Healthcare News

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Large Differences Between Primary Care Practices in the United States, Australia, Canada, Germany, New Zealand, the Netherlands and the United Kingdom

The United States and Canada compare unfavorably with the other five countries on the use of information technology, access, and "pay for performance" incentives to improve quality

EDITOR

Humphrey Taylor
Chairman of *The Harris Poll®*

Among the most interesting and, we believe, the most important research projects by Harris Interactive are the nine multi-national surveys of health care systems we have conducted each year since 1998 for the Commonwealth Fund. This year's surveys were conducted among primary care physicians in Australia, Canada, Germany, The Netherlands, New Zealand, the United Kingdom and the United States between February and July, 2006. The results were published online in a paper by Cathy Schoen, Robin Osborn, Phoong Trang Huynh, Michelle Doty, Jordon Peugh and Kinga Zapert in ***Health Affairs***, in November 2006.[1] This year's survey allows each of the seven countries to benchmark key elements of primary care with the other countries.

Use of Health Information Technology (HIT)

There are huge differences in the percentages of primary care doctors using health information technology across the seven countries. For example:

- 79 percent or more of primary care doctors in the Netherlands (98%), New Zealand (92%), the United Kingdom (89%) and Australia (79%) **use electronic medical records.** Only 28 percent of primary care doctors in the United States and 23 percent in Canada do so.
- The **sharing of records electronically with doctors outside their practice** varies from six percent in Canada to 45 percent in the Netherlands.
- The **routine use of electronic prescribing** varies from 11 percent in Canada to 85 percent in the Netherlands.
- The use of **electronic systems to routinely alert doctors about potential drug interactions** varies from 10 percent in Canada to 93 percent in the Netherlands.
- The proportions of physicians who **use electronic systems to routinely send patient reminders for follow-up care** vary from eight percent in Canada to 93 percent in New Zealand.
- The **capacity to *easily* generate lists of patients by diagnosis** ranges from a low of 26 percent in Canada to a high of 92 percent in the UK.

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[1] On The Front Lines of Care: Primary Care Doctors' Office Systems, Experiences, and Views in Seven Countries, ***Health Affairs***, 2 November 2006, pages 555-571.

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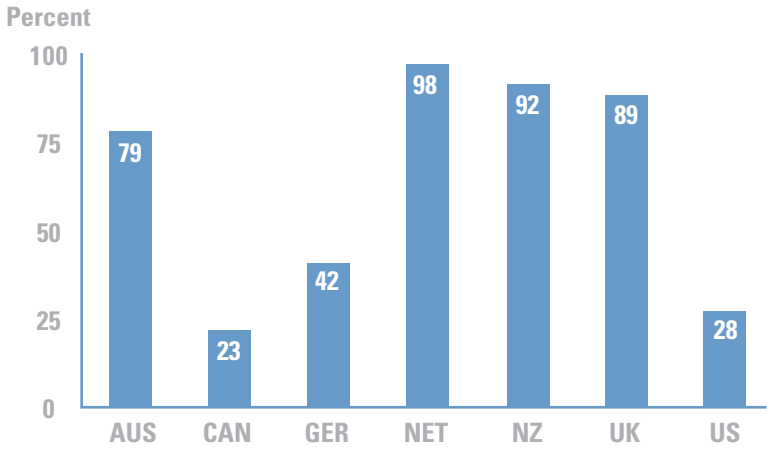
TABLE 1
Primary Care Doctors Use of Electronic Patient Medical Records, 2006



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

TABLE 2
Electronic Medical Record System Access

Percent with capability to:	AUS	CAN	GER	NET	NZ	UK	US
Share records electronically with clinicians outside your practice	10	6	9	45	17	15	12
Access records from outside the office	19	11	16	32	36	22	22
Provide patients with easy access to their records	36	6	15	8	32	50	10

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

TABLE 3
Practice Use of Electronic Technology

Percent reporting **routine** use of:	AUS	CAN	GER	NET	NZ	UK	US
Electronic ordering of tests	65	8	27	5	62	20	22
Electronic prescribing of medication	81	11	59	85	78	55	20
Electronic access to patients' test results	76	27	34	78	90	84	48
Electronic access to patients' test results	12	15	7	11	44	19	40

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

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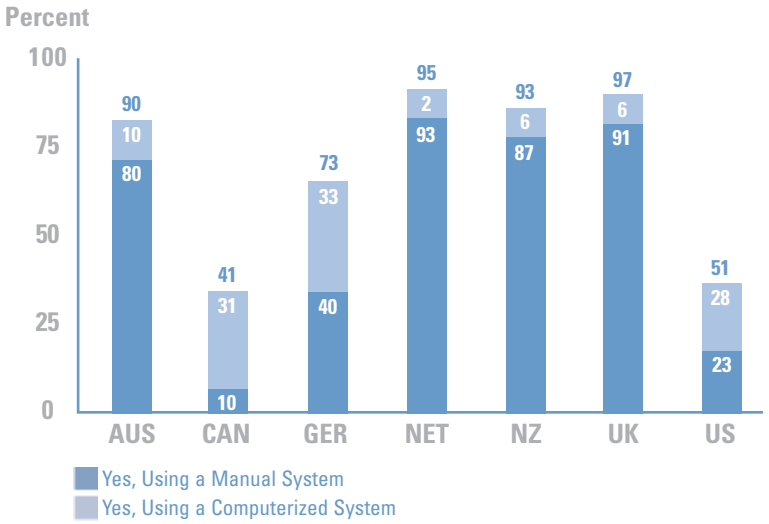
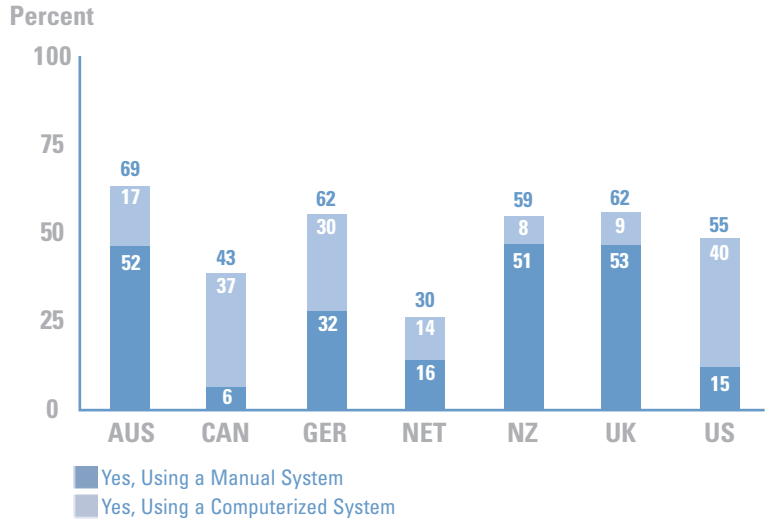
TABLE 4
Doctor Routinely Receives Alert About Potential Problem with Drug Dose/Interaction



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

TABLE 5
Doctor Routinely Receives Alert to Provide Patients with Test Results



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

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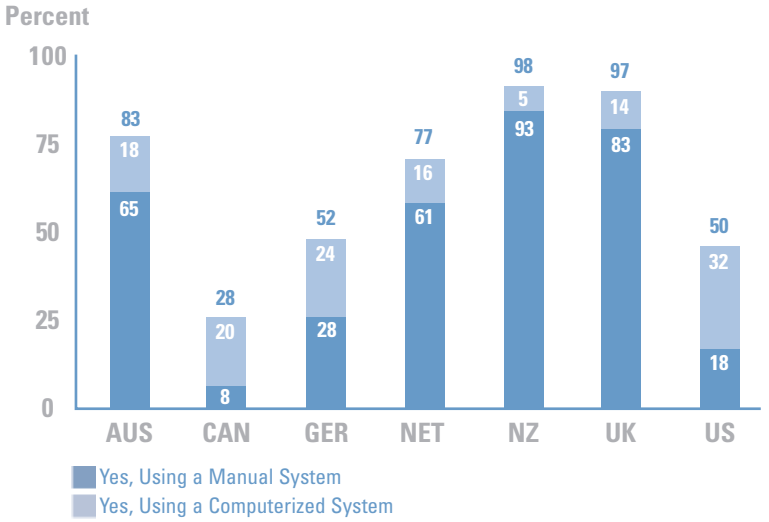
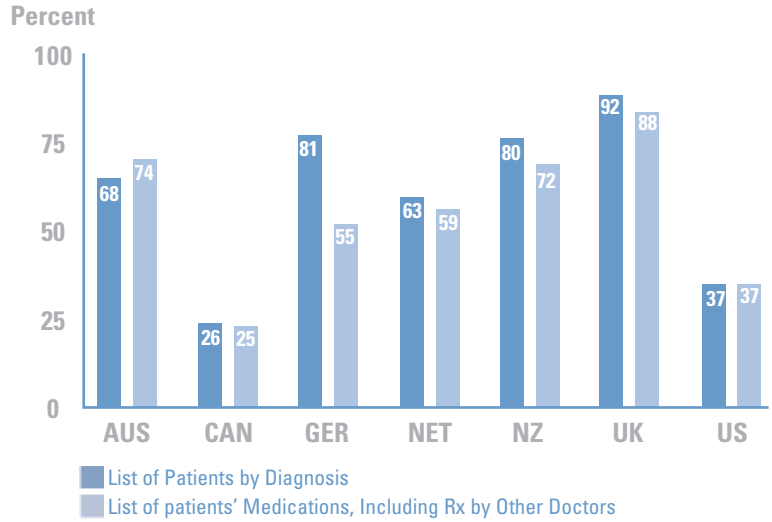
TABLE 6
Patients Routinely Sent Reminder Notices for Preventive or Follow-Up Care



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

TABLE 7
Capacity to Generate Patient Information
Percent of Primary Care Practices Reporting Easy to Generate



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

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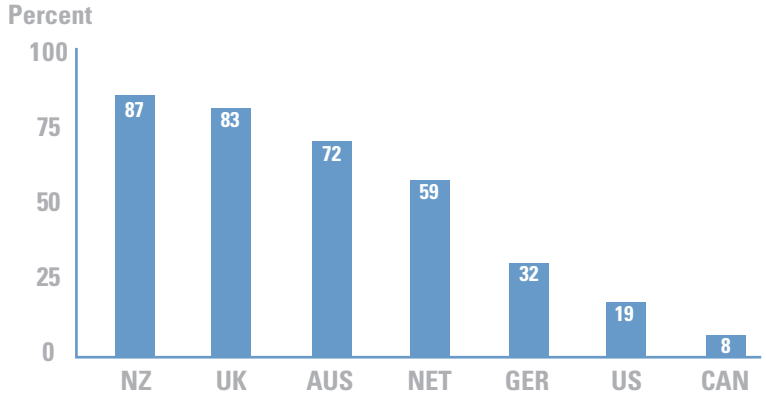
Overall Country Comparisons on the Use of HIT

Using composite score based on the use of seven or more of the 14 different HIT functions, the "best" countries are New Zealand (87%), the United Kingdom (83%), and Australia (72%).

The "worst" countries with the lowest use of the 14 functions are Canada (8%), the United States (19%) and Germany (32%).

TABLE 8
Primary Care Practices with Advanced Information Capacity
Percent Reporting 7 or More Out of 14 Functions*



*Count of 14: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt tests results; easy to list diagnosis, medications, patients due for care.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Access

The survey included three questions related to access:

- In five countries, more than three-quarters of primary care doctors reported that their practices had arrangements for patients to see doctors or nurses after hours. Less than half of doctors in the U.S. (40%) and Canada (47%) have such arrangements.
- In most countries rather small minorities, from seven percent in the Netherlands to 27 percent in New Zealand, report that their patients often have difficulty paying for medications. The 51 percent of primary care doctors in the U.S. who report this is much higher than elsewhere.
- Large numbers of doctors in the United Kingdom (57%) and Canada (51%) report that their patients often experience long waits for diagnostic tests. Hardly any doctors in Australia (6%), Germany (8%) or the U.S. (9%) report this happens often.

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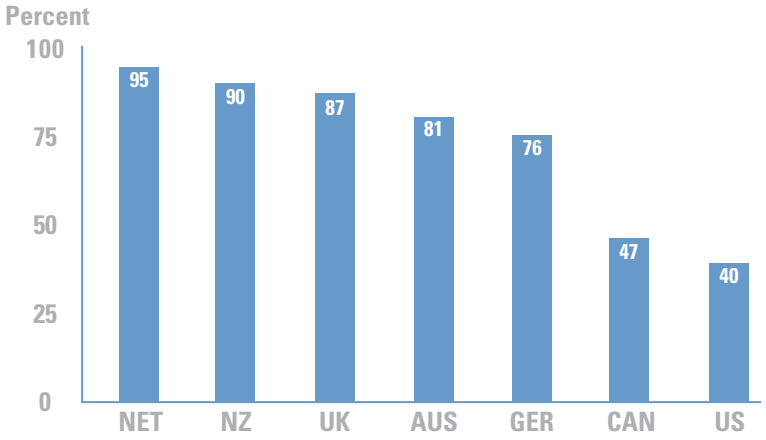
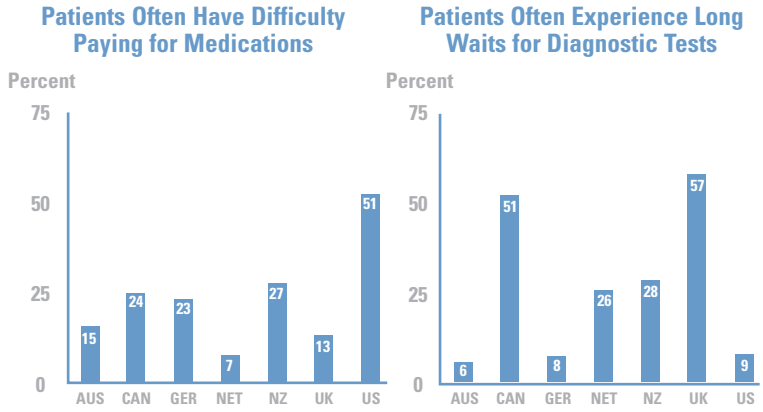
TABLE 9
Doctor's Practice Has Arrangement for Patients' After Hours Care to See Nurse/Doctor



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

TABLE 10
Physicians' Perception of Patient Access



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Participation in Quality Activities

Primary care physicians in Germany (76%) and New Zealand (78%) are the most likely to have participated in quality improvement programs. Canadian (48%) and U.S. (49%) doctors are the least likely to have done so.

Doctors in the United Kingdom (96%) are the most likely to have conducted clinical audits of patient care. Doctors in Canada (45%) and the Netherlands (46%) are the least likely to have done this.

United Kingdom and German doctors (both 70%) are the most likely to have worked with formal targets for clinical performance. Australian (26%) and Canadian (27%) doctors are the least likely to have done so.

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TABLE 11
Physician Participation in Activities to Improve Quality of Care

	AUS	CAN	GER	NET	NZ	UK	US
Percent in Past 2 Years Who:							
Participated in Collaborative QI Efforts	58	48	76	70	78	58	49
Conducted Clinical Audit of Patient Care	76	45	69	46	82	96	70
Percent Reporting Their Practice:							
Sets Formal Targets for Clinical Performance	26	27	70	35	41	70	50

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Availability of Data on Clinical Outcomes or Performance

The proportions of primary care physicians who have available data on clinical outcomes are highest in the United Kingdom (78%) and Germany (71%) and lowest in Canada (24%).

United Kingdom doctors also head the list by a wide margin (89%) of those who use surveys of patient satisfaction and experiences. Few doctors in Canada (11%) and the Netherlands (16%) use patient surveys.

TABLE 12
Availability of Data on Clinical Outcomes or Performance

Percent Reporting Yes:	AUS	CAN	GER	NET	NZ	UK	US
Patients' Clinical Outcomes	36	24	71	37	54	78	43
Surveys of Patient Satisfaction and Experiences	29	11	27	16	33	89	48

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

Use of Documented Process for Following Up or Analyzing Adverse Events

The great majority (79%) of primary care doctors in the United Kingdom have a documented process for following up or analyzing all adverse events. An additional eight percent have a documented process to follow up drug reactions only. Only 13 percent of United Kingdom physicians have no such process. No other country comes close to the United Kingdom, with between 37 percent (in the U.S.) and seven percent (in the Netherlands) having a process to follow up all adverse events.

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TABLE 13
Practice Had Documented Process for Follow-Up Analysis of Adverse Events

	AUS	CAN	GER	NET	NZ	UK	US
Yes, for All Adverse Events	35	20	32	7	41	79	37
Yes, for Adverse Drug Reactions Only	36	24	71	37	54	78	43
Do Not Have A Process	29	11	27	16	33	89	48

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

"Pay for Performance" Incentives

There are huge differences between the seven countries in their use of financial incentives linked to quality of care. Most (95%) United Kingdom primary care doctors can receive payments based on some measure of the quality of care they provide. Only 30 percent of U.S. doctors do so, with other countries varying from 79 percent in New Zealand to 41 percent in Canada.

The survey asked doctors about five specific types of incentives. United Kingdom doctors scored by far the highest numbers of any of them – from 92 percent on "achieving certain clinical care targets" to 52 percent on their ratings for patient satisfaction.

In the United States, the highest numbers were for physicians' potential to be paid for achieving certain clinical targets (23%) and ratings for patient satisfaction (20%). Less than two in 10 can be paid extra for how they manage patients with chronic conditions and complex needs (8%), enhanced preventive care activities (12%) or participation in quality improvement programs (19%).

TABLE 14
Practice Had Documented Process for Follow-Up Analysis of Adverse Events

Percent Receive Financial Incentive:*	AUS	CAN	GER	NET	NZ	UK	US
Achieving certain clinical care targets	33	10	9	6	43	92	23
High ratings for patient satisfaction	5	—	5	1	2	52	20
Managing patients with chronic disease/ complex needs	62	37	24	47	68	79	8
Enhanced preventive care activities	53	13	28	18	42	72	12
Participating in quality improvement activities	35	7	21	28	47	82	19

*Receive or Have the Potential to Receive
Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

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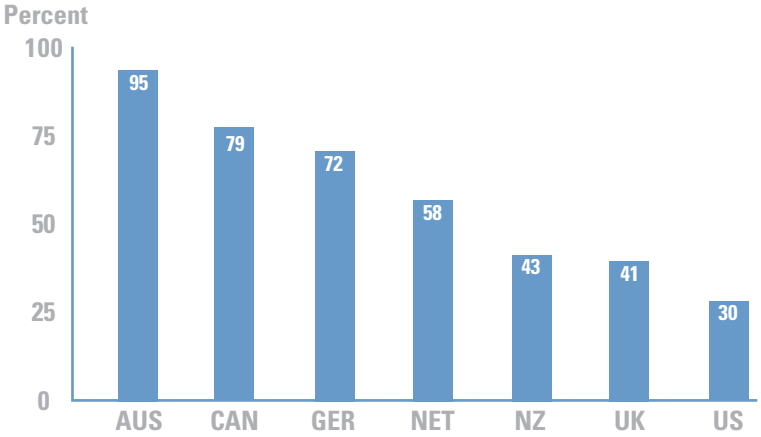
TABLE 15
Primary Care Doctors' Reports of Any Financial Incentives Targeted on Quality of Care
Percent Reporting Any Financial Incentive*



*Receive of have potential to receive payment for: clinical care targets, high patient ratings, managing chronic disease/complex needs, preventive care, or QI activities

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians

For complete study information and results, see 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians Conducted by Harris Interactive (www.cmwf.org).

Methodology

This survey was conducted by telephone and mail for the Commonwealth Fund among primary care physicians within Australia (1,003), Canada (578), Germany (1,006), the Netherlands (931), New Zealand (503), the U.K. (1,063) and the U.S. (1,004) between February and July, 2006. The research was conducted by Harris Interactive and sub-contractors and in the Netherlands by The Center for quality of Care Research (WOK). The analysis weighted final samples to the distribution of physicians by region of the country, sex, primary care specialty (GP/FP, internist, or pediatrician), and, in the United States, whether office- or hospital-based.

All surveys are subject to several sources of error. These include: sampling error (because only a sample of a population is interviewed); measurement error due to question wording and/or question order, deliberately or unintentionally inaccurate responses, non-response (including refusals), interviewer effects (when live interviewers are used) and weighting.

With one exception (sampling error) the magnitude of the errors that result cannot be estimated. There is, therefore, no way to calculate a finite "margin of error" for any survey and the use of these words should be avoided.

With pure probability samples, with 100 percent response rates, it is possible to calculate the probability that the sampling error (but not other sources of error) is not greater than some number. With pure probability samples of 1,000 and 500, one could say with a ninety-five percent probability that the overall results would have a sampling error of +/- 3 to +/- 5 percentage points, respectively. However, that does not take other sources of error into account.

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