



U.S. Health-Care System Scores a D for Quality New report compared different countries in 37 areas

By **Steven Reinberg**, *HealthDay Reporter*

WEDNESDAY, Sept. 20 (HealthDay News) -- The American health-care system falls short of what's available in other developed countries, a new report claims.

After measuring 37 areas of quality, the United States only garnered a score of 66 out of 100, according to a report issued Wednesday by the Commonwealth Fund. The report was also published online Wednesday in the journal *Health Affairs*.

Despite spending the most on health care of any of the countries examined, the United States often ranked below Iceland, France, Japan, Italy, Sweden and many others, according to the report. Moreover, health care varied dramatically from state to state, and from hospital to hospital.

"The U.S. spends 16 percent of its gross domestic product on health care," Commonwealth Fund President Karen Davis said during a press conference announcing the results. "That's more than twice the average of industrialized nations."

"As other studies have shown and as our ever-growing uninsured rates underscore, we are not getting good value for that investment," Davis added. In fact, 40 percent of Americans have said that they had experienced inefficient, uncoordinated or unsafe care, she noted.

The report covered five basic areas of health care -- health outcomes, quality of care, access to care, efficiency and equity. To come up with the results, the report authors used benchmarks of excellence drawn from the top 10 percent of U.S. hospitals, health plans and states. They compared these with the same benchmarks in other countries.

"Overall, the U.S. scores poorly. An overall score of 66 out of a possible 100," said Commonwealth Fund senior vice president Cathy Schoen. "These low scores are reflections of the gaps between national averages and benchmarks of high performance."

The gaps exist in all the core areas that the report takes into account, Schoen said. "The consequences of these are not just numbers," she said. "We have lives at stake, both in terms of mortality and quality of life. And we are wasting resources."

Schoen estimated that 150,000 lives and \$100 billion could be saved each year if the entire U.S. health-care system was functioning up to the benchmarks set in each area.

Compared with other countries, the United States is ranked near the bottom on life expectancy and last on infant mortality. In addition, barely half of Americans are getting the recommended preventive care, and this is true across all income levels, Schoen said.

In terms of chronic care, the report found that two conditions, diabetes and high blood pressure, are not well-controlled. "If we could move up to the benchmarks of higher performance, we could save up to \$2 billion a year in health-care expenditures and up to 40,000 lives, and this doesn't count millions of sick days and productivity loss," Schoen said.



Lack of coordination of care drives up costs by duplicating services, Schoen said. Moreover, patients are put at risk through medical errors. "We miss opportunities to deliver the right care," she said.

Some U.S. hospitals deliver nearly 100 percent of benchmark care, but many others fall far short, Schoen said.

The increasing number of uninsured patients is also a major problem that limits access to care. "We have an epidemic on our hands," Schoen said. "The number of uninsured is up 6 million over the last five years. The number of states with 23 percent uninsured is now 12, up from four just five years ago. This is moving across the country, and is getting worse every year."

In addition, costs to run the health-care insurance system are far higher in the United States compared with other industrialized countries that have universal health-care coverage. Also, the United States is lagging behind in converting to electronic medical record systems, which could increase efficiency and reduce medical errors. "Only a quarter of doctors report using electronic systems, compared with 80 percent of doctors in other countries," Schoen said.

There are also great disparities in equity in health care, Schoen said. These exist between income groups, as well as between racial and ethnic groups, she noted.

To raise the score, the report calls for universal health insurance, improvements in primary care, better handling of patient records to improve safety, productivity and quality, payment incentives that reward efficient care, installing electronic medical record systems, spending more money to promote better health care, and setting national goals to improve overall health care.

One expert thinks the U.S. health-care system would be better if it had to rely on an open market.

"The American health-care system is not performing as well as it should, and maybe not performing very well," said Greg Scandlen, founder of Consumers for Health Care Choices, a health-care lobbying group.

Scandlen believes the health-care market in the United States is a private market, but because of government regulation and participation, it is not an open market. Scandlen thinks that the solution is letting people spend their own money as they see fit on their own health care.

"Then, I think, we would have a very efficient, high-quality system like we do in every other part of the economy," Scandlen said.

More information

The U.S. Agency for Healthcare Research and Quality can tell you more about [health care](#).

SOURCES: Sept. 20, 2006, press conference with Karen Davis, president, Commonwealth Fund, and Cathy Schoen, senior vice president, Commonwealth Fund, New York City; Greg Scandlen, founder, Consumers for Health Care Choices, Hagerstown, Md.

Last Updated: Sept. 21, 2006

Copyright © 2006 [ScoutNews LLC](#). All rights reserved.