U.S. Falling Short on Key Health Care Indicators

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Access to care has declined significantly since 2003, with 42% of all working-age adults either uninsured or underinsured in 2007, according to a national health system scorecard from the Commonwealth Fund, which found that health care system performance in the United States has worsened slightly overall since 2006.

According to the scorecard report, the United States on average continues to fall far short on key indicators of health outcomes and quality. U.S. scores are particularly low on efficiency, compared with top performers inside the country—states, regions, hospitals, health plans, or other providers—and internationally.

"These findings were very disturbing, considering the resources the U.S. spends on health care," Dr. Karen Davis, president of the Commonwealth Fund, said in a briefing on the report, adding that the nation spends more on health care than any other in the industrialized world.

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In the report, "Why Not the Best? Results From the National Scorecard on U.S. Health System Performance, 2008," the United States scored an average of 65 out of a possible 100—slightly below the 67 scored in 2006 in the first scorecard released—across 37 key indicators of health outcomes, quality, access, efficiency, and equity.

"We need to change direction," Dr. Davis said. "This latest scorecard demonstrates that we are in fact losing ground."

The report found that the number of uninsured and underinsured Americans continues to rise: As of 2007, 42% of all working-age adults were either uninsured or underinsured—up from 35% in 2003.

In addition, the report said that the United States failed to keep up with improvements made in other countries, and fell from 15th place to dead last among 19 industrialized nations in premature deaths that could have been prevented by timely access to effective health care.

Rates for basic preventive care, such as cancer screening, failed to improve from 2005 to 2007, the report said.

Also, "scores on efficiency are particularly low, pulled down by fragmented, poorly coordinated care," along with lack of access to care and high administrative costs, said Cathy Schoen, senior vice president of the Commonwealth Fund.

In 2007, for example, as in 2005, patients in the United States were three to four times more likely than patients in other countries to report having had duplicate tests or to report that medical records or test results were not available at the time of their appointment. And although primary care physicians in the United States used electronic medical records (EMRs) increasingly from 2001 to 2006—17% to 28%—the United States lags far behind leading countries, where EMRs now are used by nearly all physicians (98%) to improve care, the scorecard reported.

Still, "there are some bright spots," Ms. Schoen said. The report found evidence that focusing on specific areas through targeted initiatives can yield substantial improvement.

For example, the report found that hospital standardized mortality ratios, a key indicator of patient safety, improved by 19% over 5 years, following broad public and private efforts to assess and improve hospital safety. Also, chronic care and acute hospital care quality metrics that have been the focus of public reporting, pay for performance, and improvement efforts also showed significant progress.

"We find that what gets attention gets improved," Ms. Schoen said. "But to date we have focused too narrowly. Current initiatives often fail to encourage more effective or more efficient care."

Dr. Davis pointed out that, with a new president and administration coming soon, the United States has a real opportunity to refocus and rebuild its health care system.

"The most important thing is extending health insurance to all," she said. "There were 75 million American adults uninsured at some point in the year, and obviously that affects performance throughout the scorecard." ■