

Building Evidence for Action

We cannot improve what we do not measure.

To improve healthcare quality in the U.S. we must first identify and understand how our healthcare system is performing. That's why the Center is partnering with healthcare leaders, such as KFF and the University of Washington's Institute for Health Metrics and Evaluation, to evaluate outcomes and drivers of spending. Our goal is to equip policymakers and other healthcare decision-makers with timely evidence to inform policies and practices that increase access to quality, more affordable care.

Monitoring Healthcare Performance With the Peterson-KFF Health System Tracker

KFF

We work with KFF to measure and visualize the performance of the U.S. healthcare system, focusing on key indicators of quality and cost. The [Peterson-KFF Health System Tracker](#) puts a spotlight on performance and sparks discussion about how the health system can be improved. It provides clear, up-to-date information for healthcare providers, payers, consumer advocates and policymakers on trends, drivers and issues that impact the performance of the healthcare system. It also illustrates how the U.S. is performing relative to other countries.

The Tracker features chart collections, a [dashboard](#), an [interactive tool](#) to explore national health spending and briefs that analyze the latest healthcare issues. These resources provide a broad view of the healthcare system's performance compared to similar countries and offer a detailed look at specific indicators. In addition, the Tracker addresses key questions through visualizations and analyses on [health spending](#), [quality of care](#), [access and affordability](#), and [health and wellbeing](#). Lastly, [interactive tools](#) allow users to explore national healthcare expenditures and calculate household healthcare spending.

Key Stats and Facts

18.3 %

of the U.S. economy was devoted to healthcare in 2021 compared to 12% in comparable countries.
[View more.](#)

6.1 yrs

Difference in life expectancy between the U.S. and comparable countries in 2021.
[View more.](#)

\$ 195

Billions in cumulative medical debt owed by 23 million Americans (nearly 1 in 10 adults).
[View more.](#)

Understanding Drivers of Healthcare Spending at the Local Level With the Institute for Health Metrics and Evaluation



While health outcome variance across the U.S. is well studied, there is far less evidence about how healthcare spending varies geographically. The Center is working with the [University of Washington's Institute for Health Metrics and Evaluation](#) to create the first nationwide dataset of U.S. health expenditures, utilization and value down to the county level. County-level spending estimates will complement other research to understand value by assessing variation in both spending *and* outcomes.

This work fills a gap in healthcare data, providing analysis that can guide better-targeted policies for improving healthcare performance and outcomes.

For example, healthcare systems can use resulting estimates to benchmark their own spending against other counties or states, while state policymakers can identify key drivers behind year-to-year growth in healthcare spending.

A state-level analysis of healthcare costs conducted by researchers from IHME and published in [Health Affairs](#) shows wide variations in system-wide healthcare spending across states. The study reveals that differences in spending between states have increased after implementation of the Affordable Care Act, suggesting that some states are more effective at controlling rising healthcare costs than others. IHME's analysis also demonstrates that Medicaid expansion was associated with a small, 1 percent increase in overall healthcare spending across the states.

A follow-up article in [Health Affairs Forefront](#) discusses the importance of IHME's methods to control for state characteristics that may influence variation but are beyond the control of the health system. This approach provides an apples-to-apples comparison across states, so public-private stakeholders can understand what spending is addressable.



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