



Data Brief

COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

Public Views on U.S. Health System Organization: A Call for New Directions

SABRINA K. H. HOW, ANTHONY SHIH, JENNIFER LAU, AND CATHY SCHOEN

For more information about this study, please contact:

Sabrina K. H. How
Senior Research Associate
The Commonwealth Fund
E-mail skh@cmwf.org

ABSTRACT: On behalf of The Commonwealth Fund Commission on a High Performance Health System, Harris Interactive surveyed a random sample of 1,004 U.S. adults (age 18 and older) to determine their experiences and perspectives on the organization of the nation's health care system and ways to improve patient care. Eight of 10 respondents agreed that the health system needs either fundamental change or complete rebuilding. Adults' health care experiences underscore the need to organize care systems to ensure timely access, better coordination, and better flow of information among doctors and patients. There is also a need to simplify health insurance administration. There was broad agreement among survey respondents that wider use of health information systems and greater care coordination could improve patient care. The majority of adults say it is very important for the 2008 presidential candidates to seek reforms to address health care quality, access, and costs.

★ ★ ★ ★ ★

OVERVIEW

What does the public think about the nation's health care system? To find out, The Commonwealth Fund contracted Harris Interactive to survey a random sample of U.S. adults about their recent care experiences, views of the organization of the U.S. health system, and ways to improve patient care.

Overall, the telephone survey of a representative sample of 1,004 adults age 18 and older reveals that the health care delivery system does not serve the public well—eight of 10 respondents say it needs to be fundamentally changed or completely rebuilt. Many adults experience difficulties accessing care and poor care coordination, and struggle with the administrative hassles and complexity of health insurance. In addition, the survey found that one of three adults has experienced inefficient or unnecessary care in the past two years. Adults want their health care to be more patient-centered and integrated, and see an important role for information technology and teamwork in improving care. Reflecting these shared concerns, there is strong support for the next president to address health care quality, coverage, and costs.

This and other Commonwealth Fund publications are online at www.commonwealthfund.org. To learn more about new publications when they become available, visit the Fund's Web site and [register to receive e-mail alerts](#).

Commonwealth Fund pub. 1158
Vol. 11

TIME FOR CHANGE

According to the survey, a large majority of the public would like to see major reforms of the health care system: eight of 10 adults believe it needs to be fundamentally changed or completely rebuilt. Support for major health system reform prevailed across different income levels and regions of the country, and among the insured and uninsured alike (Exhibit 1 and Appendix Table 2).

- One-third of all adults (32%) called for complete rebuilding of the health system and another 50 percent thought it required fundamental changes. Views were remarkably similar across the income spectrum. More than one-quarter of adults with annual incomes above \$50,000 called for complete rebuilding.
- Insured as well as uninsured adults perceive a need for major change. Eight of 10 adults (81%) who were insured all year and nine of 10 (89%) who were uninsured at some point during the year called for fundamental change or complete rebuilding.
- The public perception of the need for health system reform is shared across geographic regions of the country. Overall, only 16 percent of adults say the health care system works relatively well, with only minor changes needed.

Percent reporting	Only minor changes needed	Fundamental changes needed	Rebuild completely
Total	16	50	32
Annual income			
<\$35,000	11	51	38
\$35,000-\$49,999	13	50	36
\$50,000-\$74,999	16	51	31
\$75,000 or more	19	52	28
Insurance status			
Insured all year	18	52	29
Uninsured during year	10	44	45
U.S. region			
Northeast	13	51	35
North Central	16	50	32
South	15	51	33
West	21	48	29

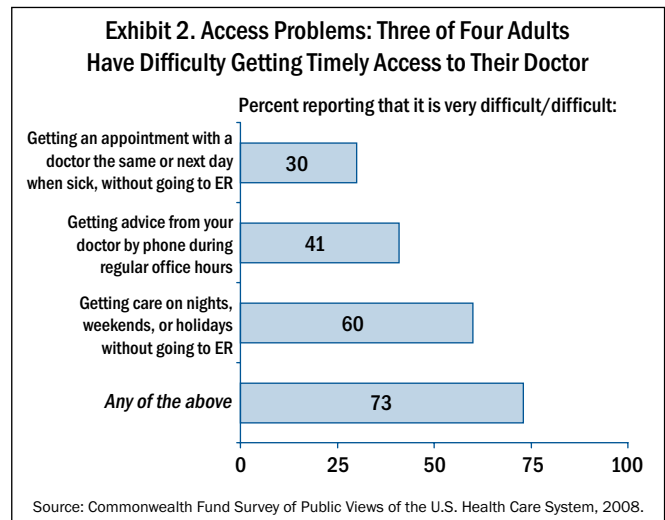
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

The public’s call for change is consistent with the views of health care opinion leaders. In a recent survey of a diverse group of health care experts, nine of 10 said the organization of the U.S. health care delivery system required fundamental change to achieve significant gains in the quality and efficiency of care, and none would leave the system as it is.¹

BARRIERS TO CARE, POOR COORDINATION, AND INEFFICIENCIES

Access to Care

Enabling patients to see or consult with their doctor when they need to may help prevent complications and avoid costly care. Yet, nearly three-quarters of adults (73%) had difficulty making timely doctors’ appointments, getting phone advice, or receiving after-hours care without having to visit the emergency room (Exhibit 2).



- Nearly one-third of adults (30%) reported difficulties getting same- or next-day appointments with their doctor when they are sick. An even larger share (41%) had difficulties getting advice from their doctor by phone during regular office hours.
- Adults reported particular problems accessing care after normal office hours. Six of 10 (60%) said it was difficult to get care on nights, weekends, or holidays without going to the emergency room.

- Across regions of the country and income groups, adults had problems accessing care when needed. This pattern of shared health care concerns was repeated throughout the survey (Appendix Table 3).
- Uninsured adults were the most likely to find it difficult to get timely access to their doctor. Yet, insured adults still had problems accessing care: one of four (26%) said it was difficult to get a same- or next-day appointment when sick; two of five (39%) said it was difficult to get through to doctors by phone during office hours; and more than half (58%) said it was difficult getting care after hours or on holidays. Seventy percent of those insured all year reported at least one of these problems versus 80 percent of uninsured adults (Appendix Table 3).

Coordination of Care

High-quality care requires more than enhanced access; it also depends on the delivery of appropriate care, timely follow-up after medical tests, and the relay of information from one doctor to another. Yet, adults frequently reported breakdowns in the coordination of their care, either with their doctors or between different providers. The survey also found deficiencies in information flow—such as the transfer of medical histories, reports, or tests—resulting from poorly organized care, particularly when multiple providers were involved (Exhibit 3).

- Among adults who had a medical test in the past two years, one-quarter (25%) reported that no one had informed them of the results, or that they had to call repeatedly to find out the results.
- One of five adults (21%) said their doctors failed to provide important information about their medical history or test results to other doctors or nurses who should have had it. A similar number (19%) reported that test results or medical records were not at their doctor’s office in time for appointments.

Exhibit 3. Poor Coordination of Care Is Common, Especially If Multiple Doctors Are Involved

Percent reporting in past two years:	Number of Doctors Seen		
	Any	1 to 2	3 +
After medical test, no one called or wrote you about results, or you had to call repeatedly to get results	25	23	27
Doctors failed to provide important information about your medical history or test results to other doctors or nurses you think should have it	21	17	27
Test results or medical records were not available at the time of scheduled appointment	19	15	24
Your primary care physician did not receive a report back from a specialist you saw	15	11	22
Your specialist did not receive basic medical information from your primary care doctor	13	10	17
<i>Any of the above</i>	47	41	56

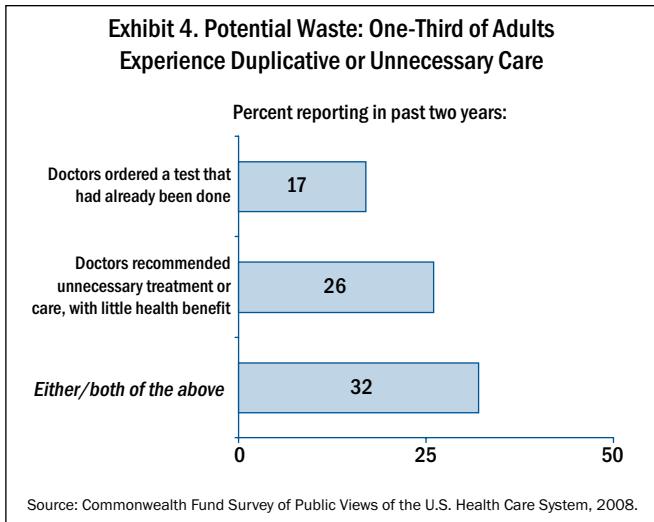
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

- According to adults who have three or more doctors managing their care, coordination problems between primary care physicians and specialists are common. Seventeen percent reported that their specialist did not receive basic medical information from their doctor, while 22 percent reported that their doctor did not receive a report from a specialist following a visit.
- Nearly half of all adults (47%) reported at least one of these failures of care coordination. The likelihood of coordination failures increased significantly with the number of doctors seen. More than half (56%) of those seeing three or more doctors experienced poorly coordinated care.

Efficiency of Care

Failure to coordinate care puts patients’ health at risk and wastes patients’ and physicians’ time and resources. In addition to citing instances of poor care coordination and flawed information exchange, survey respondents reported episodes of potentially inefficient or wasteful care. One-third of adults (32%) reported that their doctors had ordered duplicate tests or recommended treatment that they felt was unnecessary or had little benefit (Exhibit 4).

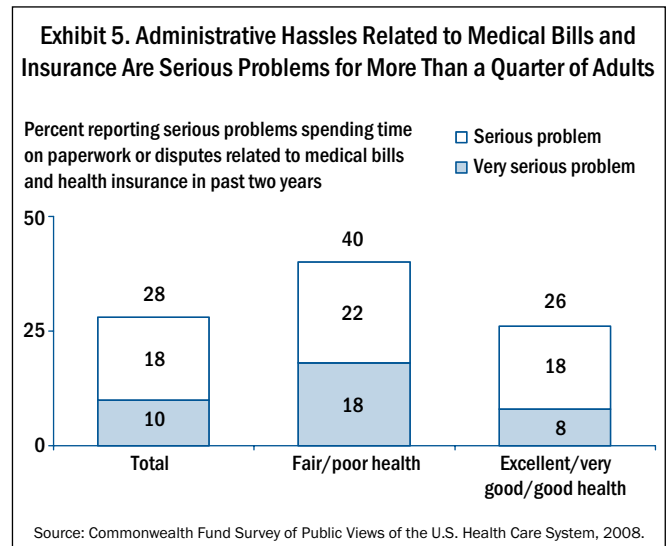
- One of six adults (17%) reported that, in the past two years, their doctors ordered a medical test that had already been done.
- One-quarter (26%) said their doctors recommended treatment, medications, or medical tests that they thought was unnecessary and offered little health benefit.
- One third of all adults (32%) and 40 percent of those in fair or poor health thought they received either duplicative tests or unnecessary care. Rates were high across regions of the country and income groups (Appendix Table 4).



Waste in the delivery of health care is particularly troubling because the U.S. far outspends other industrialized countries, both in terms of per capita spending on health care as well as a percent of the gross domestic product.²

Administrative Hassles Related to Medical Bills and Health Insurance

Coupled with frustrating patient care experiences, many adults experience hassles dealing with medical bills and health insurance. More than one-quarter of all adults (28%) reported that the amount of time they spent handling paperwork in the past two years was a serious problem, as was the time they devoted to disputes related to medical bills and health insurance (Exhibit 5).



- Dealing with disputes over medical bills and health insurance paperwork was a particular concern to adults with health problems. Two of five adults (40%) in fair or poor health reported this was a serious problem.
- These problems were a shared concern across income groups, with a quarter (25%) of high-income adults (annual income \$75,000 or higher) reporting serious problems with insurance paperwork or medical bill disputes (data not shown).

WHAT PATIENTS WANT

Survey respondents endorsed efforts to improve access to care, coordinate care, and ensure that patients and physicians have the information they need to make well-informed decisions about their care (Exhibit 6). Nearly all believe that it is important to have one place or doctor responsible for their care, and for patients and doctors to have easy access to medical records. They also desire information about the quality and costs of care.

Exhibit 6. Majority Support More Accessible, Coordinated, and Well-Informed Care

Percent reporting it is very important/ important that:	Total: Very important or important	Very important	Important
You have one place/doctor responsible for primary care and coordinating care	91	66	25
On nights and weekends, you have a place to go besides ER	89	58	30
You have easy access to your own medical records	94	68	27
All your doctors have easy access to your medical records	96	72	24
You have information about the quality of care provided by different doctors/hospitals	95	63	32
You have information about the costs of care to you before you actually get care	88	57	31

Note: Subgroups may not sum to total due to rounding.
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

- Nine of 10 adults (91%) believe that it is very important or important to have one place or doctor responsible for primary care and coordinating care.
- Not only do most adults (94%) believe it is important they have easy access to their medical records, but most (96%) also believe all of their doctors should have access to their medical records as well.
- More than nine of 10 adults (95%) want information about the quality of care provided by different doctors and hospitals.
- Almost nine of 10 adults (88%) say it is important to know about the costs of care for which they will be responsible, before receiving care.

The public’s desire for information on health care quality and costs is consistent with health care opinion leaders’ views. In a recent survey of health care experts, more than three-quarters of health care opinion leaders recognized the importance of increasing transparency to improve health system performance; only 2 percent said this was not important.³

Information Technology

The public strongly endorsed the use of information technology, particularly computerized medical records and information exchange across sites of care, as a way to improve patient care (Exhibit 7).

- There is strong support among adults (86%) for doctors’ use of computerized medical records.
- Nearly nine of 10 adults (89%) believe it is important for doctors to be able to access test results electronically.
- The same proportion of adults (89%) believes it is important for doctors to be able to exchange information with other doctors electronically.
- Seven of 10 adults (71%) endorse the use of electronic prescribing to improve patient care.

Exhibit 7. Strong Support for Use of Information Technology to Improve Patient Care

Percent reporting very important/important for improving patient care:	Total:		
	Very important or important	Very important	Important
Doctors use computerized medical records	86	41	45
Doctors can access your tests results, such as lab tests or X-rays, electronically	89	53	36
Doctors can share information electronically with other doctors	89	49	41
Doctors prescribe your medications electronically	71	32	39

Note: Subgroups may not sum to total due to rounding.
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

Strong public support for the use of health information technology stands in stark contrast to actual practice in the United States. In a 2006 survey of primary care physicians in Australia, Canada, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States, the U.S. fell well below leading countries on use of health information systems. Only 28 percent of U.S. primary care physicians reported using electronic medical records in their practice, compared with 98 percent in the Netherlands, 92 percent in New Zealand, and 89 percent in the U.K.⁴ The percent of U.S. doctors using systems with multiple functions—such as electronic ordering of prescriptions and tests or computerized alerts about potential drug problems—was even lower. Only 19 percent of U.S. primary care practices reported having such high-capacity systems, compared with as many as 87 percent in leading countries.

Adults are also interested in being able to access their medical records and communicate with physicians electronically. While few adults currently have such abilities, many would be interested in managing their care online or via e-mail (Exhibit 8).

Exhibit 8. Few Adults Have Internet/E-Mail Access to Their Records or Doctors; Many Would Like It

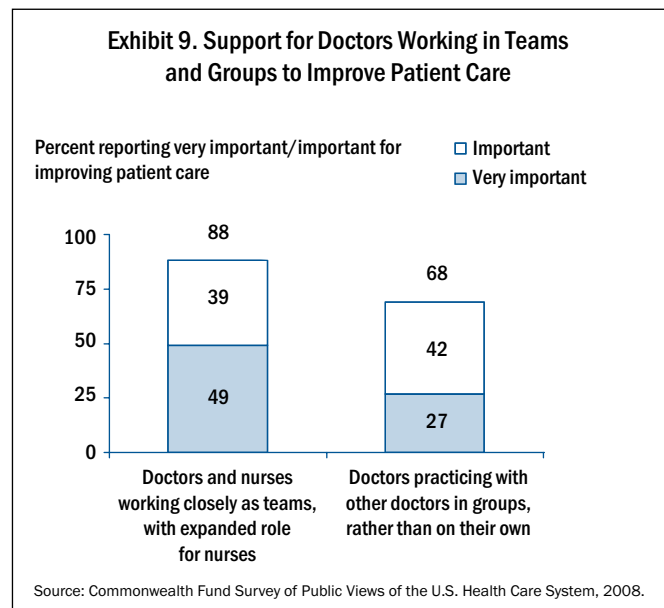
Among those with Internet access, percent reporting ability to:	Access your medical records via the Internet	Schedule appointments via e-mail or Internet	Communicate with your doctors via e-mail
Yes	9	19	21
Among those who cannot do any of the above			
Would like to be able to	49	57	58
Would not like to be able to	49	43	41

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

- Approximately one of five adults with Internet access is able to communicate electronically with their doctors (21%) or schedule appointments online (19%).
- Only one of 10 (9%) adults can access their medical records via the Internet.
- Of those who cannot access their medical records via the Internet, nearly half (49%) would like to do so. An even greater proportion of adults would like to be able schedule appointments online (57%) or communicate electronically with their doctors (58%).

Team Care and Group Practices

Most adults support changing the way care is delivered toward more organized, team-based care and physicians working in group practices rather than on their own. (Exhibit 9).



- Nearly nine of 10 adults (88%) believe that it is important for doctors and nurses to work together as teams, with an expanded role for nurses.
- About seven of 10 adults (68%) felt that group practices would benefit patient care.

The public’s support for doctors practicing in larger groups is consistent with a growing body of evidence that larger, multi-specialty group practices and integrated delivery systems are able to deliver higher-quality care, and potentially more efficient care.⁵ Yet, a third of U.S. physicians still work in solo or two-physician practices.

A CALL FOR NATIONAL LEADERSHIP

A majority of adults look to the next president to lead by proposing reforms that could improve the quality of health care, ensure affordable care, and decrease the number of uninsured. Across income levels, region, and political affiliation, adults want presidential candidates to focus on health reforms in each of these areas (Exhibit 10 and Appendix Table 5).

- About nine of 10 adults say it is important for presidential candidates to have reform proposals that would improve the quality of care (90%), ensure care and insurance are affordable (93%), and decrease the number of uninsured (88%). In fact, a majority think these policy priorities are very important (Appendix Table 5).
- Although there was some variation by income and region, at least eight of 10 adults in each of the income groups and geographic regions support efforts to improve in each area.

- Differences in priorities emerge across political affiliations. Democrats are the strongest supporters of health reform, followed by Independents and Republicans.

TOWARD A HIGH PERFORMANCE HEALTH SYSTEM

These survey results highlight the public’s frustration with the current delivery system, and concord with evidence from The Commonwealth Fund’s Commission on a High Performance Health System 2008 and 2006 National Scorecards. The Scorecards indicate that the U.S. health system—in comparison to achievable benchmarks—falls far short of providing high-quality, safe, well-coordinated, and efficient care that is accessible to all.⁶ A key driver of this poor performance is the fragmentation that characterizes the health care delivery and insurance systems. In response, the Commission’s report, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, lays out five broad strategies for change: ensuring affordable coverage for all; aligning incentives and instituting effective cost control; providing accountable, coordinated care; aiming higher for quality and efficiency; and ensuring accountable leadership.⁷

Expanding on the recommendations provided in *Ambitious Agenda* and focusing on the delivery of care, the Commission issued *Organizing the U.S. Health Care Delivery System for High Performance*.⁸ The report acknowledges the difficulties encountered by patients and identifies six attributes for an ideal delivery system: information flow to providers and patients through electronic health record systems; care coordination and support for care transitions; provider peer accountability and teamwork; easy access to appropriate care; accountability for the total care of the patient; and continuous innovation to improve quality, value, and patient experience. To move our fragmented delivery system toward this ideal, the Commission recommends creation of more bundled payment systems that reward coordinated, high-value care and expansion of pay-for-performance programs to reward high-

Exhibit 10. Political Support for Change: Majority Think Next President Should Address Health Care Quality, Costs, and Coverage

Percent reporting very important/important presidential candidates include measures to:	Improve the quality of health care	Ensure care and insurance are affordable	Decrease the number of uninsured
Total	90	93	88
Annual income			
Less than \$35,000	94	97	95
\$35,000–\$49,999	95	95	90
\$50,000–\$74,999	90	91	90
\$75,000 or more	84	89	80
U.S. region			
Northeast	91	95	90
North Central	89	93	84
South	91	94	90
West	87	91	86
Political affiliation:			
Democrat	96	98	97
Independent	87	91	85
Republican	84	90	76

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

quality, patient-centered care; patient incentives to choose to receive care from high-quality, high-value systems; regulatory changes that remove barriers to clinical integration; accreditation programs for organized delivery systems; changes in provider training; government infrastructure support for organization where necessary; and an acceleration in the adoption of health information technology.

The public's reports make it clear that the health care delivery system is not serving the American people well. In the context of soaring health care costs and the rising number of uninsured, Americans are calling for fundamental reform of our health care system and looking to the next president to build consensus for change.

NOTES

- ¹ K. K. Shea, A. Shih, and K. Davis, *Health Care Opinion Leaders' Views on Health Care Delivery System Reform*, The Commonwealth Fund, April 2008.
- ² C. Schoen, S. Guterman, A. Shih, J. Lau, S. Kasimow, A. Gauthier, and K. Davis, *Bending the Curve: Options for Achieving Savings and Improving Value in U.S. Health Spending*, The Commonwealth Fund, December 2007.
- ³ K. K. Shea, A. Shih, and K. Davis, *Health Care Opinion Leaders' Views on the Transparency of Health Care Quality and Price Information in the United States*, The Commonwealth Fund, November 2007.
- ⁴ C. Schoen, R. Osborn, P. T. Huynh, M. M. Doty, J. Peugh, and K. Zapert, "On the Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries," *Health Affairs* Web Exclusive (November 2, 2006):w555–w571.
- ⁵ L. Tollen, *Physician Organization in Relation to Quality and Efficiency of Care: A Synthesis of Recent Literature*, The Commonwealth Fund, April 2008.
- ⁶ The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008*, The Commonwealth Fund, July 2008. For the 2006 Scorecard results, see C. Schoen, K. Davis, S. K. H. How, and S. C. Schoenbaum, "U.S. Health System Performance: A National Scorecard," *Health Affairs* Web Exclusive (Sept. 20, 2006): w457–w475.
- ⁷ Commission on a High Performance Health System, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, The Commonwealth Fund, November 2007.
- ⁸ A. Shih, K. Davis, S. C. Shoenbaum, A. Gauthier, R. Nuzum, and D. McCarthy, *Organizing the U.S. Health Care Delivery System for High Performance*, The Commonwealth Fund, August 2008.

ABOUT THE SURVEY

The Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008, was conducted by Harris Interactive, Inc., by telephone with a representative sample of 1,004 adults age 18 and older, living in households with telephones in the continental United States. Interviews took place between May 23 and May 27, 2008. Harris Interactive selected the sample using random-digit dialing—a technique to ensure geographic representation of households with listed and unlisted telephone numbers. Samples of this size have an overall margin of sampling error of +/- 3 percent. The survey questions were included as part of ongoing surveys of the public conducted by Harris Interactive. Appendix Table 1 provides the demographic characteristics of survey respondents. Appendix Tables 1–5 are available online at www.commonwealthfund.org.

ABOUT THE AUTHORS

Sabrina K. H. How, M.P.A., is senior research associate for the Commonwealth Fund Commission on a High Performance Health System. She provides research and writing support for the Commission's Scorecard project. Ms. How also served as program associate for two programs, Health Care in New York City and Medicare's Future. Prior to joining the Fund, she was a research associate for a management consulting firm focused on the health care industry. Ms. How holds a B.S. in biology from Cornell University and an M.P.A. in health policy and management from New York University.

Anthony Shih, M.D., M.P.H., is chief quality officer and vice president of strategic planning at IPRO, an independent, not-for-profit health care quality improvement organization. From 2006 to 2008, Dr. Shih directed The Commonwealth Fund's Program on Health Care Quality Improvement and Efficiency. Prior to joining the Fund, he held a variety of positions at IPRO from 2001 to 2006, including vice president of health care quality improvement and medical director of managed care. Previously, Dr. Shih was the assistant medical director for a community-based mental health clinic in Northern California that serves immigrant and refugee populations. He is board-certified in public health and preventive medicine, and holds a B.A. in economics from Amherst College, an M.D. from New York University School of Medicine, and an M.P.H. from the Columbia University Mailman School of Public Health.

Jennifer Lau is program associate for the Quality Improvement & Efficiency program at The Commonwealth Fund. Ms. Lau joined the Fund in August 2006 after receiving a B.A. in cultural and social anthropology with a minor in human biology from Stanford University. While in school, she was a member of a diabetes health assessment group helping to design a survey, facilitate group interviews, and collaborate with local health partnerships and other community leaders. Ms. Lau is currently an M.P.A. candidate in Health Policy and Management at New York University's Wagner Graduate School of Public Service.

Cathy Schoen, M.S., is senior vice president for research and evaluation at The Commonwealth Fund and research director for The Commonwealth Fund Commission on a High Performance Health System, overseeing the Commission's Scorecard project and surveys. From 1998 through 2005, she directed the Fund's Task Force on the Future of Health Insurance. She has authored numerous publications on policy issues, insurance, and health system performance (national and international), and coauthored the book *Health and the War on Poverty*. She has also served on many federal and state advisory and Institute of Medicine committees. Ms. Schoen holds an undergraduate degree in economics from Smith College and a graduate degree in economics from Boston College.

Editorial support was provided by Martha Hostetter.

The mission of [The Commonwealth Fund](#) is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

