

# President's Message:

## An International Report Card

By John Steen

In the last issue, I wrote about “**asking the right questions.**” A report has just been published in which some of those questions are implicit. It is *Why Not the Best? Results from a National Scorecard on U.S. Health System Performance*, Commonwealth Fund Commission on a High Performance Health Care System, September 2006 [[http://www.cmwf.org/publications/publications\\_show.htm?doc\\_id=401577](http://www.cmwf.org/publications/publications_show.htm?doc_id=401577)] and it is associated with an article, “U.S. Health System Performance: A National Scorecard,” by Cathy Schoen, Karen Davis, Sabrina K. H. How, and Stephen C. Schoenbaum in *Health Affairs* 25 (2006): W457 – W475.

The questions I raised there were about the healthcare system that would provide optimal benefits for the American people. And I was led to editorialize about it because, although I was pleased to see so many articles and commentaries on the subject, none of them addressed it as a question of good governance. Their writers implicitly accepted the economic and political “upstream conditions” that are most responsible for the mess we’re in! Perhaps I need to ask whether we’re still the “can-do” nation we’ve always been, or if we’ve become so disillusioned over political stalemate and mendacity that we no longer believe in the values we thought defined us. I think that those of us who speak or write owe it to our fellow Americans to be uncompromising in attempting to dispel the ignorance of all the great civic lessons that now retards our progress as a nation. I suggested that the way to begin answering the healthcare question is by asking ourselves what sort of a society we wish to be.

Ask a health planner what is wrong with our healthcare system, and you’re likely to hear that we don’t have one. That is precisely the right answer, for it avoids blindly making a multitude of assumptions. If we all looked at our nation in relation to comparable ones that way, we could better understand the situation. What we have is like a patchwork quilt where the pieces don’t fit together, leaving large gaps, and where groups continually conduct a tug of war with it, as it becomes ever more expensive to try to rent access to it. And so it gets ever more expensive in human terms.

If we were actually to plan and design a healthcare system, might we not wish to see what works well elsewhere and why? Would we want to make the profit motive the genie that runs it, or would we prefer to encourage public service with compassion, the ethos of public health? And would we breathe life back into the mantra of “government by the people, and for the people?”

This new report measures how well we’re doing by looking at what works well anywhere. Its Scorecard contains 37 scored indicators, although many of these are composites. The way its measurement of performance is organized is based in large part on the framework used by the Institute of Medicine in its series of reports on quality and insurance coverage, but its specific indicators draw on those developed by the U.S. Department of Health and Human Services, the Agency for Healthcare Research and Quality (AHRQ), the National Committee for Quality Assurance (NCQA), and other experts. The report also includes many new indicators developed for the Scorecard, including efficiency indicators, and is the first to combine indicators for quality, access, efficiency, and equity in one scorecard.

The indicators are grouped into five broad “domains:” health outcomes, quality, access, efficiency, and equity. A score of 100 on a given indicator represents not perfection but rather benchmarks set by top-performing countries or the top 10 percent of U.S. states, hospitals, health plans, or other providers. By comparing indicator scores from up to two dozen

countries, the report places American healthcare in a global perspective, one in which our performance can be seen as mediocre.

The report's Overview begins, "Once upon a time, it was taken as an article of faith among most Americans that the U.S. health care system was simply the best in the world." Its principal finding about our nation is summed up as follows: "For the 16 percent of its gross domestic product that the United States spends on health care... it achieves neither the best outcomes nor the best quality of care when compared to other nations. Wide variations within the United States in quality, access, and costs pull national averages down to well below benchmarks achieved by top-performing states, hospitals, or other providers." U.S. ratio scores to benchmarks for the five domains range from 51 to 71 percent. Across the 37 indicators of performance, the U.S. achieves an overall score of **66** out of a possible 100 when comparing actual national performance to achievable benchmarks. Scores on efficiency are particularly low just as they were in the World Health Organization's *World Health Report 2000*.

The Scorecard findings show that if the U.S. improved performance in key areas, the nation could save an estimated 100,000 to 150,000 lives and \$50 billion to \$100 billion annually.

- Outcomes. U.S. Score: 69. The Scorecard includes five system-level indicators of health outcomes: two on potentially preventable mortality, one on life expectancy, and two on the prevalence of health conditions that limit the capacity of adults to work or children to learn. Among 19 industrialized countries, the U.S. ranked 15th on "mortality from conditions amenable to health care," or deaths before age 75 that are potentially preventable with timely, effective care – 115 per 100,000 people, compared with 75 per 100,000 in France. Out of 23 industrialized countries, the U.S. was lowest in life expectancy at birth and tied for last with Portugal, Ireland, Denmark, and the Czech Republic on healthy life expectancy at age sixty. The most damaging finding: the U.S. ranked last on infant mortality as of 2002, with rates 259 percent of the average of the three leading countries (Iceland, Japan, and Finland).

- Quality. U.S. Score: 71. This domain includes getting the right care (**71**) that is well-coordinated (**70**), safe (**69**), patient-centered, and timely (**72**). Lowest scores:

Ability to see doctor on same/next day when sick or needed medical attention:

**58\***

Very/somewhat easy to get care after hours without going to the emergency

room: **53\***

- Access. U.S. Score: 67. This domain includes participation in the health system (**65**), and affordability of care (**69**). In 2003, 35 percent of adults under 65 (61 million) were either underinsured or were uninsured at some time during the year. And 34 percent of all adults under 65 have problems paying their medical bills or have medical debt they are paying off over time.

- Efficiency. U.S. Score: 51. Scores for these indicators tell the story:

Potential overuse or waste (Indicator for multiple related measures): **48**

Went to emergency room for condition that could have been treated by regular

doctor: **23\***

Hospital admissions for ambulatory care sensitive conditions: **57**

- Equity. U.S. Score: 71. The report's authors state that, "Having an equal opportunity to lead a healthy and productive life is consistent with the founding principles of this country. In fact, the elimination of disparities in health and health care has for years been a national policy priority." Belying that is our performance on the four indicators: Uninsured (**66**), Low-Income (**62**), African American (**76**), Hispanic (**80**).

Many of the scores for the above areas reflect variations in performance among the 50 states that are even greater than found among all the nations studied. For example, with respect to potentially preventable deaths, the five lowest scoring states were all below Portugal, the lowest scoring of the 19 industrialized countries, while the highest scoring states were equal to the highest scoring countries.

Future editions of the Scorecard will assess changes in performance on this initial set of indicators and will also include new indicators as data become available.

The report concludes with this prediction: "In the future, transformative change within the U.S. health care system will likely come from innovations in the way care is organized and delivered, and from better research in support of evidence based medicine."

But only if we are "**asking the right questions.**"

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\* Benchmark is best of six countries.