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2006 International Health Policy Survey of Primary Care Physicians in Seven Countries

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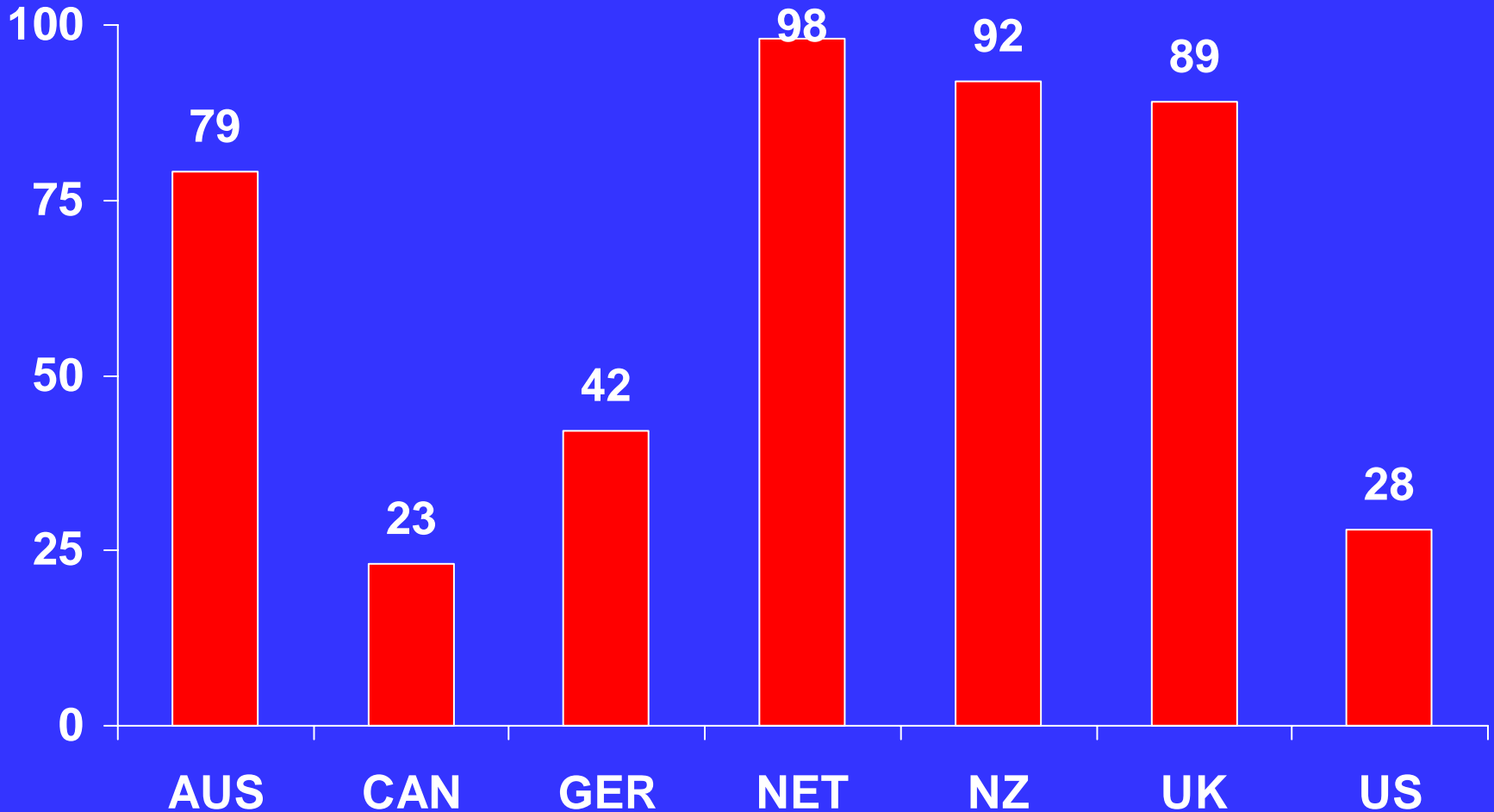
2006 International Health Policy Survey

- **Mail and telephone survey of primary care physicians in Australia, Canada, Germany, the Netherlands, New Zealand, the U.K., and the U.S.**
- **Final samples: 1003 Australia, 578 Canada, 1,006 Germany, 931 the Netherlands, 503 New Zealand, 1,063 United Kingdom, and 1,004 United States**
- **Conducted by Harris Interactive and subcontractors, and in the Netherlands by The Center for Quality of Care Research (WOK), Radboud University Nijmegen, from February 2006 to July 2006.**
- **Co-funding from The Australian Primary Health Care Research Institute, The German Institute for Quality and Efficiency in Health Care, and The Health Foundation**
- **Core Topics: information technology and clinical record systems, access, care coordination, chronic care/use of teams, quality initiatives and financial incentives**

**Primary Care Practices:
Use of Information Technology and Clinical
Information Systems**

Primary Care Doctors Use of Electronic Patient Medical Records, 2006

Percent



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

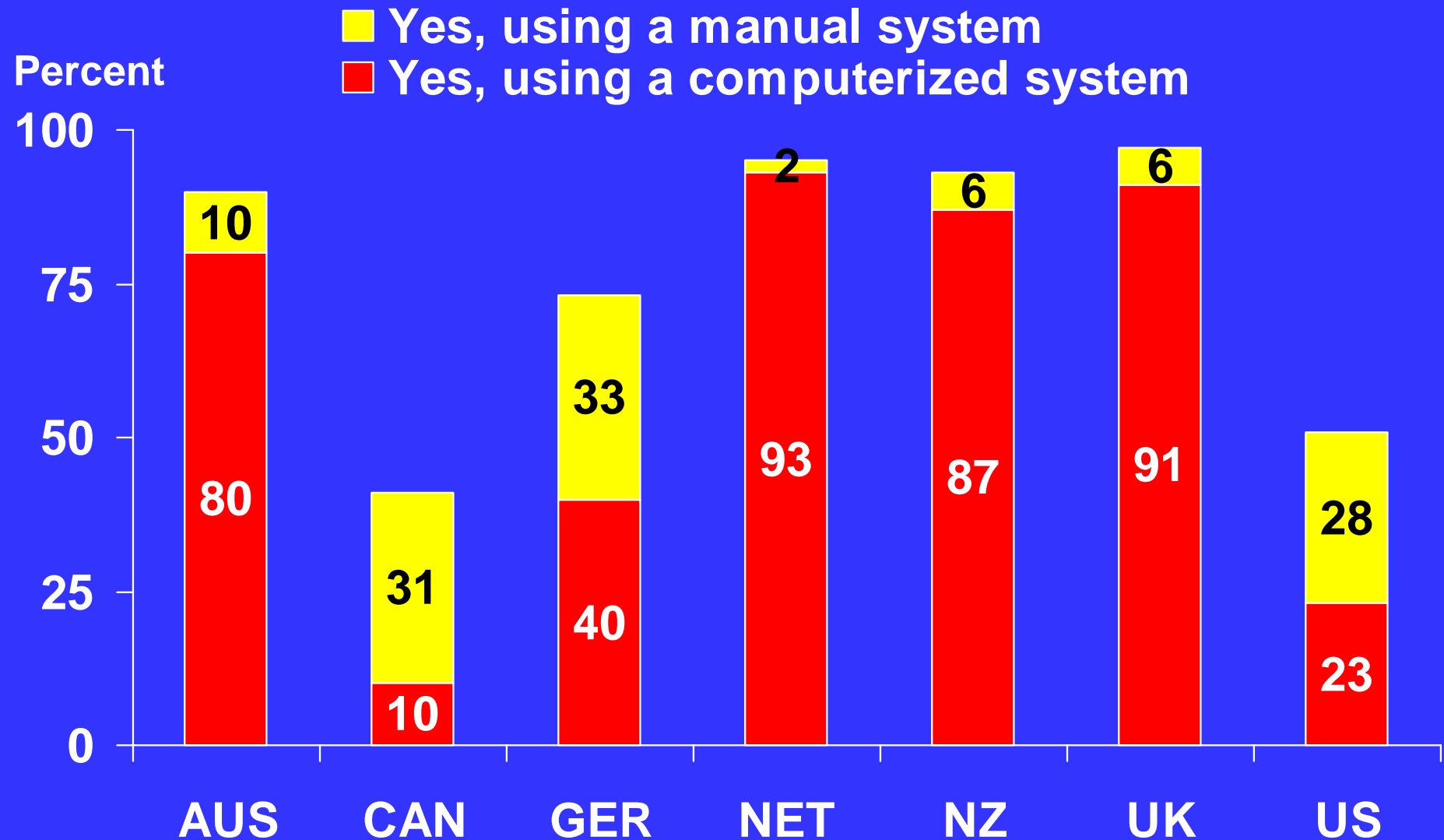
Electronic Medical Record System Access

Percent with capability to:	AUS	CAN	GER	NET	NZ	UK	US
Share records electronically with clinicians outside your practice	10	6	9	45	17	15	12
Access records from outside the office	19	11	16	32	36	22	22
Provide patients with easy access to their records	36	6	15	8	32	50	10

Practice Use of Electronic Technology

Percent reporting <u>routine</u> use of:	AUS	CAN	GER	NET	NZ	UK	US
Electronic ordering of tests	65	8	27	5	62	20	22
Electronic prescribing of medication	81	11	59	85	78	55	20
Electronic access to patients' test results	76	27	34	78	90	84	48
Electronic access to patients' hospital records	12	15	7	11	44	19	40

Doctor Routinely Receives Alert about Potential Problem with Drug Dose/Interaction

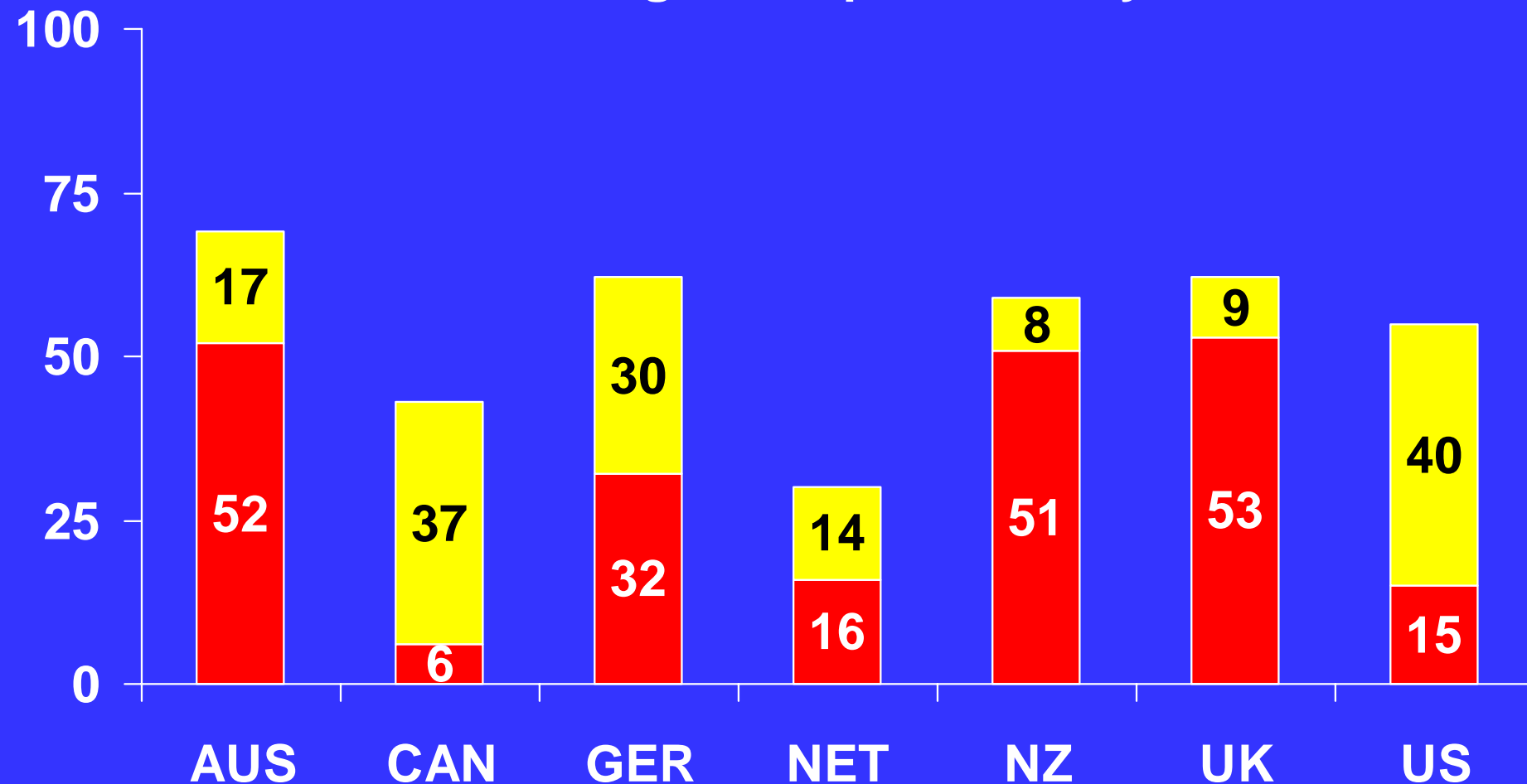


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Doctor Routinely Receives Alert to Provide Patients with Test Results

- Yes, using a manual system
- Yes, using a computerized system

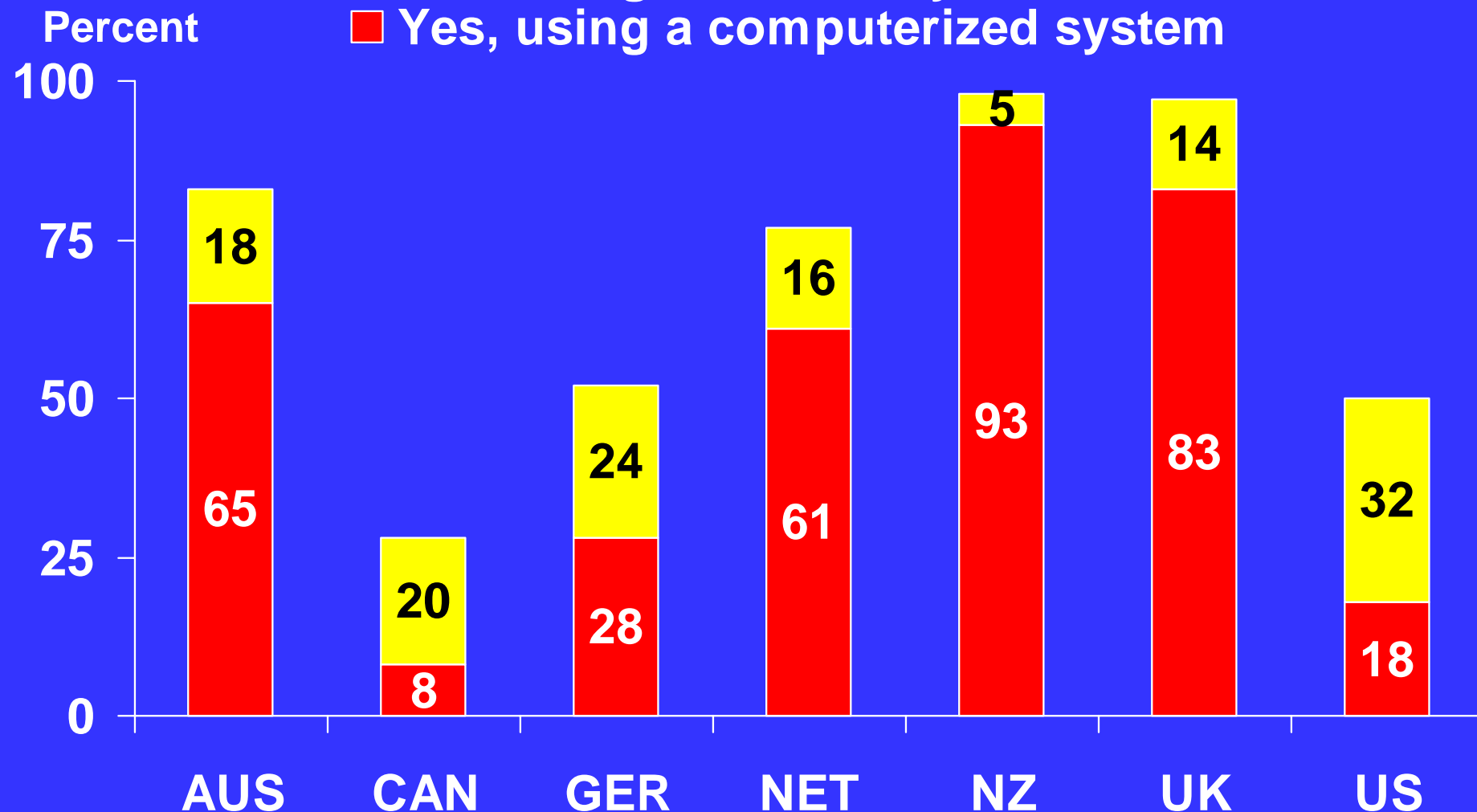
Percent



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Patients Routinely Sent Reminder Notices for Preventive or Follow-Up Care

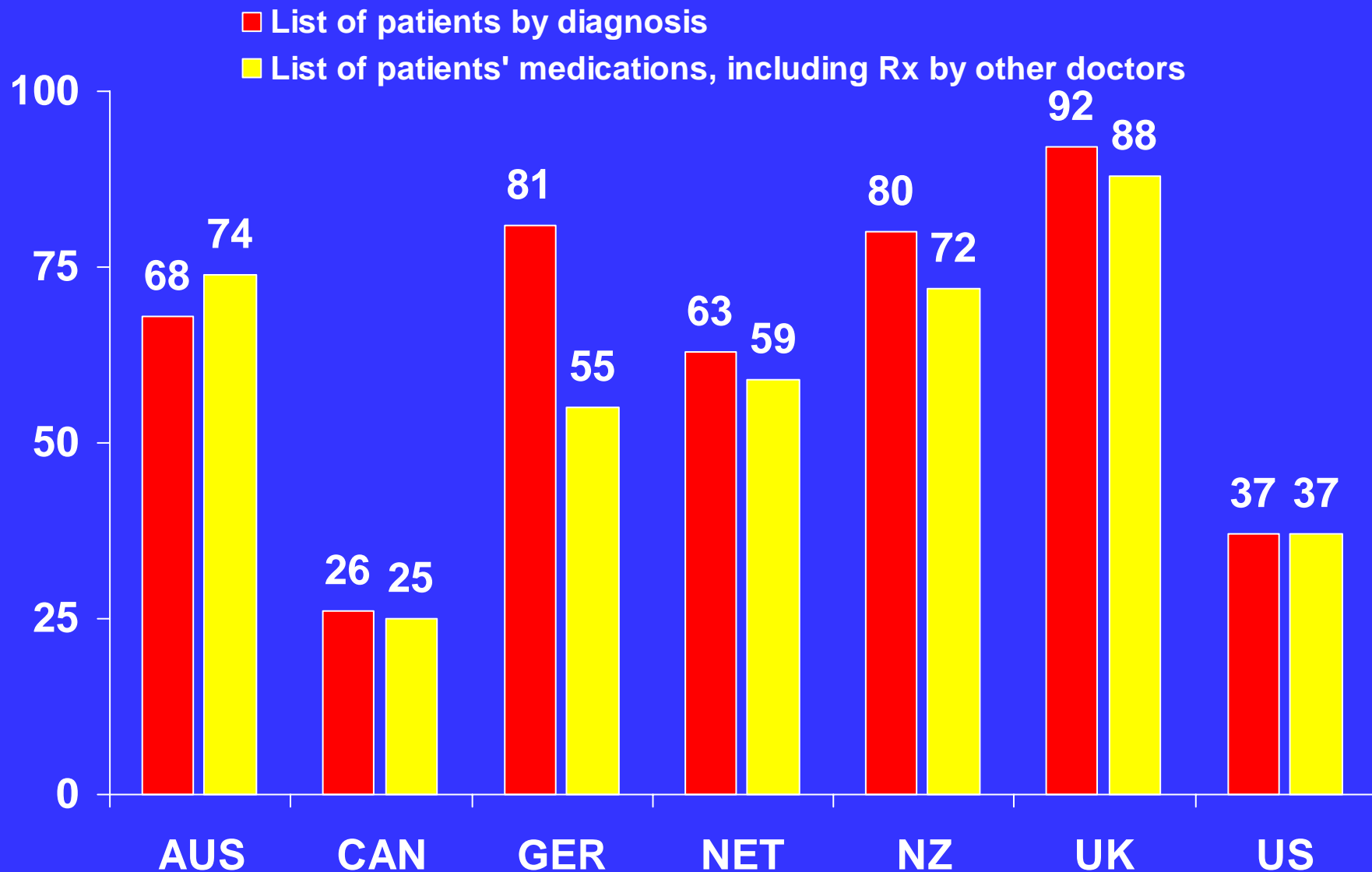
- Yes, using a manual system
- Yes, using a computerized system



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Capacity to Generate Patient Information

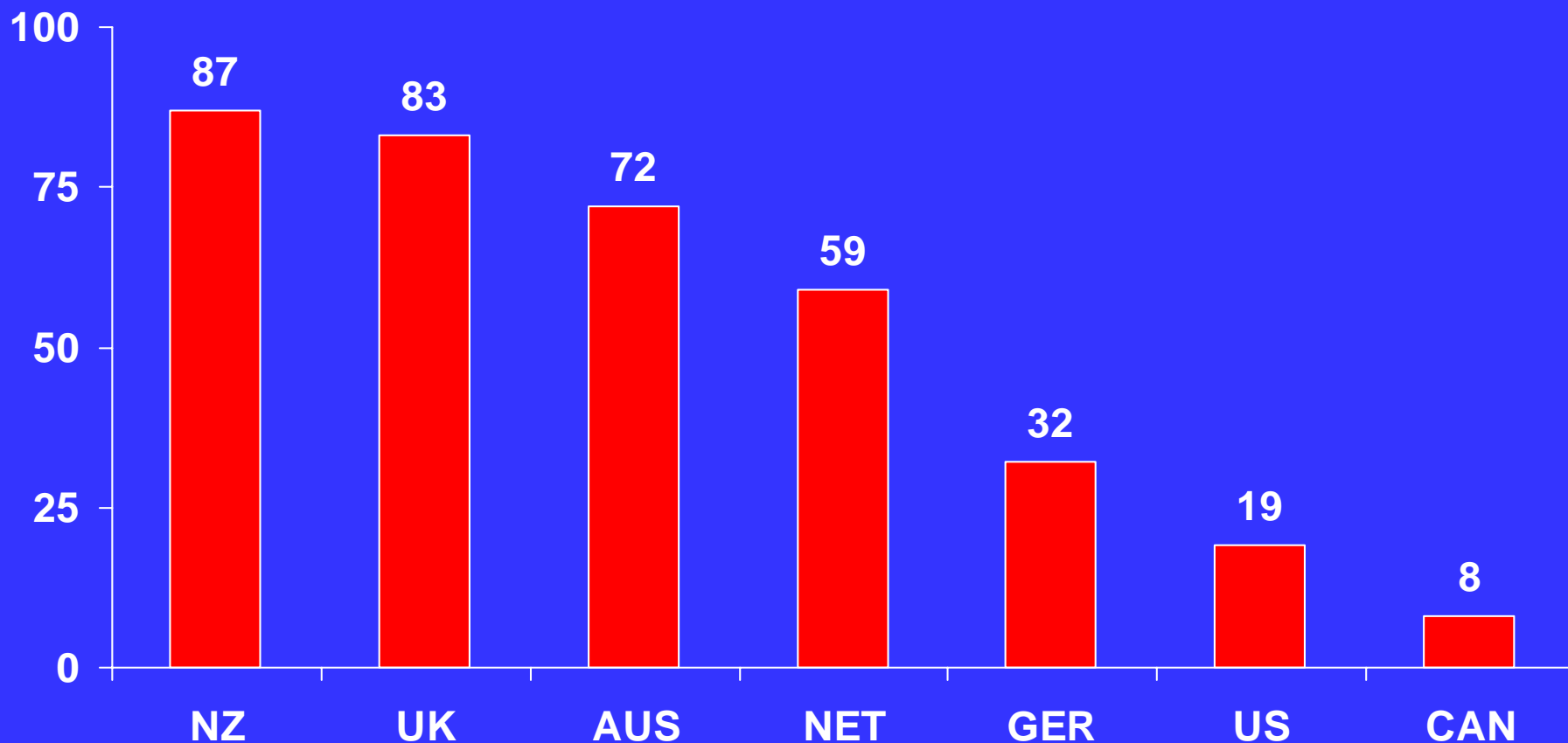
Percent of primary care practices reporting easy to generate



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Primary Care Practices with Advanced Information Capacity

Percent reporting 7 or more out of 14 functions*



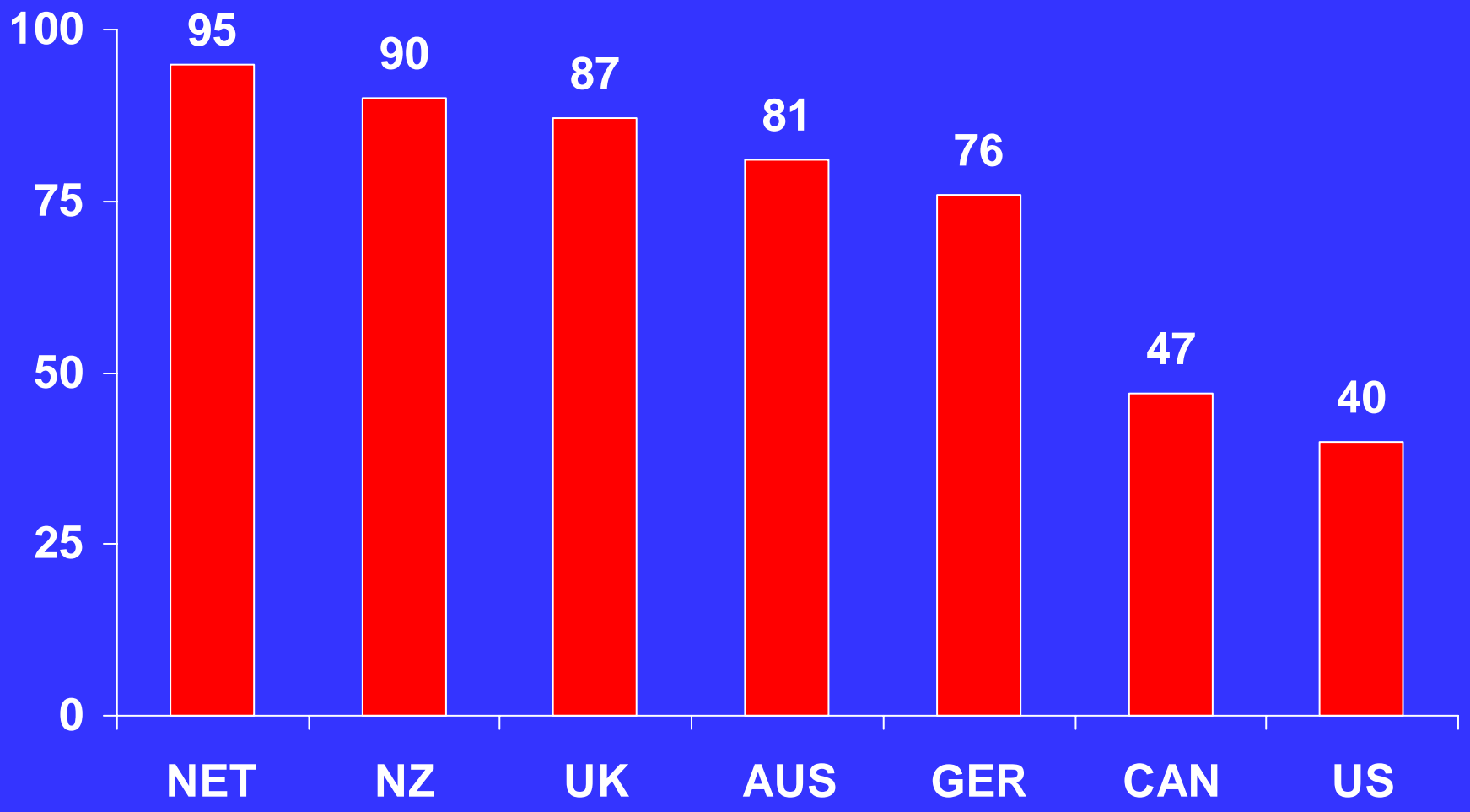
*Count of 14: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt tests results; easy to list diagnosis, medications, patients due for care.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Access Experiences and Office Hours

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

Percent

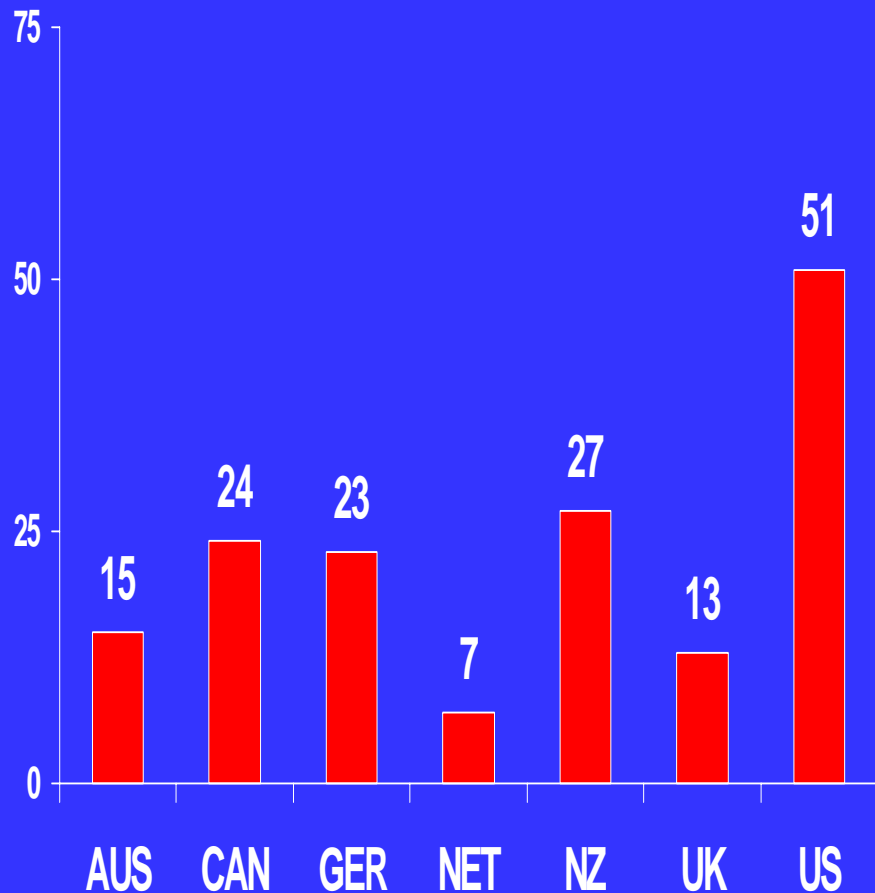


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Physicians' Perception of Patient Access

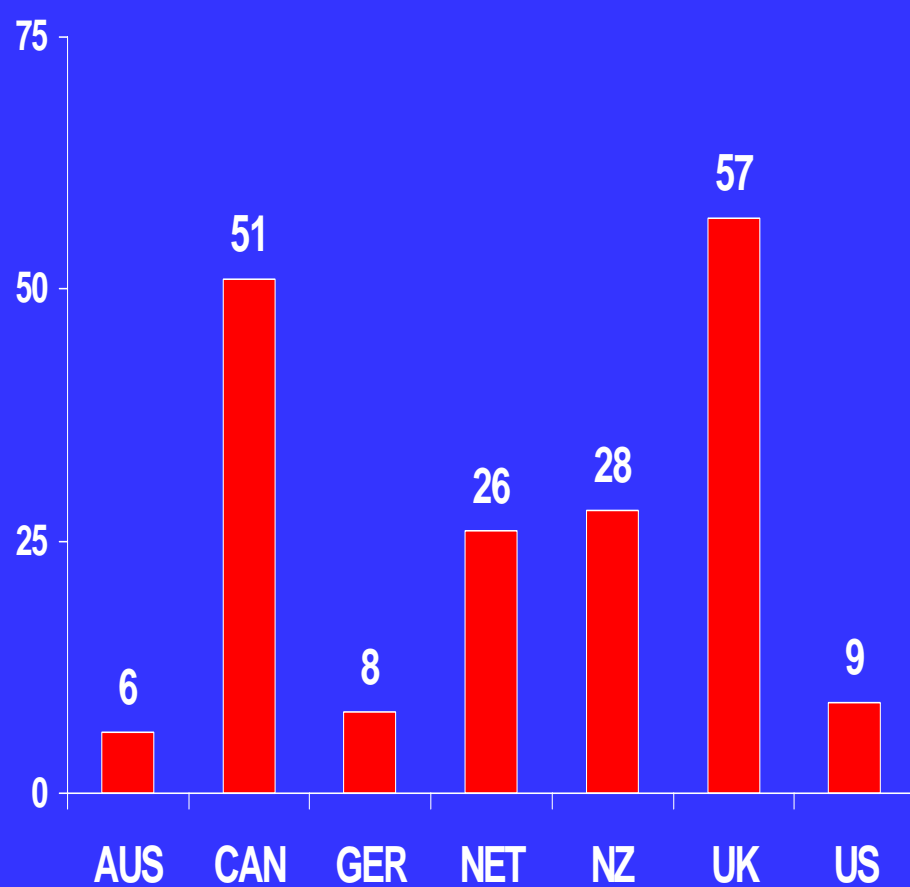
Patients Often Have Difficulty Paying for Medications

Percent



Patients Often Experience Long Waits for Diagnostic Tests

Percent



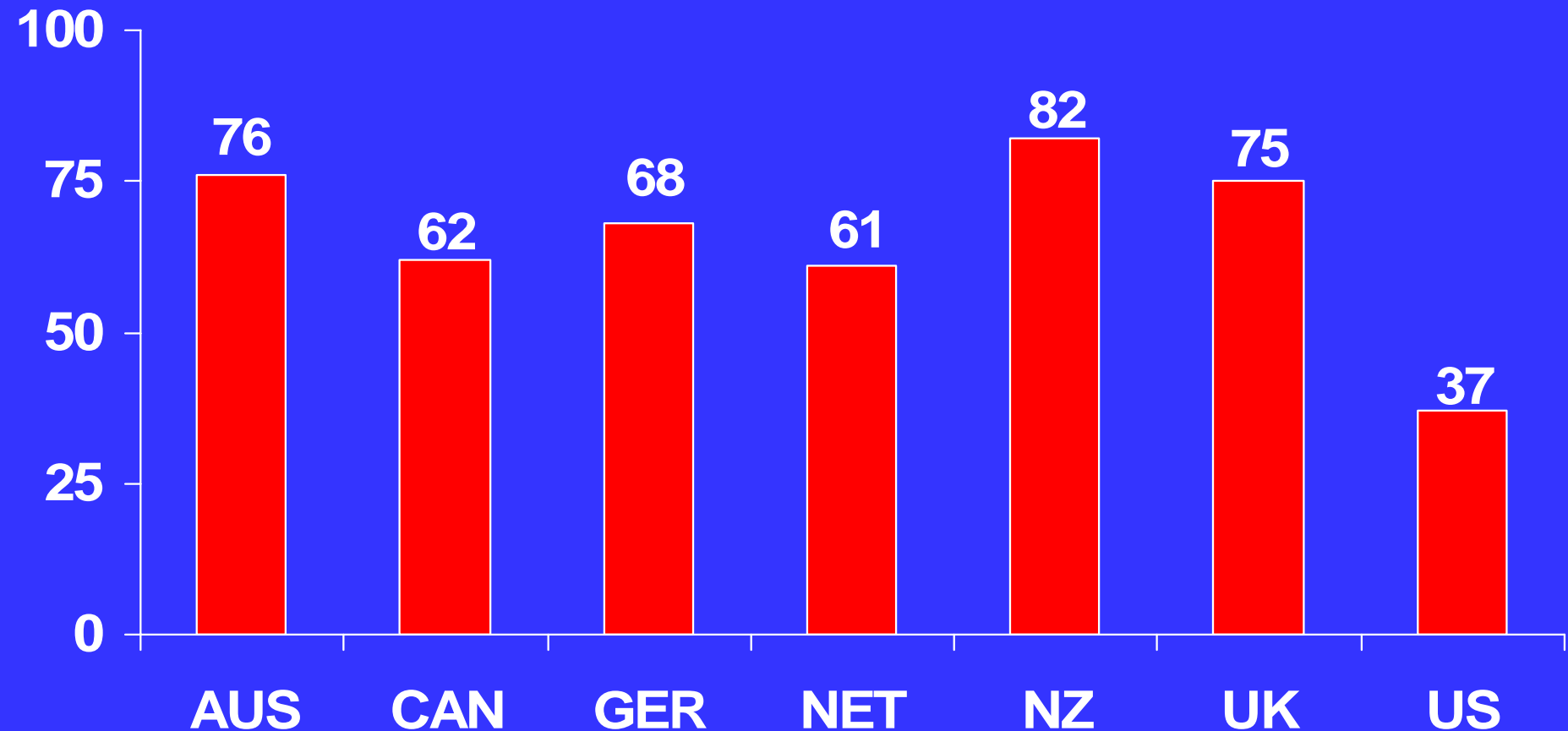
Coordination of Care

Doctors' Reports of Care Coordination Problems

Percent saying their patients "often/sometimes" experienced:	AUS	CAN	GER	NET	NZ	UK	US
Records or clinical information not available at time of appointment	28	42	11	16	28	36	40
Tests/procedures repeated because findings unavailable	10	20	5	7	14	27	16
Problems because care was not well coordinated across sites/providers	39	46	22	47	49	65	37

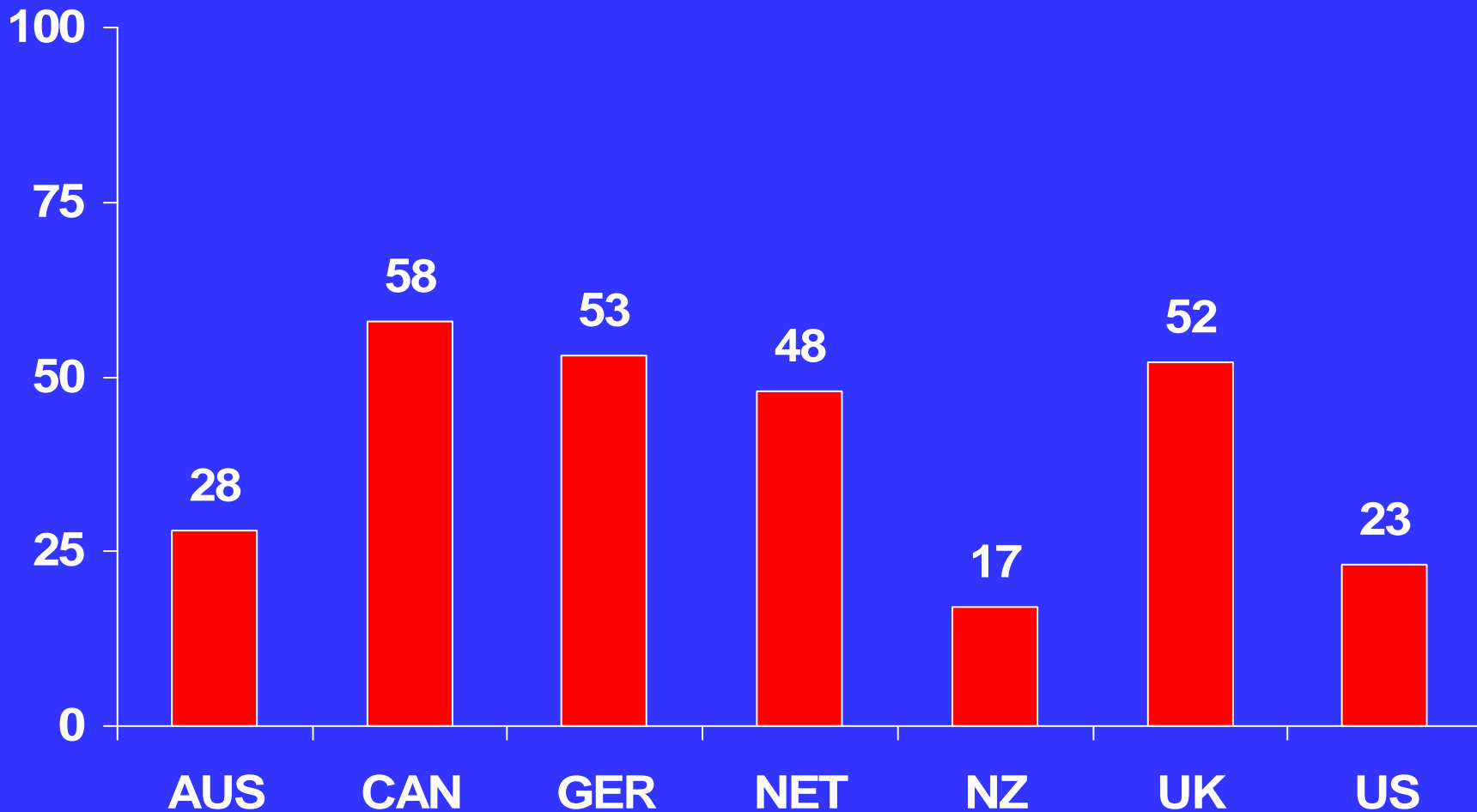
Receive Information Back after Referrals of Patients to Other Doctors/Specialists

Percent reporting receive for “almost all” referrals (80% or more)



Length of Time to Receive a Full Hospital Discharge Report

Percent saying 15 days or more or rarely receive a full report



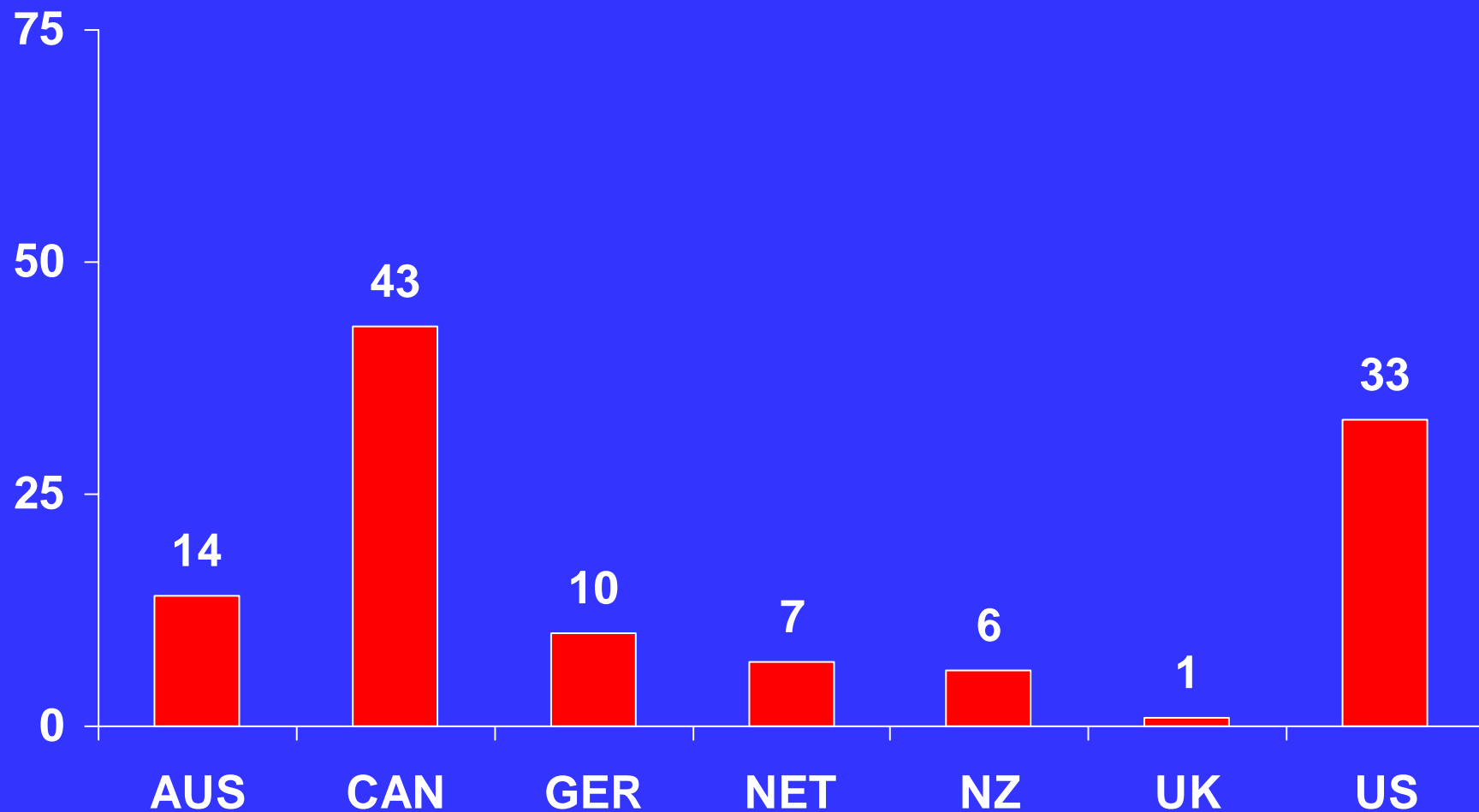
Care for Chronically Ill Patients and Use of Teams

Percent of Doctors Reporting Practice Is Well Prepared to Care for Chronic Diseases

Percent reporting “well prepared”:	AUS	CAN	GER	NET	NZ	UK	US
Patients with multiple chronic diseases	69	55	93	75	67	76	68
Patients with mental health problems	50	40	70	65	48	55	37

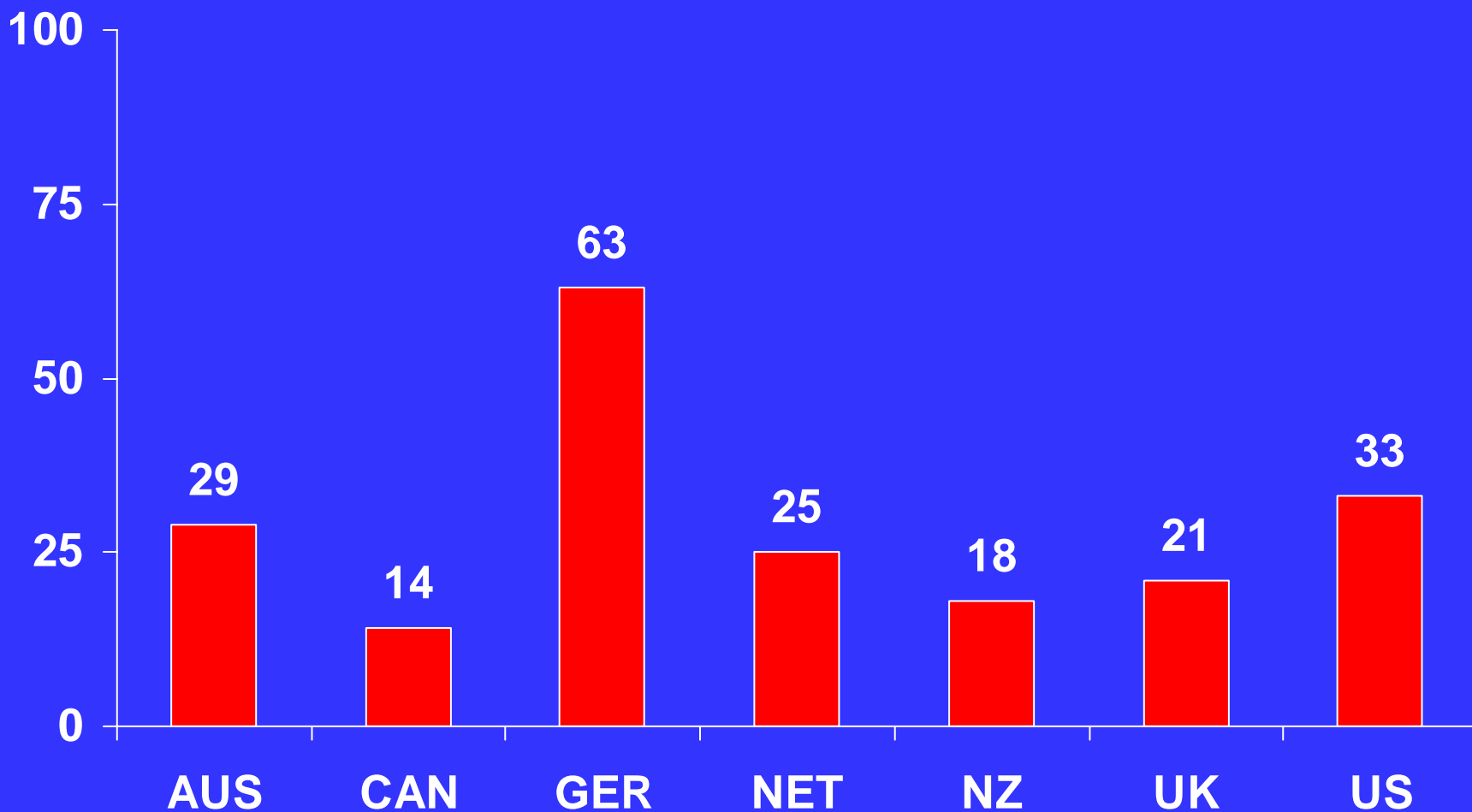
Capacity to Generate List of Patients by Diagnosis

Percent reporting very difficult or cannot generate



Doctor Routinely Gives Patients with Chronic Diseases Plan to Manage Care at Home

Percent gives written plan



Use of Multi-Disciplinary Teams and Non-Physicians

	AUS	CAN	GER	NET	NZ	UK	US
Practice routinely uses multi-disciplinary teams:							
Yes	32	32	49	50	30	81	29
Practice routinely uses clinicians other than doctors to:							
Help manage patients with multiple chronic diseases	38	25	62	46	57	73	36
Provide primary care services	38	22	56	33	51	70	39

Quality Initiatives

Physician Participation in Activities to Improve Quality of Care

	AUS	CAN	GER	NET	NZ	UK	US
Percent in past 2 years who:							
Participated in collaborative QI efforts	58	48	76	70	78	58	49
Conducted clinical audit of patient care	76	45	69	46	82	96	70
Percent reporting their practice:							
Sets formal targets for clinical performance	26	27	70	35	41	70	50

Availability of Data on Clinical Outcomes or Performance

Percent reporting yes:	AUS	CAN	GER	NET	NZ	UK	US
Patients' clinical outcomes	36	24	71	37	54	78	43
Surveys of patient satisfaction and experiences	29	11	27	16	33	89	48

Practice Had Documented Process for Follow-Up/Analysis of Adverse Events

	AUS	CAN	GER	NET	NZ	UK	US
Yes, for all adverse events	35	20	32	7	41	79	37
Yes, for adverse drug reactions only	21	19	26	10	19	8	19
Do Not have a process	44	58	42	82	40	13	41

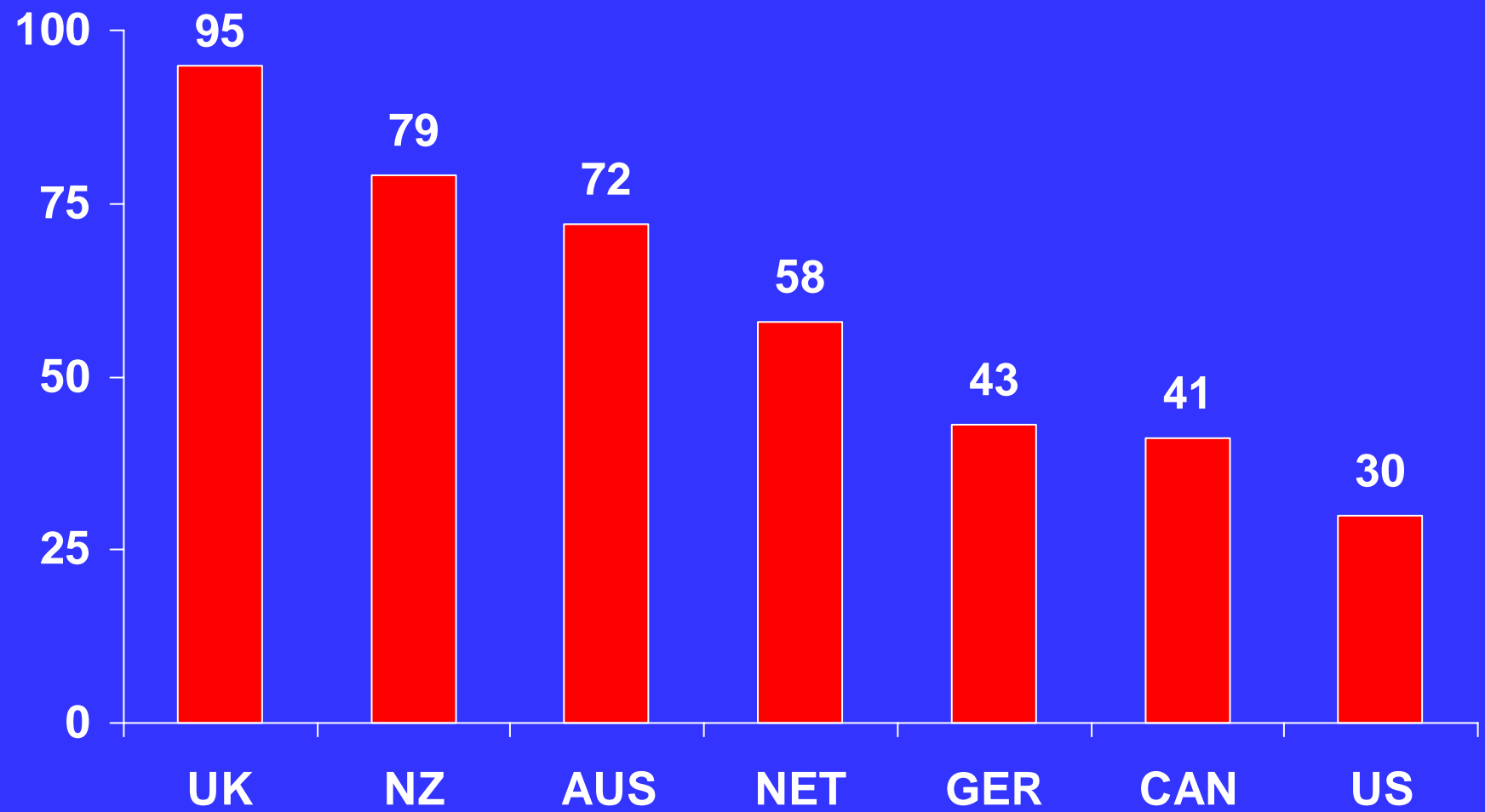
Primary Care Doctors' Reports of Financial Incentives Targeted on Quality of Care

Percent receive financial incentive:*	AUS	CAN	GER	NET	NZ	UK	US
Achieving certain clinical care targets	33	10	9	6	43	92	23
High ratings for patient satisfaction	5	-	5	1	2	52	20
Managing patients with chronic disease/complex needs	62	37	24	47	68	79	8
Enhanced preventive care activities	53	13	28	18	42	72	12
Participating in quality improvement activities	35	7	21	28	47	82	19

*Receive or have the potential to receive

Primary Care Doctors' Reports of Any Financial Incentives Targeted on Quality of Care

Percent reporting any financial incentive*



*Receive or have potential to receive payment for: clinical care targets, high patient ratings, managing chronic disease/complex needs, preventive care, or QI activities

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Primary Care: Summary and Implications

- **Striking differences across the countries in elements of primary care practice systems that underpin quality and efficiency**
- **Physicians in Australia, the Netherlands, New Zealand and the UK most likely to report multi-task IT systems; U.S. and Canada lag behind**
- **Reports indicate varying capacity to care for patients with multiple chronic conditions or coordinate care with decision support**
- **Integration and coordination are a shared challenge**
- **Widespread primary care doctor participation in a range of quality improvement activities although safety tracking systems are rare except in the U.K.**
- **U.S. stands out for financial barriers and also has limited after-hours access**

Opportunities to Learn to Inform Policy

- **Country patterns reflect underlying strategic policy choices and extent to which policies are national in scope**
 - **Payment policies for quality and care management**
 - **IT: Investing in primary care capacity and interconnectedness**
 - **After hours access**
 - **Chronic disease management and use of teams**
- **Primary care “redesign” is central to initiatives to improve health care system performance internationally**
- **Evidence that national “system” focus is essential to build capacity**
- **Striking country differences in primary care practices and national initiatives offer rich opportunities to learn**

Acknowledgements

With appreciation to:

- **Co-Authors: Phuong Trang Huynh, Michelle Doty, Jordan Peugh and Kinga Zapert, “On the Front Lines of Care: Primary Care Doctors’ Office Systems, Experiences, and Views in Seven Countries,” *Health Affairs Web* (November 2, 2006).**
- **Developing and Conducting Survey: Harris Interactive and Associates**
- **Conducting Survey in the Netherlands: The Center for Quality of Care Research (WOK), Radboud University Nijmegen**
- **Co-Funders: The Australian Primary Health Care Research Institute, The German Institute for Quality and Efficiency in Health Care, and The Health Foundation**