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U.S. at Bottom of Commonwealth Fund's Ranking of Seven Health Systems

Written by Shawn Rhea

The healthcare reform law has numerous provisions that could help the U.S. step up from its last-place ranking in a newly released Commonwealth Fund study comparing the effectiveness of healthcare systems in seven countries. But it likely will take several years before substantial improvement will be evident.

“We hope that as we see these changes implemented, we’ll see much better performance in some of the elements in the report,” said Cathy Schoen, senior vice president of the Commonwealth Fund and an author of the study. “But the reform effort takes a rather slow rollout, so we don’t expect to see any significant change on these measures for about five years.”

The study, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally*, evaluated the performance and delivery of healthcare services in Australia, Canada, Germany, the Netherlands, New Zealand, the U.K. and the U.S. It measured quality, efficiency, access to care, equity and the ability to lead long, healthy lives and found that the U.S. fell to the bottom of the list in several categories. The U.S. ranked lowest overall despite being the most expensive of the seven systems. The U.S. spent \$7,290 per capita on healthcare in 2007 compared with \$3,837 spent per capita in the Netherlands, which

had the best overall ranking in the study. Canada, which ranked sixth overall, had the second-highest per capita spending on care at \$3,895.

Numerous factors contributed to the U.S.’ last-place ranking, said the authors, including findings that U.S. patients with chronic conditions were most likely to report being given the wrong medication. More than half of adults with chronic conditions said they had problems getting needed care, and the U.S. also scored worst on infant mortality and preventable deaths before age 75.

Carolyn Clancy, director of the Agency for Healthcare Research and Quality, said that the report’s findings were not surprising and that they echoed those of similar studies conducted in recent years. “It gives us a good piece of information on where we’ve been. What’s exciting for the U.S. is we now have a good road map in the Patient Protection and Affordable Care Act,” she said.

Clancy pointed to mandates for payment-system reform, electronic health records and quality measures that will help determine the level of provider reimbursement as actions that have the power to improve healthcare and lift the U.S.’ standing in future studies.

Unlike Schoen, however, Clancy does not think it will take five years for the reform effort to bring about significant improvement. “I think we’ll start to see improvement over the next year, and one of the reasons I’m optimistic about it moving faster is because the renewal of the Children’s Health Insurance Program and the American Recovery Act already put in place actions and other resources” to address some healthcare system deficiencies, Clancy said.

Not all policymakers believe that the Commonwealth Fund study makes an accurate assessment of the U.S. healthcare system. They also question whether the reform act, or government investment in general, is the best way to address the deficiencies identified by the study.

“We’re rated down because we spend 50% more in some cases to deliver care, and that doesn’t necessarily paint an accurate picture,” said Devon Herrick, a healthcare economist and senior fellow with the National Center for Policy Analysis, a free-market think tank. “Some of these countries are free-riding off the research we do here” and therefore have lower costs.

Herrick added that he also believes the study underestimates the value of choice and quick access to care that Americans enjoy. “The study tends to discourage cost sharing; it considers that a barrier. But I have a health savings account, and that gives me flexibility in terms of where I seek care.”