

# **The Commonwealth Fund 2000 International Health Policy Survey of Physicians**

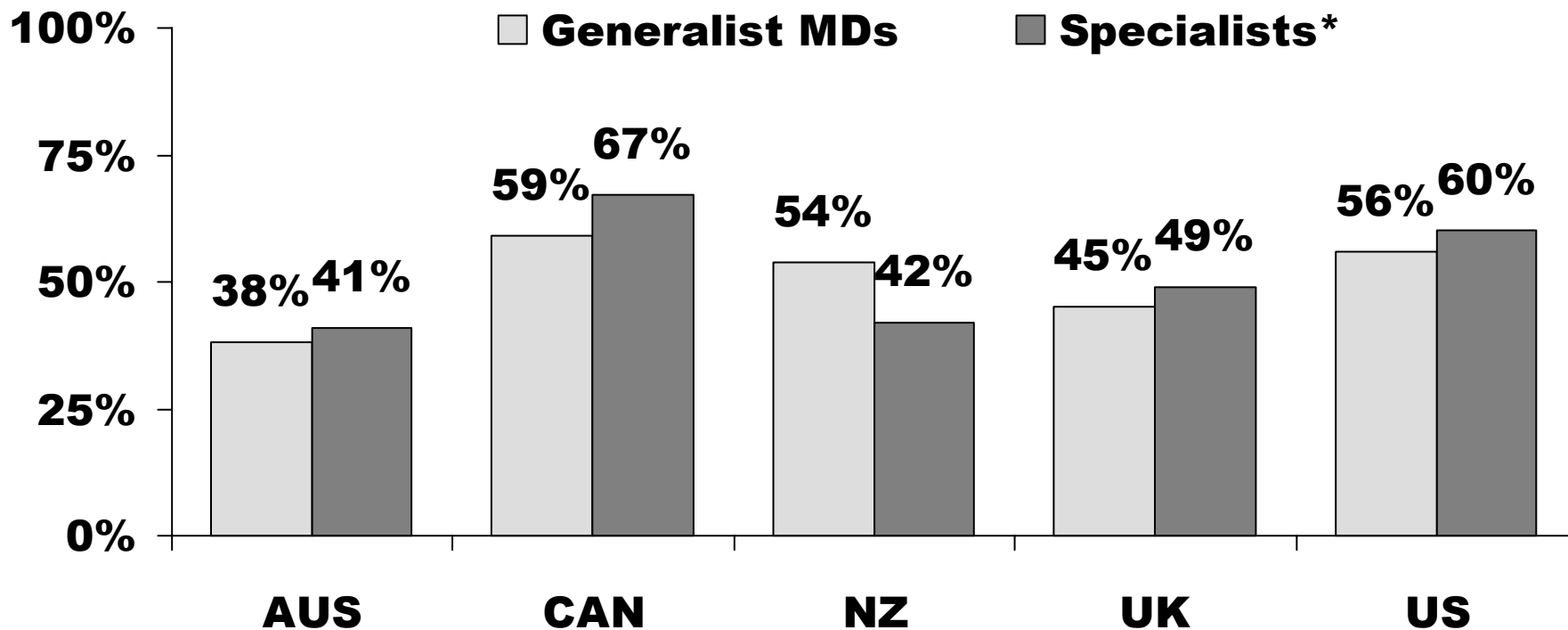
**Accompanies May/June 2001 *Health Affairs* article**

**Charts Originally Presented at the 2000 International  
Symposium on Health Care Policy**

# **The Commonwealth Fund 2000 International Health Policy Survey of Physicians**

- **Survey of about 500 physicians in five countries: Australia (517), Canada (533), New Zealand (493), United Kingdom (500) and United States (528)**
- **Conducted by Harris Interactive and subcontractors from April 27 through July 27, 2000**
- **Specialists restricted to: cardiologists, gastroenterologists and oncologists**
- **Conducted by mail, with an online option, or telephone.**
- **Margin of error per country + or - 4 percentage points**

# Percent Who Think Their Ability to Provide Quality Care Has Gotten Worse in the Past Five Years <sup>3</sup>



\* Cardiologists, gastroenterologists, and oncologists.

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# Concerns About the Future

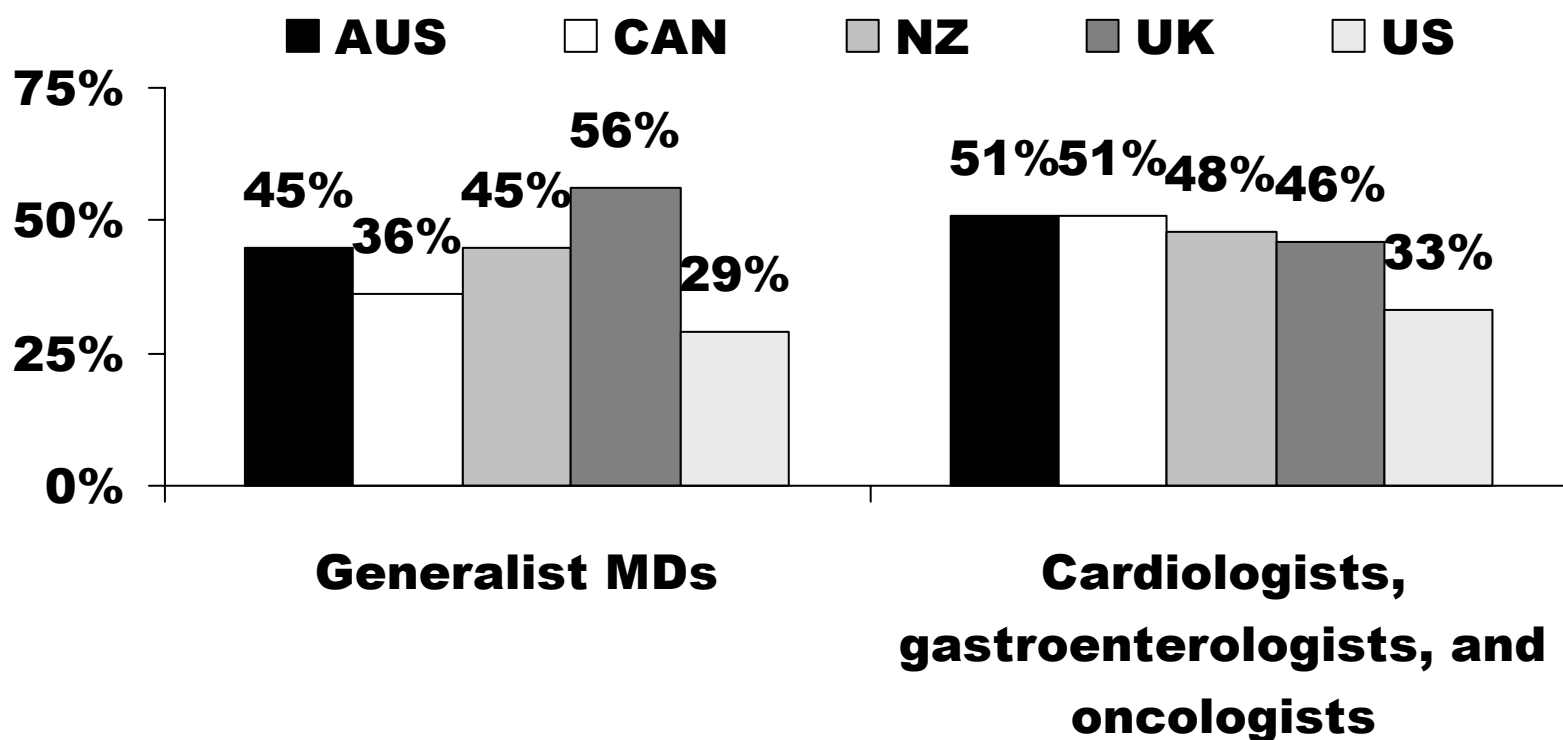
<b>Percent “very concerned”</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Quality of care will decline</b>	<b>45</b>	<b>61</b>	<b>53</b>	<b>39</b>	<b>54</b>
<b>Patients will not be able to afford the care they need</b>	<b>34</b>	<b>32</b>	<b>55</b>	<b>23</b>	<b>54</b>
<b>Patients will wait longer than they should for medical treatment</b>	<b>54</b>	<b>74</b>	<b>67</b>	<b>68</b>	<b>43</b>

Base: Generalist MDs

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# Protecting Against Medical Errors

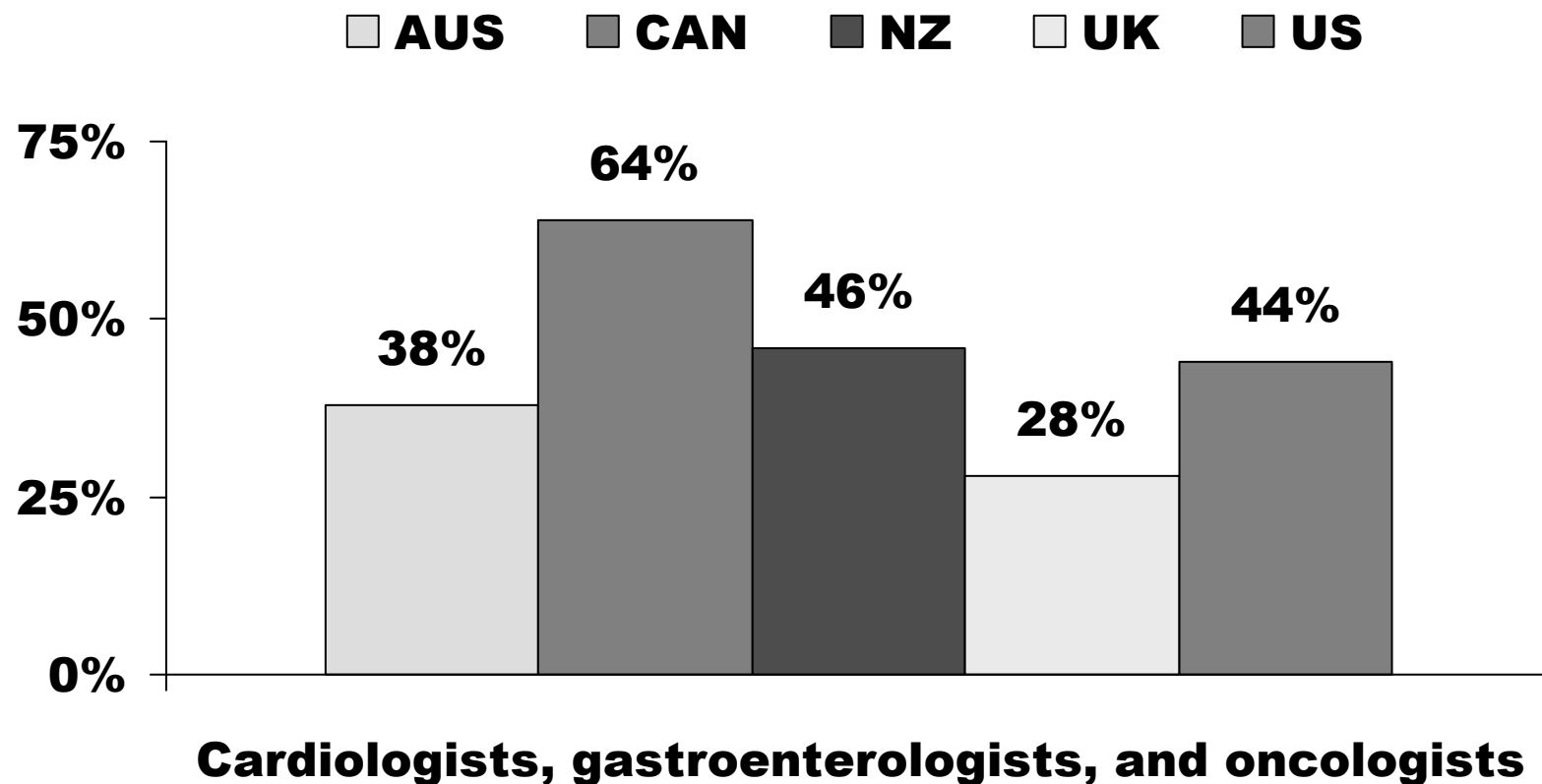
Percent rating their hospital as “fair” or “poor” on finding and addressing medical errors



Note: Some report no tracking process.

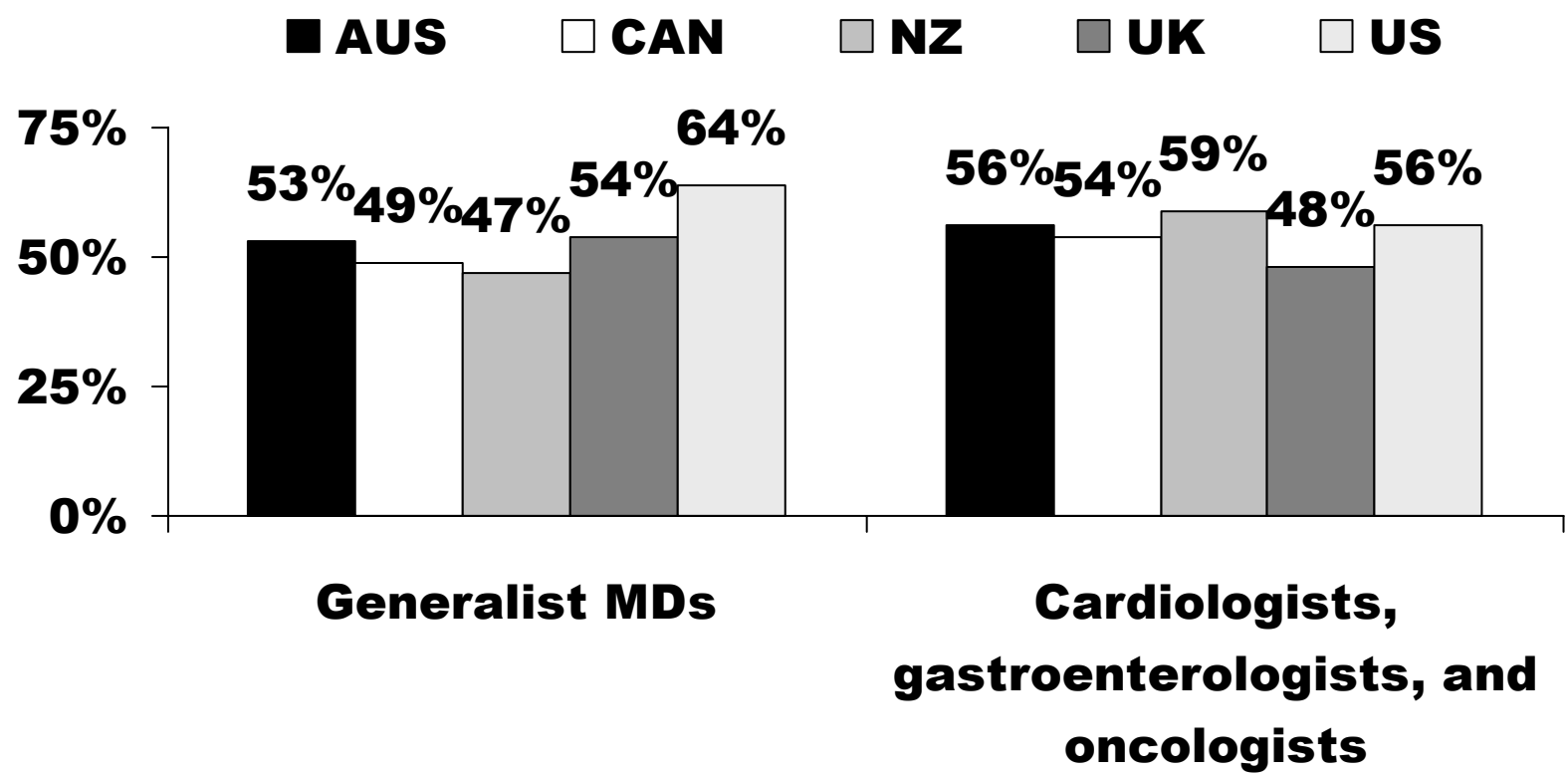
# Reporting of Medical Errors

**Percent of specialists who say hospital staff are discouraged or not encouraged to report medical errors**



# Improved Systems for Reducing Medical Errors

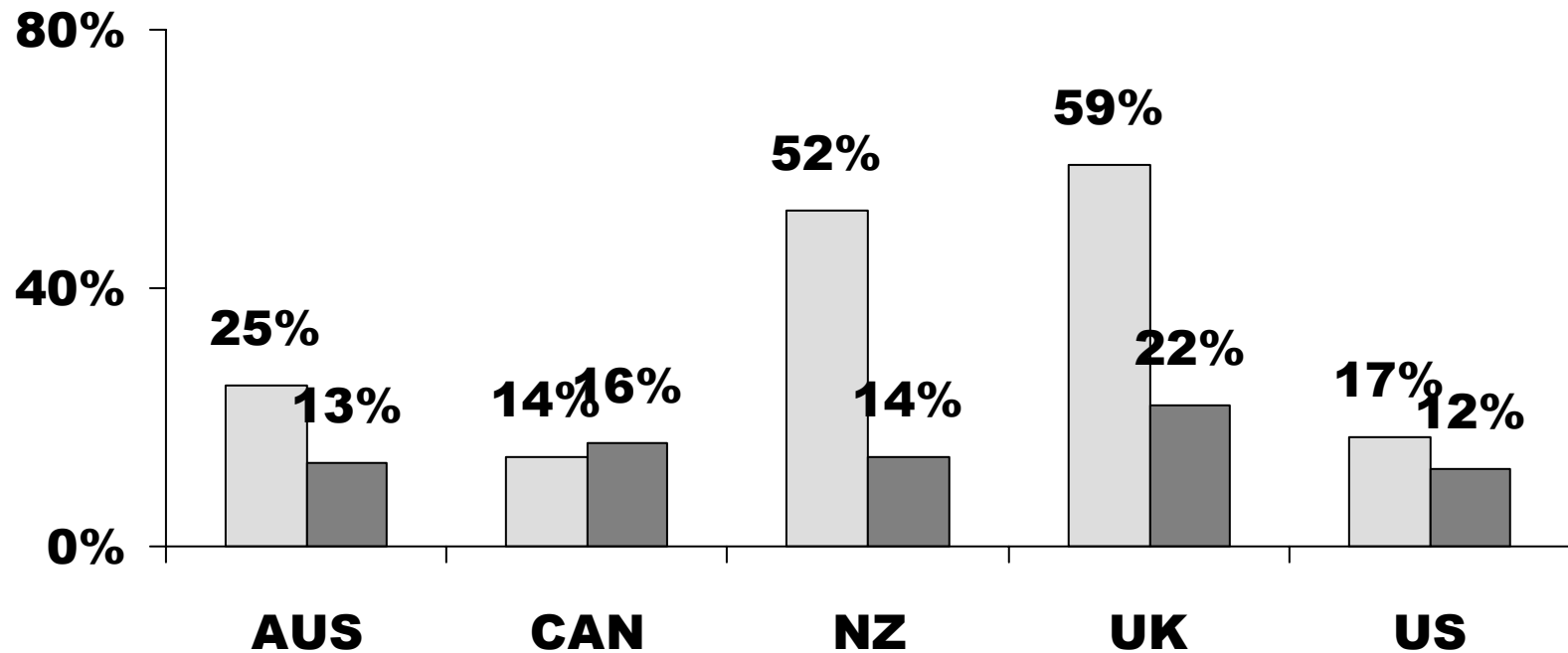
Percent who say that improved systems for reducing medical errors would be highly effective



# Use of Electronic Medical Records

Percent of doctors who report using electronic medical records

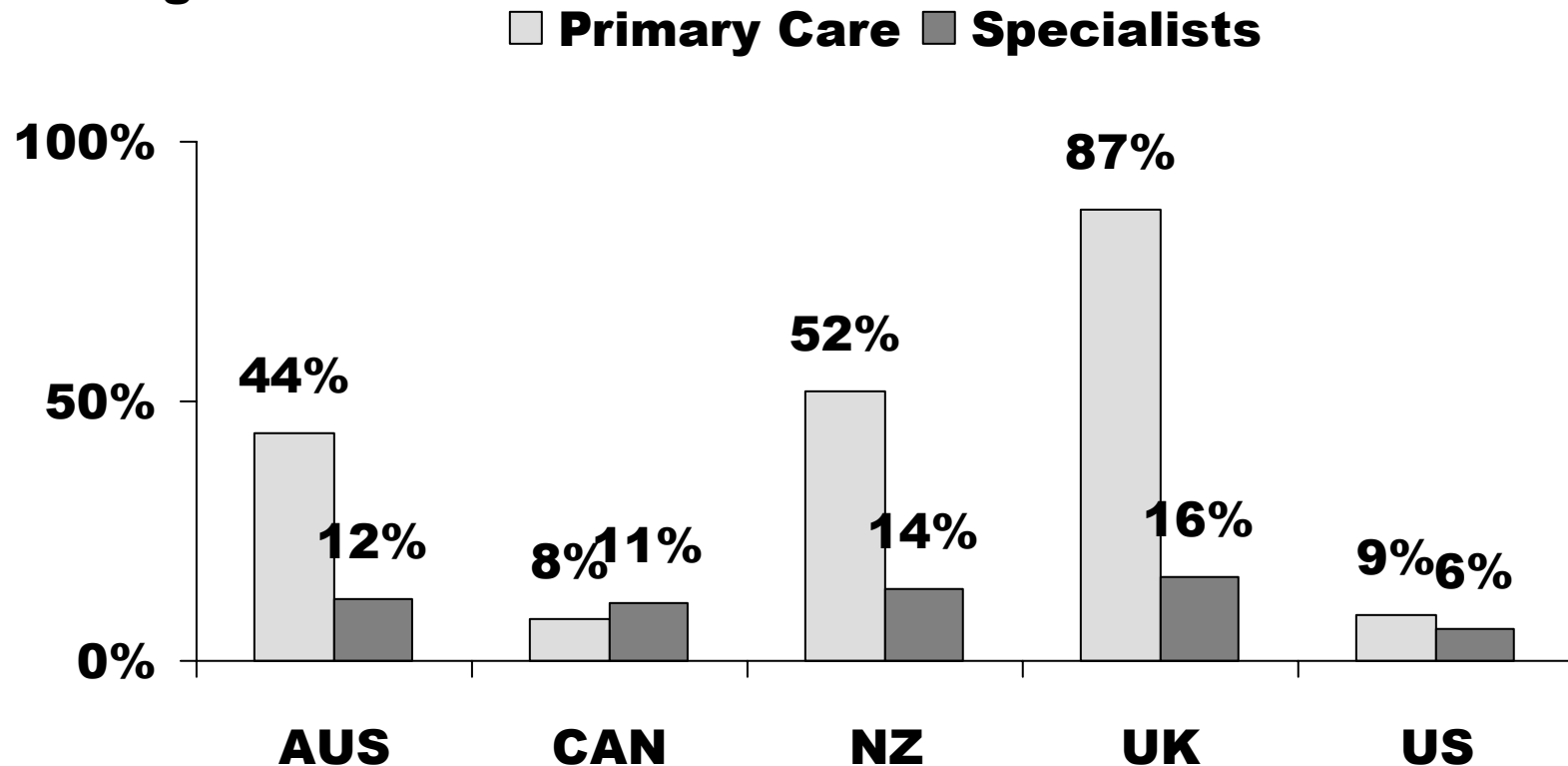
□ Primary Care ■ Specialists





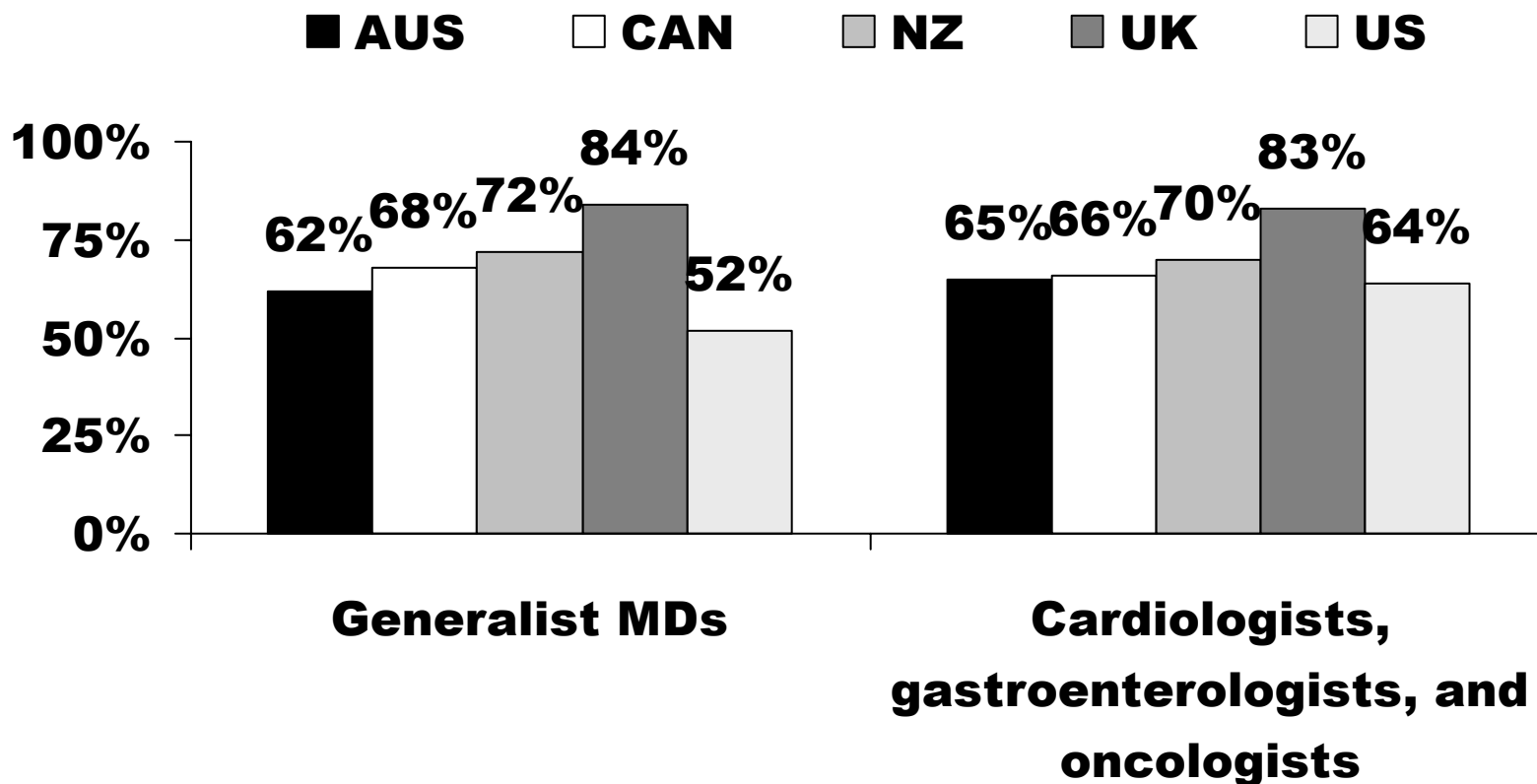
# Use of Electronic Prescribing of Prescription Drugs

Percent of doctors who report using electronic prescribing of drugs “often”



# Satisfaction with Nursing Staff Levels in Their Hospital

Proportion saying nursing staff levels are “fair” or “poor” in their hospital



# Adequacy of Community Medical Resources Staff, Equipment, and Facilities

<b>Percent reporting “too little/too few”</b>	<b>AUS (%)</b>	<b>CAN (%)</b>	<b>NZ (%)</b>	<b>UK (%)</b>	<b>US (%)</b>
<b>Latest medical and diagnostic equipment</b>	<b>13</b>	<b>63</b>	<b>28</b>	<b>48</b>	<b>8</b>
<b>Hospital beds</b>	<b>67</b>	<b>72</b>	<b>57</b>	<b>80</b>	<b>11</b>
<b>General practitioners</b>	<b>17</b>	<b>54</b>	<b>6</b>	<b>45</b>	<b>18</b>
<b>Medical specialists or consultants</b>	<b>31</b>	<b>61</b>	<b>35</b>	<b>62</b>	<b>13</b>
<b>Home care</b>	<b>55</b>	<b>59</b>	<b>47</b>	<b>66</b>	<b>24</b>
<b>Long-term care and rehabilitation facilities</b>	<b>74</b>	<b>73</b>	<b>49</b>	<b>81</b>	<b>35</b>

Base: Generalist MDs

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# Ratings of Hospital Resources

<b>Percent rating hospital as “fair” or “poor”</b>	<b>AUS (%)</b>	<b>CAN (%)</b>	<b>NZ (%)</b>	<b>UK (%)</b>	<b>US (%)</b>
<b>Nursing staff levels</b>	<b>65</b>	<b>66</b>	<b>70</b>	<b>83</b>	<b>64</b>
<b>Emergency room facilities</b>	<b>33</b>	<b>62</b>	<b>43</b>	<b>55</b>	<b>26</b>

Base: Cardiologists, gastroenterologists, and oncologists

2000 International Health Policy Survey of Physicians

Commonwealth Fund/Harvard/Harris

# Major Problems in Medical Practice

<b>Percent reporting “major” problem</b>	<b>AUS (%)</b>	<b>CAN (%)</b>	<b>NZ (%)</b>	<b>UK (%)</b>	<b>US (%)</b>
<b>Limitations on or long waits for specialist referrals</b>	<b>56</b>	<b>66</b>	<b>81</b>	<b>84</b>	<b>29</b>
<b>Long waiting times for surgical or hospital care</b>	<b>67</b>	<b>64</b>	<b>82</b>	<b>78</b>	<b>8</b>
<b>Patients cannot afford necessary prescription drugs</b>	<b>10</b>	<b>17</b>	<b>28</b>	<b>10</b>	<b>48</b>
<b>Limitations on drugs you can prescribe your patients</b>	<b>12</b>	<b>18</b>	<b>37</b>	<b>8</b>	<b>43</b>
<b>Not having enough time with patients</b>	<b>38</b>	<b>42</b>	<b>32</b>	<b>62</b>	<b>43</b>
<b>External review of clinical decisions to control costs</b>	<b>22</b>	<b>13</b>	<b>16</b>	<b>19</b>	<b>36</b>

Base: Generalist MDs

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# Perceptions of Patient's Problems

<b>Percent reporting “often”</b>	<b>AUS (%)</b>	<b>CAN (%)</b>	<b>NZ (%)</b>	<b>UK (%)</b>	<b>US (%)</b>
<b>Patients have difficulty affording out-of-pocket costs</b>	<b>34</b>	<b>20</b>	<b>61</b>	<b>26</b>	<b>63</b>
<b>Patients do not receive preventive care</b>	<b>25</b>	<b>23</b>	<b>36</b>	<b>38</b>	<b>36</b>
<b>Patients lack access to newest drugs or medical technology</b>	<b>15</b>	<b>26</b>	<b>51</b>	<b>25</b>	<b>27</b>
<b>Patients get sicker because they are not able to get the health care they need</b>	<b>7</b>	<b>12</b>	<b>25</b>	<b>18</b>	<b>18</b>

Base: Generalist MDs

# Waiting Times for Treatment Breast Biopsy

<b>Percent reporting</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>A 50 year old woman with an ill-defined mass in her breast, but no adenopathy, would wait:</b>					
<b>Less than 1 week</b>	<b>49</b>	<b>14</b>	<b>24</b>	<b>12</b>	<b>50</b>
<b>1-2 weeks</b>	<b>34</b>	<b>46</b>	<b>39</b>	<b>71</b>	<b>34</b>
<b>3-4 weeks</b>	<b>12</b>	<b>30</b>	<b>29</b>	<b>15</b>	<b>7</b>
<b>More than 1 month</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>1</b>	<b>1</b>

Base: Generalist MDs

# Waiting Times for Treatment Hip Replacement

<b>Percent reporting</b>	<b>AUS (%)</b>	<b>CAN (%)</b>	<b>NZ (%)</b>	<b>UK (%)</b>	<b>US (%)</b>
<b>A 65-year-old man who requires a routine hip replacement</b>					
<b>Would wait less than 1 week</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>--</b>	<b>9</b>
<b>Would wait 1 week to less than 1 month</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>--</b>	<b>62</b>
<b>Would wait 1 to 6 months</b>	<b>24</b>	<b>32</b>	<b>5</b>	<b>6</b>	<b>20</b>
<b>Would wait more than 6 months</b>	<b>71</b>	<b>60</b>	<b>92</b>	<b>93</b>	<b>1</b>

Base: Generalist MDs



# Usefulness of Quality Information

<b>Percent saying “very useful”</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Electronic prescribing of drugs</b>	<b>55</b>	<b>35</b>	<b>57</b>	<b>90</b>	<b>42</b>
<b>Electronic patient medical records</b>	<b>43</b>	<b>43</b>	<b>49</b>	<b>68</b>	<b>48</b>
<b>Comparisons of medical outcomes of selected procedures</b>	<b>36</b>	<b>42</b>	<b>37</b>	<b>37</b>	<b>42</b>
<b>Treatment guidelines or protocols</b>	<b>45</b>	<b>51</b>	<b>32</b>	<b>30</b>	<b>35</b>
<b>Reports from patients and families about satisfaction with care</b>	<b>36</b>	<b>35</b>	<b>37</b>	<b>34</b>	<b>44</b>
<b>Profiles comparing doctors’ practices relative to peers</b>	<b>25</b>	<b>25</b>	<b>31</b>	<b>26</b>	<b>27</b>

Base: Generalist MDs

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# Ways to Improve Quality of Care

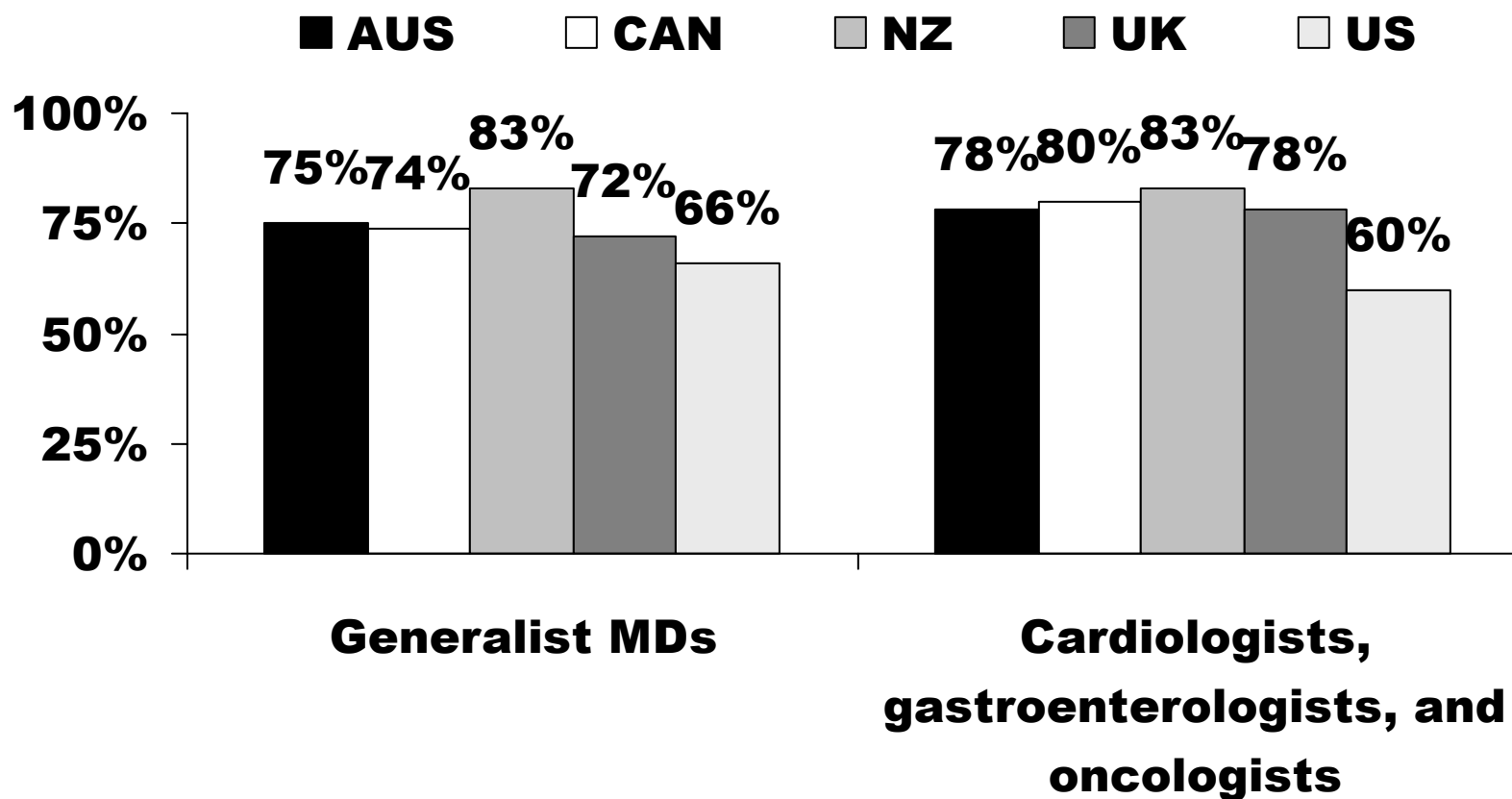
<b>Percent saying highly effective</b>	<b>AUS</b>	<b>CAN</b>	<b>NZ</b>	<b>UK</b>	<b>US</b>
<b>Spending more time with patients</b>	<b>71</b>	<b>70</b>	<b>65</b>	<b>76</b>	<b>78</b>
<b>Better access to specialized medical care</b>	<b>57</b>	<b>77</b>	<b>73</b>	<b>71</b>	<b>49</b>
<b>Better access to new prescription medications</b>	<b>33</b>	<b>40</b>	<b>50</b>	<b>16</b>	<b>48</b>
<b>Improved systems for reducing medical errors</b>	<b>53</b>	<b>49</b>	<b>47</b>	<b>54</b>	<b>64</b>
<b>Better nursing or home care follow up after discharge</b>	<b>77</b>	<b>76</b>	<b>65</b>	<b>76</b>	<b>68</b>
<b>Better access to preventive care and patient education</b>	<b>70</b>	<b>70</b>	<b>76</b>	<b>62</b>	<b>80</b>

Base: Generalist MDs

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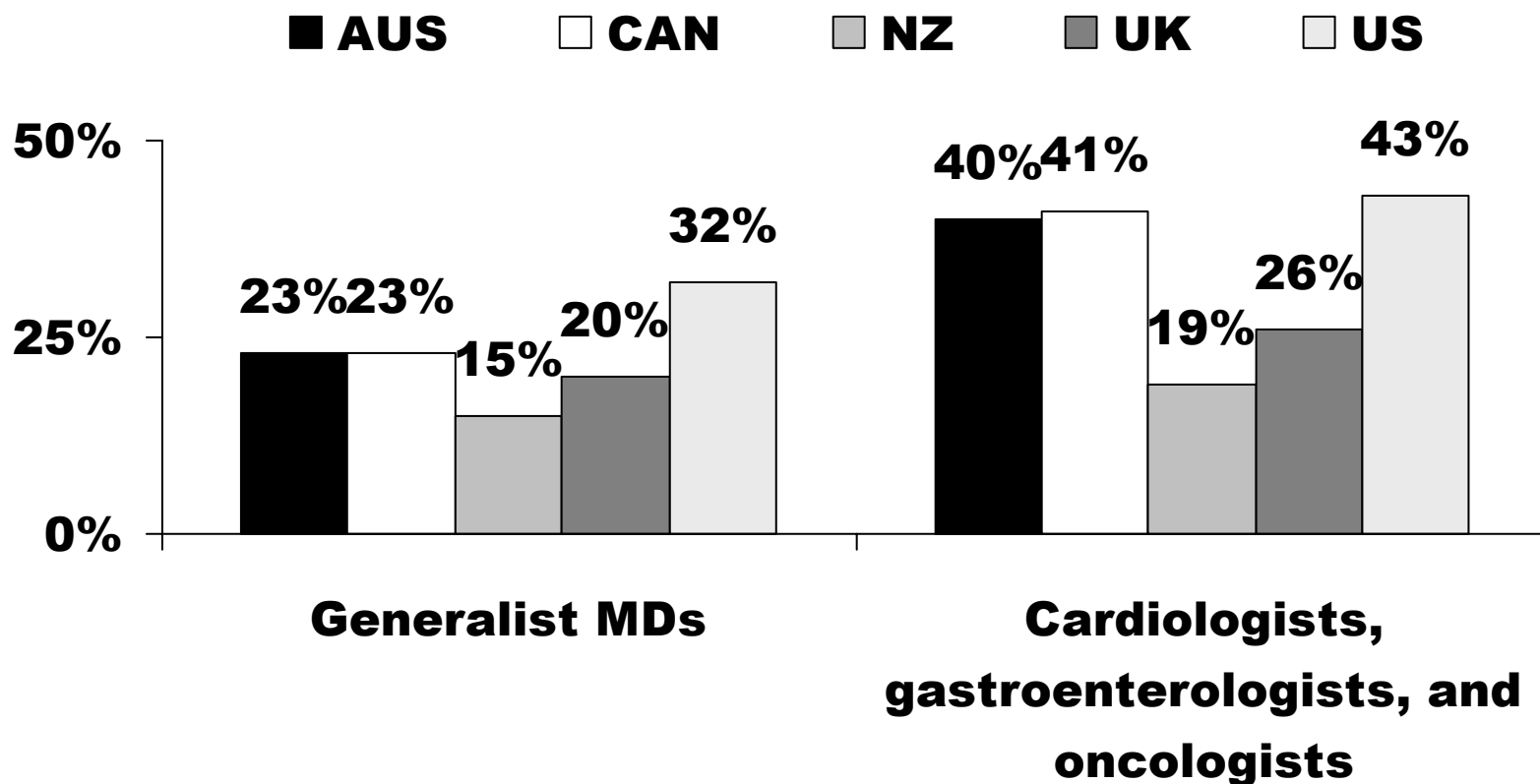
# Release of Quality Information on Hospitals to the Public

Percent favoring release to the public



# Satisfaction with Ability to Keep Up with Developments

Proportion saying they are “very satisfied” with their ability to keep up



# Overall View of Health Care System: Generalist MDs vs. The Public

	AUS		CAN		NZ		UK		US	
	Public	MDs	Public	MDs	Public	MDs	Public	MDs	Public	MDs
<b>System works well – minor changes needed</b>	<b>19</b>	<b>27</b>	<b>20</b>	<b>25</b>	<b>9</b>	<b>23</b>	<b>25</b>	<b>23</b>	<b>17</b>	<b>16</b>
<b>Some good things – fundamental change needed</b>	<b>49</b>	<b>65</b>	<b>56</b>	<b>72</b>	<b>57</b>	<b>70</b>	<b>58</b>	<b>70</b>	<b>46</b>	<b>72</b>
<b>System needs complete rebuilding</b>	<b>30</b>	<b>7</b>	<b>23</b>	<b>4</b>	<b>32</b>	<b>7</b>	<b>14</b>	<b>7</b>	<b>33</b>	<b>12</b>

**Doctor Base: Generalist MDs**

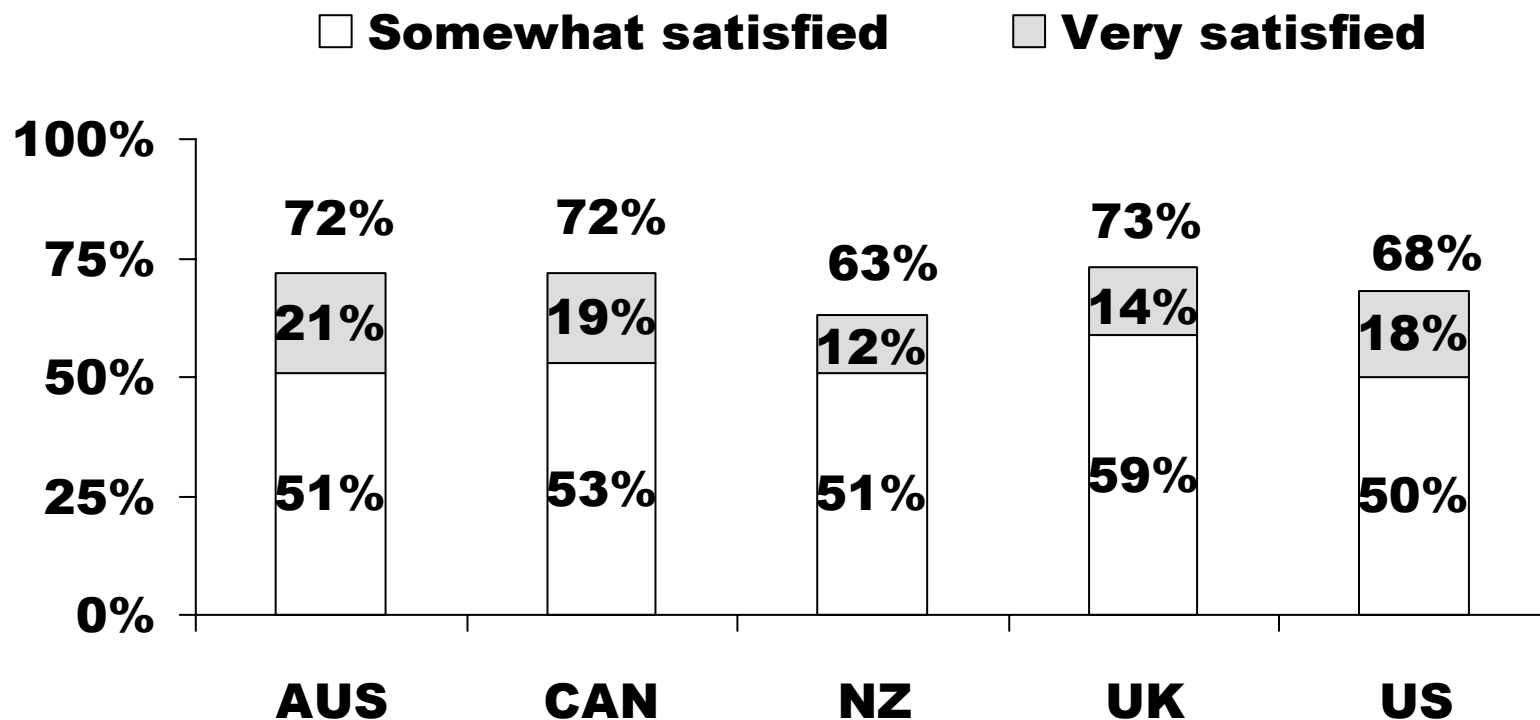
**Public: 1998 Survey Adults**

2000 International Health Policy Survey of Physicians

Commonwealth Fund/Harvard/Harris and Commonwealth Fund 1998 International Health Policy Survey

# Satisfaction with Medical Practice

Percent reporting “very satisfied” or “somewhat satisfied”



Base: Generalist MDs

2000 International Health Policy Survey of Physicians  
Commonwealth Fund/Harvard/Harris

# Methodology

**The Commonwealth Fund 2000 International Health Policy Survey of Physicians elicited the health care system views and experiences of physicians in five nations – Australia, Canada, New Zealand, the UK, and the US. The survey was conducted by a combination of mail, telephone, and internet by Harris Interactive in the United States and its subcontractors in the four other countries. In four of the countries, interviews were conducted in English only; in Canada, they were conducted in both French and English. Conducted from April 27, 2000 to July 27, 2000, the survey resulted in final samples of 517 physicians in Australia, 533 in Canada, 493 in New Zealand, 500 in the United Kingdom and 528 in the United States.**

**To obtain a comparable representation of both generalists and specialist physicians, the sample was stratified into two categories: generalist physicians – general practitioners and primary care physicians – and a sample of medical specialists, limited to cardiologists, gastroenterologists and oncologists. This ratio of generalists to medical specialists is the norm found in four countries. Only in the U.S. are medical specialists found in a higher proportion to generalists. Approximately 400 randomly selected generalist physicians and 100 medical specialist physicians were interviewed in each country. The physicians were selected from lists of practicing physicians in each country that were available through private or government sources.**