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## INTERNATIONAL HEALTHCARE REPORTS AREN'T "STUDIES" AT ALL!

By Steve Bakke  August 22, 2018



*Here's what provoked me:*

*Hey SB: I've noticed a lot of recent "buzzing" about the healthcare report produced by The Commonwealth Fund. This report shows the U.S. still at the bottom of 11 industrialized/relatively wealthy countries. I thought we learned our lesson with the shortcomings of Obamacare. Didn't we use an old version of this report to justify and help determine many of the goals of Obamacare? What do you know about this?*

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:*

### **International Healthcare Reports Aren't "Studies" At All!**

Thanks for asking, Stefano. A letter in the August 12 Des Moines Register refers to the 2017 Commonwealth Fund report on healthcare as evidence that "single-payer" is the only ultimate answer for healthcare reform. The report ranked the U.S. at the bottom of almost every category, including "outcomes."

Decisions made in the Obamacare legislation were influenced by an earlier version of this report, and we still have massive systemic insurance/payment system problems. And we get tangled up by confusing our payment system and costs (insurance/Obamacare/Medicaid) with our healthcare delivery and outcome measurements (using medical records).

The Commonwealth Fund reports have significant flaws. Consider their own recent disclosure: *"Any international comparison of health care is subject to inherent weaknesses, such as the absence of medical record clinical information or timely health outcomes data.....Different measures, moreover, are given equal weight in the rankings and are not weighted based on independent evidence of what patients value most highly."*

That tells us: medical records and outcomes are not reviewed and don't impact the rankings; no adjustments are made for measurement differences country-to-country; this is mostly a mere survey of patients' attitudes, and no adjustment is attempted for different cultural expectations. Additionally, the methodology made it impossible to receive a favorable ranking unless the country in question already had single-payer/universal coverage. And medical technology advancement isn't even considered in the rankings.

Do you want this superficial "study" influencing the direction of U.S. healthcare reform?