

Appendix A1. Profiles Of Primary Care Organization, Payment, And Incentives In Eleven Countries

	Primary Care					
	Ownership ^a	Provider Role ^a		Use of Nurse Case Managers/Navigators for Patients with Serious Chronic Conditions (%) ^b	Provider Payment ^a	Financial Incentives for Managing Patients with Chronic Conditions and Complex Needs (%) ^b
		Registration with GP Required	Gatekeeping			
Australia	Private	No	Yes	59	~90% FFS, ~10% incentive payments	75
Canada	Private	Not generally, but yes for some capitation models	Yes, mainly through financial incentives varying across provinces	44	Mostly FFS (50-85% depending on province), but some alternatives (e.g. capitation) for group practices	70
France	Private	No, but 85% of population register voluntarily (may be with a specialist or GP, 90% register with GPs)	Voluntary but incentivized: higher cost sharing for visits and prescriptions without a referral from physician they are registered with	-- ^c	Mix FFS / P4P / flat 40€ [US\$47] bonus per year per patient with chronic disease and regional agreements for salaried GPs ^d	37
Germany	Private	No	In some sickness fund programs	20	FFS	60
Netherlands	Private	Yes	Yes	73	Mix capitation (37%) / FFS (33%), some bundled payments and P4P	77
New Zealand	Private	No, but GPs must have a formally registered patient list to receive government subsidies	Yes	68	Mix capitation (~50%) / FFS patient payments (~50%)	83
Norway	Private	No, but non-registered patients face higher co-payments for GP consultations	Yes	51	Capitation from municipal contracts (~35%), government-sponsored FFS (~35%) and user-charges (~30%)	15
Sweden	Mixed	Yes (except Stockholm)	No	41	Mix capitation (~80%) and FFS/limited P4P (~20%)	49
Switzerland	Private	No, except in some managed care plans offered by insurers	Free access (without referral) to specialists, unless enrolled in a gatekeeping managed care plan	68	Most FFS, some capitation in managed care plans offered by insurers	4
United Kingdom	Mainly (66%) private	Yes	Yes	78	Mix capitation / FFS / P4P; salary payments for a minority (salaried GPs are employees of non-NHS private group practices) ^e	50
United States	Private	No	In some insurance programs	43	Most FFS, some capitation with private plans; some incentive payments	21

^a Source: Mossialos E, Wenzl M, Osborn R, Anderson C, editors. International profiles of health care systems, 2014. New York (NY): Commonwealth Fund; forthcoming 2014.

^b Source: 2012 Commonwealth Fund International Health Policy Survey of Primary Care Physicians; Base includes respondents who declined to answer and who answered "don't know" or "not applicable."

^c Question not asked in France.

^d Bracketed figure in US\$ was converted from local currency using the purchasing power parity conversion rate for GDP in 2013 reported by the Organisation for Economic Co-operation and Development (2014).

^e Applies to England only.

Appendix A2. Profiles Of Health Care System Financing And Benefit Design In Eleven Countries

	Health System and Public/Private Insurance Role			Benefit Design	
	Government Role	Public System Financing	Private Insurance Role (Core Benefits; Cost-Sharing; Non-Covered Benefits; Private Facilities or Amenities; Substitute for Public Insurance)	Upper Limits on Cost-Sharing	Exemptions & Low Income Protection
Australia	Regionally-administered, joint (national & state) public hospital funding; universal public medical insurance program (Medicare)	General tax revenue; earmarked income tax	~50% buy complementary (e.g. private hospital and dental care, optometry) and supplementary coverage (increased choice)	No. Safety nets include 80% rebate on OOP for payments above AUD1,248.70 [US\$827] annually ^a	Low income and older people: Lower cost-sharing; lower OOP maximum (AUD624.10 [US\$413]) for 80% rebate ^a
Canada	Regionally-administered universal public insurance program that plans and funds (mainly private) provision	Provincial/federal tax revenue	~67% buy complementary coverage for non-covered benefits (e.g. private rooms in hospitals, drugs, dental care, optometry)	No	There is no cost-sharing for publicly covered services; protection for low-income people from cost of prescription drugs varies by region
France	Statutory health insurance system, with all SHI insurers incorporated into a single national exchange	Employer/employee earmarked income and payroll tax; general tax revenue, earmarked taxes	~90% buy or receive government vouchers for complementary coverage (mainly cost-sharing, some non-covered benefits); limited supplementary insurance	No. €50 [US\$60] limit on deductibles for consultations and services ^a	Exemption for low income, chronically ill and disabled, and children
Germany	Statutory health insurance system, with 131 competing SHI insurers ("sickness funds" in a national exchange); high income can opt out for private coverage	Employer/employee earmarked payroll tax; general tax revenue	~11% opt out from statutory insurance and buy substitutive coverage; some complementary (minor benefit exclusions from statutory scheme, co-payments) and supplementary coverage (improved amenities)	Yes. 2% of household income; 1% of income for chronically ill	Children and adolescents <18 years of age exempt
Netherlands	Statutory health insurance system, with universally-mandated private insurance (national exchange); government regulates and subsidizes insurance	Earmarked payroll tax; community-rated insurance premiums; general tax revenue	Private plans provide statutory benefits; 85% buy complementary coverage for benefits excluded from statutory package	No. But annual deductible of €360 [US\$436] covers most cost-sharing ^a	Children exempt from cost-sharing; premium subsidies for low-income
New Zealand	National health service with responsibility for planning, purchasing, and provision devolved to geographically defined District Health Boards	General tax revenue	~33% buy complementary coverage (for cost-sharing, specialist fees, and elective surgery in private hospitals) and supplementary coverage for faster access to non-urgent treatment	No. Reduced fees after 12 doctor visits per year/patient and no drug co-payments after 20 prescriptions per year/family.	No primary care consultation charges for children under 6; subsidies for low income, some chronic conditions, Maori and Pacific islanders
Norway	National health service with some direct funding and provision roles for national government and some responsibilities devolved to Regional Health Authorities and municipalities	General tax revenue	~7% holds supplementary VHI, mainly bought by employers for providing employees quicker access to publicly covered elective services	Yes. Overall annual cost sharing ceiling is NOK2,105 [US\$234] ^a	Exemptions for children < 16 yrs. somatic, <18yrs psychiatric, pregnant women and for some communicable diseases (STDs); low-income groups receive free essential drugs and nursing care
Sweden	National health service. Regulation, supervision and some funding by national government. Responsibility for most financing and purchasing / provision devolved to county councils.	Mainly general tax revenue raised by county councils, some national tax revenue	~5% get supplementary coverage from employers for quicker access to a specialists and elective treatment	Yes. SEK1,100 [US\$126] for health services & SEK 2,200 [US\$252] for drugs ^a	Some cost-sharing exemptions for children, adolescents, pregnant women and elderly
Switzerland	Statutory health insurance system, with universally-mandated private insurance (regional exchanges); some federal legislation, with cantonal (state) government responsible for provider supervision, capacity planning, and financing through subsidies	Community-rated insurance premiums; general tax revenue	Private plans provide universal core benefits; some people buy complementary (services not covered by statutory insurance) and supplementary (improved amenities and access); no coverage data available	Yes. 700 CHF [US\$504] max after deductible ^a	Some co-payment exemptions for <19 year-olds and CHF350 [US\$252] limit; income-related premium assistance (30% receive); maternity care fully covered ^a
United Kingdom	National health service (NHS)	General tax revenue (includes employment-related insurance contributions)	~11% buy supplementary coverage for better access (including to elective treatment in private hospitals)	No general limit for OOP. Prepayment certificate with GBP29 [US\$42] per three months or GBP104 [US\$150] per year ceiling for those needing a large number of prescription drugs ^{a,b}	Drug cost-sharing exemption for low income, older people, children, pregnant women and new mothers, and some disabled / chronically ill; financial assistance with transport costs available to people on low incomes ^b
United States (ages 65+ only)	Medicare: age 65+; Medicaid: some low-income	Medicare: payroll tax, premiums, federal tax revenue; Medicaid: federal, state tax revenue	Supplemental insurance available for Medicare for additional coverage; Medicare Advantage offered by private insurance companies as an alternative to Medicare; some also have employer-sponsored insurance	No limits for Medicare OOP spending, so most purchase supplemental insurance for protection; \$6,700 yearly limit for Medicare Advantage enrollees (not including prescription drugs)	Medicare covers most individuals age 65+; some low-income Medicare beneficiaries receive supplemental Medicaid coverage

Source: Mossialos E, Wenzl M, Osborn R, Anderson C, editors. International profiles of health care systems, 2014. New York (NY): Commonwealth Fund; forthcoming 2014.

^a Bracketed figures in US\$ were converted from local currency using the purchasing power parity conversion rate for GDP in 2013 reported by the Organisation for Economic Co-operation and Development (2014).

^b Applies to England only.

Appendix A3. Cost-Related Barriers To Care Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

	Percent of respondents in past year who...because of cost			
	Did not visit a doctor when had a medical problem	Skipped recommended test, treatment, or follow up	Did not fill a prescription or skipped doses	<i>Reported any of three cost-related access problems</i>
Australia	4	5	4	8
Canada	3	4	5	9
France	2	2	1	3
Germany	3	3	3	7
Netherlands	3	3	2	6
New Zealand	5	6	4	10
Norway	1	1	2	4
Sweden	1	2	2	4
Switzerland	2	3	2	6
United Kingdom	2	3	2	5
United States	9	10	12	19

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

Appendix A4. Gaps In Hospital Discharge Planning Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

	Percent of respondents who, last time discharged after hospitalization, did NOT...				<i>Any gap in past 2 years</i>
	Receive written instructions about symptoms and what to do when returned home	Have arrangements made for follow up visits	Have a discussion with someone about the purpose of taking each medication	Know who to contact with questions about condition or treatment	
Australia	21	15	25	11	41
Canada	26	21	27	11	44
France	27	24	36	17	54
Germany	30	31	34	17	56
Netherlands	27	31	28	14	59
New Zealand	-- ^a	-- ^a	-- ^a	-- ^a	-- ^a
Norway	48	26	47	28	70
Sweden	45	31	42	17	67
Switzerland	43	18	26	9	56
United Kingdom	23	14	23	17	38
United States	10	12	20	5	28

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

^a Omitted due to small N (fewer than 100 respondents).

Appendix A5. Health And Health Care Use Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

	Percent of respondents who:				
	Had chronic conditions ^L		Were hospitalized overnight in the past two years	Saw four or more doctors in the past year	Took four or more prescription medications
	Any	Two or more			
Australia (1,670)	82 f,g,h,j,k	54 c,e,f,g,h,i,j,k	30 b,c,j	18 b,c,d,g,i,k	39 c,i,k
Canada (3,147)	83 e,f,g,h,i,j,k	56 c,d,e,f,g,h,i,j,k	23 c,d,g,h,i,j,k	13 c,d,h,i,k	42 c,i,k
France (860)	81 f,g,h,j,k	43 j,k	17 d,e,f,g,h,i,k	6 d,e,f,g,h,j,k	29 d,e,f,g,h,j,k
Germany (547)	81 f,g,h,j,k	49 f,h,j,k	36 e,f,h,j,k	39 e,f,g,h,i,j,k	39 i,k
Netherlands (582)	78 f,j,k	46 f,j,k	27 g,j	17 g,i,k	44 i,k
New Zealand (379)	63 g,h,i,k	37 k	26 g,j	14 i,k	43 i,k
Norway (651)	74 k	43 j,k	35 h,j,k	11 h,k	41 i,k
Sweden (5,000)	75 j,k	42 j,k	29 j	18 i,k	40 i,k
Switzerland (1,084)	78 j,k	44 j,k	32 j	8 j,k	29 j,k
United Kingdom (581)	68 k	33 k	18 k	15 k	41 k
United States (1,116)	87	68	29	25	53

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

Reading from top to bottom starting with Australia, the letter indicates significant differences with countries below at p<0.05, as indicated: ^bDifferent from CAN; ^cDifferent from FRA; ^dDifferent from GER; ^eDifferent from NET; ^fDifferent from NZ; ^gDifferent from NOR; ^hDifferent from SWE; ⁱDifferent from SWIZ; ^jDifferent from UK; ^kDifferent from US.

^L Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and/or joint pain/arthritis.

Appendix A6. Health Care Costs And Access Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

Percent of respondents who:								
	Had any cost-related access problem in the past year ^L	Had out-of-pocket medical expenses of \$2,000 or more in the past year	Had problems paying or were unable to pay medical bills in the past year	Could get same- or next-day appointment to see someone when sick	Said it was somewhat or very easy to get after-hours care ^m	Used the ED in the past two years	Had an avoidable ED visit ⁿ	Waited less than four weeks for specialist appointment ^o
Australia	8 c,g,h,k	13 c,d,e,f,g,h,i,j,k	7 b,c,d,g,h,i	71 b,c,d,f,g,h,k	54 b,c,e,f,g,h,i,j	30 b,c,d,j,k	7 b,k	64 b,g,h,i,k
Canada	9 c,e,g,h,i,j,k	9 c,e,f,g,h,i,j,k	4 g,h,i,k	45 c,d,e,f,g,h,i,j,k	41 c,d,e,f,g,h,i,j,k	39 c,d,e,g,h,i,j	15 c,d,e,g,h,i,j	46 c,d,e,f,i,j,k
France	3 d,e,f,i,k	0 d,e,f,g,h,i,j,k	2 h,j,k	83 e,g,h,i,j,k	69 h,k	15 d,e,f,g,h,i,j,k	4 f,h,i,k	60 e,g,h,i,k
Germany	7 g,h,k	7 i,j,k	3 h,k	81 g,h,i,j,k	62 e,h,j	21 e,f,h,i,k	3 f,h,i,k	61 e,g,h,i,k
Netherlands	6 h,k	4 i,k	4 g,h,k	76 g,h,i,j,k	77 g,h,i,k	29 h,j,k	6 k	71 g,h,i,j,k
New Zealand	10 g,h,j,k	4 i,k	4 g,h,k	83 g,h,i,j,k	69 h,k	33 j	10 j	62 g,h,i,k
Norway	4 k	6 i,j,k	1 j,k	54 i,j	66 h,k	27 h,j,k	5 h,k	46 i,j,k
Sweden	4 i,k	6 i,j,k	1 i,j,k	53 i,j	37 i,j,k	35 i,j	10 j,k	50 i,j,k
Switzerland	6 k	22 j	2 j,k	69 k	66 k	27 j,k	8 j,k	82 j
United Kingdom	5 k	2 k	5 k	65 k	71 k	19 k	4 k	60 k
United States	19	21	11	57	55	39	13	86

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

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^L Includes: had a medical problem but did not visit doctor, skipped medical test or treatment recommended by doctor, and/or did not fill prescription or skipped doses because of the cost.

^m Base: needed after-hours care.

ⁿ Went to the ED for a condition that could have been treated by regular doctor or place of care if available; Base: had a regular doctor/place of care.

^o Base: saw/needed to see a specialist in the past two years.

Appendix A7. Care Coordination And Safety Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

Percent of respondents who:							
Experienced coordination problems in the past two years				Reported health care professional did not review prescriptions in the past year ^m	Experienced gaps in hospital discharge planning in the past two years ⁿ	Reported that regular doctor seemed uninformed about hospital care after discharge in the past two years ^o	
Test results/records not available at appointment or duplicate tests ordered	Received conflicting information from different doctors	Specialist lacked medical history or regular doctor not informed about specialist care ^l	Any coordination problem				
Australia	13 c,k	10 c,k	15 b,c,d,g,h	21 b,c,d,g,i,k	16 c,e,g,h,i	41 d,e,g,h,i,k	10 h
Canada	15 c,e,f,g,h,k	12 c,e,k	29 c,e,f,g,h,i,j,k	32 c,d,e,f,h,j	16 c,e,g,h,i	44 c,d,e,g,h,i,k	14 e,g,h
France	4 d,e,f,g,h,i,j,k	2 d,e,f,g,h,i,j,k	6 d,e,f,g,h,i,j,k	7 d,e,f,g,h,i,j,k	47 d,f,g,i,j,k	54 g,h,j,k	15 e,h
Germany	15 e,g,h,k	14 e,i	31 e,f,g,h,i,j,k	41 e,f,h,i,j	19 e,g,h	56 g,h,j,k	9 h
Netherlands	9 i,k	7 g,h,k	18 g	21 g,i,k	37 f,h,j,k	59 j,k	4 h,k
New Zealand	9 i,k	9 k	14 g,h	20 g,i,k	23 g,h	-- ^p	-- ^p
Norway	9 i,k	11 k	43 h,i,j,k	37 h,i,j	36 h,j,k	70 i,j,k	8 h
Sweden	10 i,k	12 k	23	24 i,k	48 i,j,k	67 i,j,k	31 i,k
Switzerland	17 j,k	9 k	19	29 k	27 k	56 j,k	10
United Kingdom	12 k	10 k	20	24 k	21	38	-- ^p
United States	23	16	19	35	14	28	11

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

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^l Base: had a regular doctor/place of care and saw/needed to see a specialist in the past two years; AUS (n=1,060), CAN (n=1,763), FR (n=524), GER (n=453), NET (n=385), NZ (n=190), NOR (n=392), SWE (n=2,439), SWIZ (n=698), UK (n=252), US (n=753).

^m Base: taking four or more prescription drugs regularly.

ⁿ When discharged from the hospital: you did not receive written information about what to do when you returned home and symptoms to watch for; hospital did not make sure you had arrangements for follow up care; someone did not discuss with you the purpose of taking each medication; and/or you did not know who to contact if you had a question about your condition or treatment. Base: hospitalized overnight in the past two years.

^o Base: hospitalized overnight in the past two years and had a regular doctor/place of care.

^p Omitted due to small N (fewer than 100 respondents).

Appendix A8. Doctor-Patient Relationship, Health Promotion, And End-Of-Life Planning Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

Percent of respondents who:							
Reported regular doctor always or often...		Health promotion		End-of-life planning			
Spends enough time with them	Encourages them to ask questions	Had a health care professional talk to them in the past two years about...		Had a discussion with someone ^l about the health care treatment they want if they become very ill and cannot make decisions for themselves	Has a written plan...		
		A healthy diet or exercise	Things that can cause stress		Describing the treatment they want at the end of life	Naming someone to make treatment decisions for them if they cannot do so	
Australia	91 b,g,h,j	80 b,c,e,g,h,i	64 e,g,h,i,k	31 b,c,e,f,g,h,i	59 b,c,d,e,f,g,h,j,k	31 b,c,d,e,g,h,j,k	53 b,c,e,f,g,h,i,k
Canada	84 c,d,e,f,h,i	72 c,d,e,f,g,h,j,k	63 d,e,g,h,i,k	21 d,e,g,h,i,j,k	66 c,d,e,f,g,h,i,j,k	46 c,d,e,f,g,h,i,j,k	62 c,e,f,g,h,i,j,k
France	94 g,h,j,k	88 d,e,f,g,h,i,j,k	61 d,e,g,h,i,k	18 d,e,h,j,k	12 d,e,f,g,h,i,j,k	5 d,e,f,i,j,k	16 d,f,g,h,i,j,k
Germany	92 g,h,j,k	82 e,g,h,i	70 e,f,g,h,i,j,k	31 e,f,g,h,i	72 e,f,g,h,i,j,k	58 e,f,g,h,i,j	58 e,f,g,h,i,j,k
Netherlands	94 g,h,j,k	55 f,g,h,i,j,k	41 f,g,i,j,k	12 f,j,k	43 g,h,i,k	16 f,g,h,i,k	16 f,g,h,i,j,k
New Zealand	93 g,h,j,k	80 g,h,i	57 h,k	22 g,h,i,k	44 g,h,i,k	23 g,h,k	38 g,h,i,j,k
Norway	81 i,k	40 i,j,k	50 j,k	13 h,j,k	20 h,i,j,k	4 i,j,k	6 i,j,k
Sweden	79 i,j,k	43 i,j,k	45 i,j,k	9 i,j,k	30 i,j,k	5 i,j,k	8 i,j,k
Switzerland	93 j,k	70 j,k	52 j,k	15 j,k	55 j,k	25 k	28 j,k
United Kingdom	85	79	62 k	25	39 k	20 k	47 k
United States	86	81	76	29	78	55	67

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

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^l Including with family, a close friend, or a health care professional.

Appendix A9. Management Of Chronic Conditions And Caregiving Among Adults Ages Sixty-Five Or Older In Eleven Countries, 2014

Percent of respondents who had a chronic condition and:						
	Health care professional discussed their main goals and gave instructions on symptoms to watch for	Had a treatment plan for their condition they could carry out in their daily life	Had a health care professional that between doctor visits...		Provided care at least once a week to someone with an age-related problem, chronic condition, or disability	Provided care for 20 or more hours per week ^L
			Contacts them to check in	They can contact to ask questions or get advice		
Australia	48 e,g,h,i,j,k	80 c,d,e,f,g,h,i	24 b,d,g,h,i,j	65 c,d,e,g,h,k	24 b,c,i,j	54 b,g,h,i,k
Canada	46 e,g,h,i,j,k	76 c,d,e,f,g,h,i,k	16 c,e,f,i,j,k	67 c,d,e,g,h,i,k	16 c,d,g,h,k	35 g,h,i
France	43 e,g,h,i,j,k	62 d,e,g,h,i,j,k	23 d,g,h,i,j,k	53 d,e,f,h,j,k	3 d,e,f,g,h,i,j,k	-- ^m
Germany	48 e,g,h,i,j,k	30 e,f,g,h,i,j,k	14 e,f,i,j,k	43 e,f,g,h,i,j,k	25 f,i,j	-- ^m
Netherlands	35 g,h,j,k	41 f,g,j,k	24 g,h,i,j	83 f,g,h,i,j	19 g,i	-- ^m
New Zealand	39 g,h,j,k	64 g,h,i,k	28 g,h,i,j	75 g,i,k	16 g	-- ^m
Norway	27 j,k	53 h,j,k	15 i,j,k	55 h,j,k	27 h,i,j,k	21 i,k
Sweden	23 i,j,k	41 i,j,k	17 i,j,k	75 i,k	21 i,j	20 i,k
Switzerland	33 j,k	47 j,k	9 j,k	58 j,k	13 k	10 k
United Kingdom	59	73 k	47 k	71 k	14 k	-- ^m
United States	58	83	30	84	20	34

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults.

Note: Excludes respondents who declined to answer or who answered "don't know" or "not applicable."

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^L Base: Provides care to someone with an age-related problem, chronic health condition, or disability at least once a week.

^m Omitted due to small N (fewer than 100 respondents).