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# Issue Brief

## A Call for Change: The 2011 Commonwealth Fund Survey of Public Views of the U.S. Health System

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**ABSTRACT:** More than seven of 10 adults believe the U.S. health system needs fundamental change or complete rebuilding. Most adults surveyed reported difficulties accessing care, poor care coordination, and struggles with the costs and administrative hassles of health insurance. In addition, the survey finds substantial evidence of inefficient and wasteful delivery of health services. When looking toward the future, nearly three of four adults worry about getting high-quality care or paying medical bills. Respondents favor policies that encourage more patient-centered and integrated care, and nearly nine of 10 think it is important for private and public payers to work together to negotiate prices and improve quality. These experiences attest to the value of reforms aimed at stimulating and supporting the spread of more patient-centered, accountable care organizations. To the extent reforms succeed, patients and their families stand to gain from more accessible, safer, responsive, and less wasteful care.

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### OVERVIEW

Studies have shown that the U.S. health system does not produce results commensurate with the significant amount the nation spends on health.<sup>1</sup> According to The Commonwealth Fund's most recent [National Scorecard on U.S. Health System Performance](#), the U.S. scores only 65 points, out of a possible 100, on 37 indicators that capture key dimensions of health outcomes, quality, access, equity, and efficiency.<sup>2</sup> Analysis has also uncovered wide variation in performance among states and continued evidence of waste, poor care coordination, and substandard outcomes across the country.<sup>3</sup>

This issue brief presents findings from the 2011 Commonwealth Fund Survey of Public Views of the U.S. Health System, adding to the body of evidence that points to performance gaps in the health care delivery system.

Overall, results suggest the health system is not serving the public well—a large majority of adults surveyed say it needs to be fundamentally changed or

completely rebuilt. Many adults experience difficulties accessing care and poor care coordination, and struggle with the costs and administrative hassles of health insurance. In addition, the survey found substantial evidence of inefficient and wasteful delivery of health services. Adults said they want their health care to be more patient-centered and integrated, and nearly all think it is important for private and public payers to work together to negotiate prices and improve quality. There is also widespread support for having a regular source of care such as a medical or health home that provides access and coordinates care. Likewise, many support the broad adoption and use of health information systems by providers and would like to have electronic patient access as well.

Earlier surveys of the public have found similarly negative experiences with the health care system, and strong support for change, including more coordinated care and the use of health care teams.<sup>4</sup> Provisions in the Affordable Care Act have the potential to change the health care delivery system to improve care coordination and efficiency and ultimately lead to the kind of changes the public wants, as indicated in this survey. Over the next several years, health reform will work to increase access to care, reward value and efficiency, spur the development and spread of accountable health

delivery systems, and lower the national trajectory of cost growth.<sup>5</sup> If these reforms are successful, the public will benefit from more accessible, safer, well-coordinated, and less duplicative care. A new report from The Commonwealth Fund's Commission on a High Performance Health System provides recommendations for supporting the success and spread of high-performing accountable care organizations.<sup>6</sup>

### TIME FOR CHANGE

According to the survey, a large majority of the public would like to see major changes to the health care system: seven of 10 adults believe it needs to be fundamentally changed or completely rebuilt. Support for major health system reform prevailed across different income levels and regions of the country, and among the insured and uninsured alike (Exhibit 1, [Appendix Table 2](#)).

- More than one-quarter of adults (26%) called for complete rebuilding of the health system; almost half (46%) thought it required fundamental changes. Views were similar across the income spectrum, though those with incomes above \$75,000 were more likely than those in

**Exhibit 1. Majority of Americans Say the Health Care System Needs Fundamental Change or Complete Rebuilding**

Percent reporting	Only minor changes needed	Fundamental changes needed	Rebuild completely
Total	22	46	26
Annual income			
<\$35,000	21	42	30
\$35,000–\$49,999	21	43	34
\$50,000–\$74,999	30	41	27
\$75,000 or more	19	57	19
Insurance status			
Insured all year	24	49	23
Uninsured during year	16	40	37
U.S. region			
Northeast	17	46	31
North–Central	20	49	25
South	24	45	24
West	27	44	27

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

lower-income groups to call for fundamental changes rather than complete rebuilding.

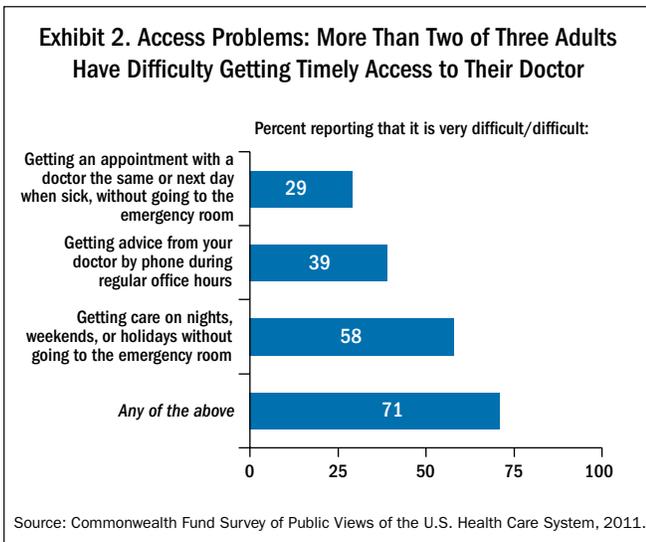
- Insured and uninsured adults alike perceive a need for major change. Seven of 10 adults (72%) who were insured all year called for fundamental change or complete rebuilding.
- The need for health system reform is shared across geographic regions. Overall, only 22 percent of adults say the health care system works relatively well, with only minor changes needed.
- The public’s call for change is consistent with the views of health care opinion leaders. In a recent survey of a diverse group of health care experts, none said the U.S. health care system did not require major reform.<sup>7</sup>

**BARRIERS TO CARE, POOR COORDINATION, AND INEFFICIENCIES**

**Access to Care**

Enabling patients to see or consult with their doctor when they need to may help prevent complications and avoid costly care. Yet, seven of 10 adults (71%) had difficulty making timely doctors’ appointments, getting phone advice, or receiving after-hours care without having to visit the emergency room (Exhibit 2).

- Nearly one-third of adults (29%) reported difficulties getting same- or next-day appointments with their doctor when sick. An even larger share (39%) had difficulties getting advice from their doctor by phone during regular office hours.
- Adults reported particular problems accessing care after normal office hours. Nearly six of 10 (58%) said it was difficult to get care on nights, weekends, or holidays without going to the emergency room.
- Across regions of the country, income groups, and political affiliation, adults had problems accessing care when needed. This pattern of shared health care concerns was repeated throughout the survey ([Appendix Table 3](#)).
- Uninsured adults were the most likely to find it difficult to get timely care without going to the emergency room, with 42 percent of uninsured adults reporting this problem. However, insured adults also had problems accessing care: one of four (26%) said it was difficult to get a same- or next-day appointment when sick, two of five (38%) said it was difficult to get through to doctors by phone during office hours, and more than half (56%) said it was difficult getting care after hours or on holidays ([Appendix Table 3](#)).



**Coordination of Care**

High-quality care requires more than enhanced access, it also depends on the delivery of appropriate care, timely follow-up after medical tests, and the relay of information from one doctor to another. Yet, adults frequently reported breakdowns in the coordination of their care, either with their doctors or among different providers. The survey also found deficiencies in information flow—such as the transfer of medical histories, reports, or tests—resulting from poorly organized care, particularly when multiple providers were involved (Exhibit 3).

- Among adults who had a medical test in the past two years, one-quarter (27%) reported that no one had informed them of the results, or that they had to call repeatedly to find out results.
- One of four adults (23%) said their doctors failed to provide important information about their medical history or test results to other doctors or nurses who should have it. Nearly one of five (18%) reported that test results or medical records were not at their doctor's office in time for appointments.
- According to adults who have three or more doctors involved in their care, coordination problems between primary care physicians and specialists are common. Eighteen percent reported their specialist did not receive basic medical information from their doctor, while nearly one-quarter (24%) reported that their doctor did not receive a report from a specialist following a visit.
- Nearly half of all adults (47%) reported at least one of these failures of care coordination. The likelihood of coordination failures increased significantly with the number of doctors seen. More than half (55%) of those seeing three or more doctors experienced poorly coordinated care.
- Negative experiences with coordination and access are consistent with patterns found in the earlier 2008 survey, indicating the persistence of these problems over the years.

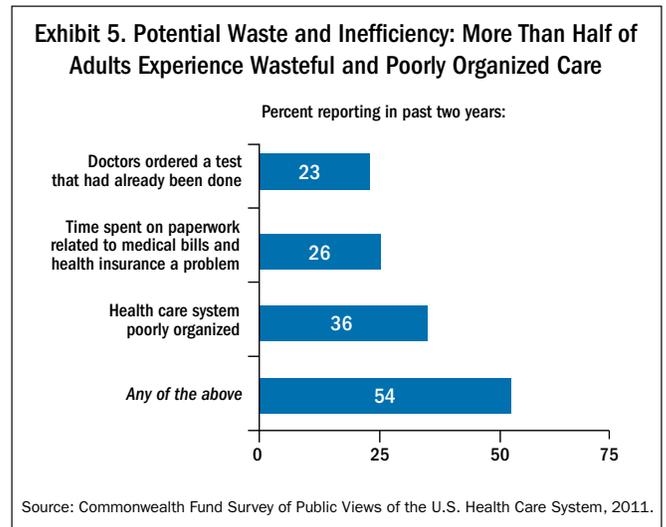
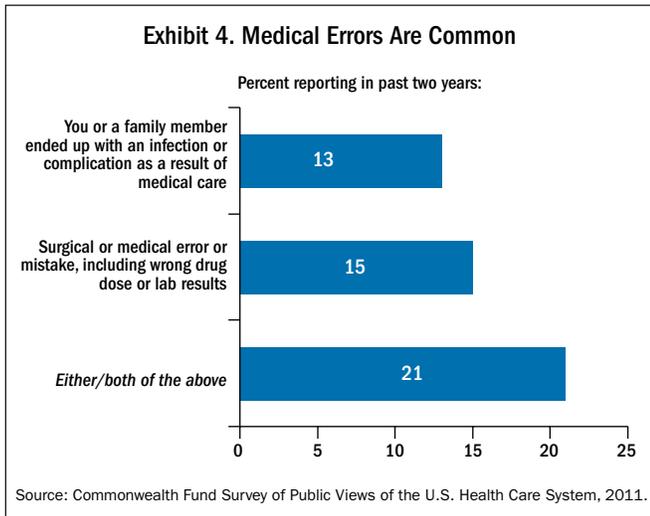
### Safety of Care

In addition to citing instances of poor care coordination and flawed information exchange, survey respondents reported an alarming frequency of safety problems within the past two years. One of five adults (21%) reported they or their family members ended up with an infection or complication as a result of medical care or said that a health care provider made a surgical or medical mistake (Exhibit 4).

- Thirteen percent reported that, in the past two years, they or their family members ended up with an infection or complication as a result of medical care.
- One of seven (15%) said their health care providers made a surgical or medical error, including providing the wrong drug dose or lab results.
- Those in fair or poor health reported safety problems at nearly twice the rate of those in good or excellent health—36 percent compared with 17 percent, respectively (Appendix Table 4).

### Exhibit 3. Poor Coordination of Care Is Common, Especially If Multiple Doctors Are Involved

Percent reporting in past two years:	Number of doctors seen		
	Any	1 to 2	3 or more
After medical test, no one called or wrote you about results, or you had to call repeatedly to get results	27	21	36
Doctors failed to provide important information about your medical history or test results to other doctors or nurses you think should have it	23	22	26
Test results or medical records were not available at the time of scheduled appointment	18	14	29
Your primary care physician did not receive a report back from a specialist you saw	15	11	24
Your specialist did not receive basic medical information from your primary care doctor	12	9	18
<i>Any of the above</i>	47	42	55



**Efficiency of Care**

Failure to coordinate care puts patients’ health at risk and wastes patients’ and physicians’ time and resources. One-half of adults (54%) experienced waste and inefficiency in the health system in the past two years. One-third of all respondents say the system is poorly organized (Exhibit 5).

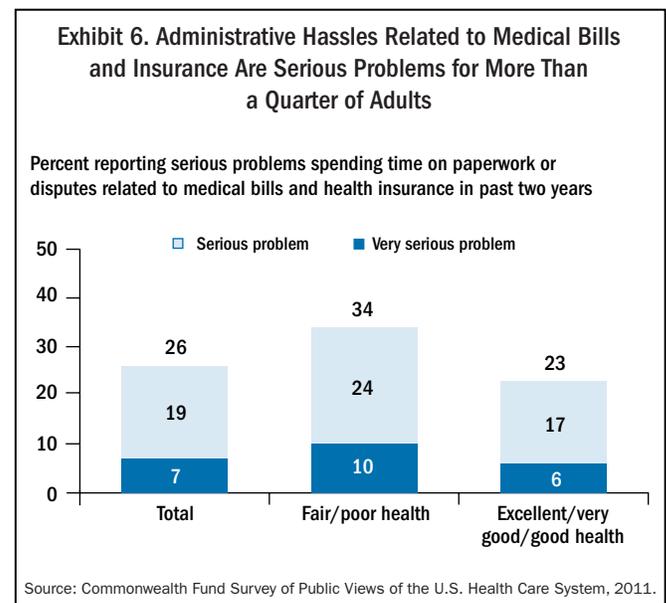
- Nearly one of four adults (23%) reported that, within the past two years, their doctors ordered a medical test that had already been done. Those who were uninsured at some point during the year reported duplicate tests at more than twice the rate of those who were insured (Appendix Table 5).
- One-quarter (26%) said the time they spent on paperwork related to medical bills and health insurance was a problem.
- More than one-third of all adults (36%) and half of those in fair or poor health (49%) thought the health system was poorly organized. Rates were high across regions of the country, party affiliation, and income groups (Appendix Table 5).

Waste in the delivery of health care is particularly troubling because the United States far outspends other industrialized countries, both in terms of per capita spending on health care and as a percent of the gross domestic product.<sup>8</sup>

**Administrative Hassles Related to Medical Bills and Health Insurance**

In addition to time spent on insurance-related administrative issues, many adults have onerous experiences paying medical bills and dealing with coverage issues. More than one-quarter of all adults (26%) reported serious problems spending time handling paperwork or on disputes related to medical bills and health insurance in the past two years (Exhibit 6).

- Dealing with disputes over medical bills and health insurance paperwork was a particular concern to adults with health problems. More than one-third of adults (34%) in fair or poor health reported this was a serious problem.



- These problems were a shared concern across income groups, with over a quarter (26%) of high-income adults (annual income \$75,000 or higher) reporting serious problems with insurance paperwork or medical bill disputes (Appendix Table 5).

**Continuity of Coverage**

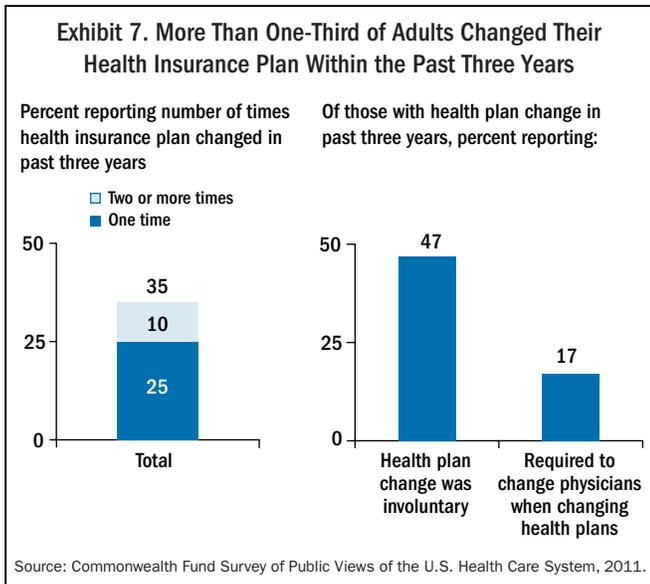
Previous Commonwealth Fund-supported research has documented troubling instability in the U.S. health insurance markets and the attendant potential for disruptions in the continuity of patient care.<sup>9</sup> The survey finds the instability persists. As of 2011, more than one-third of all adults (35%) reported changing health plans at least once in the past three years (Exhibit 7).

- Of those who changed health plans within the past three years, almost half (47%) reported that the switch was involuntary.
- Plan changes can disrupt care. Seventeen percent of those who changed plans were required to change physicians.

**WHAT THE PUBLIC WANTS**

When asked about what they see as important changes for the health care system, adults endorse efforts to improve access to and coordination of care, and to ensure that patients and physicians have the information they need to make well-informed decisions (Exhibit 8). Nearly all adults believe it is important to have one place or doctor responsible for their care, and for doctors to have easy access to medical records. They also would like information about the quality and costs of care.

- Nearly all adults:
  - believe it is very important or important to have one place or doctor responsible for primary care and coordinating care (93%).
  - think that all of their doctors should have access to their medical records (96%).
  - want information about the quality of care provided by different doctors and hospitals (96%).
- More than four of five adults (89%) say it is important to know about the costs of care for which they will be responsible, before receiving care.



The public’s desire for information on health care quality and costs is consistent with health care opinion leaders’ views, as well as earlier surveys of the public. In a recent survey of health care experts, more than nine of 10 respondents said it is important for the public to have information on clinical quality and prices, and think such information is essential for improving U.S. health system performance.<sup>10</sup> To that end, several provisions in the Affordable Care Act are designed to increase the amount of publicly available data on provider performance. For example, the law requires that physician quality and patient experience measures be publicly reported on a Web site for Medicare beneficiaries. This will make Medicare provider performance data available for pooling with other payers.<sup>11</sup>

### Exhibit 8. Majority Support More Accessible, Coordinated, and Well-Informed Care

Percent reporting it is very important/ important that:	Total:		
	Very important or important	Very important	Important
You have one place/doctor responsible for primary care and coordinating care	93	64	29
On nights and weekends, you have a place to go other than the emergency room	85	54	31
All your doctors have easy access to your medical records	96	70	26
You have information about the quality of care provided by different doctors/hospitals	96	58	38
You have information about the costs to you of care before you actually get care	89	58	31

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

#### Widespread Support for Medical Homes

In the patient-centered medical home model, patients have enhanced access to a regular source of primary care and receive timely, well-organized health services that emphasize prevention and chronic care management. More than nine of 10 adults (93%) believe it is important to have one place or doctor responsible for providing a patient’s primary care and coordinating care received from specialists (Exhibit 9).

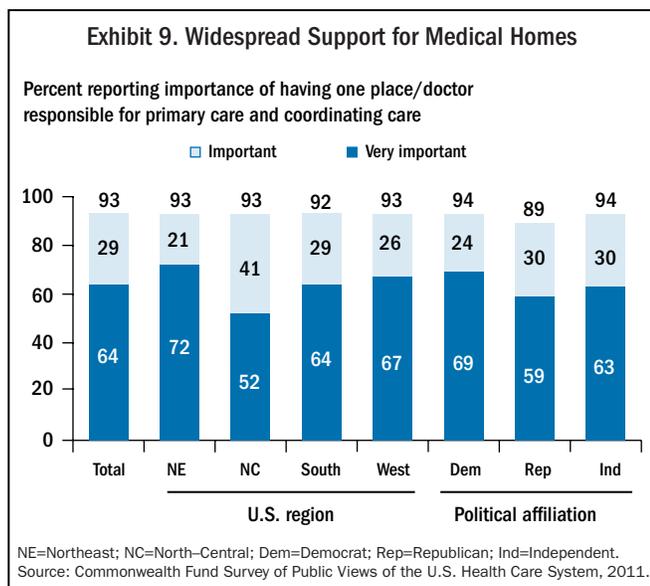
- Support for the medical home model is consistent across geographic regions. More than nine of 10 adults in the Northeast, North–Central, Southern,

and Western states believe such policies are important.

- Support for medical home policies is also consistent across political affiliations.

Strong positive endorsement of the medical home concept by the public has persisted over time.<sup>12</sup> Moreover, recent evidence suggests that patient-centered medical homes improve patient experiences and outcomes by increasing access to care, encouraging the receipt of recommended preventive services, and facilitating better management of chronic conditions.<sup>13</sup> In doing so, the medical home model holds the potential to reduce the overall costs of care without sacrificing quality. Yet, studies indicate that half of adults do not have such a relationship with a health care provider.<sup>14</sup>

Several provisions in the Affordable Care Act promote the growth of medical homes, including the creation of the Center for Medicare and Medicaid Innovation to test and spread the model among public payers.<sup>15</sup> The Affordable Care Act also invests in primary care by increasing Medicare and Medicaid payment rates to support enhanced capacity to provide access and coordinate care. Spurred by federal and state policy reforms as well as private payer endorsement, initiatives are under way in the majority of states.<sup>16</sup>



### Team Care and Group Practices

Most adults believe that doctors and nurses should work in teams and practice in larger groups, rather than on their own, to improve patient care (Exhibit 10).

- Nearly nine of 10 adults (86%) believe it is important for doctors and nurses to work together as teams, with an expanded role for nurses.
- About seven of 10 adults (65%) feel that group practices would benefit patient care.

The public’s support for doctors practicing in larger groups is consistent with earlier surveys and with a growing body of evidence that finds larger, multispecialty group practices and integrated delivery systems can deliver higher-quality care, and potentially more efficient care.<sup>17</sup> Yet, most U.S. physicians still work in solo or small-to-medium group practices.<sup>18</sup>

The Affordable Care Act establishes powerful incentives for doctors to work in teams by creating a national, voluntary shared-savings program to support and reward accountable care organizations (ACOs).<sup>19</sup> ACOs are collections of health care providers that formally assume responsibility for the cost and quality of health care given to a defined group of patients. Research indicates that more patient-centered, integrated delivery systems that are given incentives

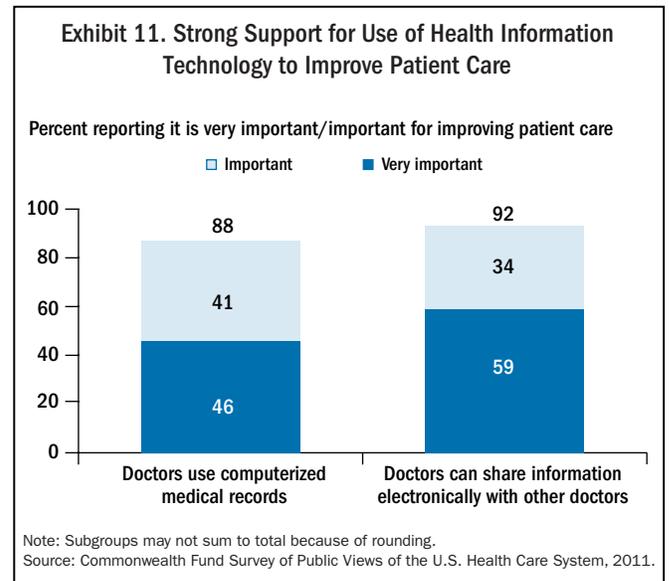
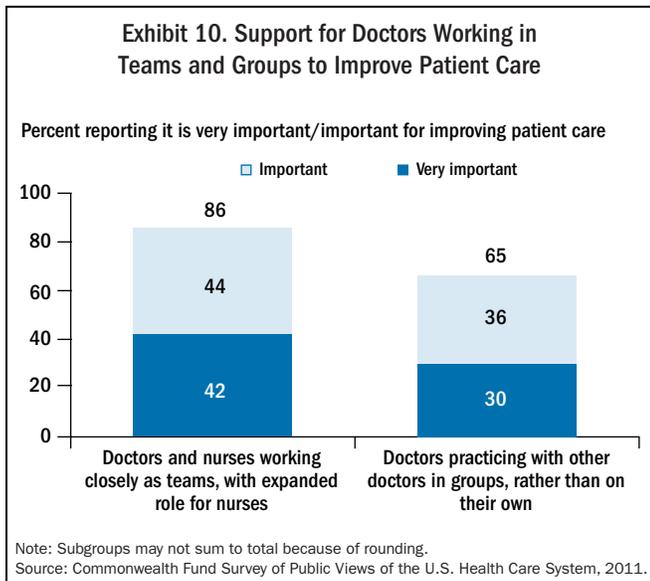
for efficient use of resources and held accountable for the quality of care they provide have the potential to reduce growth in health care costs and improve patient outcomes.<sup>20</sup>

### Information Technology

Attesting to concerns about poor information flows, the public strongly endorsed the use of information technology, particularly computerized medical records and information exchange across sites of care, as a way to improve patient care (Exhibit 11).

- There is strong support among adults (88%) for doctors’ use of computerized medical records.
- More than nine of 10 adults (92%) believe it is important for doctors to be able to exchange information with other doctors electronically.

The strong public support for the use of health information technology stands in stark contrast to actual practice in the United States. Analysis of the 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians finds the United States continues to lag behind other industrialized nations in use of basic electronic records as well as the range of functions supported by office systems in primary care practices.<sup>21</sup> The American Recovery and



**Exhibit 12. Few Adults Have Internet/E-Mail Access to Their Records or Doctors; Many Would Like It**

Among those with Internet access, percent reporting ability to:	Access your medical records via the Internet	Schedule appointments via e-mail or Internet	Communicate with your doctors via e-mail	Order or refill a prescription using the Internet
Yes	14	22	21	34
Among those who cannot do any of the above:				
Would like to be able to	50	56	57	55
Would not like to be able to	48	42	41	43

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

Reinvestment Act, signed into law by President Obama in February 2009, includes provisions to increase adoption of electronic records by creating significant financial incentives for providers to adopt and demonstrate meaningful use of health IT.<sup>22</sup> This investment has spurred intense activity within practices and hospitals, as well as community-wide efforts to enable information exchange.

Adults are also interested in being able to access their medical records, communicate electronically with their doctors, and electronically order or refill prescriptions. While few adults currently have such abilities, many would be interested in managing their care online or via e-mail (Exhibit 12).

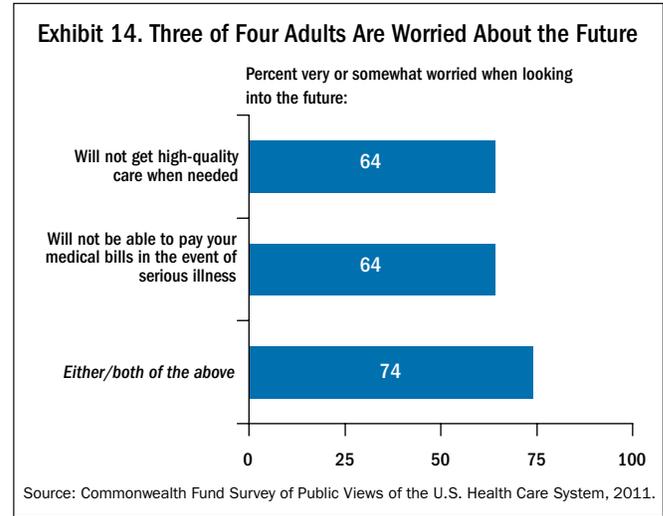
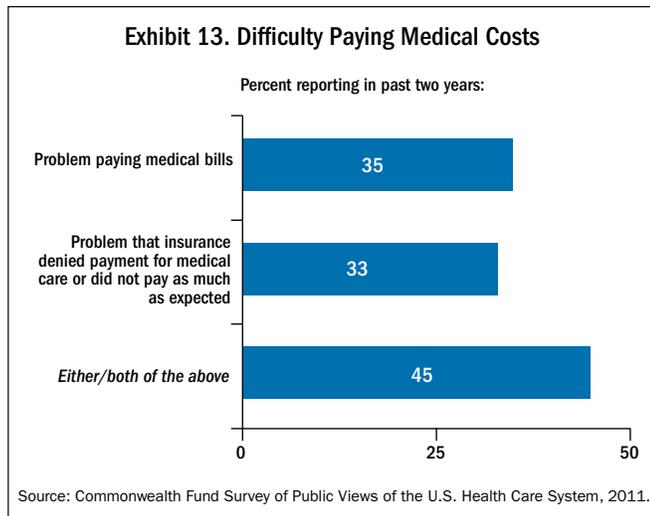
- Only 14 percent of adults can access their medical records via the Internet.
- Approximately one of five adults with Internet access is able to schedule appointments (22%) or communicate with their doctors (21%) online.
- One-third of adults (34%) report being able to manage their prescriptions online.
- Of those who cannot access their medical records via the Internet, half (50%) would like to do so. An even greater proportion of adults would like to be able to schedule appointments online (56%), communicate electronically with their doctors (57%), and order or refill prescriptions online (55%).

**MEDICAL BILLS AND COSTS**

Nearly half of those surveyed (45%) reported difficulty paying medical costs in the past two years, including having a problem with medical bills or experiencing an insurance company denying payment for medical care or not paying as much as expected (Exhibit 13).

- More than one-third of all adults (35%) reported problems paying medical bills in the past two years. Those with low incomes, in poor health, or without insurance reported bill problems at the highest rates (Appendix Table 6).
- One of three adults (33%) indicated a problem with their insurance company denying payment for medical care or not paying as much as expected within the past two years.
- Nearly half of all adults (45%), and 41 percent of those who had insurance all year, experienced one or both medical cost problems (Appendix Table 6).

Previous analysis has found that explosive growth in medical costs and health insurance premiums has severely strained U.S. businesses and families throughout the past decade.<sup>23</sup> Premiums for employers and their employees increased an average of 41 percent across states from 2003 to 2009, while per-person deductibles jumped 77 percent in large as well as small firms. Health reform offers the opportunity to lower the trajectory of such increases by creating new market rules and consumer protections, and expanding state and federal oversight of industry practices.



### Worries About the Future

When looking toward the future, nearly three of four adults (74%) are worried they will not be able to get high-quality care when they need it or pay medical bills in the event of a serious illness (Exhibit 14).

- Sixty-four percent of all adults are worried they will not be able to get high-quality care when they need it. Those with low incomes (72%), in fair or poor health (77%), or uninsured at some point during the year (82%) were the most likely to worry about getting care ([Appendix Table 7](#)).
- Adults with low incomes (70%), those in fair or poor health (71%), or those uninsured during the year (77%) were also the most likely to worry about paying medical bills.
- However, concerns about costs are spreading up the income scale. Over half (55%) of adults with incomes above \$75,000 worry about paying for care in the event of a major illness.

### Public and Private Coordination

In the United States, public and private payers rarely work together to address cost concerns or coordinate policies to avoid administrative complexity, but the survey finds the public endorses such efforts. Nearly nine of 10 adults (86%) believe it is important for private insurers and public payers like Medicare to jointly

negotiate prices with hospitals and doctors (Exhibit 15). Eighty-seven percent of respondents believe it is important to jointly negotiate with pharmaceutical, medical device, and imaging companies. A similar number (85%) think it is important for private insurers and public payers to identify and reward doctors and hospitals who excel in delivering high-quality care. Support for all three multipayer policies was strong regardless of income, region, or political affiliation.

The Affordable Care Act provides some discretionary authority to the Secretary of the Department of Health and Human Services (HHS) to test multipayer provider payment reforms and allow states or local groups to do the same.<sup>24</sup> Some policymakers have suggested that broadening the authority of HHS and agencies like the new Independent Payment Advisory Board would allow the harmonization of public and private provider payment and that leveraging joint purchasing power will be needed to counterbalance an increasingly consolidated provider sector.

The survey found strong public support for payers working together to keep prices under control—a likely reflection of concerns about the affordability of care. In recent months, health care systems in certain markets have increased prices, particularly for expensive diagnostic and screening tests, which can vary widely in price.<sup>25</sup> These increases, which have made local and national news, have directly affected patients' out-of-pocket costs.

## TOWARD AN ACCOUNTABLE, HIGH PERFORMANCE HEALTH SYSTEM

Results from the survey highlight the public's frustration with the U.S. health care system and the need for comprehensive reform. Such concerns fueled the national debate in 2009 and 2010 that ultimately led to enactment of the Affordable Care Act, with reforms targeting key areas of public concern. Although recent public opinion surveys have found the public is often ambivalent or unaware of the content of reforms, patients' and families' experiences attest to the need for action to ensure a safer, more responsive, better coordinated, and less wasteful health care system.<sup>26</sup>

These experiences, combined with the findings of this survey, underscore the need to make the care system more accountable and accessible. The Affordable Care Act contains provisions to create innovative payment arrangements that support the development of accountable care organizations, with the triple goal of improving patient experiences, improving health outcomes, and lowering costs. If accountable care organizations are designed to hold care systems

accountable for improving access, care coordination, and safety, as well as for reducing waste, the model has the potential to yield positive returns to the public.<sup>27</sup>

The Affordable Care Act aims to improve core areas of public concern by reforming the way the nation pays for care and investing in better health information systems. In addition to expanding insurance coverage, the reforms hold the promise of improving health system performance by rewarding value and efficiency in the delivery of health services and lowering the national trajectory of cost growth.<sup>28</sup> Analysis suggests that successful implementation of the law has the potential to move the health system toward more patient-centered, accountable care that leads to better experiences and outcomes.<sup>29</sup>

The survey finds that areas targeted by reform policies are of broad concern to the public, across income levels, geographic region, and political affiliation. Large majorities of adults favor team-based and integrated care, patient-centered medical homes, and increased public access to information about provider performance. To the extent that reforms succeed in

### Exhibit 15. Majority Think Private Insurers and Public Payers Should Work Together to Negotiate Pricing and Improve Quality

Percent reporting it is very important/ important that private insurers and public payers such as Medicare:	Negotiate prices together with hospitals and doctors	Negotiate prices together with pharmaceutical, medical device, and imaging companies	Identify and reward doctors and hospitals who excel in delivering high-quality care
Total	86	87	85
Annual income			
Less than \$35,000	90	88	93
\$35,000–\$49,999	89	86	85
\$50,000–\$74,999	89	91	88
\$75,000 or more	82	87	88
U.S. region			
Northeast	86	90	93
North–Central	83	89	89
South	90	86	89
West	85	85	82
Political affiliation			
Democrat	93	88	90
Independent	85	85	90
Republican	82	85	81

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

making care more accessible, responsive and patient-centered, we would expect public experiences to improve in the future. Tracking experiences of patients and families at the national, state, and local community level will be critical to assess progress and to inform action.

Addressing the public's concerns about costs and worries about the future will likely require intensified efforts that focus on prices paid by private and public payers and rising cost trends. The survey finds strong public support for allowing private and public payers to work together to negotiate prices and improve quality. However, the U.S. insurance system is currently fragmented, with each payer operating under its own set of rules and reporting systems. As local health care provider markets become more

concentrated, private insurers assert that they have no choice but to pass on higher provider prices to patients and employers.<sup>30</sup> Based on the survey, a majority of the public would endorse a more concerted effort by payers to act in the broad public interest to slow cost growth and to focus on quality and access.

Overall, the survey indicates the need for change. Moving forward will require all stakeholders to work together to ensure that enacted reforms as well as new initiatives are successfully implemented and expanded to address concerns in the coming decade. The nation has the opportunity to build on the significant potential of reform and move toward better access, higher quality, and slower cost growth for patients and their families.

## NOTES

- 1 S. R. Collins, M. M. Doty, R. Robertson, and T. Garber, *Help on the Horizon: How the Recession Has Left Millions of Workers Without Health Insurance, and How Health Reform Will Bring Relief* (New York: The Commonwealth Fund, March 2011); C. Schoen, R. Osborn, S. K. H. How, M. M. Doty, and J. Peugh, “In Chronic Condition: Experiences of Patients with Complex Health Care Needs, in Eight Countries, 2008,” *Health Affairs* Web Exclusive, Nov. 13, 2008, w1–w16; C. Schoen, R. Osborn, M. M. Doty, D. Squires, J. Peugh, and S. Applebaum, “A Survey of Primary Care Physicians in 11 Countries, 2009: Perspectives on Care, Costs, and Experiences,” *Health Affairs* Web Exclusive, Nov. 5, 2009, w1171–w1183; C. Schoen, R. Osborn, D. Squires, M. M. Doty, R. Pierson, and S. Applebaum, “How Health Insurance Design Affects Access to Care and Costs, by Income, in Eleven Countries,” *Health Affairs* Web First, Nov. 18, 2010; K. Davis, C. Schoen, and K. Stremikis, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2010 Update* (New York: The Commonwealth Fund, June 2010).
- 2 The Commonwealth Fund Commission on a High Performance Health System, *Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008* (New York: The Commonwealth Fund, July 2008).
- 3 D. McCarthy, S. K. H. How, C. Schoen, J. C. Cantor, and D. Belloff, *Aiming Higher: Results from a State Scorecard on Health System Performance, 2009* (New York: The Commonwealth Fund, October 2009); S. K. H. How, A. Fryer, D. McCarthy, C. Schoen, and E. L. Schor, *Securing a Healthy Future: The Commonwealth Fund State Scorecard on Child Health System Performance, 2011* (New York: The Commonwealth Fund, Feb. 2011).
- 4 C. Schoen, S. How, I. Weinbaum, J. Craig, and K. Davis, *Public Views on Shaping the Future of the U.S. Health System* (New York, The Commonwealth Fund, Aug. 2006).
- 5 K. Davis, S. Guterman, S. R. Collins, K. Stremikis, S. Rustgi, and R. Nuzum, *Starting on the Path to a High Performance Health System: Analysis of the Payment and System Reform Provisions in the Patient Protection and Affordable Care Act of 2010* (New York: The Commonwealth Fund, Sept. 2010).
- 6 S. Guterman, S. C. Schoenbaum, K. Davis, C. Schoen, A.-M. J. Audet, K. Stremikis, and M. A. Zezza, *High Performance Accountable Care: Building on Success and Learning from Experience* (New York: The Commonwealth Fund Commission on a High Performance Health System, forthcoming April 2011).
- 7 K. Stremikis, S. Guterman, and K. Davis, *Health Care Opinion Leaders’ Views on Congressional Priorities* (New York: The Commonwealth Fund, Feb. 2011).
- 8 Davis, Schoen, and Stremikis, *Mirror, Mirror on the Wall, 2010 Update*, 2010.
- 9 P. F. Short, D. R. Graefe, and C. Schoen, *Churn, Churn, Churn: How Instability of Health Insurance Shapes America’s Uninsured Problem* (New York: The Commonwealth Fund, Nov. 2003).
- 10 K. Stremikis, K. Davis, and S. Guterman, *Health Care Opinion Leaders’ Views on Transparency and Pricing* (New York: The Commonwealth Fund, Oct. 2010).
- 11 Davis, Guterman, Collins et al., *Starting on the Path*, 2010.
- 12 S. How, A. Shih, J. Lau, and C. Schoen, *Public Views on U.S. Health System Organization: A Call for New Directions* (New York: The Commonwealth Fund, Aug. 2008).
- 13 K. Grumbach and P. Grundy, *Outcomes of Implementing Patient-Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States* (Washington, D.C.: Patient-Centered Primary Care Collaborative, Nov. 16, 2010).
- 14 C. Schoen, R. Osborn, M. Doty, M. Bishop, J. Peugh, and N. Murukutla, “Toward Higher-Performance Health Systems: Adults’ Health Care Experiences in Seven Countries, 2007,” *Health Affairs* Web Exclusive, Oct. 31, 2007 26(6):w717–w734.

- <sup>15</sup> Davis, Guterman, Collins et al., *Starting on the Path*, 2010.
- <sup>16</sup> M. Abrams, R. Nuzum, S. Mika, and G. Lawlor, *Realizing Health Reform's Potential: How the Affordable Care Act Will Strengthen Primary Care and Benefit Patients, Providers, and Payers* (New York: The Commonwealth Fund, Jan. 2011).
- <sup>17</sup> L. Tollen, *Physician Organization in Relation to Quality and Efficiency of Care: A Synthesis of Recent Literature* (New York: The Commonwealth Fund, April 2008).
- <sup>18</sup> E. R. Boukus, A. Cassil, and A. O'Malley, *A Snapshot of U.S. Physicians: Key Findings from the 2008 Health Tracking Study Physician Survey* (Washington, D.C.: Center for Studying Health System Change, Sept. 2009).
- <sup>19</sup> Guterman, Schoenbaum, Davis et al., *High Performance Accountable Care*, forthcoming 2011.
- <sup>20</sup> Davis, Guterman, Collins et al., *Starting on the Path*, 2010.
- <sup>21</sup> Schoen, Osborn, Doty et al., "A Survey of Primary Care Physicians in 11 Countries," 2009.
- <sup>22</sup> Davis, Guterman, Collins et al., *Starting on the Path*, 2010.
- <sup>23</sup> C. Schoen, K. Stremikis, S. K. H. How, and S. R. Collins, *State Trends in Premiums and Deductibles, 2003–2009: How Building on the Affordable Care Act Will Help Stem the Tide of Rising Costs and Eroding Benefits* (The Commonwealth Fund, Dec. 2010).
- <sup>24</sup> Davis, Guterman, Collins et al., *Starting on the Path*, 2010.
- <sup>25</sup> R. Kocher and N. R. Sahni, "Hospitals' Race to Employer Physicians—The Logic Behind a Money-Losing Proposition," *New England Journal of Medicine*, published online March 30, 2011.
- <sup>26</sup> Kaiser Health Tracking Poll, Public Opinion on Health Care Issues, Feb. 2011. Available at <http://www.kff.org/kaiserpolls/upload/8156-F.pdf>.
- <sup>27</sup> Guterman, Schoenbaum, Davis et al., *High Performance Accountable Care*, forthcoming 2011.
- <sup>28</sup> Ibid.
- <sup>29</sup> K. Davis, *A New Era in American Health Care: Realizing the Potential of Reform* (New York: The Commonwealth Fund, June 2010).
- <sup>30</sup> America's Health Insurance Plans, Center for Policy and Research, *Recent Trends in Hospital Prices in California and Oregon* (Washington, D.C.: AHIP, Dec. 2010); R. A. Berenson, P. B. Ginsburg, and N. Kemper, "Unchecked Provider Clout in California Foreshadows Challenges to Health Reform," *Health Affairs*, Feb. 2010 29(4):699–705.

**Appendix Table 1. Demographic Characteristics of Survey Respondents**

	Weighted distribution (%)
<b>Age</b>	
18–34	30
35–54	35
55–64	16
65 and older	17
<b>Annual income</b>	
Less than \$35,000	38
\$35,000–\$49,999	12
\$50,000–\$74,999	14
\$75,000 or more	26
<b>Insurance status</b>	
Insured all year	75
Uninsured during year	24
<b>Race/ethnicity</b>	
White, non-Hispanic	70
Black, non-Hispanic	10
Hispanic	12
Other	5
<b>Education level</b>	
Less than high school	8
High school graduate	35
Associate's degree or some college	29
College graduate or higher	28
<b>Health status</b>	
Excellent/very good/good	78
Fair/poor	22
<b>U.S. region</b>	
Northeast	22
North–Central	22
South	34
West	22
<b>Political affiliation</b>	
Democrat	28
Independent	32
Republican	26

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

**Appendix Table 2. Overall Views of the U.S. Health Care System**

<b>Percent reporting:</b>	<b>Only minor changes needed</b>	<b>Fundamental changes needed</b>	<b>Rebuild completely</b>
<b>Total</b>	22	46	26
<b>Annual income</b>			
Less than \$35,000	21	42	30
\$35,000–\$49,999	21	43	34
\$50,000–\$74,999	30	41	27
\$75,000 or more	19	57	19
<b>Insurance status</b>			
Insured all year	24	49	23
Uninsured during year	16	40	37
<b>Health status</b>			
Excellent/very good/good	24	48	23
Fair/poor	13	38	39
<b>U.S. region</b>			
Northeast	17	46	31
North–Central	20	49	25
South	24	45	24
West	27	44	27
<b>Political affiliation</b>			
Democrat	16	53	26
Independent	19	45	30
Republican	35	38	24

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

**Appendix Table 3. Access to Primary Care**

<b>Percent reporting very difficult/difficult to do the following:</b>	<b>Get doctor appointment same or next day when sick, without going to ER</b>	<b>Get care nights, weekends, or holidays, without going to ER</b>	<b>Get advice from your doctor by phone during office hours</b>	<b>Any access problem</b>
<b>Total</b>	29	58	39	71
<b>Annual income</b>				
Less than \$35,000	39	67	40	76
\$35,000–\$49,999	25	58	34	74
\$50,000–\$74,999	27	58	46	73
\$75,000 or more	24	51	38	65
<b>Insurance status</b>				
Insured all year	26	56	38	68
Uninsured during year	42	65	45	82
<b>Health status</b>				
Excellent/very good/good	26	54	36	69
Fair/poor	43	70	51	79
<b>U.S. region</b>				
Northeast	25	62	39	71
North–Central	23	51	32	64
South	34	55	42	73
West	33	65	42	75
<b>Political affiliation</b>				
Democrat	37	63	41	77
Independent	30	60	42	75
Republican	23	49	37	64

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

Appendix Table 4. Safety

Percent reporting yes to the following:	In the past two years, doctors made a surgical or medical error or mistake	You or family member ended up with an infection or complication as result of medical care	Any safety problem
<b>Total</b>	15	13	21
<b>Annual income</b>			
Less than \$35,000	18	16	24
\$35,000–\$49,999	19	6	21
\$50,000–\$74,999	10	13	18
\$75,000 or more	13	9	16
<b>Insurance status</b>			
Insured all year	14	10	18
Uninsured during year	19	23	30
<b>Health status</b>			
Excellent/very good/good	11	10	17
Fair/poor	30	24	36
<b>U.S. region</b>			
Northeast	21	13	26
North–Central	12	14	21
South	17	12	21
West	10	12	15
<b>Political affiliation</b>			
Democrat	11	8	15
Independent	21	16	28
Republican	11	12	15

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

**Appendix Table 5. Potential Waste and Inefficient Care: Duplicative and Poorly Organized Care**

<b>Percent reporting yes to the following:</b>	<b>In the past two years, doctors ordered a test that had already been done</b>	<b>Time spent on paperwork related to medical bills and health insurance a problem</b>	<b>Health care system poorly organized</b>	<b>Any waste problem</b>
<b>Total</b>	23	26	36	54
<b>Annual income</b>				
Less than \$35,000	36	31	38	62
\$35,000–\$49,999	14	23	35	55
\$50,000–\$74,999	17	21	34	47
\$75,000 or more	17	26	37	51
<b>Insurance status</b>				
Insured all year	17	23	31	48
Uninsured during year	44	34	50	71
<b>Health status</b>				
Excellent/very good/good	19	23	32	49
Fair/poor	37	34	49	71
<b>U.S. region</b>				
Northeast	16	27	38	55
North–Central	22	26	33	52
South	25	24	33	51
West	29	27	41	59
<b>Political affiliation</b>				
Democrat	21	27	35	58
Independent	23	24	41	57
Republican	21	28	34	49

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

**Appendix Table 6. Payment Difficulties**

<b>Percent reporting yes to the following:</b>	<b>Problem paying medical bills</b>	<b>Insurance denied payment for medical care or did not pay as much as expected</b>	<b>Any payment problem</b>
<b>Total</b>	35	33	45
<b>Annual income</b>			
Less than \$35,000	54	40	59
\$35,000–\$49,999	34	34	43
\$50,000–\$74,999	22	25	34
\$75,000 or more	27	33	39
<b>Insurance status</b>			
Insured all year	30	31	41
Uninsured during year	50	36	56
<b>Health status</b>			
Excellent/very good/good	30	32	41
Fair/poor	53	34	57
<b>U.S. region</b>			
Northeast	37	35	46
North–Central	37	28	44
South	35	31	46
West	33	37	41
<b>Political affiliation</b>			
Democrat	44	36	50
Independent	32	25	40
Republican	26	30	37

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

**Appendix Table 7. Future Worries**

<b>Percent reporting very or somewhat worried looking into the future:</b>	<b>Will not get high-quality care when you need it</b>	<b>Will not be able to pay your medical bills in the event of serious illness</b>	<b>Either/both of the above</b>
<b>Total</b>	64	64	74
<b>Annual income</b>			
Less than \$35,000	72	70	81
\$35,000–\$49,999	72	70	82
\$50,000–\$74,999	58	57	68
\$75,000 or more	55	55	66
<b>Insurance status</b>			
Insured all year	58	59	69
Uninsured during year	82	77	89
<b>Health status</b>			
Excellent/very good/good	61	61	72
Fair/poor	77	71	83
<b>U.S. region</b>			
Northeast	63	64	71
North–Central	62	63	77
South	67	64	74
West	63	64	75
<b>Political affiliation</b>			
Democrat	59	68	76
Independent	68	62	75
Republican	62	58	72

Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2011.

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### ABOUT THE SURVEY

The survey was conducted by Harris Interactive, Inc., by telephone, with a representative sample of 1,011 adults ages 18 and older, living in households with telephones in the continental United States. Interviews took place between February 7 and February 11, 2011. Harris Interactive selected the sample using random-digit dialing—a technique to ensure geographic representation of households with listed and unlisted telephone numbers. Samples of this size have an overall margin of sampling error of +/- 3 percent. The survey questions were included as part of ongoing surveys of the public conducted by Harris Interactive. Appendix tables provide the demographic characteristics of survey respondents and detail responses by demographic group.

