Vision of Health and Health Care Transformed

Stephen C. Schoenbaum, MD, MPH
Executive Vice President for Programs

www.commonwealthfund.org
scs@cmwf.org

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Exhibit 2: Five Key Strategies for High Performance

1. Extend affordable health insurance to all
2. Align financial incentives to enhance value and achieve savings
3. Organize the health care system around the patient to ensure that care is accessible and coordinated
4. Meet and raise benchmarks for high-quality, efficient care
5. Ensure accountable national leadership and public/private collaboration

Exhibit 3: A 2020 Vision For A Patient-Centered Health System

- Superb access, quality, and safety for all
- Patient engagement in care
- Clinical information systems that support high-quality care, practice based learning, and quality improvement
- Care coordination
- Integrated and comprehensive team care
- Routine patient feedback to hospitals and physicians
- Publicly available information on patient-centered care, clinical quality, efficiency

Exhibit 4: Access Problems: Three of Four Adults Have Difficulty Getting Timely Access to Their Doctor

Percent reporting that it is very difficult/difficult:

- Getting an appointment with a doctor the same or next day when sick, without going to ER: 30%
- Getting advice from your doctor by phone during regular office hours: 41%
- Getting care on nights, weekends, or holidays without going to ER: 60%
- Any of the above: 73%

### Exhibit 5: Poor Coordination of Care Is Common, Especially if Multiple Doctors Are Involved

<table>
<thead>
<tr>
<th>Percent reporting in past two years:</th>
<th>Number of Doctors Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>After medical test, no one called or wrote you about results, or you had to call repeatedly to get</td>
<td>Any</td>
</tr>
<tr>
<td>results</td>
<td>25</td>
</tr>
<tr>
<td>Doctors failed to provide important information about your medical history or test results to other</td>
<td>21</td>
</tr>
<tr>
<td>doctors or nurses you think should have it</td>
<td></td>
</tr>
<tr>
<td>Test results or medical records were not available at the time of scheduled appointment</td>
<td>19</td>
</tr>
<tr>
<td>Your primary care physician did not receive a report back from a specialist you saw</td>
<td>15</td>
</tr>
<tr>
<td>Your specialist did not receive basic medical information from your primary care doctor</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any of the above</th>
<th>Any</th>
<th>1 to 2</th>
<th>3 +</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47</td>
<td>41</td>
<td>56</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Percent reporting it is very important/important that:</th>
<th>Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very important or important</td>
</tr>
<tr>
<td>You have one place/doctor responsible for primary care and coordinating care</td>
<td>91</td>
</tr>
<tr>
<td>On nights and weekends, you have a place to go besides ER</td>
<td>89</td>
</tr>
<tr>
<td>You have easy access to your own medical records</td>
<td>94</td>
</tr>
<tr>
<td>All your doctors have easy access to your medical records</td>
<td>96</td>
</tr>
<tr>
<td>You have information about the quality of care provided by different doctors/hospitals</td>
<td>95</td>
</tr>
<tr>
<td>You have information about the costs of care to you before you actually get care</td>
<td>88</td>
</tr>
</tbody>
</table>

Note: Subgroups may not sum to total due to rounding.

Exhibit 7: International Comparison of Spending on Health, 1980–2005

Average spending on health per capita ($US PPP)

Total expenditures on health as percent of GDP

Exhibit 8: Mortality Amenable to Health Care

Deaths per 100,000 population*

* Countries’ age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections. See report Appendix B for list of all conditions considered amenable to health care in the analysis.

Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

*NY = 104
Exhibit 9:

**Mortality Amenable to Health Care by State, 2002**

Deaths* per 100,000 Population

U. S. Average = 103 Deaths per 100,000

- **Top (70.2–83.8)** Best: MN
- **Second (85.9–96.9)**
- **Third (98.5–111.5)**
- **Bottom (112.8–160.0)** Worst: DC

*Age-standardized deaths before age 75 from select causes; includes ischemic heart disease


SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Exhibit 10:

Medicare Reimbursement and 30-Day Readmissions by State, 2003

DATA: Medicare reimbursement – 2003 Dartmouth Atlas of Health Care; Medicare readmissions – 2003 Medicare SAF 5% Inpatient Data
SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007
Exhibit 11: Scores by Dimensions of a High Performance Health System

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008