U.S. Lags Behind in Medical Home, HIT Adoption

BY JANE ANDERSON

The United States lags behind other countries in adopting health information technology, providing financial incentives for quality, and improving overall access to care, according to a survey of primary care physicians in 11 countries.

These deficits have led to lesser quality of care in the United States in several areas compared with other countries, Commonwealth Fund President Karen Davis, Ph.D., said in announcing the results of her organization's International Health Policy Survey.

"Our weak primary care system puts patients at risk and results in poor health outcomes and higher costs," Ms. Davis said during a teleconference.

The survey, results of which were published online in the journal Health Affairs (2009;28:w1171-83), found that 58% of U.S. primary care physicians said their patients often have difficulty paying for medications and care, compared with 5%-37% of patients in the other countries studied.

In addition, 71% of U.S. physicians reported that their practices do not have provisions for after-hours care, forcing patients to seek care in emergency departments. At least half of physicians in all but two of the countries studied (Norway and Canada) said they have provisions for after-hours care.

U.S. physicians were far less likely than were their international peers to use HIT—only 46% of U.S. doctors use electronic medical records, compared with 99% of physicians in the Netherlands and 97% of physicians in New Zealand and Norway, the survey showed.

Insurance restrictions on medications and treatment for patients pose major time concerns for 48% of physicians in the United States. While 42% of physicians in Italy and 34% of physicians in Germany reported similar problems, fewer than 20% of physicians in other countries said insurance restrictions were a major time concern.

The survey did find that in the United States, access to specialists is superior compared with almost all the other countries; only the United Kingdom, where 22% of primary care physicians reported that their patients often experience long waits to see specialists, scored higher. In comparison, 28% of U.S. physicians reported long waits. In other countries, notably Italy and Canada, up to three-fourths of primary care physicians reported waiting times for their patients to access specialists.

Many of the areas in which the United States lags behind would be addressed by health reform legislation being considered by Congress, said Commonwealth Fund Senior Vice President Cathy Schoen, lead author of the study. She noted that other countries have strong national policies to support primary care and HIT.

"These findings are particularly notable when you look at how much countries are spending per person," said Ms. Schoen. "The [United States] is by far the most expensive country in this survey, and the gap has been growing without a return in value."

Meanwhile, other countries are jumping ahead in implementing the patient-centered medical home approach, she said. "The concept … originated in the United States, but we found that such efforts are spreading faster in other countries," Ms. Schoen said.

All but two other countries provide a greater percentage of physicians with financial incentives for providing needed chronic or preventive care services or implementing other aspects of the medical home model, the survey showed.

Such financial incentives should not be based on volume, but rather on rewarding physicians who provide a medical home and excellent chronic care management, Ms. Schoen said. Access to care is equally important, she added. "We can't hold doctors accountable, if patients can't afford to pay for care."

For the study, Commonwealth Fund authors surveyed more than 10,000 primary care physicians in Australia, Canada, France, Germany, Italy, the Netherlands, New Zealand, Norway, Sweden, the United Kingdom, and the United States. Data were collected from February through July 2009. ■