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COMMONWEALTH  
FUND

**Why Not the Best?**  
***Results from a National Scorecard  
on U.S. Health System Performance***

**October 11, 2006**

**Cathy Schoen  
Senior Vice President  
Commonwealth Fund**

## National Scorecard on U.S. Health System

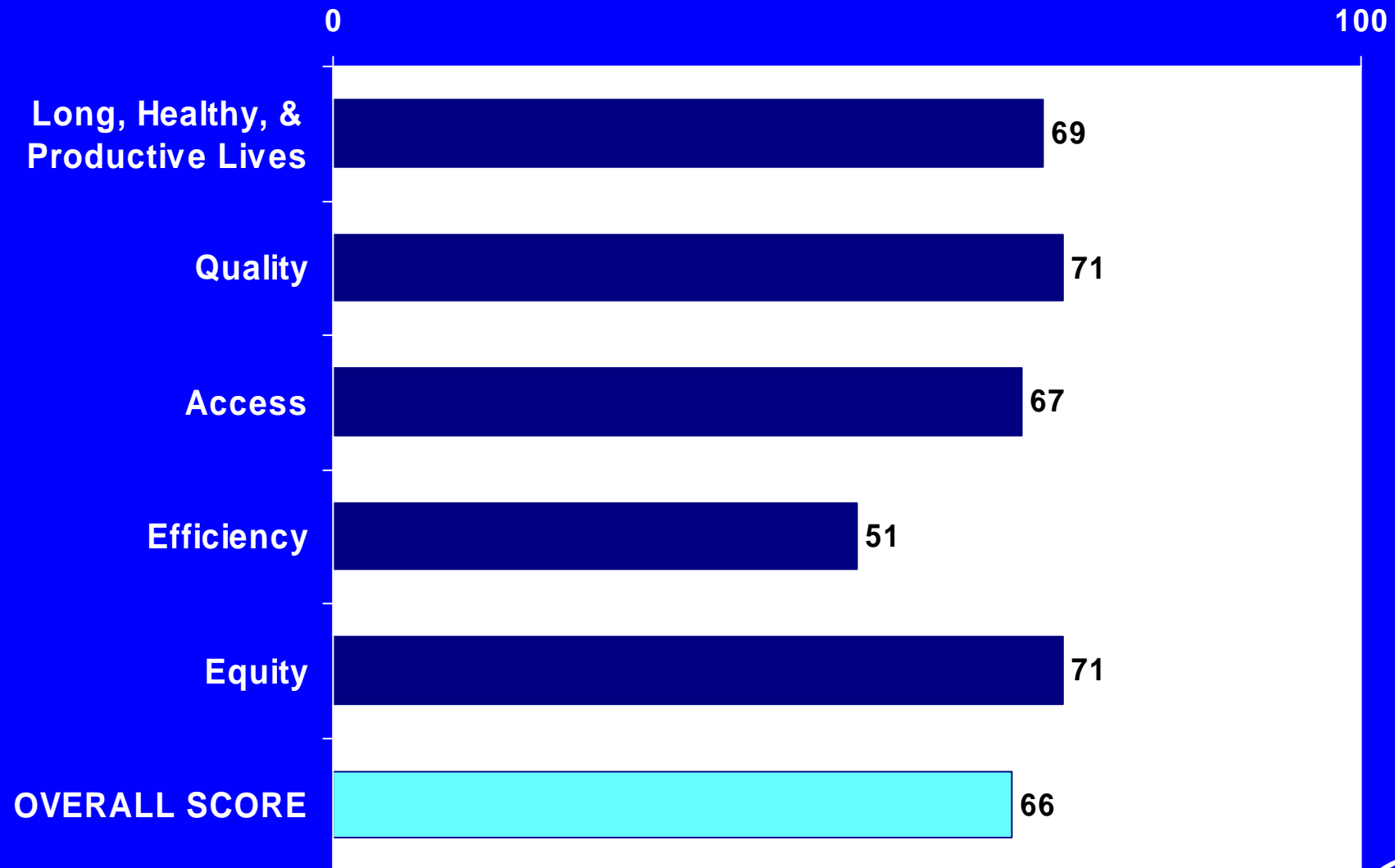
- Unique scorecard that spans health outcomes, quality, access, efficiency and equity domains of performance
- Compares U.S. national averages to benchmarks drawn from internal and international comparisons
  - Benchmarks generally are rates of achieved performance
  - Within the United States, top 10 percent of states or regions, hospitals, health plans or other providers
  - Access indicators include target benchmarks (e.g. 100% of the population insured)
- Includes 37 scored indicators, including composites of related indicators
- Scores
  - Simple ratios of U.S average to the benchmark
  - Scores for each domain average indicators ratios
- Designed to track changes and provide targets for improvement



## **Scorecard Overview Findings: Overall Score 66**

- **The U.S. falls far short on each of the core goals for health system performance relative to benchmarks**
  - **The US average ratio score is 66 across health outcomes, quality, access, efficiency and equity**
  - **There are wide gaps across key indicators on benchmarks largely drawn from achieved rates**
- **The consequence is needlessly lost lives, wasted health care expenditures, and lower economic productivity**
  - **\$50-\$100 Billion annual savings and 100,000 to 150,000 lives**
  - **\$130 billion in potential productivity gains from insuring the uninsured (Institute of Medicine estimate)**
- **Given that the US spends more than any other country, we should expect to lead on access, quality and efficiency**
  - **Benchmarks provide targets for improvement**
- **With cost and coverage moving in the wrong direction, action to achieve a higher performance system is of great urgency**

## Scores: Dimensions of a High Performance Health System



SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

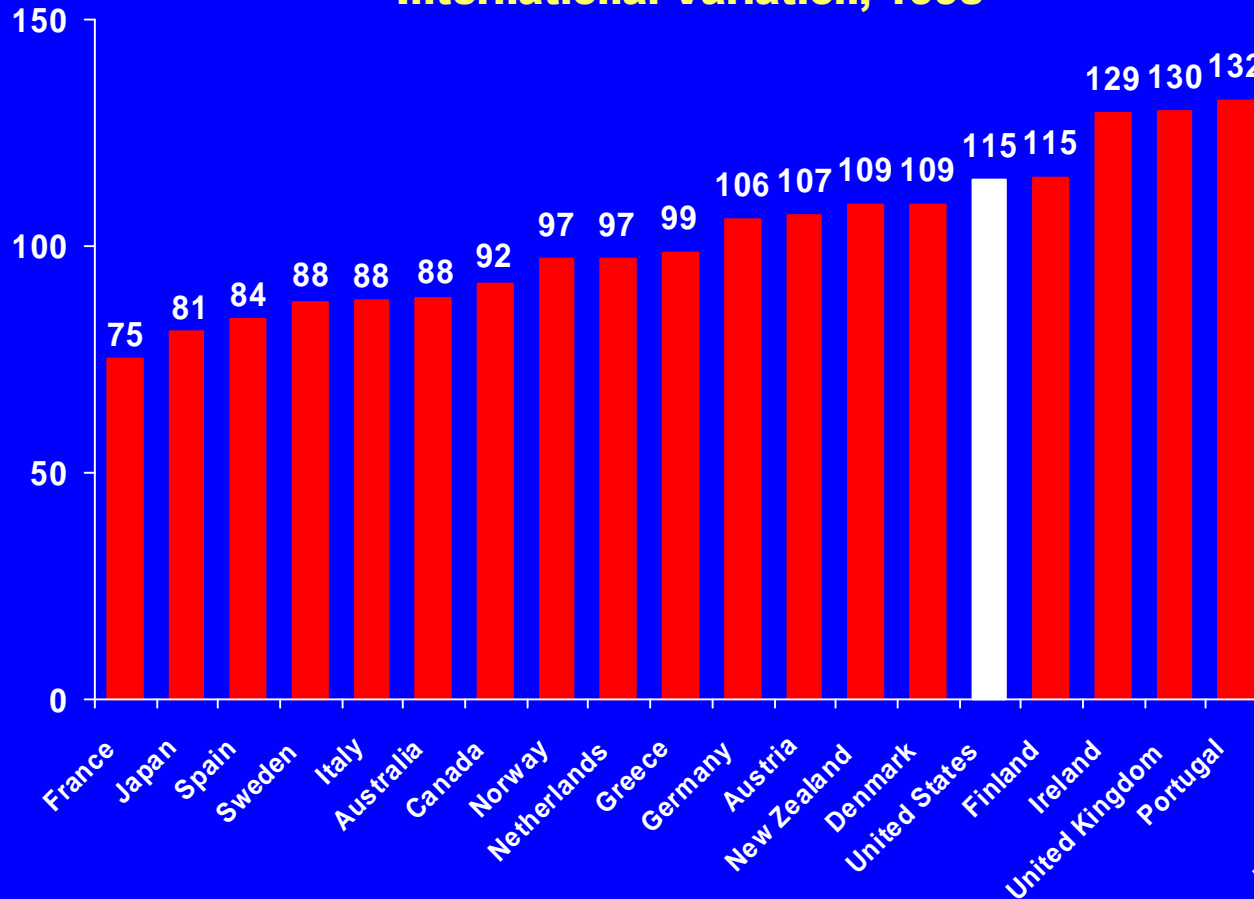
LONG, HEALTHY & PRODUCTIVE LIVES

**Mortality Amenable to Health Care**

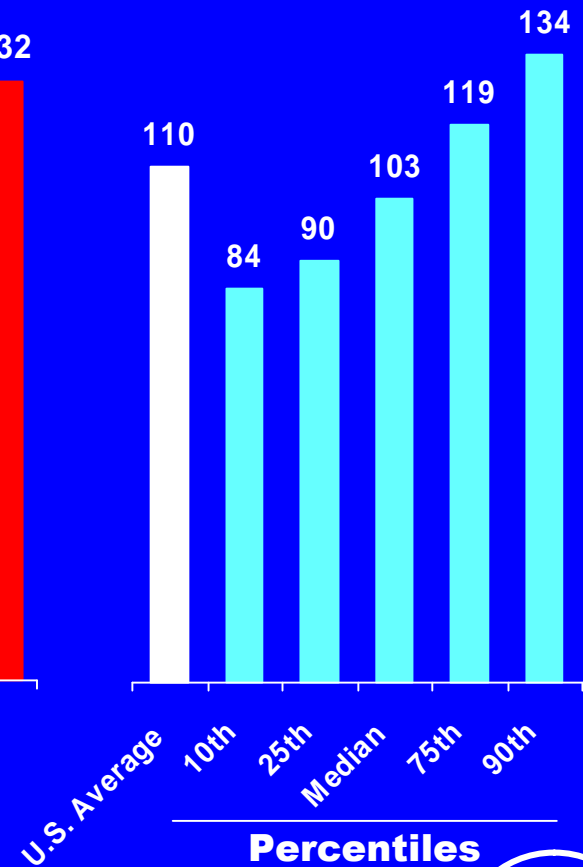
Mortality from causes considered amenable to health care is deaths before age 75 that are potentially preventable with timely and appropriate medical care.

Deaths per 100,000 population\*

**International Variation, 1998**



**State Variation, 2002**



**Percentiles**

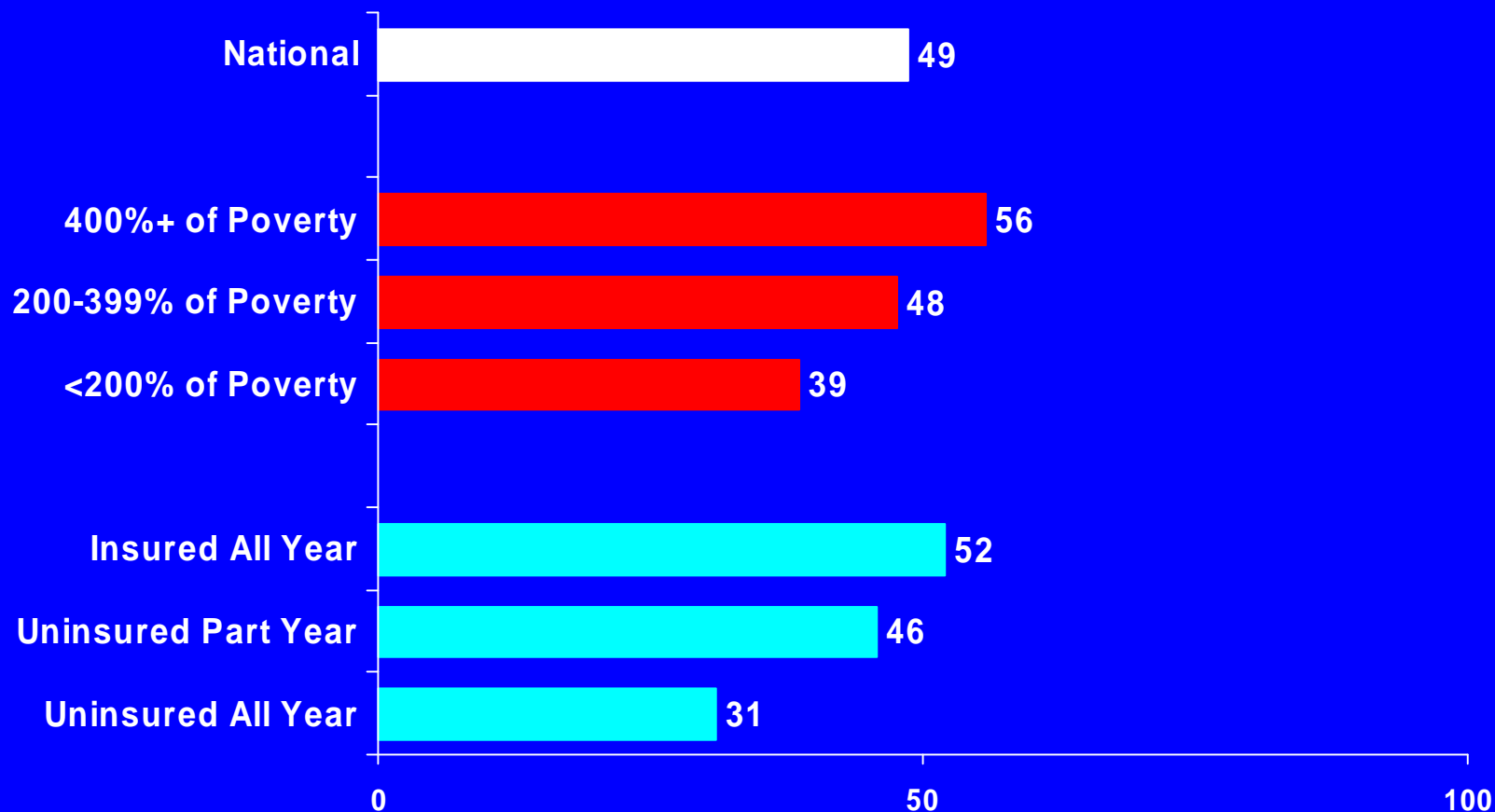
\* Countries' age-standardized death rates, ages 0-74; includes ischemic heart disease  
 DATA: International: WHO mortality database from Nolte and McKee 2003; U.S. 2002 state estimates: K. Hempstead, Rutgers University using Nolte/ McKee methodology. Methods in technical appendix to *Scorecard Chartpack*.

**SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006**



## Receipt of Recommended Screening and Preventive Care for Adults, by Family Income and Insurance Status, 2002

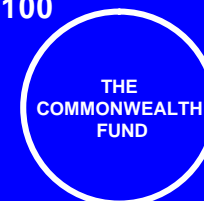
Percent of adults (ages 18+ yrs) who received all recommended screening and preventive care within a specific time frame given their age and sex\*



\*Recommended care includes: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot.

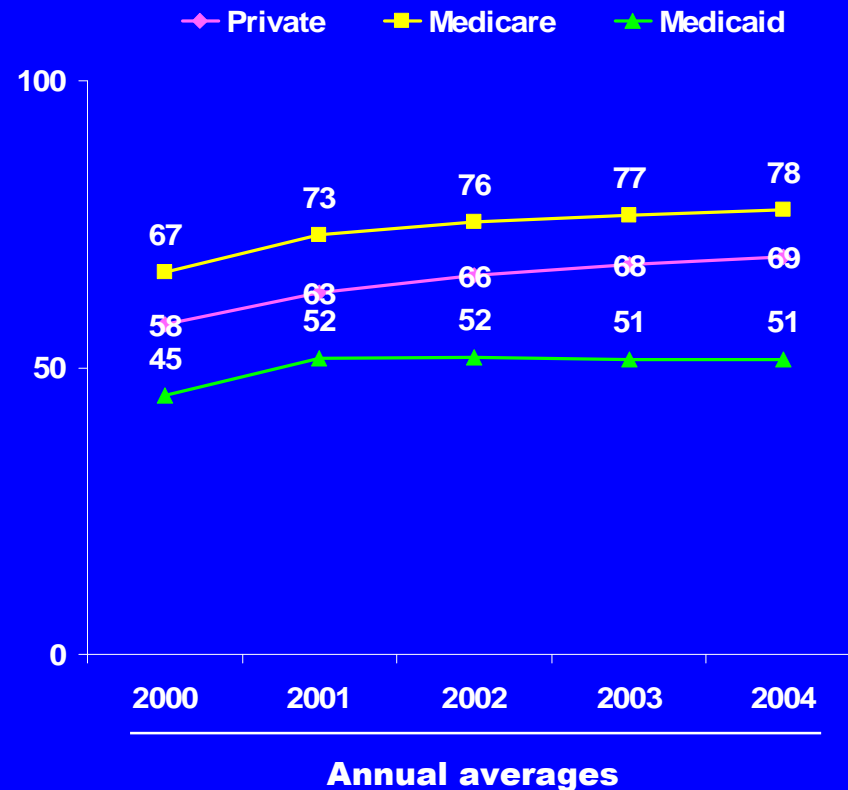
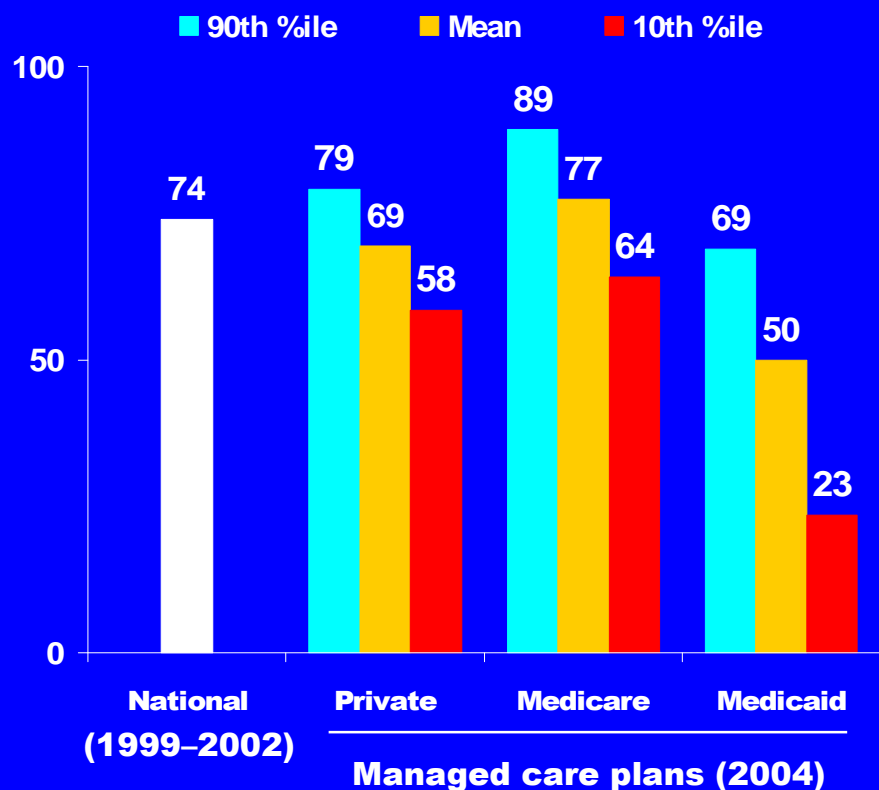
Data: Columbia University analysis of 2002 Medical Expenditure Panel Survey

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Diabetic Adults Who Have Blood Glucose Levels Under Fair Control, National and Managed Care Plan Type

Percent of adults with diagnosed diabetes whose HbA1c level <9.0%



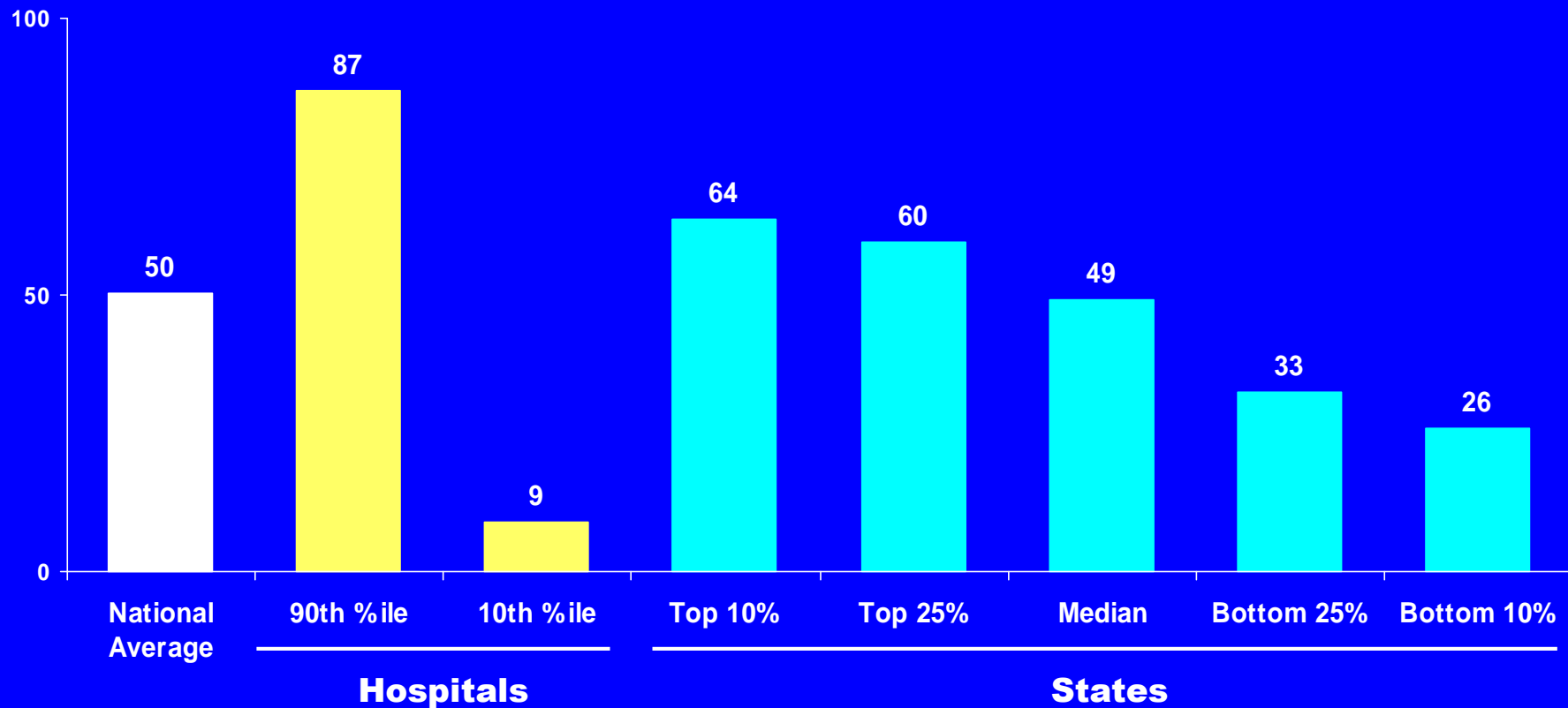
Data: National estimate—National Health and Nutrition Examination Survey (AHRQ 2005a); Plan estimates—Health Plan Employer Data and Information Set (NCQA 2005a, 2005b).

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Heart Failure Patients Given Written Instructions or Educational Materials When Discharged, by Hospitals and States, 2004

Percent of heart failure patients discharged home with written instructions or educational material\*



\*Discharge instructions must address: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen

Data: National and hospital estimates: A. Jha and A. Epstein, Harvard University analysis from Hospital Quality Alliance national reporting system; State estimates – Retrieved from Hospital Compare [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

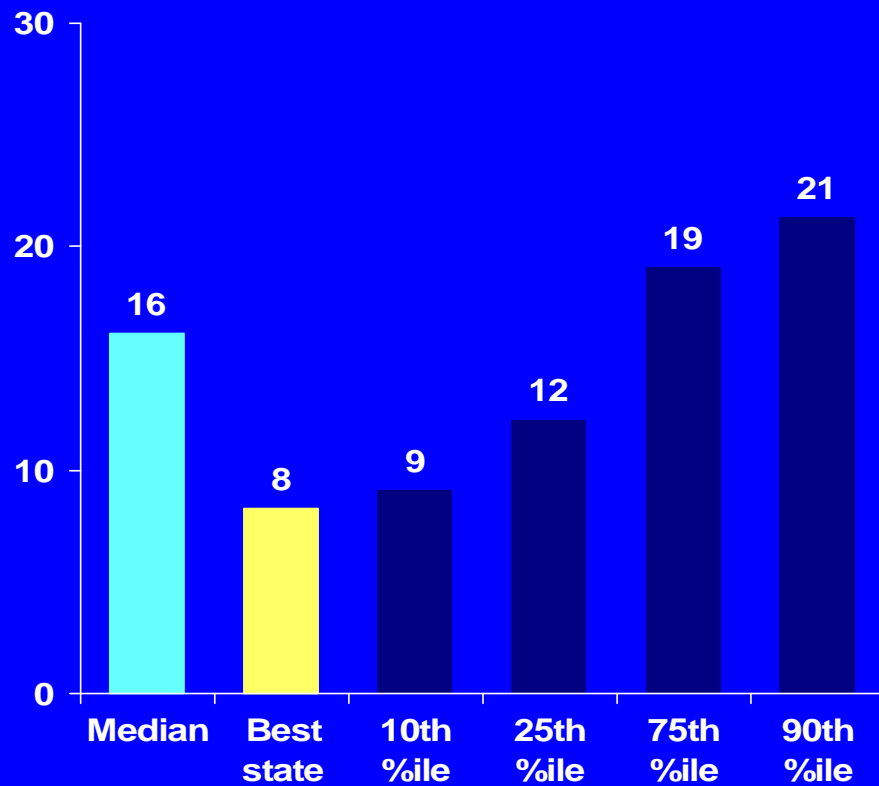




## Nursing Homes: Hospital Admission and Readmission Rates Among Nursing Home Residents, by State, 2000

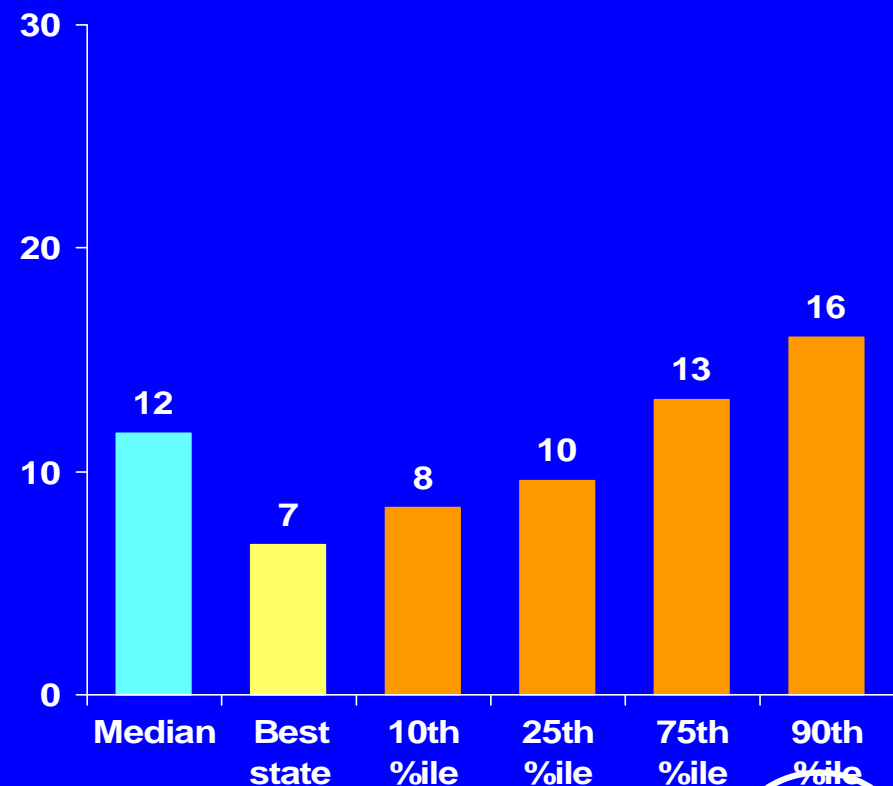
### Hospitalization rates

Percent



### Re-hospitalization rate (within 3 months of nursing home admission)

Percent



Data: V. Mor, Brown University analysis of Medicare enrollment data for beneficiaries who entered a nursing home and had a Minimum Data Set assessment during 2000.

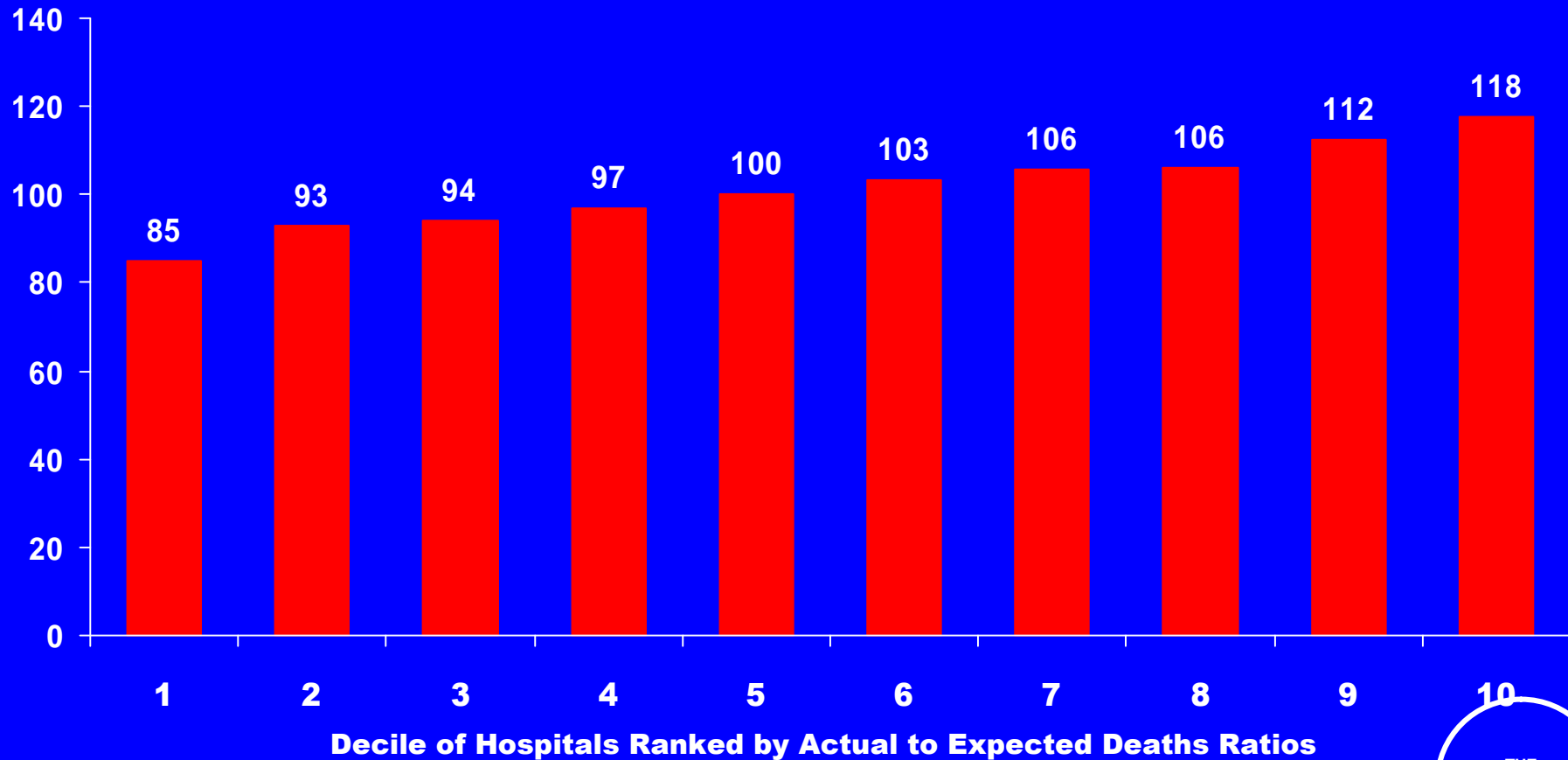
SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Hospital-Standardized Mortality Ratios, 2000-2002

Standardized ratios compare actual to expected deaths, risk-adjusted for patient mix and community factors. Medicare national average for 2000 = 100

Ratio of actual to expected deaths in each decile (x 100)



Data: B. Jarman analysis of Medicare hospital data from 2000 - 2002 for the scorecard.  
SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Patient-Centered Hospital Care: Staff Managed Pain, Responded When Needed Help, and Explained Medicines, by Hospitals, 2005

Percent of patients reporting “always”



\*Patient’s pain was well controlled and hospital staff did everything to help with pain

\*\*Patient got help as soon as wanted after patient pressed call button and in getting to the bathroom/using bedpan

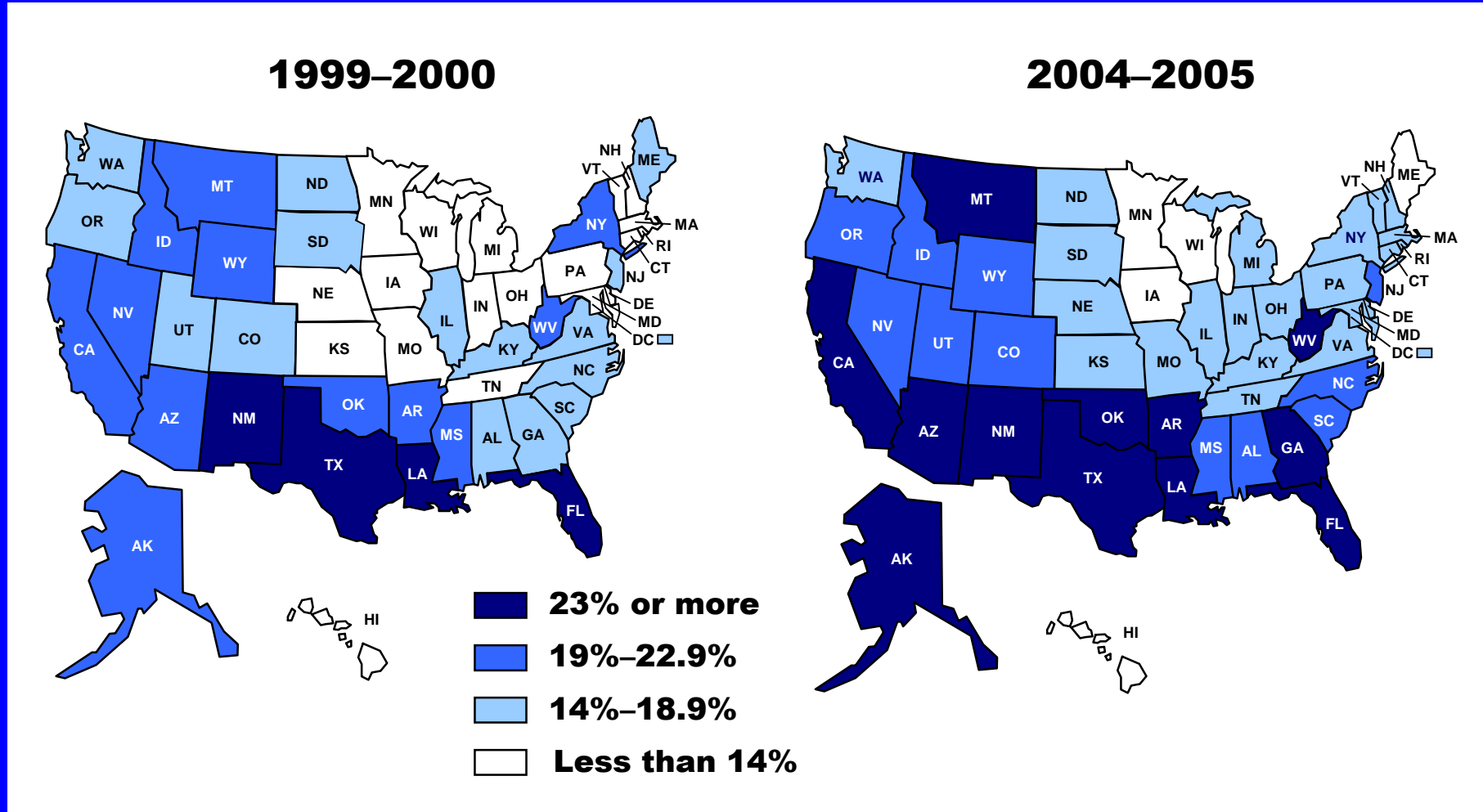
\*\*\*Hospital staff told patient what medicine was for and described possible side effects

Data: CAHPS Hospital Survey for 254 hospitals submitting data in 2005. National CAHPS Benchmarking Database

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Percent of Adults Ages 18–64 Uninsured by State

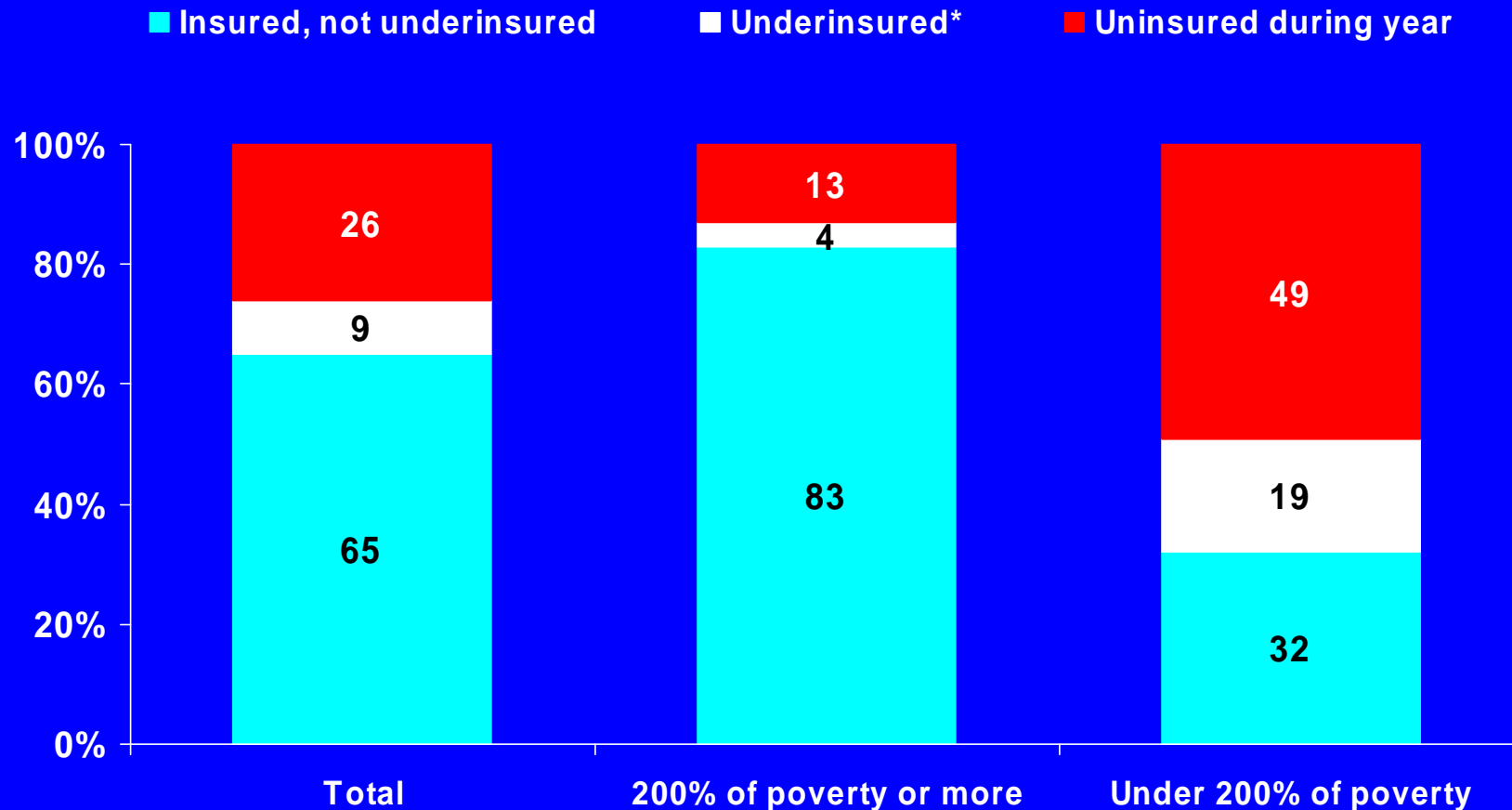


Data: Two-year averages 1999–2000 and 2004–2005 from the Census Bureau’s March 2000, 2001 and 2005, 2006 Current Population Surveys. Estimates by the Employee Benefit Research Institute.

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Adults Ages 19-64 Who Are Uninsured and Underinsured, By Poverty Status, 2003



\*Underinsured defined as insured all year but experienced: medical expenses 10% or more of income or 5% or more of incomes if low-income (<200% of poverty); or deductibles equaled 5% or more of income.

Data: 2003 Commonwealth Fund Biennial Health Insurance Survey (Schoen et al. 2005b)

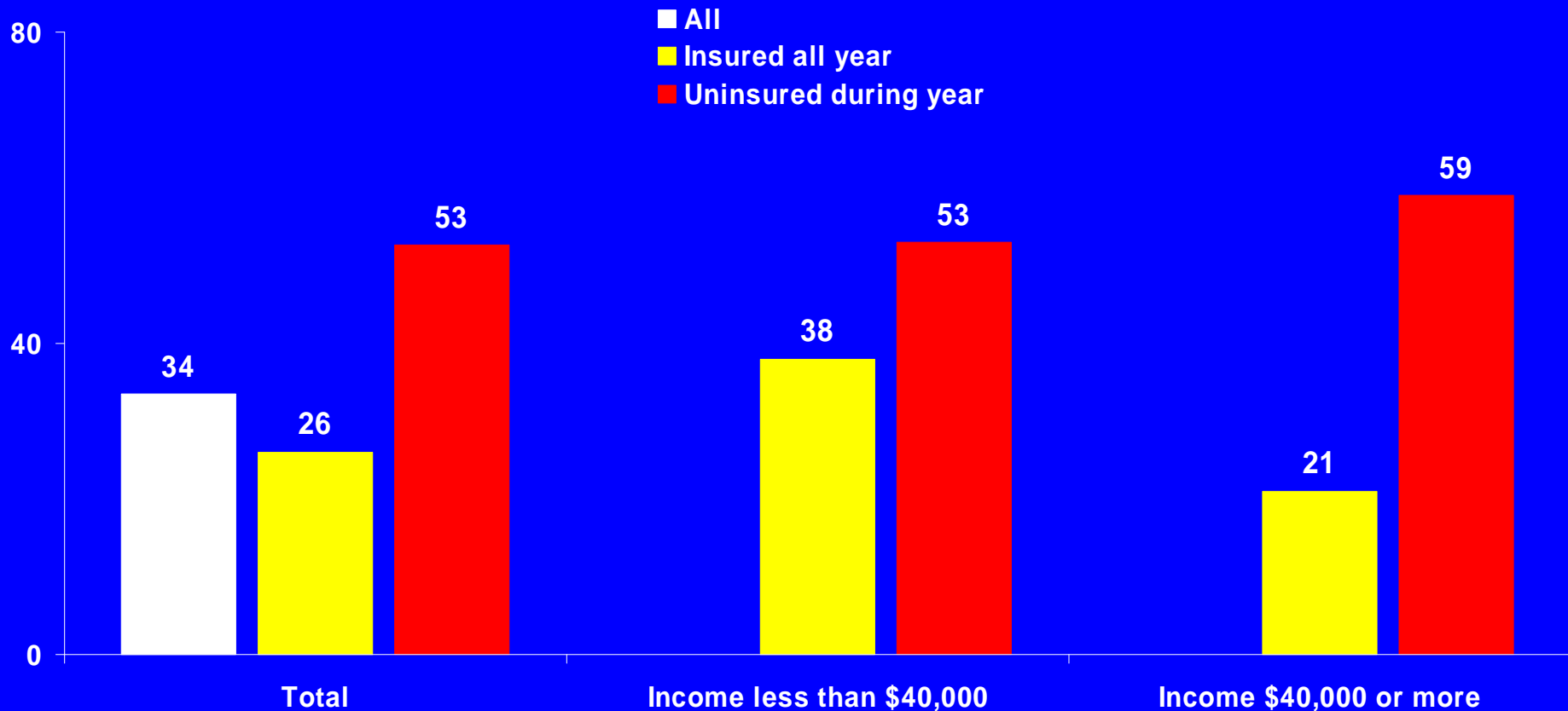
SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Medical Bill Problems or Accrued Medical Debt, 2005

Percent of adults (ages 19-64 yrs) with any medical bill problem or outstanding debt\*

By Income and Insurance Status



\*Problems paying or unable to pay medical bills, contacted by a collection agency for medical bills, changed way of life to pay bills, or has medical debt being paid off over time.

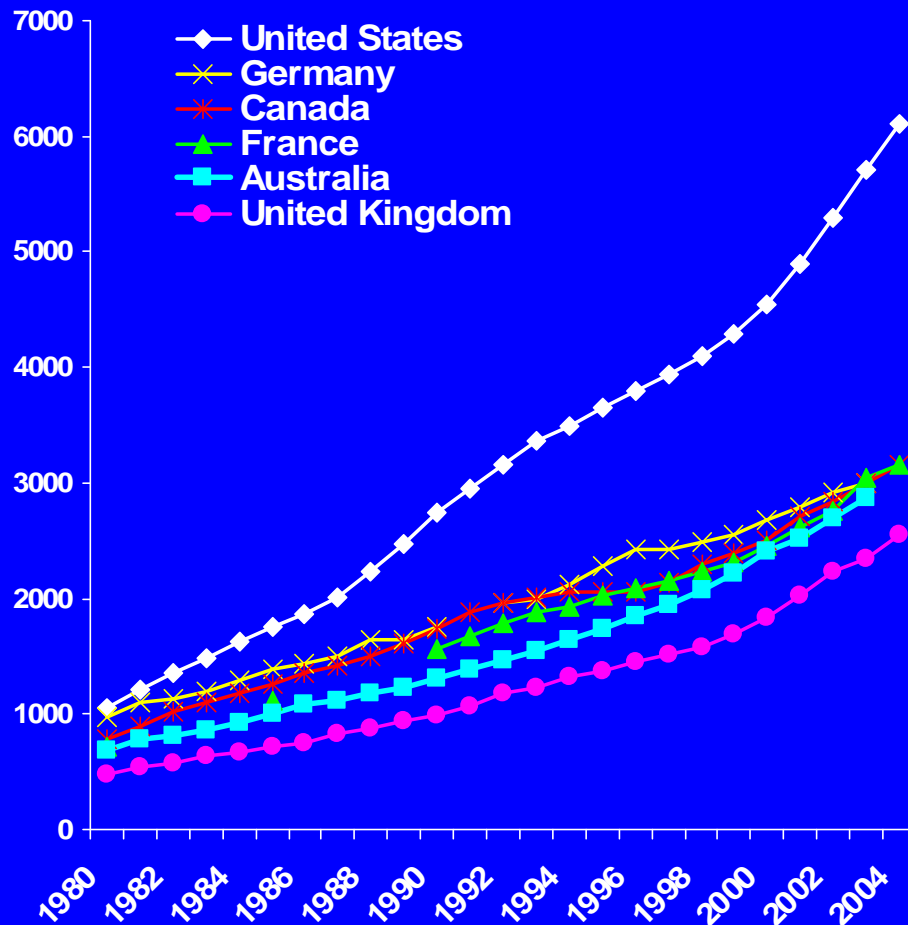
Data: Analysis of 2005 Commonwealth Fund Biennial Health Insurance Survey; Collins et al. 2006

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

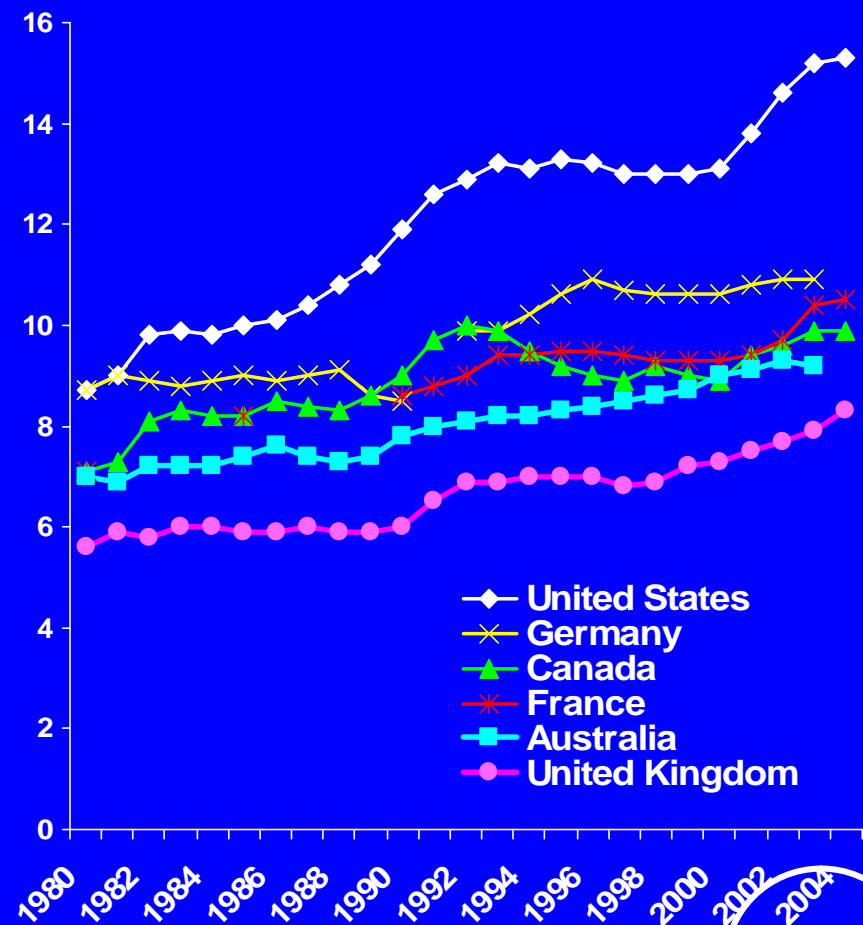


# International Comparison of Spending on Health, 1980–2004

**Average spending on health per capita (\$US PPP)**



**Total expenditures on health as % GDP**



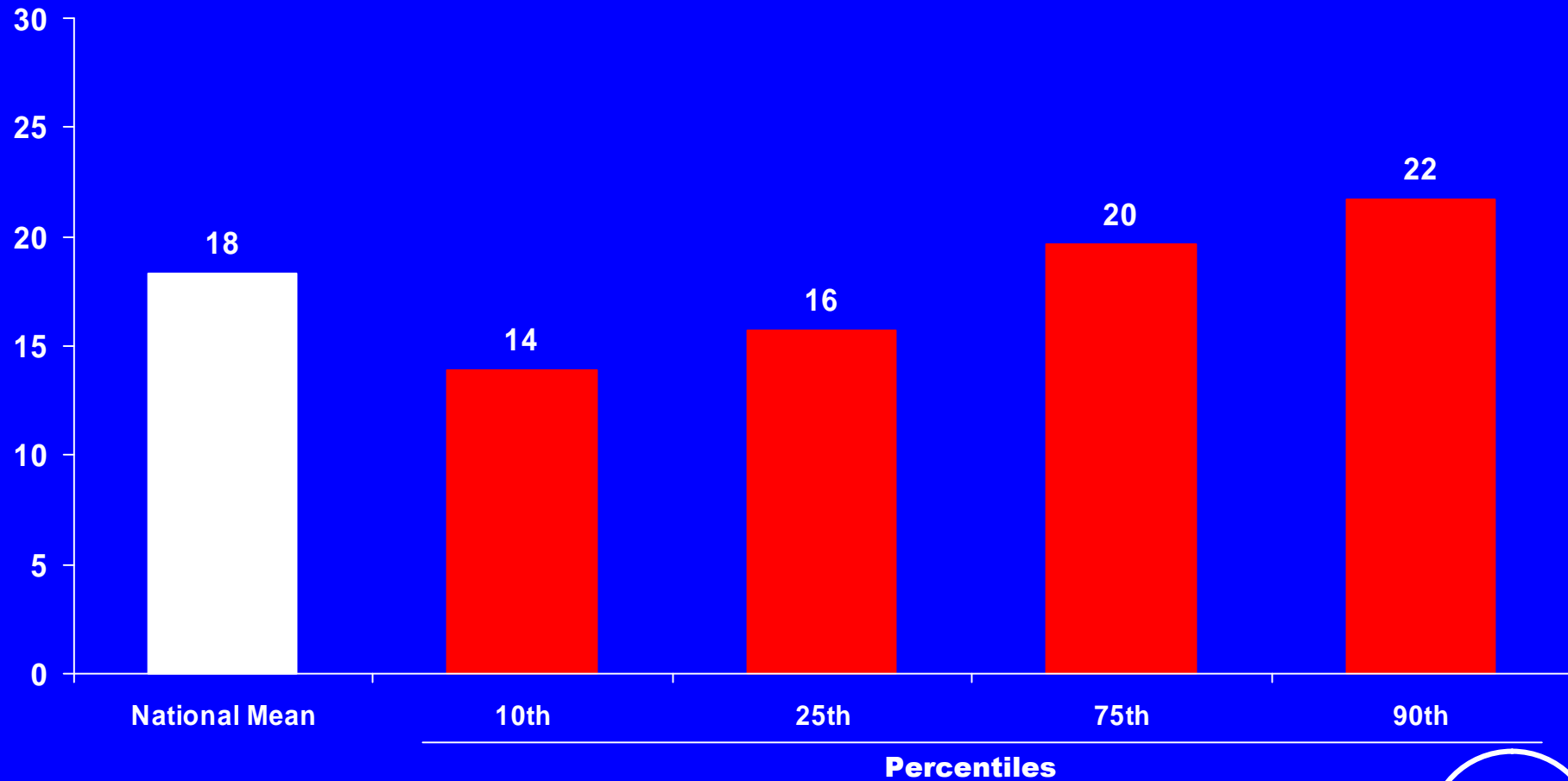
Data: OECD Health Data 2005 and 2006

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



### Medicare Hospital 30-Day Readmission Rates, by Regions, 2003

Rate of hospital readmission within 30 days



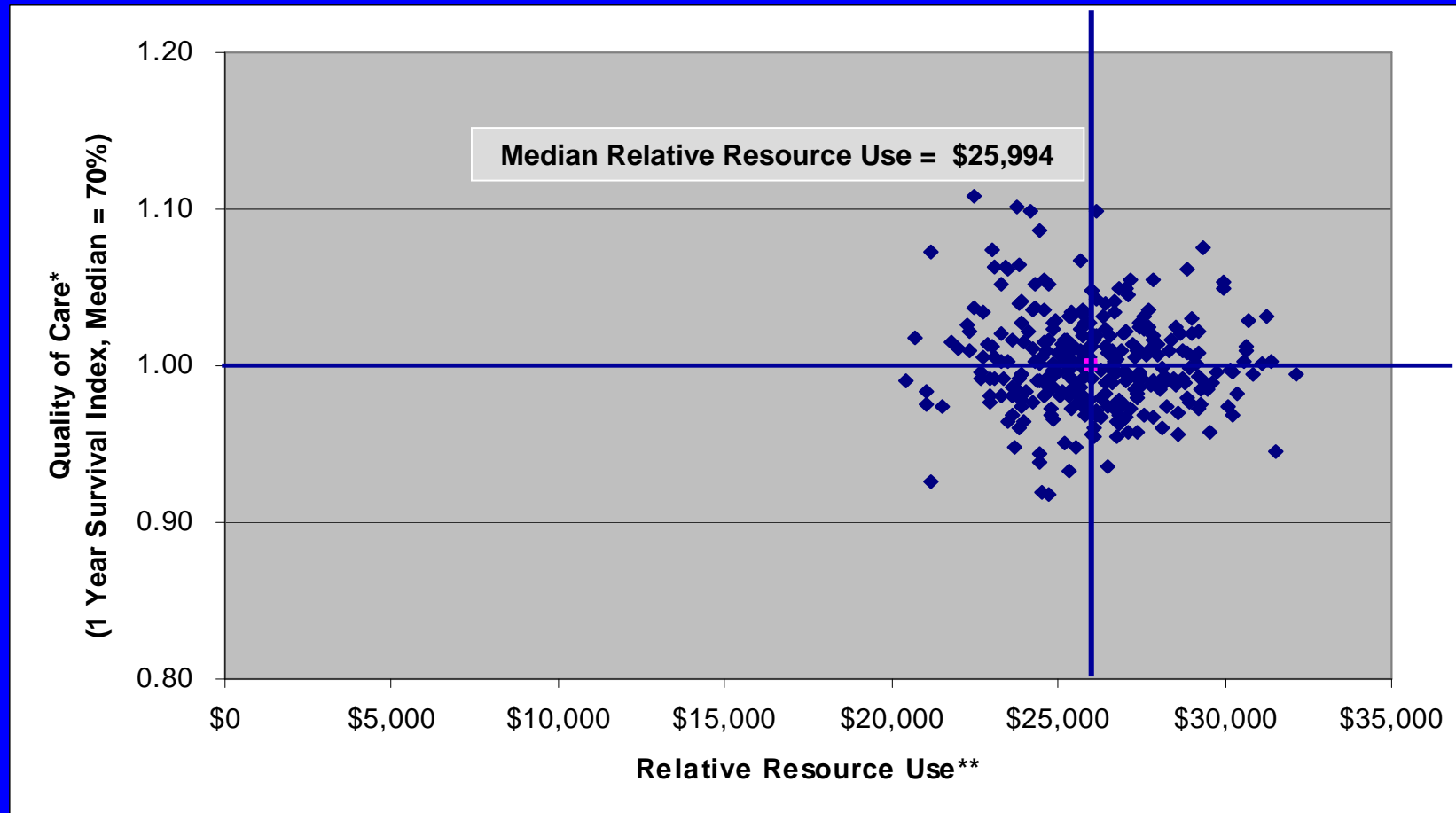
Data: G. Anderson and R. Herbert, Johns Hopkins University analysis of 2003 Medicare Standard Analytical Files 5% Inpatient Data

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006





## Quality and Costs of Care for Medicare Patients Hospitalized for Heart Attacks, Colon Cancer, and Hip Fracture, by Hospital Referral Regions, 2000-2002



\*Indexed to risk-adjusted 1 year survival rate (median= 0.70)

\*\*Risk-adjusted spending on hospital and physician services using standardized national prices

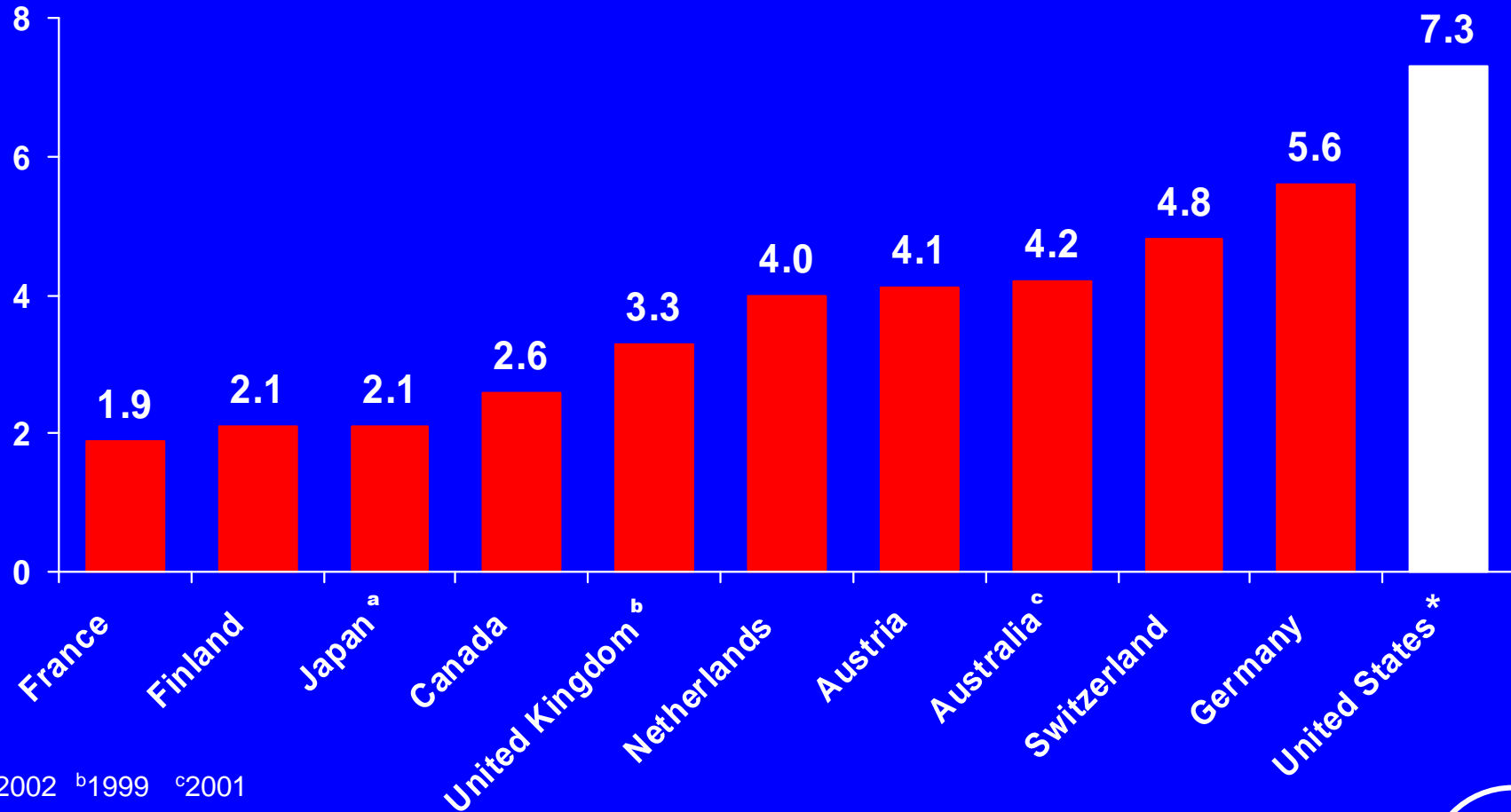
Data: E. Fisher and D. Staiger, Dartmouth analysis of data from a 20% national sample of Medicare beneficiaries

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Percentage of National Health Expenditures Spent on Insurance Administration/Overhead, 2003

Net costs of health administration and health insurance as percent of national health expenditures



<sup>a</sup>2002 <sup>b</sup>1999 <sup>c</sup>2001

\*Includes claims administration, underwriting, marketing, profits and other administrative costs.

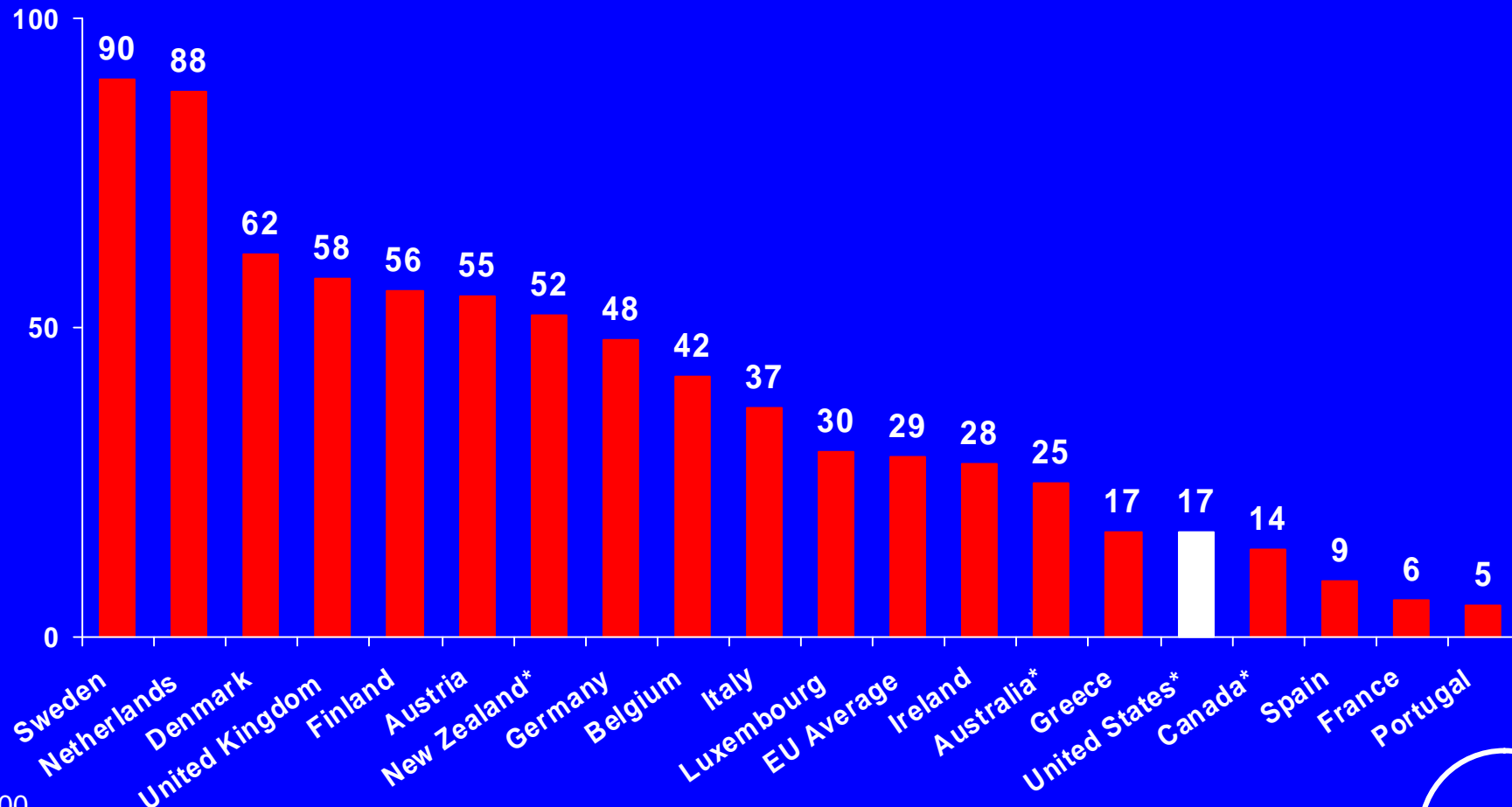
Data: OECD Health Data 2005

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Physicians' Use of Electronic Medical Records, U.S. Compared to Other Countries, 2000/2001

Percent of physicians



\*2000

Data: 2001 European Union EuroBarometer and 2000 Commonwealth Fund I Survey of Physicians (Harris Interactive 2002)

SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



## Equitable Care: Summary Ratio Scores for Insurance, Income, Race/Ethnicity

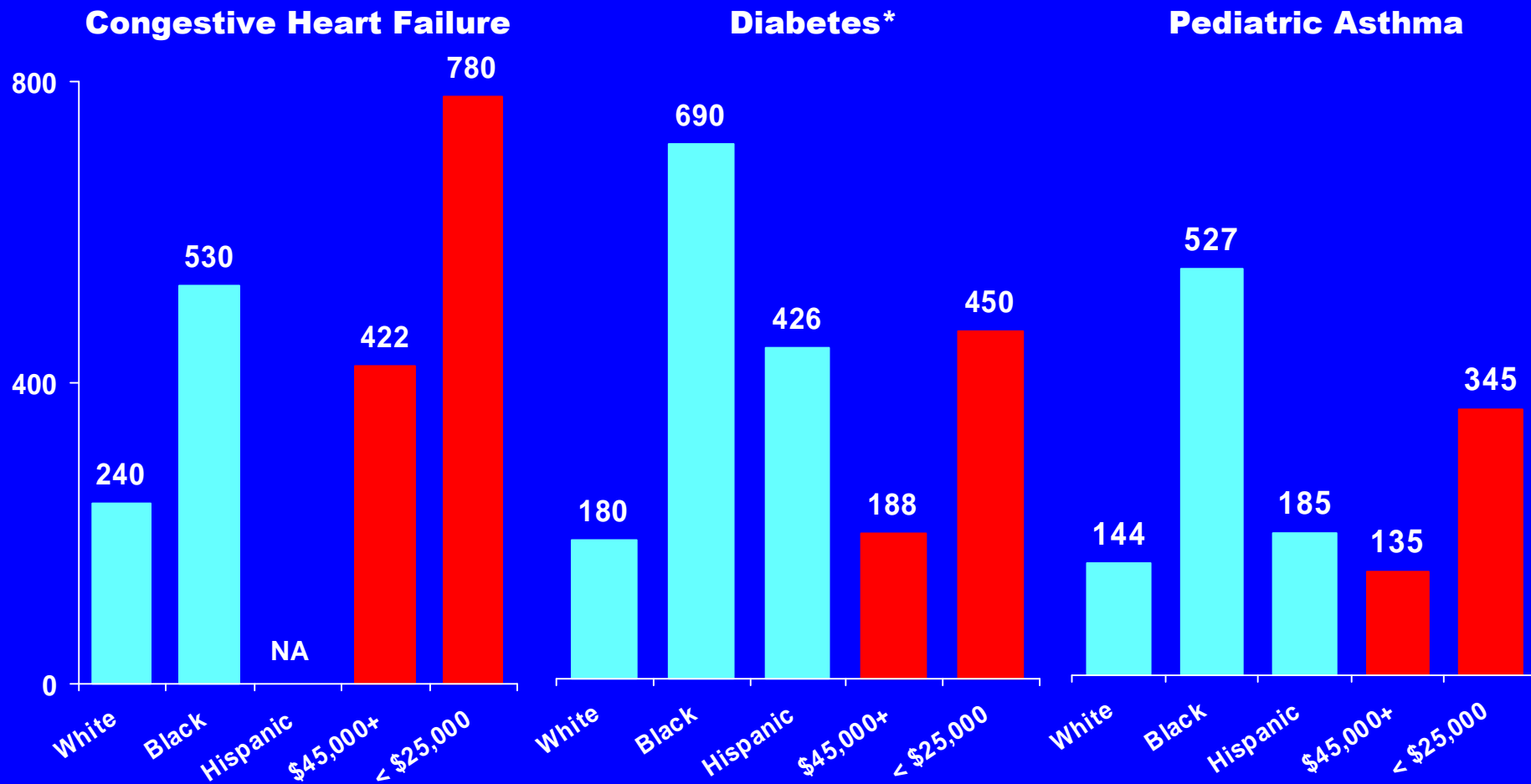
	Insured Compared to Uninsured	High Income Compared to Low Income*	White Compared to Black	White Compared to Hispanic
<b>EQUITY AVERAGE SCORE</b> (Number of indicators)	<b>66</b> (17)	<b>62</b> (25)	<b>76</b> (25)	<b>80</b> (25)
<b>DIMENSION AVERAGES</b>				
<b>Long, Healthy, and Productive Lives</b>	<b>NA</b>	<b>54</b>	<b>77</b>	<b>97</b>
<b>Quality</b>				
Getting the Right Care	<b>63</b>	<b>71</b>	<b>80</b>	<b>72</b>
Safe Care	<b>97</b>	<b>95</b>	<b>73</b>	<b>94</b>
Patient-Centered, Timely Care	<b>51</b>	<b>57</b>	<b>78</b>	<b>64</b>
<b>Coordinated and Efficient Care</b>	<b>61</b>	<b>64</b>	<b>65</b>	<b>69</b>
<b>Universal Participation and Affordable Care</b>	<b>59</b>	<b>29</b>	<b>81</b>	<b>84</b>

\*Generally income compares either poor/near poor (<200% poverty) to those with incomes of 400% of poverty or higher or compares annual incomes of under \$35,000 to incomes above \$45,000. For mortality, income uses either census tract poverty rates or education level.



## Ambulatory Care Sensitive (Potentially Preventable) Hospital Admissions, by Race/Ethnicity and Patient Income Area, 2002

Adjusted rate per 100,000 population



\*Four diabetes complications-related admission measures are combined following AHRQ method: uncontrolled, short-term and long term complications, and lower extremity amputations.

Data: Race/ethnicity estimates—HCUP and National Hospital Discharge Survey from AHRQ 2005a,2005b; Income Area = median income of patient zip code. NA = data not available. See chart pack technical appendix.

**SOURCE: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006**



## **Six “Take Home” Messages Missed Opportunities and Implications**

- 1. U.S. ranks poorly on key indicators despite far higher spending**
  - Internally we can see benchmarks of high performance
- 2. Guaranteeing affordable health insurance is essential to improve quality, access and efficiency**
- 3. Quality and efficiency can be joint goals**
  - Quality varies widely; benchmarks can motivate change
  - Variation puts patients at risk and drives up costs
- 4. Better connected care is integral to safety, reduced waste, and improved health outcomes**
  - U.S. under-invests in information systems and research
- 5. Net gains in efficiency are possible with incentives to improve**
  - Need to reinvest to improve coverage and system capacity
- 6. Transformation is urgently needed to secure a healthy nation**

## Scorecard Related Reports and Resources

- Health Affairs article available on line
  - C. Schoen, et al. “U.S. Health System Performance: A National Scorecard,” *Health Affairs*, Web exclusive, Sept. 20, 2006.
- Available from the Fund at [www.cmwf.org](http://www.cmwf.org)
  - Commonwealth Fund Commission on a High Performance Health Care System, *Why Not the Best? Results from a National Scorecard on the U.S. Health System Performance*, September 2006.
  - C. Schoen and S. How, *National Scorecard on the U.S. Health System: Technical Report*, September 2006.
  - C. Schoen and S. How, *National Scorecard on the U.S. Health System: Complete Chartpack and Chartpack Technical Appendix*, September 2006.
- For other Commonwealth Fund Reports on System Performance, Quality, Insurance/Access and Equity visit the Fund website:

[www.cmwf.org](http://www.cmwf.org)

