Health Policy 201 – Cost, quality and access

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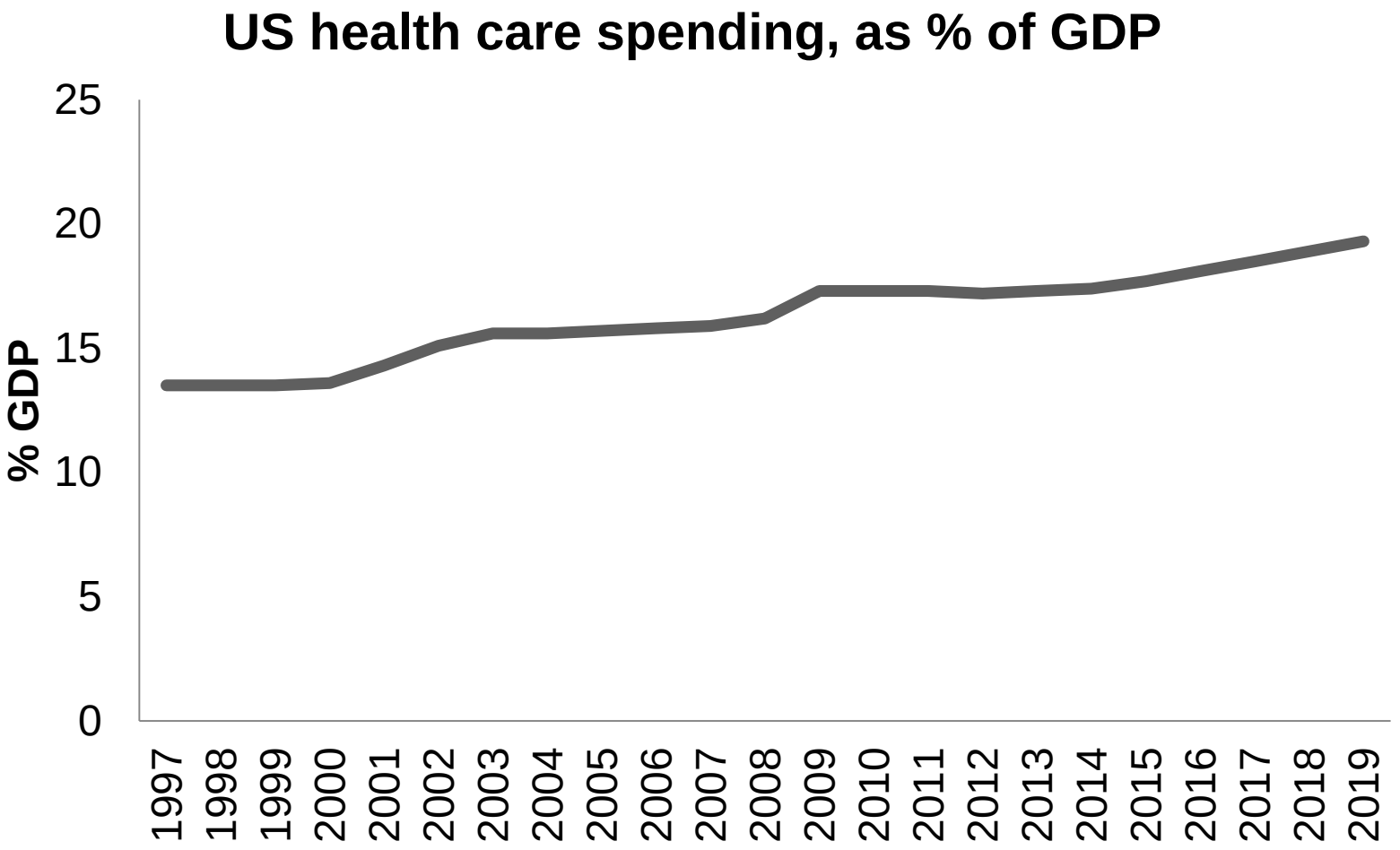
CT Health Policy Project
Fall 2011

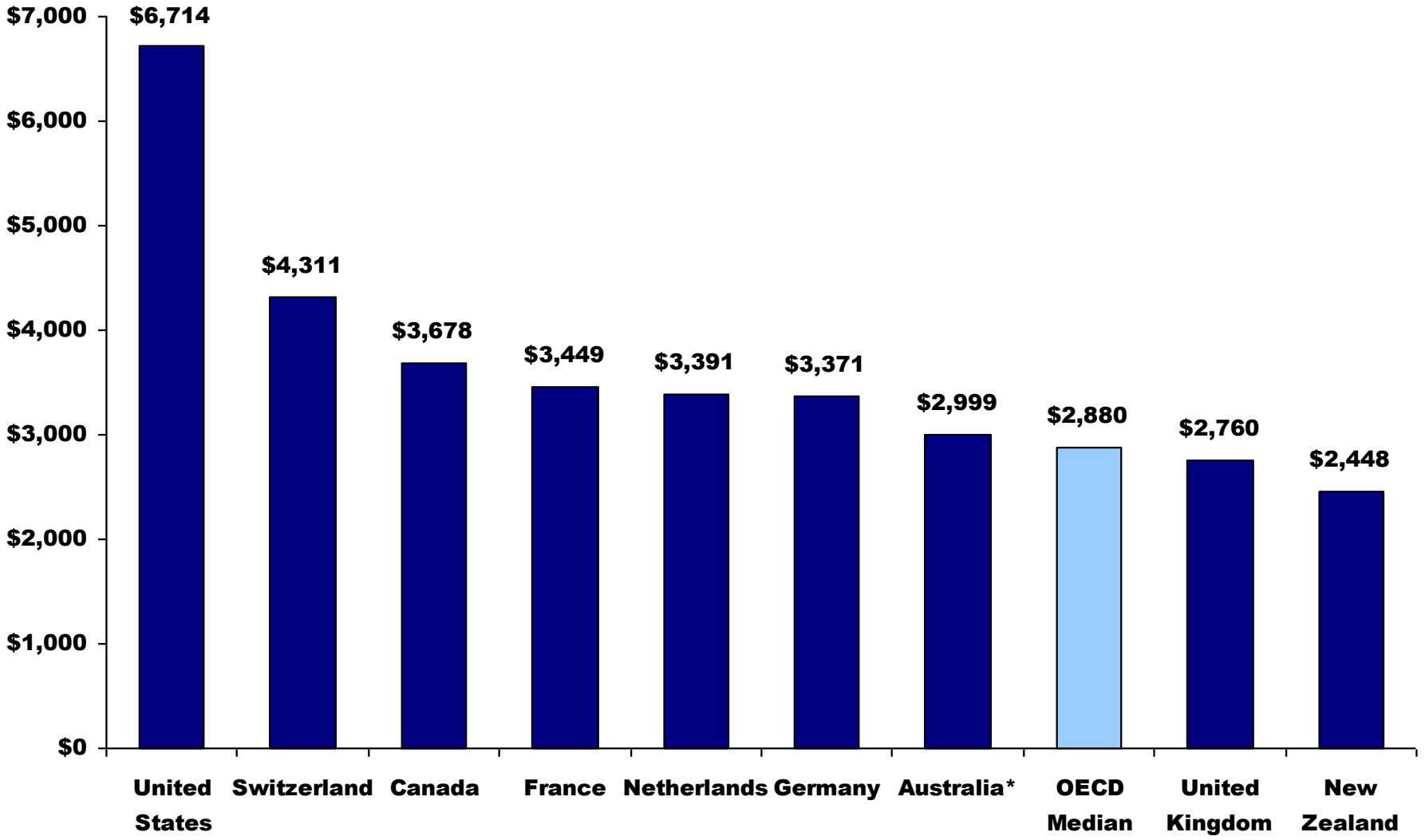
The problem -- cost



Source: CMS National Health Accounts

Health Care Spending per Capita, 2006

Adjusted for Differences in Cost of Living

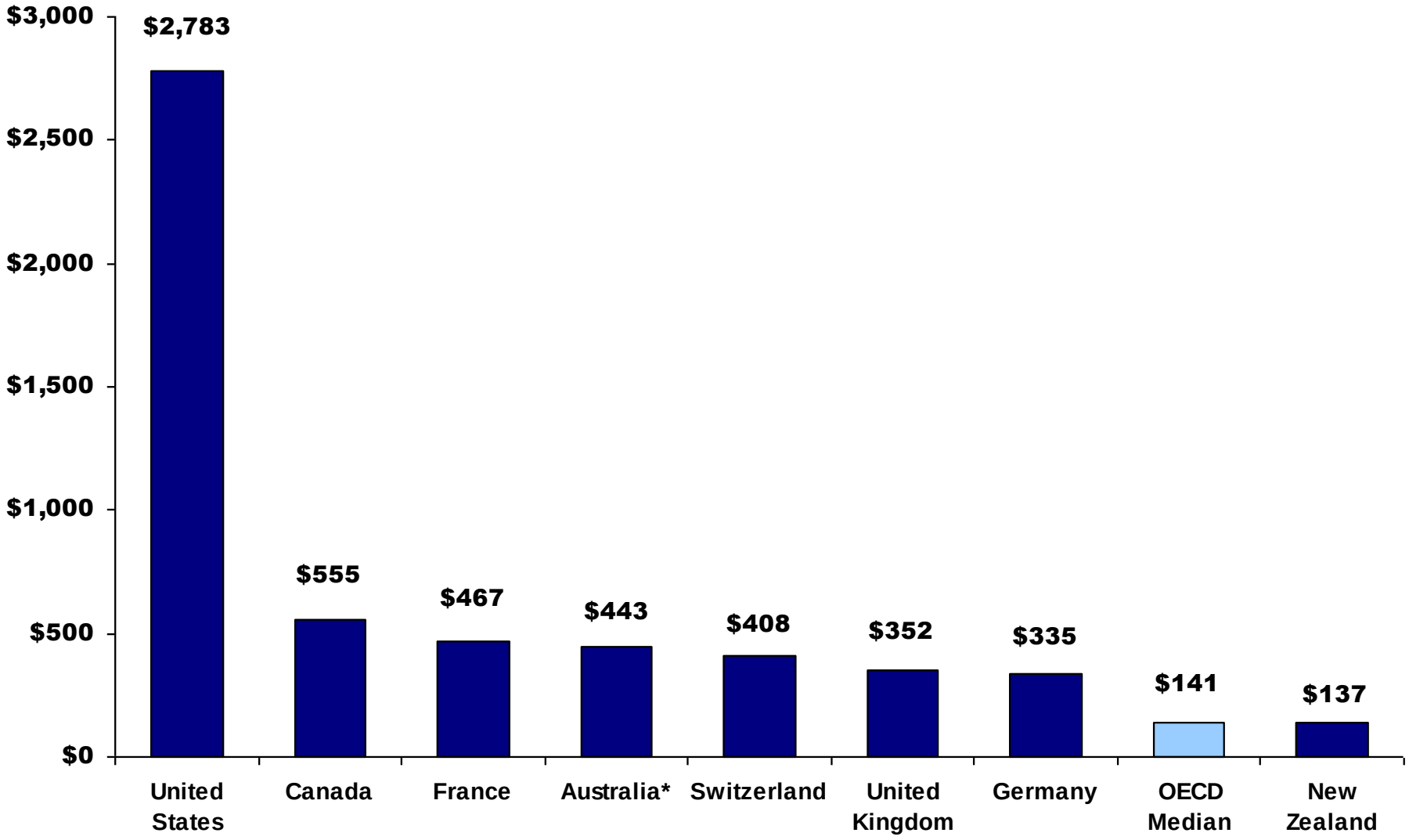


*2005

Source: Commonwealth Fund, OECD Health Data 2008, "June 2008."

Private Spending on Health Care per Capita, 2006

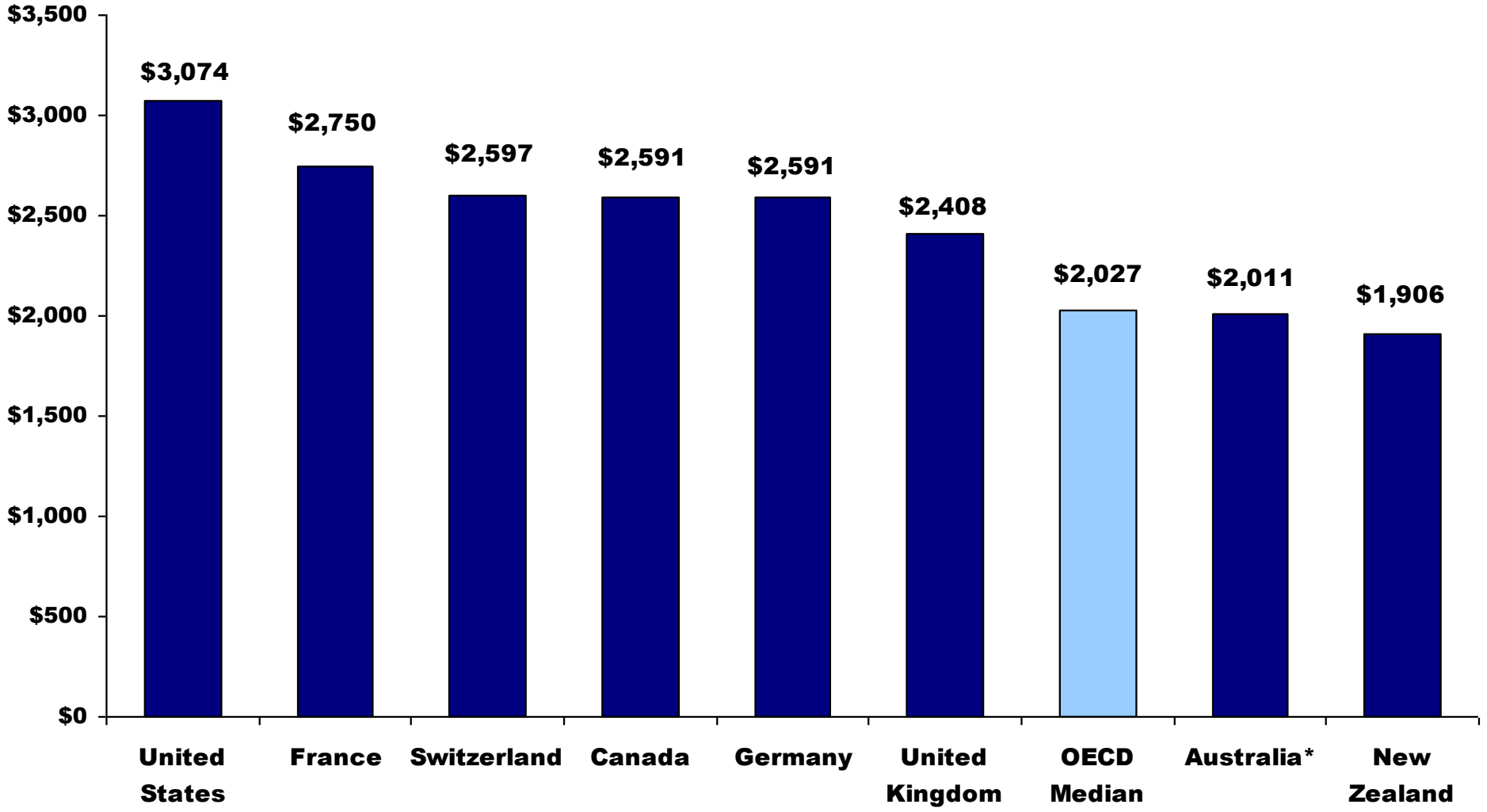
Excluding Out-of-Pocket Spending, Adjusted for Differences in the Cost of Living



Source: Commonwealth Fund, OECD Health Data 2008, "June 2008."

Public Spending on Health Care per Capita, 2006

Adjusted for Differences in Cost of Living

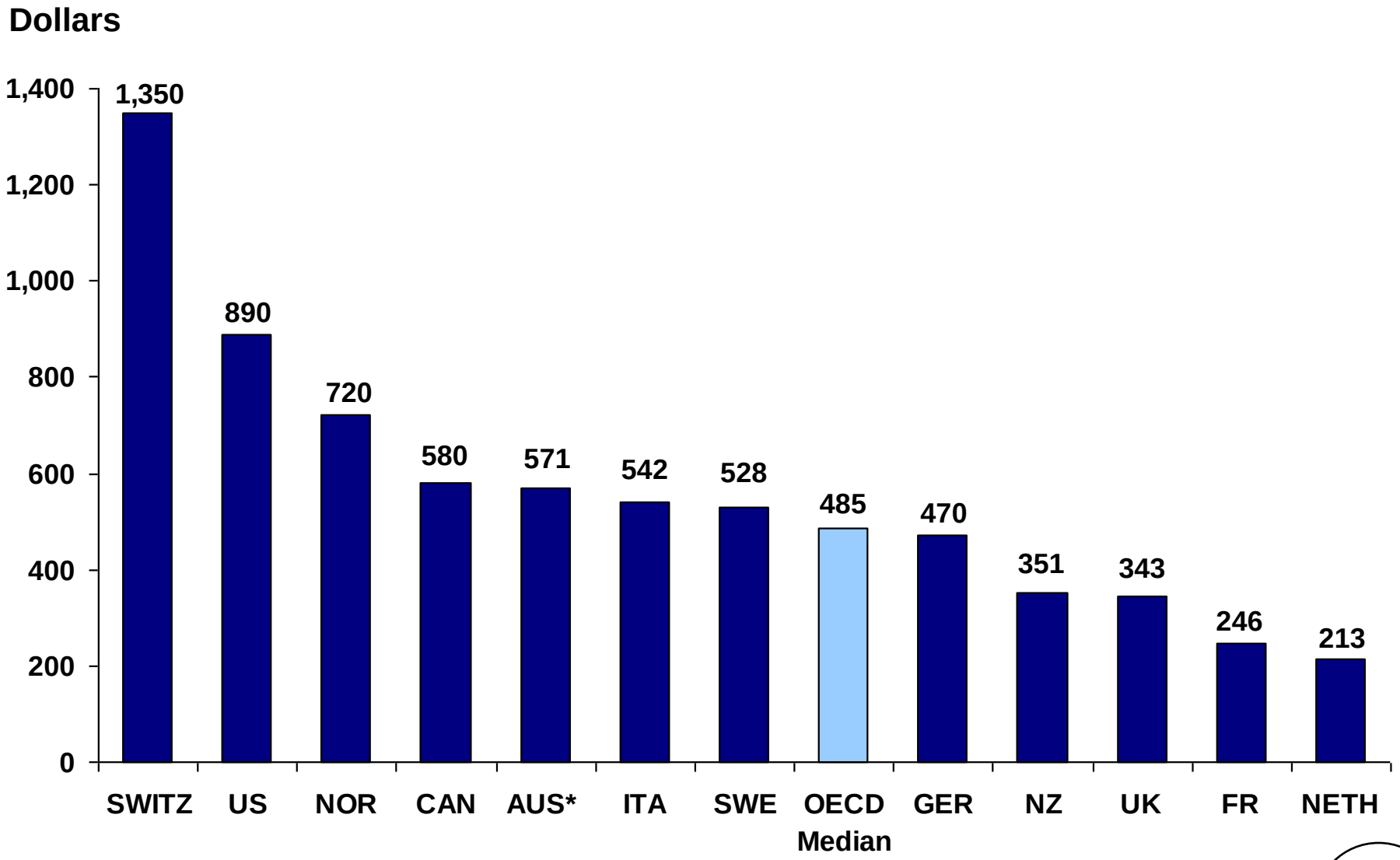


*2005

Source: Commonwealth Fund, OECD Health Data 2008, “June 2008.”

Out-of-Pocket Health Care Spending per Capita, 2007

Adjusted for Differences in Cost of Living



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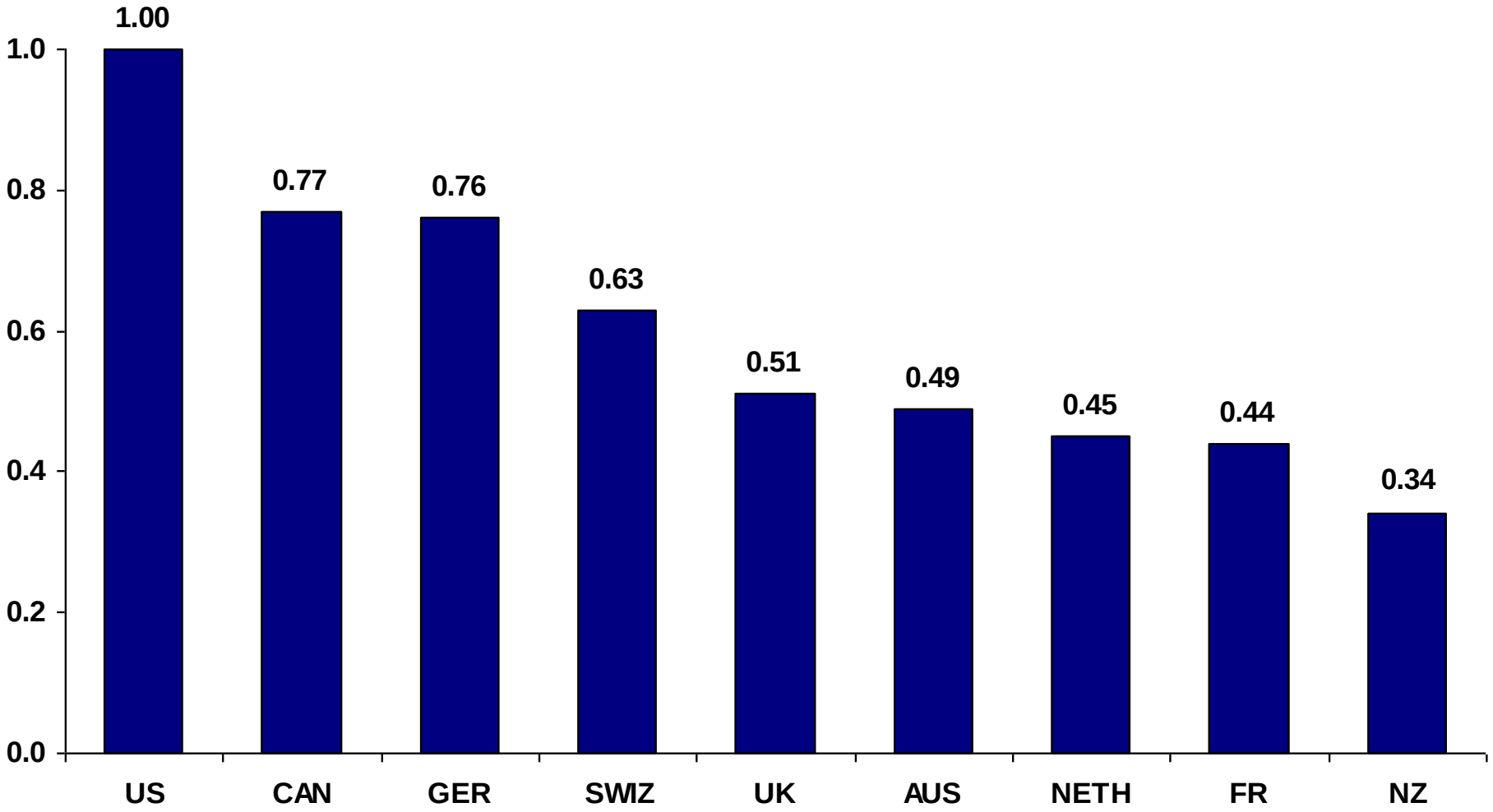
* 2006

Source: OECD Health Data 2009 (June 2009).

Drug Prices for 30 Most Commonly Prescribed Drugs, 2006–07

US is set at 1.0



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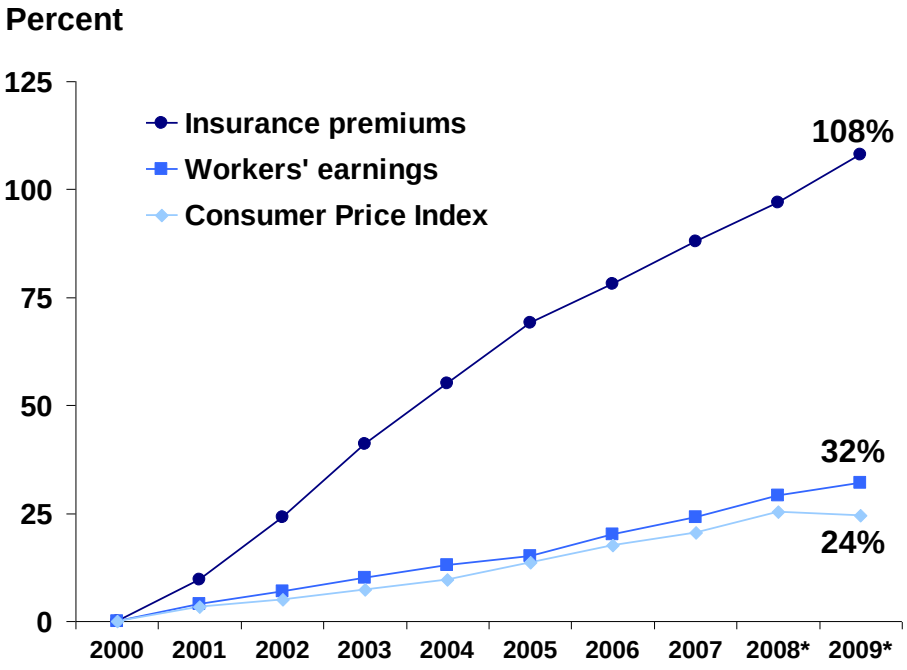
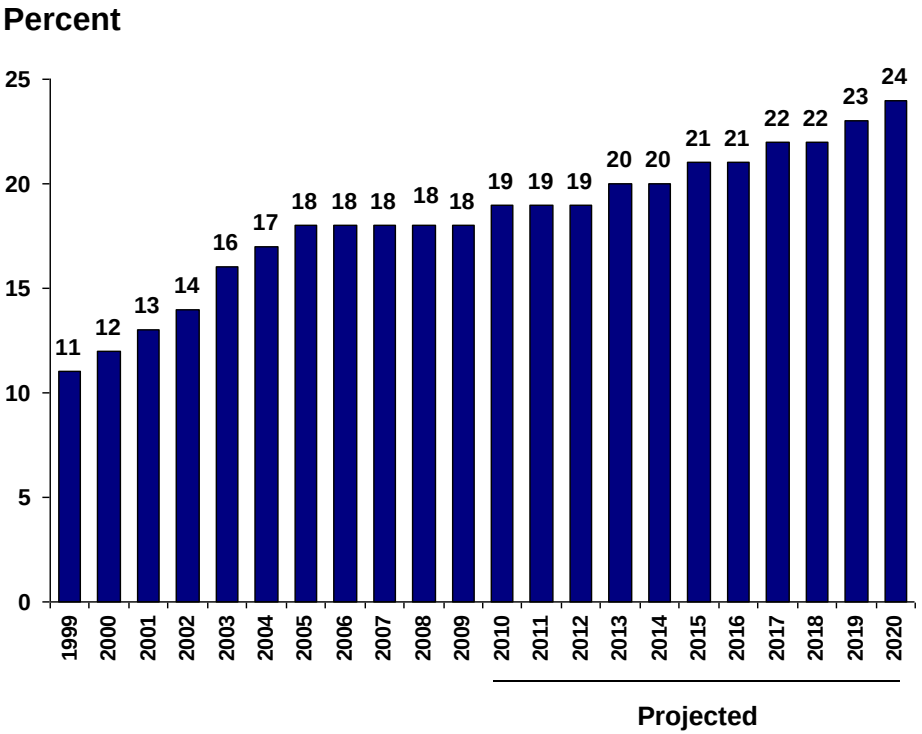
Source: IMS Health.

Premiums Rising Faster Than Inflation and Wages

Cumulative Changes in Components of U.S. National Health Expenditures and Workers' Earnings, 2000–09



Projected Average Family Premium as a Percentage of Median Family Income, 2008–20



* 2008 and 2009 NHE projections.

Data: Calculations based on M. Hartman et al., "National Health Spending in 2007," *Health Affairs*, Jan./Feb. 2009 and A. Sisko et al., "Health Spending Projections Through 2018," *Health Affairs,* March/April 2009. Insurance premiums, workers' earnings, and CPI from Henry J. Kaiser Family Foundation/Health Research and Educational Trust, *Employer Health Benefits Annual Surveys, 2000–2009*.

Source: K. Davis, *Why Health Reform Must Counter the Rising Costs of Health Insurance Premiums* (New York: The Commonwealth Fund, Aug. 2009).

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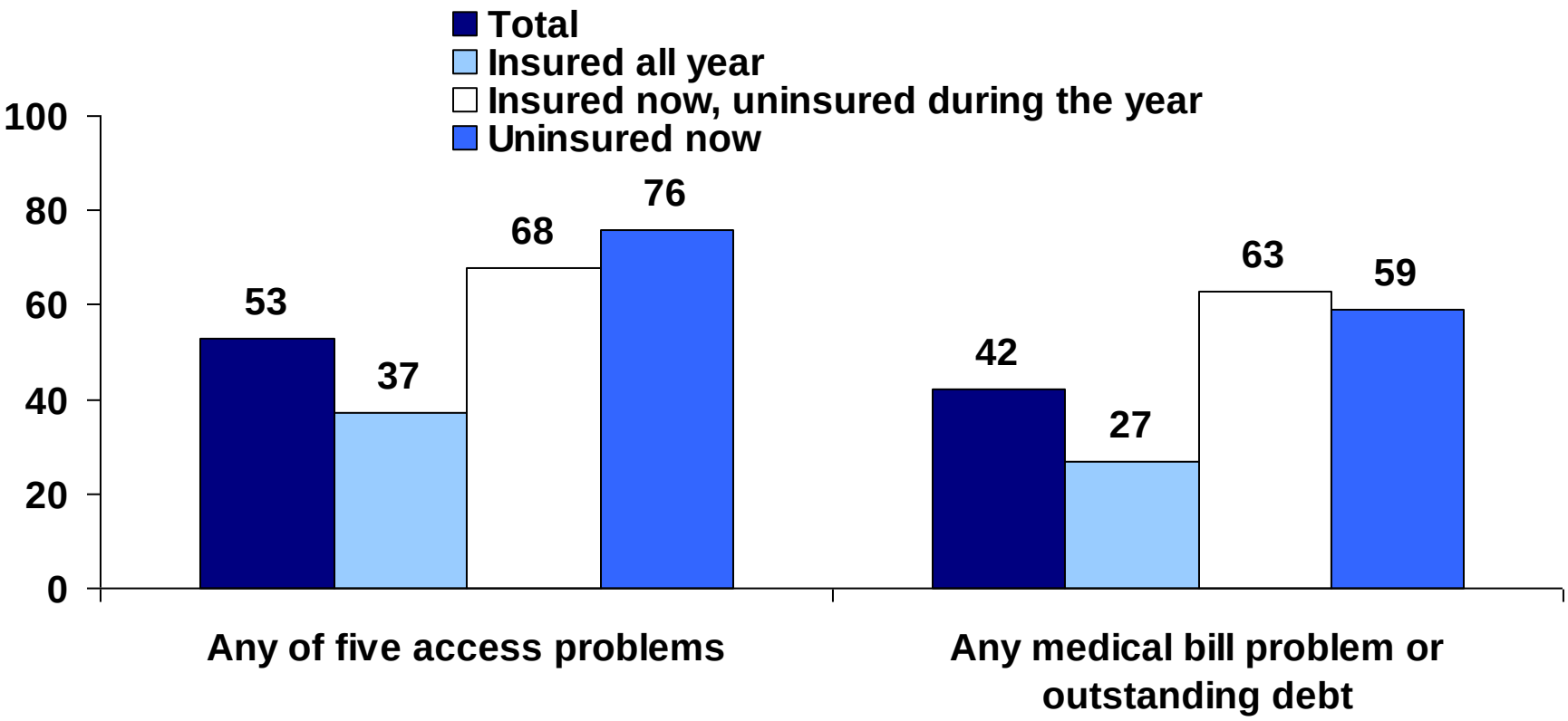
Uninsured Young Adults Most Likely to Have Cost-Related Access Problems and Medical Bill or Debt Problems in the Past Year

Percent of adults ages 19–29 reporting cost-related access problems or medical bill or debt problems:



Notes: Access problems include not filling a prescription; skipping a medical test, treatment, or follow-up; having a medical problem but not seeing a doctor or going to a clinic; not seeing a specialist when needed; and delaying or not getting needed dental care. Medical debt or bill problems include not being able to pay medical bills; being contacted by a collection agency; changing way of life to pay medical bills; and medical bills/debt being paid off over time.
Source: S. R. Collins and J. L. Nicholson, *Rite of Passage: Young Adults and the Affordable Care Act of 2010* (New York: The Commonwealth Fund, May 2010).

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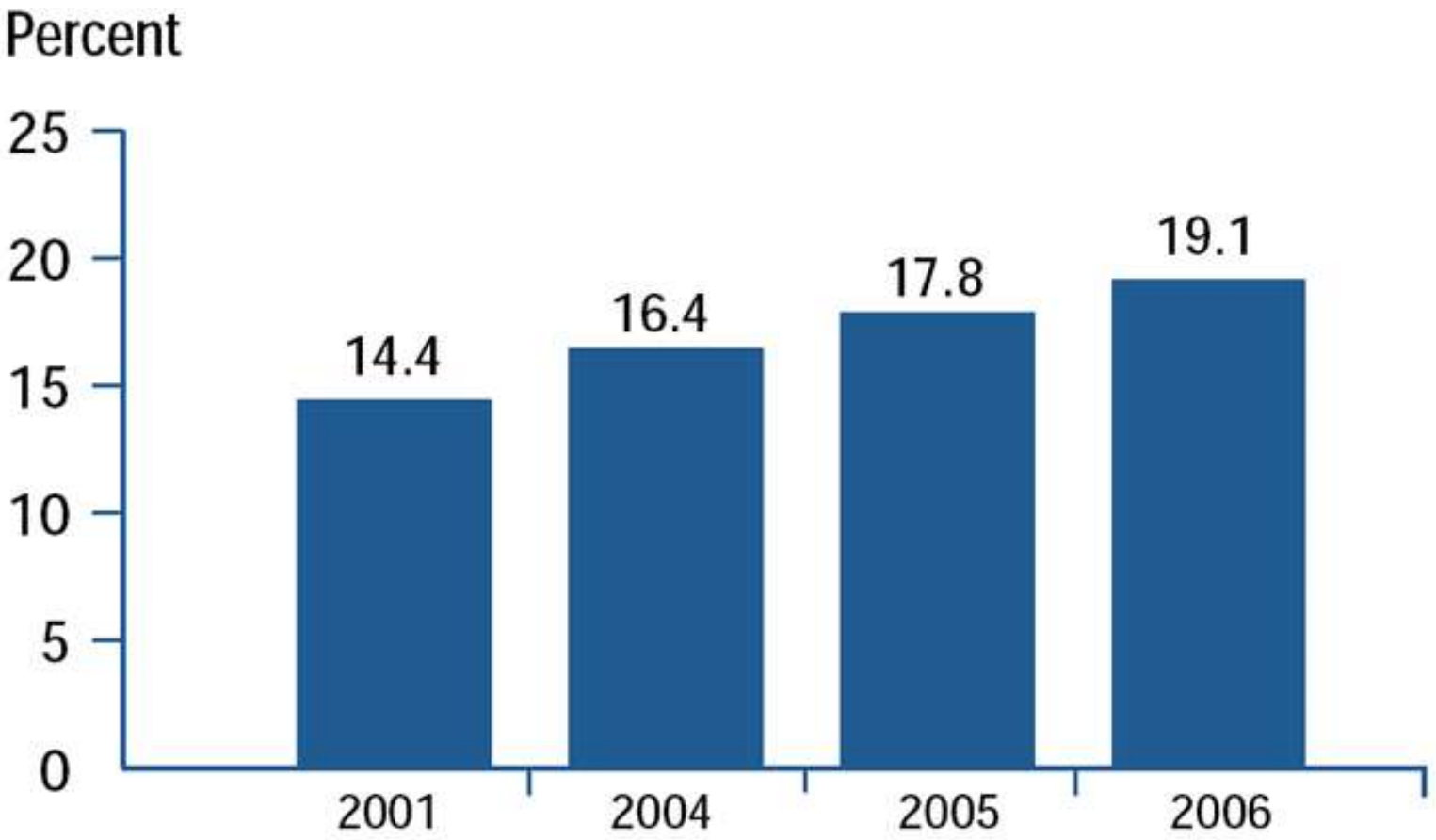
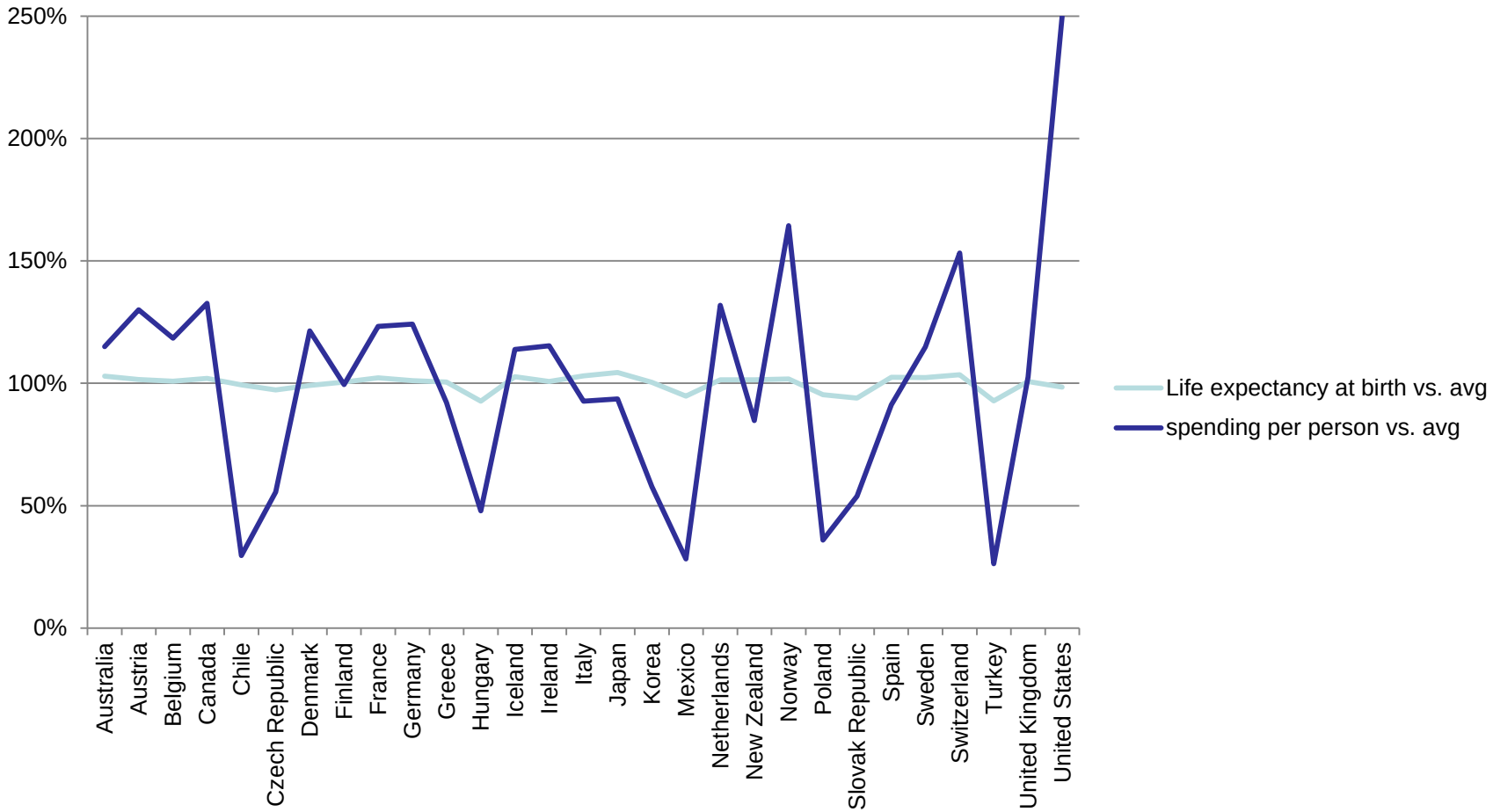
Percentage of Americans with High Financial Burden from Health Care Spending, 2001–2006



Source: Adapted from P. J. Cunningham, "The Growing Financial Burden of Health Care: National and State Trends, 2001–2006," Health Affairs Web First, Mar. 25, 2010.

Life expectancy vs. health care spending, OECD countries 2007



Analysis of OECD Health Data 2010

Cost as a barrier to care

CT adults who needed to see a doctor but could not due to cost in the last year

<200% FPL	22%	**Insured**	6%	**White**	7%
> 200%	6%	**Uninsured**	35%	**Black**	15%
				Hispanic	21%

Source: Commonwealth Fund 2009 State Scorecard

The problem: quality

- Only 51% of CT adults over age 50 receive recommended screenings and preventive care
- 16.6% of CT residents with asthma had an ER or urgent care visit in the past year
- In 2008 there were over 47,000 hospitalizations in CT that could have been prevented with better access to adequate primary care
- From July 2004 through Sept 2009 and there were 1224 adverse events in CT hospitals, 116 of those patients died
- It is estimated that CT would save $80 million if we could reduce preventable readmissions among Medicare patients to the rate of the five best states

quality

Mortality amenable to health care among CT residents: (deaths/100,000 population)

White	72.3
Black	136.6

Source: Commonwealth Fund 2009 State Scorecard

The problem: quality

CT adults age 50 and over who did not get recommended screening and preventive care :

<200% FPL	62%	**Insured**	48%	**White**	48%
> 200%	44%	**Uninsured**	62%	**Black**	55%
				Hispanic	52%

Source: Commonwealth Fund 2009 State Scorecard

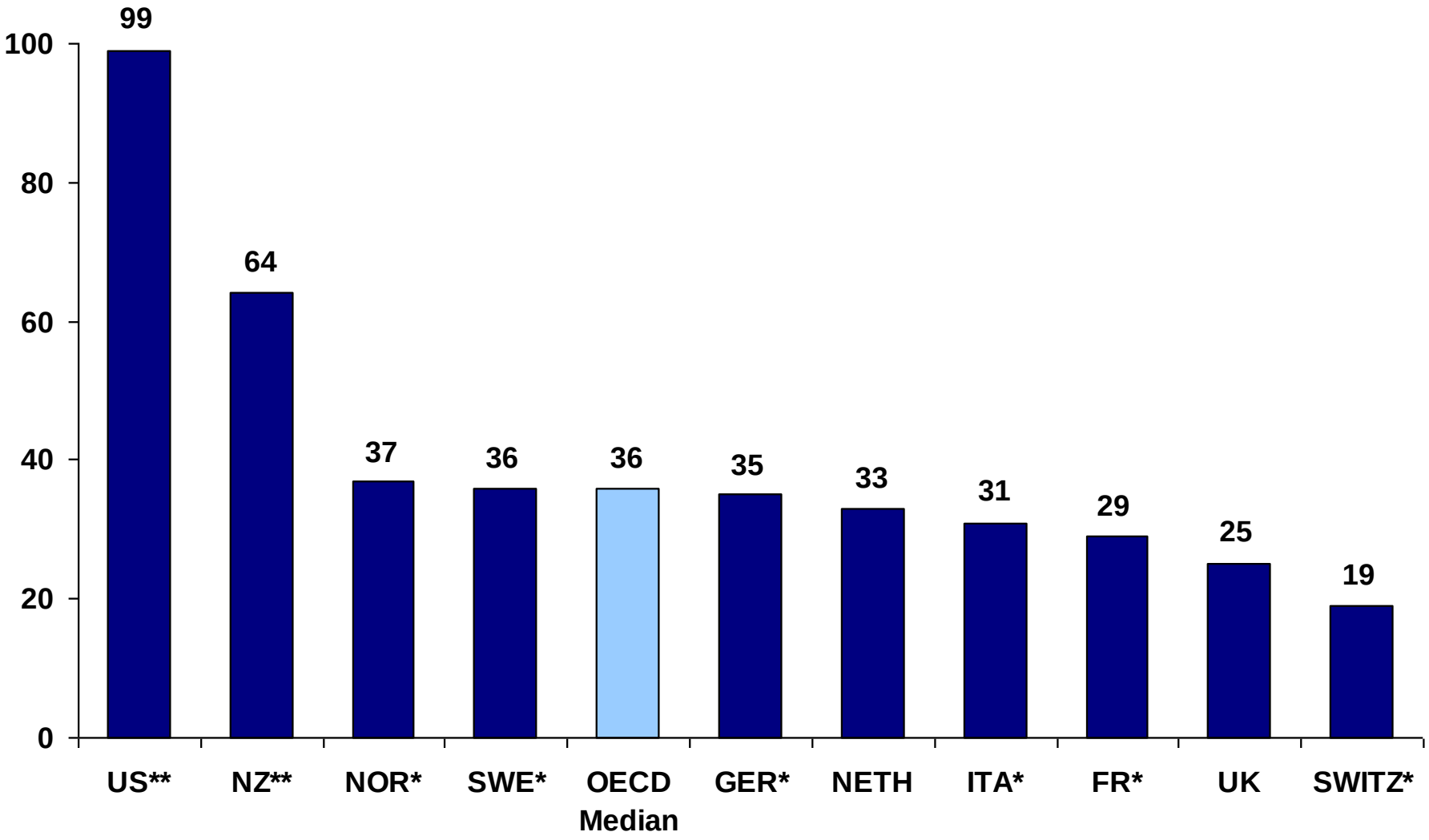
The problem: quality

% CT adult diabetics who did not receive recommended preventive care

< 200% FPL	63%
> 200%	48%

Source: Commonwealth Fund 2009 State Scorecard

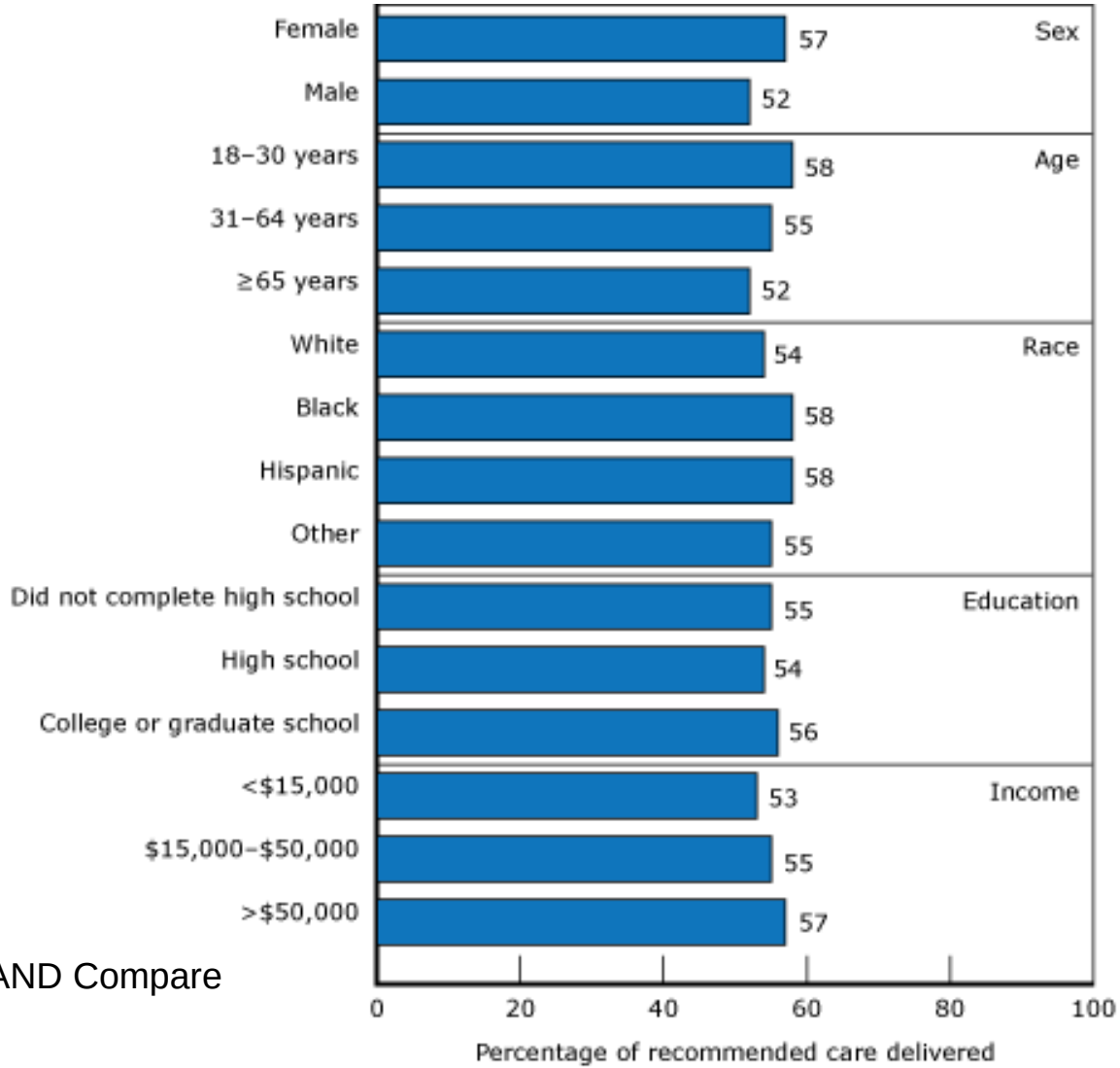
Potential Years of Life Lost Because of Diabetes per 100,000 Population, 2007



* 2006
** 2005

Source: Commonwealth Fund, OECD Health Data 2009 (June 2009).

We are all getting less care than we should

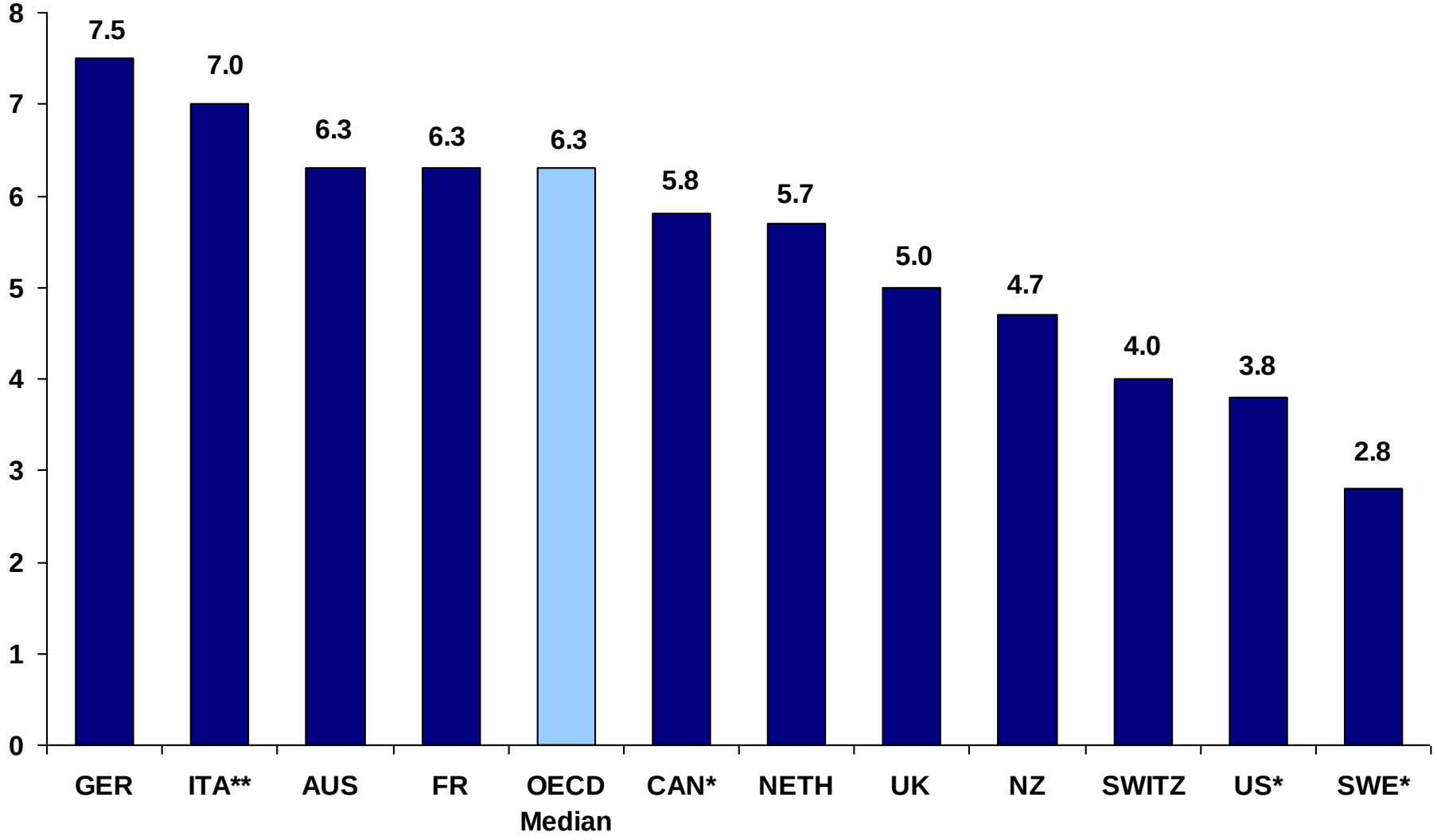


Source: RAND Compare

The problem is both underuse and overuse of care

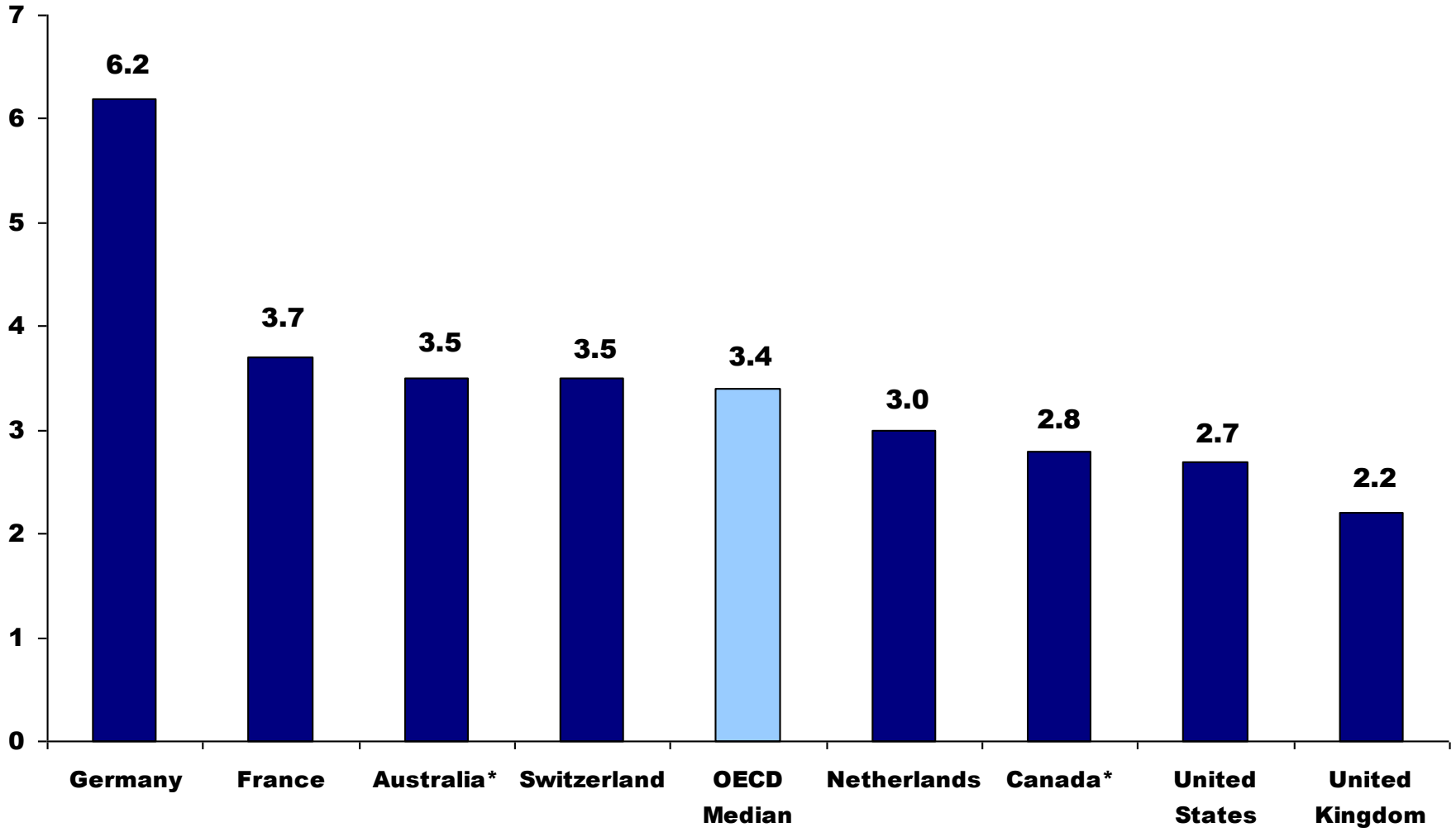
- Studies found that one third or more of common surgeries were not medically supported and may have harmed patients
- It is estimated that underuse of appropriate care is a larger problem (46% of reccomended care delivered) than overuse (4%)
- Adherence to quality care standards varied significantly by condition from 78.7% of reccomended care delivered for senile cataracts to only 10.5% for alcohol dependence

Average Annual Number of Physician Visits per Capita, 2007



* 2006
** 2005
Source: Commonwealth Fund, OECD Health Data 2009 (June 2009).

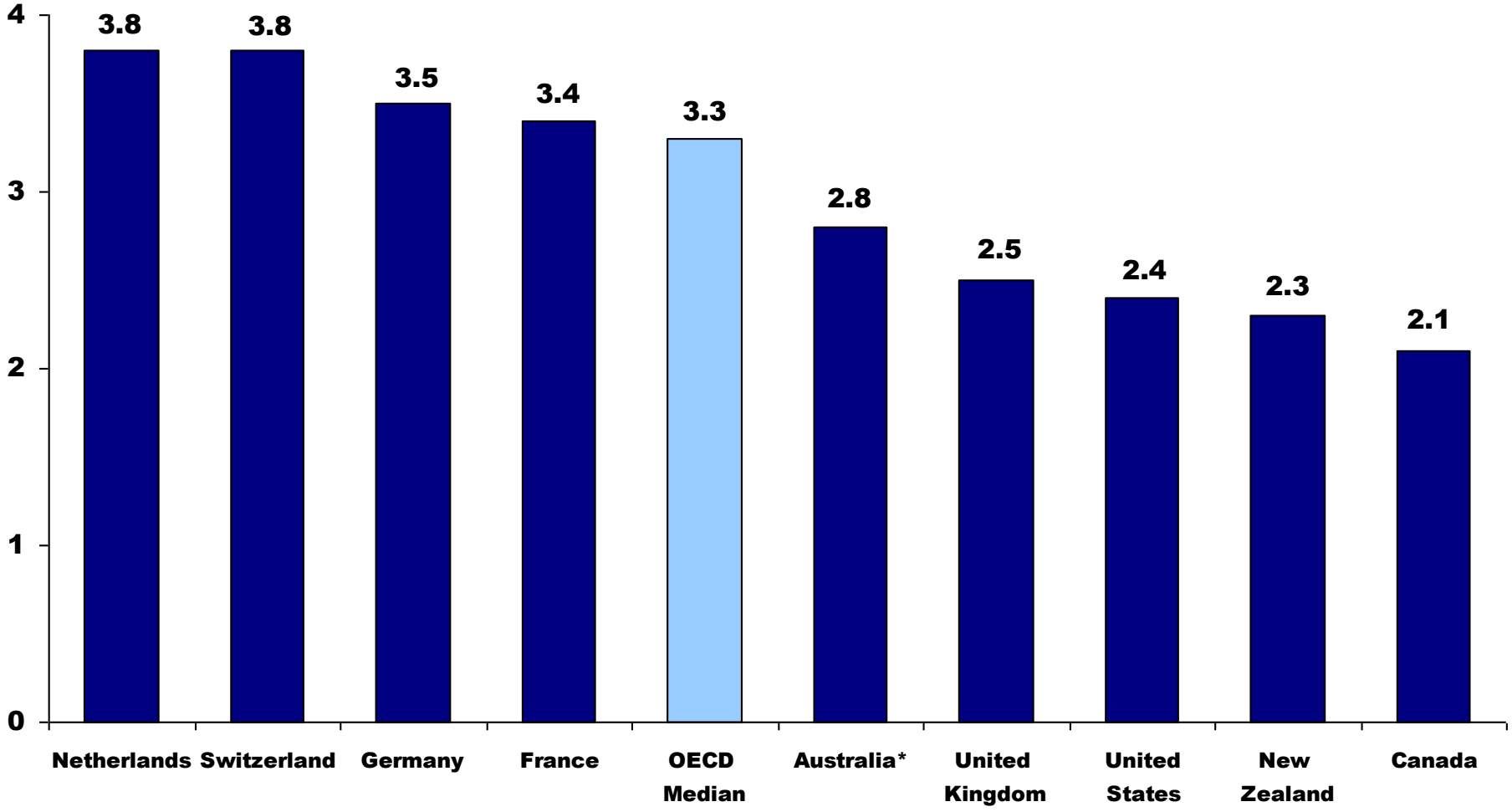
Number of Acute Care Hospital Beds per 1,000 Population, 2006



*2005

Source: Commonwealth Fund, OECD Health Data 2008, “June 2008.”

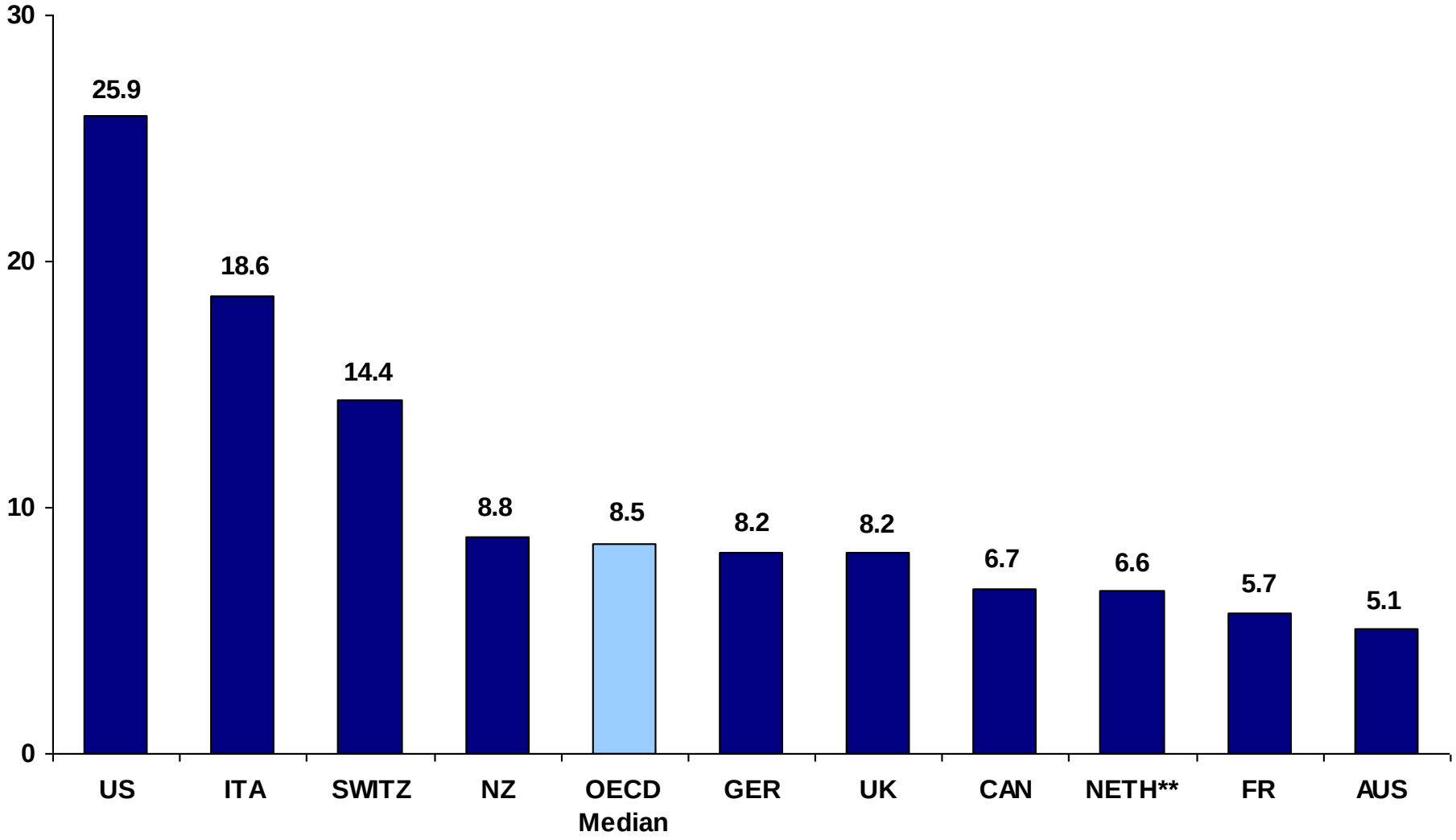
Number of Practicing Physicians per 1,000 Population, 2006



*2005

Source: Commonwealth Fund, OECD Health Data 2008, “June 2008.”

Magnetic Resonance Imaging (MRI) Machines per Million Population, 2007



** 2005

Source: Commonwealth Fund, OECD Health Data 2009 (June 2009).

The problem: access

US adults reporting difficulty getting care on nights, weekends or holidays without going to ER :

Below US average income	70%
Above income	60%

Source: Commonwealth Fund, 2006, The US Health Care Divide: Disparities in Primary care experience by income

access

CT adult asthmatics with an ER or urgent care visit in the past year:

< 200% FPL	32%
> 200%	12.5%

Cost-Related Access Problems in the Past Year

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Did not fill prescription or skipped doses	**12**	**10**	**7**	**6**	**3**	**7**	**6**	**7**	**4**	**2**	**21**
Had a medical problem but did not visit doctor	**13**	**4**	**6**	**16**	**2**	**9**	**6**	**5**	**6**	**2**	**22**
Skipped test, treatment, or follow-up	**14**	**5**	**6**	**10**	**3**	**8**	**5**	**4**	**4**	**3**	**22**
Yes to at least one of the above	**22**	**15**	**13**	**25**	**6**	**14**	**11**	**10**	**10**	**5**	**33**

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Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.