

Health Care Access Fell In 2007, Quality Lagged Behind

BY JANE ANDERSON
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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.

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.

“This latest scorecard demonstrates that we are in fact losing ground,” Dr. Davis said.

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.

The report showed 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.

In addition, “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 next year, the United States has a real opportunity to refocus and rebuild its health care system.

“There were 75 million American adults uninsured at some point in the year, and obviously that affects performance throughout the scorecard,” she said. ■

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Part D Premiums to Rise \$3 in 2009

On average, Medicare beneficiaries can expect to pay about \$28 per month for standard Part D prescription drug coverage next year. The estimates from the Centers for Medicare and Medicaid Services are based on bids submitted for both prescription drug plans and Medicare Advantage drug plans. The estimated monthly premiums are about \$3 higher than the average monthly premium costs this year, but 37% lower than projections made when the Medicare prescription drug benefit was created in 2003. The \$3 increase is based in

part on rising drug costs in general and higher costs for catastrophic drug coverage. In some cases, price increases could be significant, Kerry Weems, CMS acting administrator, said during a teleconference to announce the premium estimates. However, he noted that most beneficiaries will have the option to switch to a prescription drug plan with the same or lower premiums as they paid this year. Open enrollment for the fourth year of the Medicare Part D program is set to begin in November.

—Mary Ellen Schneider

POLICY & PRACTICE

Health Searches Level Off

The number of adults going online for health information has plateaued or declined, according to a Harris Interactive poll. According to the pollster, a total of 150 million people—66% of all adults and 81% of those who have online access—said they obtained health information from the Internet in 2008. That represents a slight drop from 2007, when the poll found that 160 million people reported obtaining health information online. The researchers who conducted the poll noted that the slight differences from 2007 to 2008 are within the possible sampling error. But they pointed out that, as opposed to other years, it appears that there has been no increase in the total number of people with Internet access or in the number of people searching for health information—those the poll calls “cybercondriacs”—indicating that a plateau or even a slight decline was underway. Just under half of cybercondriacs said that they had discussed the information they obtained online with their doctors, and 49% had gone online to look for information as a result of discussions with their doctors, the survey found.

Home Drug Errors Rise

A shift in the number of medications being taken outside of the hospital has correlated with a sharp increase in the number of fatal medication errors in the home, researchers reported in the Archives of Internal Medicine. In the study, sociologists at the University of California, San Diego, found a 3,196% increase in fatal domestic medication errors involving alcohol and/or street drugs, and a 564% increase in domestic medication fatalities not involving alcohol and/or street drugs. The study examined nearly 50 million U.S. death certificates from 1983 to 2004, and focused on the 200,000 deaths involving medication errors. “The decades-long shift in the location of medication consumption from clinical to domestic settings is linked to a dramatic increase in fatal medication errors,” the authors said. They noted that it may be possible to reduce fatal medication errors by focusing education efforts on domestic settings in addition to clinical settings.

GAO: Part D Problems Continue

Almost 3 years after the Medicare Part D drug program went into effect, the Centers for Medicare and Medicaid Services still face significant and continuing problems resolving beneficiaries’ complaints and grievances, a Government Accountability Office report found. GAO said that there have been 630,000 complaints filed with CMS against drug plans since Part D went into effect, most involving problems of enrollment and disenrollment. Although GAO found that the number of complaints, and the time to resolve them, had declined in the first 2 years of the program, it also found that “a substantial proportion of the most critical complaints—those filed when ben-

eficiaries were at risk of exhausting their medications—were not resolved within CMS’s applicable time frames.”

Calif. Stops Cancellation Practice

California’s Gov. Arnold Schwarzenegger (R) has signed legislation banning health insurance companies from rewarding employees for canceling or limiting a patient’s health insurance. According to the bill’s sponsor, Assemblyman Ted Lieu (D-Torrance), the law was introduced in response to reports that insurers used applications for individual health insurance that potentially could trick people into making mistakes that later could be used to cancel their coverage. Once policyholders became ill and incurred significant medical bills, the insurance companies would look for an undisclosed condition or symptom that could be used to justify cancellation of the policy, Mr. Lieu said, adding that some companies used bonuses to reward employees for canceling coverage. “Patients should not have to worry about losing their health insurance simply because an employee can make some extra bonus money,” he said in a statement.

Laws Won’t Help Uninsured

New legislation in Florida and Georgia—states in which the percentage of uninsured is well above the national average of 18%—likely won’t reduce the ranks of the uninsured, according to a report from the Center on Budget and Policy Priorities. In 2008, Georgia created new tax breaks for high-deductible health plans, while Florida’s new law will allow private insurance companies to sell “bare-bones” policies with limited benefits. However, neither approach provides a targeted subsidy to help low-income people, who make up the bulk of the uninsured, according to the center’s report. The report also said that many people who do get coverage through these initiatives will be underinsured and therefore could face high out-of-pocket costs and have problems paying their medical bills.

Grants Aimed at Risk Pools

CMS has awarded more than \$49 million in grants to 30 states that provide health insurance to residents who cannot get conventional health coverage because of their health status. The grants will be used by the states to offset losses that they incur in the operation of their high-risk pools, which are typically state-created nonprofit associations that offer health coverage to individuals with serious medical conditions. Grant funds also provide support for disease management of chronic conditions and premium subsidies for individuals with lower incomes. More than 200,000 individuals are enrolled in state high-risk pools, according to CMS. Funds were allocated based on the number of uninsured individuals in each state and the number of people enrolled in each pool, CMS said.

—Jane Anderson