Commonwealth Fund 2016 International Health Policy Survey of Adults in 11 Countries
Robin Osborn and David Squires

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Washington D.C.
November 17, 2016
2016 International Health Policy Survey

• 19th annual survey

• Views and experiences of adults 18 years and older in 11 countries

• Samples:
  Australia: 5,248  Germany: 1,000  Norway: 1,093  U.K.: 1,000
  Canada: 4,547  Netherlands: 1,227  Sweden: 7,124  U.S.: 2,001
  France: 1,103  New Zealand: 1,000  Switzerland: 1,520

• Field period was March to June 2016

• Topics:
  • Population health
  • Cost and access
  • Care coordination
  • Health promotion
  • Income disparities
<table>
<thead>
<tr>
<th>Percent of adults reporting:</th>
<th>Multiple chronic conditions*</th>
<th>Experiencing emotional distress in past year they couldn’t cope with alone</th>
<th>Unable to do daily activities or work full-time because of health</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUS</td>
<td>15</td>
<td>20</td>
<td>12</td>
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<tr>
<td>CAN</td>
<td>22</td>
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<td>12</td>
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<tr>
<td>UK</td>
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<td>17</td>
<td>15</td>
</tr>
<tr>
<td>US</td>
<td>28</td>
<td>26</td>
<td>21</td>
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</tbody>
</table>

* Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension.
Material Hardship: Usually Stressed About Being Able to Pay Rent/Mortgage or Buy Nutritious Meals

Source: 2016 Commonwealth Fund International Health Policy Survey
Access to Care
Cost-Related Access Barriers in the Past Year

<table>
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<tr>
<th>Country</th>
<th>Percent</th>
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<tbody>
<tr>
<td>UK</td>
<td>7</td>
</tr>
<tr>
<td>GER</td>
<td>7</td>
</tr>
<tr>
<td>NETH</td>
<td>8</td>
</tr>
<tr>
<td>SWE</td>
<td>8</td>
</tr>
<tr>
<td>NOR</td>
<td>10</td>
</tr>
<tr>
<td>AUS</td>
<td>14</td>
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<td>CAN</td>
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<td>FRA</td>
<td>17</td>
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<tr>
<td>NZ</td>
<td>18</td>
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<tr>
<td>SWIZ</td>
<td>22</td>
</tr>
<tr>
<td>US</td>
<td>33</td>
</tr>
</tbody>
</table>

*Had a medical problem but did not visit doctor; skipped medical test, treatment or follow up recommended by doctor; and/or did not fill prescription or skipped doses

Source: 2016 Commonwealth Fund International Health Policy Survey
Skipped Dental Care Because of Cost in Past Year

Source: 2016 Commonwealth Fund International Health Policy Survey
Did Not Get Same- or Next-Day Appointment Last Time You Needed Care

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>NETH</td>
<td>19</td>
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<tr>
<td>NZ</td>
<td>22</td>
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<tr>
<td>AUS</td>
<td>31</td>
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<tr>
<td>SWE</td>
<td>41</td>
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<tr>
<td>UK</td>
<td>41</td>
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<td>US</td>
<td>42</td>
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<tr>
<td>SWIZ</td>
<td>43</td>
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<tr>
<td>FRA</td>
<td>44</td>
</tr>
<tr>
<td>GER</td>
<td>47</td>
</tr>
<tr>
<td>NOR</td>
<td>50</td>
</tr>
<tr>
<td>CAN</td>
<td>53</td>
</tr>
</tbody>
</table>

Base: Excludes adults who did not need to make an appointment to see a doctor or nurse

Source: 2016 Commonwealth Fund International Health Policy Survey
Difficulty Getting After-Hours Care

Percent who said it was somewhat or very difficult to get after-hours care without going to the emergency department

* Base: Excludes adults who did not need after-hours care

Source: 2016 Commonwealth Fund International Health Policy Survey
Used the Emergency Department in the Past Two Years

Percent

Source: 2016 Commonwealth Fund International Health Policy Survey
Waited Two Months or Longer For Specialist Appointment

Base: Saw or needed to see specialist in past 2 years
Source: 2016 Commonwealth Fund International Health Policy Survey
Patient Experiences in the Health Care System
Regular Doctor Does Not Often Spend Enough Time With You or Explain Things So You Can Understand

Base: Regular doctor or place
Source: 2016 Commonwealth Fund International Health Policy Survey
Regular Doctor Has Not Discussed Diet and Exercise

Source: 2016 Commonwealth Fund International Health Policy Survey
Regular Doctor Has Not Discussed Things That Worry You or Cause Stress

Base: Adults with a history of mental health problems

Base: Adults with a regular doctor or place of care and who have ever been diagnosed with depression, anxiety or other mental health problem.  
Germany and Netherlands have small sample size (n<100). France excluded due to very small sample size.

Source: 2016 Commonwealth Fund International Health Policy Survey
Experienced a Problem with Care Coordination

Percent*

* Test results/records not being available at appointment or duplicate tests ordered; specialist lacked medical history or regular doctor not informed about specialist care; and/or received conflicting information from different doctors or health care professionals in the past two years.

Source: 2016 Commonwealth Fund International Health Policy Survey
Experienced a Gap in Hospital Discharge Planning

Base: Hospitalized in the past two years. Gaps in discharge planning include not: discussing the purpose of taking each of medication(s); having arrangements for follow up care with a doctor or other health professional; and/or receiving written information on what to do upon return to home and what symptoms to watch for.

Source: 2016 Commonwealth Fund International Health Policy Survey
Key Health and System Indicators Among Adults with Low Incomes
Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension.

*Indicates differences are significant at p<0.05.

Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.

Source: 2016 Commonwealth Fund International Health Policy Survey
Experienced Emotional Distress in the Past Year, By Income

Percent

Low income adults  All other adults

GER*  14  6
FRA*  20  11
UK  27  17
AUS*  28  19
NOR*  29  18
SWE*  32  22
SWIZ*  34  20
CAN*  37  24
NZ*  37  19
US*  39  23
NETH*  43  17

*Indicates differences are significant at p<0.05.
Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.

Source: 2016 Commonwealth Fund International Health Policy Survey
Cost-Related Access Barriers in the Past Year, by Income

*Indicates differences are significant at p<0.05.
Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.

Source: 2016 Commonwealth Fund International Health Policy Survey
Wanted Six Days or More For Appointment Last Time Needed Care, by Income

Percent

Low income adults  All other adults

NETH  NZ  AUS  SWIZ  UK*  FRA*  NOR  SWE*  US*  CAN*  GER*
5  5  7  3  11  14  9  27  16  27  17
5  7  9  27  14  17  24  32  25  27  27

*Indicates differences are significant at p<0.05.
Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.

Source: 2016 Commonwealth Fund International Health Policy Survey
Experienced a Problem with Care Coordination, By Income

*Indicates differences are significant at p<0.05.
Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.

Source: 2016 Commonwealth Fund International Health Policy Survey
Regular Doctor Has Not Discussed Diet and Exercise, By Income

Source: 2016 Commonwealth Fund International Health Policy Survey

*Indicates differences are significant at p<0.05.
Note: “Low income” defined as household income less than 50% the country median. Sample sizes are small (n<100) in the Netherlands and UK.
Take Away Messages

- Cross-national comparisons reflect differences in country health care systems and policies
- Insurance design matters
  - Cost-sharing or lack of insurance create serious access barriers
  - Subsidies, exemptions, caps on out-of-pocket spending, and other protections for vulnerable populations
- How the care delivery system is organized matters
- Dutch primary health care system stands out for high performance
- The social safety net matters
  - Need for a population health orientation
  - Investments in social services and models of care that integrate health and social services
- As country objectives and strategies converge, there is a unique opportunity for cross-national learning
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  • Germany: Federal Ministry of Health and Federal Institute for Quality Assurance and Transparency in Health Care (IQTIG)
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  • Switzerland: Federal Office of Public Health