



**THE
COMMONWEALTH
FUND**

**The Commonwealth Fund
2013 International Health Policy Survey
in Eleven Countries**

**Robin Osborn and Cathy Schoen
The Commonwealth Fund**

November 2013

The Commonwealth Fund 2013 International Health Policy Survey in Eleven Countries

- **Survey of adults age 18 and older in eleven countries.**
- **Sample sizes: Australia (2,200), Canada (5,412), France (1,406), Germany (1,125), Netherlands (1,000), New Zealand (1,000), Norway (1,000), Sweden (2,400), Switzerland (1,500), United Kingdom (1,000), United States (2,002).**
- **Survey in the field February to June 2013.**
- **Conducted by Social Science Research Solutions and country contractors (by landline and cell phone).**
- **Presentation topics: affordability and cost-related access barriers; access to primary care, emergency department, and specialist care; complexity; and system views.**

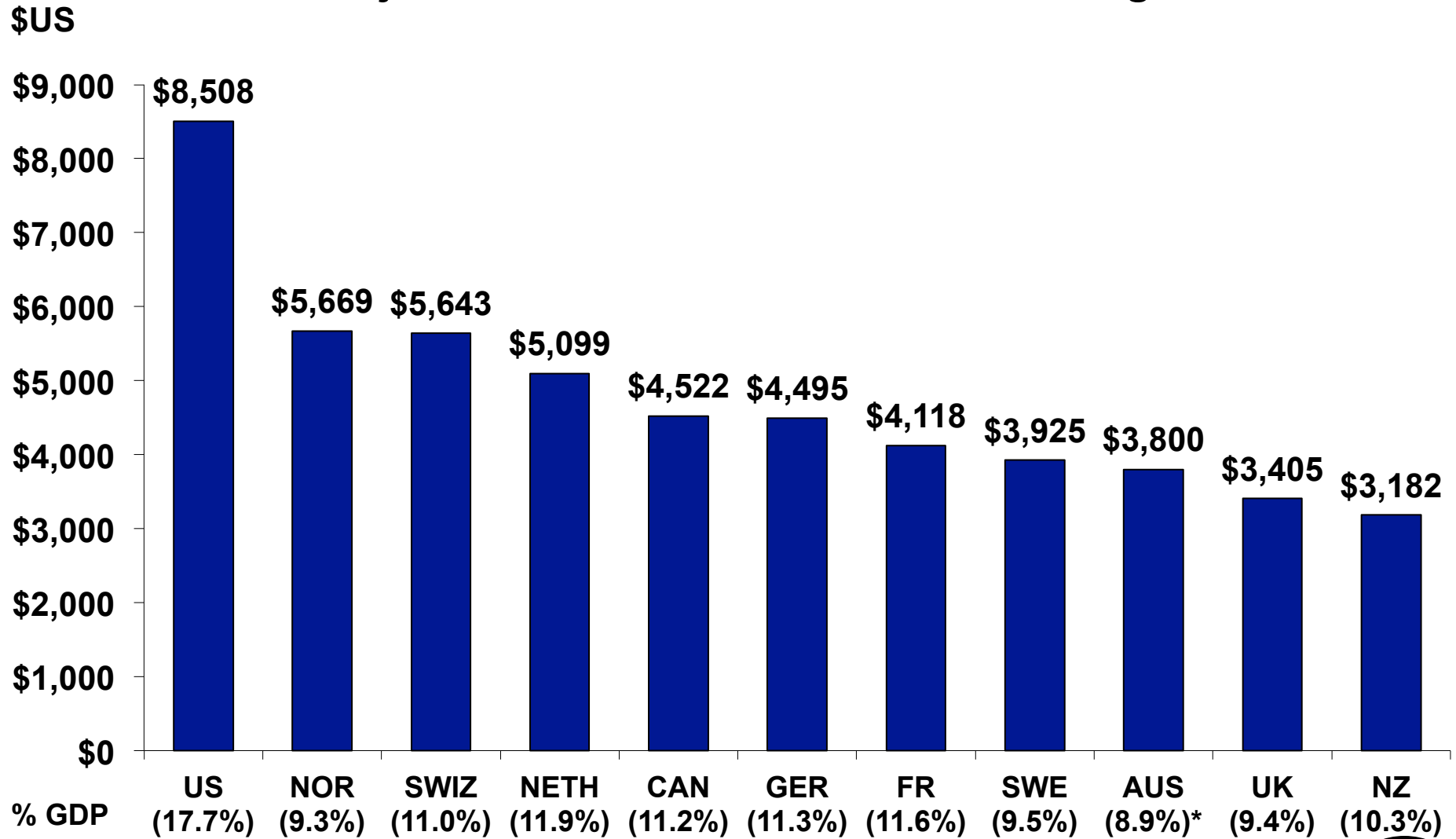


Affordability and Cost-Related Access Barriers



Health Spending per Capita, 2011

Adjusted for Differences in Cost of Living



* 2010.

Source: OECD Health Data 2013.

THE
COMMONWEALTH
FUND

Key National Insurance Design and Cost-Sharing Policies, 2013

	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US*
Deductible	No	No	No	No	Yes	No	No	No	Yes	No	Yes
Caps on out-of-pocket spending	Yes	No	No	Yes	No	No	Yes	Yes	Yes	No	No
Core benefit											
Drugs	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Dental (adults)			✓	✓				✓		✓	

* Before insurance market reforms take effect in 2014.

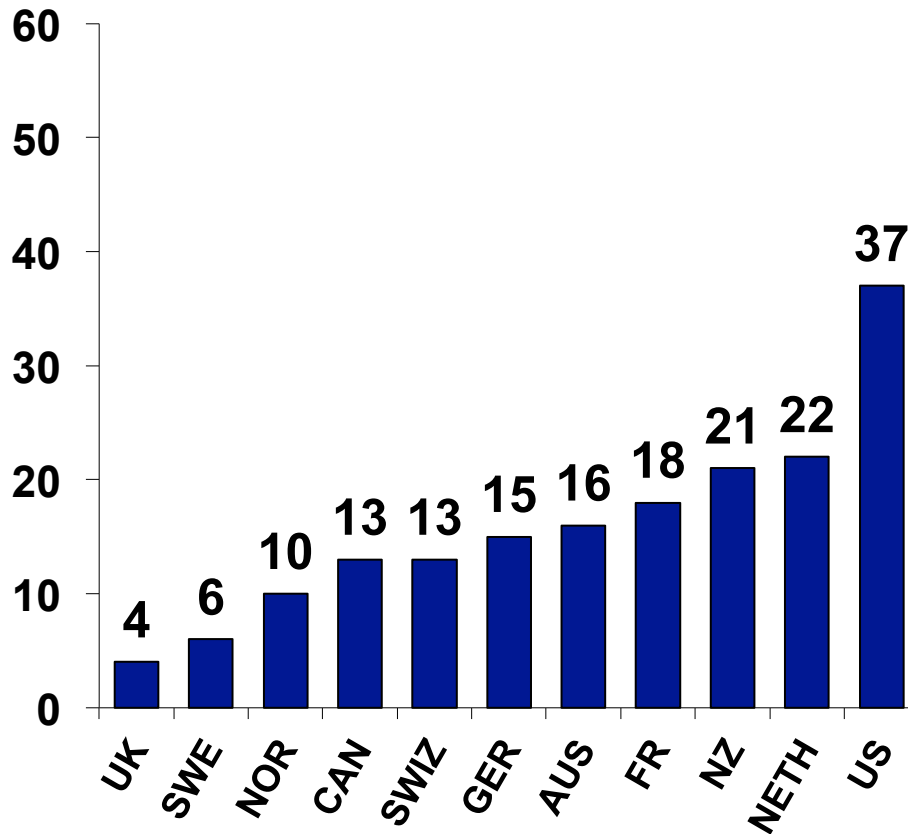
Source: S. Thomson, R. Osborn, D. Squires, and M. Jun, *International Profiles of Health Care Systems, 2013*, The Commonwealth Fund, Nov. 2013.



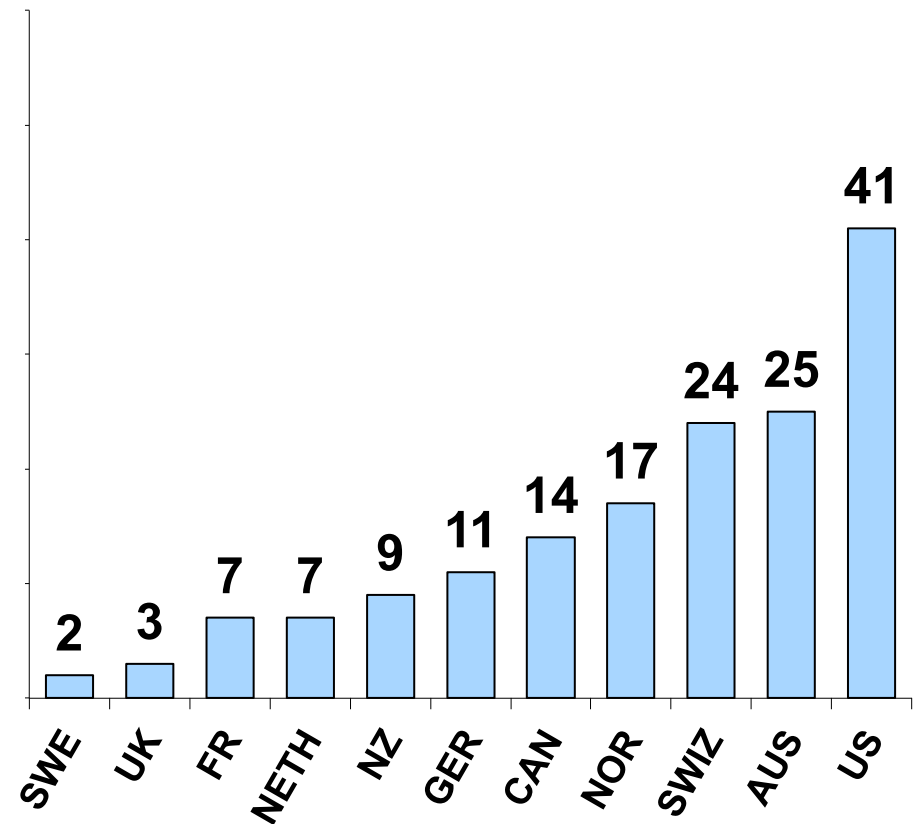
Cost-Related Access Barriers and Out-of-Pocket Costs in the Past Year

Experienced cost-related access problem*

Percent



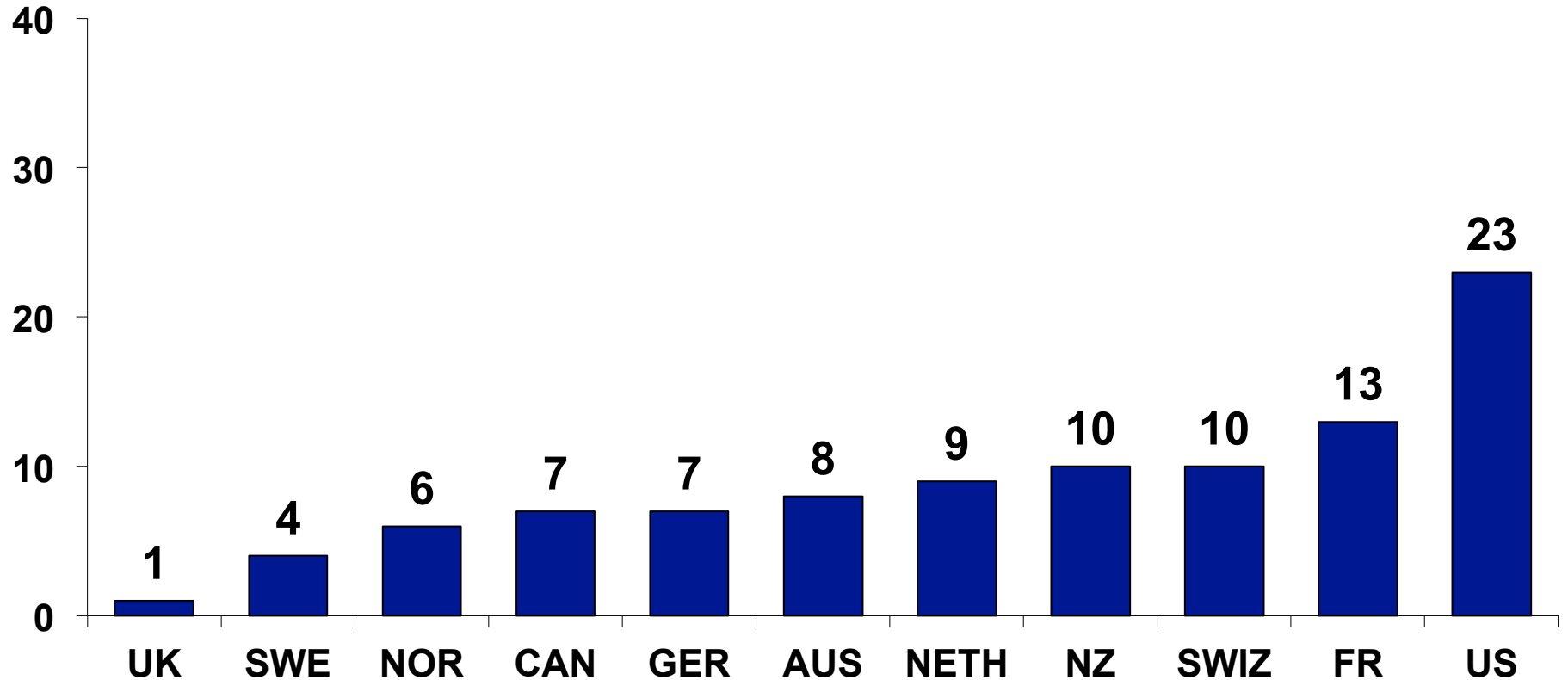
Spent US\$1,000 or more out-of-pocket



* Did not fill/skipped prescription, did not visit doctor with medical problem, and/or did not get recommended care.
Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

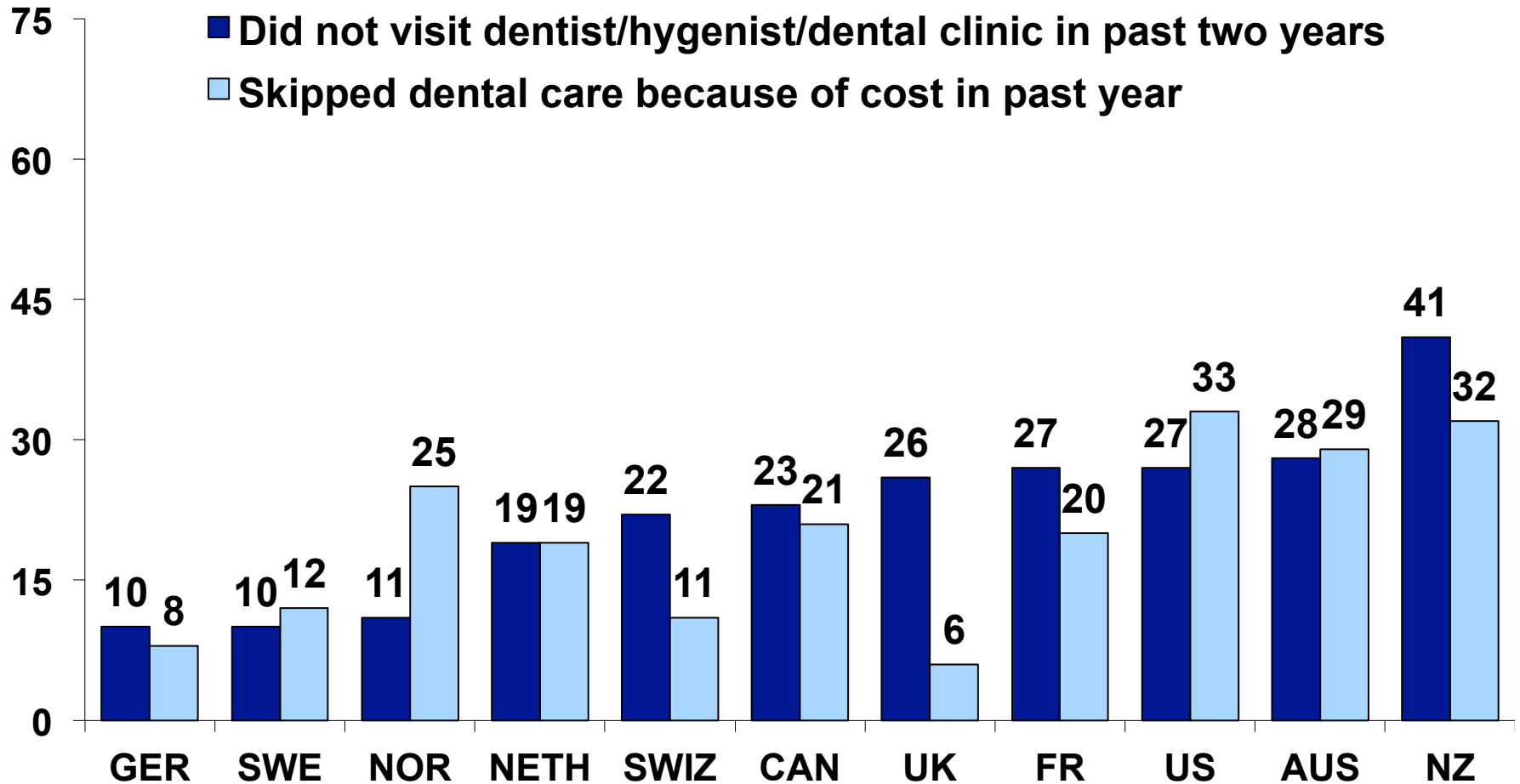
Serious Problems Paying or Unable to Pay Medical Bills in the Past Year

Percent

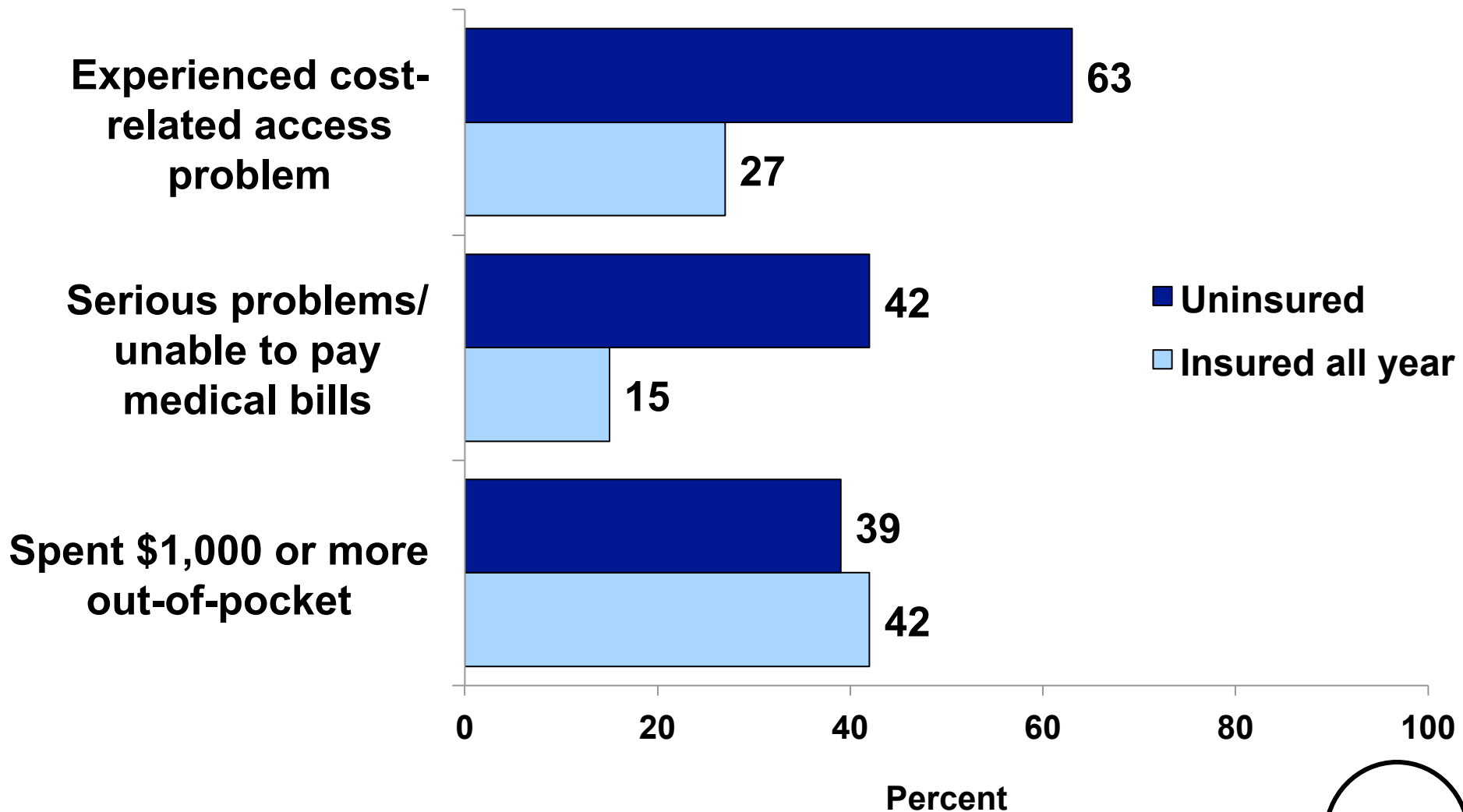


Gaps in Dental Care

Percent



Cost and Access Problems in the Past Year for U.S. Adults,⁹ by Insurance Status



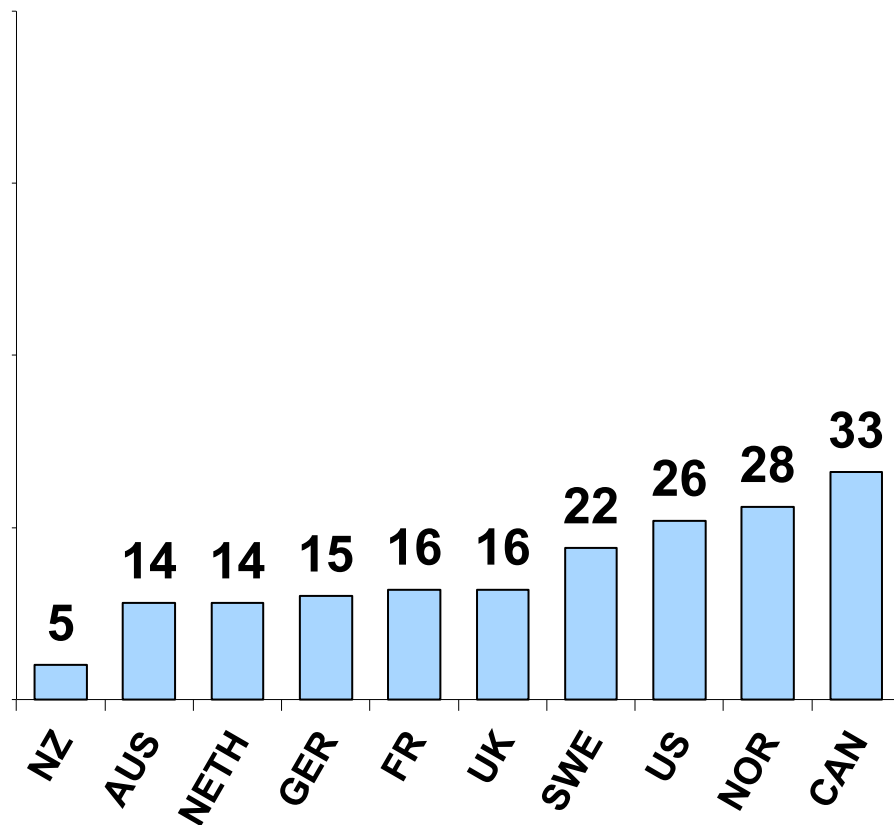
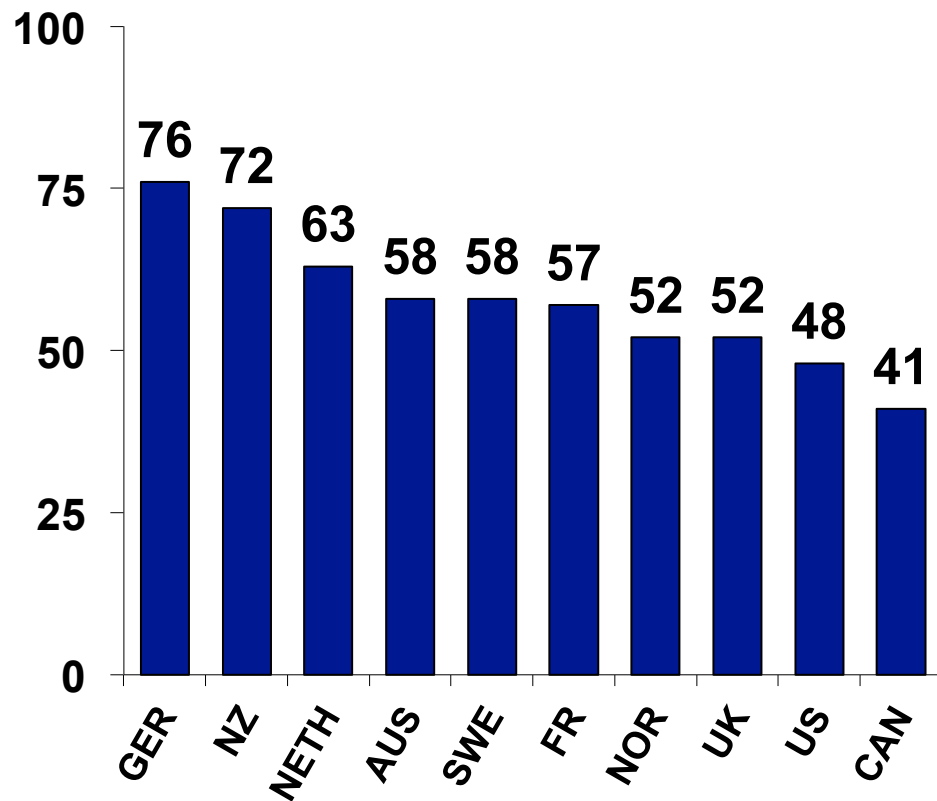
Access: Primary Care, Emergency Department Use, and Specialist Care

Access to Doctor or Nurse When Sick or Needed Care

Same-day or next-day appointment

Waited six days or more for appointment

Percent



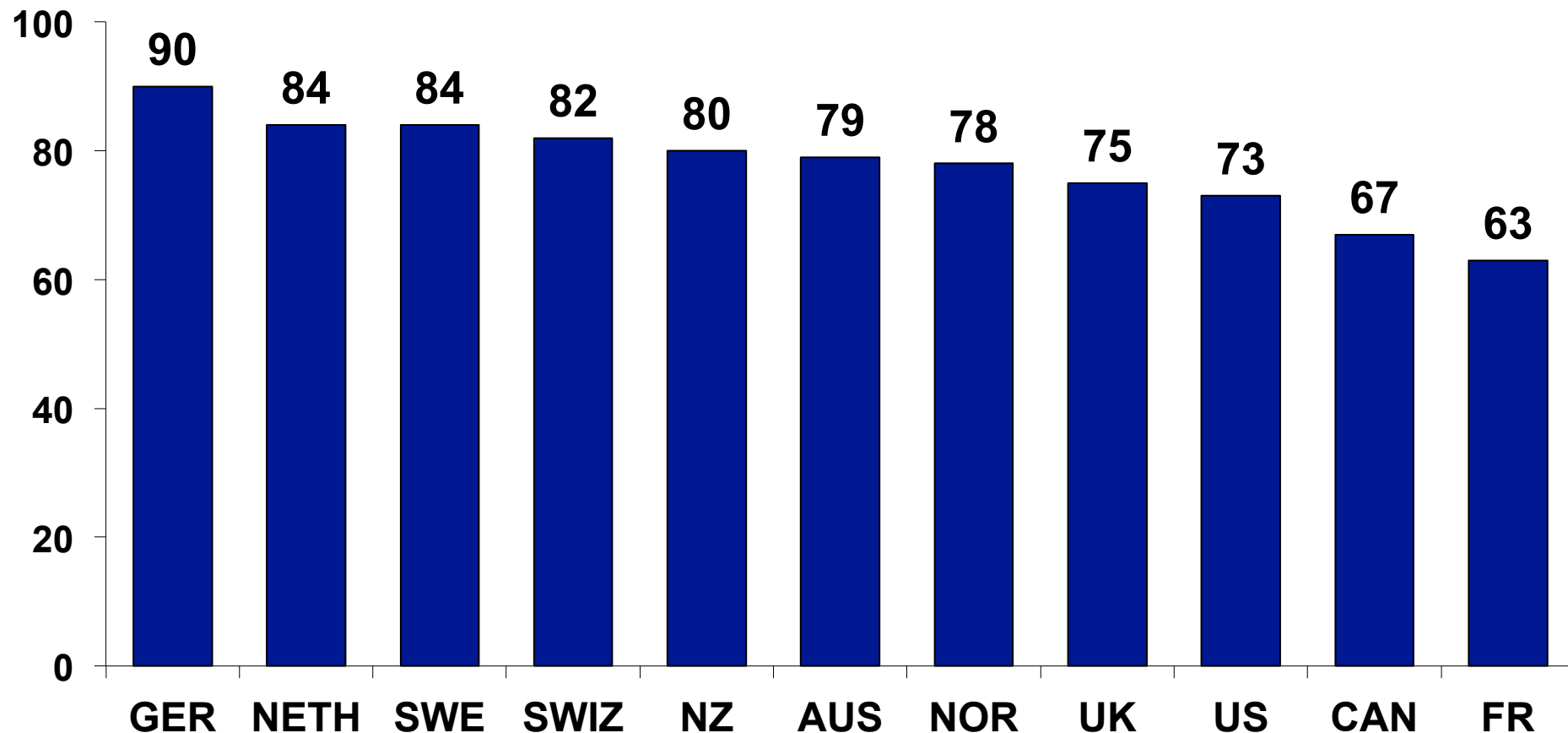
Note: Question asked differently in Switzerland.

Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.



When Calling Regular Doctor with a Question, Always or Often Hear Back on the Same Day

Percent

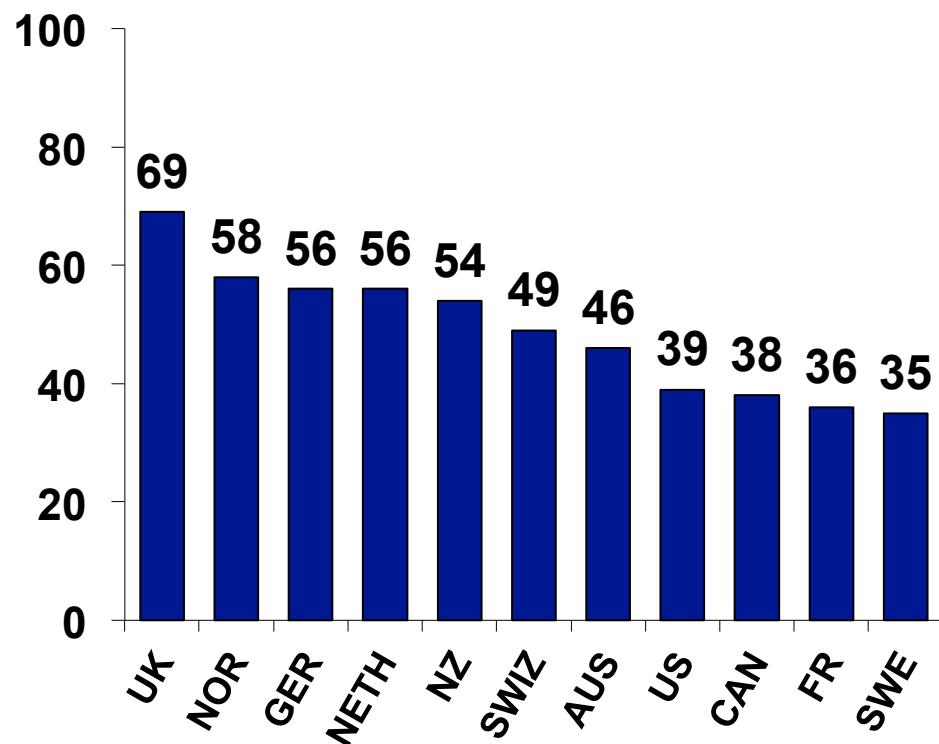


Access to After-Hours Care

Adults, 2013

**Easy getting after-hours care
without going to the ER**

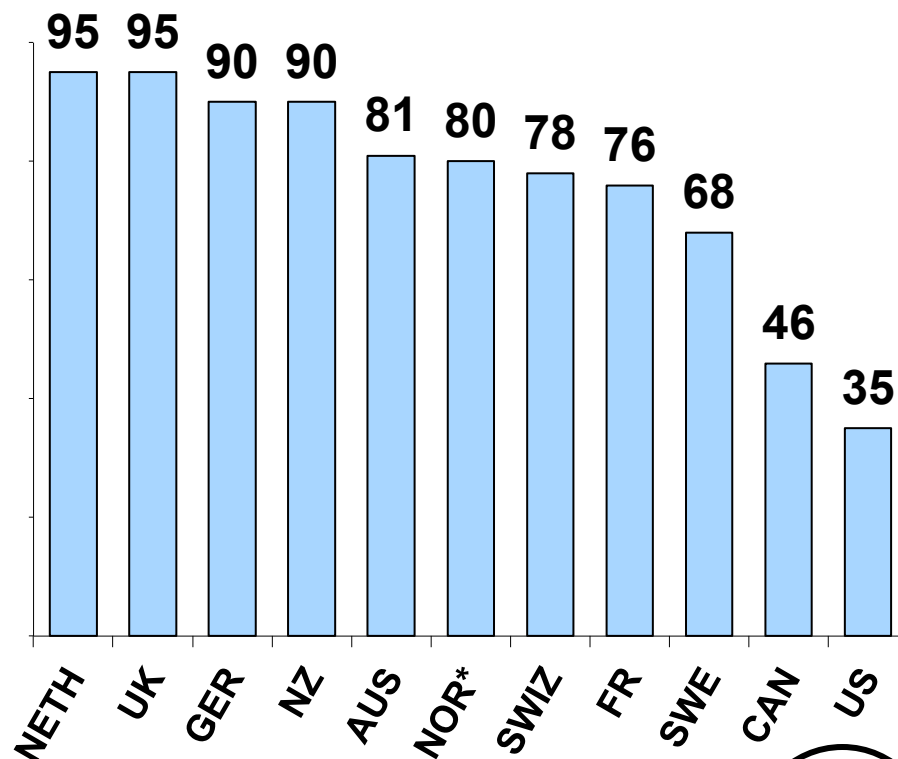
Percent



Base: Needed care after hours.

Primary care physicians, 2012

**Practice has arrangement for
patients' after-hours care
to see doctor or nurse**

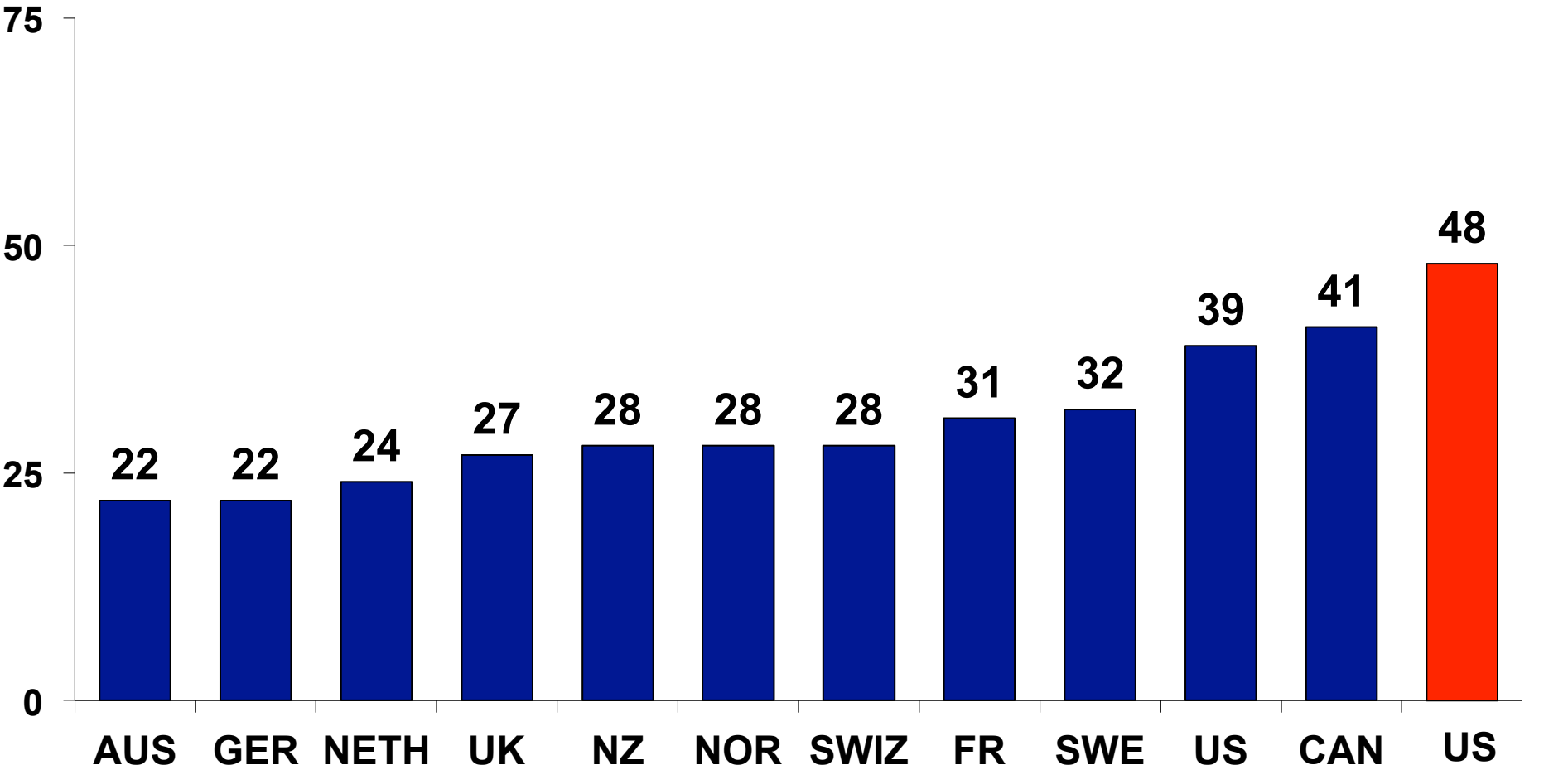


* In Norway, doctors asked whether their practice had arrangements or there were regional arrangements.

THE
COMMONWEALTH
FUND

Used the Emergency Department in Past Two Years

Percent



Uninsured



Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Patients' Email Access to Regular Practice

	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<i>Adults, 2013</i>											
Can email practice with questions	24	10	9	19	32	16	22	20	29	25	28
Have emailed practice in past two years	9	2	2	3	20	5	6	9	15	13	6
<i>Primary care doctors, 2012</i>											
Patients can email practices with questions	21	11	39	45	47	39	27	44	68	35	35

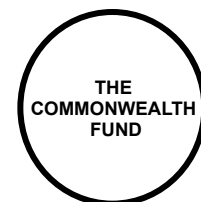
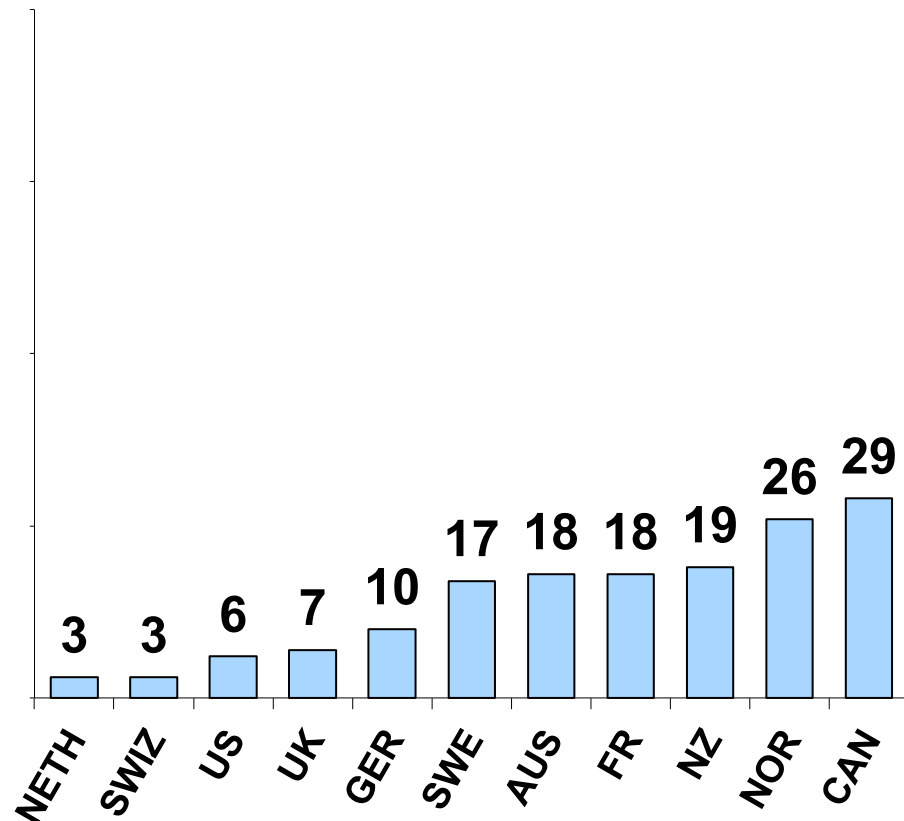
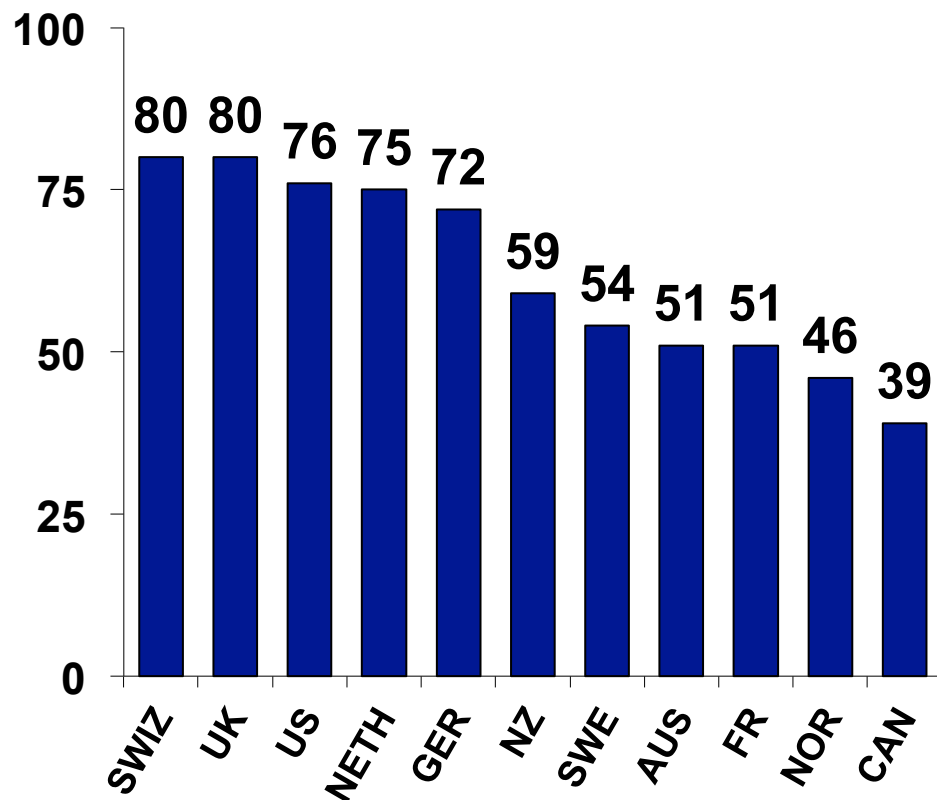


Wait Times for Specialist Appointment

Less than four weeks

Two months or more

Percent



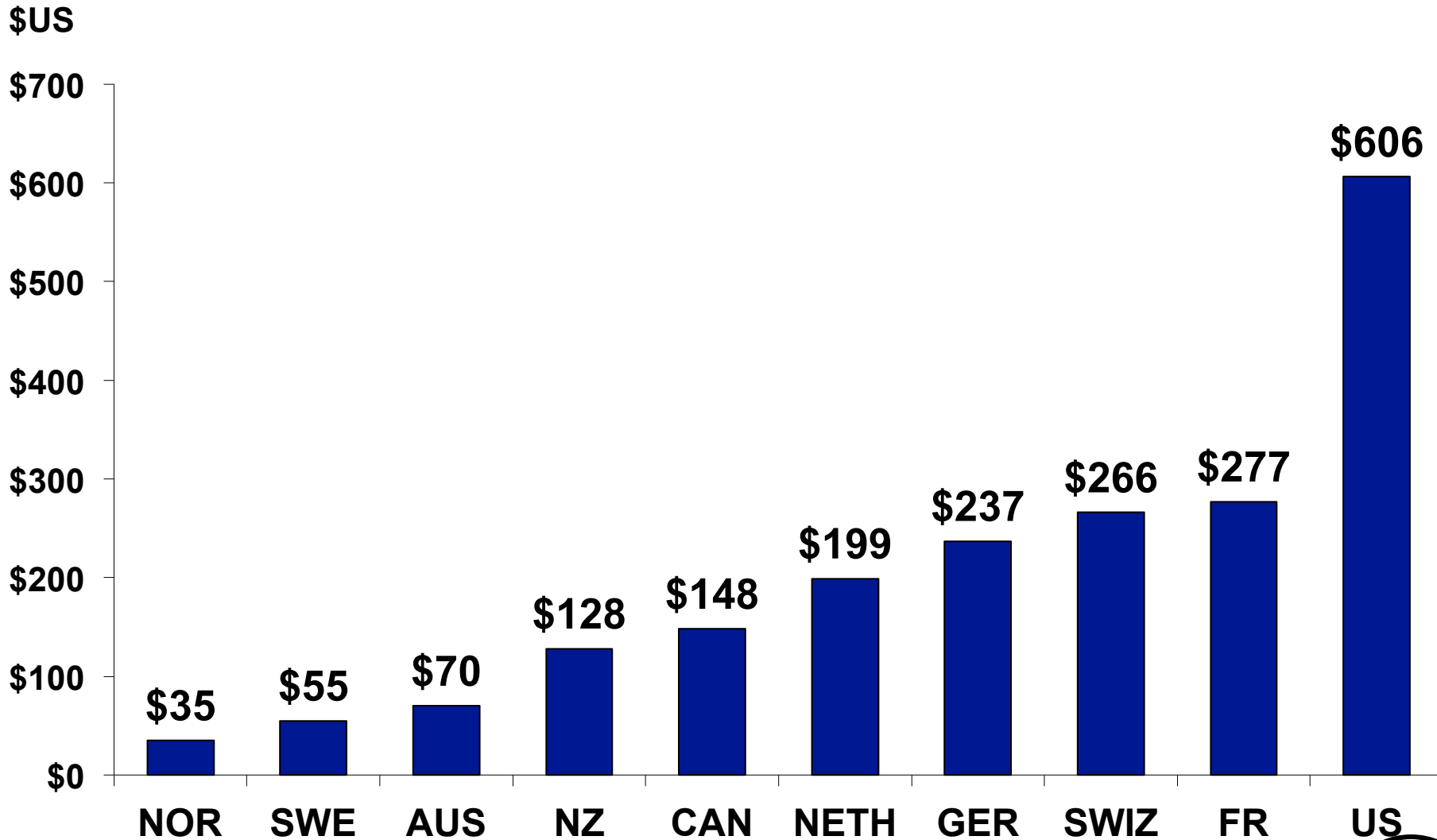
Base: Needed to see specialist in the past two years.

Source: 2013 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Complexity



Spending on Health Insurance Administration per Capita, 2011¹⁸ Adjusted for Differences in Cost of Living



* 2010.

Source: OECD Health Data 2013.

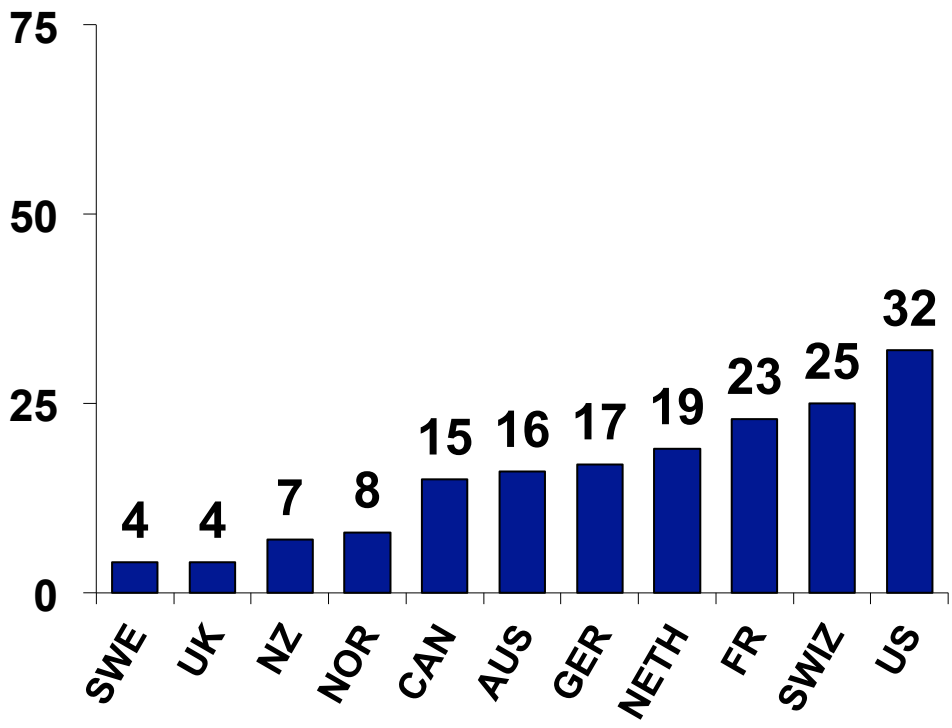


Insurance Complexity and Restrictions Create Concerns for Patients and Doctors

Adults, 2013

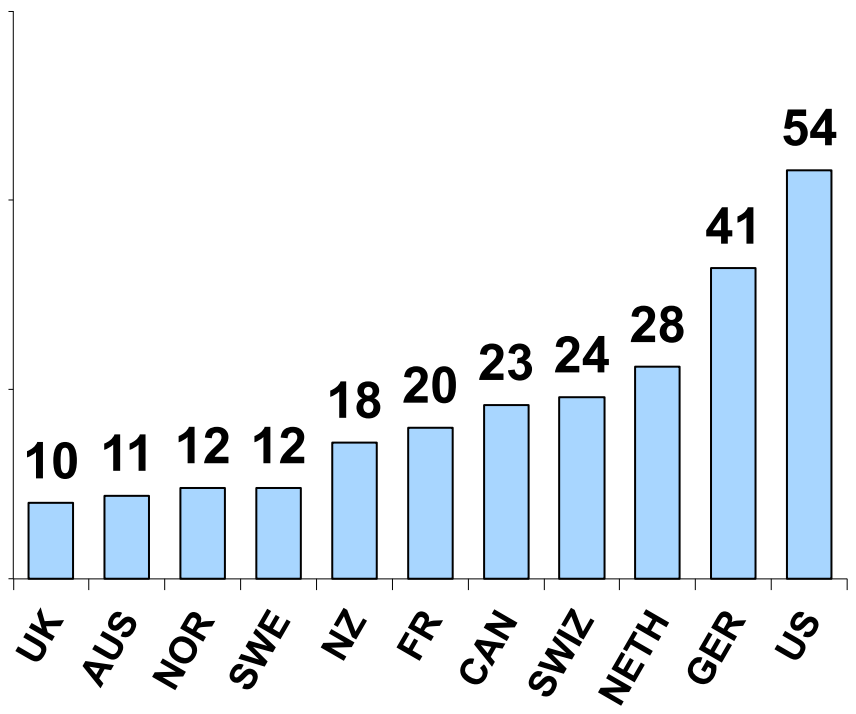
**Insurance did not cover as expected/
spent a lot of time on paperwork in
past year***

Percent



Primary care physicians, 2012

**Insurance coverage restrictions
pose *major* time concern****



* Adults spent a lot of time on paperwork or disputes over medical bills and/or insurance denied payment or did not pay as much as expected in the past year.

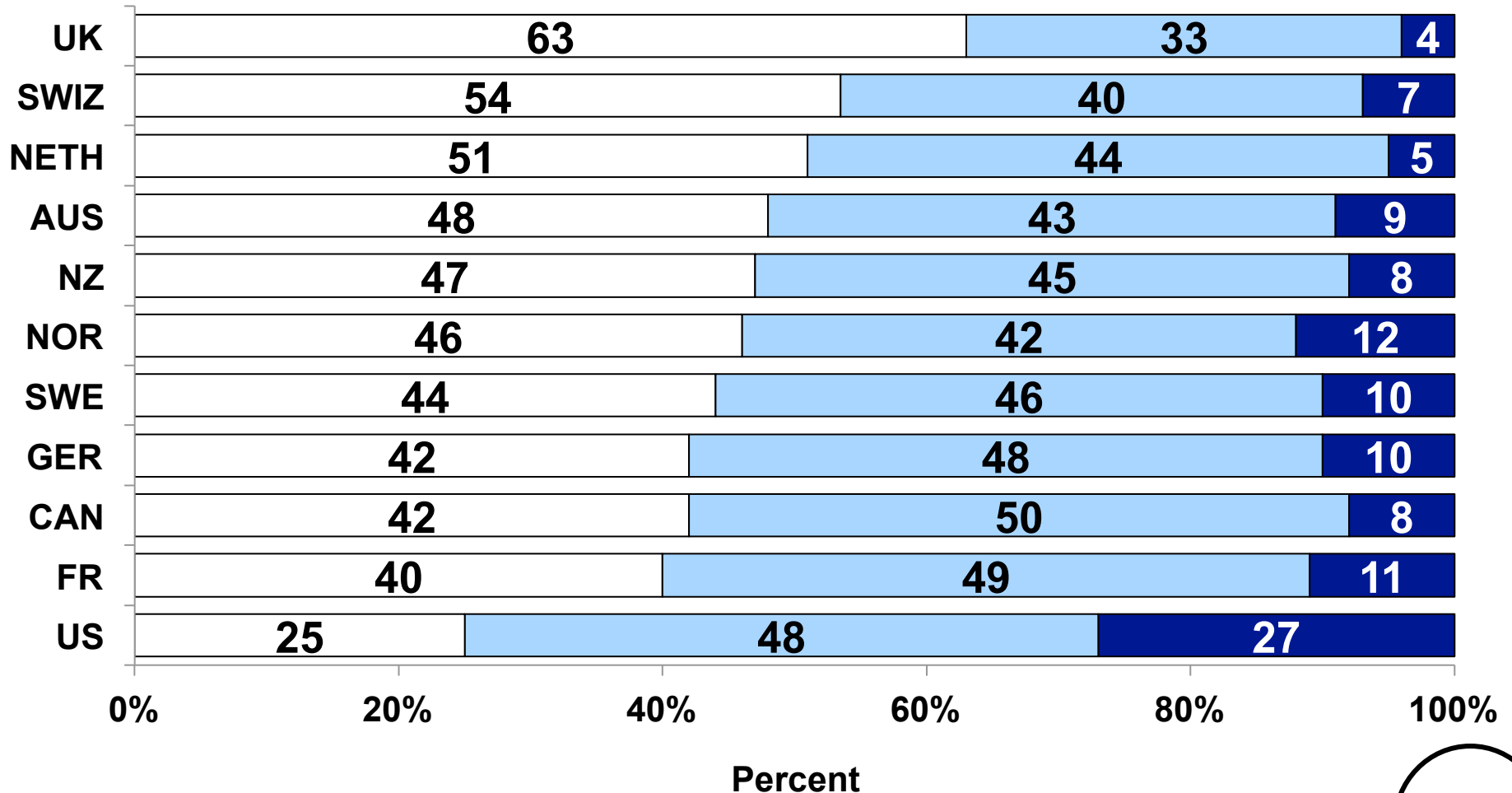
** Amount of time doctor or staff spend getting patients needed medications/treatments because of coverage restrictions is a major problem.

Source: 2012 and 2013 Commonwealth Fund International Health Policy Surveys.



Overall Views of Health Care System, 2013

Works well, only minor changes
 Fundamental changes
 Completely rebuild



Insights from Global and Domestic Perspectives

- **Insurance coverage and insurance *design* matter for ensuring access and affordability**
- **Insurance and payment policies targeted at primary care can strengthen access, including after-hours care**
- **Complexity can pose significant health system costs**
 - **U.S. provides a cautionary example**
- **Controlling costs while safeguarding access will require vigilance regarding the impact of insurance design changes**
 - **Especially for those vulnerable because of chronic disease or limited incomes**
- **Varying country insurance approaches provide rich insights looking forward**

Acknowledgments and Country Partners

Thanks to coauthors David Squires and Michelle M. Doty, and to Robyn Rapoport, Eran Ben-Porath, Social Science Research Solutions, and country contractors for conducting the survey.

Cofunded by:

- **Australia: New South Wales Bureau of Health Information**
- **Canada: Health Council of Canada, Health Quality Ontario, Commissaire à la Santé et au Bien-être du Québec, Health Quality Council of Alberta**
- **France: Haute Autorité de Santé (HAS), Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (CNAMTS)**
- **Germany: Federal Ministry of Health, BQS Institute for Quality and Patient Safety**
- **Netherlands: Dutch Ministry of Health, Welfare and Sport, and Scientific Institute for Quality of Healthcare (IQ Healthcare)**
- **Norway: Norwegian Knowledge Centre for the Health Services**
- **Sweden: Swedish Ministry of Health and Social Affairs**
- **Switzerland: Federal Office of Public Health**

