

## An F In Health Care

Alec Dubro, TomPaine.com, May 16, 2007

The New York-based Commonwealth Fund released a comprehensive cross-border study of health care systems in rich countries and, no surprise, ranks the U.S. as pretty much last. Except when it comes to cost, that is. **We pay more overall and get less.**

What everyone who cares to look knows is that there are two health care systems in America—one for those with money and for those without. The report spelled it out plainly:

**The U.S. ranks a clear last on all measures of equity.** Americans with below-average incomes were much more likely than their counterparts in other countries to report not visiting a physician when sick, not getting a recommended test, treatment or follow-up care, not filling a prescription or not seeing a dentist when needed because of costs.

Many people have enough money, or otherwise identify themselves with money, that they're grateful for what they believe is class-A health care. Thank god, they say, we're not plagued with bureaucratic stasis and long wait times as are people at public hospitals or in socialist countries like Britain or Germany. They're wrong. **We're at the bottom in most everything and for everybody.** The Commonwealth Fund does, indeed, say that **the poor are in bad shape when it comes to preventable illnesses and chronic conditions. But, even the insured do badly.**

For instance: The U.S. and Canada rank lowest on the prompt accessibility of appointments with physicians, with patients more likely to report waiting six or more days for an appointment when needing care. On the other hand, Canada achieves approximately the same level of waiting using less than half the amount of money as the U.S.

What is even more striking is that **American medicine, despite the huge amounts of money poured into it, is so poorly organized that much of what would be good care gets negated by the haphazard system.** Specifically, the U.S. is technologically behind and organizationally backward. Said the report: Other countries are further along than the U.S. in using information technology and a team approach to manage chronic conditions and coordinate care. Information systems in countries like Germany, New Zealand and the U.K. enhance the ability of physicians to identify and monitor patients with chronic conditions. Such systems also make it easy for physicians to print out medication lists, including those prescribed by other physicians.

In short, **as you have probably experienced, your primary care physician has no idea what your specialists are doing and vice versa.** Not only are patient records not mutually accessible among medical personnel, they're not even computerized. That's right, **a majority of U.S. health care providers still rely on written records.** According to the U.S. Health and Human Services Department, 30 percent of current health care spending (up to \$300 billion) each year nationwide is inappropriate, redundant or unnecessary. One result, said the U.S. Institute of Medicine, is that up to 98,000 people in the United States die every year from medical errors. The governor of Wisconsin, Jim Doyle, found it necessary to institute a program of "paying \$10 million for a grant and loan program to increase the use of electronic medical record (EMR) systems." So, what we already pay for health care isn't enough; the public sector has to pay to bring us even with the other rich countries.

The U.S. wasn't last in every category. "The area where the U.S. health care system performs best is preventive care," said the Commonwealth report, "an area that has been monitored closely for over a decade by managed care plans." Although this was our best category, we still did worse than Canada and Australia.

In all, then, what do we get for the nearly \$2 trillion a year we spend? **"Despite having the most costly health system in the world," the report sums up, "the United States consistently underperforms on most dimensions of performance, relative to other countries."**

If we needed any more evidence that, dollar for dollar, we get the worst possible system, here it is. Whether or not we move to government-based health insurance, or keep some form of public and private insurers, we need a national health care system. **We clearly cannot rely on this patchwork of duplicate and non-communicating operations that cost lives, money and health.** If other countries can do it, so can we—if we can only muster the political will.