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TODAY'S "SHORT TOPIC" UNIVERSAL HEALTHCARE AND "SINGLE PAYER": WHY DON'T WE WANT THEM?



By Stephen L. Bakke  December 31, 2015

Here's what provoked me:

Hey SB! They've ganged up against you in the Minneapolis StarTribune! They printed a letter in which you opposed a universal healthcare system. That opened the floodgates. If my count is right they've published quite a few "inches" of letters rebutting your opinion. In a move uncharacteristic of the paper, they did give you one "rebuttal to the rebuttals." Since that "second chance" was published, there have been two more letters opposing your views and asking you questions. Now what are you going to do? Do you have another "rebuttal" in you? – Stefano Bachovich – obscure curmudgeon and wise political pundit – a prolific purveyor of opinions on just about everything – SB's primary "go-to guy."

Here's my response:

Universal Healthcare and "Single Payer": Why Don't We Want Them?

A 12/31 letter ("Still waiting to be told why single-payer plan won't work") opposes my opinion expressed in a 12/29 letter.

I'll acknowledge that "single payer" would "work," but it would be inferior to a true market-based system. To begin to explain my opinion, it's necessary to review the reason ACA was originally conceived. Two well-known studies ranked the U.S. system far inferior to virtually all other developed nations. Panic set in!

The studies were by the World Health Organization (WHO) and The Commonwealth Fund (TCF). These studies had an **admitted built-in bias** that the overall rating was **guaranteed** to be low if "universal" coverage wasn't in place! While WHO ranked the U.S. "37th" overall, it ranked the U.S. near the top in "quality of care and innovation." TCF ranked the U.S. near or at the bottom in all but one category – in "right" care, which measures effectiveness, the U.S. was number one.

Conclusions were based largely on telephone interviews of patients and physicians from each country. Critics pointed out that there was no attempt to make objective measurements of "outcomes." Could that be true? Digging deeper I found the following admission/caveat at the end of the TCF report: ***"[Rankings] do not capture important dimensions of effectiveness or efficiency that might be obtained from medical records or administrative data."***

I therefore disagree with the premise which led to consideration of "universal/single payer." To further pursue the question, I'll submit another letter with more information, and specifically look at Canada.