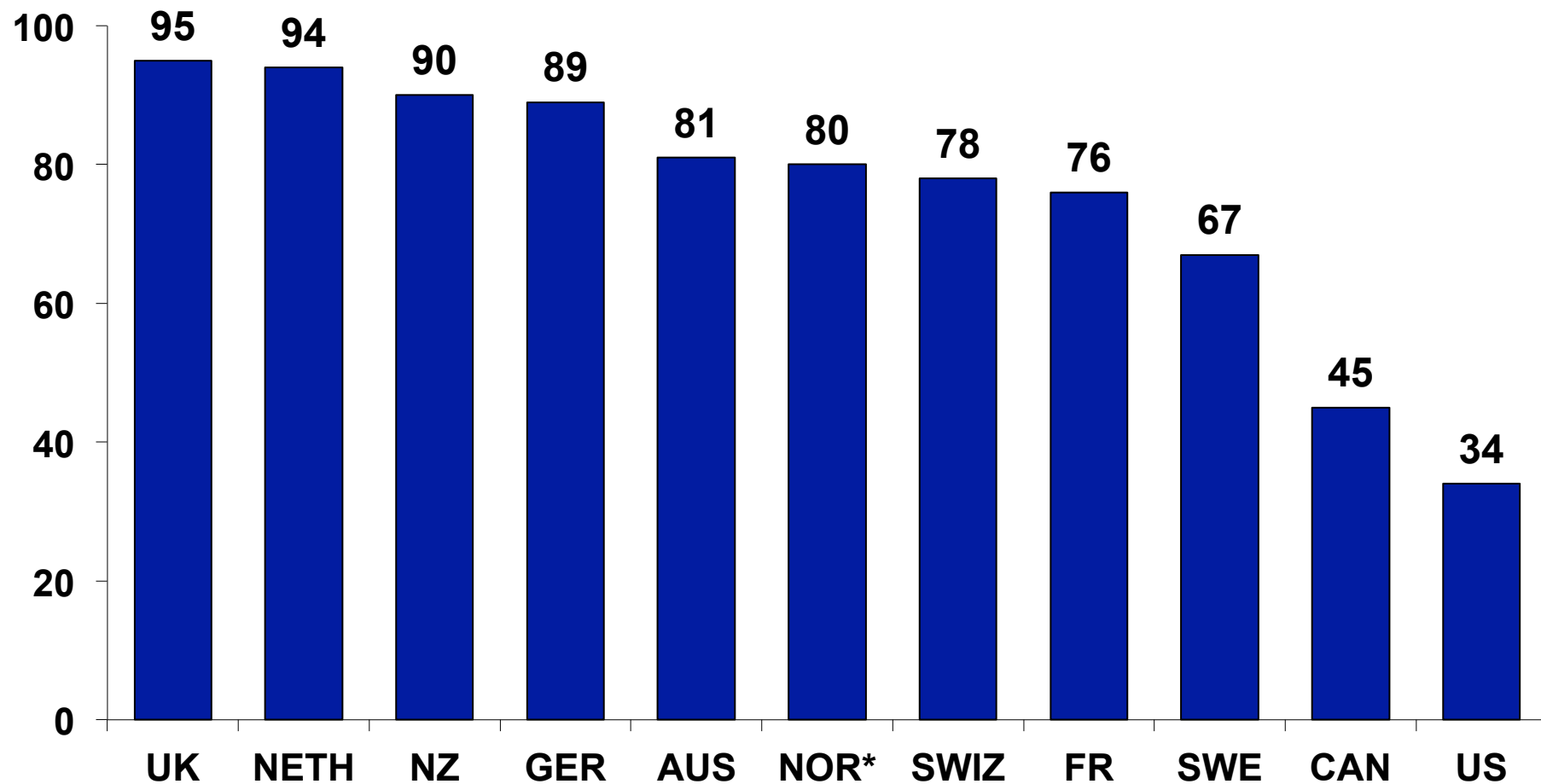
Doctors' Perception of Patient Access Barriers

Percent reporting their patients OFTEN have:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Difficulty paying out-of-pocket costs	25	26	29	21	42	26	4	6	16	13	59
Difficulty getting diagnostic tests	16	38	41	27	7	59	10	15	3	14	23
Long waits to see a specialist	60	73	59	68	21	75	60	49	10	28	28



Practice Has Arrangement for Patients' After-Hours Care to See Doctor or Nurse

Percent



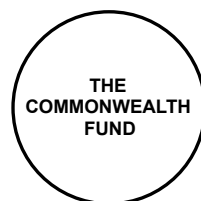
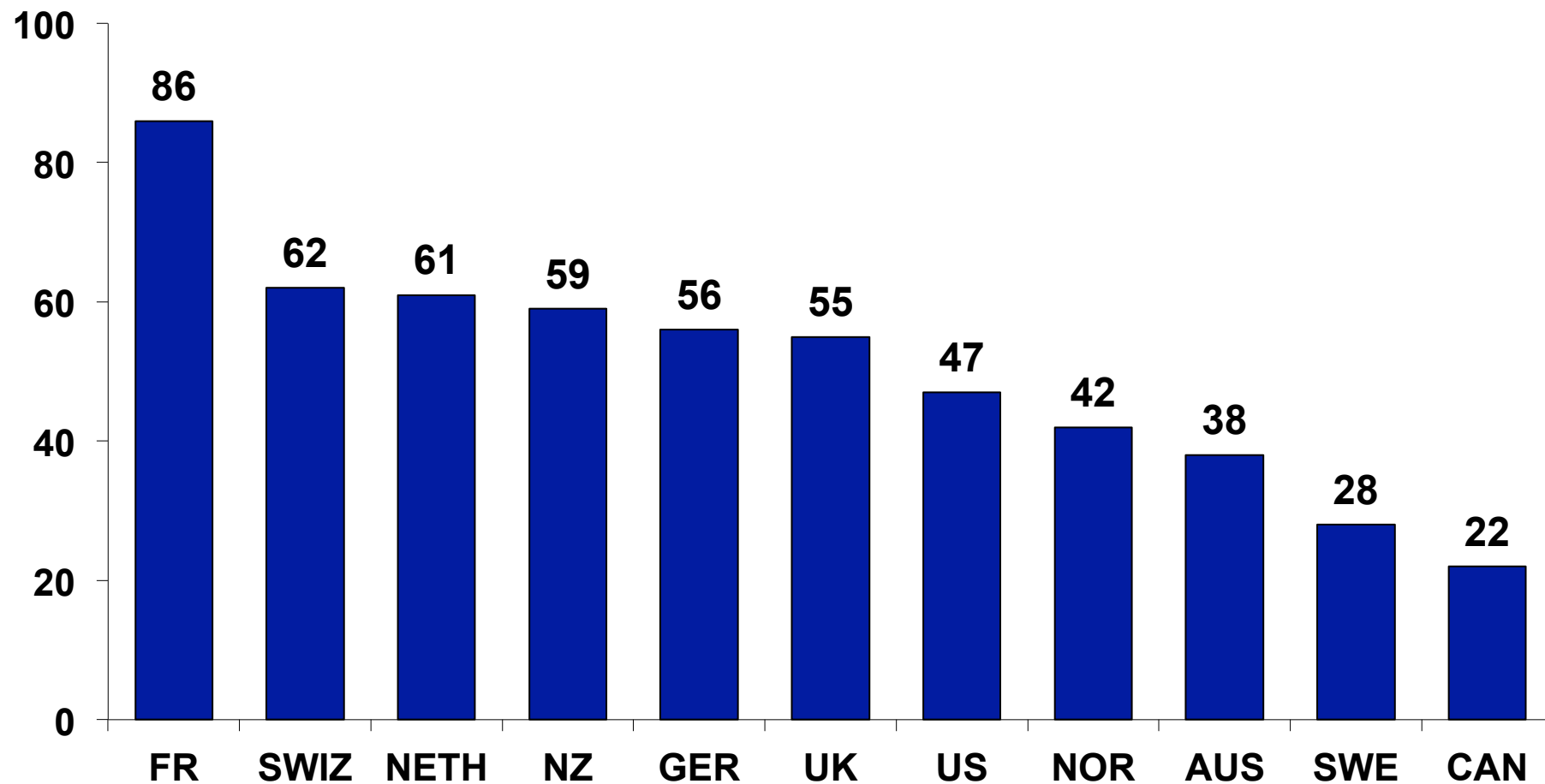
* In Norway, respondents were asked whether their practice has arrangements or if there are regional arrangements.

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Almost All Patients Can Get Same- or Next-Day Appointment

Percent of doctors responding almost all patients (>80%) can get a same- or next-day appointment when one is requested

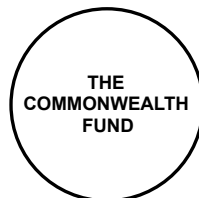


Electronic Access for Patients

Percent reporting their practice allows patients to:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Request appointments or referrals online	8	7	17	22	13	13	51	66	30	40	30
Request refills for prescriptions online	7	6	15	26	63	25	53	88	48	56	36
E-mail about medical question	20	11	39	45	46	38	26	41	68	35	34

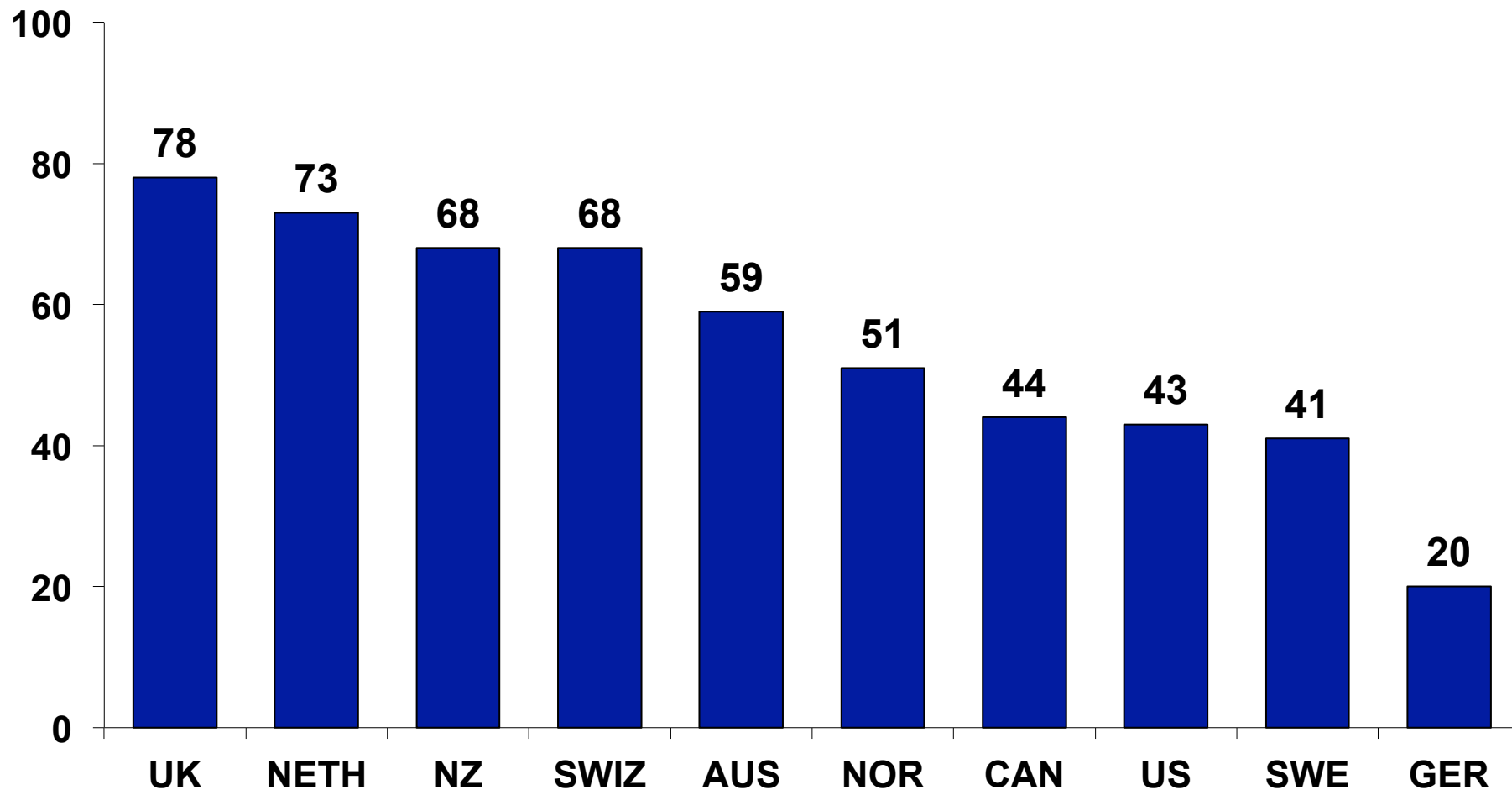


Care Coordination



Practice Uses Nurse Case Managers or Navigators for Patients with *Serious* Chronic Conditions

Percent



Note: Question asked differently in France.

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

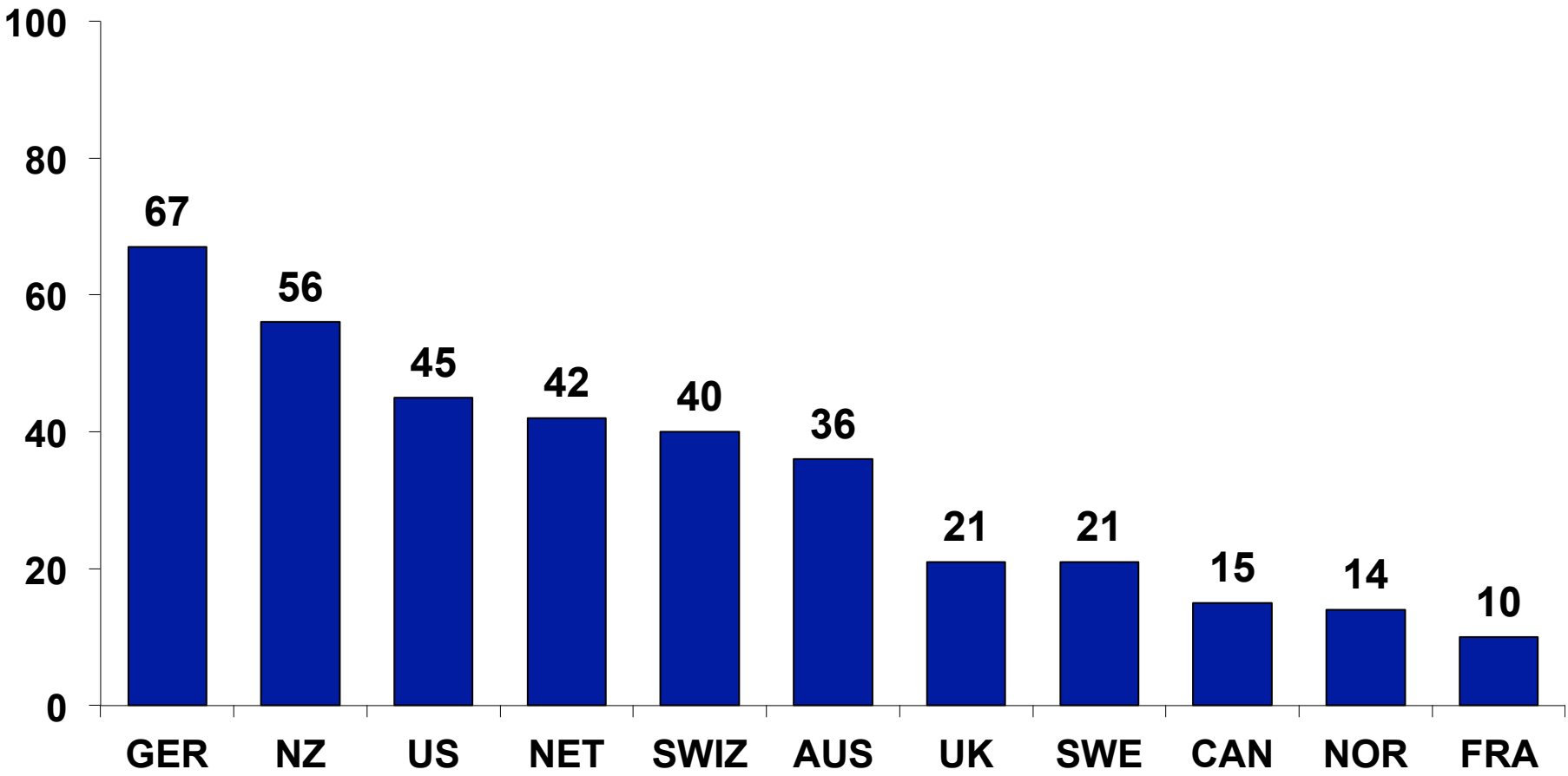
Primary Care Doctors' Receipt of Information from Specialists

Percent said after their patient visits a specialist they <i>always</i> receive:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Report with all relevant health information	32	26	51	13	13	41	26	12	59	36	19
Information about changes to patient's drugs or care plan	30	24	47	12	5	44	22	13	44	41	16
Information that is timely and available when needed	13	11	26	4	1	15	4	8	27	18	11



After Hospital Discharge, Primary Care Doctor Receives Needed Information to Manage the Patient Within 48 Hours

Percent



Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Financial Incentives or Support for Quality Improvement



Financial Incentives and Targeted Support

Percent can receive financial incentives* for:	AUS	CAN	FR	GER	NET	NZ	NOR	SWE	SWIZ	UK	US
Managing patients w/ chronic disease or complex needs	75	70	37	60	77	83	15	49	4	50	21
Enhanced preventive care activities**	42	42	12	23	28	40	17	55	5	37	14
Adding nonphysician clinicians to practice	53	33	3	5	60	36	9	33	4	17	10
Making home visits	57	53	16	51	50	36	45	49	32	20	9

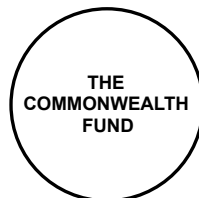
* Including special payments, higher fees, or reimbursements.

** Including patient counseling or group visits.

Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Assessment and Feedback of Practice Performance



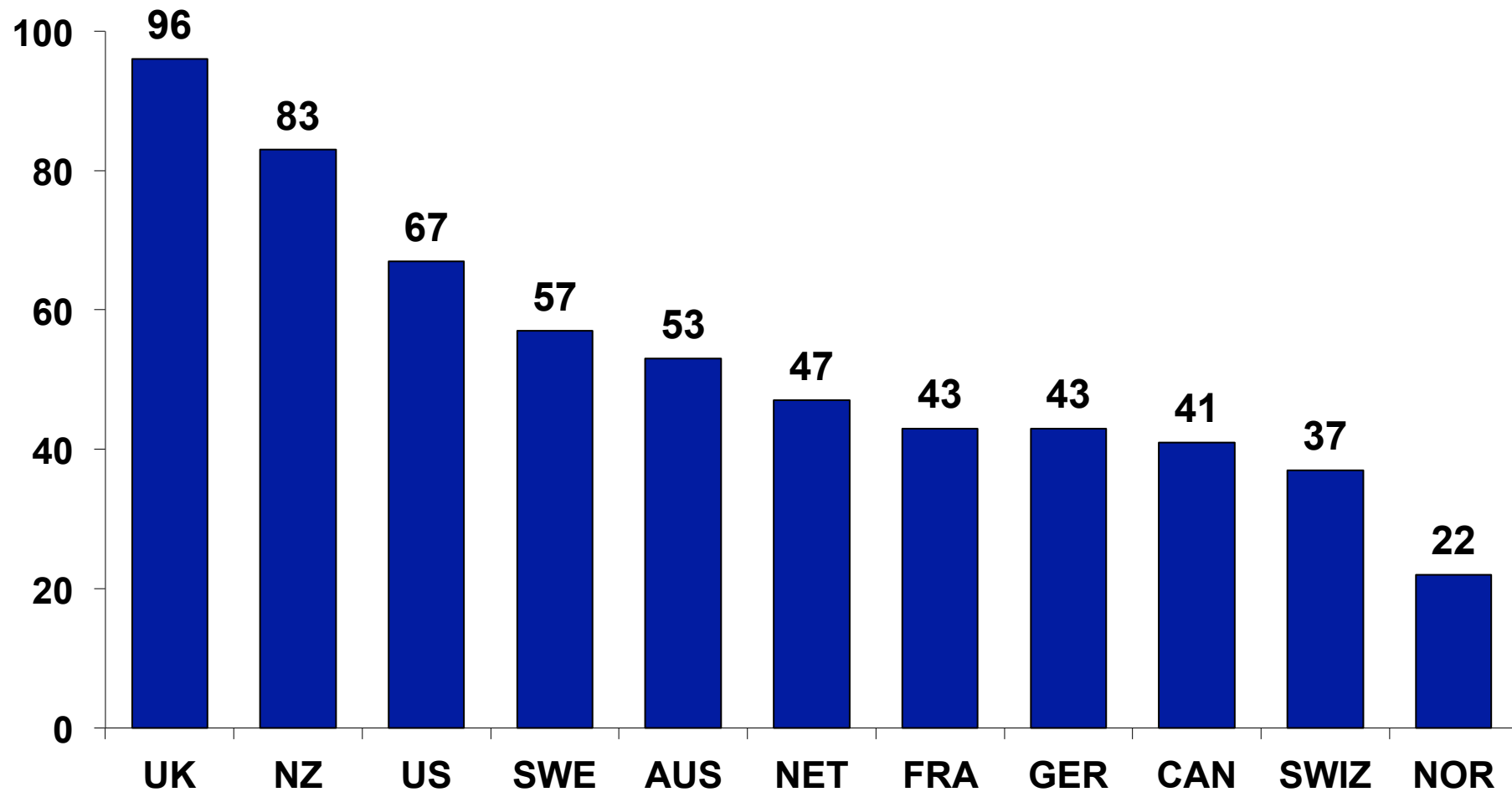
Practice Routinely Receives and Reviews Data on Patient Care

Percent routinely receives and reviews data on:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Clinical outcomes	42	23	14	54	81	64	24	78	12	84	47
Patient satisfaction	56	15	1	35	39	51	7	90	15	84	60



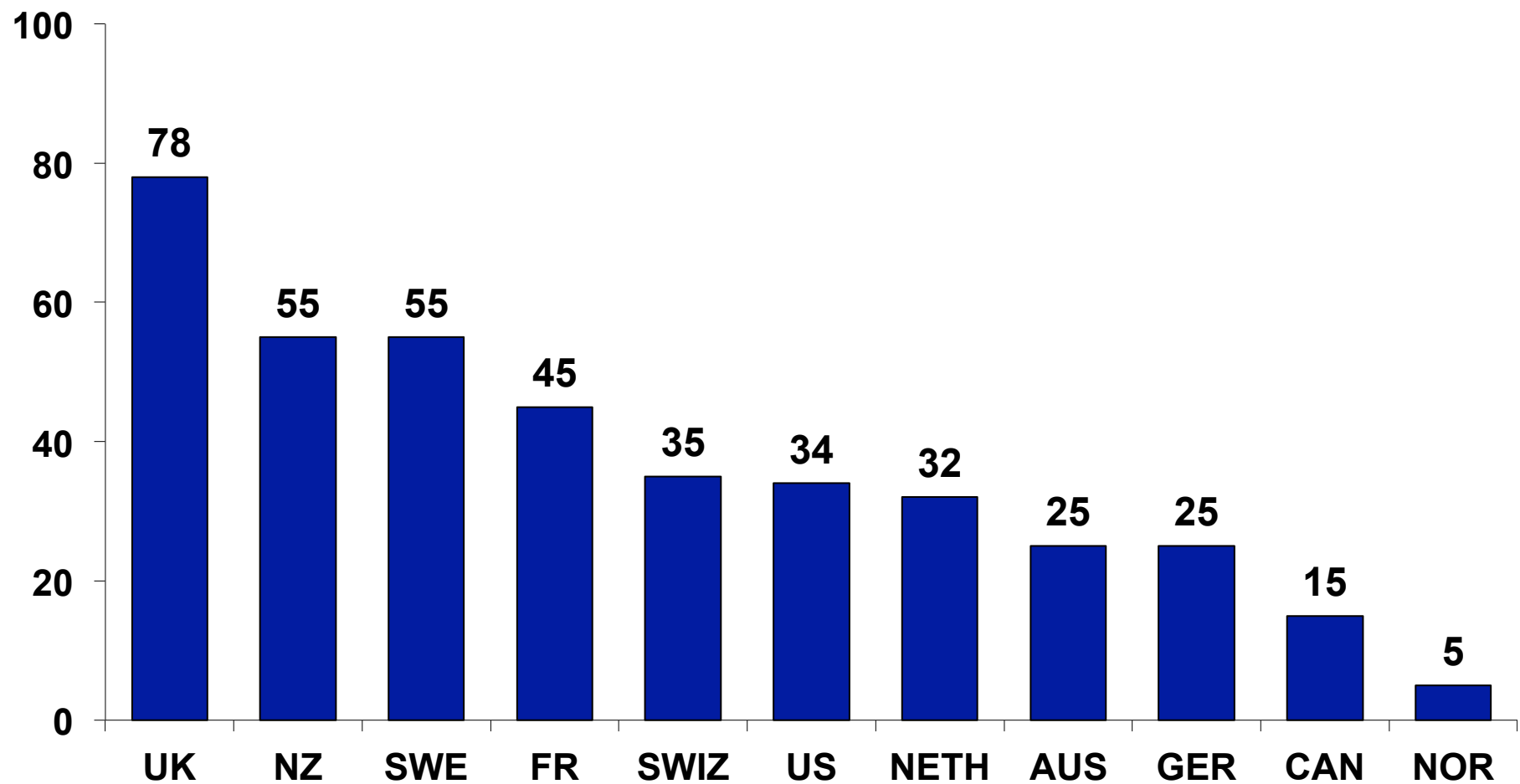
Doctor Reviews Clinical Performance Against Targets at Least Annually

Percent



Doctor Routinely Receives Data Comparing Practice's Clinical Performance to Other Practices

Percent



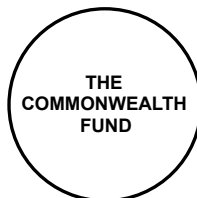
Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Practice Routinely Receives and Reviews Data on Resource Use

Percent routinely receives and reviews data on:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Hospital admissions and ED use	39	30	9	24	21	43	33	28	32	82	55
Frequency of ordering tests	33	16	7	17	16	56	18	43	20	56	32

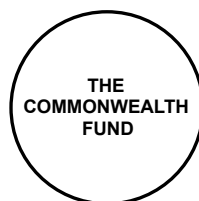
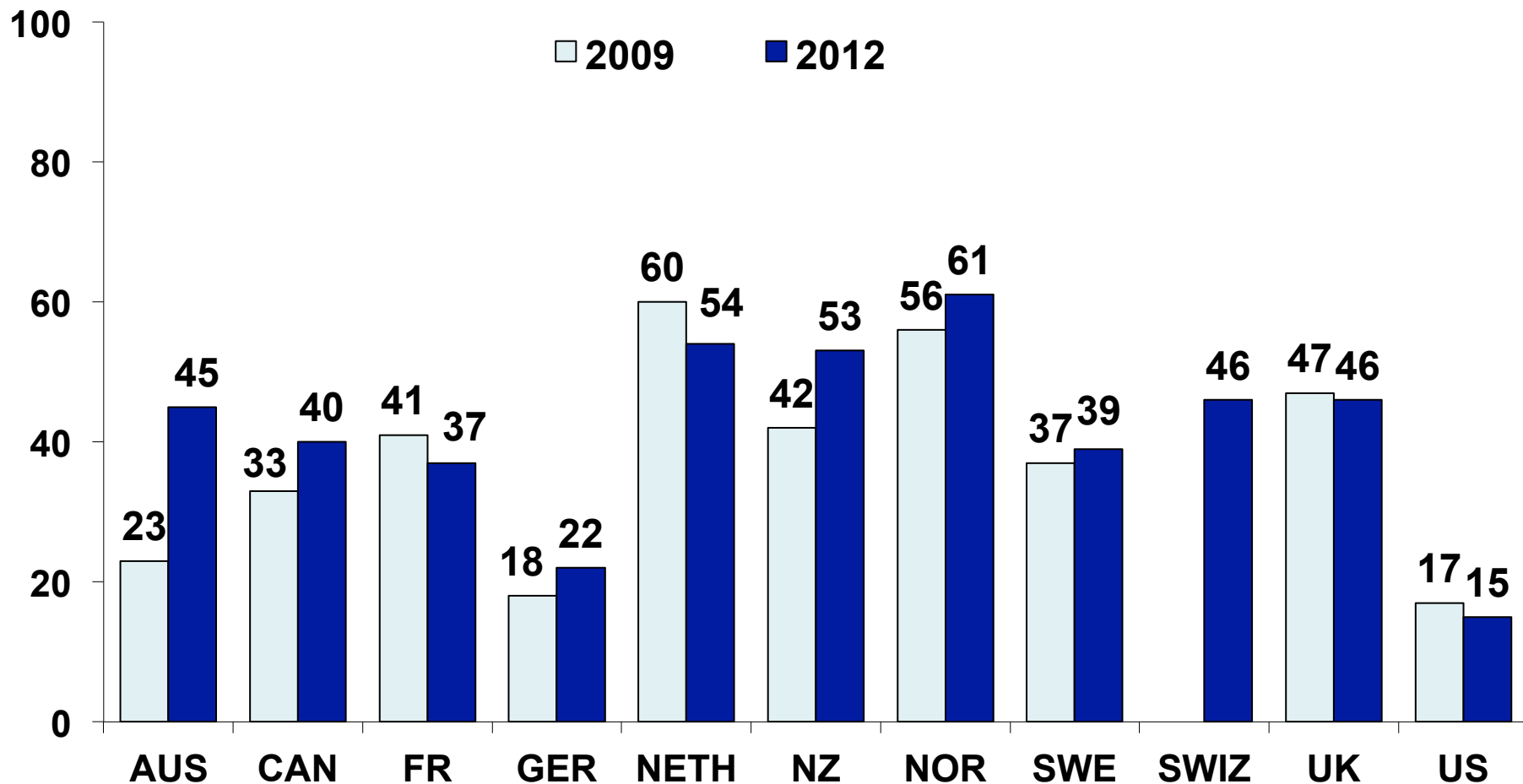


System Views and Physician Satisfaction



Physician Views of the Health System, 2009 and 2012: “System Works Well, Only Minor Changes Needed”

Percent



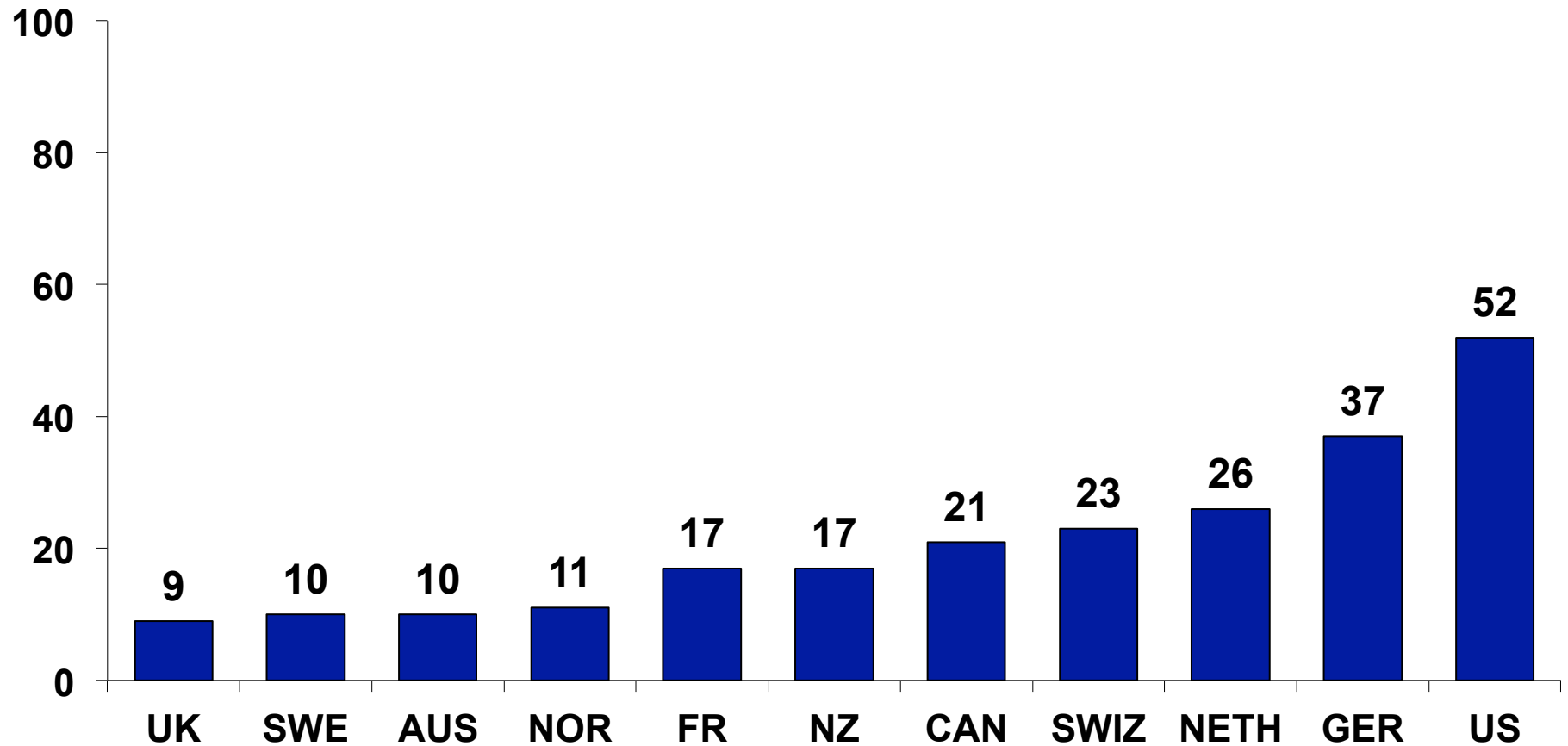
Physician Views of Whether the Quality of Care in the Health Care System Has Improved in the Past Three Years, 2012

Percent responding quality of care has:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Improved	30	26	9	12	38	33	28	24	11	35	21
Stayed the same	50	54	52	54	40	49	60	43	66	44	53
Gotten worse	20	19	37	34	20	19	11	32	21	21	25



Insurance Restrictions on Medication or Treatment for Patients Pose Major Time Concerns for Doctors

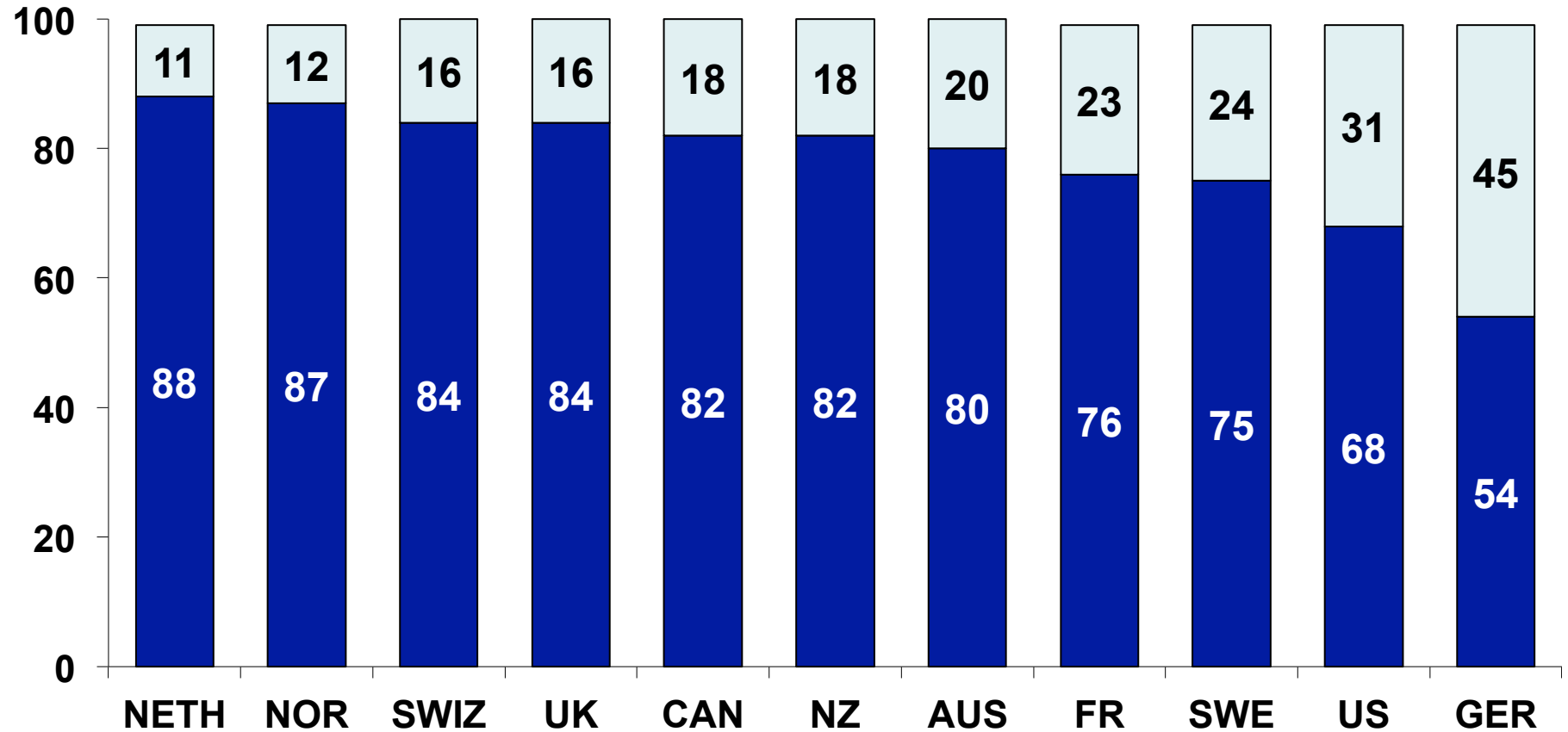
Percent saying amount of time physician or staff spend getting patients needed medications or treatment because of coverage restrictions is a MAJOR PROBLEM



Physician Satisfaction with Practicing Medicine

Percent

■ Very satisfied/satisfied □ Somewhat/very dissatisfied

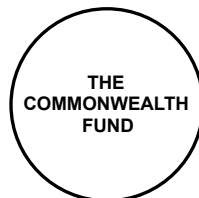


Dissatisfaction with Income and Time with Patients

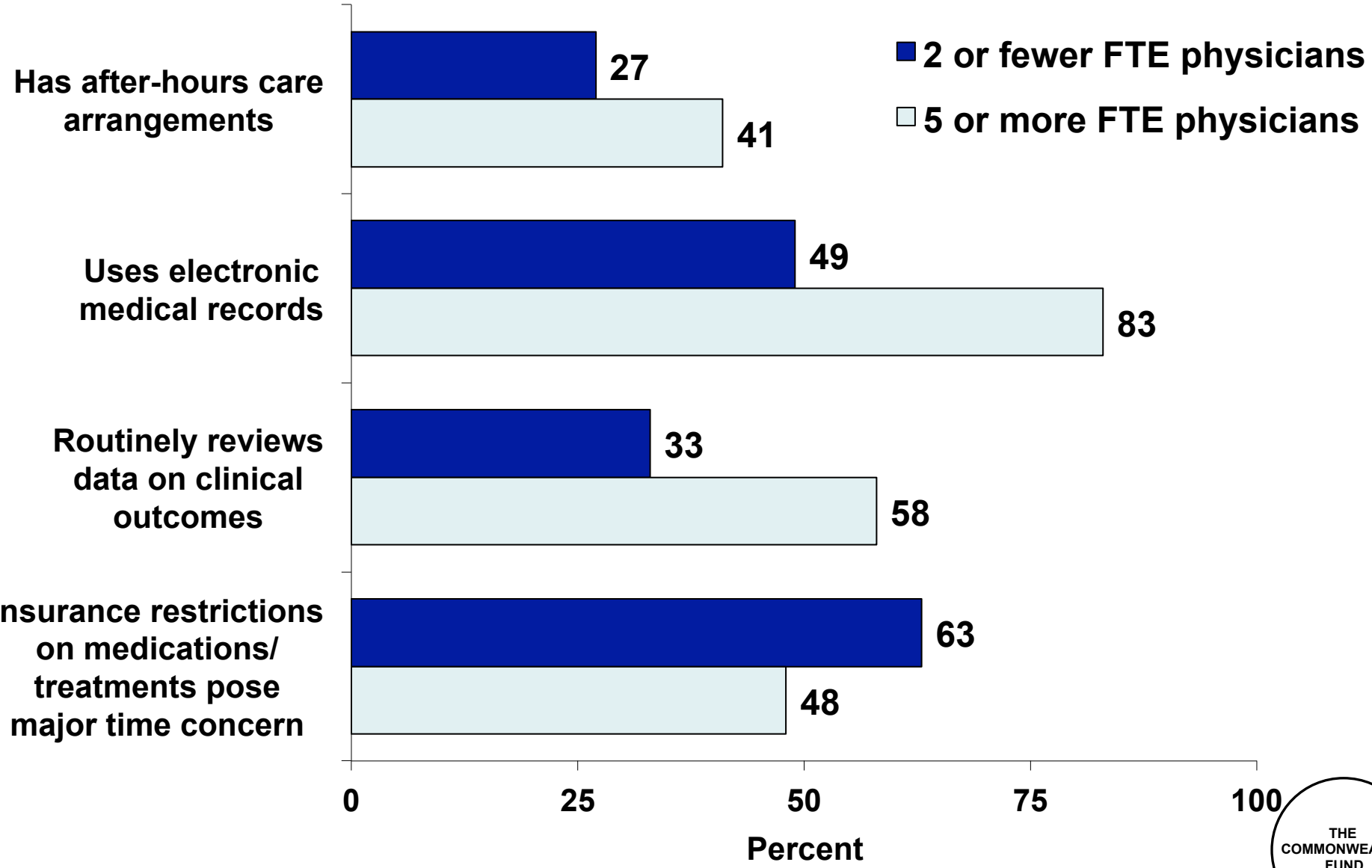
Percent somewhat/ very dissatisfied with:	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Income from medical practice	25	20	63	33	20	25	16	28	42	21	32
Time to spend per patient	40	40	47	48	47	44	37	54	31	59	44



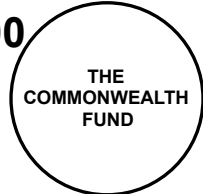
U.S. Primary Care Reports, by Practice Size



U.S. Primary Care Doctors: Access, Information Capacity, and Administrative Burden by Practice Size



Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.



Cross-Cutting Themes and Implications

- **National policies make a difference for primary care practices**
 - **Insurance design**
 - **Support for practice infrastructure and information feedback**
- **Health IT is spreading, but differentially across countries**
 - **Information exchange and alerts slowest to spread**
 - **Feedback on performance is not yet routine in any country**
 - **Opportunities to learn within and across countries**
- **Access varies widely: after hours, waits, and cost barriers**
 - **New technology and shared after-hour services enable multiple points of access**
 - **Opportunities to learn as these evolve**
- **Gaps in communication across sites of care in all countries undermines care coordination and integration**
- **Primary care workforce with expanded team-work, including nurses, key to a high performing health system**

Acknowledgments and Cofunders

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- **Canada: Health Council of Canada, Health Quality Ontario, Quebec Health Commission, Health Quality Council of Alberta, Canada Health Infoway**
- **France: Haute Autorité de Santé (HAS), Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (CNAMTS)**
- **Germany: Federal Ministry of Health, German National Institute for Quality Measurement in Health Care**
- **Netherlands: Dutch Ministry of Health, Welfare and Sport, and Scientific Institute for Quality of Healthcare, Radboud University Nijmegen**
- **Norway: Norwegian Knowledge Centre for the Health Services**
- **Sweden: Swedish Ministry of Health and Social Affairs**
- **Switzerland: Federal Office of Public Health, Swiss Medical Association**

