

# Where The US Health Care System Stands Compared to Other Industrialized Countries

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The Commonwealth Fund



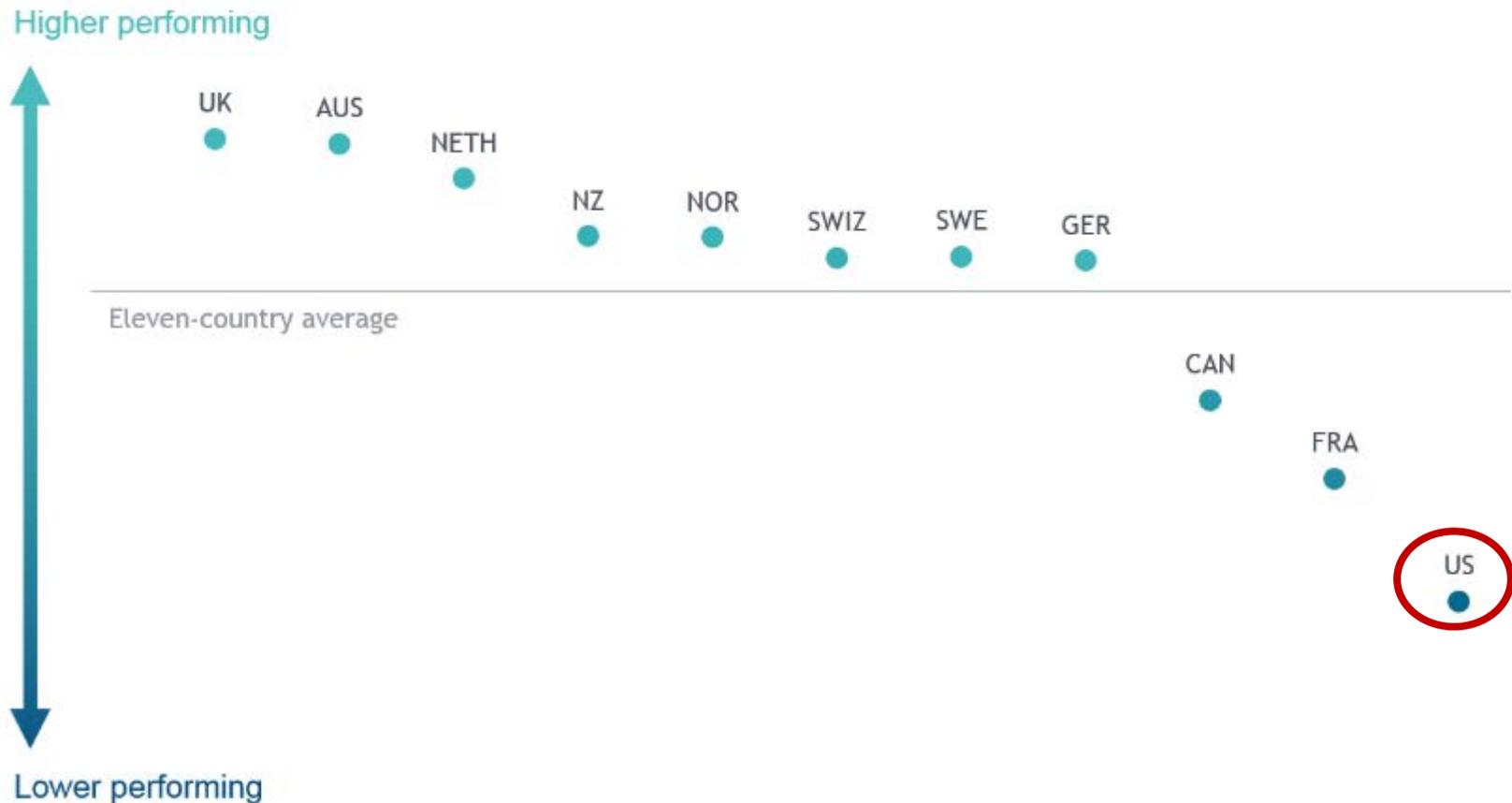
The  
Commonwealth  
Fund

# **‘Mirror Mirror’**

## Commonwealth Fund 2017 Rankings of 11 Health Care Systems

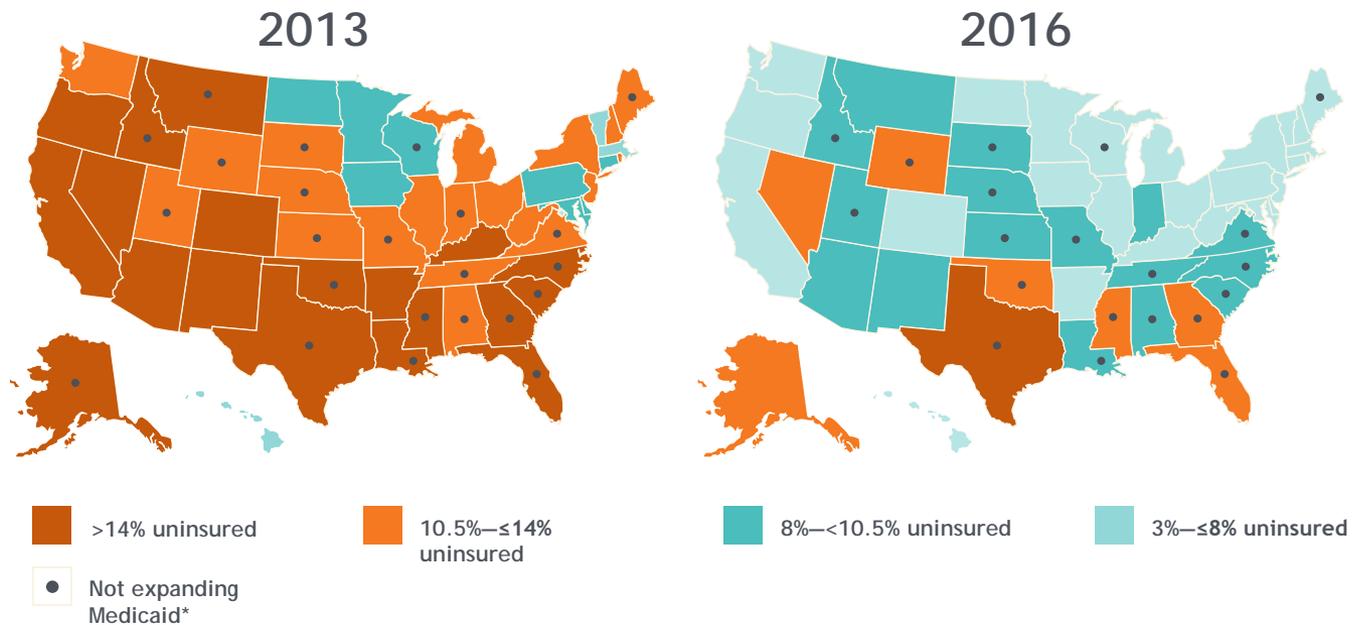
- Access
- Quality of Care
- Equity
- Efficiency
- Healthy lives

# 'Mirror Mirror' Rankings of Health System Performance



Source: The Commonwealth Fund, Mirror, Mirror On the Wall, 2017 Update

# Uninsured Rates Declined Nationwide from 2013 to 2016

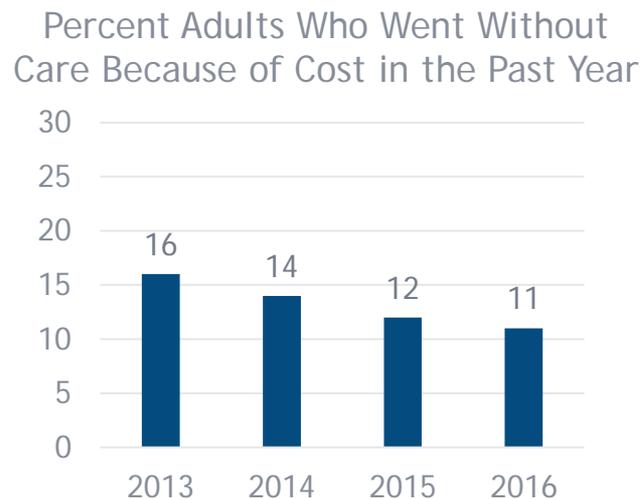
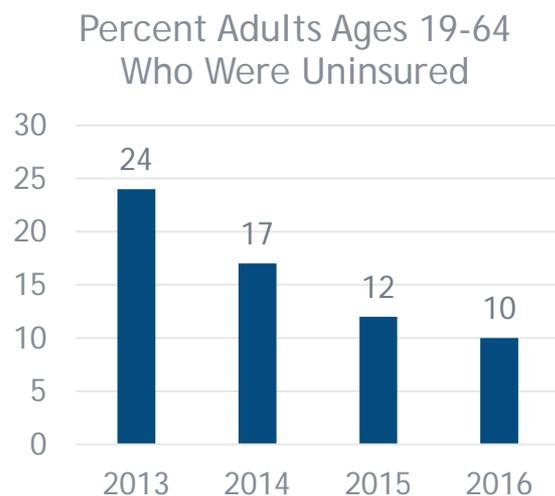


\*Medicaid expansion status as of January 1, 2016.

Of the 20 states that had not expanded eligibility for Medicaid under the ACA as of January 2016, uninsured rates exceeded the national average in 17 of them. Louisiana has since expanded its program.

Source: *Health Insurance Coverage in the United States: 2016*. U.S. Census Bureau, 2013 and 2016 American Community Surveys.

# Californians made significant gains in coverage and access to care after the ACA



Source:

S. L. Hayes, S. R. Collins, D. C. Radley, D. McCarthy, and S. Beutel, A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013-2015, The Commonwealth Fund, December 2016.

# Adults in California and New York Reported Lower Rates of Cost-Related Access Problems Than Those in Florida and Texas

<i>Percent of adults ages 19–64</i>	<b>U.S. total</b>	<b>California</b>	<b>New York</b>	<b>Florida</b>	<b>Texas</b>
<b>In the past 12 months because of cost:</b>					
Had a medical problem, did not visit doctor or clinic	20%	<b>15%</b>	15%	23%	27%
Did not fill a prescription	19%	<b>16%</b>	17%	23%	27%
Skipped recommended test, treatment, or follow-up	18%	<b>14%</b>	16%	22%	25%
Did not get needed specialist care	13%	<b>13%</b>	11%	18%	21%
<b>Any of the above access problems</b>	<b>34%</b>	<b>28%</b>	<b>29%</b>	<b>41%</b>	<b>45%</b>

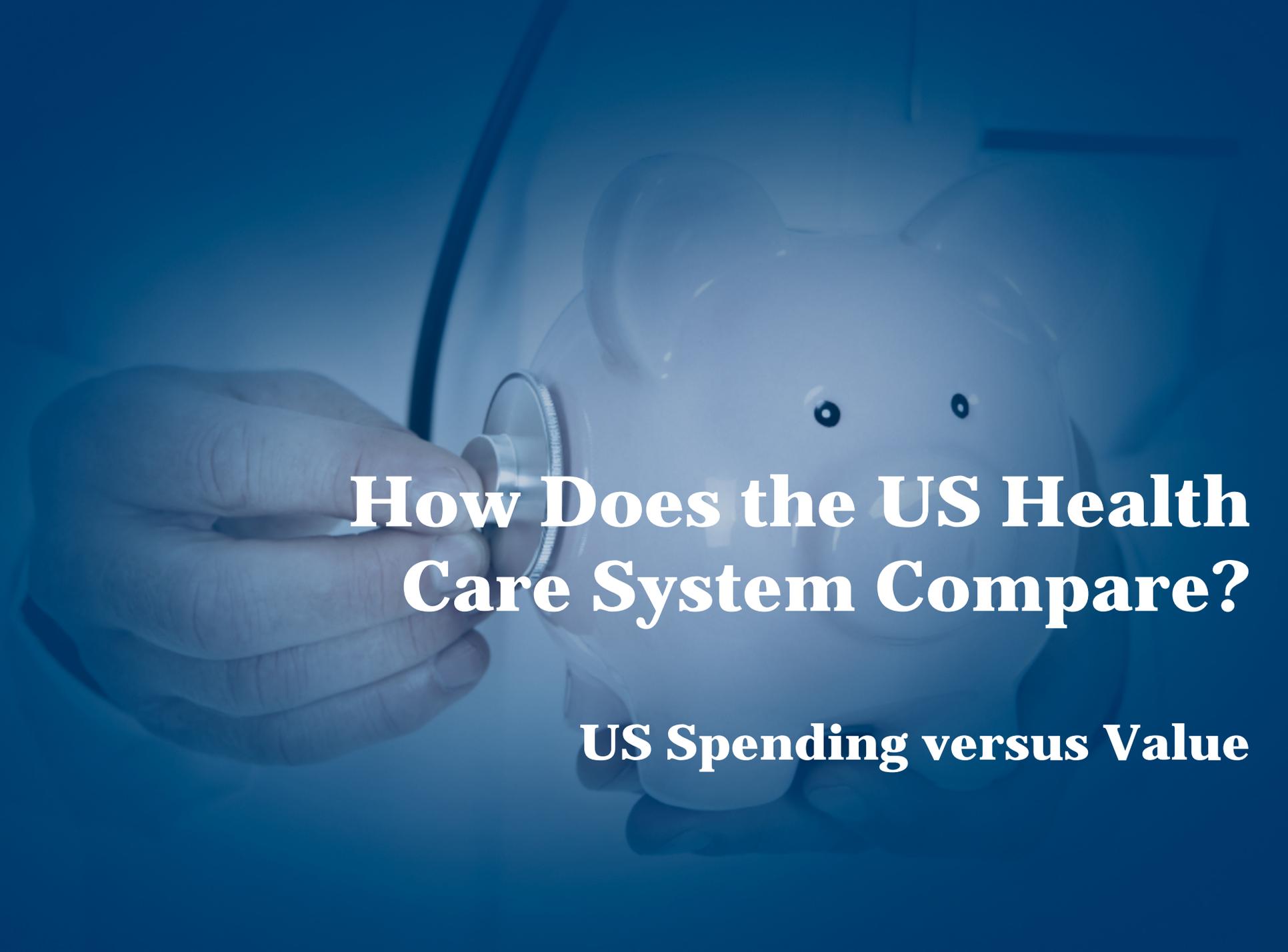
Data: The Commonwealth Fund Biennial Health Insurance Survey (2016).

# Adults in California and New York Reported Lower Rates of Medical Bill Problems or Debt Than Those in Florida and Texas

<i>Percent of adults ages 19–64</i>	<b>U.S. total</b>	<b>California</b>	<b>New York</b>	<b>Florida</b>	<b>Texas</b>
<b>In the past 12 months:</b>					
Had problems paying or unable to pay medical bills	23%	<b>17%</b>	18%	28%	26%
Contacted by a collection agency about medical bills*	21%	<b>15%</b>	18%	25%	25%
Had to change way of life to pay bills	14%	<b>12%</b>	10%	15%	18%
<b><i>Any of three bill problems **</i></b>	29%	<b>22%</b>	23%	32%	34%
Had medical bills/debt being paid off over time	24%	<b>16%</b>	17%	24%	27%
<b>Any of three bill problems or medical debt</b>	<b>37%</b>	<b>28%</b>	<b>28%</b>	<b>41%</b>	<b>44%</b>

\* Subtotals may not sum to total: respondents who answered “don’t know” or refused are included in the distribution but not reported.  
Data: The Commonwealth Fund Biennial Health Insurance Survey (2016). \*\* Does not include billing mistake.

Source: M. Z. Gunja, S. R. Collins, M. M. Doty, and S. Beutel, Insurance Coverage, Access to Care, and Medical Debt Since the ACA: A Look at California, Florida, New York, and Texas, The Commonwealth Fund, March 2017.

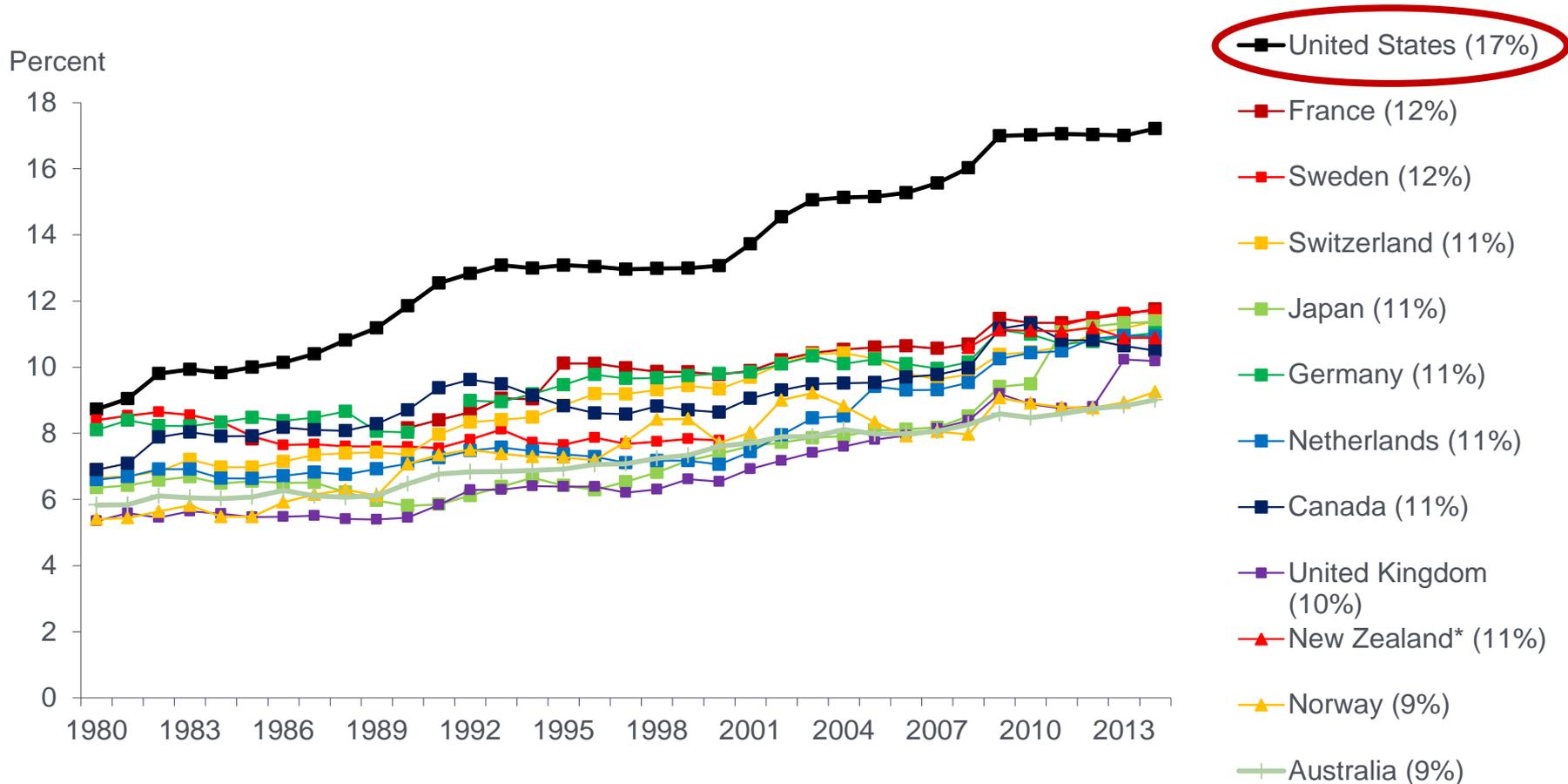
A hand is shown using a stethoscope to examine a piggy bank. The piggy bank is white and has a coin slot on its back. The background is a solid blue color. The text is overlaid on the image in white, bold, sans-serif font.

# **How Does the US Health Care System Compare?**

**US Spending versus Value**

# U.S. Spends More than Other Countries

## Health Care Spending as a Percentage of GDP 1980–2014



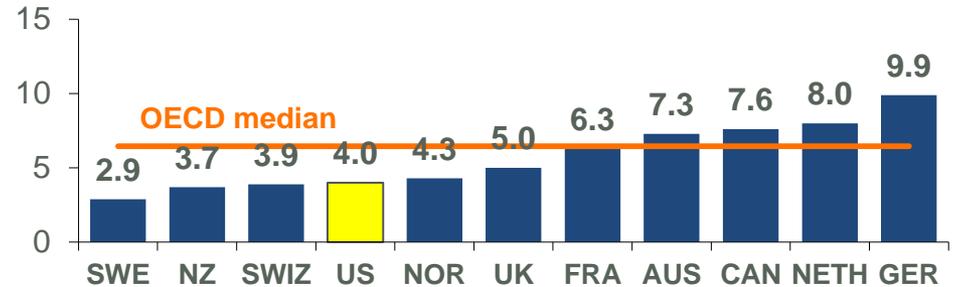
2013, \*\* 2012

GDP refers to gross domestic product.

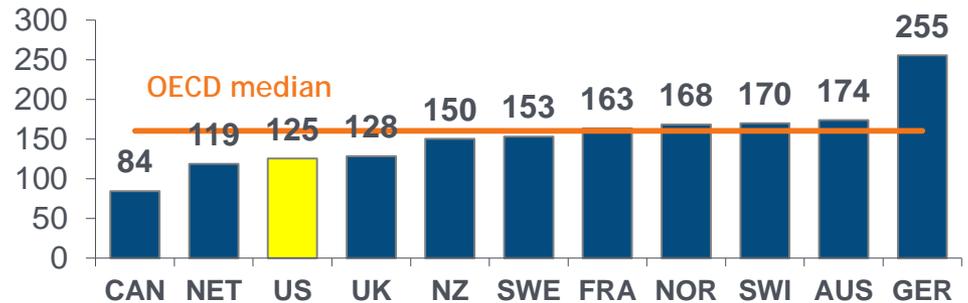
Source: OECD Health Data 2016. Note: Australia, Germany, Japan, Netherlands and Switzerland data is for current spending only, and excludes spending on capital formation of health care providers.

# U.S. Patients Often Get Less Care

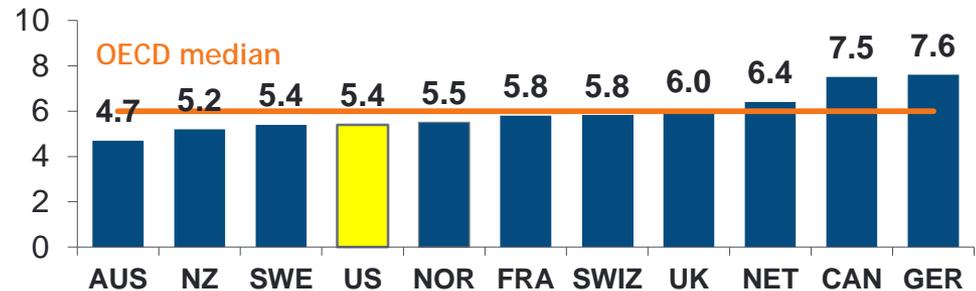
Doctor visits  
Per capita



Hospital discharges  
Per 1,000

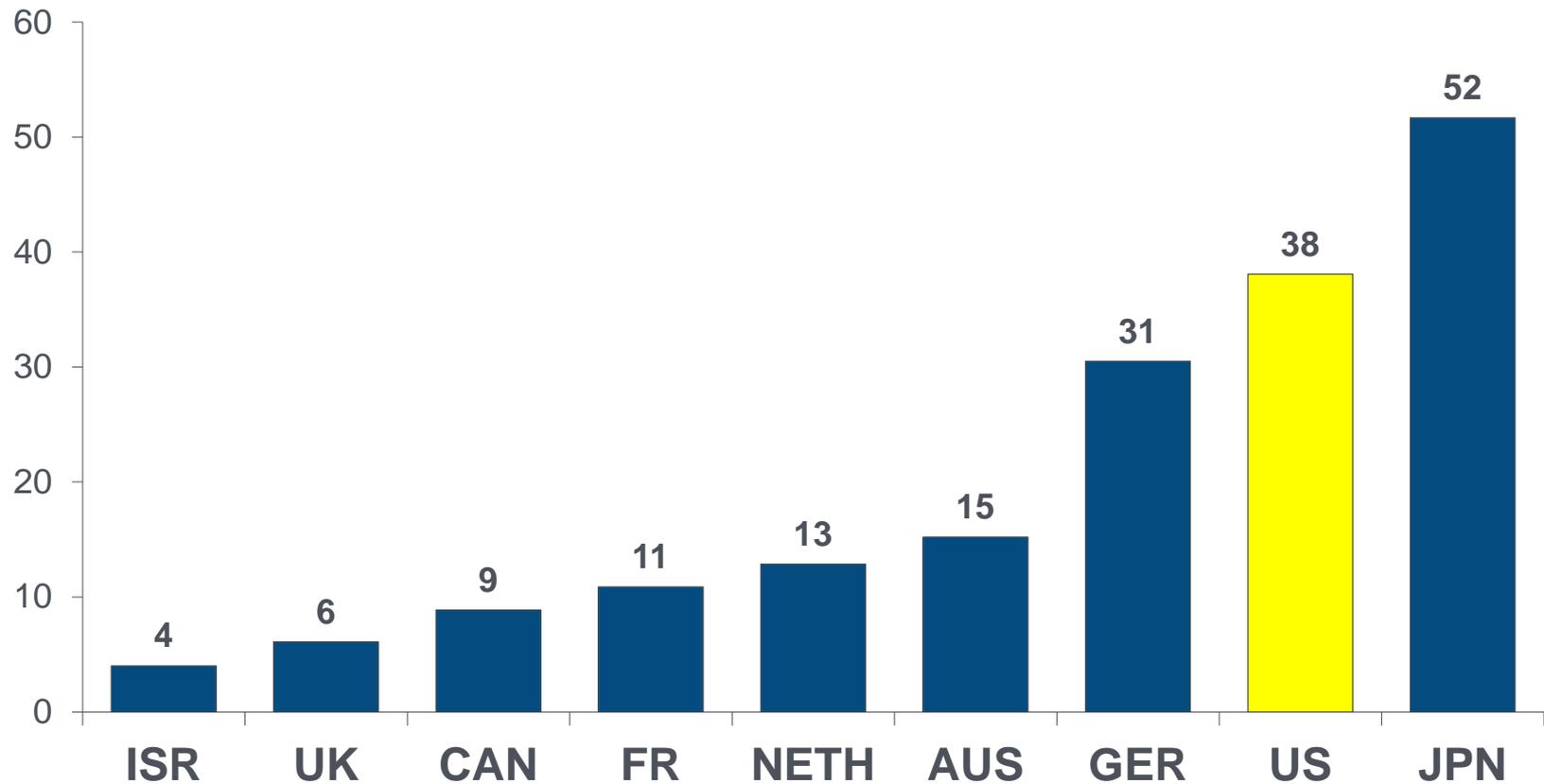


Hospital average length of stay  
Days, acute care



# ... Although, Sometimes Get More

Magnetic Resonance Imaging (MRI) machines per 1,000,000 population



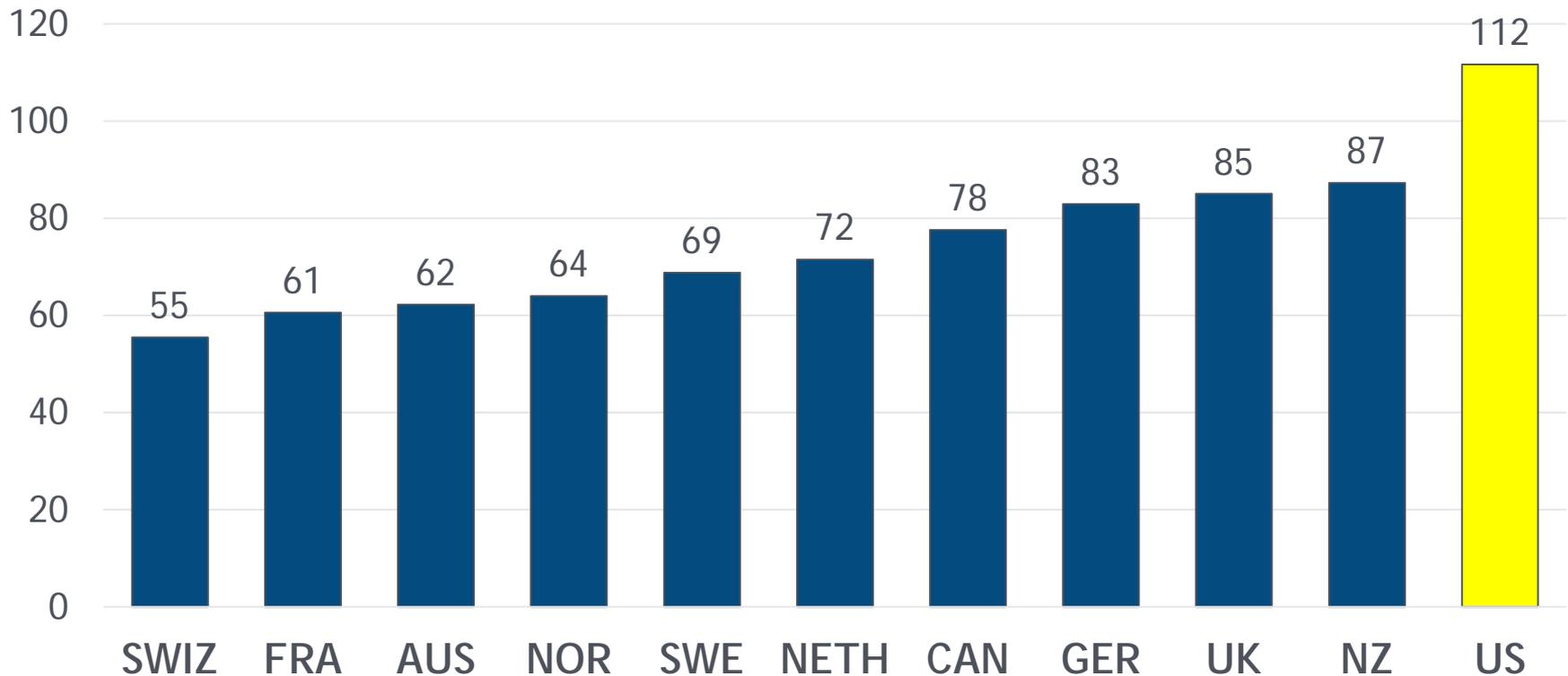
Source: OECD Health Data 2016

Canada MRI machine data from 2013, Germany MRI exam data from 2012, Japan and Netherlands exam data from unpublished Commonwealth Fund grant.

# US Adults Often Have Poorer Outcomes

## Avoidable Deaths: Mortality Amenable to Health Care, 2014

Deaths per 100,000 population\*

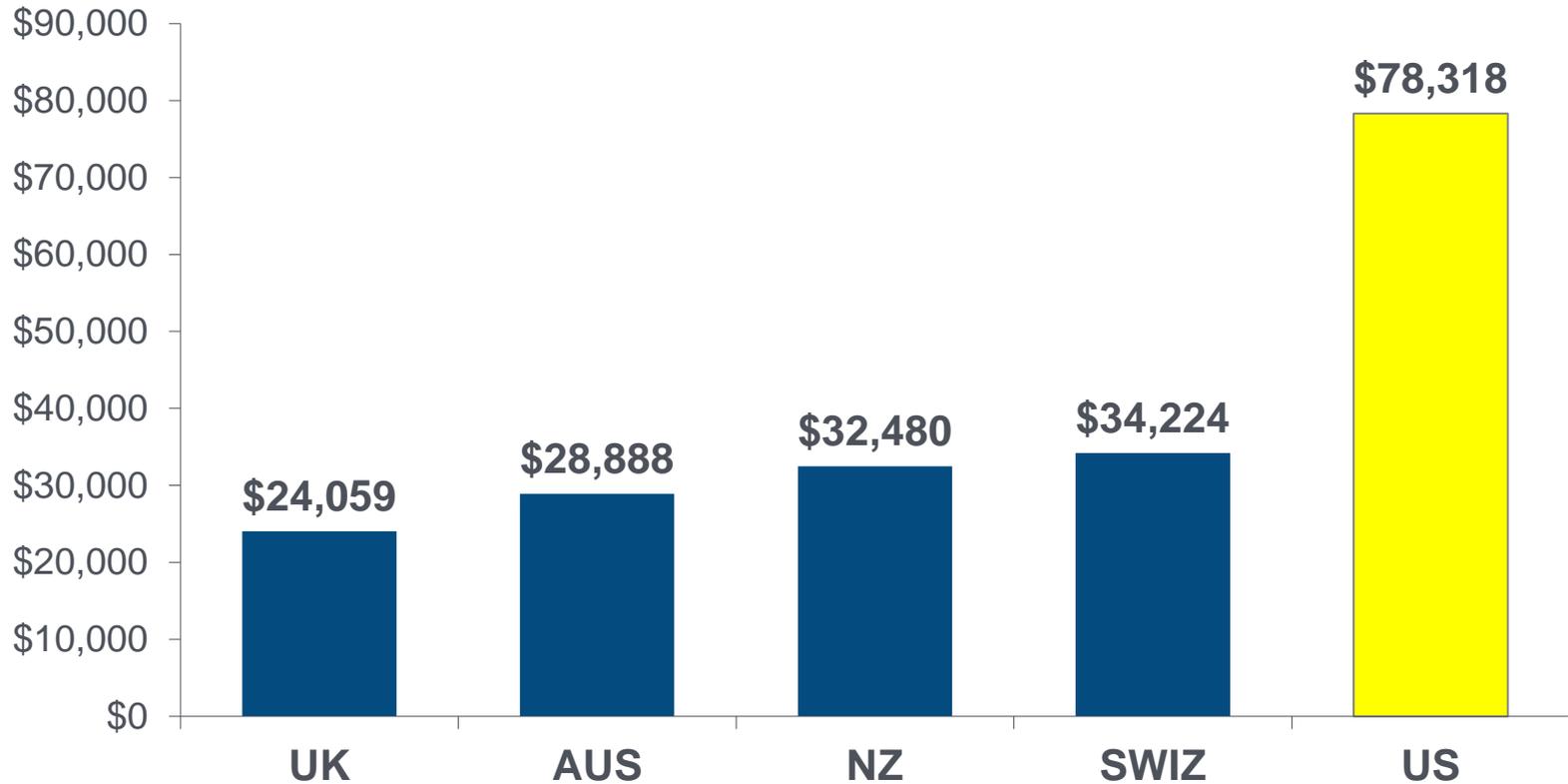


Marina Karanikolos, European Observatory on Health Systems and Policies (2017). Trends in amenable mortality for selected countries, 2014. Data from 2014 in all countries except Canada (2011), France (2013), Netherlands (2013), NZ (2012), Switzerland (2013), UK (2013). WHO Mortality files (number of deaths by age group) and populations (except Human Mortality Database for Canada, UK and the USA). List of amenable causes: Nolte & McKee 2004 (Australia, Canada, NZ, Nor, US) Calculations by European Observatory on Health Systems and Policies (2016), Amenable mortality causes based on Nolte & McKee, 2004. Mortality and population data from WHO mortality files, released September 2016 (population data for Canada and the USA from Human Mortality Database). Age-specific rates standardised to European Standard Population 2013.

# One Reason US Doesn't Get Value: U.S. Prices Are Higher

Average Total Hospital+Physician Costs for Coronary Artery Bypass Surgery (CABG)

Dollars (\$US)

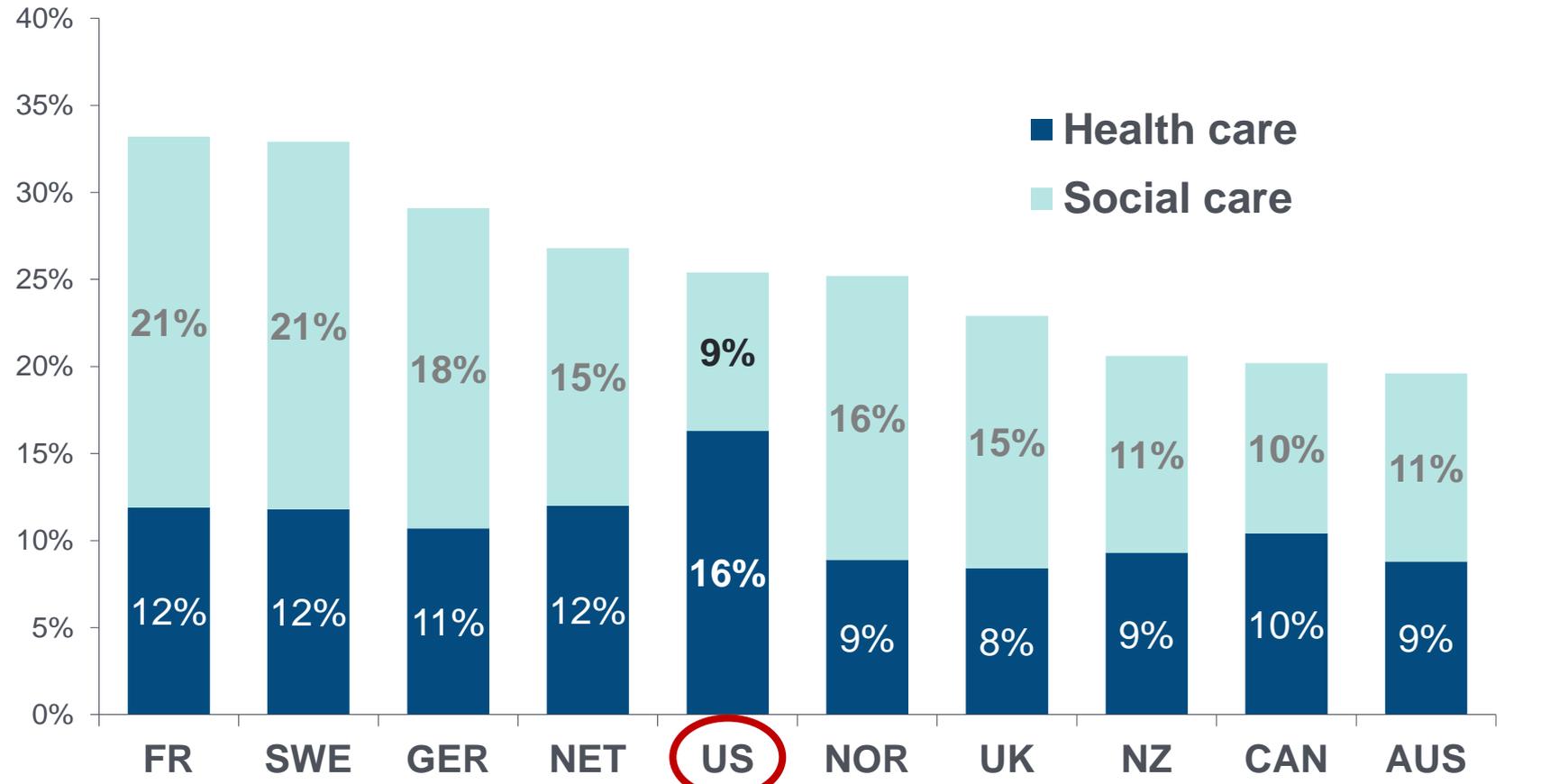


Notes: US refers to the commercial average.

Source: International Federation of Health Plans, 2015 Comparative Price Report.

# Another Reason: Other Countries Have a Stronger Social Safety Net

## Health vs Social Care Spending, % GDP



Source: E.H. Bradley, L.A. Taylor, H.V. Fineberg, *The American Health Care Paradox: Why Spending More is Getting Us Less*, Public Affairs, 2013.

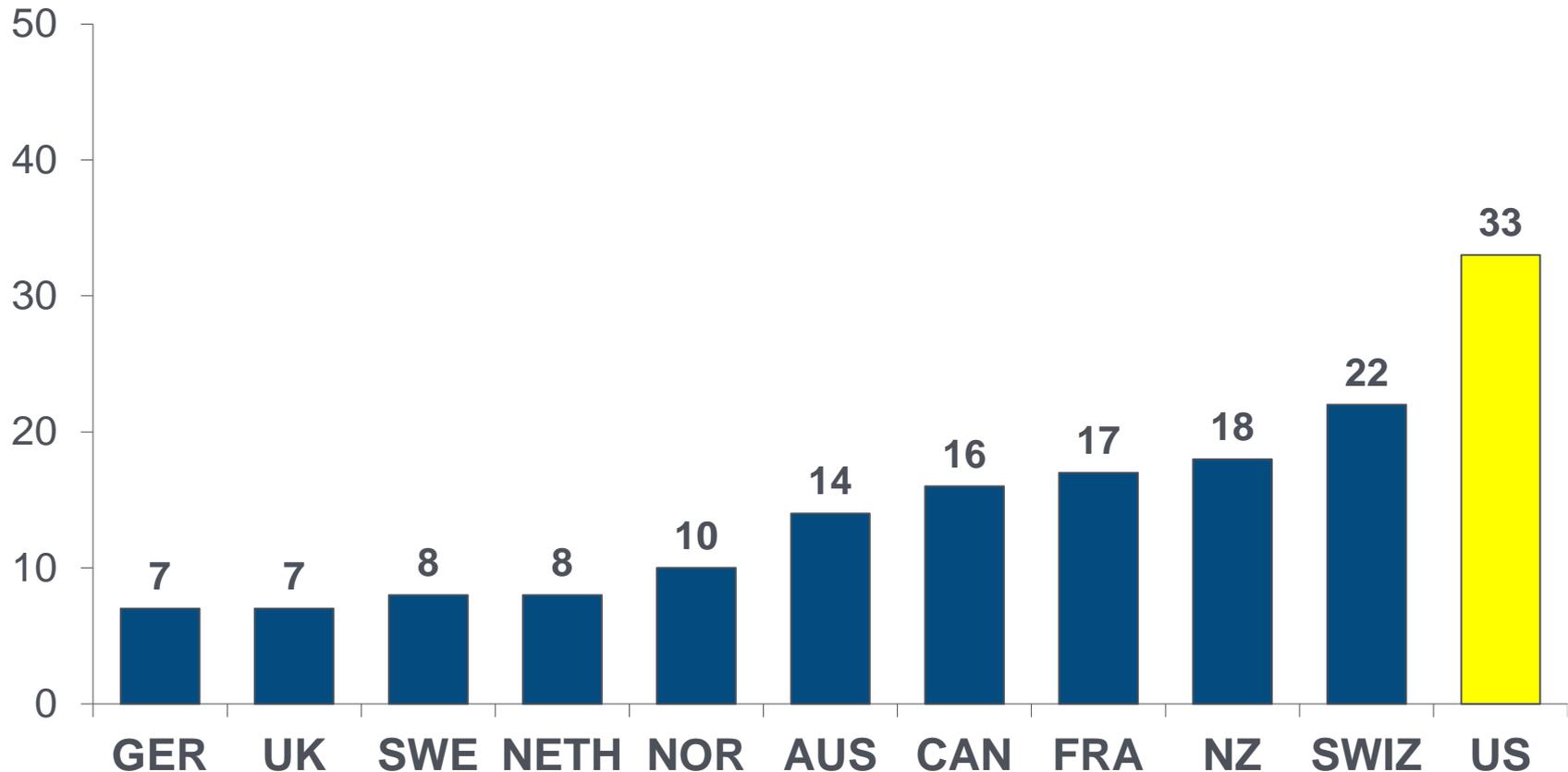
A photograph of a woman with short dark hair smiling at an elderly woman with white hair. The image is overlaid with a blue gradient. The text is centered over the image.

# **How Does the US Health Care System Compare?**

**The Patient's Experience**

# US Does Very Poorly on Financial Barriers to Care – With 1 in 3 Unable to Get Care Because of Costs

Percent reporting cost-related access barriers in past year

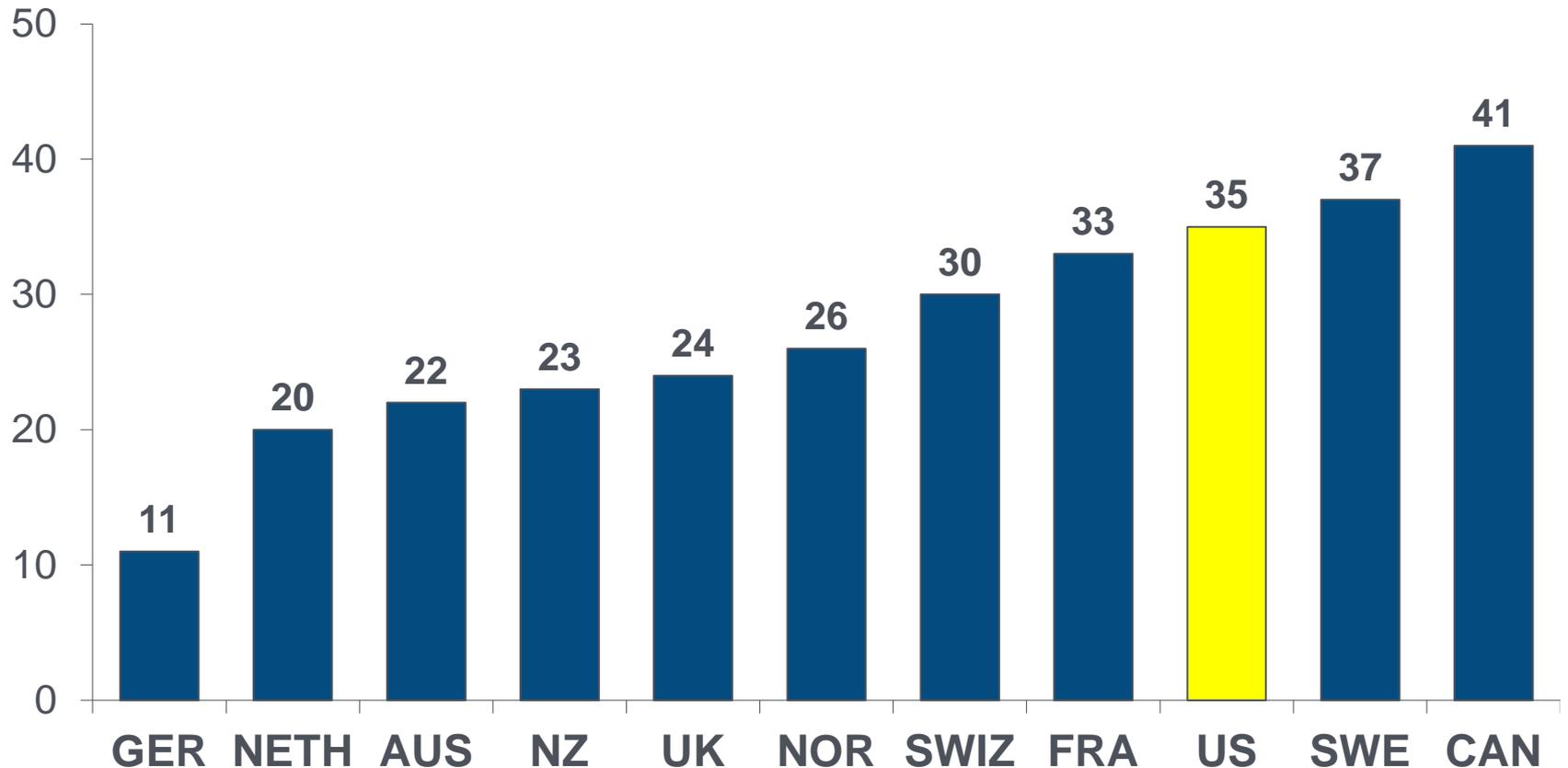


Source: 2016 Commonwealth Fund International Health Policy Survey.

Definition: One or more of the following: problems: did not see a doctor when sick, skipped a medical test or treatment recommended by a doctor, and did not fill a prescription or skipped doses because of the cost in past year.

# US Does Poorly on Emergency Department Use

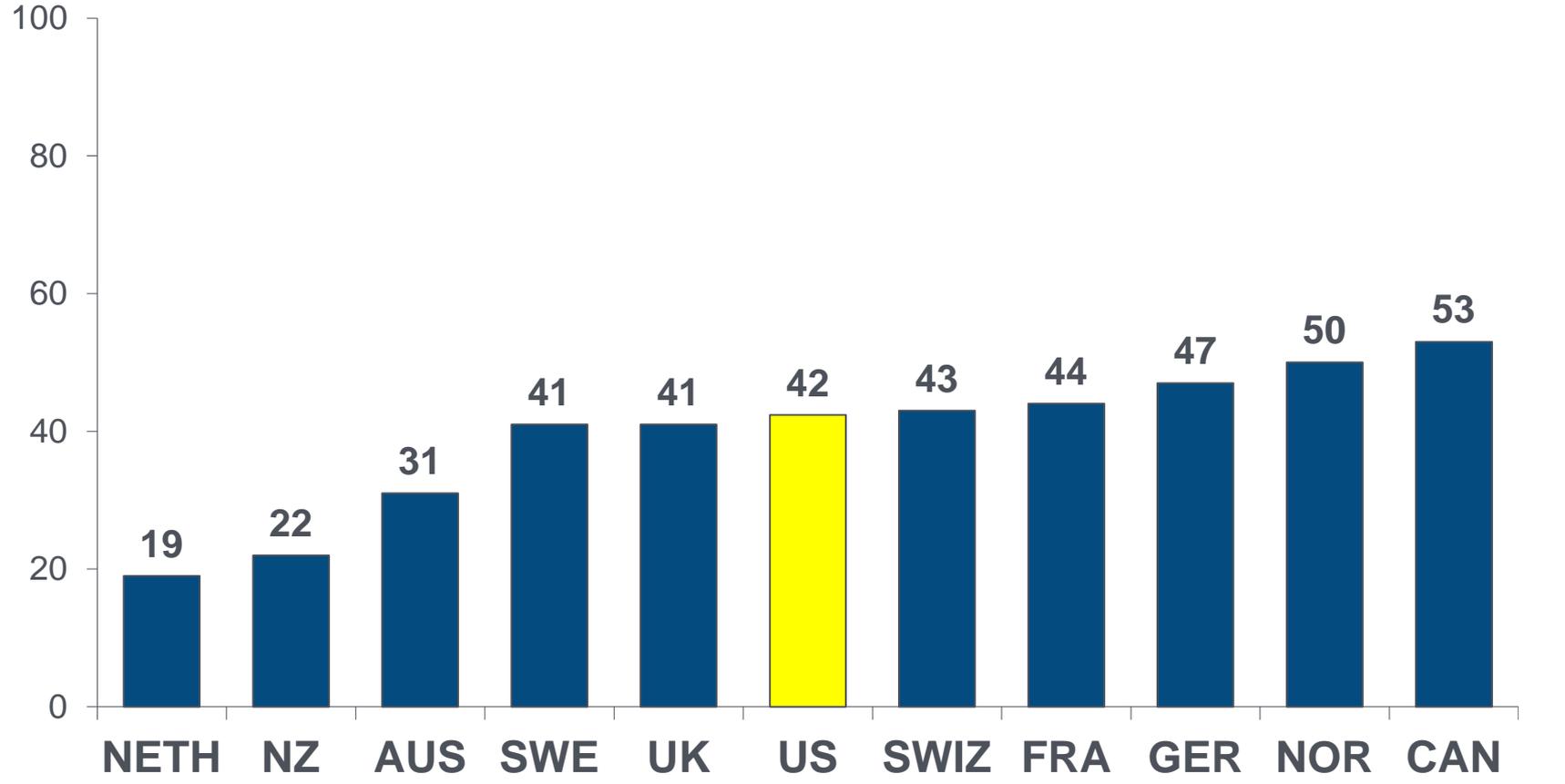
Percent Who Used in ED in the Past Two Years



Source: 2016 Commonwealth Fund International Health Policy Survey.

# US is 'Average' on Getting in Quickly to See Regular Doctor When Sick

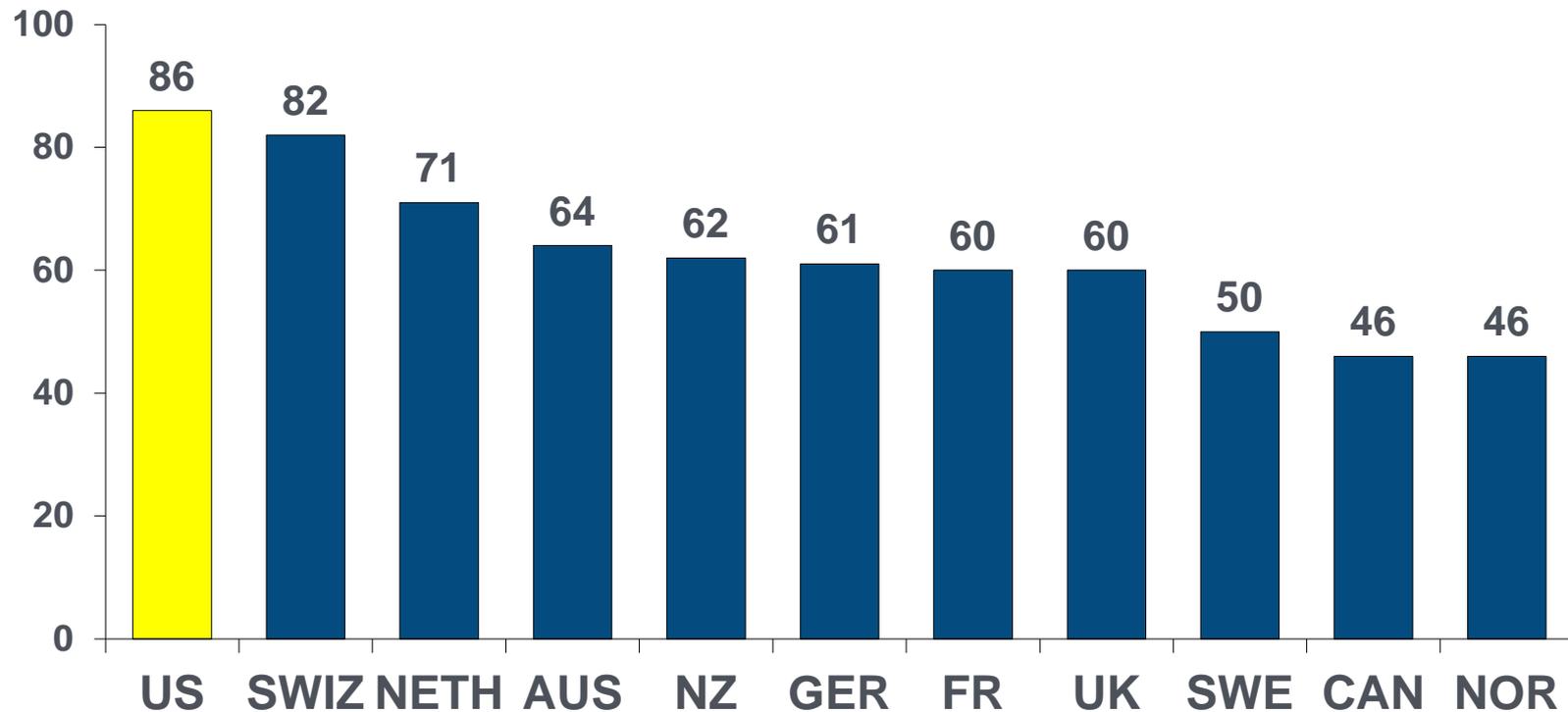
Percent Who Did NOT Get Same- or Next-Day Appointment Last Time Needed Care



Source: 2016 Commonwealth Fund International Health Policy Survey.

# US Does Well on Getting in Quickly to See Specialists

Percent who Waited Less Than Four Weeks for Specialist Appointment, Among Adults Age 65 or Older\*

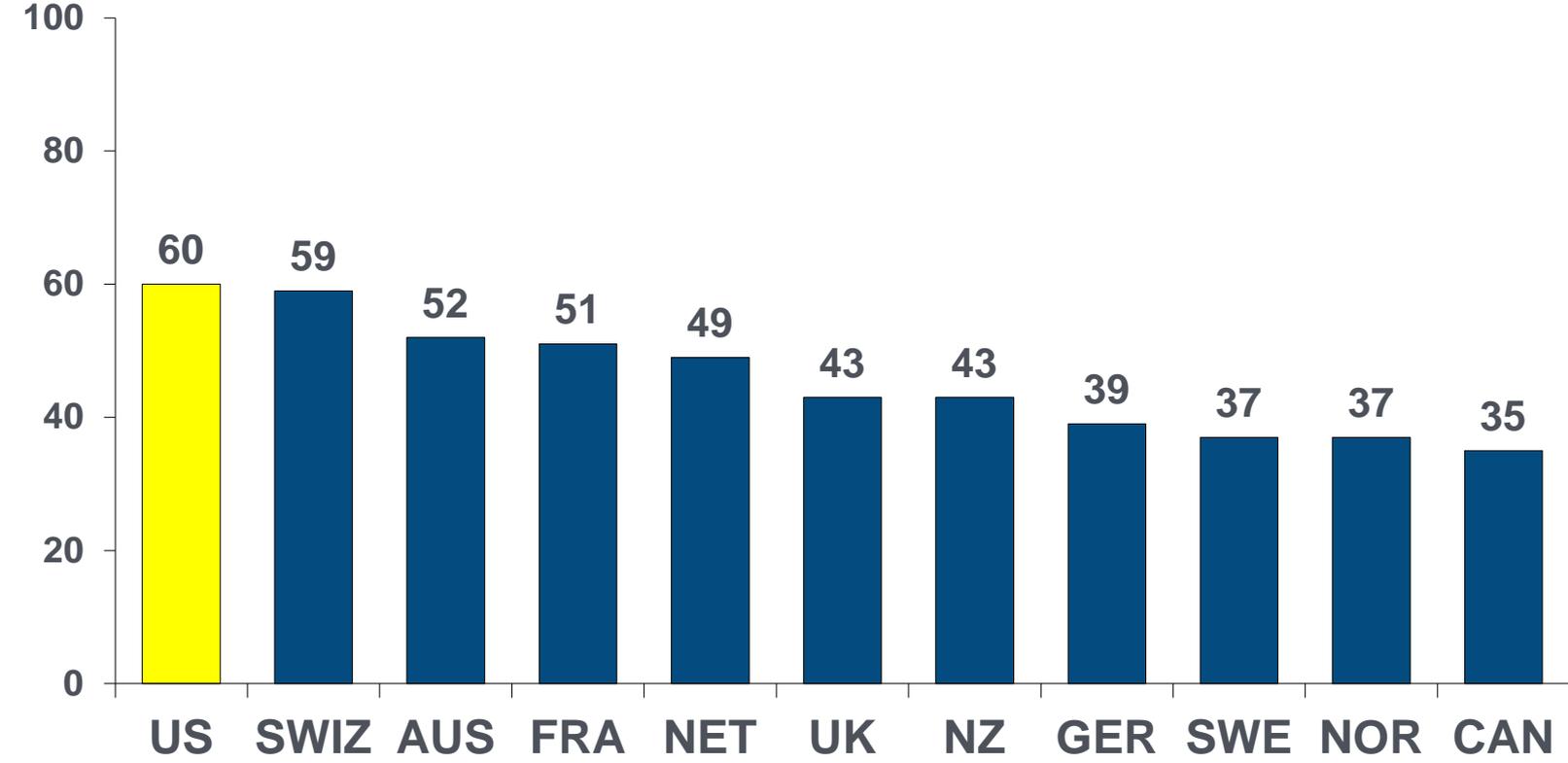


Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.

Base: Saw/Needed to see a specialist in the past two years.

# US Does Well on Wait Times for Elective Surgery

Percent who Reported that Wait Times For Elective Surgery Was Less than 1 Month



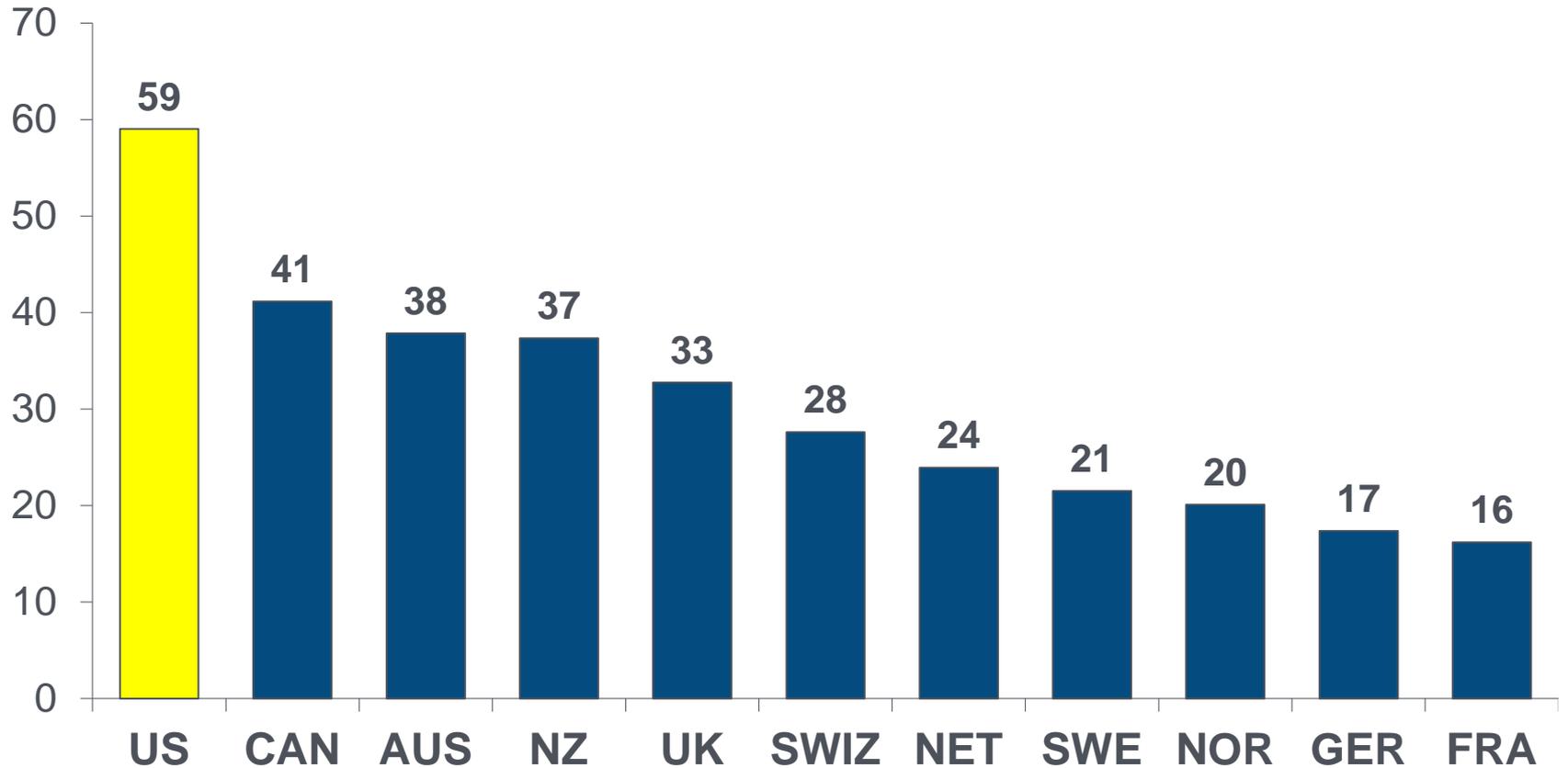
Base: Needed elective surgery in past 2 years



Source: 2016 Commonwealth Fund International Health Policy Survey

# US Does Well on Doctors Counseling Patients on Health Promotion

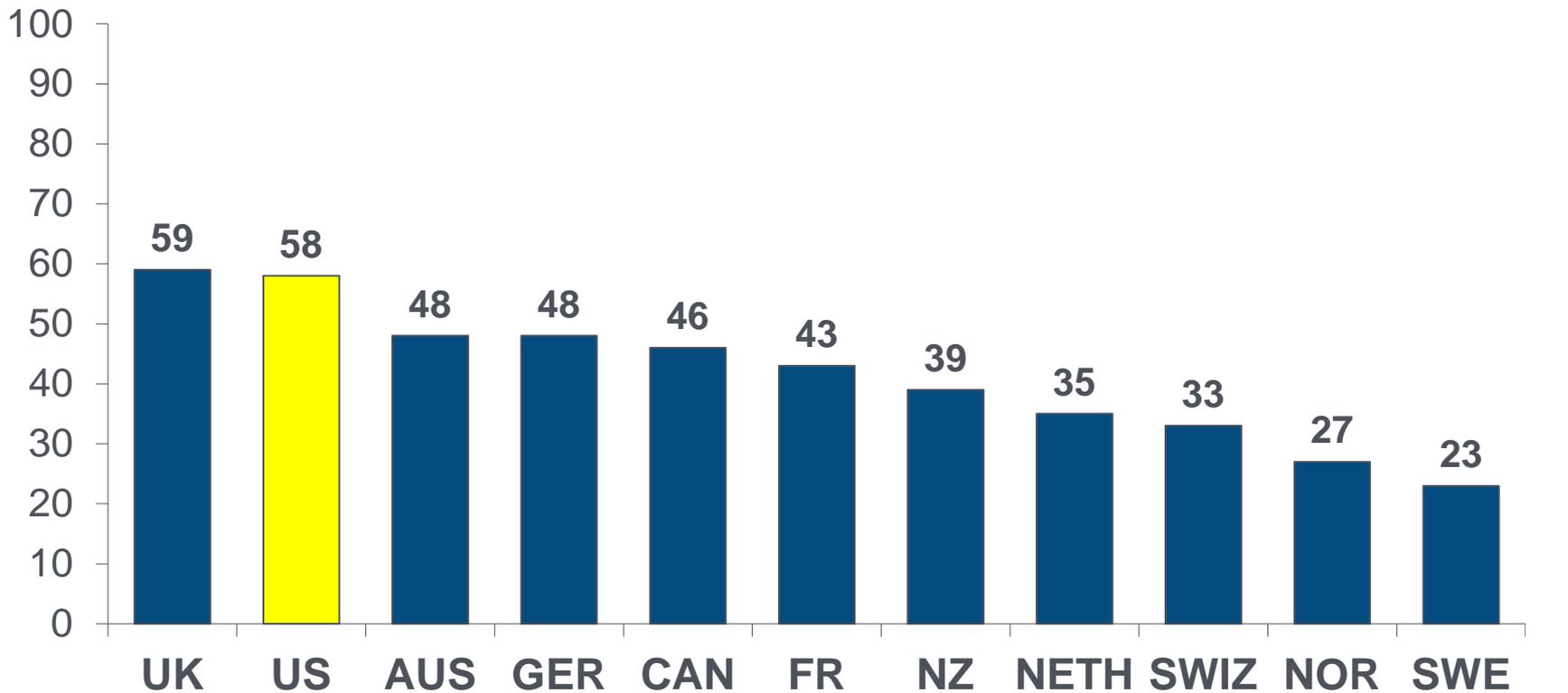
Percent of Patients Reporting that Regular Doctor Has Discussed Diet and Exercise



Source: 2016 Commonwealth Fund International Health Policy Survey

# US Does Well on Patient Engagement in Chronic Care Management

Percent of Older Adults Aged 65 Years and Over with Chronic Conditions Reporting that a Health Care Professional Discussed Their Main Goals and Gave Instructions on Symptoms to Watch for in the Past Year



Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.

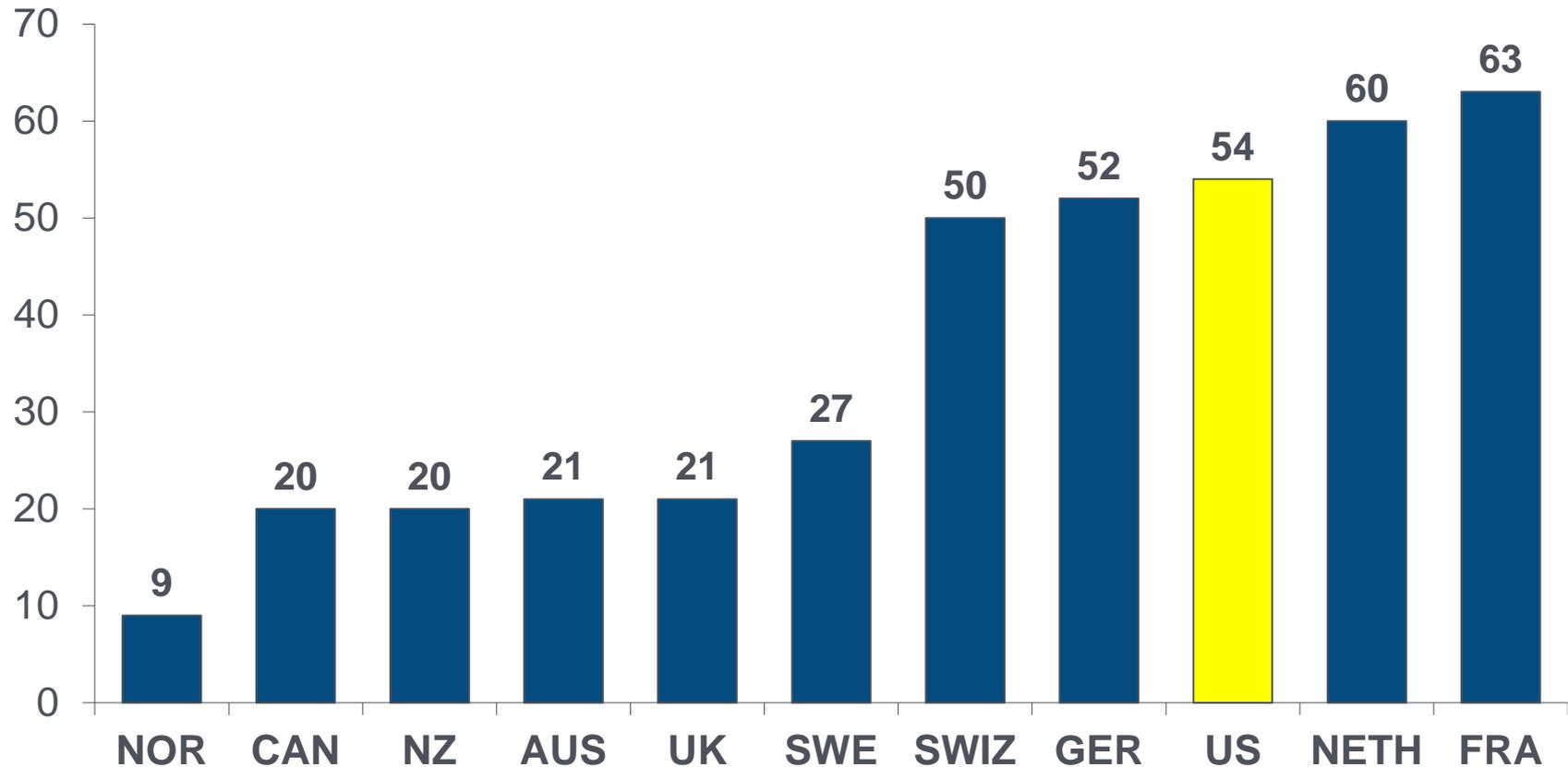
A female doctor with dark hair, wearing blue scrubs and a stethoscope, is looking down at a tablet computer she is holding. The background is a blurred hospital room with a window and some medical equipment. The entire image has a blue tint.

# **How Does the US Health Care System Compare?**

**The Doctor's Experience**

# US Does Poorly on Administrative Burden

Percent of Doctors Reporting that the Time Practice Spends on Insurance Issues or Claiming Payments is a MAJOR problem

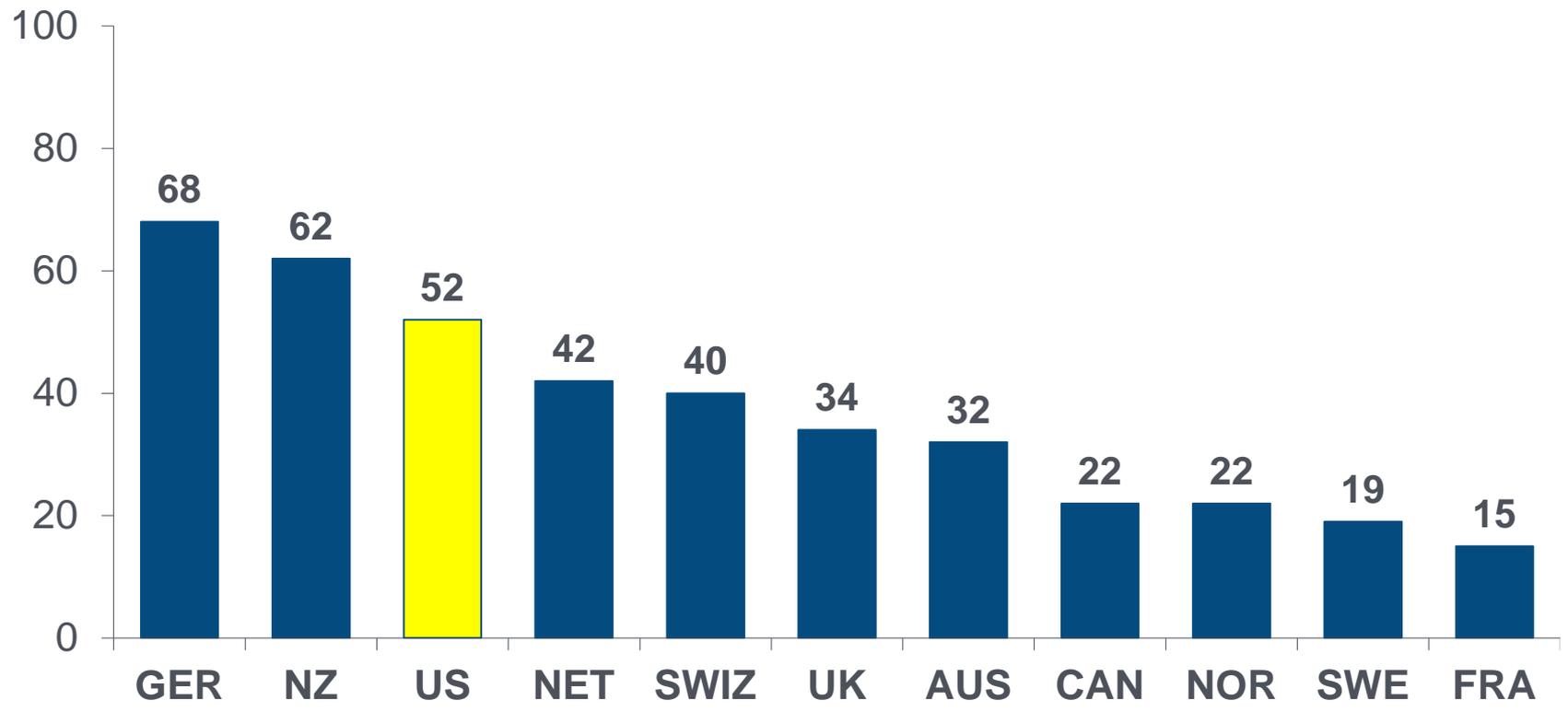


Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

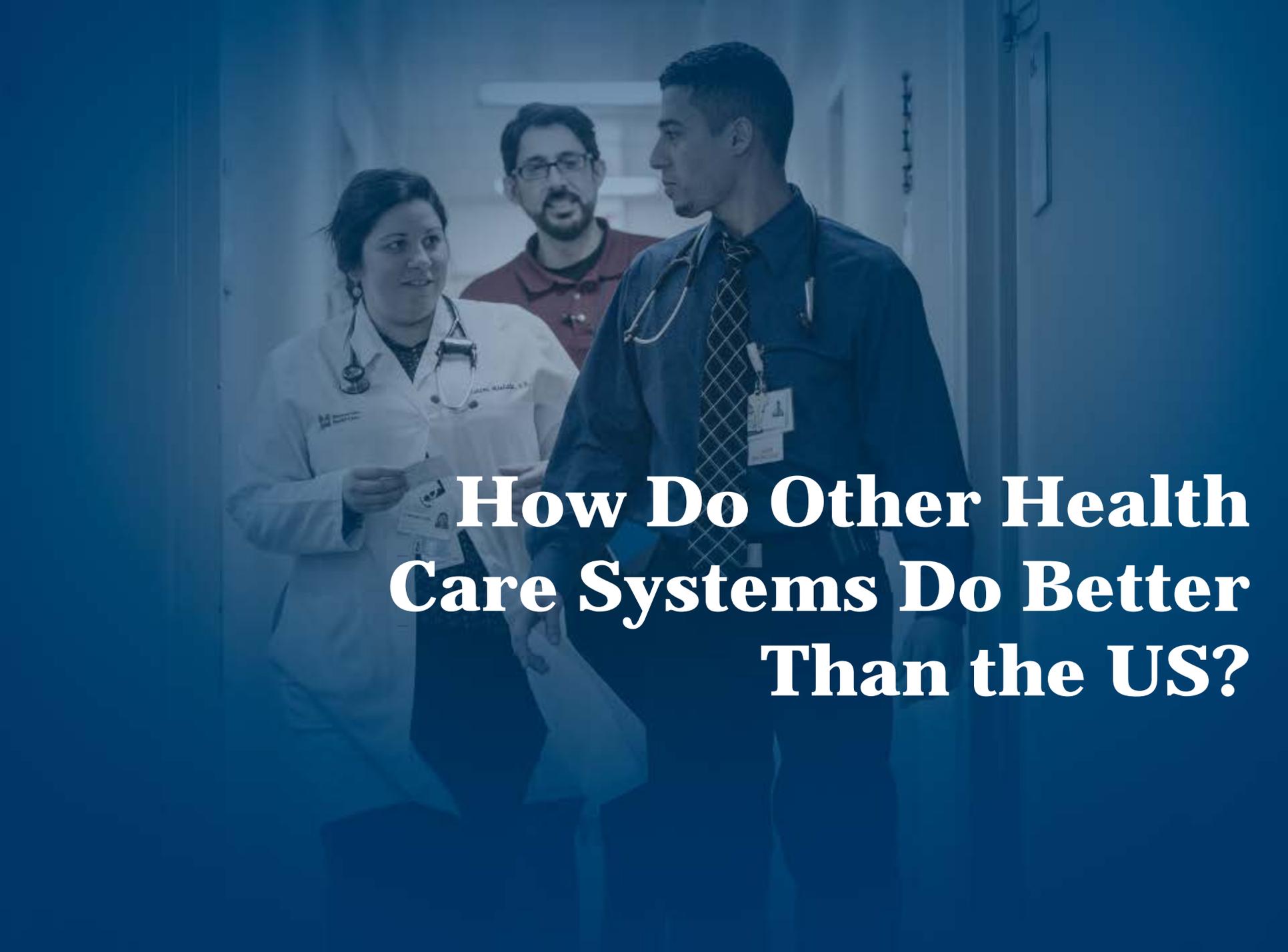
Definition: Amount of time practice spends on administrative issues related to insurance or claiming payments is a 'major problem'.

# US Does Well on Coordinating Between Hospitals and Primary Care Providers

After Hospital Discharge, Percent of Doctors Reporting That the Average Time it Takes to Receive Information They Need to Continue Managing the Patient is < 48 h



Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

A photograph of three healthcare professionals in a hospital hallway. On the left, a woman in a white lab coat with a stethoscope around her neck is looking towards the center. In the middle, a man with glasses and a beard is looking towards the right. On the right, a man in a dark blue shirt and tie with a stethoscope around his neck is looking towards the center. The background shows a hallway with doors and a sign. The entire image has a blue overlay.

**How Do Other Health  
Care Systems Do Better  
Than the US?**

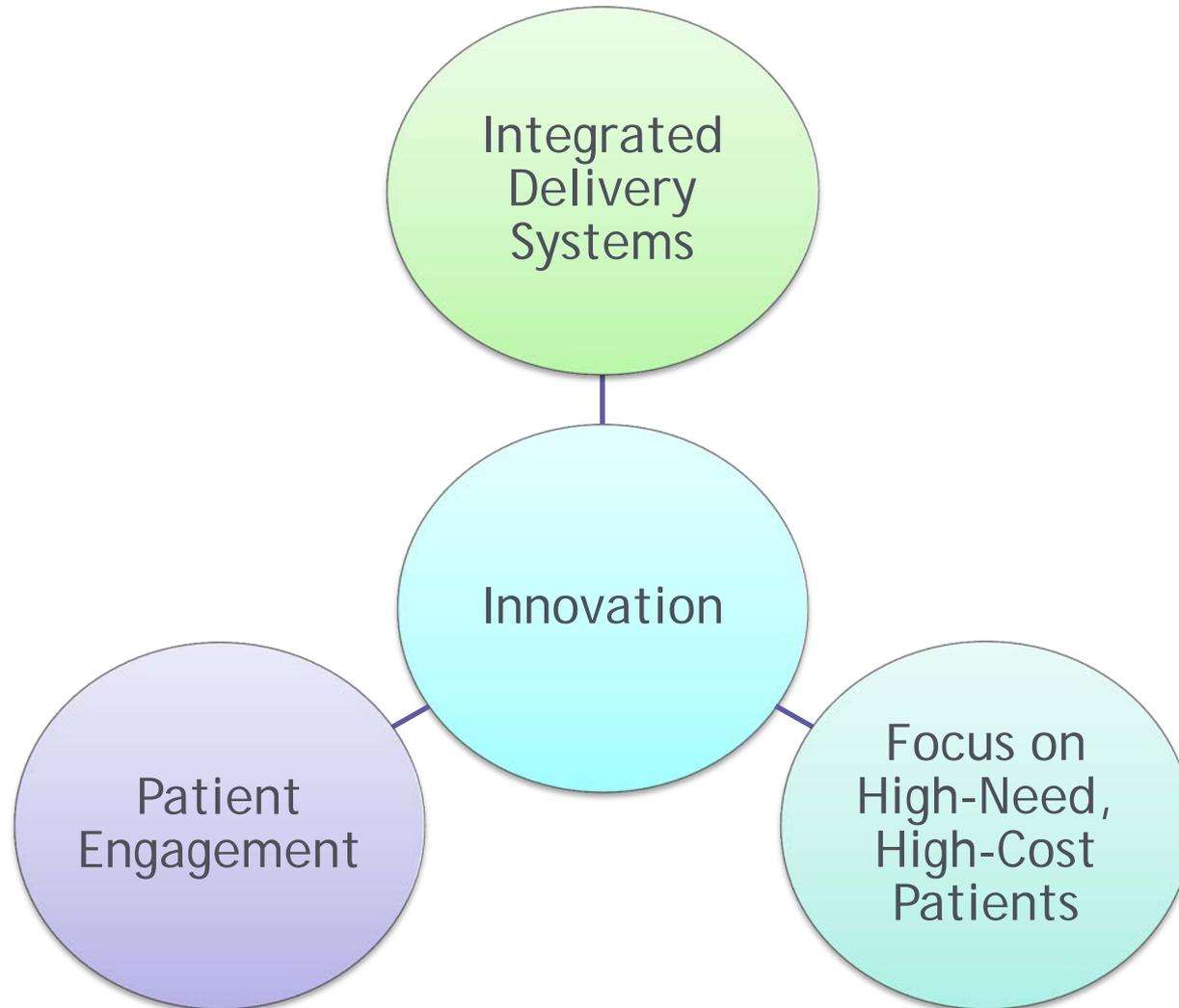


# How Do Other Health Care Systems Do Better Than the US?





# And, Other Countries Also Learn from the United States



# Acknowledgements

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