



THE
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Vision of Health and Health Care Transformed

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**National Committee on Vital and Health
Statistics, Executive Subcommittee**

April 28, 2009

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



Source: Commission on a High Performance Health System, *A High Performance Health System for the United States: An Ambitious Agenda for the Next President*, The Commonwealth Fund, November 2007



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**

Source: Davis K, Schoen C, Schoenbaum SC: A 2020 vision for American health care. Arch Intern Med 2000;160:3357-3362.



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

Percent reporting that it is very difficult/difficult:

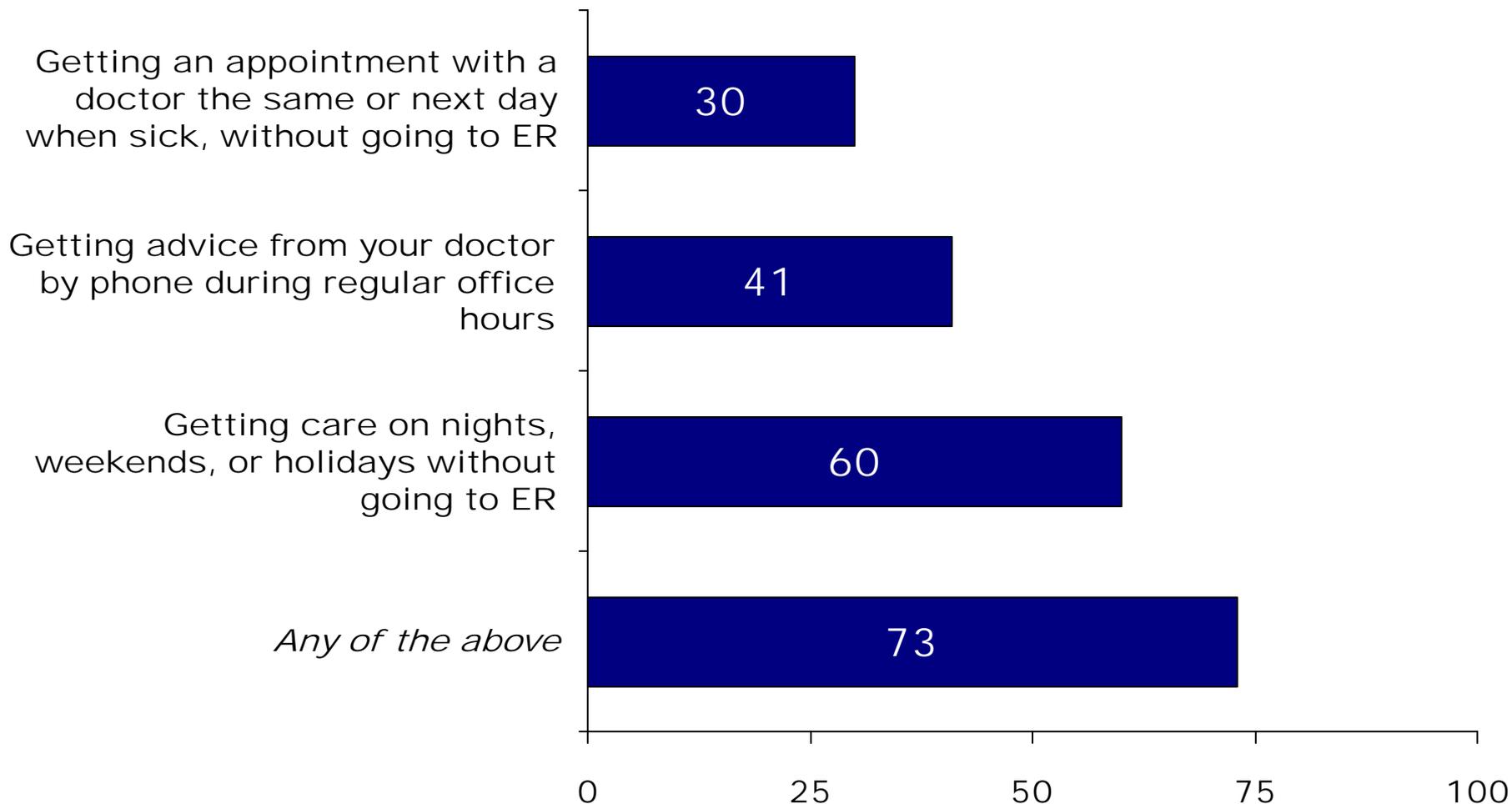


Exhibit 5: Poor Coordination of Care Is Common, Especially if Multiple Doctors Are Involved

Percent reporting in past two years:	Number of Doctors Seen		
	Any	1 to 2	3 +
After medical test, no one called or wrote you about results, or you had to call repeatedly to get results	25	23	27
Doctors failed to provide important information about your medical history or test results to other doctors or nurses you think should have it	21	17	27
Test results or medical records were not available at the time of scheduled appointment	19	15	24
Your primary care physician did not receive a report back from a specialist you saw	15	11	22
Your specialist did not receive basic medical information from your primary care doctor	13	10	17
<i>Any of the above</i>	47	41	56

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

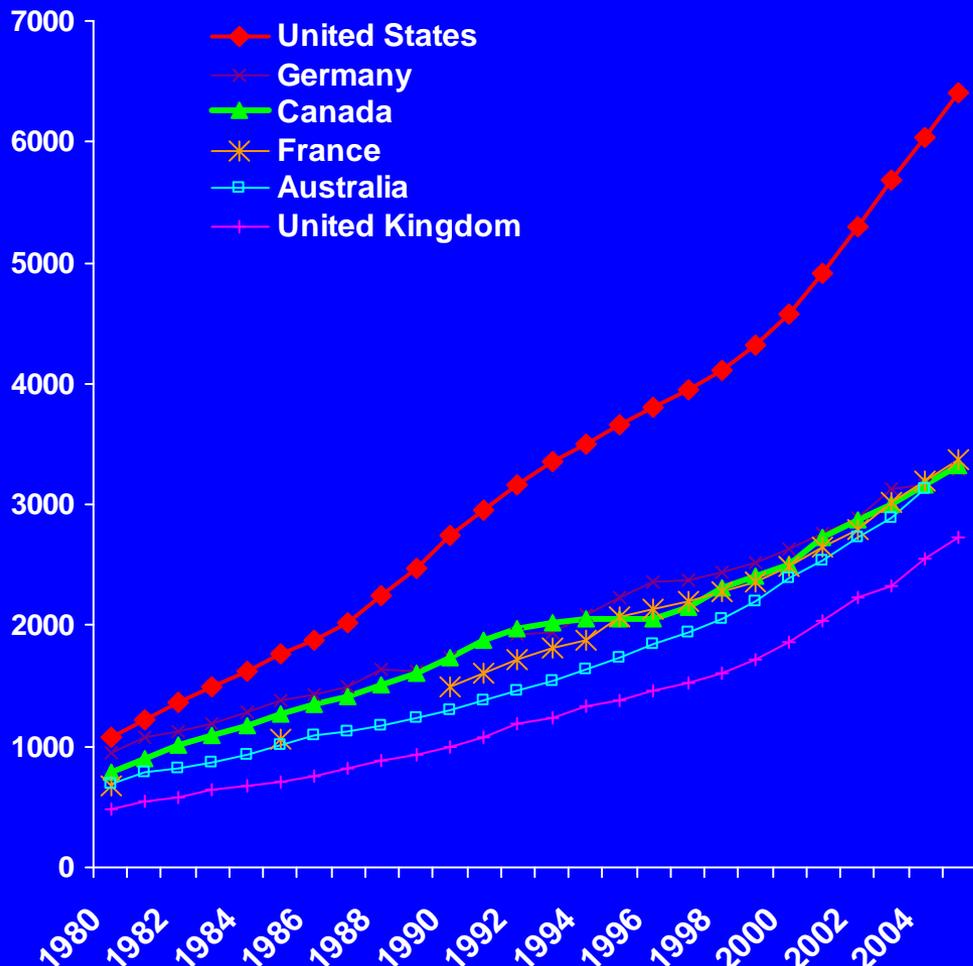
Percent reporting it is very important/important that:	Total: Very important or important	Very important	Important
You have one place/doctor responsible for primary care and coordinating care	91	66	25
On nights and weekends, you have a place to go besides ER	89	58	30
You have easy access to your own medical records	94	68	27
All your doctors have easy access to your medical records	96	72	24
You have information about the quality of care provided by different doctors/hospitals	95	63	32
You have information about the costs of care to you before you actually get care	88	57	31

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

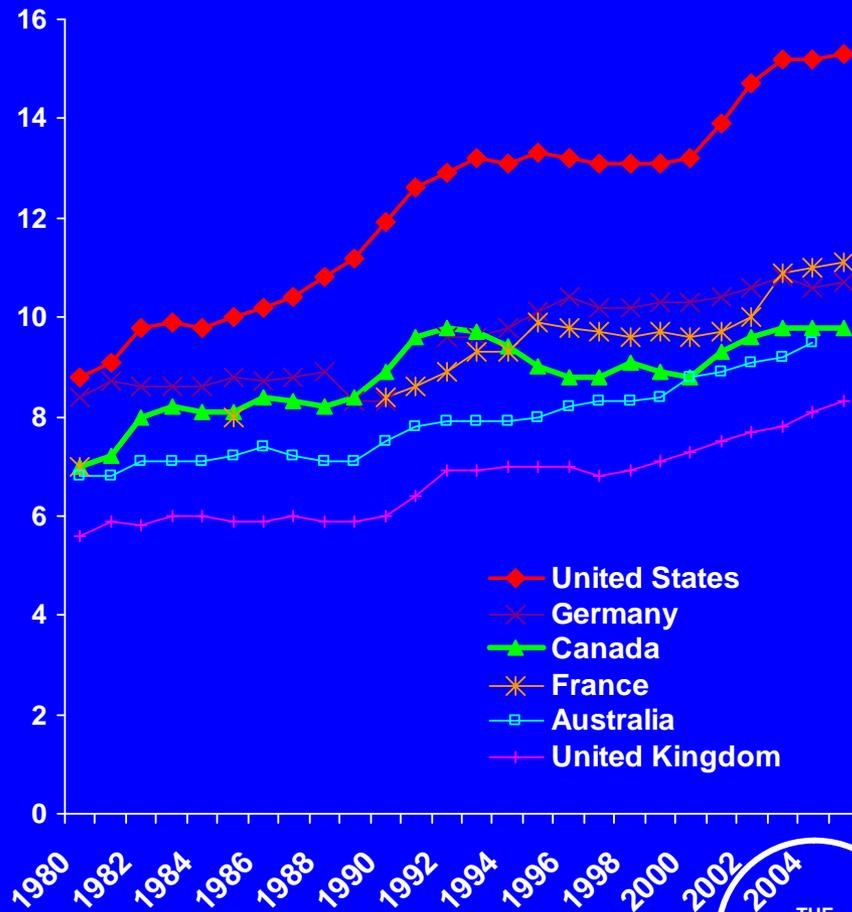
Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

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

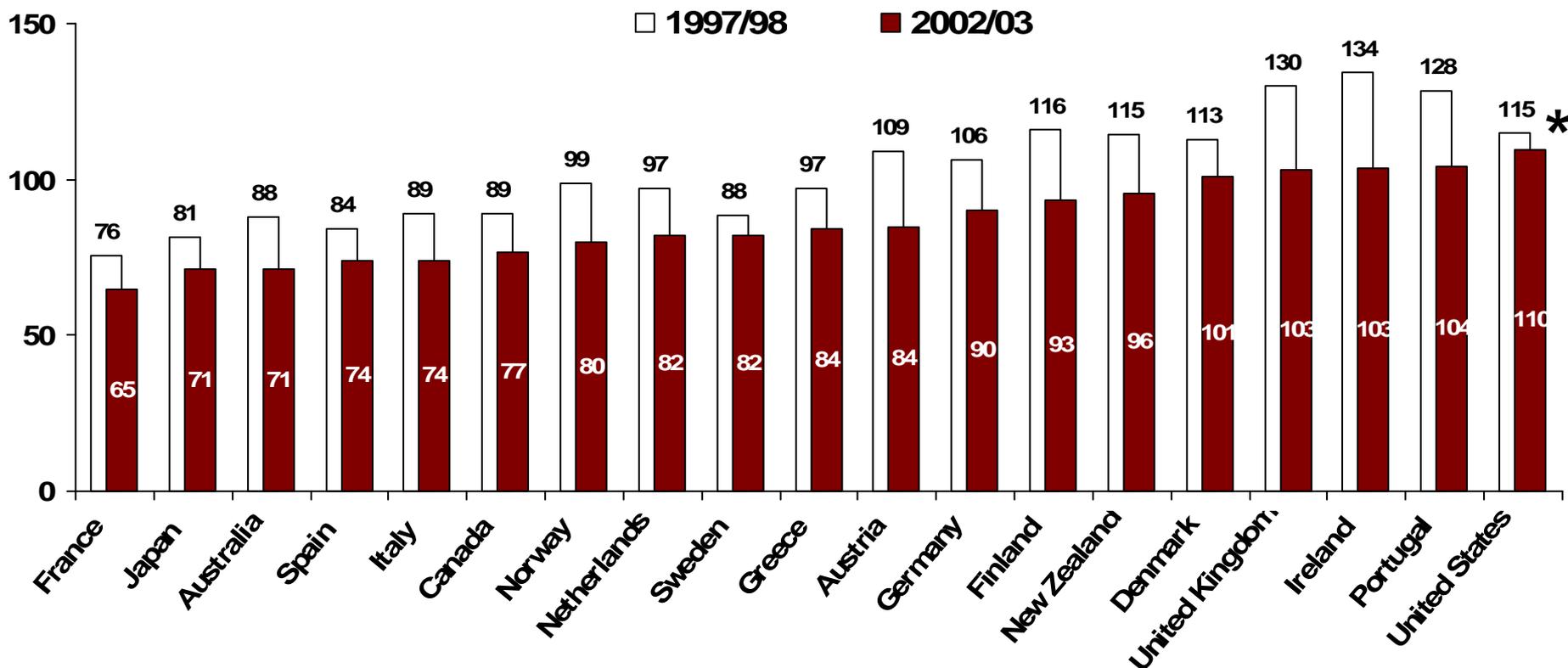


Source: K. Davis, C. Schoen, S. Guterman, T. Shih, S. C. Schoenbaum, and I. Weinbaum, *Slowing the Growth of U.S. Health Care Expenditures: What Are the Options?*, The Commonwealth Fund, January 2007, updated with 2007 OECD data



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.

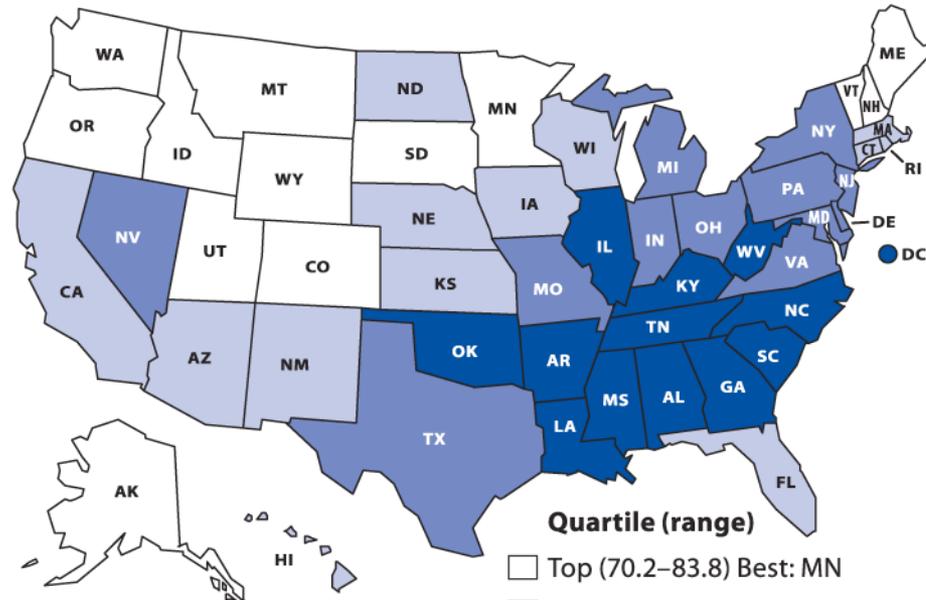
Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

*NY = 104

Exhibit 9: Mortality Amenable to Health Care by State, 2002

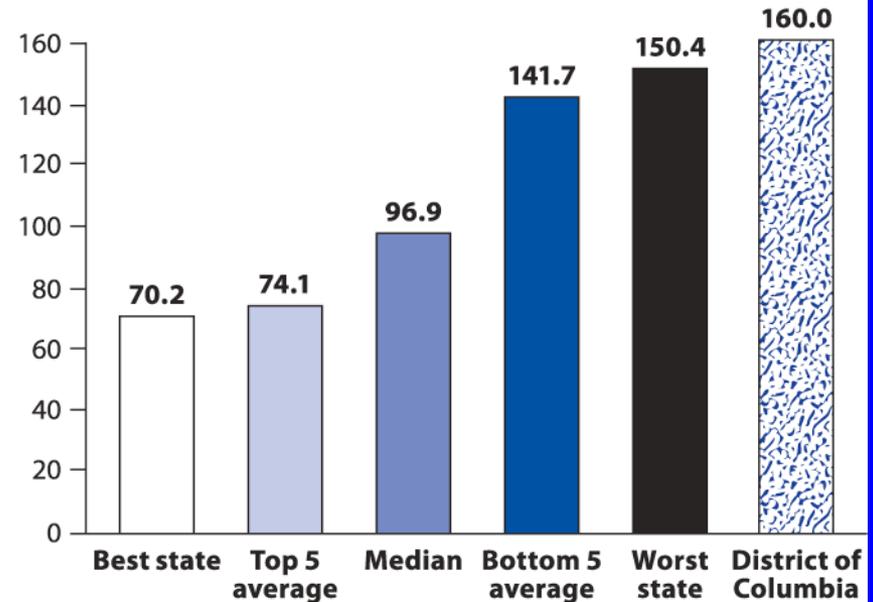
Deaths* per 100,000 Population

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



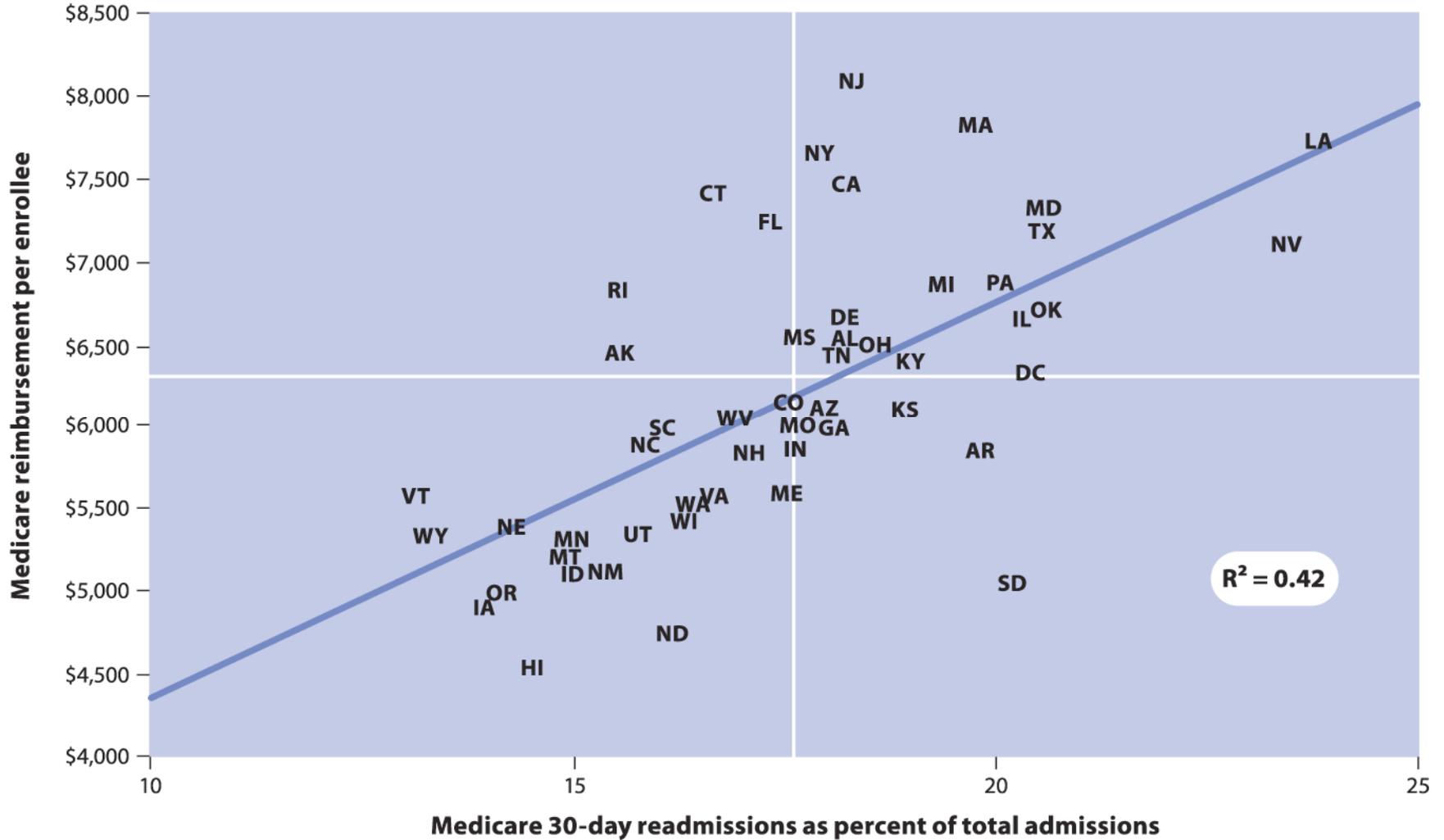
Quartile (range)

- 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
 DATA: Analysis of 2002 CDC Multiple Cause-of-Death data files using Nolte and McKee methodology, *BMJ* 2003.
 SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

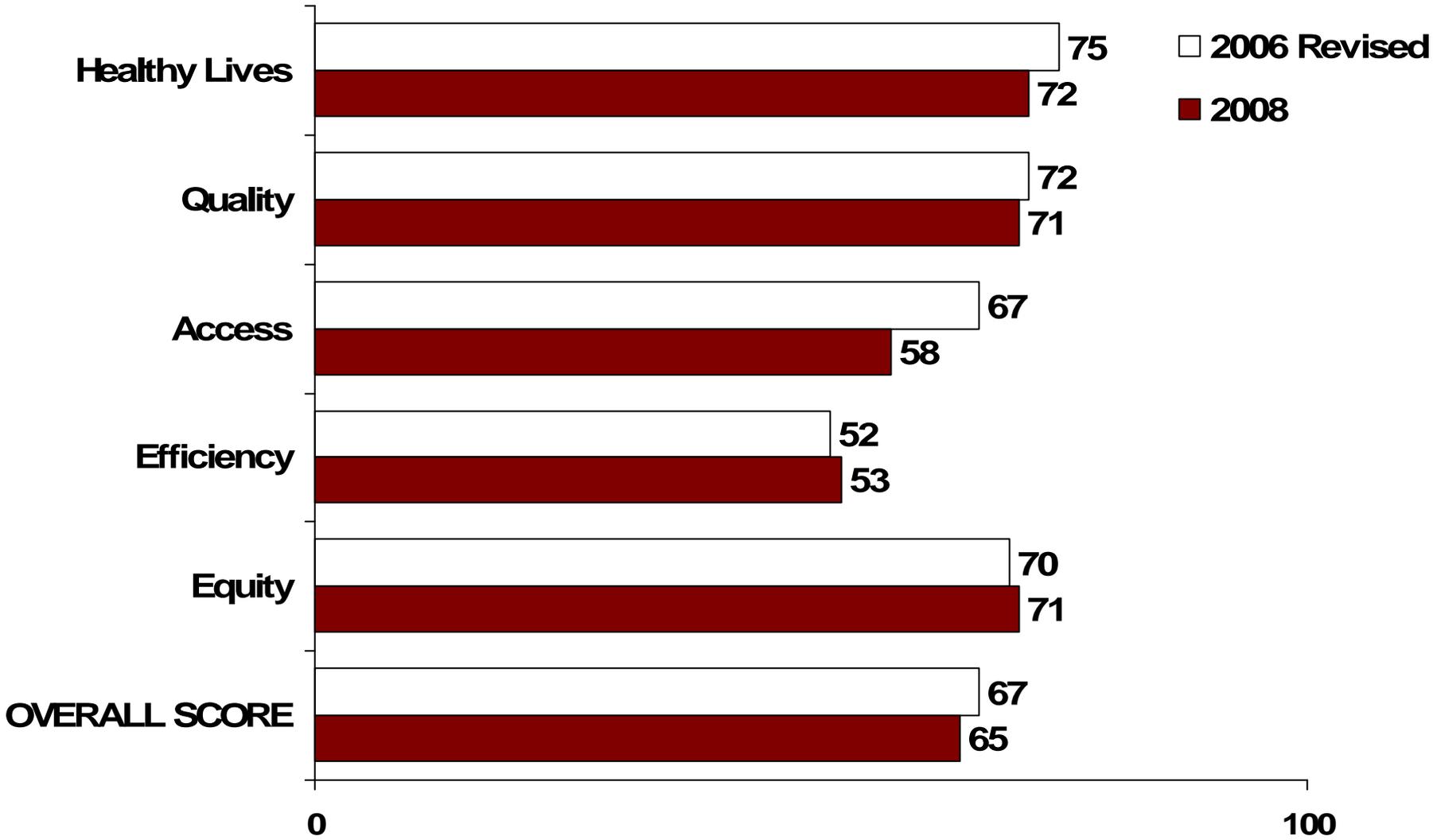
Exhibit 10: Medicare Reimbursement and 30-Day Readmissions by State, 2003



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



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The Commonwealth Fund and Commission on a High Performance Health System have released a new comparison of health system performance in all 50 states. *Aiming for Health System Performance: A Scorecard on Health System Performance* ranks states on 32 performance measures, including access, quality, avoidable hospital use and costs, equity, and "healthy lives." Also available as a [B. map](#). [Read more >](#)

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Commission on a High Performance Health System
Controlling Health Care Spending: What Are the Options?
This report illuminates factors contributing to high health care expenditures and examines strategies that have the potential to

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