Commonwealth Fund 2016 International Health Policy Survey of Adults in 11 Countries

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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

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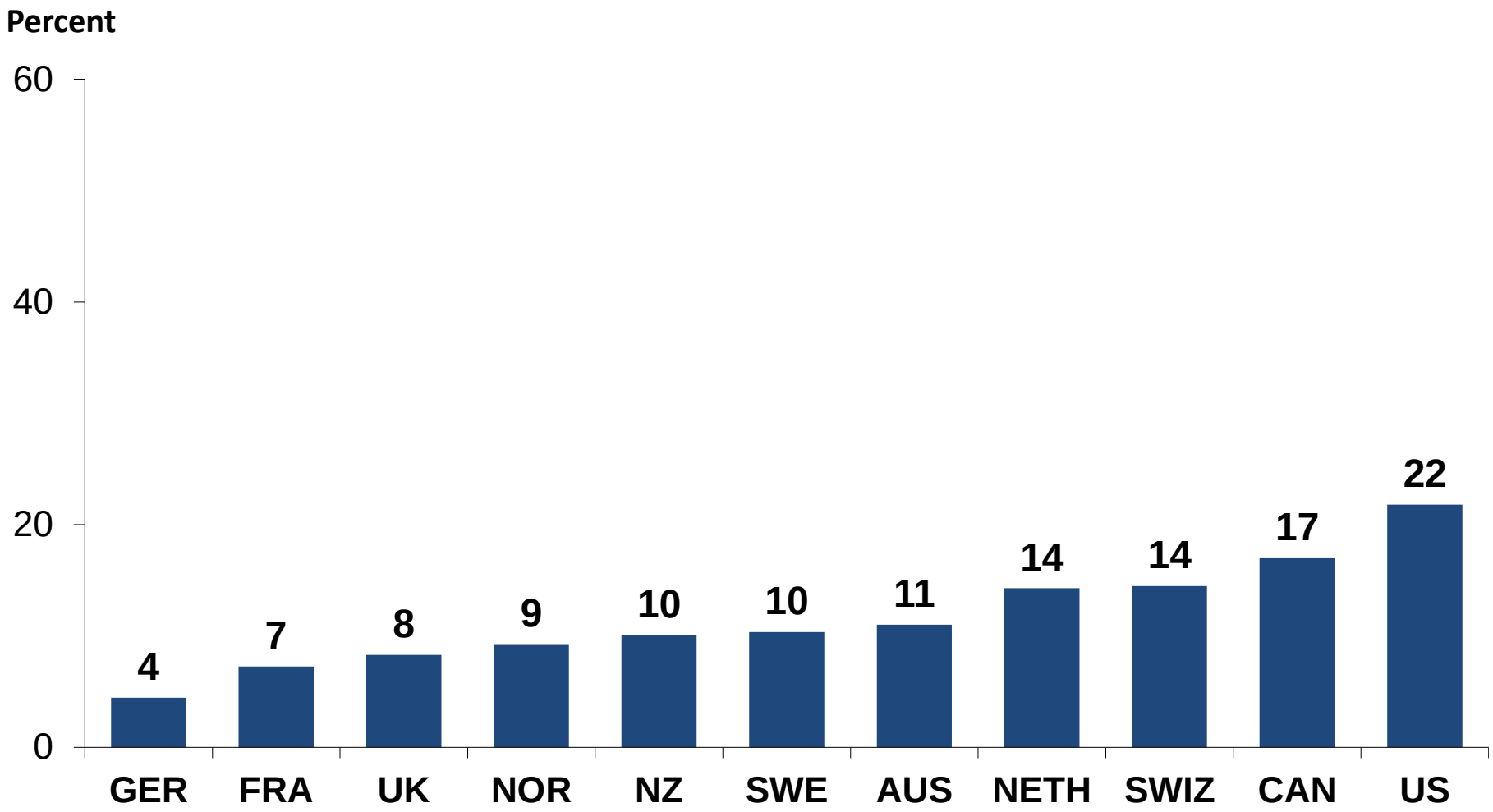
Snapshot of Population Health Challenges

Percent of adults reporting:	Multiple chronic conditions*	Experiencing emotional distress in past year they couldn't cope with alone	Unable to do daily activities or work full-time because of health
AUS	15	20	12
CAN	22	27	20
FRA	18	12	24
GER	17	7	15
NETH	14	19	19
NZ	16	21	15
NOR	16	20	23
SWE	18	24	22
SWIZ	15	21	13
UK	14	17	15
US	28	26	21

* 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

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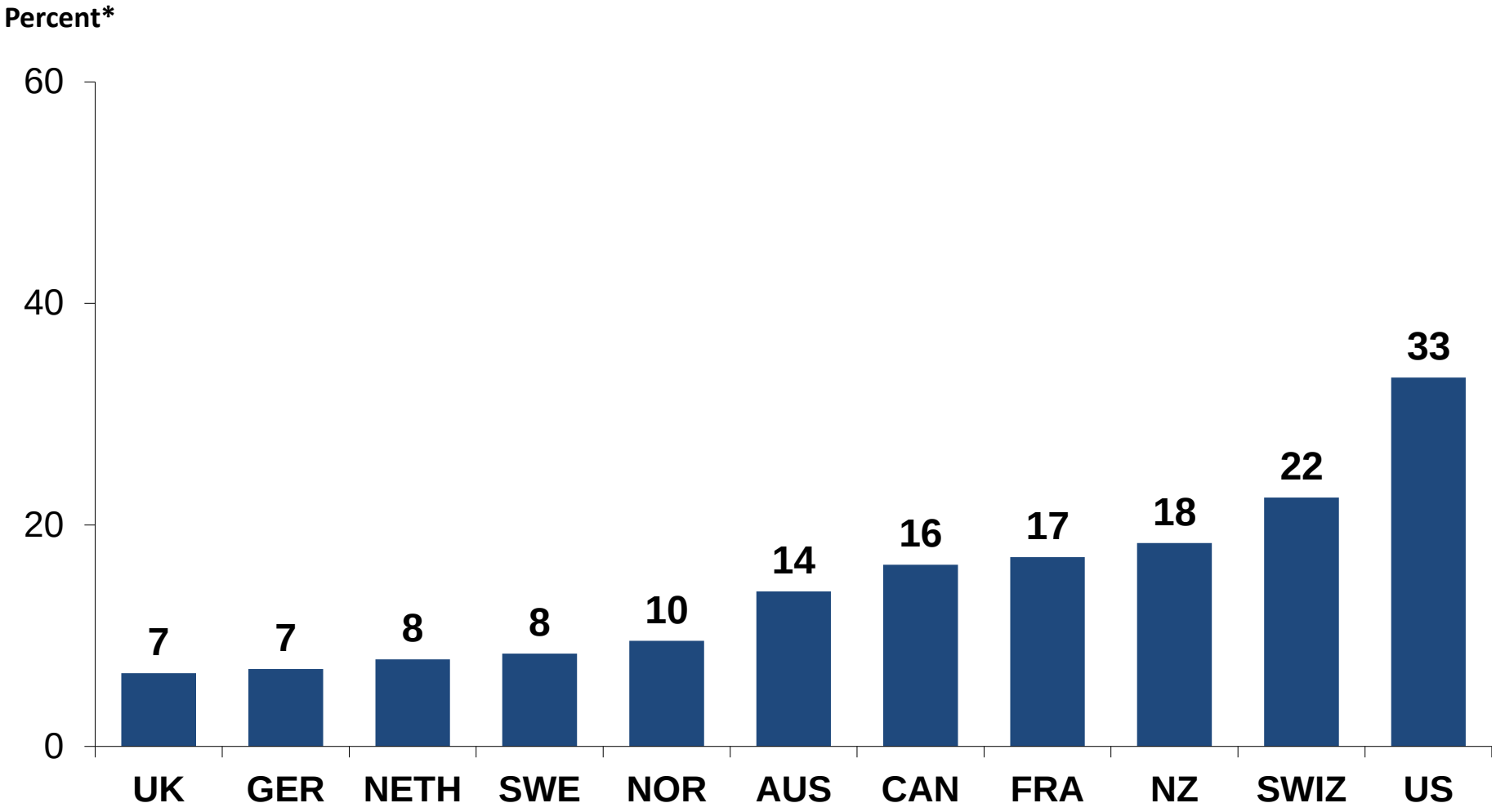
Access to Care

Cost-Related Access Barriers in the Past Year



*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

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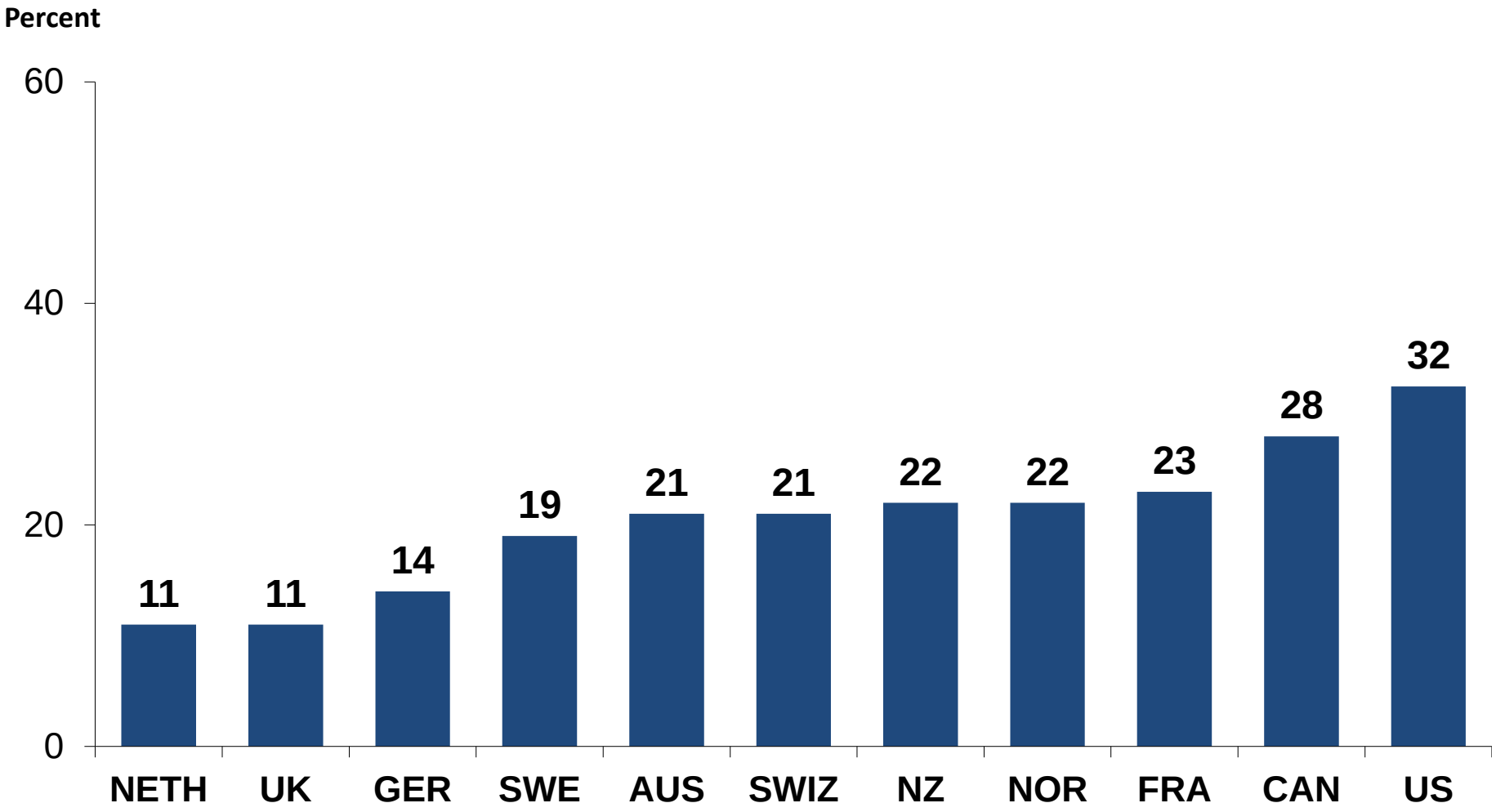
Skipped Dental Care Because of Cost in Past Year



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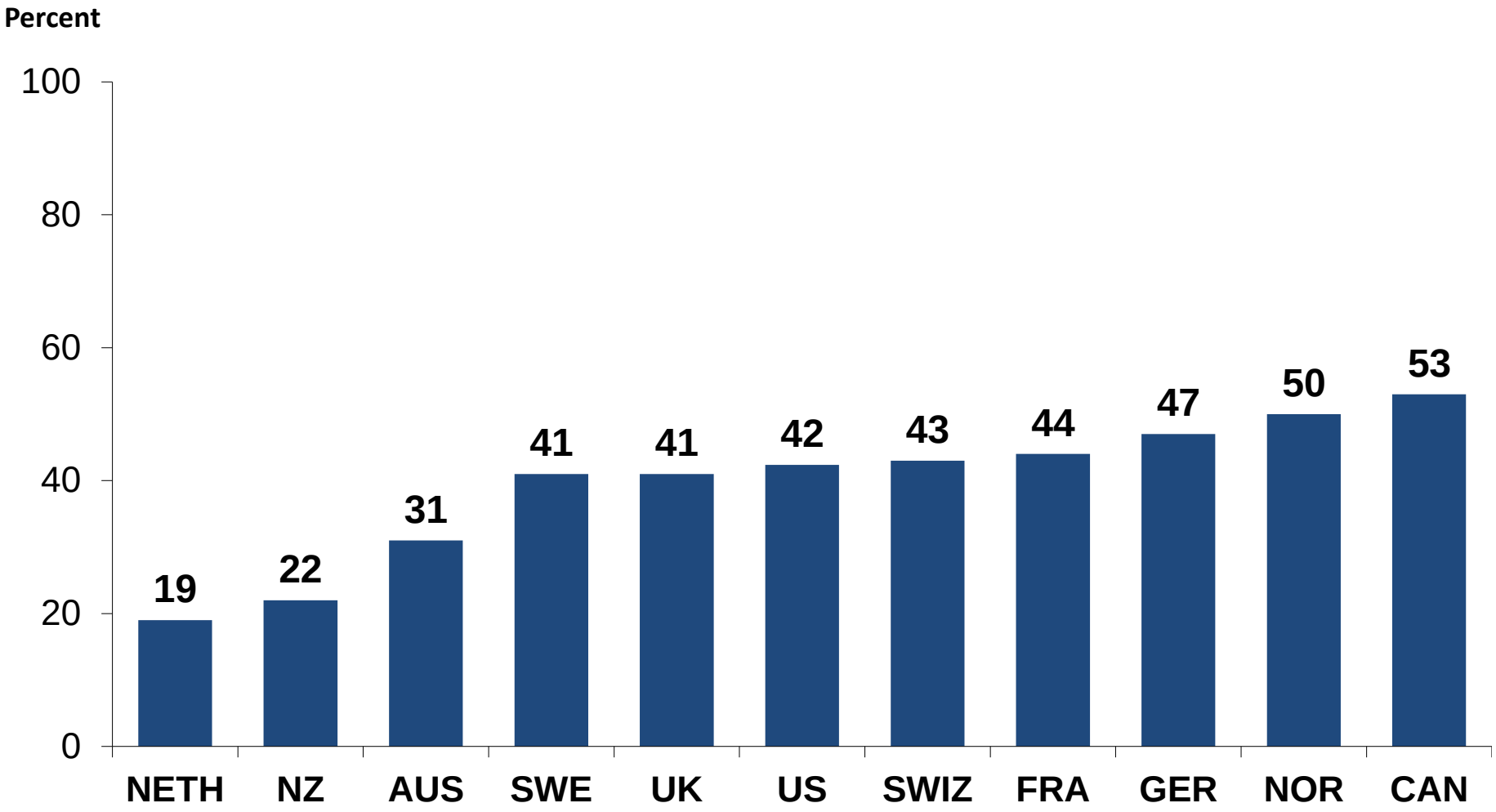
Source: 2016 Commonwealth Fund International Health Policy Survey

Did Not Get Same- or Next-Day Appointment Last Time You Needed Care



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

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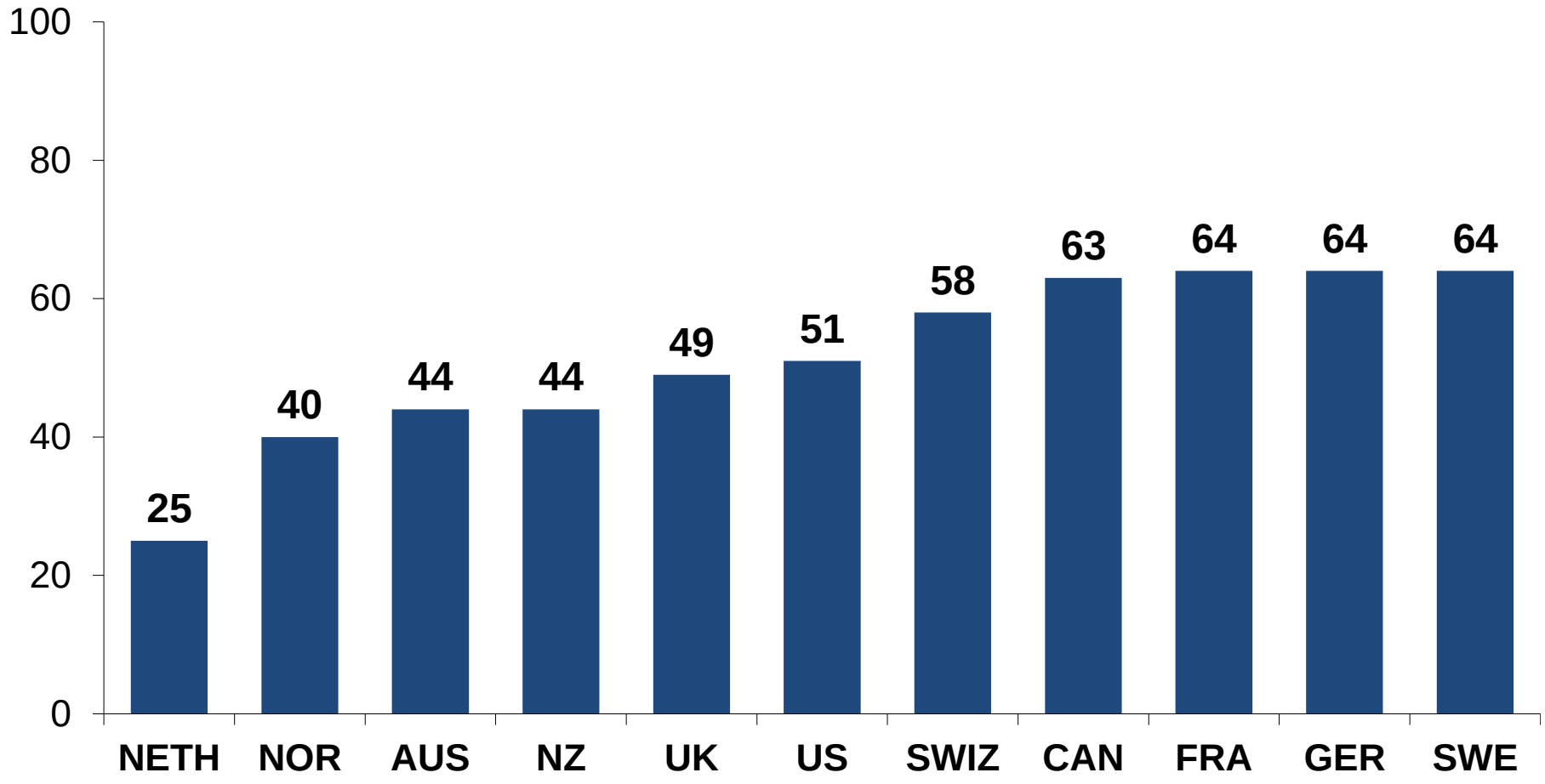
Difficulty Getting After-Hours Care

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

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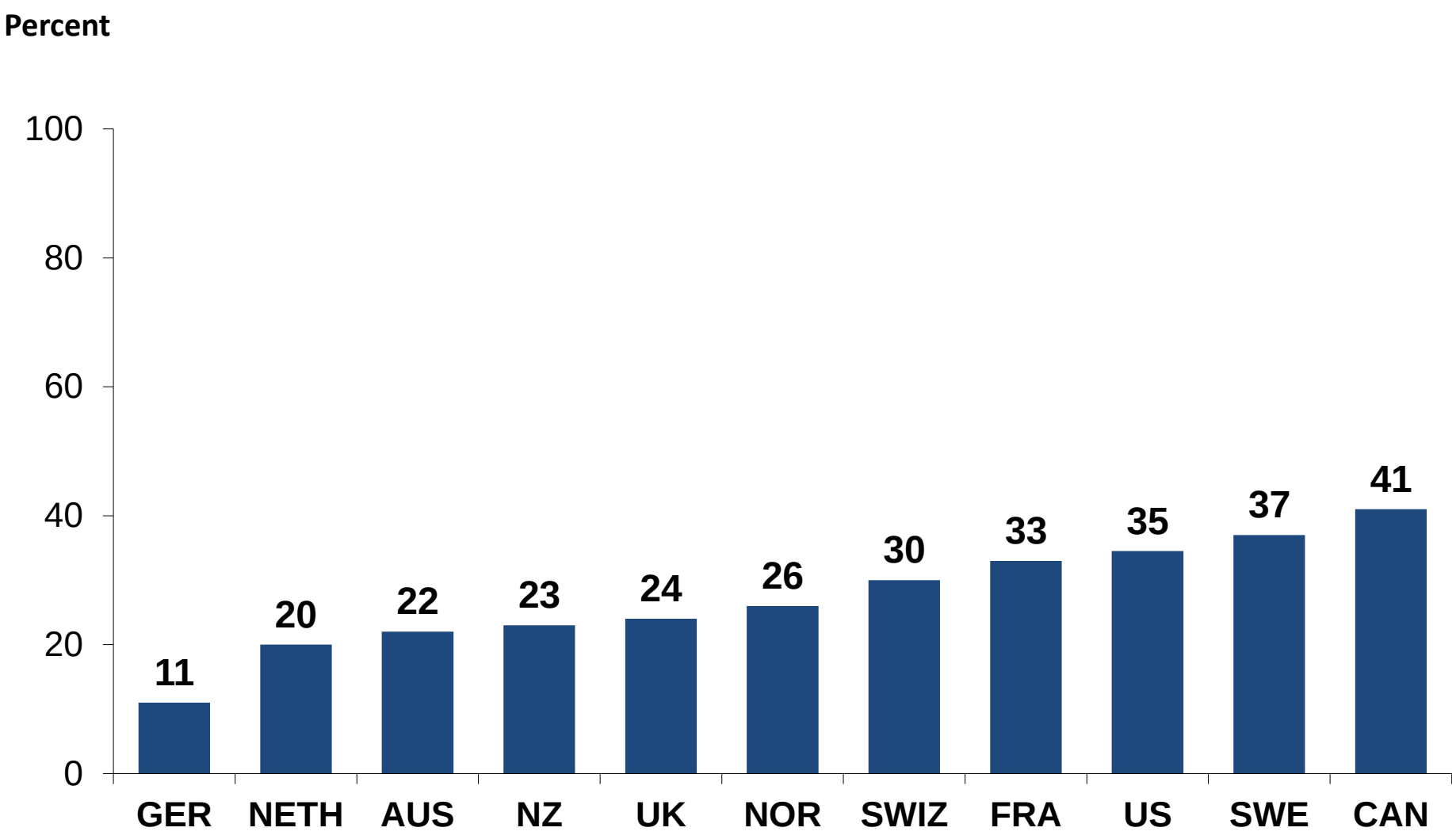
Used the Emergency Department in the Past Two Years



Source: 2016 Commonwealth Fund International Health Policy Survey

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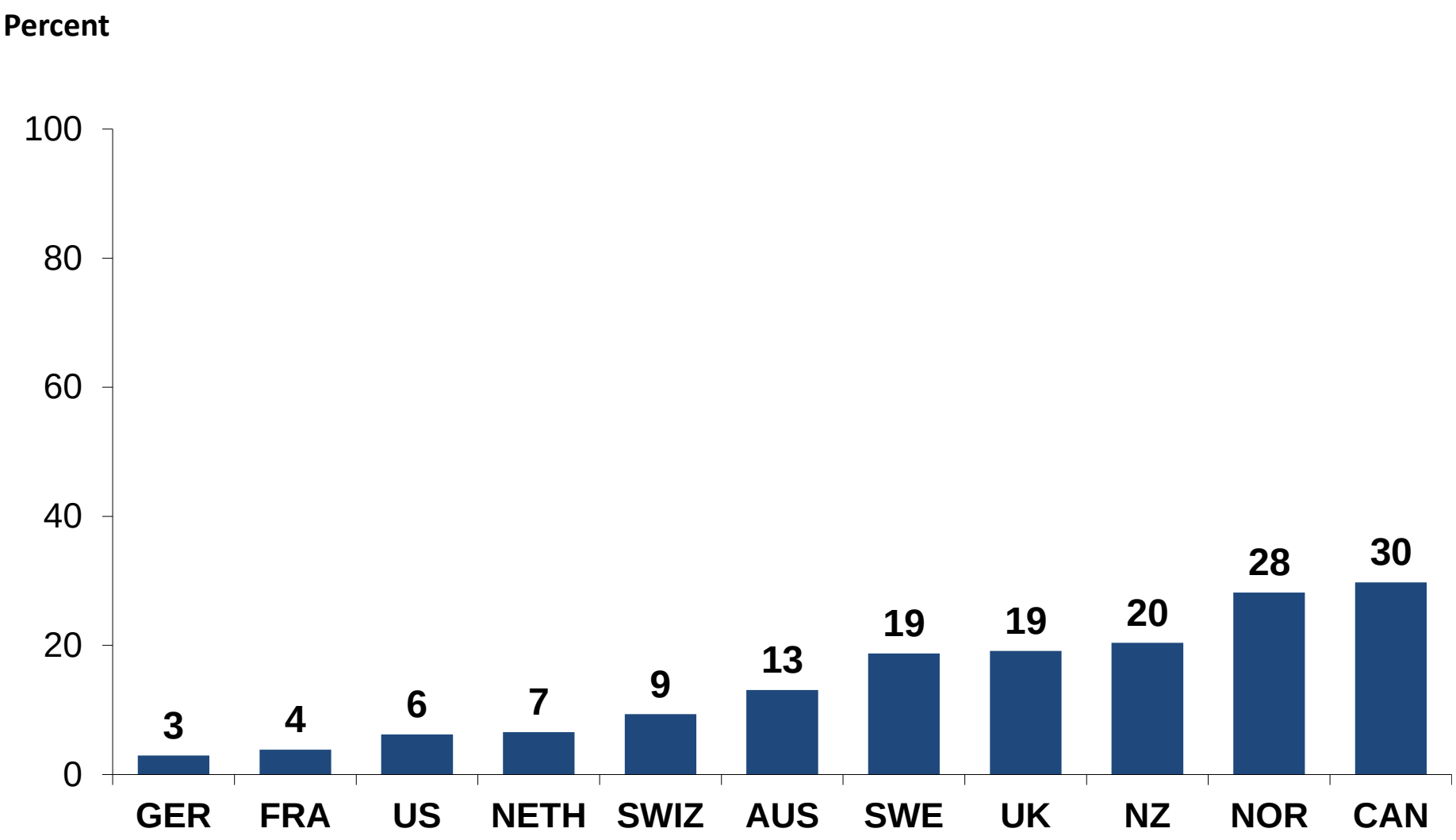
Waited Two Months or Longer For Specialist Appointment



Base: Saw or needed to see specialist in past 2 years

Source: 2016 Commonwealth Fund International Health Policy Survey

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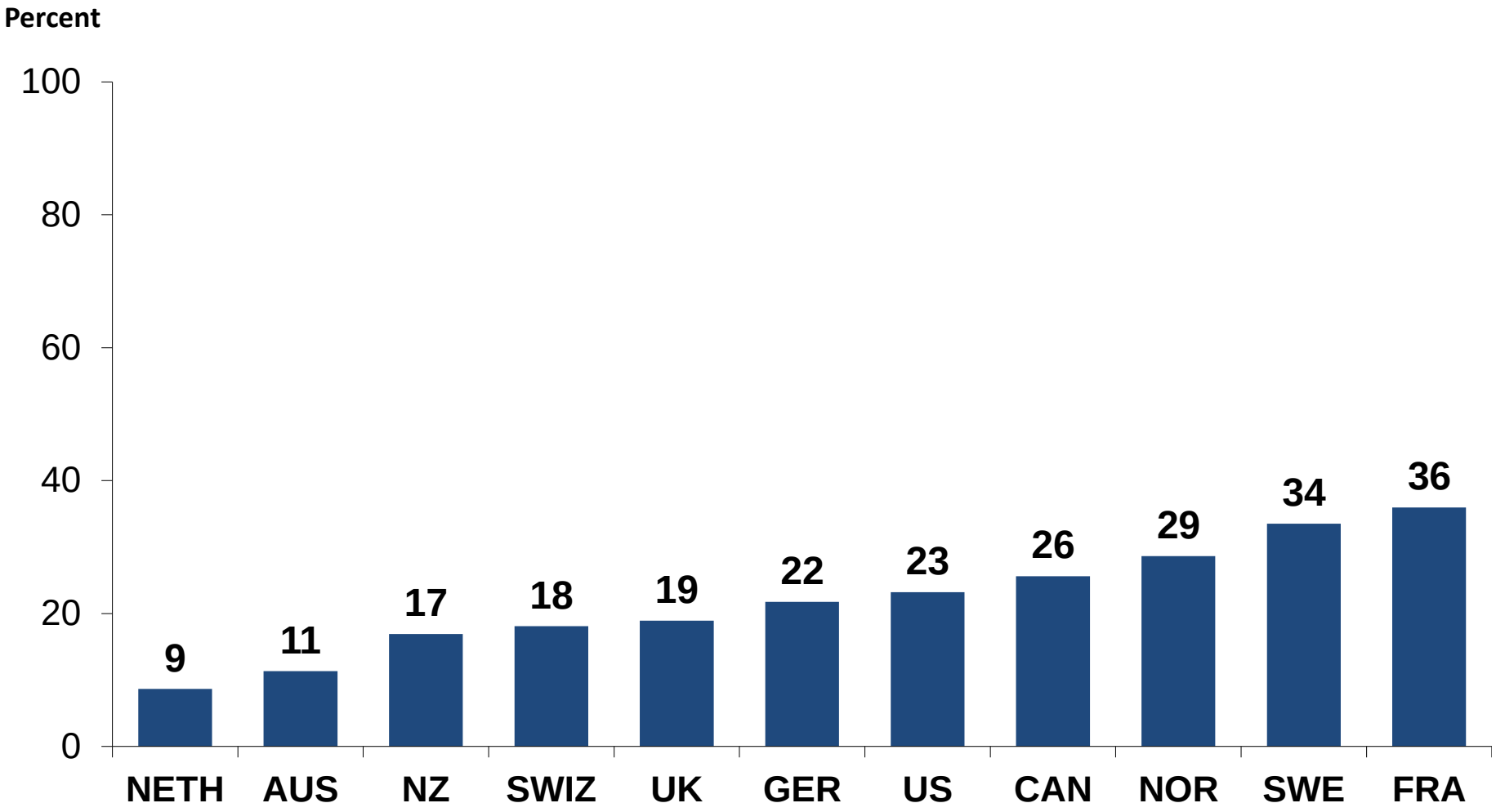
Patient Experiences in the Health Care System

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

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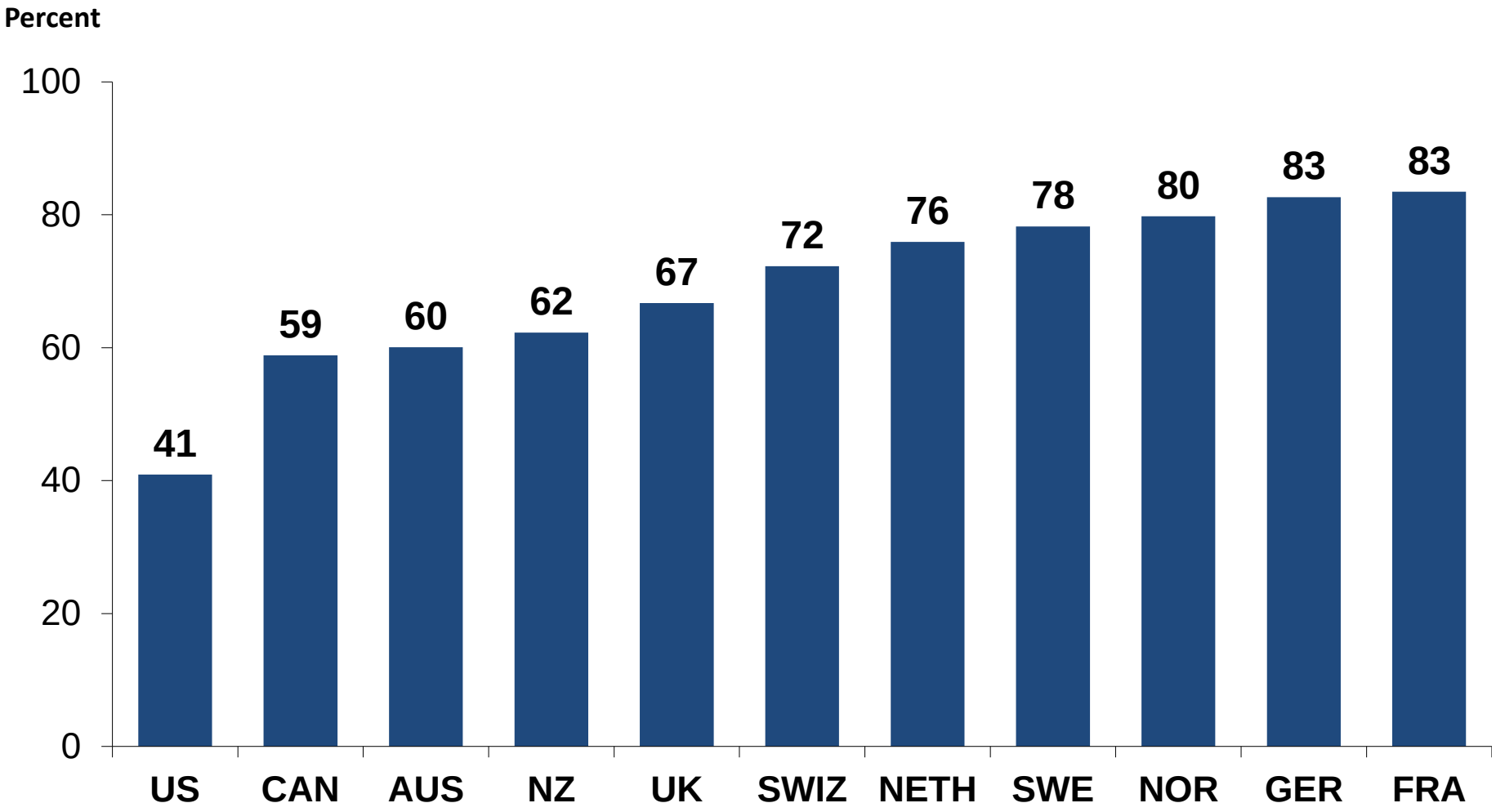
Regular Doctor Has Not Discussed Diet and Exercise



Base: Regular doctor or place

Source: 2016 Commonwealth Fund International Health Policy Survey

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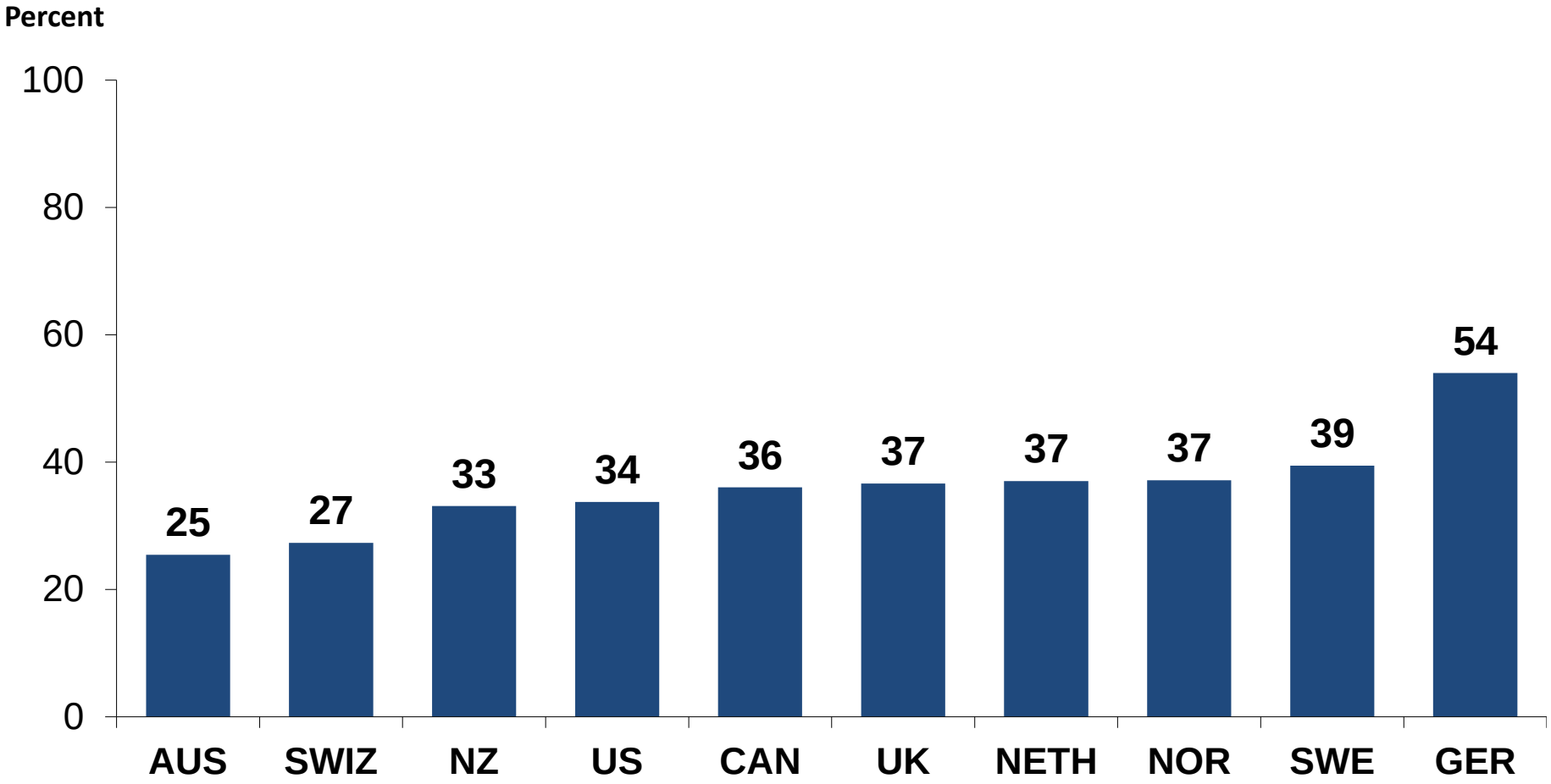
Regular Doctor Has Not Discussed Things That Worry You or Cause Stress

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

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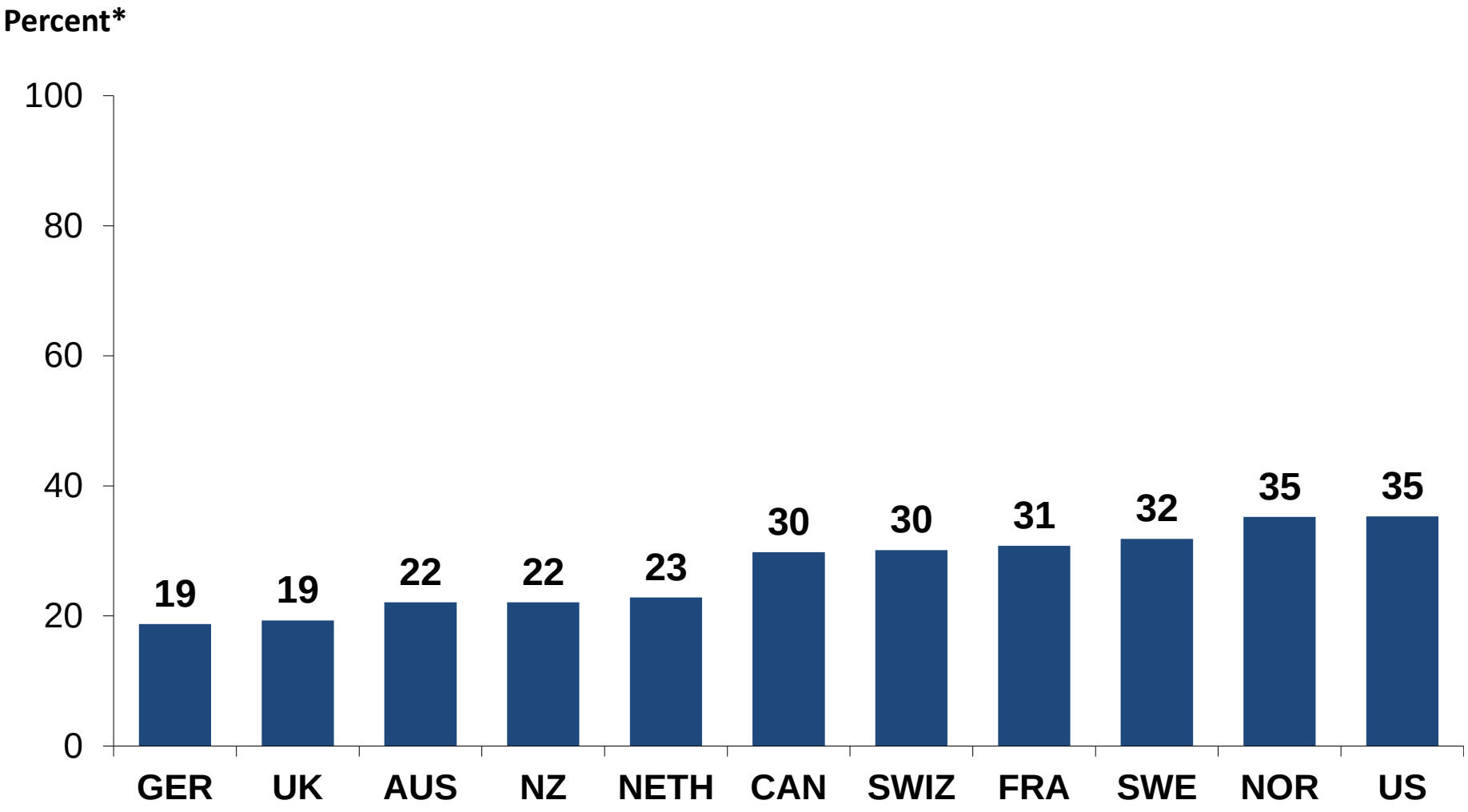
Experienced a Problem with Care Coordination



* 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

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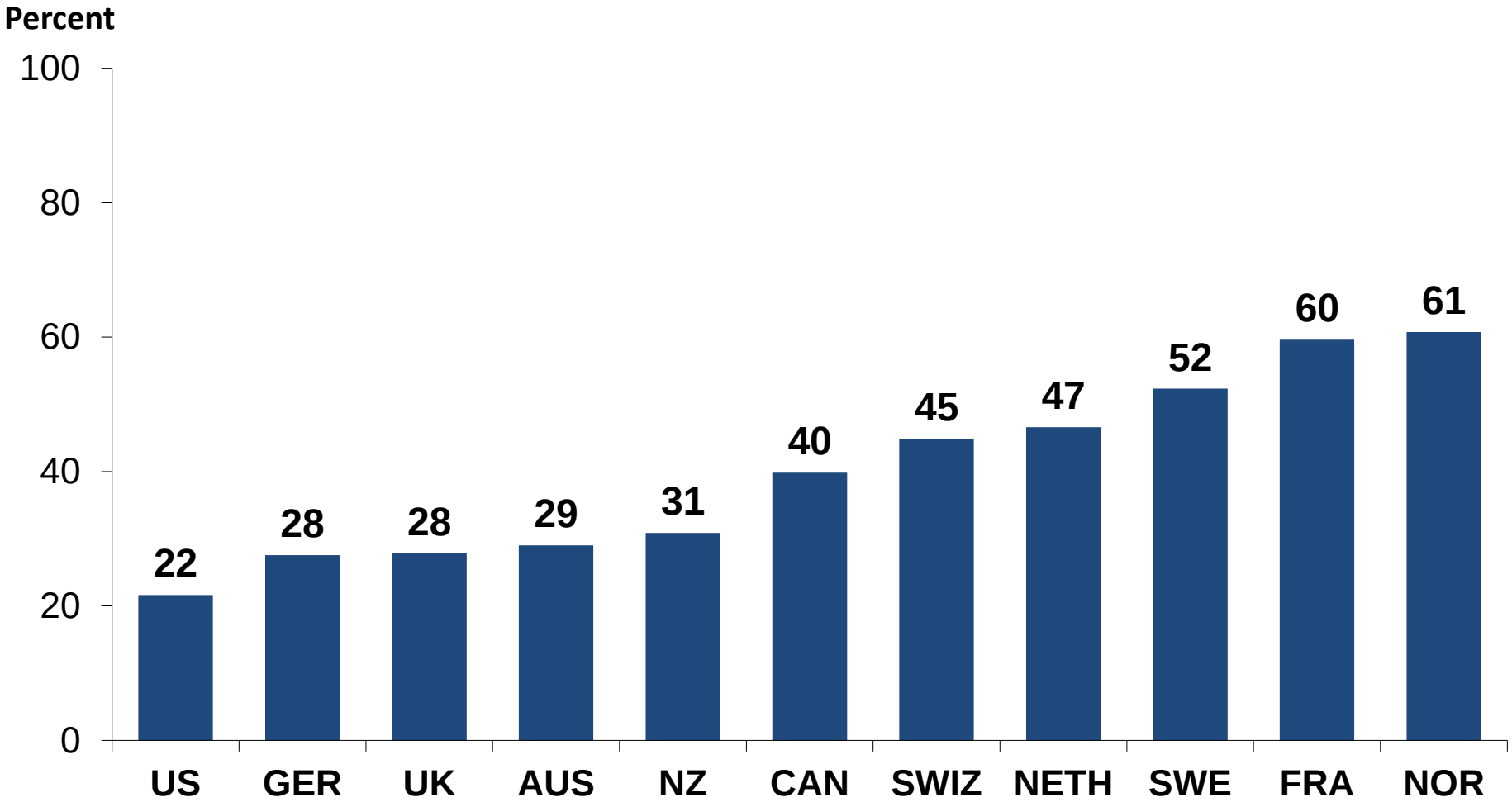
Experienced a Gap in Hospital Discharge Planning



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

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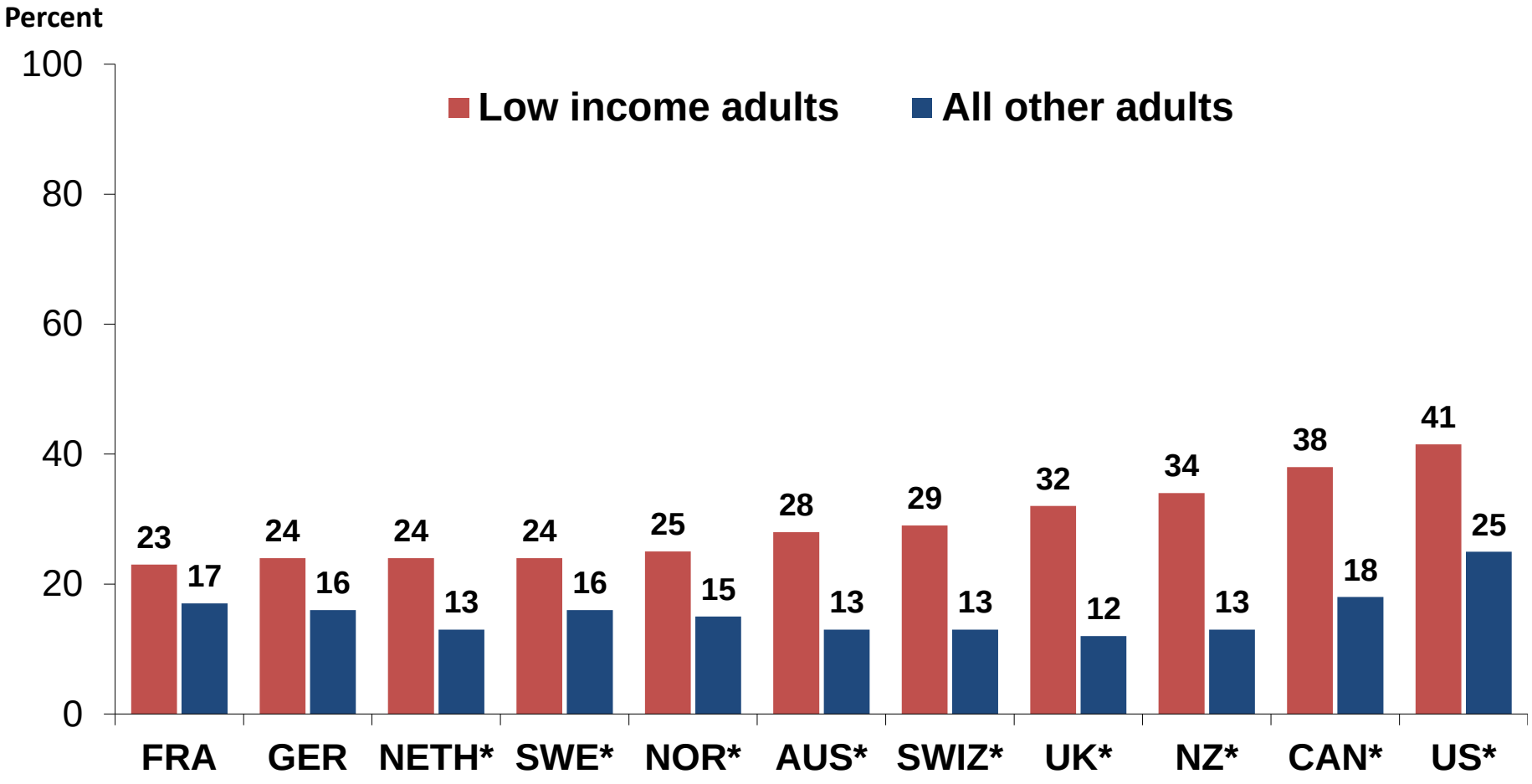
Key Health and System Indicators Among Adults with Low Incomes

Adults with Multiple Chronic Conditions, By Income



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

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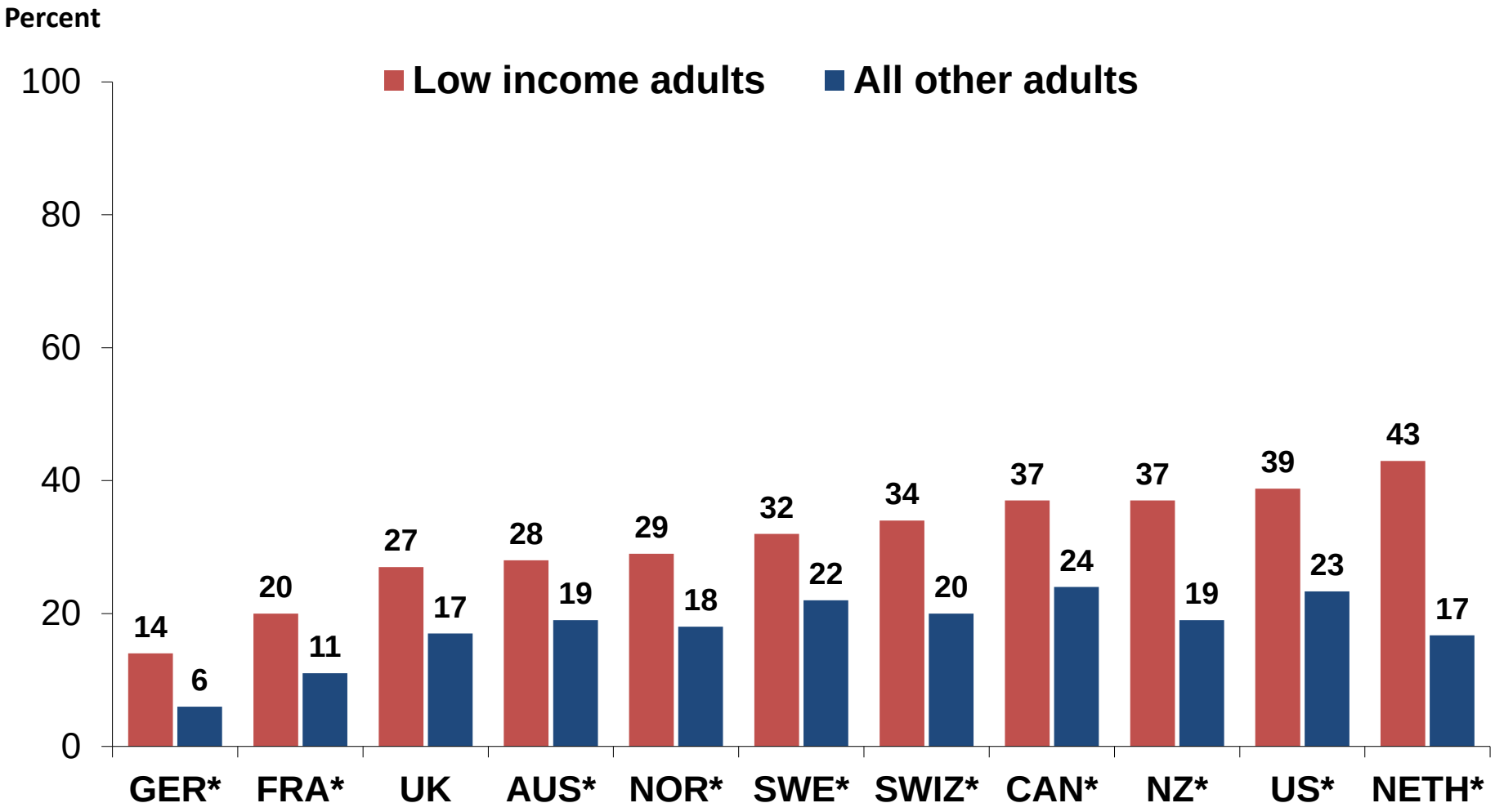
Experienced Emotional Distress in the Past Year, By Income



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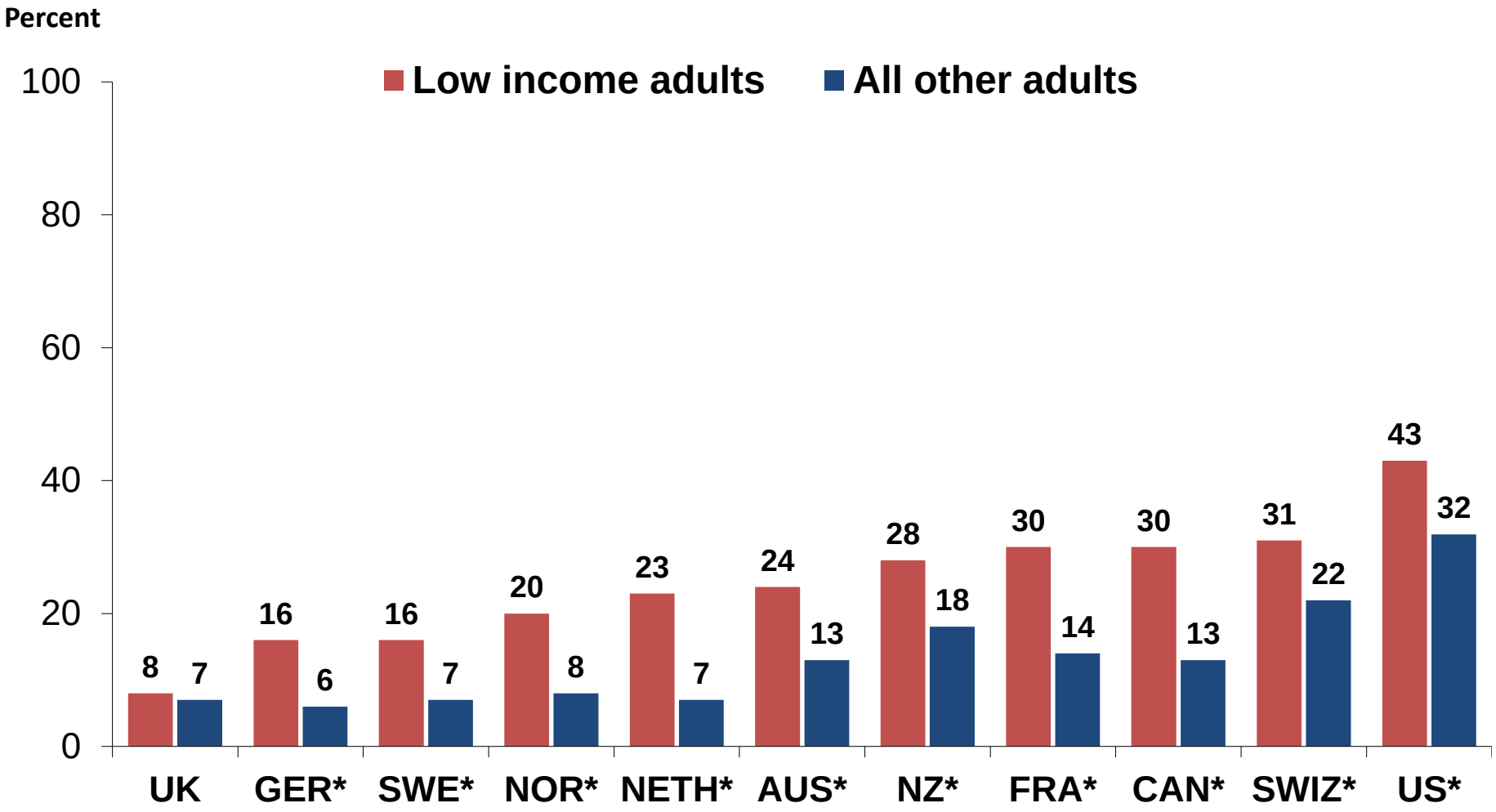
Cost-Related Access Barriers in the Past Year, by Income



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Source: 2016 Commonwealth Fund International Health Policy Survey

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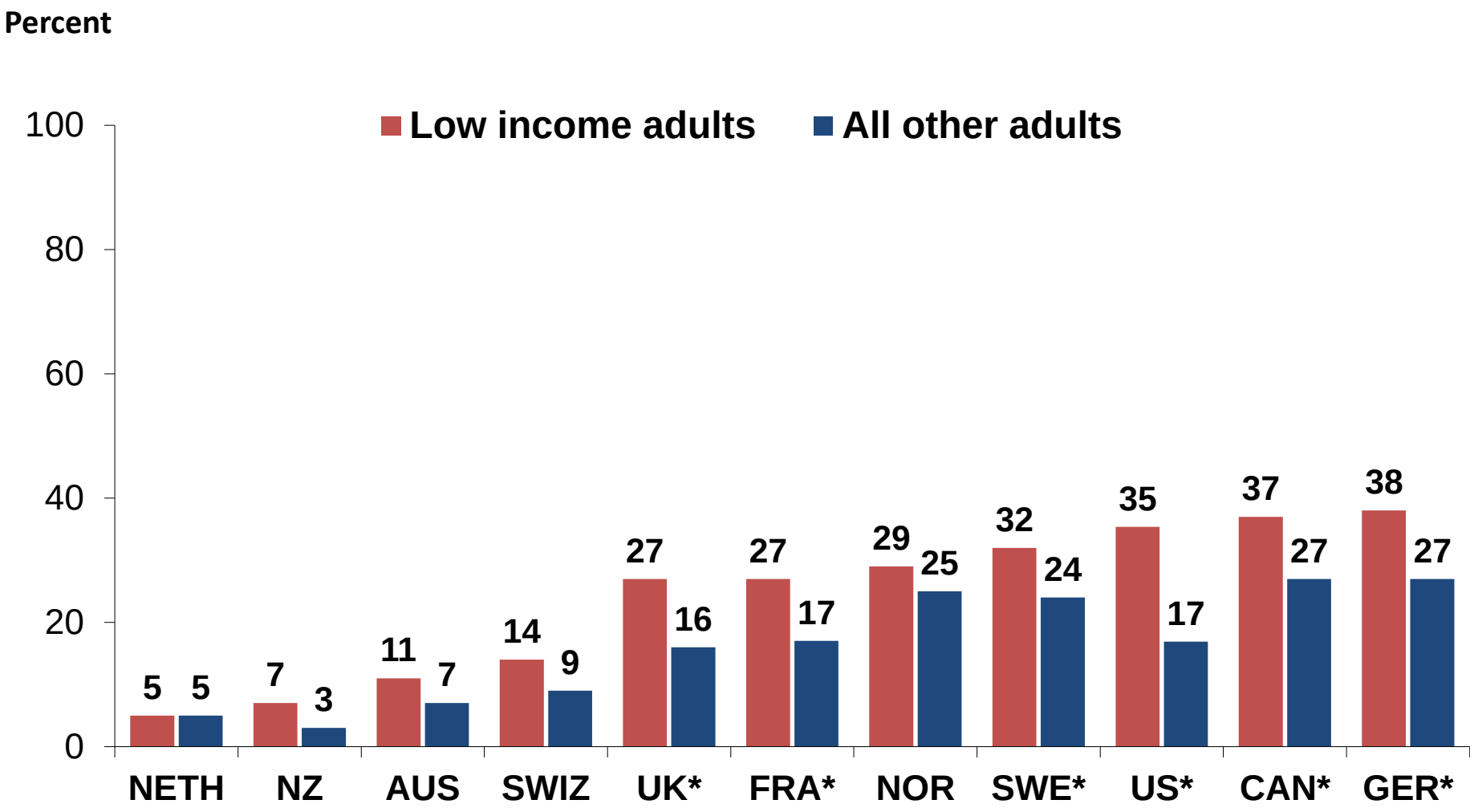
Waited Six Days or More For Appointment Last Time Needed Care, by Income



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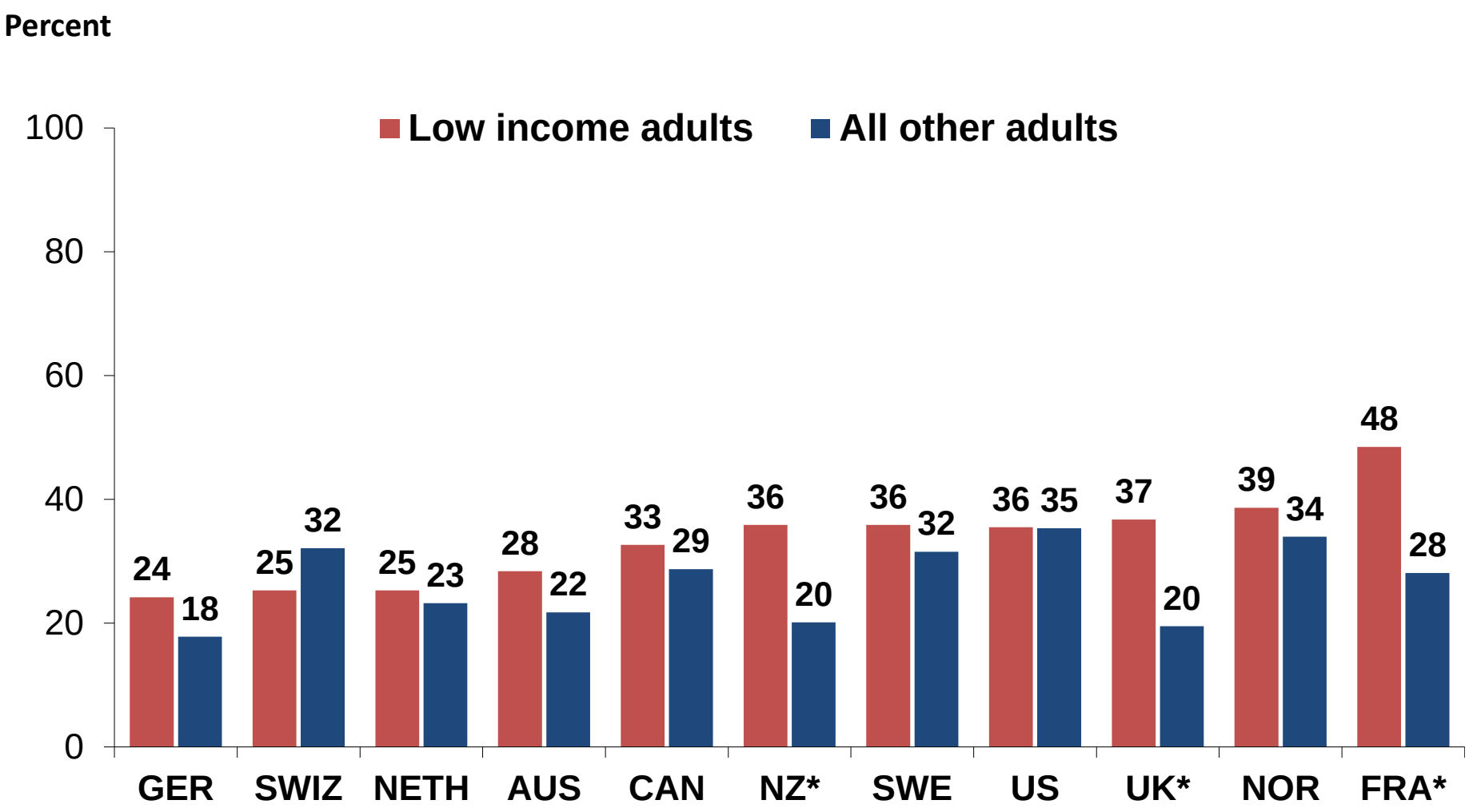
Experienced a Problem with Care Coordination, By Income



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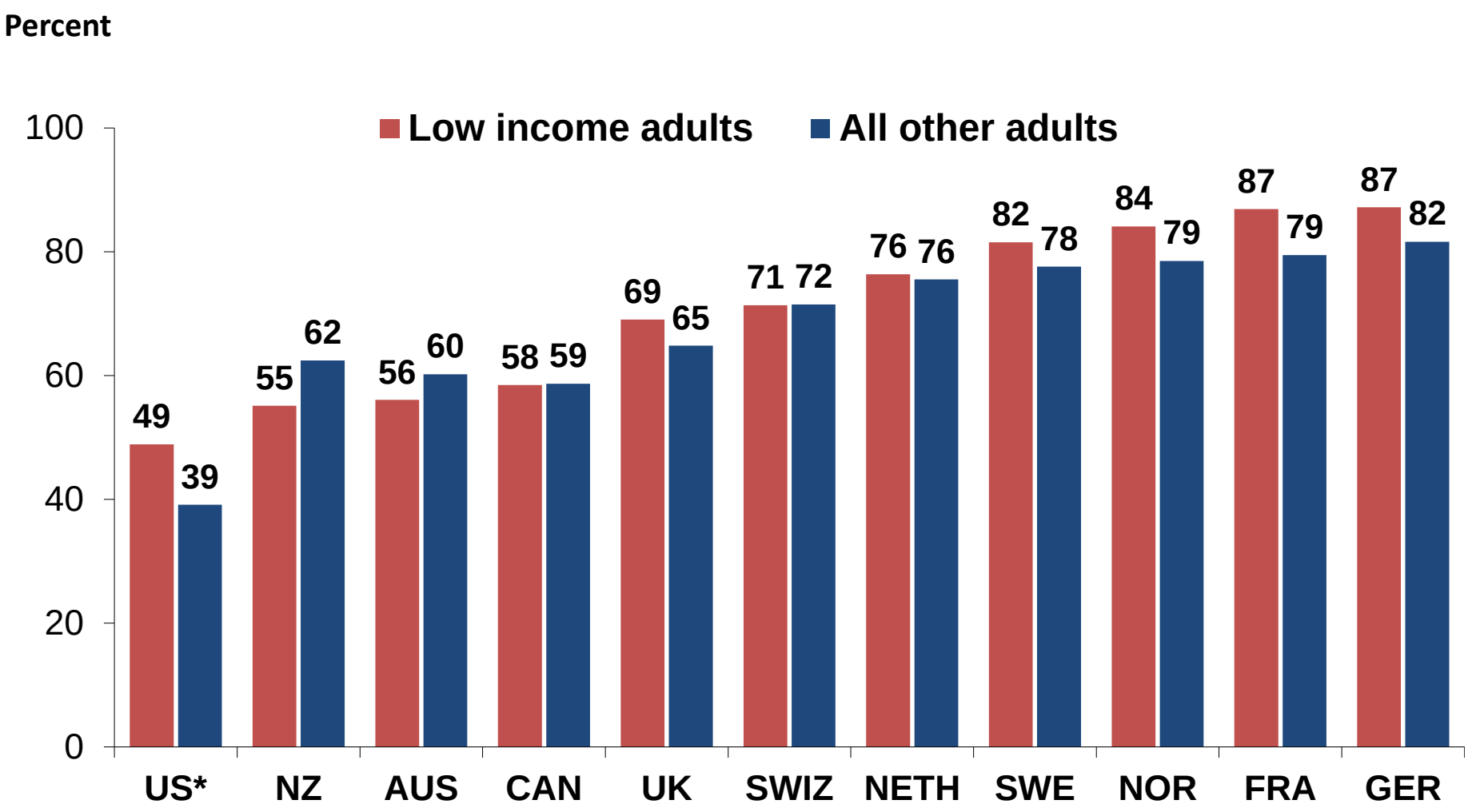
Regular Doctor Has Not Discussed Diet and Exercise, By Income



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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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