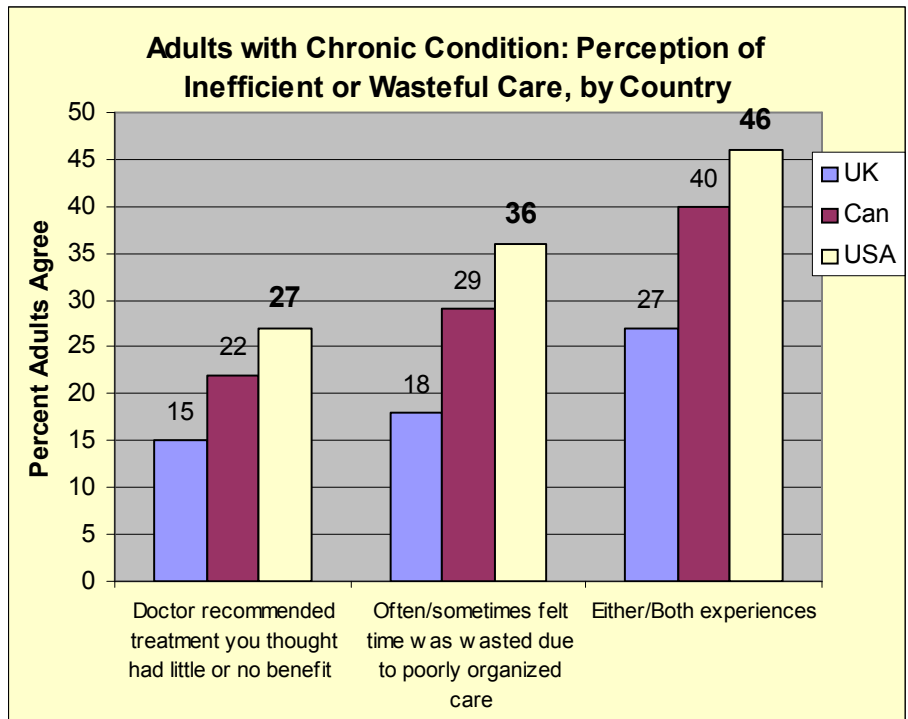


The United States spends the more money on medical care than any other industrialized country, yet it performs worse on many measures of health care quality and health outcomes.^{1, 2, 3, 4, 5, 6} Problems of underuse, overuse, and misuse of medical care are widespread in America's health care delivery system.⁷ Within America, there are large gaps in the quality and cost of health care delivery across various geographic regions. Eliminating variations in the delivery of evidence-based care across the health care system could save thousands of lives and billions of dollars in medical costs and lost productivity each year.^{8, 9, 10}

Despite heightened attention and effort devoted to improving the quality of care in recent years, the Institute for Healthcare Improvement estimates that, on average, more than 40,000 instances of medical harm occur *every day* in the United States (roughly 15 million each year).¹¹ Receiving inadequate or inappropriate care can lead to pain and death, as well as increased medical costs to treat preventable health problems.

SIGNIFICANT HEALTH CARE QUALITY PROBLEMS PERSIST

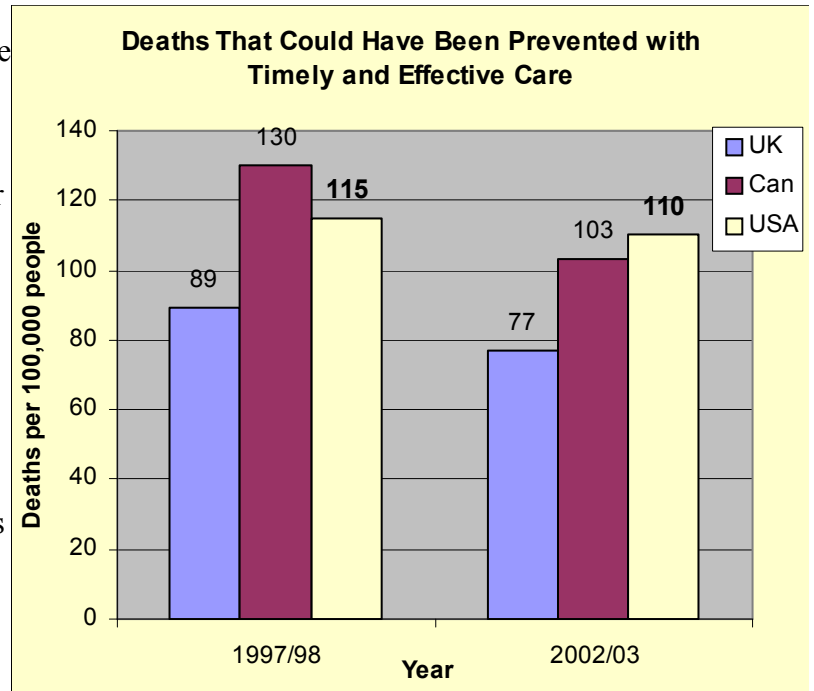
- In a 2008 Commonwealth Fund study of chronically ill adults in eight industrialized countries, patients in the U.S. were more likely to report receiving inefficient or wasteful care than all countries in the study. Chronically ill patients in the U.S. also had the highest rate of medical errors and/or poorly coordinated care.¹²
- A major study conducted by RAND found that American adults receive only half (54.9 percent) of recommended care. This proportion varied little across the categories of preventive, acute, and chronic care.¹³
- Between 2005 and 2007, more than 913,000 preventable patient safety events occurred of the nearly 38 million Medicare hospitalizations.¹⁴
- Reducing readmissions and hospitalizations for preventable conditions alone could save the Medicare program at least \$12 billion per year.¹⁵
- Patients with hypertension receive less than two-thirds of recommended care. Poor control of high blood pressure results in nearly 70,000 preventable deaths each year.¹⁶



Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults: Data collected by Harris Interactive, Inc.

HIGH ERROR RATES LEAD TO DEATHS AND INJURIES

- Out of 19 industrialized countries, the U.S. ranked last on deaths amenable to health care which are deaths that could have been prevented with timely and effective care.¹⁷
- As many as 101,000 premature deaths a year would be averted if the U.S. was able to achieve the same mortality rate as other leading countries.¹⁸
- The Institute of Medicine estimates that 44,000-99,000 patients die in hospitals each year due to medical errors.¹⁹
- HealthGrades, an organization that publishes rankings of hospitals and physicians, reported that there were 238,000 potentially preventable deaths between 2005 and 2007 – just for the Medicare population.²⁰ Nearly 50 percent of preventable deaths were associated with four diagnoses—heart failure, community-acquired pneumonia, sepsis and respiratory failure.²¹
- The Centers for Disease Control estimated that each year, 1.7 million patients get a hospital-acquired infection during their hospital stay. Of those 1.7 million, 99,000 people (about 270 per day) die.²²



Note: Countries' age-standardized death rates before age 75; includes ischemic heart disease, diabetes, stroke, and bacterial infections

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008; Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization (WHO) mortality files. (2008).

VARIATION IN QUALITY AND COST OF HEALTH CARE

- There is large variation in per capita Medicare spending across geographic locations that cannot be explained by differences in health of the population, age or race.^{23, 24, 25}
- Paying more for health care does not equate to higher quality care. Research from the Dartmouth Institute for Health Policy and Clinical Practice found that higher health care spending does not result in better quality of care, whether it is measured by technical quality issues, reliability of hospital or outpatient care or survival following serious conditions such as a heart attack or hip fracture.²⁶
- Medicare beneficiaries in higher-spending regions did not receive more effective or more patient-preferred care than beneficiaries in lower-spending regions. Patients from higher-spending areas merely spent more time in health care settings—for example, they were more likely to be hospitalized and spend more time in the ICU than similar patients in lower-spending regions.²⁷
- Dartmouth researchers have found that physicians in high and low-spending regions were equally likely to recommend specific clinical interventions when the supporting evidence was strong. Those in higher-spending regions, however, were much more likely than those in lower-spending regions to recommend discretionary services.²⁸

This fact sheet was researched and prepared by Joel Miller and Julie Bromberg on 8/17/09.

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