

# Using International Comparisons to Guide Performance Improvement

## Implications for Governance

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# Origin of the Commonwealth Fund International Health Policy Surveys

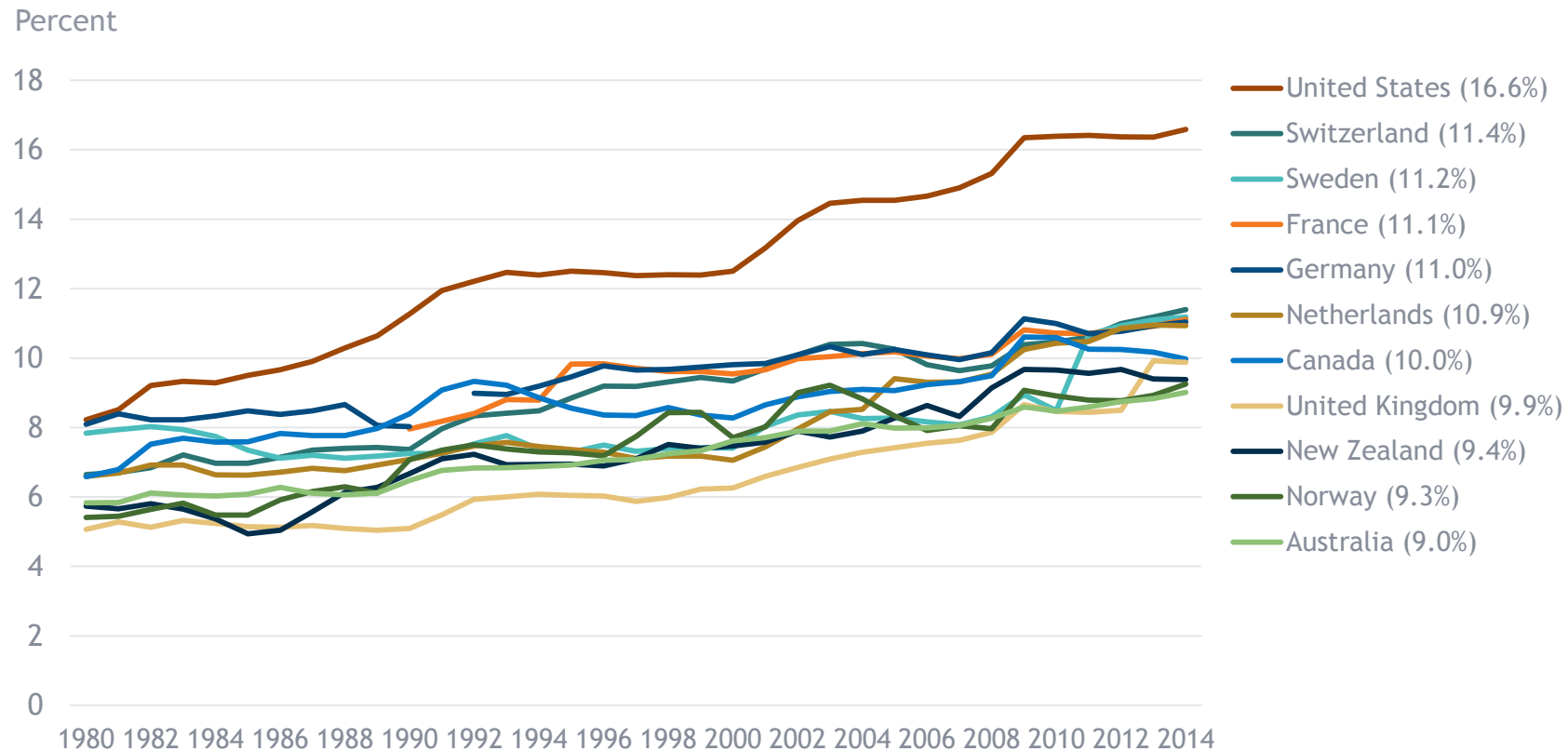


*“Americans have the best health care system in the world”*

President George W. Bush  
State of the Union Address - 2004

But is it the best?

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



# OBJECTIVES OF THE COMMONWEALTH FUND INTERNATIONAL COMPARISON WORK

- Compare country health care systems in order to learn about policies and care models that could be used to achieve high-performing health care in the U.S. and in other countries
- Motivate policymakers and providers to take action on performance improvement
  - ✓ Focus on legislators, regulators, payers, and delivery system leaders

# Health Care Supervisory Board Focus Areas

## Traditional

- Finance
- Marketing
  - Populations
  - Services
- Operations
  - Management
  - Staffing

## More Recent

- Performance (metrics)
  - Quality
  - Patient experience
  - Safety
- Innovation

# Mirror Mirror 2017 provides a broad evaluation of health care system performance

## POPULATIONS SURVEYED

- Elderly (2014)
- Primary Care Providers (2015)
- General Public (2016)

## DATA SOURCES

- Annual International Health Policy surveys of 11 high-income countries
- Measures from OECD, WHO, European Observatory

## Health Care System Performance Measured Using 72 Indicators Across 5 Domains

- Care process
- Access
- Administrative efficiency
- Equity
- Health care outcomes

## Health Affairs

WEB FIRST

By Cathy Schoen, Robin Osborn, David Squires, Michelle Doty, Petra Rausch, and Sandra Applebaum

### A Survey Of Primary Care In Ten Countries Shows In Use Of Health Information Technology, Less In Other Areas

**ABSTRACT** Health reforms in high-income countries aim to redesign primary care to improve the quality of health care services, and to address improvements aim to provide patients with more-integrated care systems through and teamwork across sites of care, supported by technology and feedback to physicians on their performance. Three out of four called for more health insurance expansions and market reforms, the vast majority of US doctors surveyed said that the care system needs fundamental change.

WEB FIRST

By Cathy Schoen, Robin Osborn, David Squires, and Michelle M. Doty

### Access, Affordability, and Insurance Complexity Worse In The United States Compared To Ten Other Countries

**ABSTRACT** The United States is the only country among 11 that has not implemented major insurance expansions and market reforms in 1965. Medicare and Medicaid in 1965 population in eleven countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. US adults were more likely than their counterparts abroad to encounter time-consuming waits to obtain timely access to primary care services, reported long waits to be seen in emergency departments, and, surprisingly, US adults were more likely than their counterparts abroad to have health insurance expansions and market reforms. Three out of four called for more health insurance expansions and market reforms, the vast majority of US doctors surveyed said that the care system needs fundamental change.

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The People-to-People Health  
Foundation, Inc.

WEB FIRST

By Robin Osborn, Donald Moulds, David Squires, Michelle M. Doty, and Chloe Anderson

### International Survey Of Older Adults Finds Shortcomings In Access, Coordination, And Patient-Centered Care

**ABSTRACT** Industrialized nations face the common challenge of caring for aging populations, with rising rates of chronic disease and disability. Our 2014 computer-assisted telephone survey of the health and care experiences among 15,617 adults age sixty-five or older in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States has found that US older adults were sicker than their counterparts abroad. Out-of-pocket expenses posed greater problems in the United States than elsewhere. Accessing primary care and avoiding the emergency department tended to be more difficult in the United States, Canada, and Sweden than in other surveyed countries. One-fifth or more of older adults reported receiving uncoordinated care in all countries except France. US respondents were among the most likely to have discussed health-promoting behaviors with a clinician, to have a chronic care plan tailored to their daily life, and to have engaged in end-of-life care planning. Finally, in half of the countries, one-fifth or more of chronically ill adults were caregivers themselves.

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HOW DOES THE COMMONWEALTH FUND USE THE DATA?

# Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S Health Care





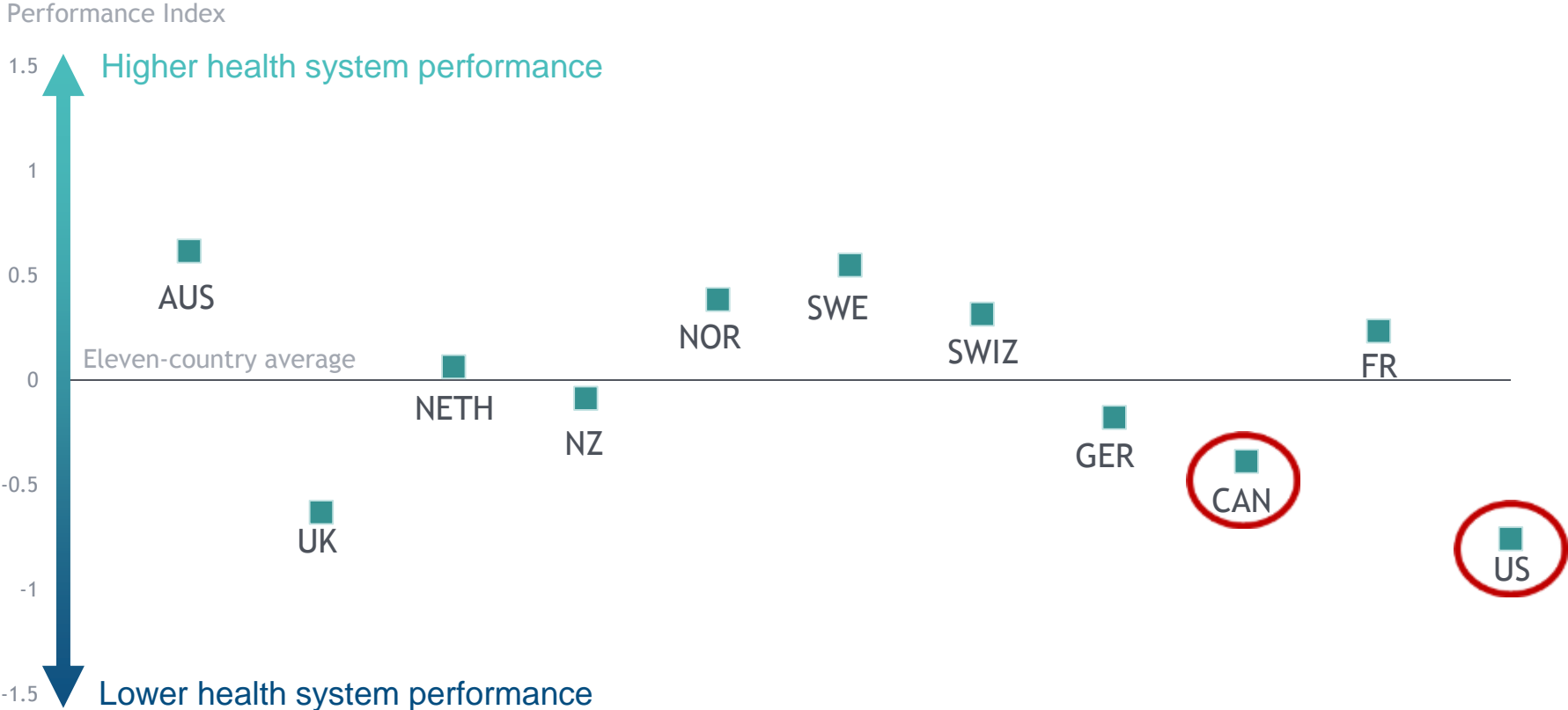
# Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING</b>	<b>2</b>	<b>9</b>	<b>10</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>11</b>
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

# Health Care System Performance Scores of Eleven High-Income Countries



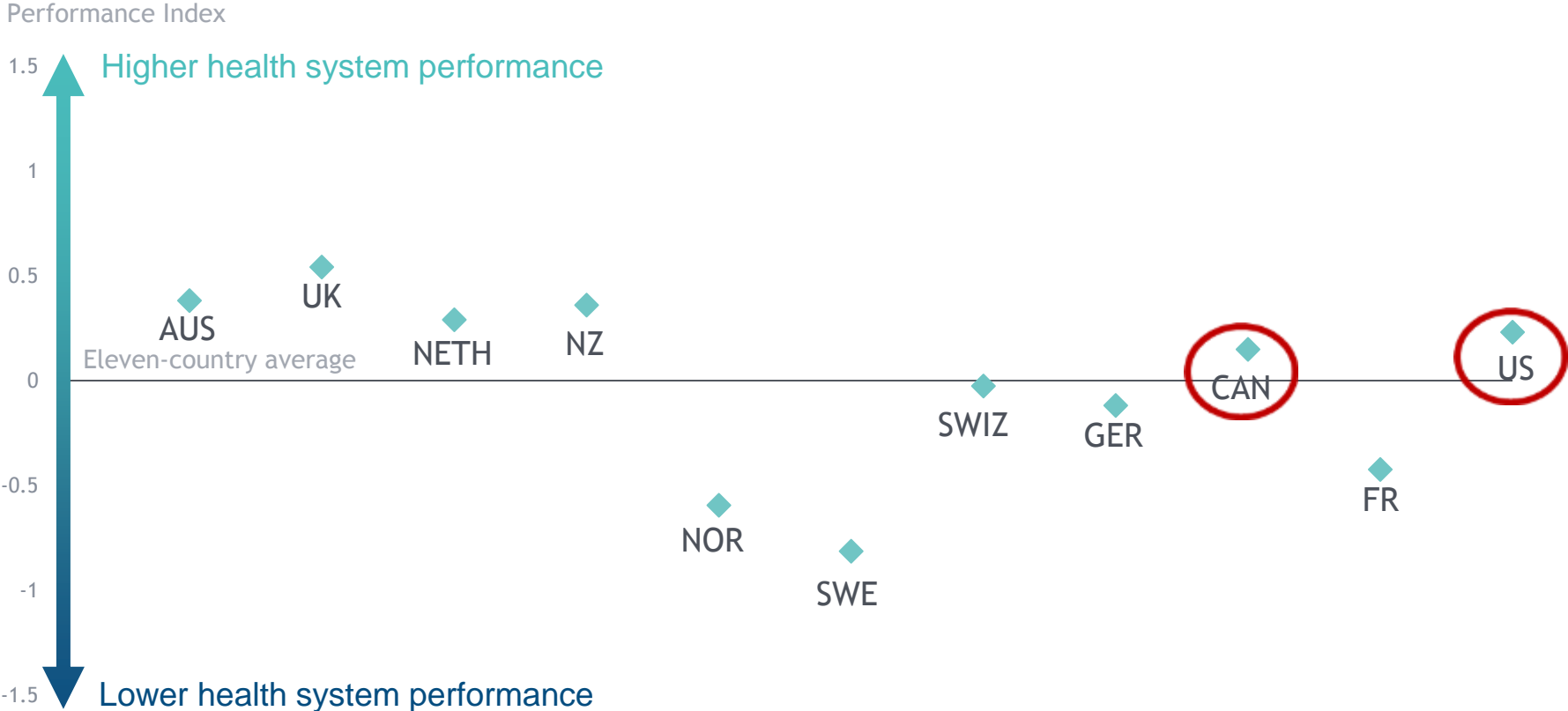
# International Health System Performance: Health Care Outcomes



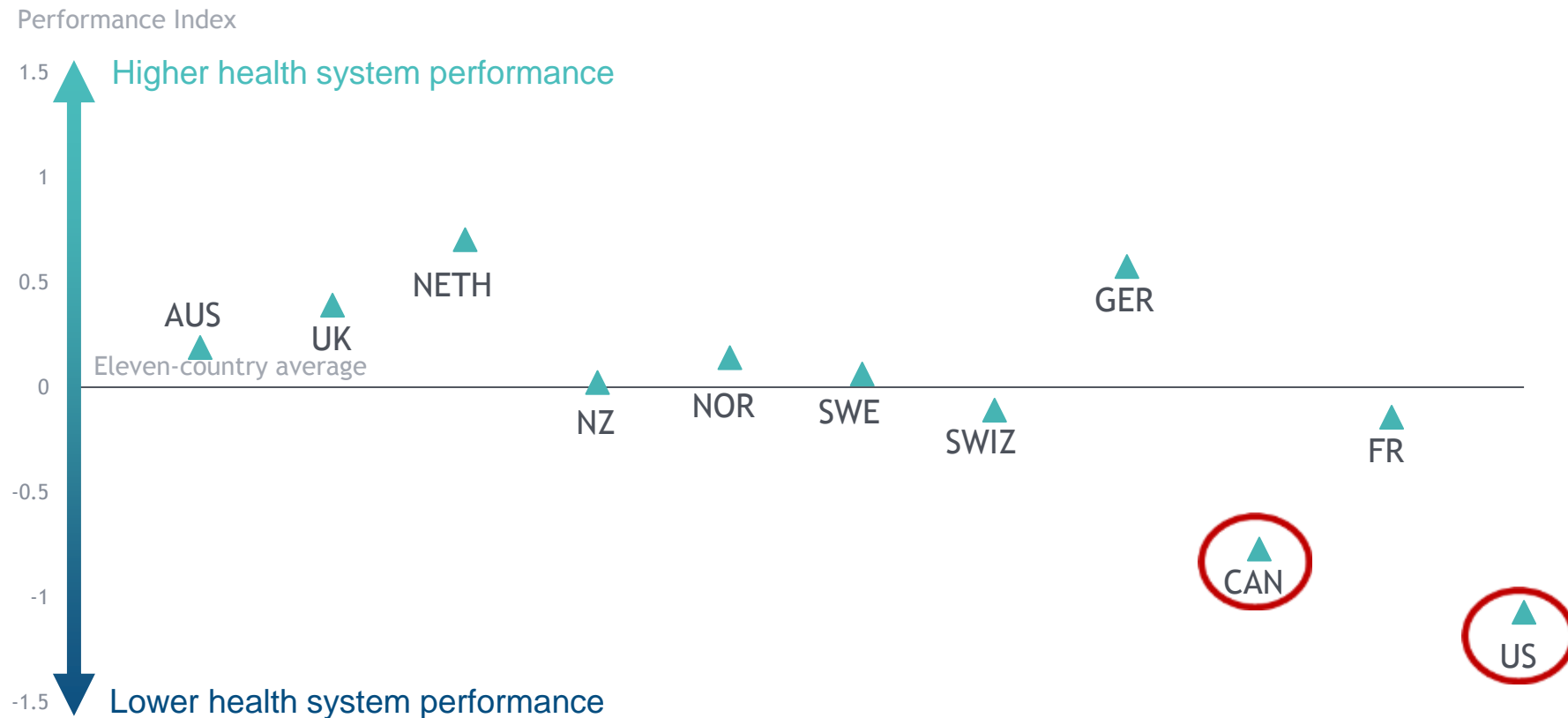
Note: "Performance Index" is based on the distance from the 11-country average, measured in standard deviations

Source: Commonwealth Fund analysis

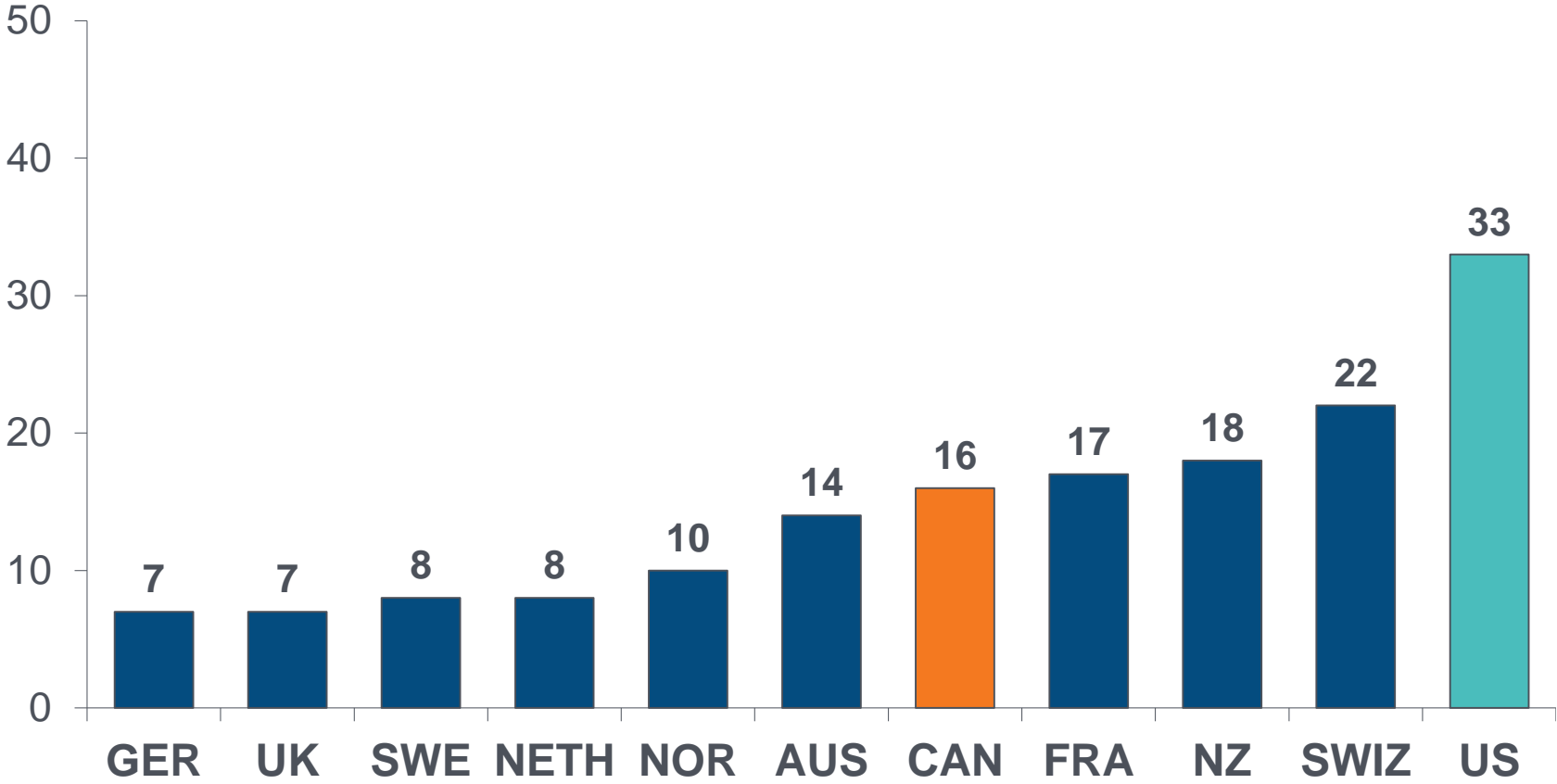
# International Health System Performance: Care Process



# International Health System Performance: Access



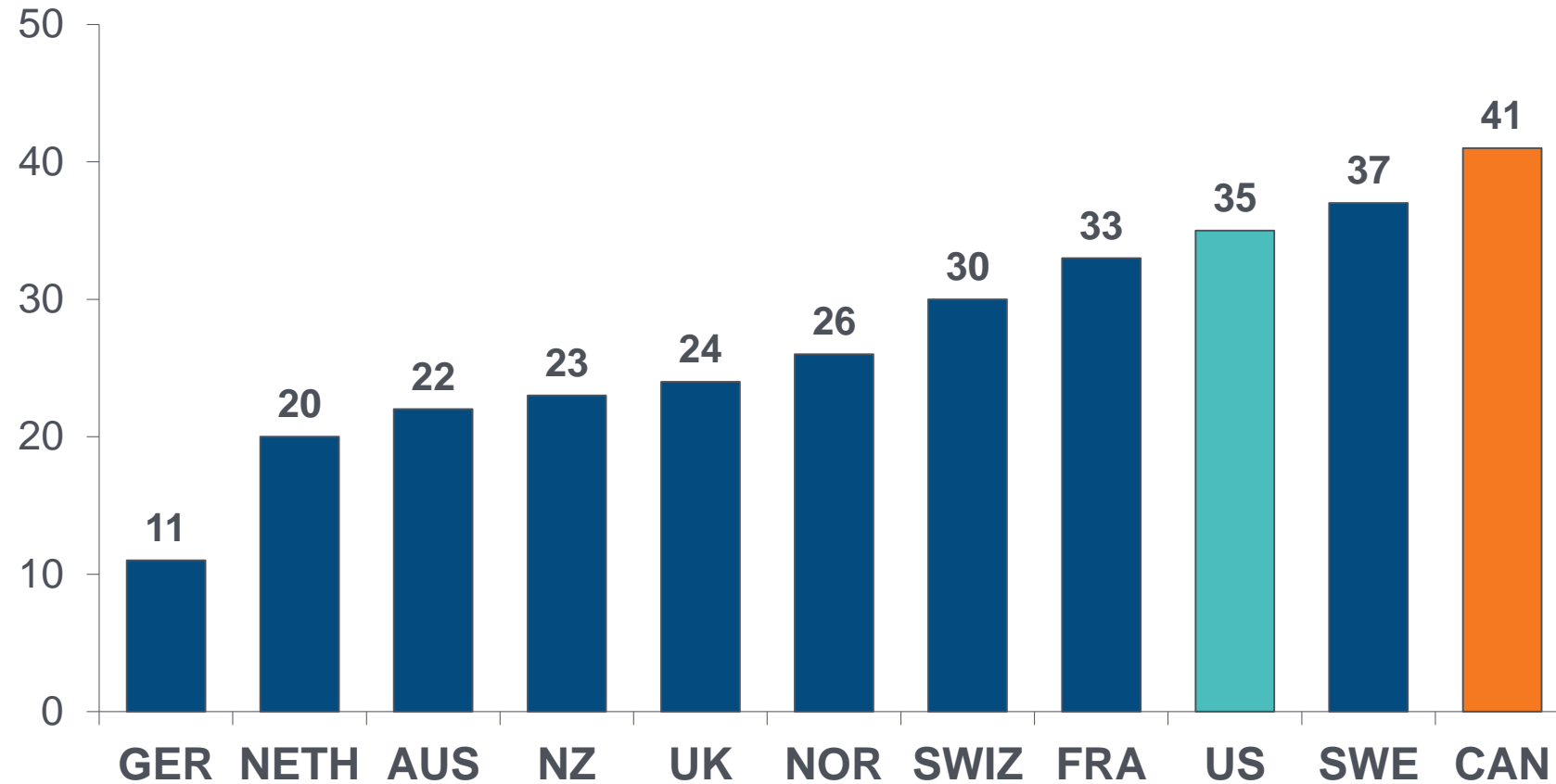
# Percent reporting cost-related access barriers in past year



Source: 2016 Commonwealth Fund International Health Policy Survey.

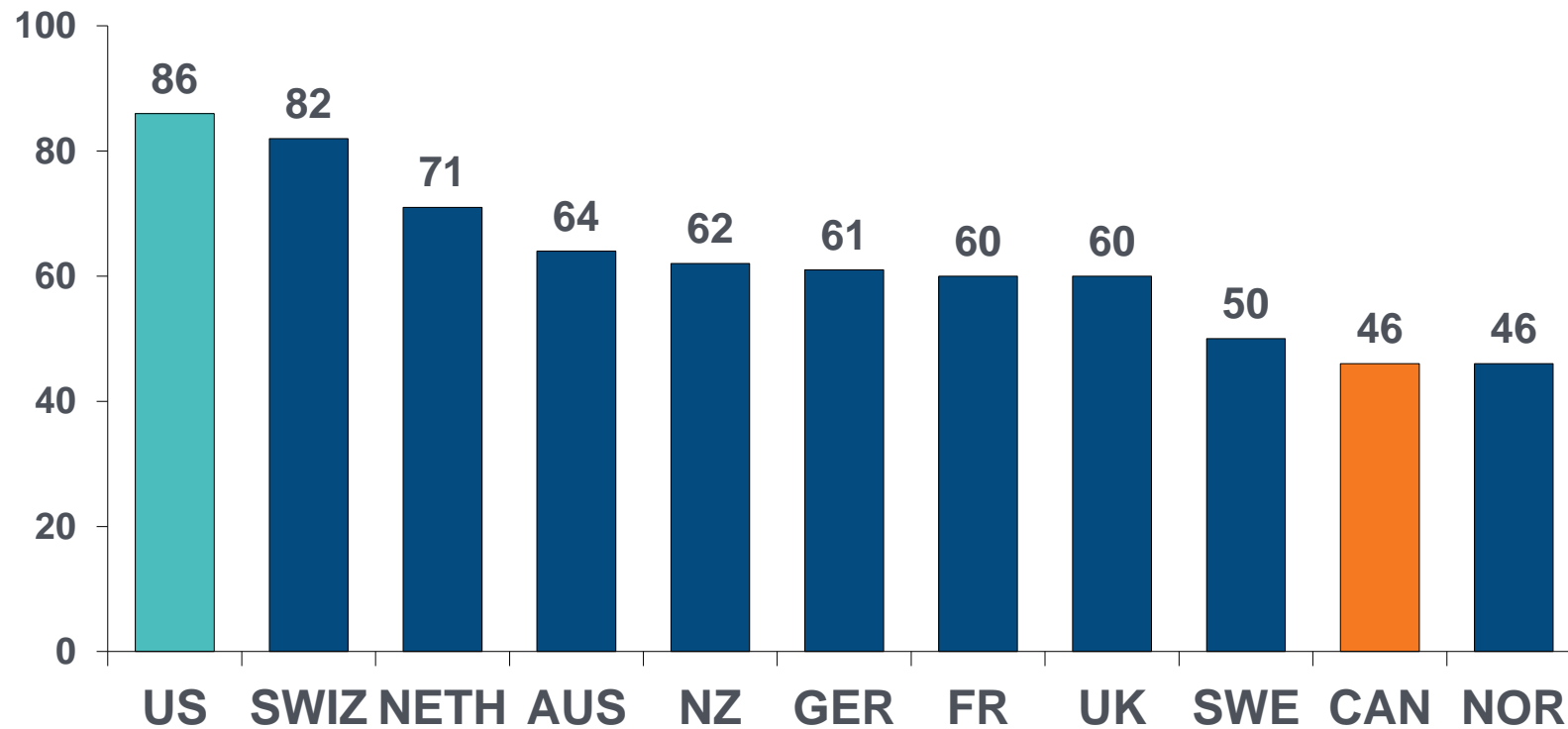
Definition: One or more of the following: problems: did not see a doctor when sick, skipped a medical test or treatment recommended by a doctor, and did not fill a prescription or skipped doses because of the cost in past year.

# Percent Who Used Emergency Department in the Past Two Years



Source: 2016 Commonwealth Fund International Health Policy Survey.

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

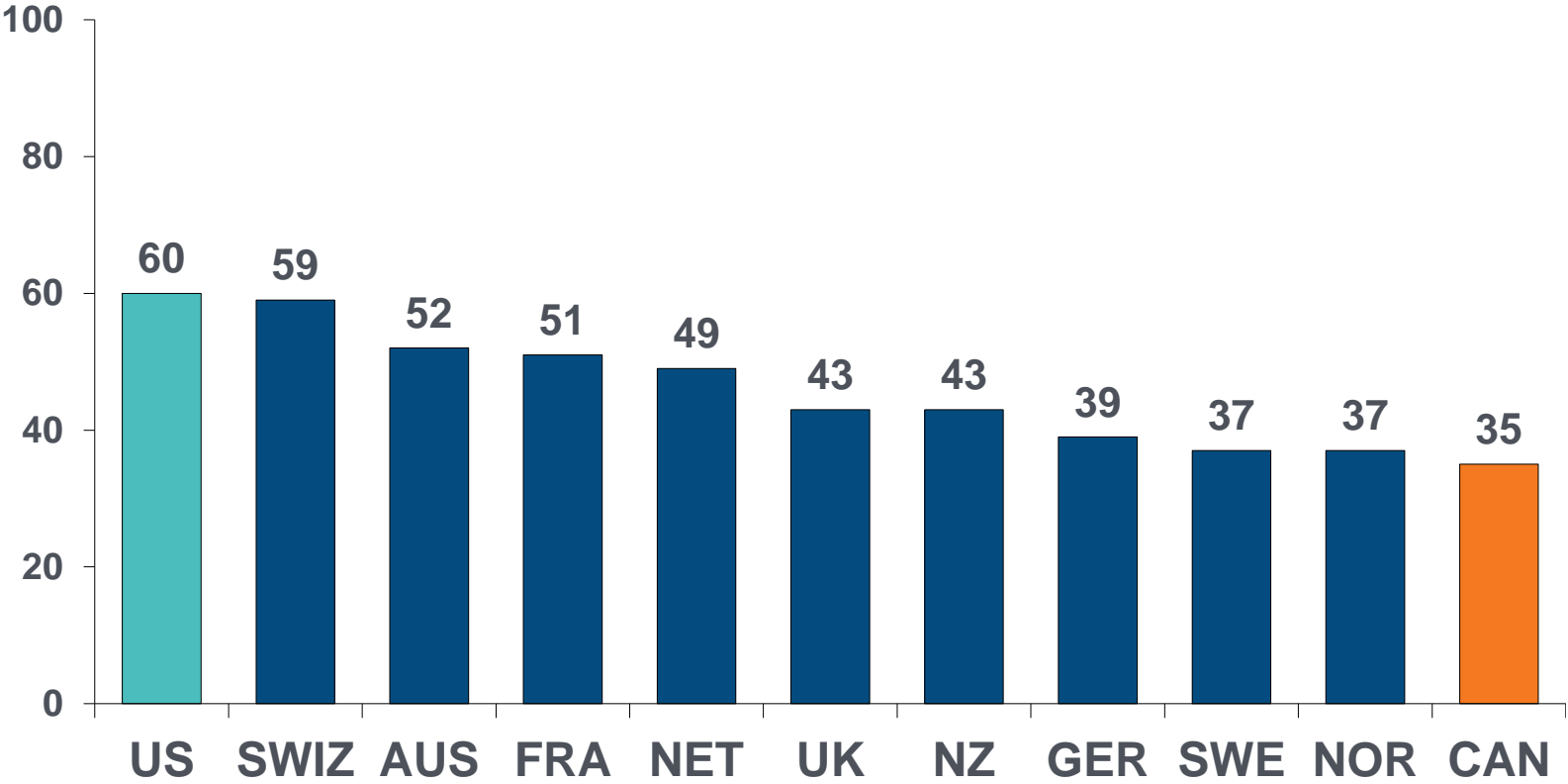


Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults in Eleven Countries.

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



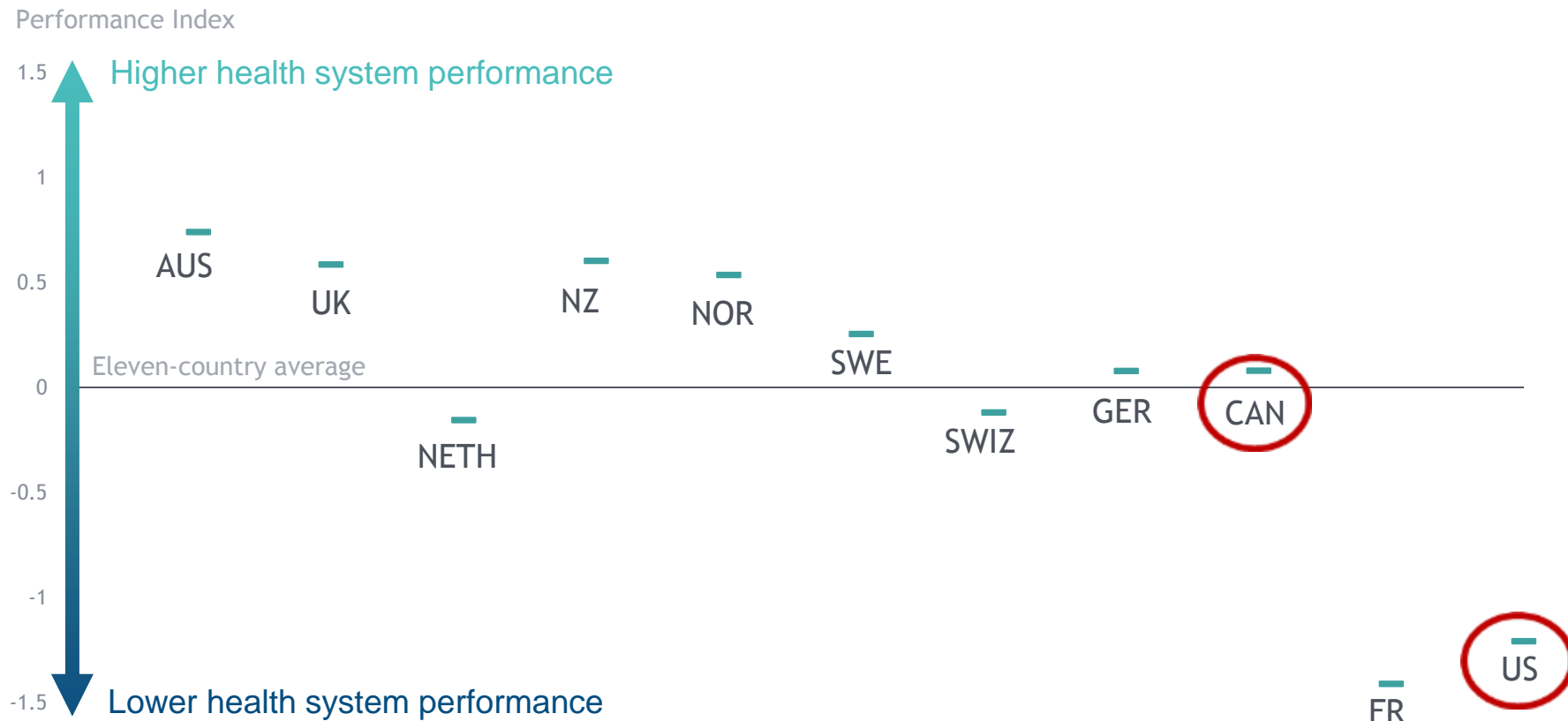
# Percent Who Reported that Wait Times For Elective Surgery Was Less than 1 Month



Source: 2016 Commonwealth Fund International Health Policy Survey

Base: Needed elective surgery in past 2 years

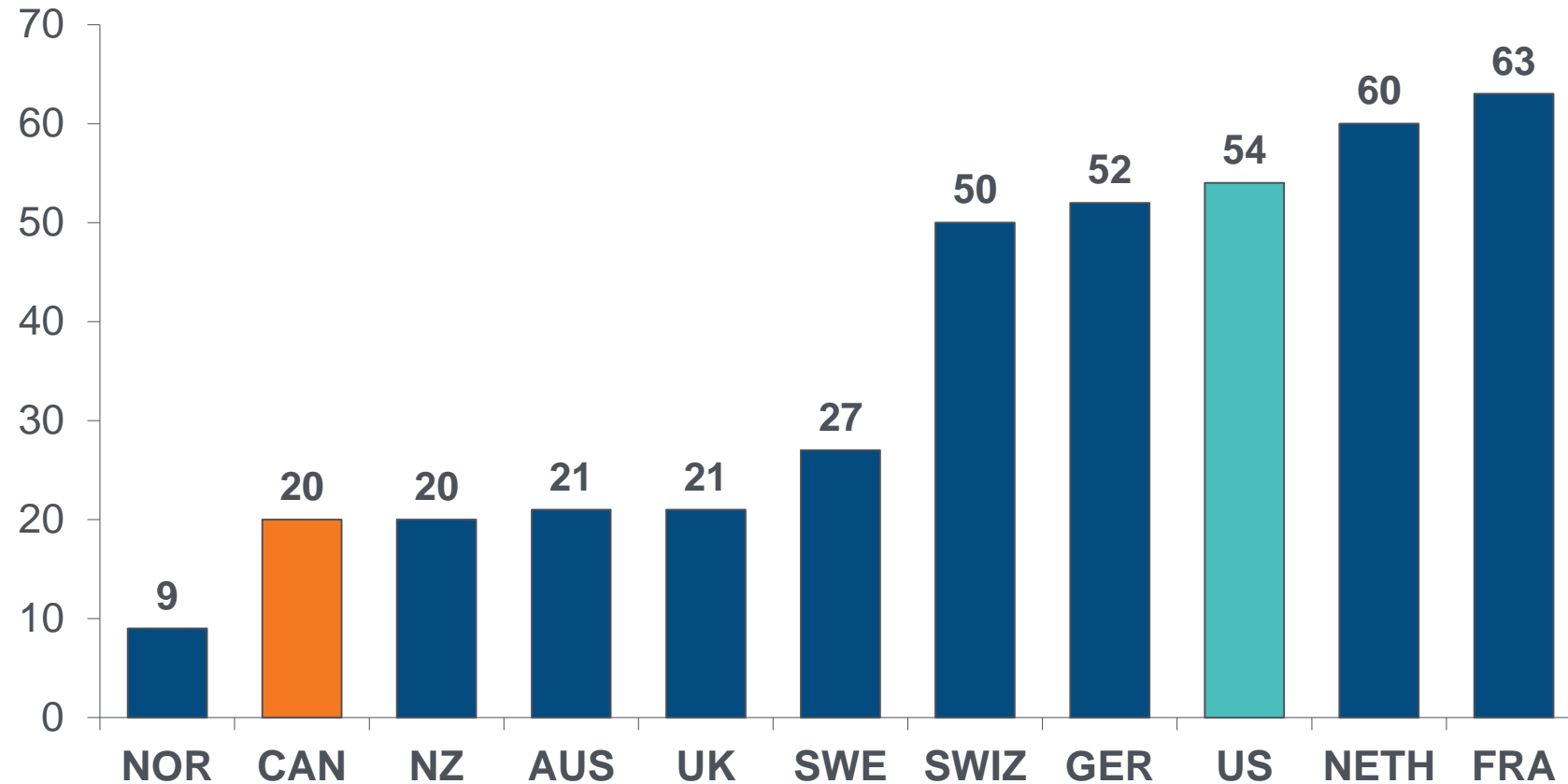
# International Health System Performance: Administrative Efficiency



Note: "Performance Index" is based on the distance from the 11-country average, measured in standard deviations

Source: Commonwealth Fund analysis

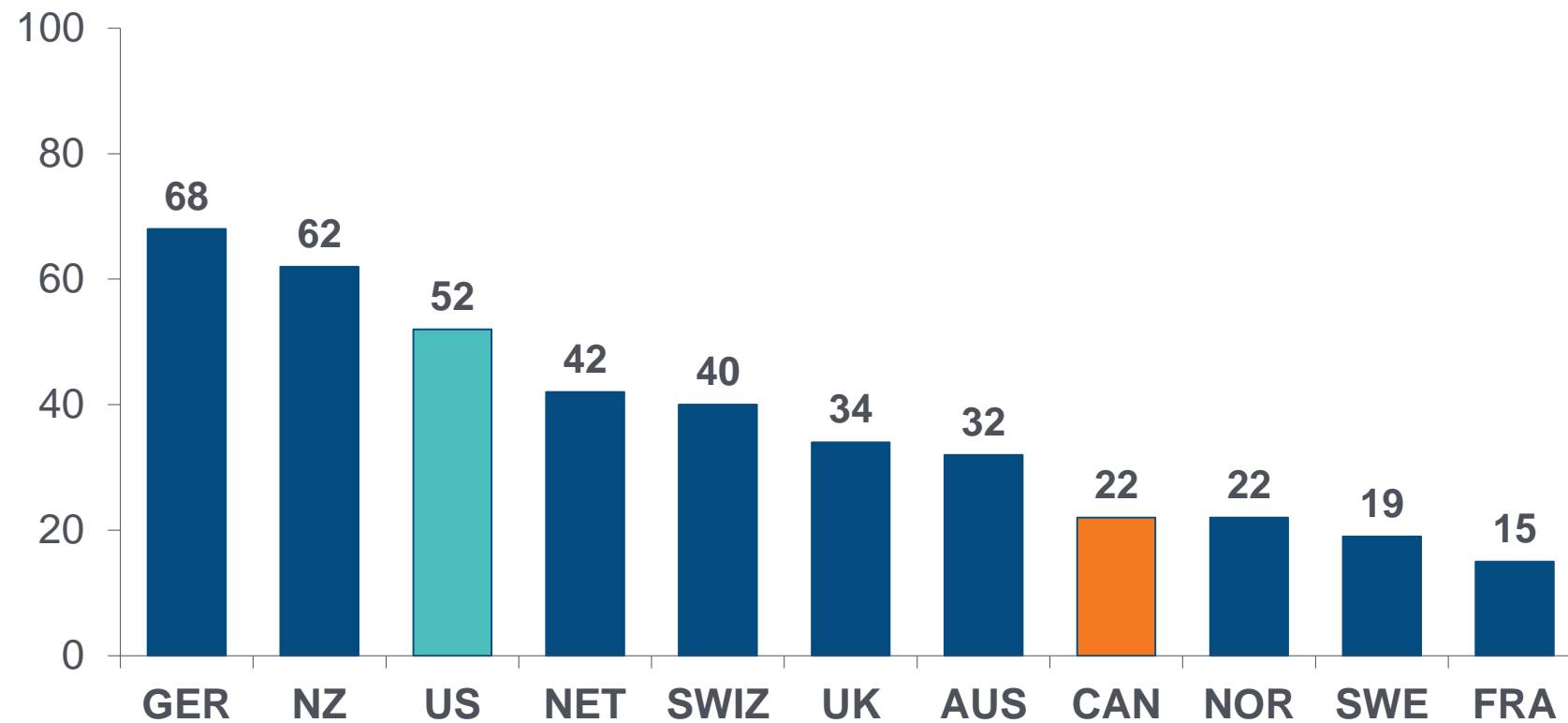
# Percent of Doctors Reporting that the Time Practice Spends on Insurance Issues or Claiming Payments is a MAJOR problem



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

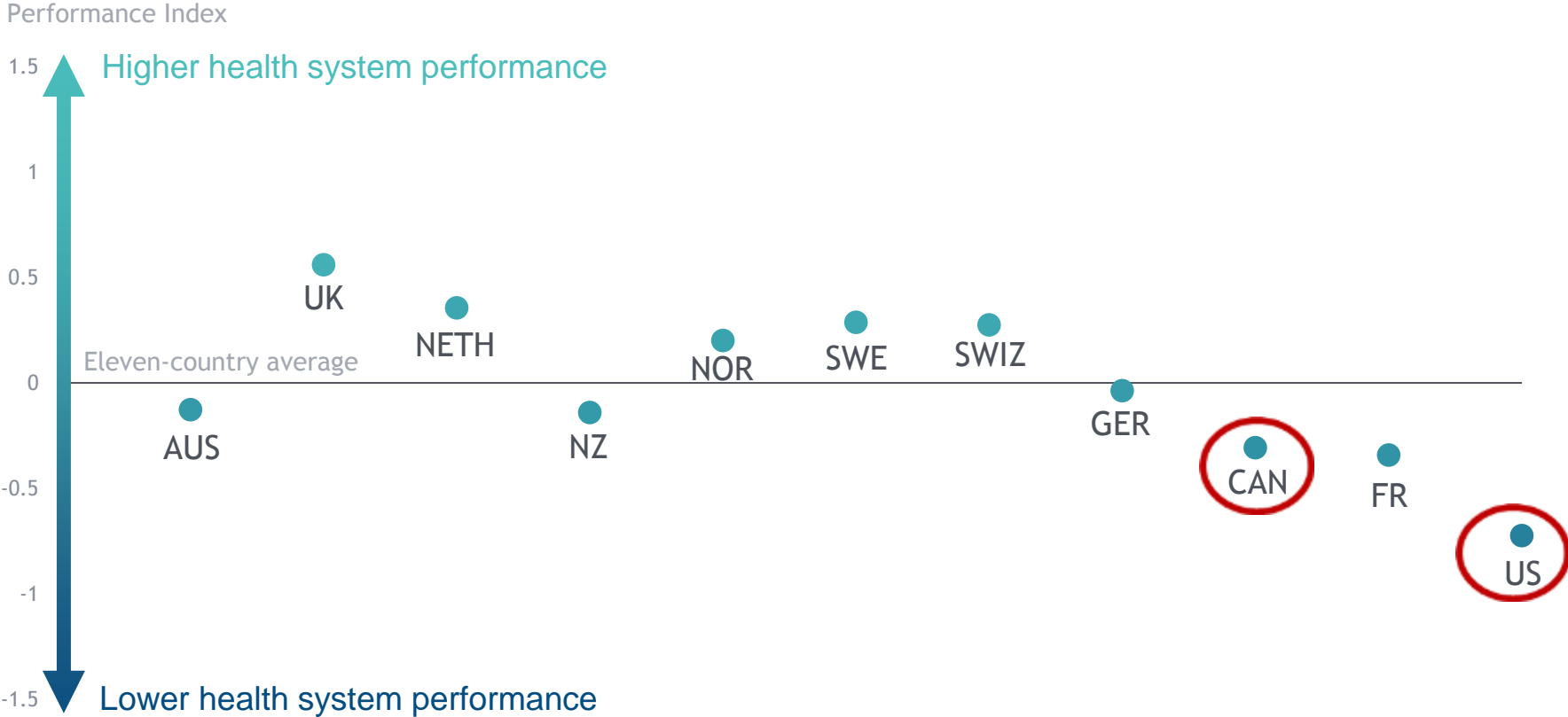
Definition: Amount of time practice spends on administrative issues related to insurance or claiming payments is a 'major problem'.

# 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.

# International Health System Performance: Equity



Note: "Performance Index" is based on the distance from the 11-country average, measured in standard deviations. Equity compares responses of individuals with above-average and below-average income  
Source: Commonwealth Fund analysis

# How Do Partners Use Commonwealth Fund International Health Policy Survey Data?



# Achieving a high performance health system: Lessons for U.S. from high-performing countries



- Expand insurance coverage
- Strengthen primary care
- Reduce administrative burdens for patients and doctors
- Reduce income-related barriers and invest in social services

Source: Schneider EC and Squires D, New England Journal of Medicine

# Governance Trends in High-Performing Countries

- England

- Decentralization and deregulation (2010) through local clinical commissioning groups
- Accountability: performance measurement, pay-for-performance
- Public participation: making results of accountability programs available to the public



- Netherlands

- Decentralization and deregulation (2006) through private, non-profit hospitals and GPs
- Accountability: Evolution to a uniform governance code, performance measurement
- Public participation: competition among insurers and private, non-profit hospitals



- Australia (i.e., New South Wales)

- Regionalization: 8 local area health administrations, private, non-profit hospitals
- Accountability: local health administrators accountable to director general (2004)
- Public participation: Area Health Advisory Councils (clinical and community members)



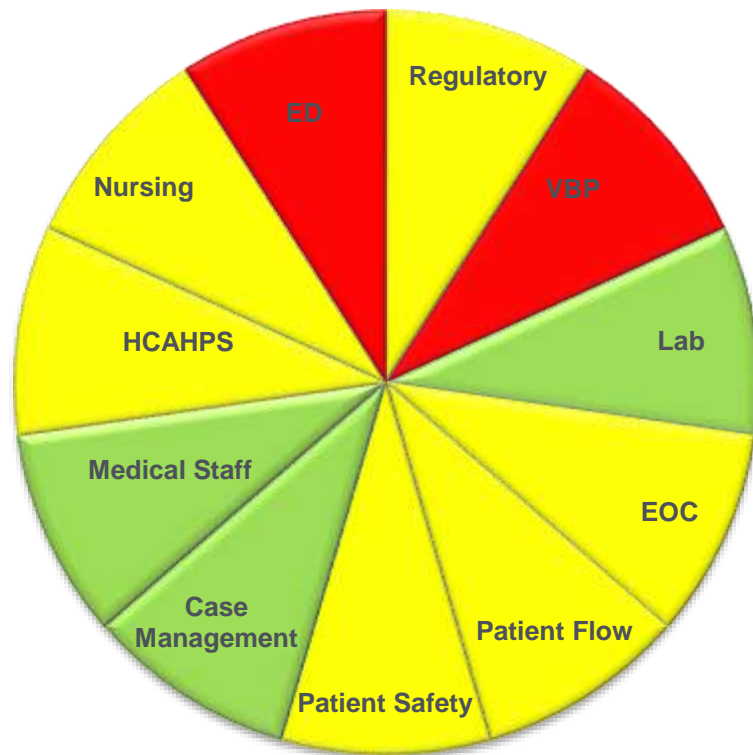


# Observations about ‘shared-control’ models

- **Centralized control** through accountability strategies including governance codes, performance standards, standardized data collection, measurement and reporting (public and private), incentives including competition
- **Regional/local control** over management decisions including financing, organizational, services, and other processes that can produce expected performance outcomes
- Increased public and patient participation in governance at many levels
- Role of boards to include review of performance measures on quality and safety of care, performance improvement strategies, and use and impact of financial and non-financial incentives

# Performance Measurement in Action Journey for Excellence Dashboard 2015

December



	Mar	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Regulatory	Red	Red	Yellow	Yellow	Green	Green	Green	Green	Green	Yellow
VBP	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Yellow	Red
Lab	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green
EOC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
Patient Flow	Red	Red	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow
Patient Safety	Red	Yellow	Yellow	Red	Red	Yellow	Yellow	Green	Green	Yellow
Case Management	Red	Yellow	Red	Red	Yellow	Red	Yellow	Green	Green	Green
Medical Staff	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
HCAHPS	Red	Yellow	Green	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Nursing	Red	Yellow	Green	Yellow	Red	Yellow	Red	Yellow	Yellow	Yellow
ED	Red	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red

# Thank you

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The first of what we now call hospitals was established by St. Basil of Caesarea (329-379 CE)