

HANDOUT: COMMONWEALTH FUND REPORT

Summary of Commonwealth Fund National Scorecard on US Health System Performance

AREA	WHERE WE STAND
<b>HEALTHY LIVES</b>	<u>Premature mortality</u> : the US ranks the highest in 19 industrialized countries in the number of deaths that could be preventive with early and effective care. While the US has improved by 4% in recent years, other countries averaged 16% improvement
	<u>Activity limitations</u> : 18% of working adults report unable to carry out work due to health problems (up from 15 % in 2004)
<b>QUALITY</b>	<u>Patient centered care</u> : Less than 50% of patients could get rapid appt when ill. In addition, 73% couldn't get after hours care without going to an ER
	<u>Effective</u> - Control of diabetes and HTN improved between 1999-2000 and 2003-2004; 88% of patients report at least fair control of DM BUT there is 30-60% points difference between top and bottom performing health plans. Only half of all adults received 100% of recommended preventive care
	<u>Coordinated</u> : Heart failure patients are more likely to receive any discharge planning (68% in 2006 compared with 50% in 2004) BUT these rates vary between 94 and 36%, depending on whether the hospital is a high or low performer
	<u>Safe care</u> : There has been a recent 19% decline in reported areas but still as many as 30% of patients report mistakes in their care. ER visits for adverse drug effects increased more than 35% between 2001 and 2004
<b>ACCESS</b>	<u>Insurance and access</u> : In 2007, 75 million (42%) working adults were uninsured or underinsured; this is up from 61 million in 2003 (35%). In 2007, 37% of people reported going with out needed care due costs
	<u>Affordable</u> : the number of states where insurance premium averaged < 15% of household incomes has decreased from 58% in 2003 to 25% in 2005
<b>EFFICIENCY</b>	<u>Inappropriate, fragmented, wasteful care</u> : Three to four times the benchmark rate of patients report duplicated tests or that medical records or tests were not available at time of visit
	<u>Avoidable hospitalizations</u> : rates of hospitalization from preventable conditions such as hypertension decreased but varied significantly across geographic regions and states
	<u>Variation in quality and costs</u> : the total cost for caring for people with chronic disease varied 2 fold (I think delete); there is good evidence to support that it is possible to lower costs and save lives with effective, efficient systems
	<u>Administrative costs</u> : costs in the US are 30-70% higher than other countries and are three times higher than other developed countries with lowest rates

	<u>Information systems</u> – EMR use increased from 17-28 % 2001-2006 but lags behind other developed countries where rates are as high as 98%
<b>EQUITY</b>	<u>Disparities</u> : vulnerable (minorities, poor, uninsured) more likely to wait to access care, to encounter delays and poorly coordinated care, have dental caries, uncontrolled chronic disease, avoidable hospitalizations, and poor outcomes. They are less likely to receive preventive care or have an accessible source of primary care.

(Commonwealth Fund Commission on a High Performance Health System (2008). *Why not the best? Results for the national scorecard on US health system performance*. New York: The Commonwealth Fund.

It is easy to say that needed changes are unlikely to occur due to health care costs, however, the authors of the Commonwealth Fund report (2008, p.13) suggest that closing performance gaps would result in significant costs savings. Examples include:

- More than 100,000 fewer people would die prematurely each year
- 37 million people would have access to a primary care provider and 70 million adults will receive needed preventive care
- The Medicare program could save 12 billion per year by reducing readmissions and preventable hospitalizations.
- Reducing health insurance ADMINISTRATIVE costs could free up \$51 billion or more in avoidable health care costs.

The conclusion of the Commonwealth Fund is “that it is possible to prevent hospitalizations or re-hospitalizations with better primary care, planning, and follow-up care---an integrated, systems approach to care (p. 14).