

The Commonwealth Fund 2008 International Health Policy Survey in Eight Countries

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The Commonwealth Fund

November 2008

2008 International Health Policy Survey

- Telephone survey of "sicker" adults in 8 countries*
- Analysis of adults with at least one chronic condition (hypertension, heart disease, diabetes, arthritis, lung problems, depression, cancer)
- Final samples: Australia (593), Canada (1,956), France (851), Germany (867), Netherlands (736), New Zealand (518), United Kingdom (933), and United States (1,007)
- Conducted from March to May 2008 by Harris Interactive and subcontractors, and The Center for Quality of Care Research in the Netherlands
- Cofunded in Canada, France, Germany, the Netherlands, and the United Kingdom

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^{*} Initially screened adults met at least one of the following criteria: health is fair or poor; serious illness in past 2 years; hospitalized or had major surgery in past 2 years.

2008 Survey Profile of Sicker Adults with Any Chronic Condition

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Age 50 or older	56	57	67	72	73	58	71	58
Has 2+ chronic conditions (out of 7)	63	62	53	56	55	51	61	71
Health care use in past 2 years:								
Hospitalized	58	47	57	58	45	59	42	48
Major surgery	25	29	33	36	23	29	26	34
Saw 4+ doctors	38	32	31	50	34	34	31	38
Taking 4+ prescription medications regularly	33	41	38	39	39	35	50	48

Data collection: Harris Interactive, Inc.



Health System Views and Costs



Overall Views of the Health Care System in Eight Countries

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Only minor changes needed	22	32	41	21	42	29	38	20
Fundamental changes needed	57	50	33	51	46	48	48	46
Rebuild completely	20	16	23	26	9	21	12	33

Data collection: Harris Interactive, Inc.



Perception of Inefficient or Wasteful Care

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Doctor recommended treatment you thought had little or no benefit	22	22	35	24	14	19	15	27
Often/sometimes felt time was wasted due to poorly organized care	26	29	20	31	21	23	18	36
Either/both experiences	38	40	43	43	28	34	27	46

Data collection: Harris Interactive, Inc.



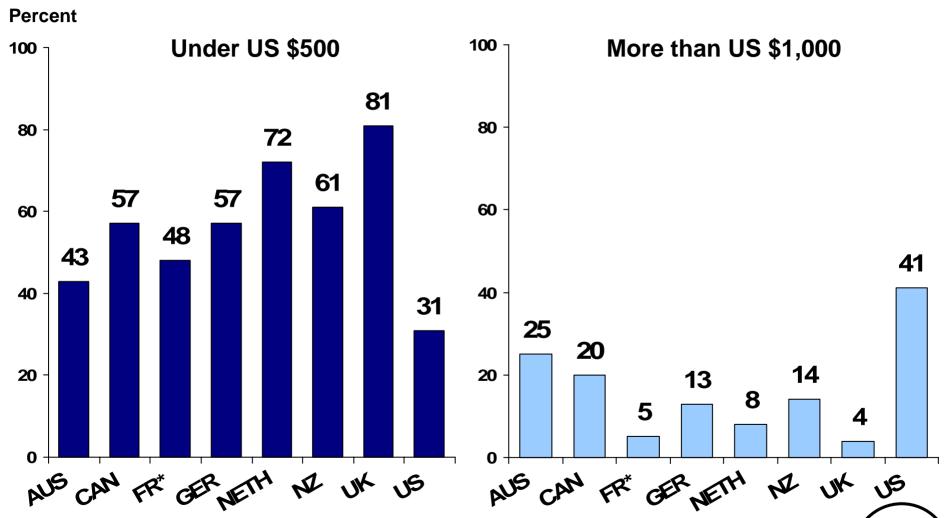
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Out-of-Pocket Medical Costs in Past Year

Base: Adults with any chronic condition



^{* 44} percent of French respondents were unable to estimate out-of-pocket costs.

Data collection: Harris Interactive, Inc.

Access



Cost-Related Access Problems in Past Two Years

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Did <i>not</i> fill Rx or skipped doses	20	18	13	12	3	18	7	43
Did <i>not</i> visit a doctor when had a medical problem	21	9	11	15	3	22	4	36
Did <i>not</i> get recommended test, treatment, or follow-up	25	11	13	13	3	18	6	38
Any of the above access problems because of cost	36	25	23	26	7	31	13	54

Data collection: Harris Interactive, Inc.



Length of Time with Regular Doctor or Place

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Has regular doctor or place of care	96	97	99	99	100	98	99	91
With regular doctor or place for five years or more*	58	64	75	79	79	61	73	49

Data collection: Harris Interactive, Inc.



^{*} Base includes those with and without a regular doctor or place of care.

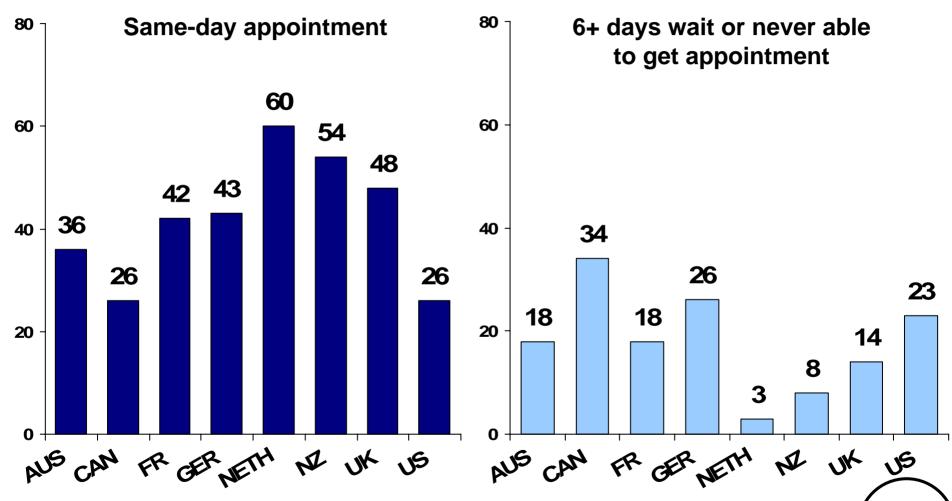
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Access to Doctor When Sick or Needed Care

Base: Adults with any chronic condition





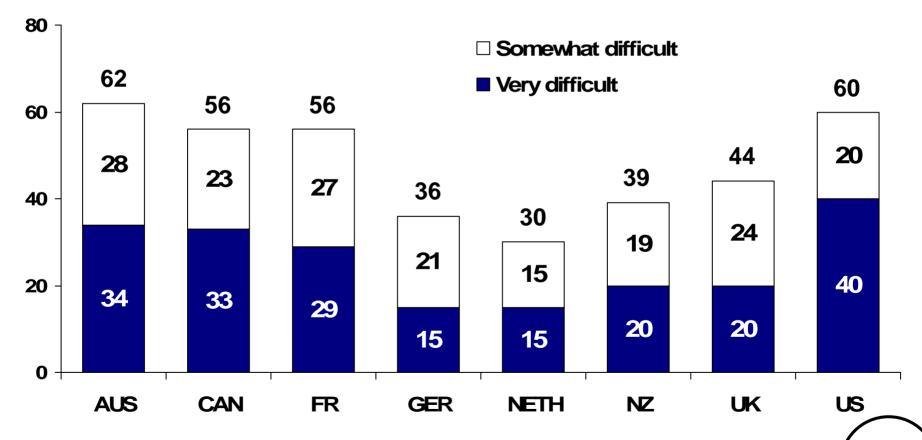
Data collection: Harris Interactive, Inc.

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Difficulty Getting Care After Hours Without Going to the Emergency Room

Base: Adults with any chronic condition who needed after-hours care Percent reported *very/somewhat difficult* getting care on nights, weekends, or holidays without going to ER



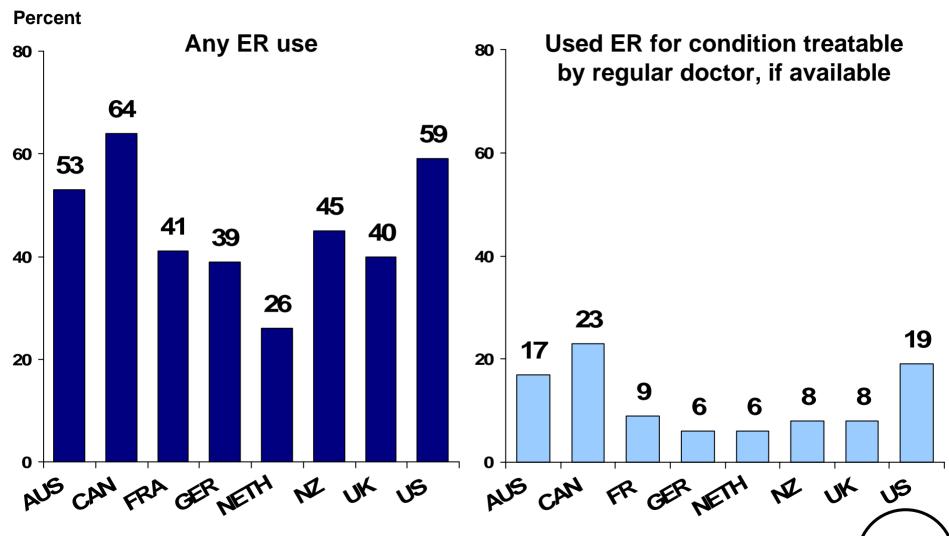
Data collection: Harris Interactive, Inc.

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ER Use in Past Two Years

Base: Adults with any chronic condition



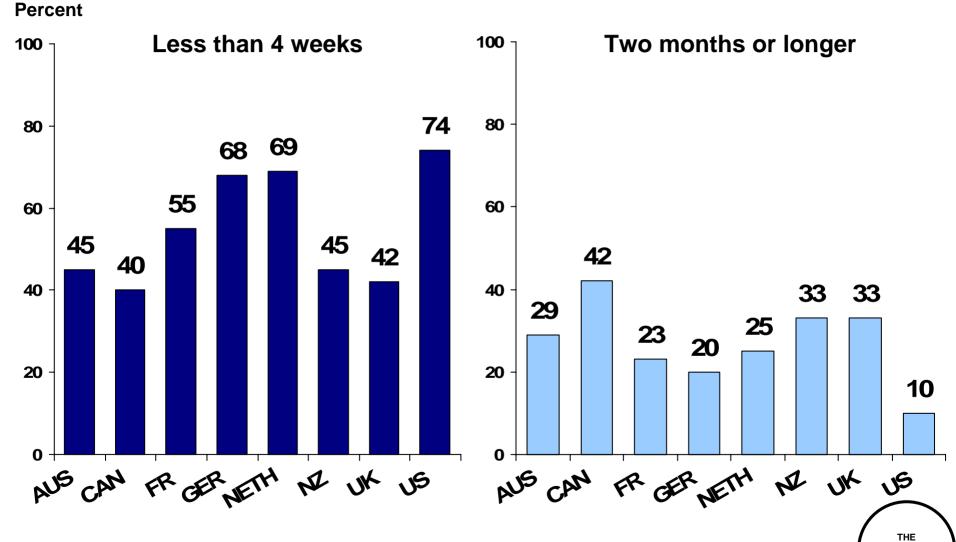
Data collection: Harris Interactive, Inc.

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Wait Time for Specialist Appointment

Base: Adults with any chronic condition who needed to see a specialist in past 2 years



Data collection: Harris Interactive, Inc.

Care Coordination and Transitions



Coordination Problems with Medical Tests or Records in Past Two Years

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Test results/records not available at time of appointment	16	19	15	12	11	17	15	24
Duplicate tests: doctors ordered test that had already been done	12	11	10	18	4	10	7	20
Either/both coordination problems	23	25	22	26	14	21	20	34

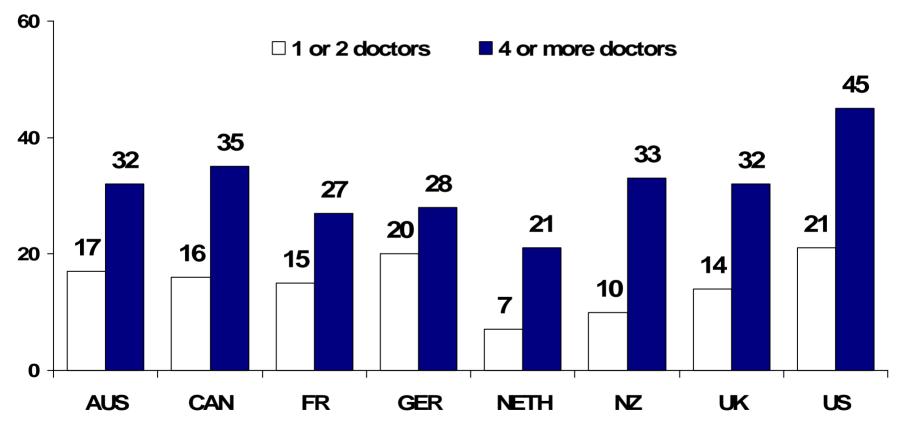
Data collection: Harris Interactive, Inc.



Coordination Problems with Medical Tests or Records, by Number of Doctors Seen

Base: Adults with any chronic condition

Percent reported any medical test/record coordination problems* in past 2 years



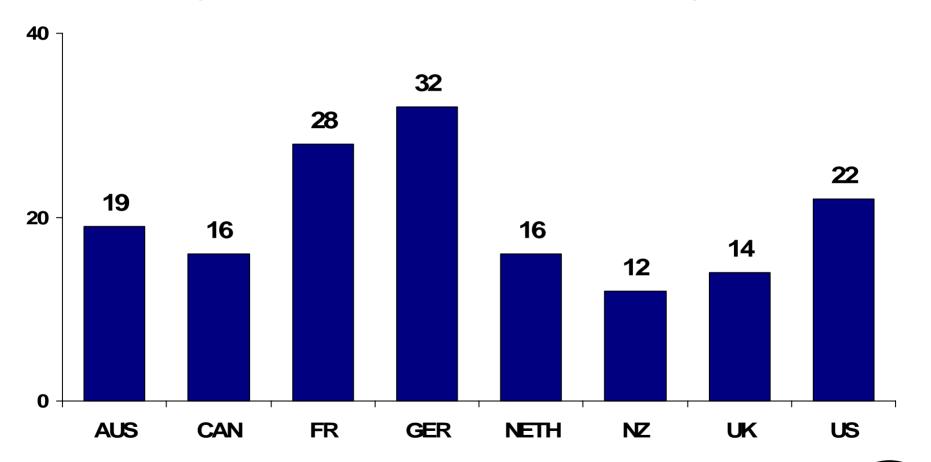
^{*} Test results/medical records not available at time of appointment and/or doctors ordered medical test that had already been done.

Data collection: Harris Interactive, Inc.



Coordination of Specialist Care

Base: Adults with any chronic condition who saw specialist in past 2 years Percent for whom specialist did NOT have information about medical history



Data collection: Harris Interactive, Inc.



Gaps in Hospital Discharge Planning and Transitional Care

Base: Adults with any chronic condition who were hospitalized in past 2 years

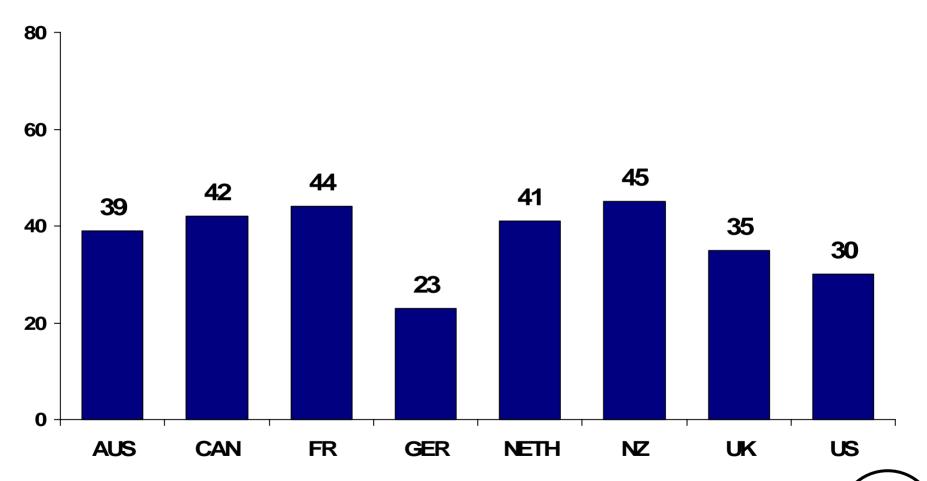
Percent did NOT	AUS	CAN	FR	GER	NETH	NZ	UK	US
Know who to contact for questions about condition or treatment	15	11	16	11	13	14	17	8
Receive instructions about symptoms and when to seek further care	25	20	37	29	24	28	26	12
Receive written plan for care after discharge	43	29	39	40	37	31	32	9
Have arrangements made for follow-up visits with any doctor	38	32	40	35	21	32	27	28
Any discharge gaps	61	50	71	61	51	53	50	38

Data collection: Harris Interactive, Inc.



Failure to Discuss Medications at Discharge

Base: Adults with chronic condition hospitalized in past 2 years and given new medications Percent said prior medications *not* discussed at discharge



Data collection: Harris Interactive, Inc.

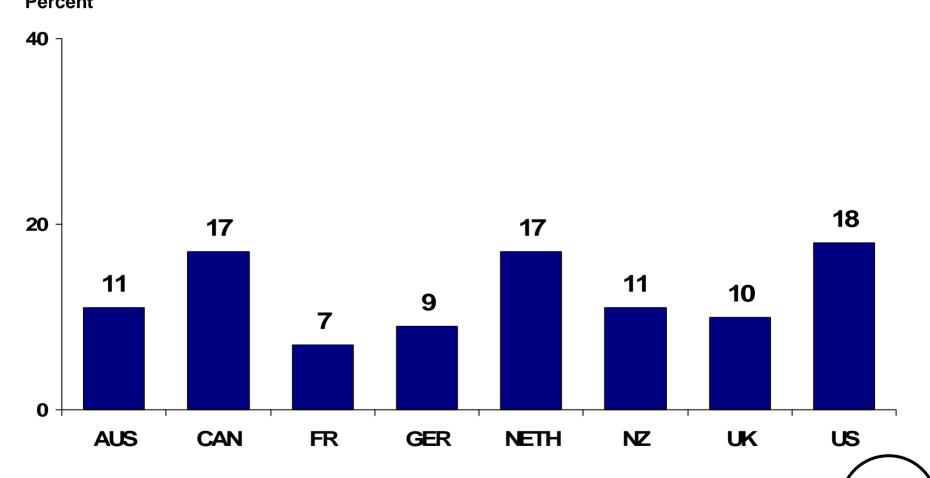


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Readmitted to Hospital or Went to ER from Complications During Recovery

Base: Adults with any chronic condition who were hospitalized Percent



Data collection: Harris Interactive, Inc.

Safety: Prescription Medications, Medical Care, and Lab Tests

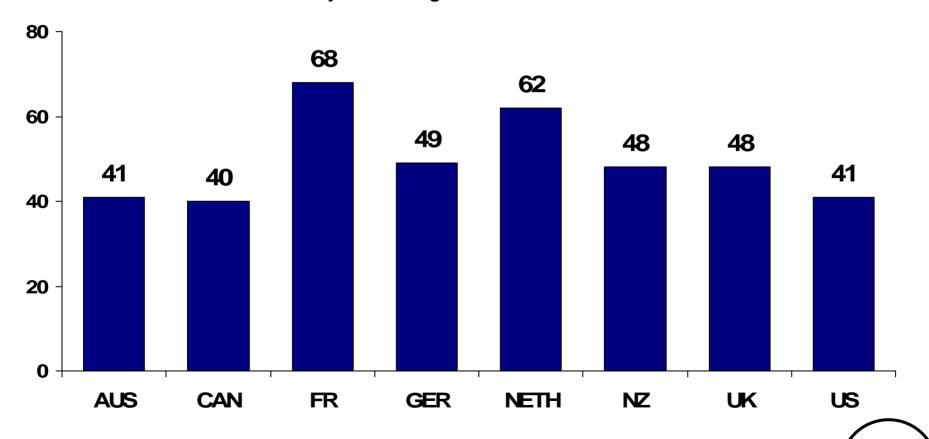


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Doctors Did Not Regularly Review All Medications in Past Two Years

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

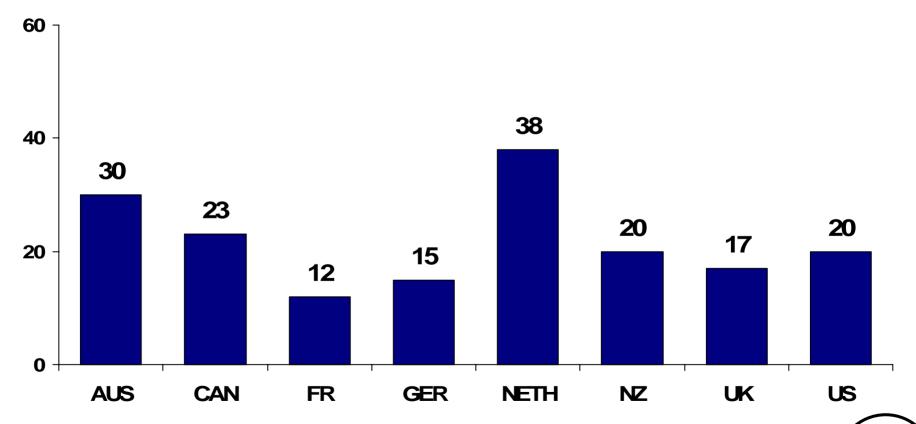


Data collection: Harris Interactive, Inc.

"Near Misses": Pharmacist Alerted Medication Patient Was About to Fill Might Be Harmful

Base: Adults with any chronic condition and taking Rx medications regularly

Percent reported pharmacist told them prescription they were about to fill might be harmful because of other medications they were taking



Data collection: Harris Interactive, Inc.



Medical, Medication, or Lab Test Errors in Past Two Years

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Wrong medication or dose	13	10	8	7	6	13	9	14
Medical mistake in treatment	17	16	8	12	9	15	8	16
Incorrect diagnostic/lab test results*	7	5	3	5	1	3	3	7
Delays in abnormal test results*	13	12	5	5	5	10	8	16
Any medical, medication, or lab errors	29	29	18	19	17	25	20	34

Data collection: Harris Interactive, Inc.

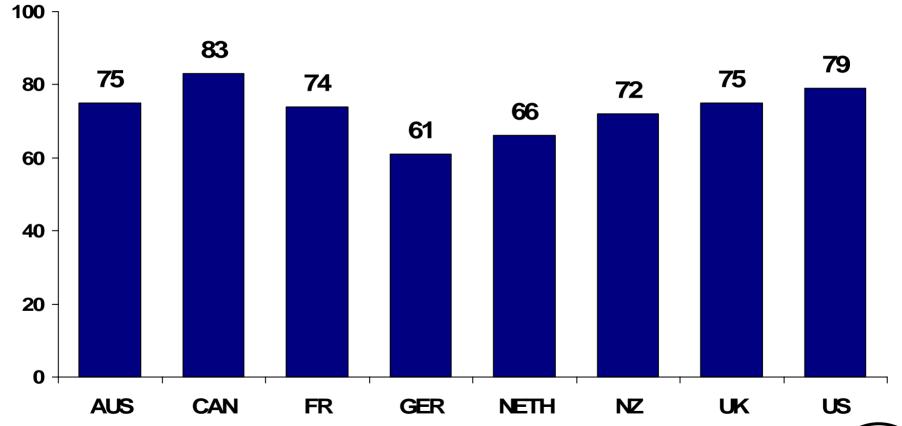


^{*} Among those who had blood test, x-rays, or other tests.

Medical, Medication, or Lab Test Errors Occurred Outside Hospital

Base: Adults with chronic condition who reported any error, past 2 years*

Percent reported error occurred outside hospital



^{*} Experienced medical mistake; medication error; and/or lab test error or delay.

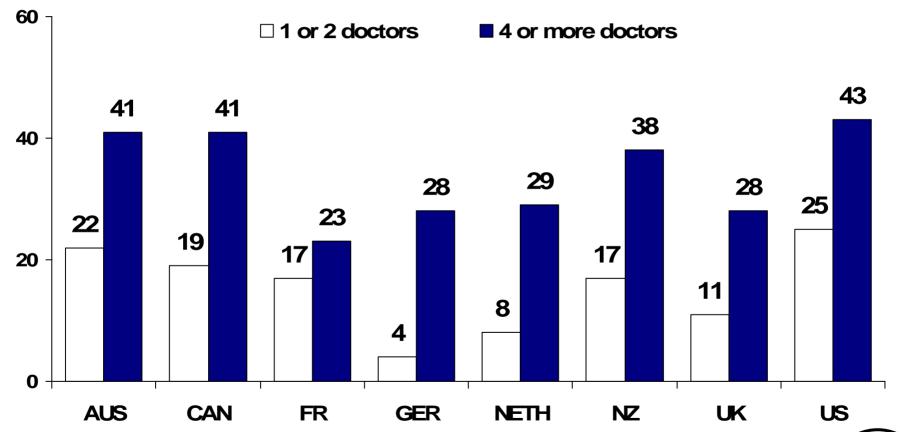
Data collection: Harris Interactive, Inc.



Any Medical, Medication, or Lab Test Errors, by Number of Doctors Seen

Base: Adults with any chronic condition

Percent reported any errors in past 2 years*



^{*} Experienced medical mistake; medication error; and/or lab test error or delay.

Data collection: Harris Interactive, Inc.



Chronic Care Management



Patient Engagement in Care

Base: Adults with any chronic condition

Percent	AUS	CAN	FR	GER	NETH	NZ	UK	US
Regular doctor <i>always</i> tells you about treatment options and involves you in decisions*	58	56	43	56	63	62	51	53
Your clinician gives you a written plan to manage care at home	42	47	34	31	35	43	35	66

Data collection: Harris Interactive, Inc.

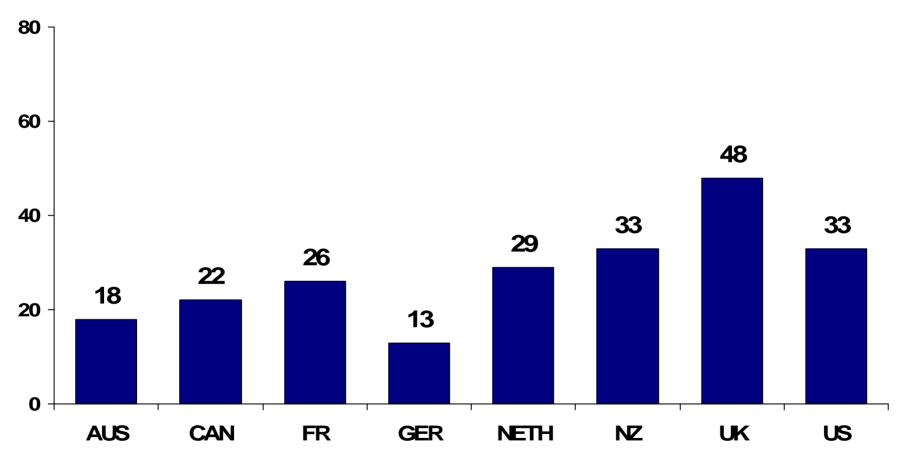


^{*} Among those with regular doctor or place of care.

Role of Nurse in Care Management

Base: Adults with any chronic condition

Percent said nurse is regularly involved in management of condition



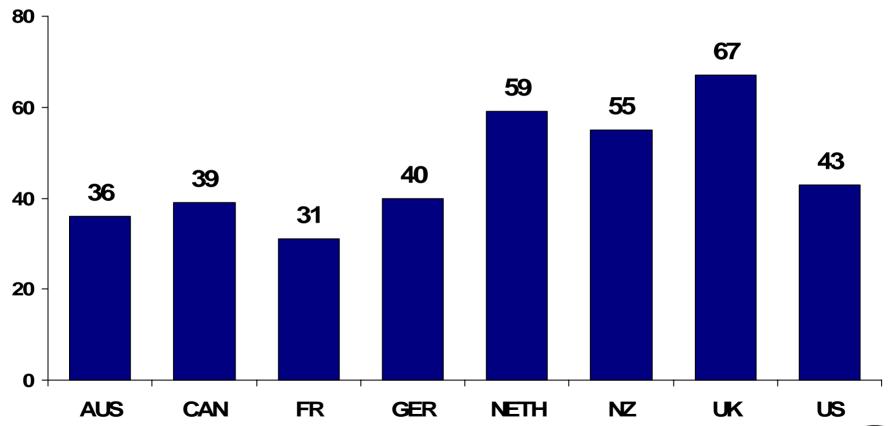
Data collection: Harris Interactive, Inc.



Diabetics Who Received Recommended Preventive Care Services

Base: Adults with diabetes

Percent received all four diabetes services*

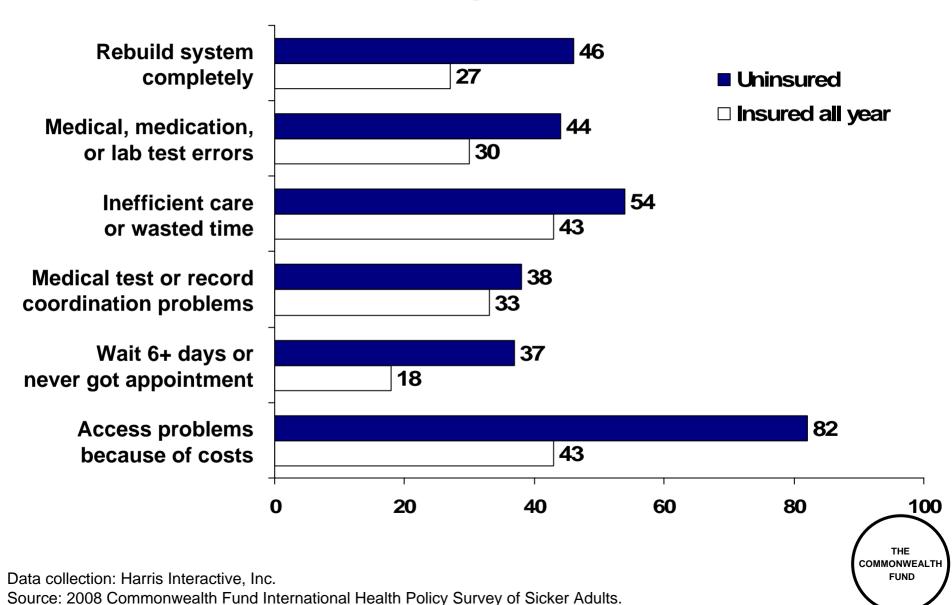


^{*} Hemoglobin A1c checked in past six months; feet examined for sores or irritations in past year; eye exam for diabetes in past year; and cholesterol checked in past year.

Data collection: Harris Interactive, Inc.



U.S. Adults with Chronic Conditions, Insured All Year Compared with Uninsured



Summary of Findings

- Experiences of chronically ill often reflect national insurance designs and primary care systems
 - Cost-sharing and coverage gaps limit access and adherence to recommended care
 - Strong primary care orientation is linked to better access and less duplication (e.g., Netherlands, U.K., N.Z.)
 - U.S. is outlier on financial barriers to care
- Poor care coordination a shared concern
 - High readmissions rates symptoms of poor transition care
 - Gaps in information flows across care sites undermine quality
- Chronically ill at high safety risk
 - Failures to review complex medication regimens are common
 - Safety risks multiply with number of doctors involved
 - Laboratory and diagnostic test delays are a concern
 - Most errors occur outside of hospital



Toward a High Performing Health System: Need for System Innovations

- Integrated systems of care for patients with chronic conditions
- Strong focus on engaging patients
- Alternative provider payment strategies, e.g., "Bundled" payments and P4P
- Electronic information systems and telehealth technology
- Investment in primary care workforce
- Population/community focus on health and disease prevention



Cofunders

- Canada: Health Council of Canada; Ontario Health Quality Council; Commissaire à la Santé et au Bien-être du Québec
- France: Haute Autorité de Santé
- Germany: Institute for Quality and Efficiency in Health Care
- Netherlands: Ministry for Health, Welfare, and Sport;
 Center for Quality of Care Research (WOK)
- United Kingdom: The Health Foundation



Acknowledgments

 C. Schoen, R. Osborn, S. K. H. How, M. M. Doty, and J. Peugh, "In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008," *Health Affairs* Web Exclusive (November 13, 2008).

With appreciation to:

- Coauthors: Sabrina How, Michelle Doty, and Jordon Peugh
- Survey development and administration: Harris Interactive and Associates
- Survey administration in the Netherlands: Center for Quality of Care Research (WOK), Radboud University Nijmegen

