

## WE MUST RECOGNIZE THE POSITIVES IN OUR SYSTEM - LEST WE THROW THE BABY OUT WITH THE BATHWATER

Stephen L. Bakke – August 4, 2009

---

*This is one of several topics which lead into my attempt at identifying reasonable and viable elements of health care reform – “soon to be completed”. My suggestions will recognize the compelling need for reform, accept those aspects which virtually all citizens agree must change, and provide an alternative to the undesirable, and ever less popular, government imposed system.*

---

### The Commonwealth Fund Admits Its “Fatal Flaw”

One of the major sources of momentum and fuel for the fire of nationalizing the U.S. health care and insurance systems was a recent study by The Commonwealth Fund (TCF). I believe it is important for us to take a look at it because if we are hell-bent on transforming the health care landscape, we ought to at least carefully look at the basis for the many criticisms, accusations and blame. Foolishly, I believe, many in the Obama administration and in Congress point to this and similar studies as major reasons for their support for a universal system and a public option.

#### *What Does The TCF Report Claim?*

The recent TCF study evaluated the wealthier nations – Australia, Canada, Germany, New Zealand, the United Kingdom and the U.S. – in terms of health care systems. In the TCF study, the U.S. ranked last or next to last on all but one criterion. The study states that despite having the most costly health system in the world the U.S. consistently underperforms. Also according to TCF, the U.S. scores at or near the bottom in most “quality” measurements.

Whether or not a universal system exists is really the most important of the criteria used in the study, as their report states. In the authors’ own words, this absence can be viewed as “partly accounting for its (the U.S.) poor performance on access, equity, and health outcomes”. It has been demonstrated that good ratings in the several categories or sub-categories could only be achieved if a universal health plan was in place – i.e. **lack of a universal plan automatically receives a low mark without regard for actual statistics. The survey would permit a country with a universal system to be rated higher than one with higher overall quality care but no universal coverage.** The U.S. fails the survey simply and only because a successful evaluation relies upon the system having certain elements of socialized medicine. But while the lack of national health insurance caused a low ranking in “access” etc., the author’s own words state that, if insured, “patients in the U.S. have rapid access”. Also, part of the problem is that while there are U.S. government programs that do guarantee basic medical care to the uninsured, no credit is given for that fact. As pointed out in an earlier report, **the**

**uninsured often don't seek the available programs. We really have a different problem than access – rather, ignorance of the system.**

### *How'd They Do It?*

The results of the TCF study were based on subjective telephone interviews with patients and doctors, **not an objective study of data available in medical records and actual statistics on medical outcomes.** How can a study make an evaluation on overall quality without considering such things as medical statistics and medical outcomes? Critics accuse the study of being designed to make the U.S. look bad. Characteristics common to universal health plans are given emphasis over outcome statistics. For example, the number of persons who pay anything for health care, even fairly low amounts “out of pocket”, can penalize a country's rankings as much as low reported infections can help. There are many more examples like that.

### *What Fatal Flaw?*

I believe the report does nothing more than reveal which nation does the worst job of satisfying the subjective preferences of the people who conducted this study. Expectations do tend to be higher in the U.S., and not taking this into account biases the study against the U.S. system. Even the study recognizes inherent shortcoming in the following direct quote from its Summary:

**“Any attempt to assess the relative performance of countries has inherent limitations. These rankings summarize evidence on measures of high performance based on national mortality data and the perceptions and experiences of patients and physicians. They do not capture important dimensions of effectiveness or efficiency that might be obtained from medical records or administrative data. Patients' and physicians' assessments might be affected by their experiences and expectations, which could differ by country and culture”.** This is a very important admission by the authors!

### **Effectiveness of Care**

The above discussion is a brief look at some of the flaws of the TCF study which has been such an important influence on the rush to transform our health care system. **I sincerely believe the facts pointed out in this section are extremely important! Unlike the more widely publicized TCF study, this deals specifically with outcome statistics as related to the health care systems of several countries.** An excellent summary is presented in the recently published report by the National Center for Policy Analysis (NCPA). Citations for this information are presented on its website.

NCPA came up with the following list of ten “facts” about our health care system which should be considered in any truly objective evaluation of America's health care system:

- *Fact One* – Americans have better survival rates than Europeans for common cancers. Breast cancer mortality is 52% higher in Germany than in the U.S., and 88% higher in the U.K. Prostate cancer mortality is 604% higher in the U.K. and 457% higher in Norway. The mortality rate for colorectal cancer among British men and women is about 40% higher.
- *Fact Two* – Americans have lower cancer mortality rates than Canadians. In Canada, breast cancer mortality is 9% higher, prostate cancer is 184% higher and colon cancer mortality among men is about 10% higher than in the U.S.
- *Fact Three* – Americans have better access to treatment for chronic diseases than patients in other developed countries. Some 56% of Americans who could benefit are taking statins, which reduce cholesterol and protect against heart disease. By comparison, of those patients who could benefit from these drugs, only 36% of the Dutch, 29% of the Swiss, 26% of Germans, 23% of Britons and 17% of Italians receive them.
- *Fact Four* – Americans have better access to preventive cancer screening than Canadians. Take the proportion of the appropriate-age population groups who have received recommended tests for breast, cervical, prostate and colon cancer: 89% of middle-aged American women have had a mammogram, compared to 72% of Canadians; 96% of American women have had a pap smear, compared to less than 90% of Canadians; 54% of American men have had a PSA test, compared to 16% of Canadians; 30% of Americans have had a colonoscopy, compared with less the 5% of Canadians.
- *Fact Five* – Lower income Americans are in better health than comparable Canadians. Twice as many American seniors with below-median incomes self-report “excellent” health compared to Canadian seniors (11.7% versus 5.8%). Conversely, Canadian young adults with below-median incomes are 20% more likely than lower income Americans to describe their health as “fair or poor”.
- *Fact Six* – Americans spend less time waiting for care than patients in Canada and the U.K. Canadian and British patients wait about twice as long to see a specialist, to have elective surgery like hip replacements, or to get radiation treatment for cancer.
- *Fact Seven* – People in countries with more government control of health care are highly dissatisfied and believe reform is needed. More than 70% of German, Canadian, Australian, New Zealand and British adults say their health system needs either “fundamental change” or “complete rebuilding”.
- *Fact Eight* – Americans are more satisfied with the care they receive than Canadians. When asked about their own health care instead of the “health care system”, over 51% of Americans are very satisfied with their health care services, compared to only 41.5% of Canadians; 6.8% of Americans are dissatisfied compared with 8.5% of Canadians.
- *Fact Nine* – Americans have much better access to important new technologies like medical imaging than patients in Canada or the U.K. An overwhelming majority of leading American physicians identified CT and MRI procedures as the most important medical innovations for improving patient care during the previous decade. The U.S. has several times the number of these machines, per capita, than either Canada or the U.K. Why? The number of these machines has

been maligned as waste by economists and policymakers who are naïve about actual medical practices.

- *Fact Ten* – Americans are responsible for the vast majority of all health care innovations. The top five U.S. hospitals conduct more clinical trials than all the hospitals in any other single developed country. Nobel Prize awards follow a similar pattern.

Despite the serious challenges in our current system of health care, such as escalating costs and uninsured citizens, the **U.S. system compares very, very favorably** with any other country chosen for comparison. So let's use this information to **make sure we work only to reform true deficiencies.**

---

### **Sources of Information**

The major sources of information used in developing my health care commentaries will be included in my future report on health care reform recommendations. A preliminary, but not complete, list of sources can be found in my April 2009 report on the status of our health care system and reform.