Figure 1. Percent of Patients Seen by 10 or More Physicians Varies Across Academic Medical Centers

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

Note: Quintiles of practice intensity (“treatment groups”) corresponded closely to regional differences in price and to illness-adjusted Medicare spending.
**Figure 2. Private-Public Collaboration Needed to Improve Availability of Quality and Cost Information**

<table>
<thead>
<tr>
<th>Health plan provides information on</th>
<th>Comprehensive</th>
<th>HDHP/CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>quality of care provided by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Health plan provides information on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cost of care provided by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Hospitals</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>

Of those whose plans provide info on quality, how many tried to use it for:

| Doctors | 42 | 54 |
| Hospitals | 25 | 45 |

Of those whose plans provide info on cost, how many tried to use it for:

| Doctors | 15 | 36 (n = 76) |
| Hospitals | 14 | 32 (n = 76) |

Figure 3. Physicians’ Access to Quality-of-Care or Performance Data on Their Own Care

Percent receiving data on the following aspects of patient care

- Process of Care Data: 20%
- Clinical Outcomes Data: 18%
- Patient Survey Data: 25%
- Any Data: 33%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Figure 4. Availability of Quality-of-Care Data When Making Referrals

Percent indicating how often they have any data about a physician’s quality of care when making referrals

- Never 32%
- Rarely 32%
- Always 64%
- Often 14%
- Sometimes 16%

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
Figure 5. Hospital Charges for AMI–Medical Management Vary Eight-Fold Across Large Pennsylvania Hospitals

*This hospital demonstrated significantly lower than expected in-hospital mortality rates.

Note: Hospital charge equals patient total charge excluding professional fees; all hospitals shown provided advanced cardiac services (angioplasty/stent procedures), had >100 cases, and <5% of cases transferred to another acute care facility.

Figure 6. Top-Ranked and Bottom-Ranked Performances in Measures of Quality of Care for AMI, CHF, and Pneumonia Among the 40 Largest Hospital-Referral Regions*

<table>
<thead>
<tr>
<th>Hospital-Referral Region</th>
<th>AMI Score (%)</th>
<th>Hospital-Referral Region</th>
<th>CHF Score (%)</th>
<th>Hospital-Referral Region</th>
<th>Pneumonia Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top-ranked</strong></td>
<td></td>
<td>Top-ranked</td>
<td></td>
<td>Top-ranked</td>
<td></td>
</tr>
<tr>
<td>Boston, MA</td>
<td>95</td>
<td>Boston, MA</td>
<td>89</td>
<td>Oklahoma City, OK</td>
<td>82</td>
</tr>
<tr>
<td>Minneapolis, MN</td>
<td>94</td>
<td>Detroit, MI</td>
<td>88</td>
<td>Indianapolis, IN</td>
<td>79</td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td>94</td>
<td>Baltimore, MD</td>
<td>87</td>
<td>Kansas City, MO</td>
<td>78</td>
</tr>
<tr>
<td>Albany, NY</td>
<td>93</td>
<td>Camden, NJ</td>
<td>87</td>
<td>Camden, NJ</td>
<td>78</td>
</tr>
<tr>
<td>Indianapolis, IN</td>
<td>92</td>
<td>Cleveland, OH</td>
<td>86</td>
<td>Knoxville, TN</td>
<td>77</td>
</tr>
<tr>
<td><strong>Bottom-ranked</strong></td>
<td></td>
<td>Bottom-ranked</td>
<td></td>
<td>Bottom-ranked</td>
<td></td>
</tr>
<tr>
<td>Little Rock, AK</td>
<td>86</td>
<td>San Diego, CA</td>
<td>77</td>
<td>Miami, FL</td>
<td>63</td>
</tr>
<tr>
<td>Orlando, FL</td>
<td>86</td>
<td>Nashville, TN</td>
<td>76</td>
<td>Chicago, IL</td>
<td>61</td>
</tr>
<tr>
<td>Miami, FL</td>
<td>85</td>
<td>Orlando, FL</td>
<td>74</td>
<td>San Diego, CA</td>
<td>60</td>
</tr>
<tr>
<td>Memphis, TN</td>
<td>84</td>
<td>Little Rock, AK</td>
<td>69</td>
<td>Los Angeles, CA</td>
<td>60</td>
</tr>
<tr>
<td>San Bernardino, CA</td>
<td>83</td>
<td>Lexington, KY</td>
<td>68</td>
<td>San Bernardino, CA</td>
<td>59</td>
</tr>
</tbody>
</table>

*AMI denotes acute myocardial infarction, and CHF congestive heart failure.
**Figure 7. Physicians’ Willingness to Share Quality-of-Care Data**

<table>
<thead>
<tr>
<th>Willingness to share data with:*</th>
<th>Yes, Definitely/ Probably</th>
<th>No, Definitely/ Probably Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical leadership</td>
<td>71%</td>
<td>27%</td>
</tr>
<tr>
<td>Physicians’ own patients</td>
<td>55%</td>
<td>44%</td>
</tr>
<tr>
<td>General public</td>
<td>29%</td>
<td>69%</td>
</tr>
<tr>
<td>Other physicians</td>
<td>72%</td>
<td>26%</td>
</tr>
</tbody>
</table>

*Answers to survey question: “To improve high quality of care in the U.S., which of the following do you think should have access to ‘Quality of Care’ data about individual physicians?”

Source: The Commonwealth Fund National Survey of Physicians and Quality of Care.
### Figure 8. Hospital CEO Opposition to Disclosure of Quality Information to the Public

<table>
<thead>
<tr>
<th>Percent saying should NOT be released to the public:</th>
<th>AUS</th>
<th>CAN</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality rates for specific conditions</td>
<td>34%</td>
<td>26%</td>
<td>18%</td>
<td>16%</td>
<td>31%</td>
</tr>
<tr>
<td>Frequency of specific procedures</td>
<td>16</td>
<td>5</td>
<td>4</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Medical error rate</td>
<td>31</td>
<td>18</td>
<td>25</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Patient satisfaction ratings</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Average waiting times for elective procedures</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Nosocomial infection rates</td>
<td>25</td>
<td>10</td>
<td>25</td>
<td>9</td>
<td>29</td>
</tr>
</tbody>
</table>

Source: The Commonwealth Fund 2003 International Health Policy Survey of Hospital Executives.
Figure 9. Most Costs Are Concentrated in the Very Sick

Distribution of Health Expenditures for the U.S. Population, By Magnitude of Expenditure, 1997

- 1%: $27,914
- 5%: $7,995
- 10%: $4,115
- 50%: $351

Figure 10. Most Trusted Sources for Information on Health Care Providers, by Insurance Source

Percent of adults 21-64

<table>
<thead>
<tr>
<th>Source</th>
<th>Comprehensive</th>
<th>HDHP/CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your doctor</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Consumer group</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Family member or friend</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Medical association</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Own health plan</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Government or other agency</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 11. “Perception that Health Care Is Free”* Is Not the Problem

National Health Expenditures per Capita, US$

Out-of-Pocket Health Care Spending per Capita, US$

*Allan Hubbard, Director of the National Economic Council, February 14, 2006.
Note: Adjusted for Differences in the Cost of Living, 2003.
Figure 12. Consumers Spending More Out-of-Pocket for Health Care

Figure 13. Nearly One of Six Families Spent 10% or More of Income (or 5% or More if Low-Income) on Out-of-Pocket Medical Costs, 2001–02

Percent of families with high out-of-pocket medical costs relative to income, not including premiums

*Low-income includes families with incomes <200% of the federal poverty level.
Figure 14. Cost-Sharing Reduces Use of Both Essential and Less Essential Drugs and Increases Risk of Adverse Events

Figure 15. Distribution of Individuals Covered by Private Health Insurance, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 16. FEHBP HDHP/HSAs Plans Enroll 7,500 out of 9 Million Covered Lives

Note: As of March 2005.
Figure 17. Enrollees Who Chose HDHPs from the Federal Employees Health Benefits Program Are More Likely to Earn Higher Incomes

Percent of FEHBP enrollees with incomes $75,000

Figure 18. Age Distribution of HDHP and Other FEHBP Enrollees

Percent FEHBP enrollees

- HDHP enrollees
- All FEHBP enrollees

Figure 19. Percentage of Individuals Covered by Employment-Based Health Benefits With No Choice of Health Plan, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 20. Satisfaction with Quality of Health Care Received, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 21. Satisfaction with Out-of-Pocket Costs for Health Care, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 22. Satisfaction with Choice of Doctors, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

Figure 23. Overall Satisfaction with Health Plan, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.
Figure 24. Likelihood of Staying With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.
Figure 25. Likelihood of Recommending Health Plan to Friend or Co-Worker, by Type of Health Plan

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.
Figure 26. Percent of Income Spent Annually on Out-of-Pocket Medical Expenses, Including Premiums

Percent of adults 21-64 spending ≥ 5% of income

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

**Health problem defined as fair or poor health or one of eight chronic health conditions.

Figure 27. Percent of Adults Who Have Delayed or Avoided Getting Health Care Due to Cost

Percent of adults 21–64

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

** Health problem defined as fair or poor health or one of eight chronic health conditions.

Figure 28. Percent of Adults Who Have Skipped Doses to Make a Medication Last Longer

Percent of adults 21-64 with prescriptions in last 12 months

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

** Health problem defined as fair or poor health or one of eight chronic health conditions.

Figure 29. Percent of Adults Who Have Not Filled a Prescription Due to Cost

Percent of adults 21–64

Note: Comprehensive = plan w/ no deductible or <$1000 (ind), <$2000 (fam); HDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), no account; CDHP = plan w/ deductible $1000+ (ind), $2000+ (fam), w/ account.

**Health problem defined as fair or poor health or one of eight chronic health conditions.**

Figure 30. Medical Bill or Debt Problems in Past Year, by Size of Deductible

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

Size of deductible

- $1,000 or more: 54^*
- $500–$999: 46^*
- $1–$499: 39^*
- None: 24

Note: Adjusted percentages based on logistic regression models; controlling for health status and income.

*Problems paying/not able to pay medical bills, contacted by a collection agency for medical bills, had to change way of life to pay bills, or has medical debt being paid off over time.

^Significant difference at p < .05 or better; referent category = no deductible.

Figure 31. HSAs Won’t Solve the Uninsured Problem: Income Tax Distribution of Uninsured

55% (0% tax bracket)
23% (15% tax bracket)
16% (10% tax bracket)
5% (27% tax bracket)
1% (30%-39% tax bracket)

Figure 32. Medicare Physician Group Practice Demonstration

- The Everett Clinic (WA)
- Deaconess Billings Clinic
- Park Nicollet Health Services (MN)
- Marshfield Clinic (WI)
- St. John’s Health System (MO)
- Univ. of Michigan Faculty Group Practice
- Geisinger Health System (PA)
- Forsyth Medical (NC)
- Middlesex Health (CN)
- Dartmouth-Hitchcock Clinic

- 10 physician group practices
- 3-year project, began April 2005
- Bonus pool based on savings relative to local area
- Practices expected to save 2%, keep up to 80% of additional savings
- Actual bonuses depend on savings and quality targets

Figure 33. Building Quality Into RIte Care
Higher Quality and Improved Cost Trends

- Quality targets and $ incentives
- Improved access, medical home
  - One third reduction in hospital and ER
  - Tripled primary care doctors
  - Doubled clinic visits
- Significant improvements in prenatal care, birth spacing, lead paint, infant mortality, preventive care