

Access to Health Care Coverage:

- 880,000 adults between 19 and 64 are uninsured in Pennsylvania.
- Between 2000 and 2007, 560,945 Pennsylvanians lost their employer provided health insurance.
- In Pennsylvania 63% of the uninsured are employed, 2/3 of these folks work full time jobs and the rest have one or more part time job.
- In 2005, the cost of health care for uninsured Pennsylvanians, which was not paid by the individuals themselves, was more than \$1.4 billion.
- 75% of the uninsured rank cost as a main factor in being uninsured.
- From 2000-2006, the wages grew by 13.3% while the cost of health care rose by 75.6%.
- Price Waterhouse Coopers (PWC) expects health care costs to grow by 10% in 2009, in spite of negative wage growth across almost every sector in the economy. PWC's report states, "Private healthcare spending has been increasing faster than GDP and CPI and is expected to continue to do so for at least the next decade." PWC pointed out that a lack of public policy addressing the uninsured population would accelerate the private sector's premium increases.

Quality of Health Care Delivery:

- Our hospitals treated for inpatient care about 1.6 million people in 2007; of these patients nearly 28,000 became infected with an HAI.
- The good news is that our rate of HAI declined from 19.2% in 2006 to 17.7% in 2007 – a 7.8% drop in our HAI rate.
- The average length of stay for patients with a hospital-acquired infection was 19.7 days, while the mean length of stay for patients without a hospital-acquired infection was 4.4 days.
- The average total hospital charge for patients with a hospital-acquired infection was \$191,872, while the mean for those patients without such infections was \$35,168.
- In 2007 -- 2,288 fewer individuals were infected with HAI's than in 2006. As a result, hospital charges were \$358 million lower in 2007 than they would have been had the rate of HAI infected patients stayed at the 2006 level.

- In 2007, 3,400 patients with HAI's died, 300 fewer patients than died due to HAI's in 2006.
- The mortality rate for patients with a hospital-acquired infection was 12.2%, while the mortality rate for patients without a hospital-acquired infection was 2.0%.
- PA is 11% above the national average for ER usage and PA patients charges include \$4 billion in avoidable hospitalizations. A strong majority of these unnecessary hospital interactions are patients with chronic illnesses. A key strategy to drive down costs is to shift these patients to more effective care for chronic illnesses.
- Pennsylvania now has 173 medical practices with 869 Primary Care Practitioners participating in our Chronic Care Model focused on delivering care in a way that will drive down unnecessary emergency room visits and hospitalizations.
- These practices are now caring for the patients who drive up costs the most -- care for 43,675 are diabetics and 12,654 asthmatic kids.
- Only a year into the South Eastern Collaborative and the data is starting to come in and the results are impressive. Diabetic patients are taking control of their own care – the number with self-management goals has increased 195 percent in one year. There has been a 71 percent increase in the number of people getting eye exams and a 142 percent increase in the number getting annual foot exams. The number of patients who have lowered their cholesterol below 130 had increased by 43 percent and their blood pressure below 140/90 by 25 percent.
- And, compared to last June, twice as many patients now have a documented asthma action plan that tells them how to take their controller medications, how to avoid asthma triggers that may prompt an asthma attack, and what to do in the event of an attack and depending on the severity of the attack.

How the United States Fares Globally:

- According to an article in The American Journal of Medicine more than 60% of US bankruptcies are resultant from medical expenses, and a vast majority from individuals who had health insurance.
- Health Affairs magazine reported survey results in 2008 comparing health care in seven countries including the U.S. The survey of patients found that chronically ill adults in the United States are far more likely to forgo care because of costs; they also experience the highest rates of medical errors, coordination problems, and high out-of-pocket costs. As a result, the eight-country survey finds that U.S. patients are significantly more likely to call for fundamental change in their country's health care system, with a third saying the

system needs to be rebuilt completely. (Countries compared are Australia, UK, New Zealand, German, Canada, U.S. and The Netherlands)

- Later research by the Commonwealth Fund in 2008 found that about one-third of U.S. patients—a higher rate than in any other country—experienced medical errors or poorly coordinated care, including delays in access to medical records or duplicated tests.
- Reflecting cost-sharing as well as gaps in insurance coverage, 41 percent of U.S. patients spent more than \$1,000 in the past year on out-of-pocket medical costs, compared with 4 percent in the U.K. and 8 percent in the Netherlands.
- U.S. patients were the most likely to find it very difficult to get after-hours care without going to an emergency room: 40 percent said it was very difficult, compared with only 15 percent in the Netherlands and Germany, the lowest rates of any country on this measure.
- In the past two years, 59 percent of U.S. patients visited an emergency room; only Canada had higher rates (64%). In both countries, one in five said they went to the ER for a condition that could have been cared for by a regular doctor if one had been available.
- Electronic medical record (EMR) usage ranges from nearly all physicians in the Netherlands to only 23 percent in Canada and 28 percent in the United States.
- In the first major attempt to rank health care systems, the World Health Organization's (WHO's) *World Health Report, 2000* placed the U.S. health system 37th in the world.⁹ This called into question the value Americans receive for their investment in health care. The U.S. ranked 24th in terms of "health attainment," even lower (32nd) in terms of "equity of health outcomes" across its population, and lower still (54th) in terms of "fairness of financial contributions" toward health care. In the same report, the U.S. ranked first in terms of "patient responsiveness."
- The Commonwealth Fund found in comparing these countries, between 1997–98 and 2002–03, the rate of deaths that could be avoided with proper access to health care treatment fell by an average of 16 percent in all countries except the U.S., where the decline was only 4 percent. In 1997–98, the U.S. ranked 15th out of the 19 countries on this measure—ahead of only Finland, Portugal, the United Kingdom, and Ireland. By 2002–03, the U.S. fell to last place.