The Commonwealth Fund
International Health Policy Surveys

November 17, 2011

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Vice President and Director
International Program in Health Policy and Innovation
Commonwealth Fund International Surveys

General Population
Conducted every three years
• 1998, 5 countries
• 2001, 5 countries
• 2004, 5 countries
• 2007, 7 countries

Sicker Adults
Conducted every three years
• 1999, 5 countries (Elderly)
• 2002, 5 countries
• 2005, 5 countries
• 2008, 8 countries (Chronically Ill)
• 2011, 11 countries

Physicians
• 2000, 5 countries: Primary Care and Specialists
• 2006, 6 countries: Primary Care
• 2009, 11 countries: Primary Care

Other
• 2003 Survey of Hospital Executives; 5 countries
Questionnaire Categories

Overall Views
- Views of health care system
- Confidence in care
- Doctor rating
- Waste and Inefficiency

Access
- Financial barriers
- Same-day appointments
- After-hours care
- Waiting times: surgery/specialists
- Email
- Telephone contact
- Out-of-pocket costs

Doctor-Patient Relationship
- Communication
- Involvement in decision-making

Prevention & Health Promotion
- Reminders for preventive care
- Appropriateness and recommended care

Coordination
- Specialist care/care from other doctors
- Coordination after hospital discharge
- Coordination after ER visit
- Availability/duplication of tests
- Conflicting information
- Communication between providers

Information Technology in Practice
- Electronic Medical Records
- Ordering, Prescribing, Tracking, Tests, Alerts, etc.

Patient Safety
- Medication/medical errors
- Lab errors
- Provider follow-up after adverse events
- System to track/address errors in primary care

Primary Care
- Satisfaction with practice
- Plans to leave practice
<table>
<thead>
<tr>
<th>Questionnaire Categories</th>
<th>Quality Improvement in Practice</th>
<th>Choice of Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Performance data</td>
<td>• Choice</td>
</tr>
<tr>
<td></td>
<td>• Financial Incentives</td>
<td>• Information availability/use</td>
</tr>
<tr>
<td></td>
<td>• Use of guidelines</td>
<td>• Engagement in treatment options</td>
</tr>
<tr>
<td>Chronic Illness</td>
<td>• Multiple chronic conditions</td>
<td>Medications</td>
</tr>
<tr>
<td></td>
<td>• Prescription drugs</td>
<td>• Reviewed by doctor and pharmacist</td>
</tr>
<tr>
<td></td>
<td>• Disease management</td>
<td>• Adherence</td>
</tr>
<tr>
<td></td>
<td>• Support for self-management</td>
<td>Complexity of System</td>
</tr>
<tr>
<td></td>
<td>• Use of teams</td>
<td>• Paperwork</td>
</tr>
<tr>
<td></td>
<td>• Preventive care</td>
<td>• Billing/medical bills</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>• Waiting time</td>
<td>Health Care Coverage</td>
</tr>
<tr>
<td></td>
<td>• Non-urgent care</td>
<td>• Public/private coverage</td>
</tr>
<tr>
<td></td>
<td>• Quality of care/pain control</td>
<td>• Gaps in coverage</td>
</tr>
<tr>
<td>Hospital</td>
<td>• Hospital-acquired Infections</td>
<td>• Out-of-pocket costs</td>
</tr>
<tr>
<td></td>
<td>• Nurse staffing</td>
<td>Demographics</td>
</tr>
<tr>
<td></td>
<td>• Pain control</td>
<td>• Income</td>
</tr>
<tr>
<td></td>
<td>• Discharge experience</td>
<td>• Education</td>
</tr>
<tr>
<td></td>
<td>• Readmissions</td>
<td>• Gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Race</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Age</td>
</tr>
</tbody>
</table>
Barriers to Care
Out-of-Pocket Spending and Problems Paying Medical Bills in Past Year, 2011

More than US$1,000 OOP Costs

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
<table>
<thead>
<tr>
<th>Percent because of costs:</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not fill prescription or skipped doses</td>
<td>16</td>
<td>15</td>
<td>11</td>
<td>14</td>
<td>8</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Had a medical problem but did not visit doctor</td>
<td>17</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>7</td>
<td>18</td>
<td>8</td>
<td>6</td>
<td>11</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Skipped test, treatment, or follow-up</td>
<td>19</td>
<td>7</td>
<td>9</td>
<td>13</td>
<td>8</td>
<td>15</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Yes to at least one of the above</td>
<td>30</td>
<td>20</td>
<td>19</td>
<td>22</td>
<td>15</td>
<td>26</td>
<td>14</td>
<td>11</td>
<td>18</td>
<td>11</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
After-Hours Care and Emergency Room Use, 2011

Difficulty Getting After-Hours Care Without Going to the ER

Used ER in Past Two Years

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Policy Implications

• Insurance design matters
  – Cost-sharing or lack of insurance create serious barriers to access to care
  – Subsidies, exemptions, caps on OOP spending, and other protections for vulnerable populations are critical

• Having a primary care doctor does not ensure access at the time patients need care

• Difficulty getting same-day access and after-hours care translates into higher ER use
Care Coordination and Transitions
## Coordination Problems in the Past Two Years, 2011

<table>
<thead>
<tr>
<th>Percent</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test results/records not available at appointment and/or duplicate tests ordered</td>
<td>19</td>
<td>25</td>
<td>20</td>
<td>16</td>
<td>18</td>
<td>15</td>
<td>22</td>
<td>16</td>
<td>11</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Providers failed to share important information with each other</td>
<td>12</td>
<td>14</td>
<td>13</td>
<td>23</td>
<td>15</td>
<td>12</td>
<td>19</td>
<td>18</td>
<td>10</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Specialist did not have information about medical history and/or regular doctor not informed about specialist care</td>
<td>19</td>
<td>18</td>
<td>37</td>
<td>35</td>
<td>17</td>
<td>12</td>
<td>25</td>
<td>20</td>
<td>9</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
* Last time hospitalized or had surgery, did NOT: 1) receive instructions about symptoms and when to seek further care; 2) know who to contact for questions about condition or treatment; 3) receive written plan for care after discharge; 4) have arrangements made for follow-up visits; and/or 5) receive very clear instructions about what medicines you should be taking.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Policy Implications

• Greater interoperability of electronic health records is needed to ensure that information follows the patient

• Greater coordination is needed between primary care doctors and specialists to ensure quality and safety

• Gaps in care transitions between hospital and home can place patients at risk for adverse events and avoidable readmissions

• Lack of coordination is inefficient and costly to health systems

• Care systems need to be re-designed around patients and payment mechanisms are needed to promote system integration
Chronic Care and Self-Management
### Patient Engagement in Care, 2008

Base: Adults with any chronic condition

<table>
<thead>
<tr>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>AUS</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Regular doctor <em>always</em> tells you about treatment options and involves you in decisions*</td>
</tr>
<tr>
<td>Your clinician gives you a written plan to manage care at home</td>
</tr>
</tbody>
</table>

* Among those with regular doctor or place of care.

Data collection: Harris Interactive, Inc.
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.
Role of Nurse in Care Management, 2008

Base: Adults with any chronic condition
Percent said nurse is regularly involved in management of condition

Data collection: Harris Interactive, Inc.
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.
Adults with Hypertension/Diabetes Received Recommended Care,* by Self-Management Plan or Nurse Involvement, 2005

* Includes blood pressure and cholesterol checked for hypertension; Hemoglobin A1c and cholesterol checked, and feet and eyes examined for diabetes

2005 Commonwealth Fund International Health Policy Survey.
Between Doctor Visits, Has a Health Care Professional Who…:

You can easily call to ask a question or get advice

Contacts you to see how things are going

Base: Has chronic condition.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Prescription Drug Adherence, 2008

Patient Skipped or Stopped Taking Rx

Did NOT Tell Doctor or Nurse They Skipped or Stopped Rx

Base: Has any chronic condition and takes Rx

Base: Has any chronic condition and skipped or stopped taking Rx

Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults
Doctors Did Not Regularly Review All Medications in Past Two Years, 2008

Base: Adults with any chronic condition and taking Rx medications regularly
Percent reported doctors or pharmacists sometimes/rarely/never reviewed and discussed all medications they were using

Data collection: Harris Interactive, Inc.
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.
Policy Implications

• Chronically ill patients need to be further empowered and supported in self-management, including being given a plan to manage care at home

• Nurses and teams that support patients in self-management can contribute to better care and outcomes

• Lack of patient adherence is a concern and strategies, such as, more patient engagement in care decisions and ongoing support, are needed

• Failure to review all medications put patients at risk for potential drug interactions, duplicate prescriptions, hospital admissions, and less than optimally effective medication regimens
Primary Care Practice Infrastructure and Capacity for Improvement
## Computerized Capacity to Generate Patient Information, 2009

<table>
<thead>
<tr>
<th>Percent report the computerized capacity to generate:</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>ITA</th>
<th>NET</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of patients by diagnosis</td>
<td>93</td>
<td>37</td>
<td>20</td>
<td>82</td>
<td>86</td>
<td>73</td>
<td>97</td>
<td>57</td>
<td>74</td>
<td>90</td>
<td>42</td>
</tr>
<tr>
<td>List of patients by lab result</td>
<td>88</td>
<td>23</td>
<td>15</td>
<td>56</td>
<td>76</td>
<td>62</td>
<td>84</td>
<td>49</td>
<td>67</td>
<td>85</td>
<td>29</td>
</tr>
<tr>
<td>List of patients who are due or overdue for tests/preventive care</td>
<td>95</td>
<td>22</td>
<td>19</td>
<td>65</td>
<td>76</td>
<td>69</td>
<td>96</td>
<td>32</td>
<td>41</td>
<td>89</td>
<td>29</td>
</tr>
<tr>
<td>List of all medications taken by an individual patient*</td>
<td>94</td>
<td>25</td>
<td>24</td>
<td>65</td>
<td>78</td>
<td>61</td>
<td>96</td>
<td>45</td>
<td>49</td>
<td>86</td>
<td>30</td>
</tr>
</tbody>
</table>

* Including those that may be prescribed by other doctors.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
## Doctors Receive Feedback For Quality Improvement, 2009

<table>
<thead>
<tr>
<th>Percent</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>ITA</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice routinely receives and reviews clinical outcomes data</td>
<td>24</td>
<td>17</td>
<td>12</td>
<td>41</td>
<td>40</td>
<td>65</td>
<td>68</td>
<td>25</td>
<td>71</td>
<td>89</td>
<td>43</td>
</tr>
<tr>
<td>Practice routinely receives and reviews patient satisfaction &amp; experience data</td>
<td>52</td>
<td>15</td>
<td>2</td>
<td>24</td>
<td>12</td>
<td>23</td>
<td>65</td>
<td>5</td>
<td>78</td>
<td>96</td>
<td>55</td>
</tr>
<tr>
<td>Doctor’s clinical performance annually reviewed against targets</td>
<td>52</td>
<td>32</td>
<td>30</td>
<td>55</td>
<td>29</td>
<td>41</td>
<td>81</td>
<td>18</td>
<td>46</td>
<td>92</td>
<td>61</td>
</tr>
<tr>
<td>Doctor routinely receives data comparing practices’ clinical performance to other practices</td>
<td>14</td>
<td>11</td>
<td>38</td>
<td>23</td>
<td>--</td>
<td>25</td>
<td>26</td>
<td>3</td>
<td>39</td>
<td>65</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
## Financial Incentives and Targeted Support, 2009

<table>
<thead>
<tr>
<th>Percent can receive financial incentives* for:</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>ITA</th>
<th>NET</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>High patient satisfaction ratings</td>
<td>29</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>19</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>49</td>
<td>19</td>
</tr>
<tr>
<td>Achieving clinical care targets</td>
<td>25</td>
<td>21</td>
<td>6</td>
<td>6</td>
<td>51</td>
<td>23</td>
<td>74</td>
<td>1</td>
<td>5</td>
<td>84</td>
<td>28</td>
</tr>
<tr>
<td>Managing patients w/ chronic disease or complex needs</td>
<td>53</td>
<td>54</td>
<td>42</td>
<td>48</td>
<td>56</td>
<td>61</td>
<td>55</td>
<td>9</td>
<td>2</td>
<td>82</td>
<td>17</td>
</tr>
<tr>
<td>Enhanced preventive care activities**</td>
<td>28</td>
<td>26</td>
<td>14</td>
<td>23</td>
<td>28</td>
<td>17</td>
<td>38</td>
<td>12</td>
<td>2</td>
<td>37</td>
<td>10</td>
</tr>
<tr>
<td>Adding non-physician clinicians to practice</td>
<td>38</td>
<td>21</td>
<td>3</td>
<td>17</td>
<td>44</td>
<td>60</td>
<td>19</td>
<td>7</td>
<td>2</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>Non-face-to-face interactions with patients</td>
<td>10</td>
<td>16</td>
<td>3</td>
<td>7</td>
<td>--</td>
<td>35</td>
<td>5</td>
<td>30</td>
<td>4</td>
<td>17</td>
<td>7</td>
</tr>
</tbody>
</table>

* Including bonuses, special payments, higher fees, or reimbursements.
** Including patient counseling or group visits.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
Policy Implications

• Enhancing capacity of EMRs, including greater decision support and increased interoperability, is needed to support clinicians in managing complex patients.

• Use of performance data and feedback, patient satisfaction surveys, and structured quality improvement activities are key to enabling primary care practices to address deficiencies in care and improve patient experiences.

• Financial incentives can be used as a tool for driving quality improvement and encouraging practices to provide additional services for complex patients.
Medical Homes
Sicker Adults with a Regular Doctor vs. Medical Home, 2011

Patients with a medical home have a regular practice who is accessible, knows them, and helps coordinate their care.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Patient-Doctor Relationship and Communication, by Medical Home

Percent reporting positive patient-doctor relationship and communication*

<table>
<thead>
<tr>
<th>Country</th>
<th>Medical Home</th>
<th>No Medical Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUS</td>
<td>79</td>
<td>52</td>
</tr>
<tr>
<td>CAN</td>
<td>70</td>
<td>38</td>
</tr>
<tr>
<td>FR</td>
<td>72</td>
<td>40</td>
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<tr>
<td>GER</td>
<td>65</td>
<td>50</td>
</tr>
<tr>
<td>NETH</td>
<td>76</td>
<td>40</td>
</tr>
<tr>
<td>NZ</td>
<td>55</td>
<td>36</td>
</tr>
<tr>
<td>NOR</td>
<td>55</td>
<td>28</td>
</tr>
<tr>
<td>SWE</td>
<td>82</td>
<td>51</td>
</tr>
<tr>
<td>SWIZ</td>
<td>79</td>
<td>54</td>
</tr>
<tr>
<td>UK</td>
<td>80</td>
<td>54</td>
</tr>
<tr>
<td>US</td>
<td>80</td>
<td>41</td>
</tr>
</tbody>
</table>

* Regular doctor always/often: spends enough time with you, encourages you to ask questions, and explains things in a way that is easy to understand.

Base: Has a regular doctor/place of care.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Experienced Coordination Gaps in Past Two Years, by Medical Home, 2011

* Test results/records not available at time of appointment, doctors ordered test that had already been done, providers failed to share important information with each other, specialist did not have information about medical history, and/or regular doctor not informed about specialist care.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Medical, Medication, or Lab Test Errors in Past Two Years, by Medical Home, 2011

* Reported medical mistake, medication error, and/or lab test error or delay in past two years.

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Rated Quality of Care in Past Year as “Excellent” or “Very Good,” by Medical Home, 2011

Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.
Policy Implications

• Having a “Medical Home” – a regular doctor who knows your medical history, can be easily reached during the day, and coordinates your care – makes a difference

• Patients with a “Medical Home” report better doctor/patient relationship, care coordination, fewer medical errors, and rate the quality of their care higher

• Primary care redesign is central to improving health system performance
Commonwealth Fund International Symposium on Health Care Policy

Annual Release of Survey Findings to Ministers’ Panel

Followed by Ministers’ Policy Roundtable

Carolyn Clancy, AHRQ (US); The Rt. Hon. Andrew Lansley MP (UK); The Hon. Annette Widmann-Mauz MP (GER)

The Hon. Robin Martin Kåss (NOR); The Hon. Karin Johansson (SWE); The Hon. Pascal Strupler (SWIZ)
Media Coverage of International Surveys

- New York Times
- Washington Post
- Boston Globe
- CNN
- National Public Radio
- PBS Newshour
- ABC News
- Bloomberg
- Guardian (UK)
- Times (UK)
- Daily Mail (CAN)
- Globe and Mail (CAN)
- The Australian
- NZ Herald News
- Norwegian Broadcasting Corporation
Media Coverage of International Surveys

The New York Times

May 3, 2009

Going Dutch

By RUSSELL SHORTO

PICTURE ME, IF YOU WILL, as I settle at my desk to begin my workday, and feel free to use a Vermeer image as your template. The pale-yellow light that gives Dutch paintings their special glow suffuses the room. The interior is simple, with high walls and beam across the ceiling. The view through the windows of the 17th-century house in which I have my apartment is of similarly gabled buildings lining the other side of one of Amsterdam’s oldest canals. Only instead of a plump maid or a raffish soldier at the center of the insurance company to refuse to accept a client, or to charge more for a client based on age or health. Where in the United States insurance companies try to wriggle out of covering chronically ill patients, in the Dutch system the government oversees a fund from which insurers that take on more high-cost clients can be compensated. It seems to work. A study by the Commonwealth Fund found that 54 percent of chronically ill patients in the United States avoided some form of medical attention in 2008 because of costs, while only 7 percent of chronically ill people in the Netherlands did so for financial reasons.

July 19, 2009

Why We Must Ration Health Care

By PETER SINGER

You have advanced kidney cancer. It will kill you, probably in the next year or two. A drug called Sutent slows the spread of the cancer and may give you an extra six months, but at a cost of $54,000. Is a few more months worth that much?

In any case, it isn’t only uninsured Americans who can’t afford treatment. President Obama has spoken about his mother, who died from ovarian cancer in 1995. The president said that in the last weeks of her life, his mother “was spending too much time worrying about whether she had health insurance would cover her bills” — an experience, the president went on to say, that his mother shared with millions of other Americans. It is also an experience more common in the United States than in other developed countries. A recent Commonwealth Fund study led by Cathy Schoen and Robin Osborn surveyed adults with chronic illness in Australia, Canada, France, Germany, the Netherlands, New Zealand, the United Kingdom and the United States. Far more Americans reported forgoing health care because of cost. More than half (54 percent) reported not filling a prescription, not visiting a doctor when sick or not getting recommended care. In comparison, in the United Kingdom the figure was 13 percent, and in the Netherlands, only 7 percent. Even among Americans with insurance, 43 percent reported that cost was a problem that had limited the treatment they received.
Survey Publications

Recent Commonwealth Fund International Survey findings published by:

- *Health Affairs*
- *Commonwealth Fund National Scorecard and "Mirror, Mirror" report* PLUS *Congressional Testimony*
- *Health Policy*
- *International Journal for Quality in Health Care*
- *BMC Health Services Research*
- *International Journal of Clinical Practice*
- *Evaluation & the Health Professions*
- *Clinical Therapeutics*
- *Canadian Family Physician*
- *Medisch Contact* (Netherlands)
- *Deutsches Ärzteblatt* (Germany)
- *Canadian Health Services Research Foundation*
- *Health Council of Canada*
- *Haute Autorité de Santé* (French National Authority for Health)
- *Scientific Insititute for Quality of Healthcare (IQ healthcare)* (Netherlands)
- *Australian Safety and Quality Commission and NSW Bur of Health Info*