



Coffee drinkers



Tea drinkers

Medical Errors

How Your Healthcare May Be Harming You

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OLLI Fall 2023 Semester

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SESSION 7

COMPARISON with

OTHER COUNTRIES

Plan for the Course

- Session 1: Introduction and Definitions
- Session 2: Diagnostic Errors
- Session 3: Medication Errors, Surgical Errors
- Session 4: Communication Errors
- Session 5: US Healthcare System/Industry
- Session 6: Science and Technology
- **Session 7: Comparison with Other Countries**
- Session 8: Solutions, Reduction, Prevention

Plan for the Session

- The Commonwealth Fund
- Mirror-Mirror 2021 Report
- Comparison with 10 Industrialized countries:
 - Morbidity and Mortality
 - Healthcare Services
 - Healthcare Expenditure
- Universal Healthcare
- US Healthcare Negative Factors

To Err is Human

TEIH

- *TEIH* asserts that the problem is not bad people in health care: it is that good people are working in bad systems that need to be safer.
- The report offered a clear, comprehensive and straightforward prescription for raising the level of patient safety in American healthcare.
- It also explained how *patients* can influence the quality of care that they receive in a hospital.



The
**COMMONWEALTH
FUND**

Affordable, quality health care. For everyone.

The Commonwealth Fund

- Established in 1918 to enhance the common good.
- The mission is to promote a high-performing, equitable healthcare system that achieves:
 - better access
 - improved quality
 - greater efficiency
 - availability of quality service for society's most vulnerable
- Supports independent research on healthcare issues, and gives grants to improve practice and policy.

Commonwealth Fund Survey

- The biennial Commonwealth Fund survey compares US with 10 other nations: France, UK, Australia, Germany, Canada, Sweden, Norway, New Zealand, Netherlands, and Switzerland.
- Every 4 years, issues a report titled “Mirror, Mirror” comparing healthcare conditions for 11 industrialized countries.

Commonwealth Fund Survey

- It analyzes 71 performance measures across five domains:
 - Access to care and providers
 - Quality of care processes
 - Administrative efficiency
 - Equity (lack of disparities)
 - Health care outcomes throughout the system
- Data comes from health surveys done in each country and from administrative data from the Organization for Economic Cooperation and Development (OECD) and the World Health Organization.

Commission on a National Public Health System

(Part of The Commonwealth Fund)

- Established in 2022 to articulate a vision for a truly national public health system:
 - to protect America’s health
 - to reduce inequities
 - to better prepare the nation to address major health problems and future crises
- Seeks to state a vision for how federal authority, resources, and leadership can create a national public health infrastructure, that improves health in the US.



MIRROR, MIRROR 2021

Reflecting Poorly: Health Care in the U.S.
Compared to Other High-Income Countries

Mirror, Mirror 2021 Report

- Mirror, Mirror 2021 report provides much information to ponder and reflect upon.
- It tells a sad story for Canada and the US.
- Things will not change unless we question our assumptions and challenge our ways.

Mirror, Mirror 2021 Report

- What the report doesn't do is tell us what we should be doing.
- Where do we want to go as a society?
- What do we want to achieve for our citizens?
- These are questions that need more thought and more discussion.

The 11 Countries

- Australia (AUS)
- Canada (CAN)
- France (FRA)
- Germany (GER)
- Netherlands (NETH)
- New Zealand (NZ)
- Norway (NOR)
- Sweden (SWE)
- Switzerland (SWIZ)
- United Kingdom (UK)
- United States (USA)

International Healthcare Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	USA
Overall Ranking	3	10	8	5	2	6	1	7	9	4	11
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Processes	6	4	10	9	3	1	8	11	7	5	2
Admin. Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity/ No Disparities	1	10	7	2	5	9	8	6	3	4	11
Healthcare Outcomes	1	10	6	7	4	8	2	5	3	9	11

Commonwealth Fund 2021

Life Expectancy

Infant and Maternal Mortality

Avoidable Deaths per 100K population

Rates of Suicide

Deaths from Assault

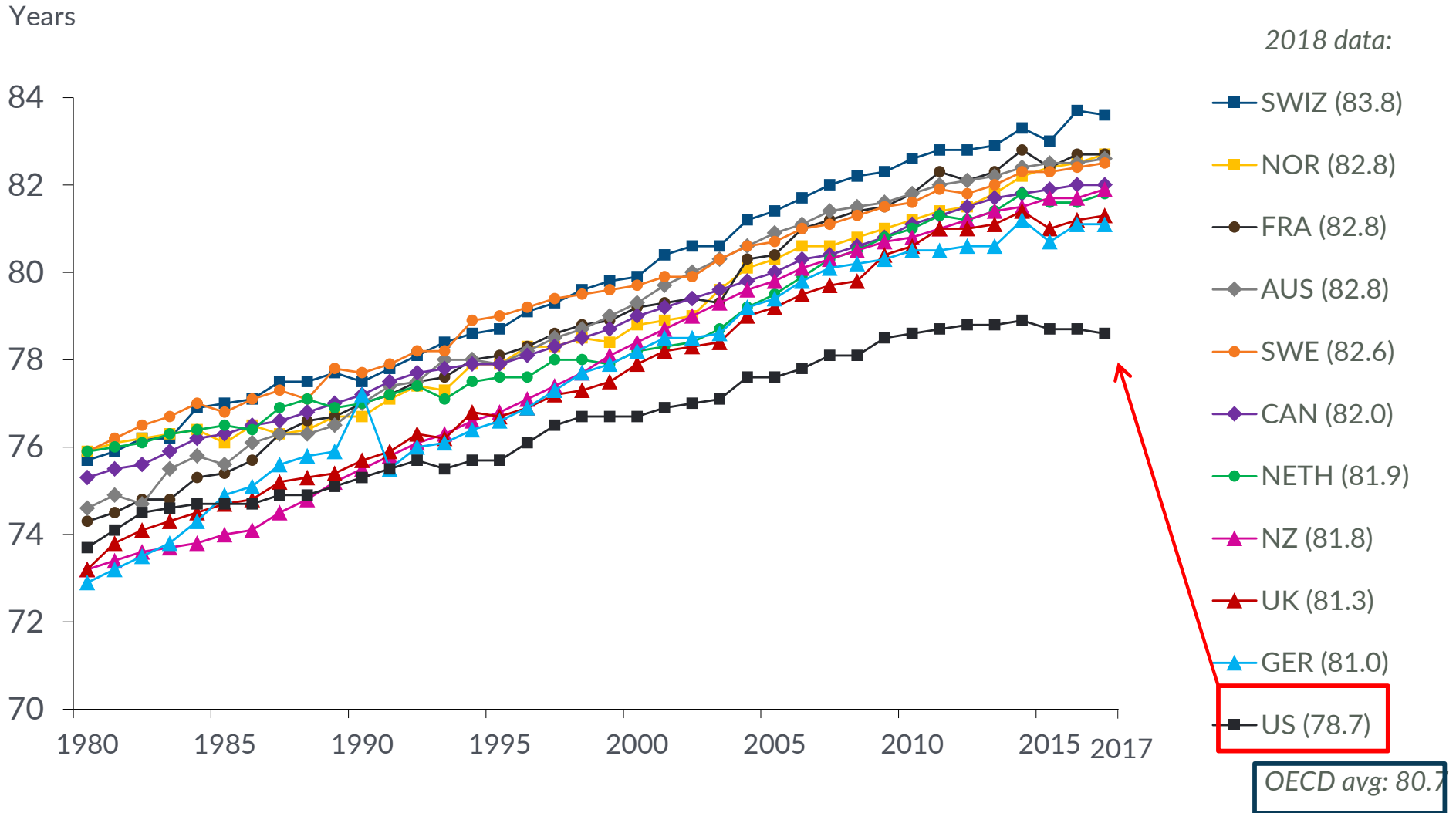
US Obesity rate

Adults with Chronic Conditions

Covid-19 Mortality

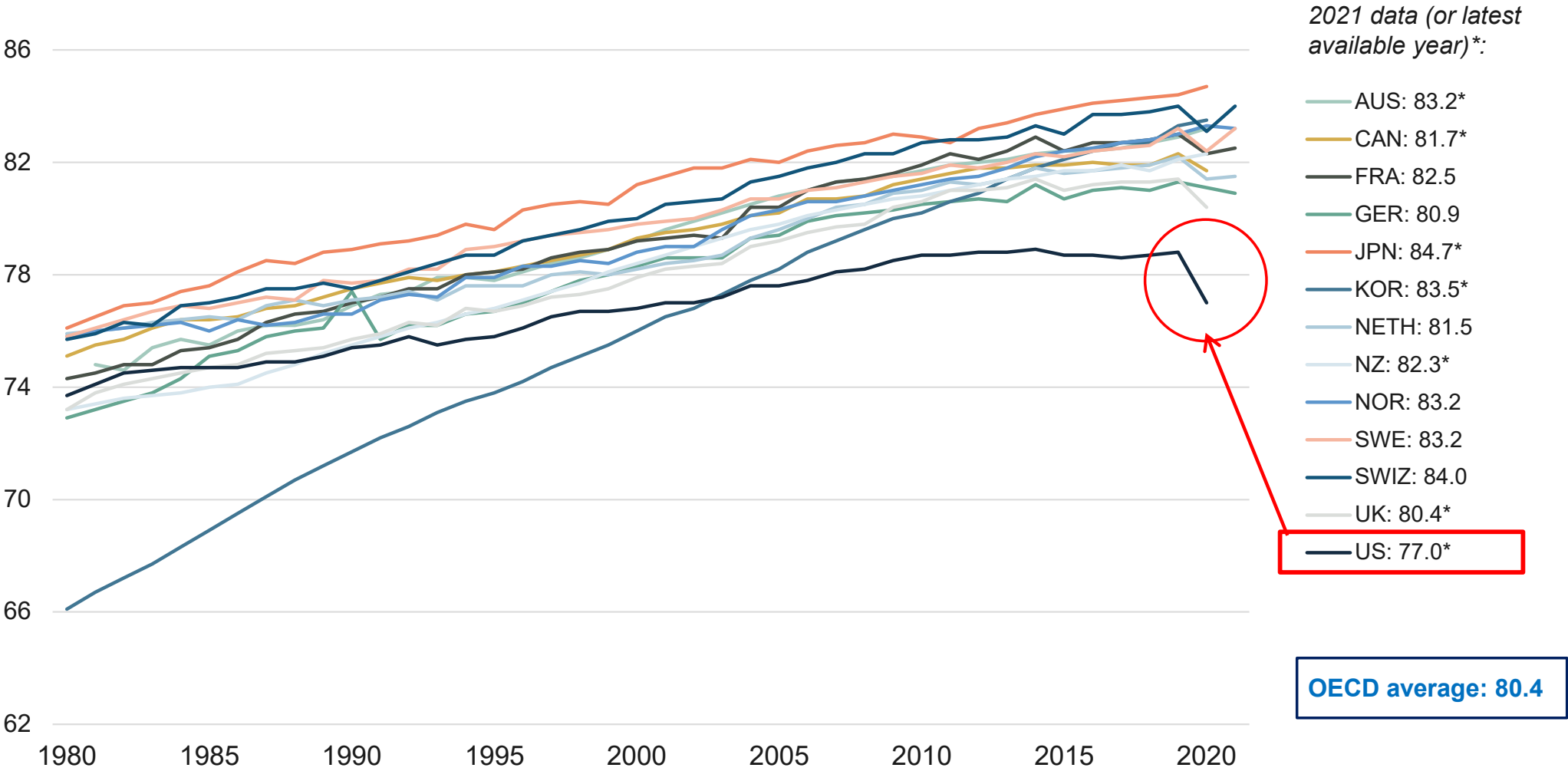
MORBIDITY AND MORTALITY

Life Expectancy at Birth, 1980–2018



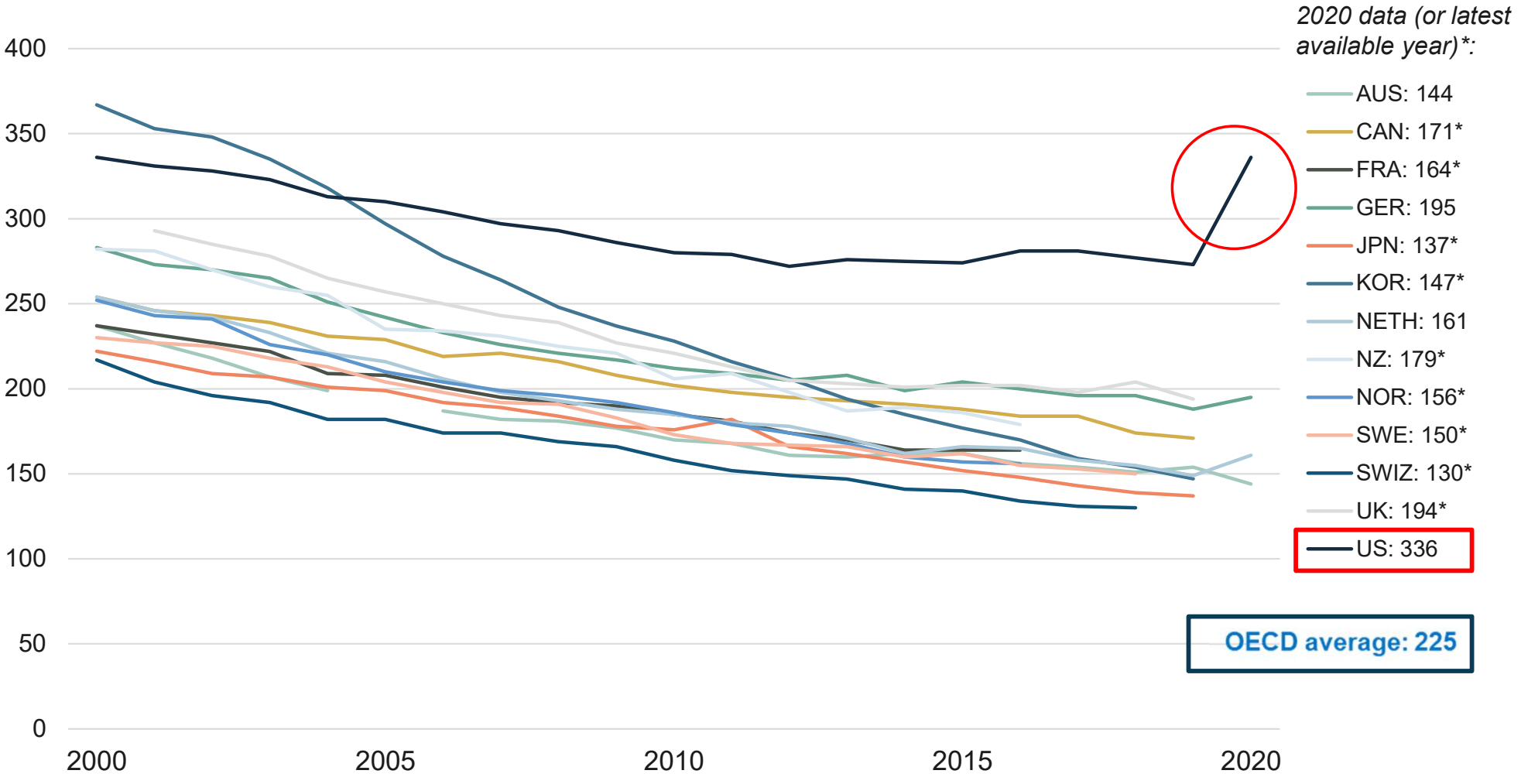
U.S. life expectancy at birth is three years lower than the OECD average.

Years expected to live, 1980–2021*



Avoidable deaths per 100,000 population in the U.S. are higher than the OECD average.

Avoidable deaths per 100,000 population (standardized rates), 2000–2020*



Notes: Rates reflect age-standardized rates. Avoidable mortality includes deaths which are preventable and treatable. * 2019 data for CAN, JPN, KOR, and UK; 2018 data for SWE and SWIZ; 2016 data for FRA, NZ, and NOR.

Data: OECD Health Statistics 2022.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

Maternal Mortality

Illinois

- Non-Hispanic Black/African American women in Illinois are about 3X as likely to experience a pregnancy-related death as White and Hispanic women.
- Non-Hispanic Black/African American women also have the highest severe maternal morbidity (SMM) rate at 132.4 per 10,000 live births, more than 2X the rate of non-Hispanic White women and significantly higher than Asian and Hispanic women.
- Systemic racism throughout the health care system negatively impacts maternal morbidity and mortality for women of color.

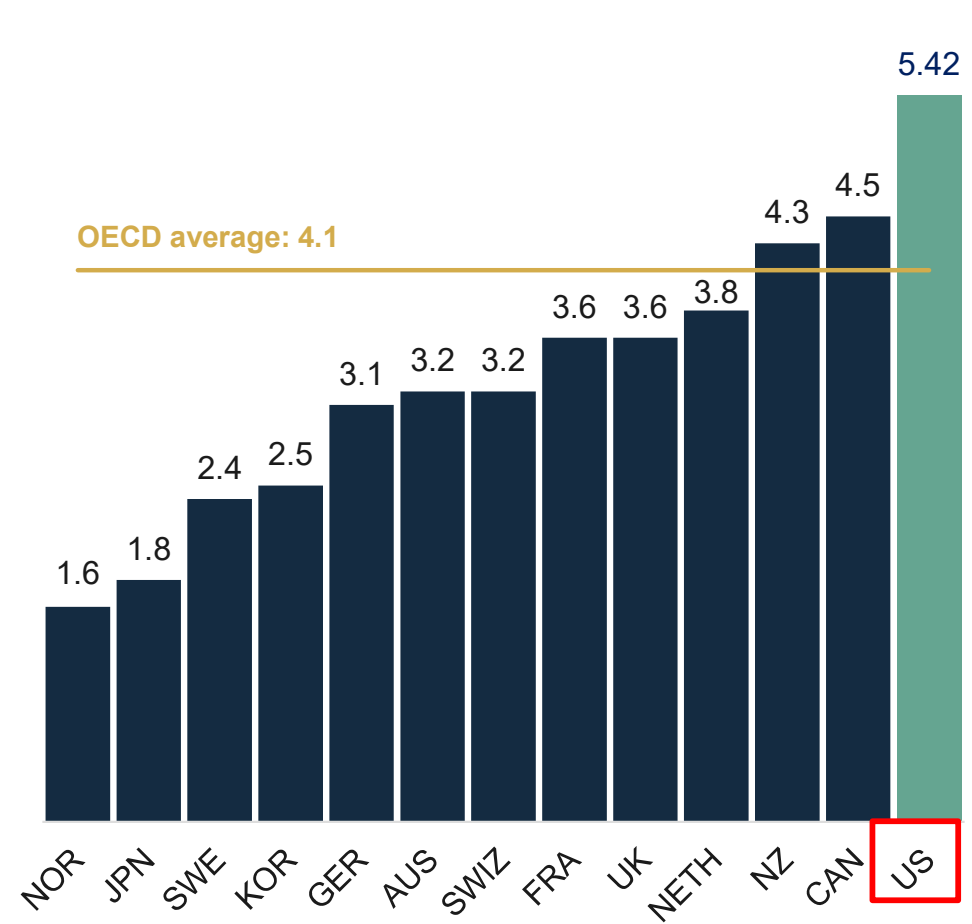
Infant Mortality

Illinois

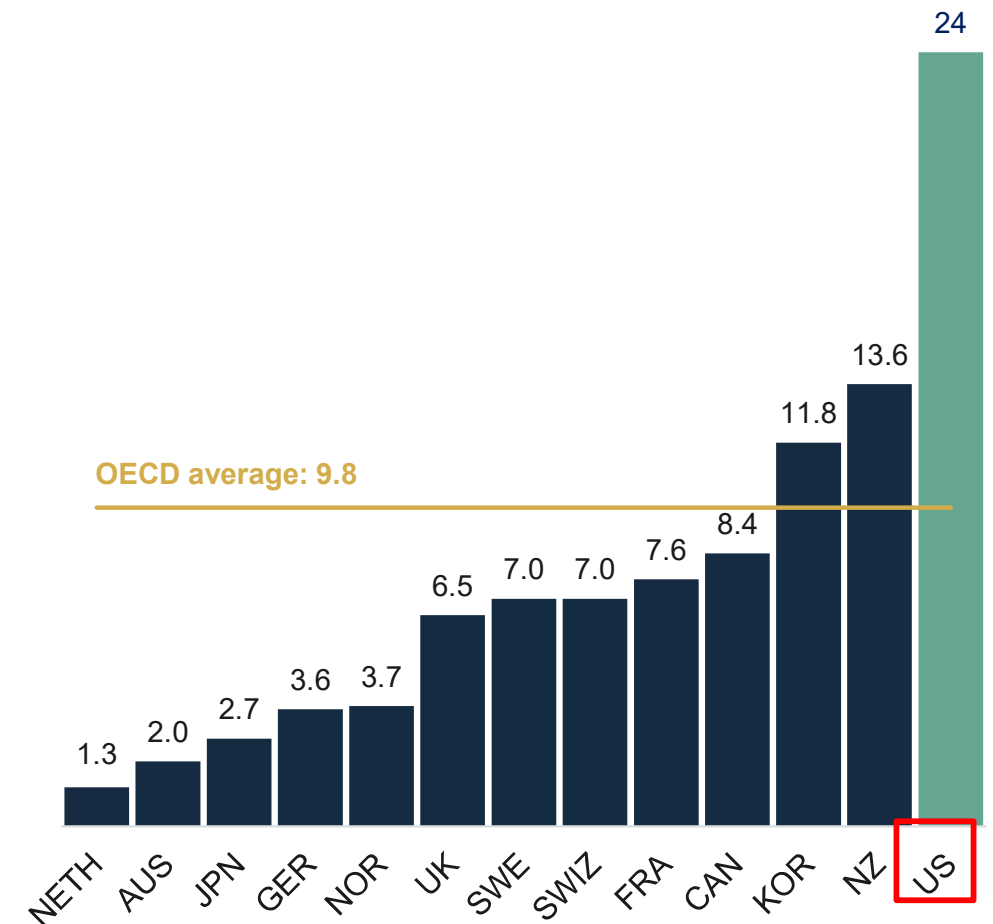
- Babies born to non-Hispanic Black/African American women die at rates more than 2X that of infants born to White, Hispanic, and Asian women in Illinois.
- The infant mortality rate (IMR) for infants born to non-Hispanic Black/African American women in Illinois decreased by 25% from 2000-2008, but did not significantly change from 2008 through 2018 (from 15.9 in 2000 to 13.7 in 2018).
- In contrast, the IMR decreased:
 - by 18% among infants born to White women (from 6.0 in 2000 to 5.0 in 2018)
 - by 29% among infants born to Hispanic women (from 7.4 in 2000 to 5.3 in 2018).

The U.S. has the highest rate of infant and maternal deaths.

Infant mortality, deaths per 1,000 live births



Maternal mortality, deaths per 100,000 live births



Notes: Infant mortality rates reflect no minimum threshold or gestation period or birthweight. Infant mortality 2021 data for FRA and SWIZ; 2020 data for AUS, CAN, GER, JPN, KOR, NETH, NOR, SWE, UK, and US; 2018 data for NZ. Maternal mortality 2020 data for AUS, CAN, GER, JPN, KOR, NETH, NOR, SWE, and US; 2019 data for SWIZ; 2018 data for NZ, 2017 data for UK; 2015 data for FRA. OECD average reflects the average of 38 OECD member countries.

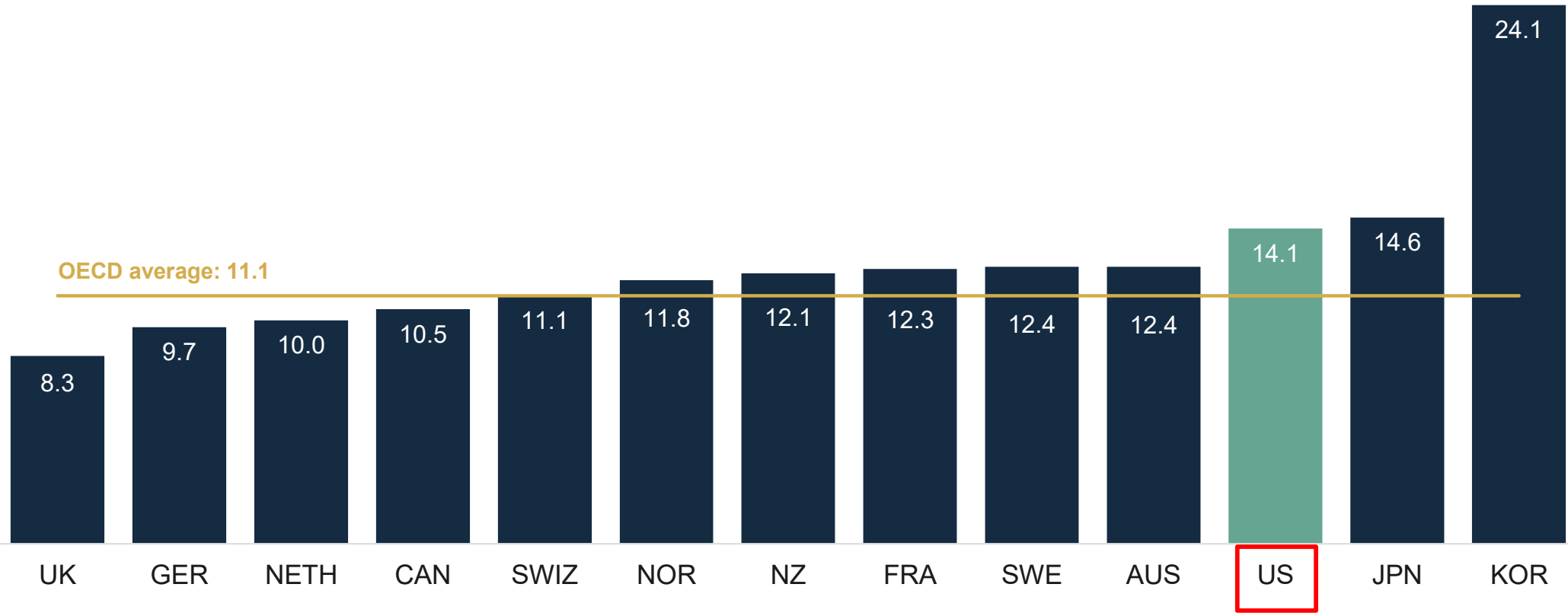
Data: OECD Health Statistics 2022.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

Rates of suicide were highest in the U.S., Japan, and South Korea.

Intentional self-harm deaths per 100,000 population (standardized rates)



Notes: Rates reflect age-standardized rates. Intentional self-harm death rates 2020 data for AUS, GER, KOR, NETH, UK, and US; 2019 data for CAN, JPN, and SWIZ; 2018 data for SWE; 2017 data for FRA; 2016 data for NZ and NOR. OECD average reflects the average of 38 OECD member countries, including ones not shown here.

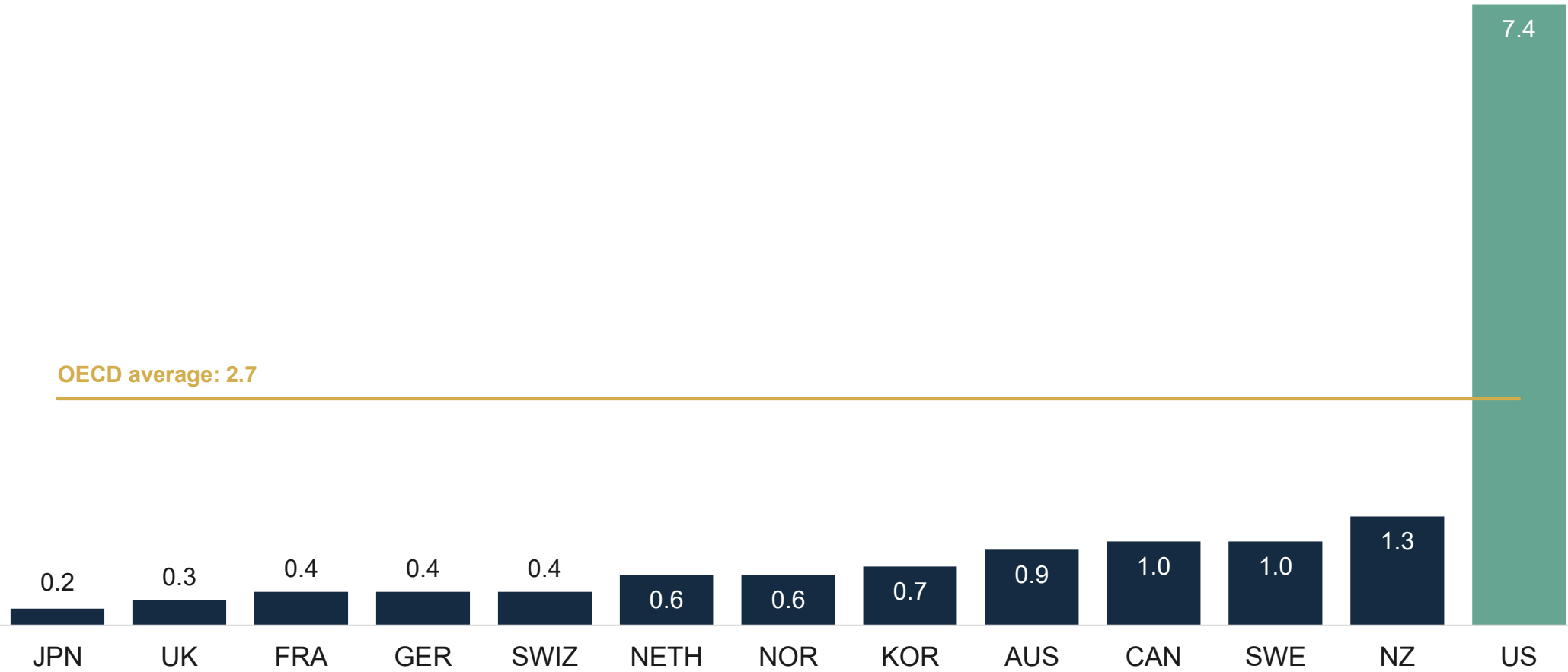
Data: OECD Health Statistics 2022.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

Deaths from assault are highest in the U.S.

Mortality from assault, deaths per 100,000 population (standardized rates)



Notes: Rates reflect age-standardized rates. Mortality from assault rates 2020 data for AUS, GER, KOR, NETH, UK, and US; 2019 data for CAN, JPN, and SWIZ; 2018 data for SWE; 2017 data for FRA; 2016 data for NZ, and NOR. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Definition of what includes "assault" can be found here: <https://icd.who.int/browse10/2019/en#/X85-Y09>.

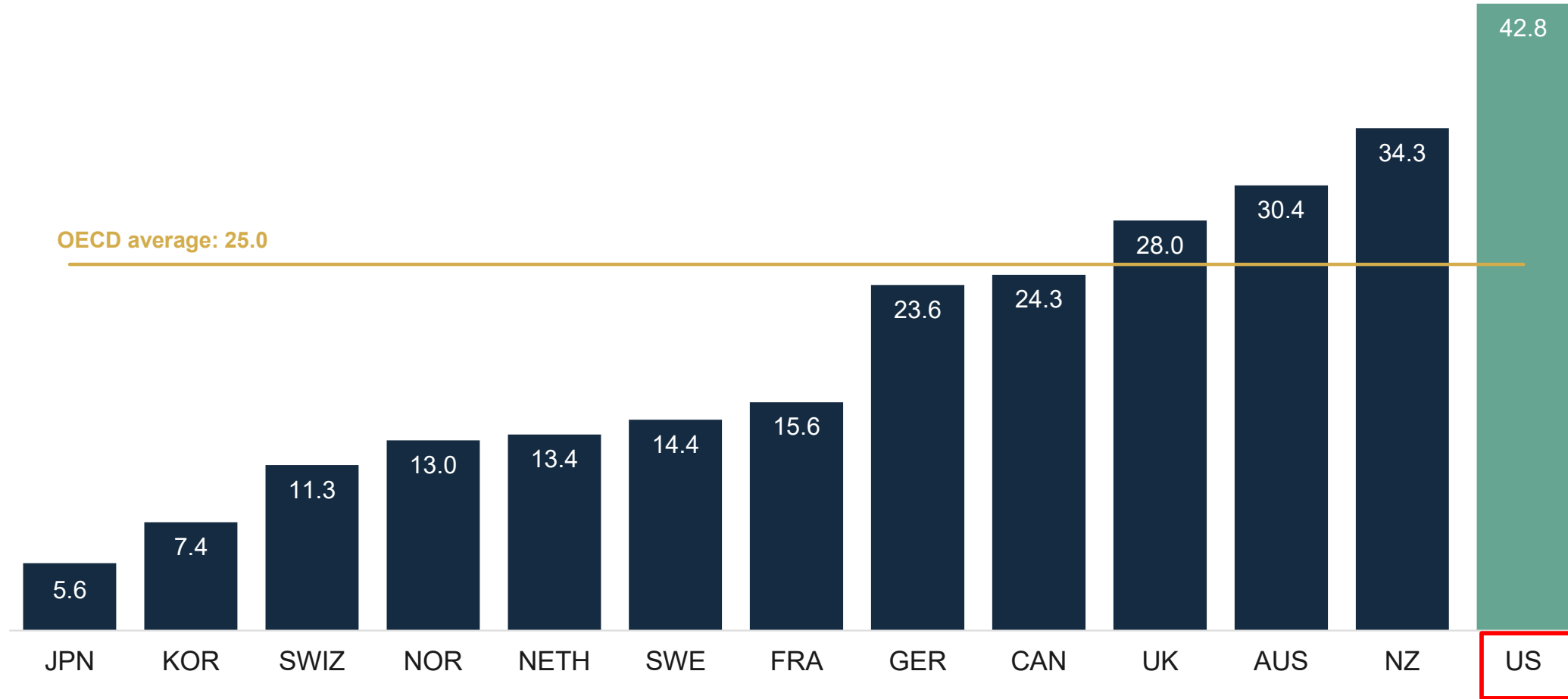
Data: OECD Health Statistics 2022.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

The U.S. obesity rate is nearly double the OECD average.

Percent of total population that is obese



Notes: Obese defined as body-mass index of 30 kg/m² or more. Data reflect rates based on measurements of height and weight, except NETH, NOR, SWE, SWIZ, for which data are self-reported. (Self-reported rates tend to be lower than measured rates.) 2021 data for NZ; 2020 data for KOR, NETH, and SWE; 2019 data for CAN, JPN, NOR, UK, and US; 2017 data for AUS, FRA, and SWIZ; 2012 data for GER. OECD average reflects the average of 23 OECD member countries, including ones not shown here, which provide data on obesity rates.

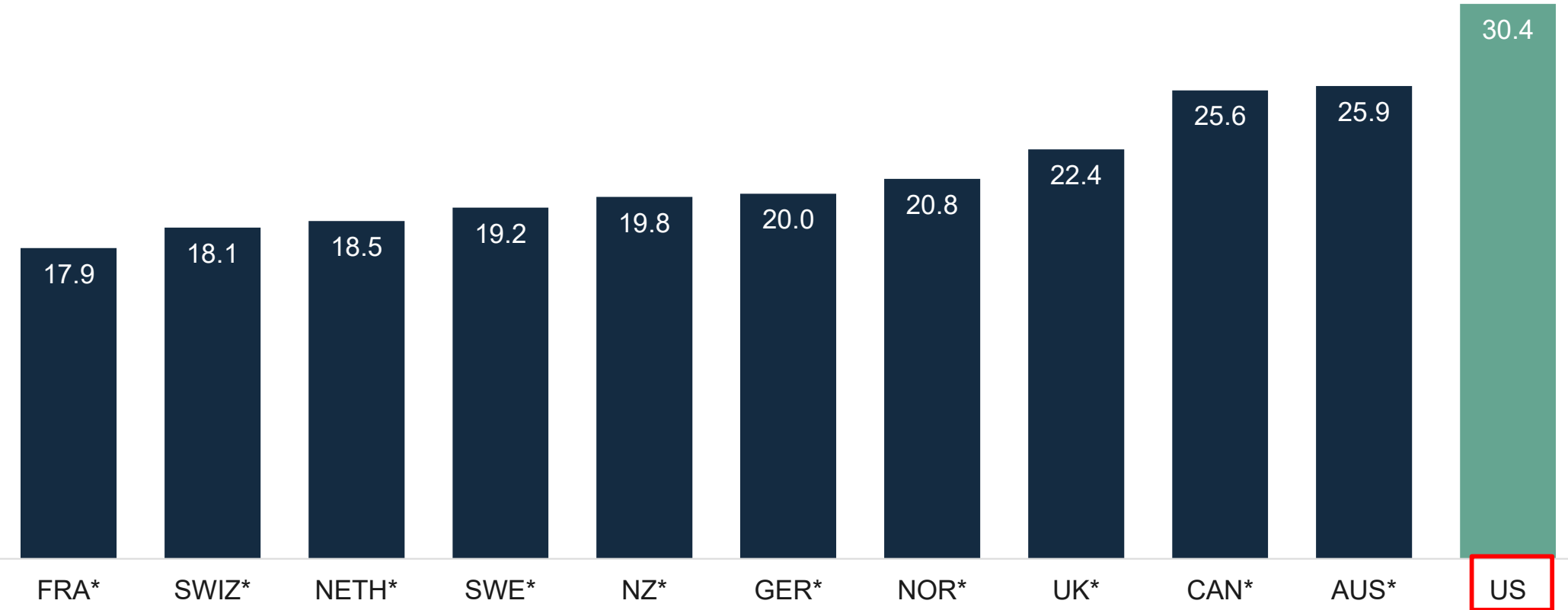
Data: OECD Health Statistics 2022.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

Adults in the U.S. are the most likely to have multiple chronic conditions.

Percent of adults age 18 and older who have multiple chronic conditions



Notes: Chronic disease burden defined as adults age 18 years and older who have ever been told by a doctor that they have two or more of the following chronic conditions: asthma or chronic lung disease; cancer; depression, anxiety or other mental health condition; diabetes; heart disease, including heart attack; or hypertension/high blood pressure. Data reflect 11 countries which take part in the Commonwealth Fund's International Health Policy Survey.

* Statistically significant differences compared to US or comparator bar at p<.05 level.

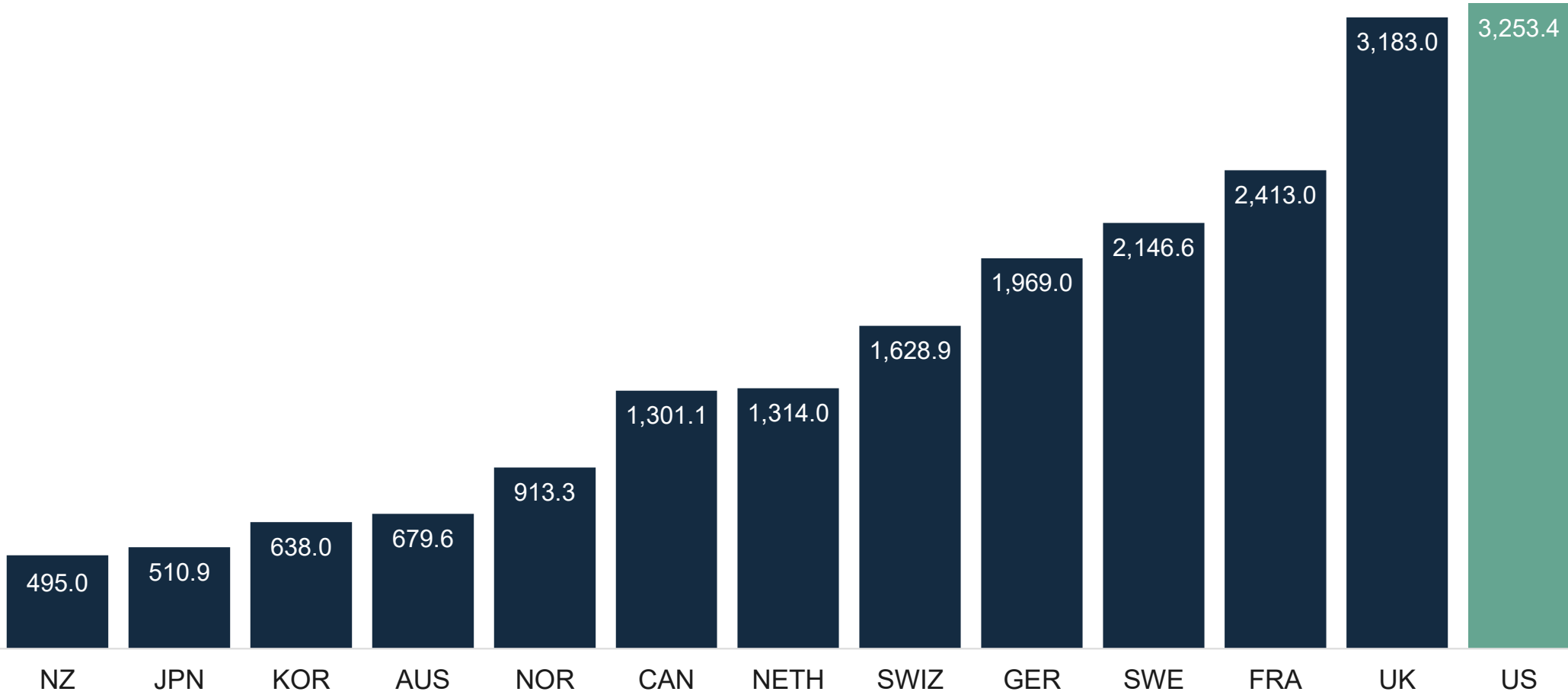
Data: Commonwealth Fund International Health Policy Survey, 2020.



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

The U.S. has the highest rate of death because of COVID-19.

Deaths per 1 million because of COVID-19



Notes: Rate per 1 million people who have died from COVID-19 since January 22, 2020. Available data as of January 18, 2023.

Data: [Our World in Data](#).



Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

The COVID-19 Pandemic

The US response exposed profound weaknesses and disorganization in our public health system, and showed failures in:

- testing
- coordination
- monitoring
- communications
- outreach

The COVID-19 Pandemic

- These failures resulted from the lack of a truly national public health system with *uncoordinated* leadership at the federal, state and local levels.
- It exposed large gaps in infrastructure and human resources.
- It also showed profound, underlying *inequities* in healthcare that a well-functioning, national public health system could mitigate.

The COVID-19 Pandemic

- The high U.S. death toll showed how hard it is to have good outcomes in a sicker population with affordability barriers and limited access to preventive and primary healthcare services.
- The U.S. health system delivers too little, too late, of the care most needed by those with chronic illness, mental health problems, or substance use disorders.
- Many of those people have suffered a lifetime of inequitable access to care.

International Healthcare Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	USA
Overall Ranking	3	10	8	5	2	6	1	7	9	4	11
Access to Care	8	9	7	3	1	5	2	6	10	4	11
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Commonwealth Fund 2021

Questions? 1



Physician Visits and Physician Supply

Immunization Services

Hospital Stays and Discharges

Screening for Breast and Colorectal Cancers

MRI's

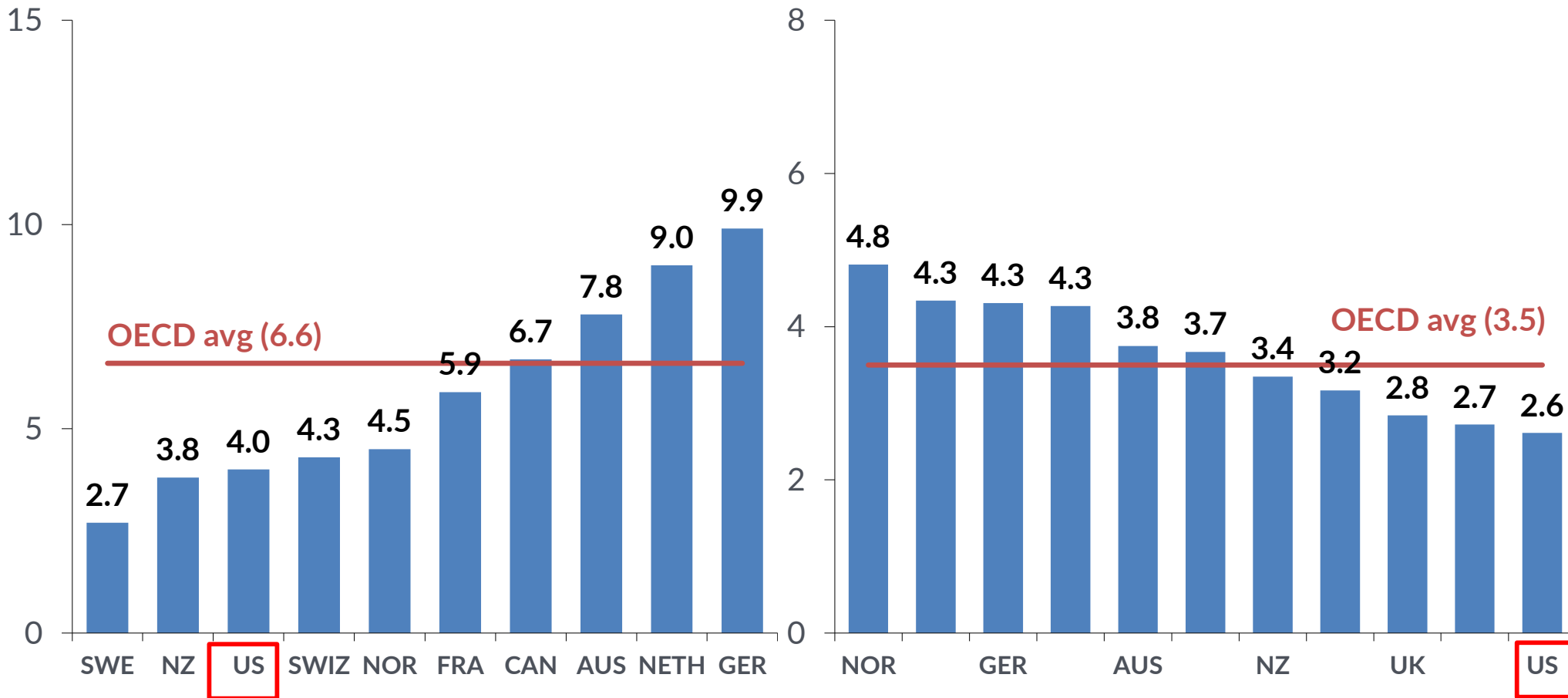
Hip Replacements

HEALTHCARE SERVICES

Physician Visits, 2018 and Physician Supply, 2018

Average physician visits per capita, 2018

Practicing physicians per 1,000 population, 2018

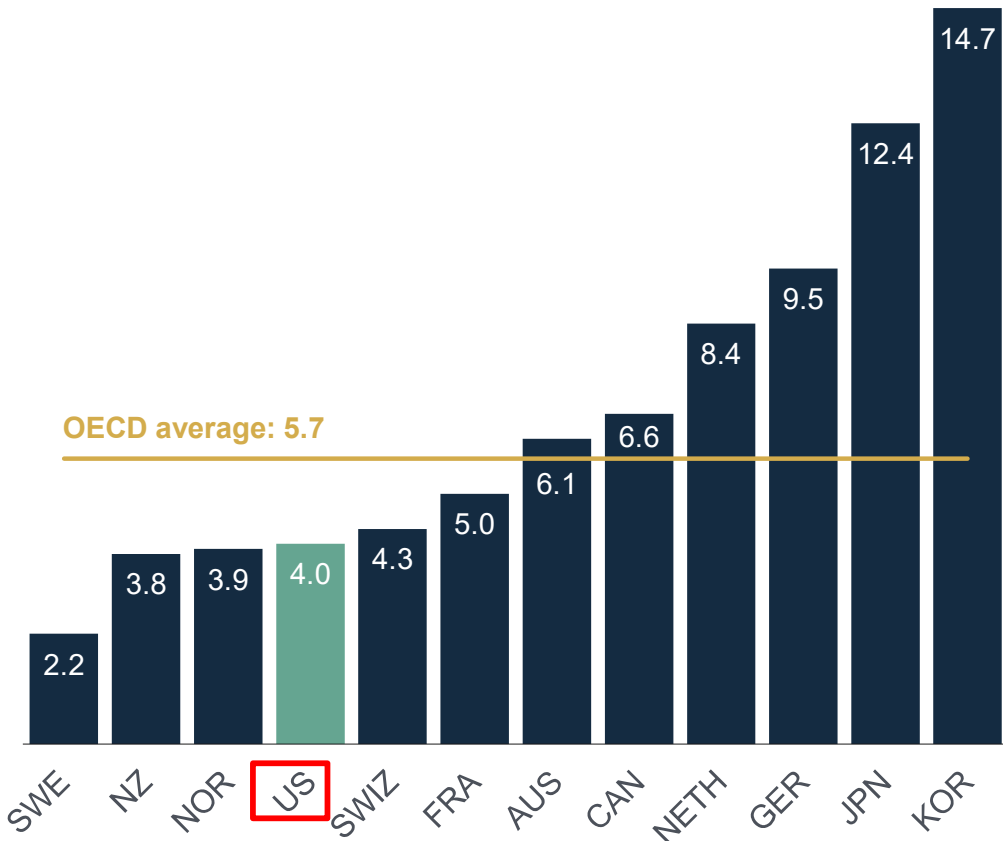


Physician visit data reflect 2018 or nearest year; 2017 for FRA, SWIZ, NZ; 2011 for US. No recent data for the UK (since 2009). Physician supply data for 2018 or nearest year; 2017 for SWE. OECD average reflects the average of 37 OECD member countries, including ones not shown here.

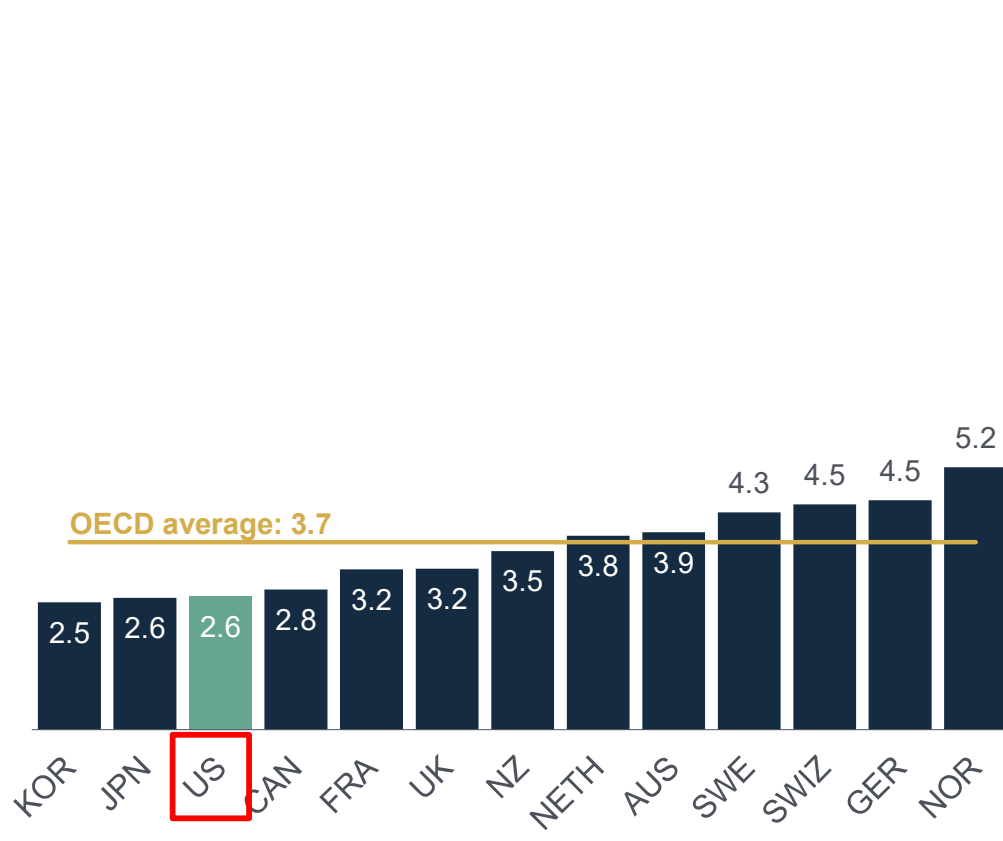
Source: OECD Health Data 2020.

The U.S. has among the lowest rates of physician visits and practicing physicians.

Physician consultations in all settings per capita



Practicing physicians per 1,000 population



Notes: Data for UK not available. 2021 data for AUS and NOR; 2020 data for FRA, GER, KOR, NETH, and SWE; 2019 data for CAN and JPN; 2017 for NZ and SWIZ; 2011 data for US. OECD average reflects the average of 37 OECD member countries, including ones not shown here.
Data: OECD Health Statistics 2022.

Notes: 2021 data for CAN, GER, NZ, NOR, SWIZ, and UK; 2020 data for AUS, FRA, JPN, KOR, and NETH; 2019 data for SWE and US. OECD average reflects the average of 31 OECD member countries, including ones not shown here.
Data: OECD Health Statistics 2022.

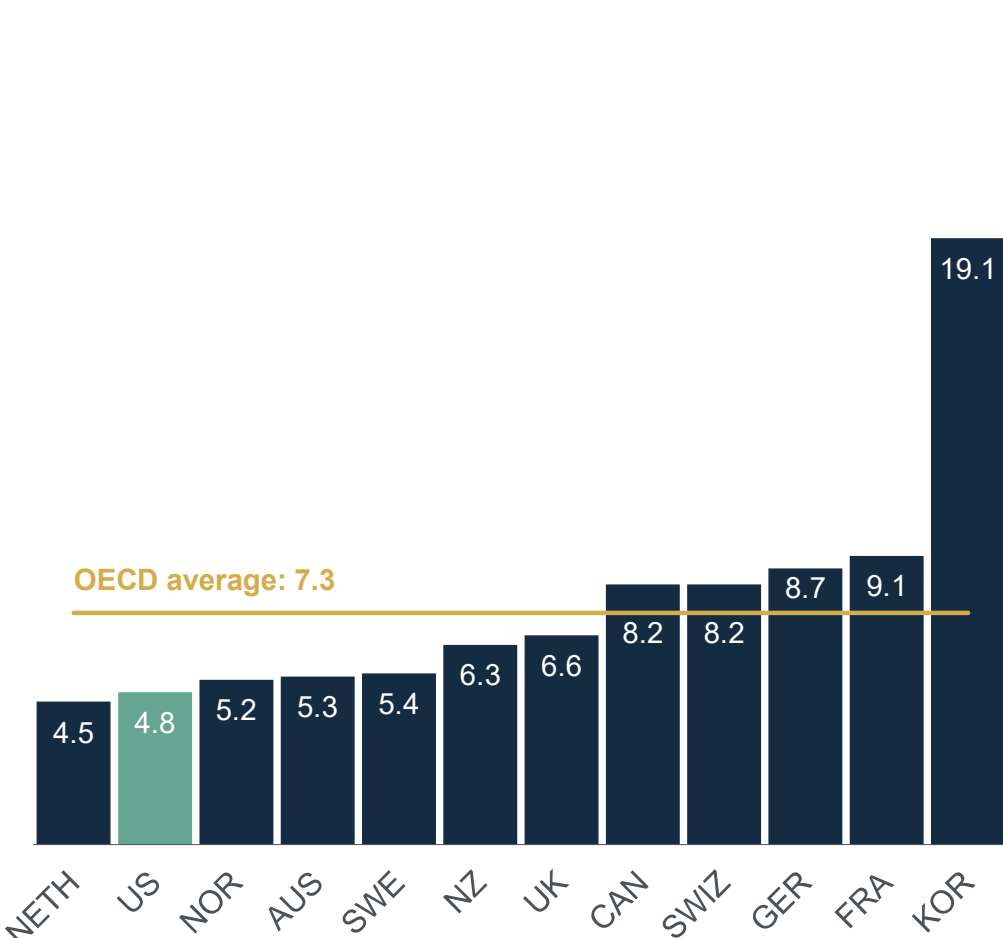


The Graphs Will Be Over Soon!

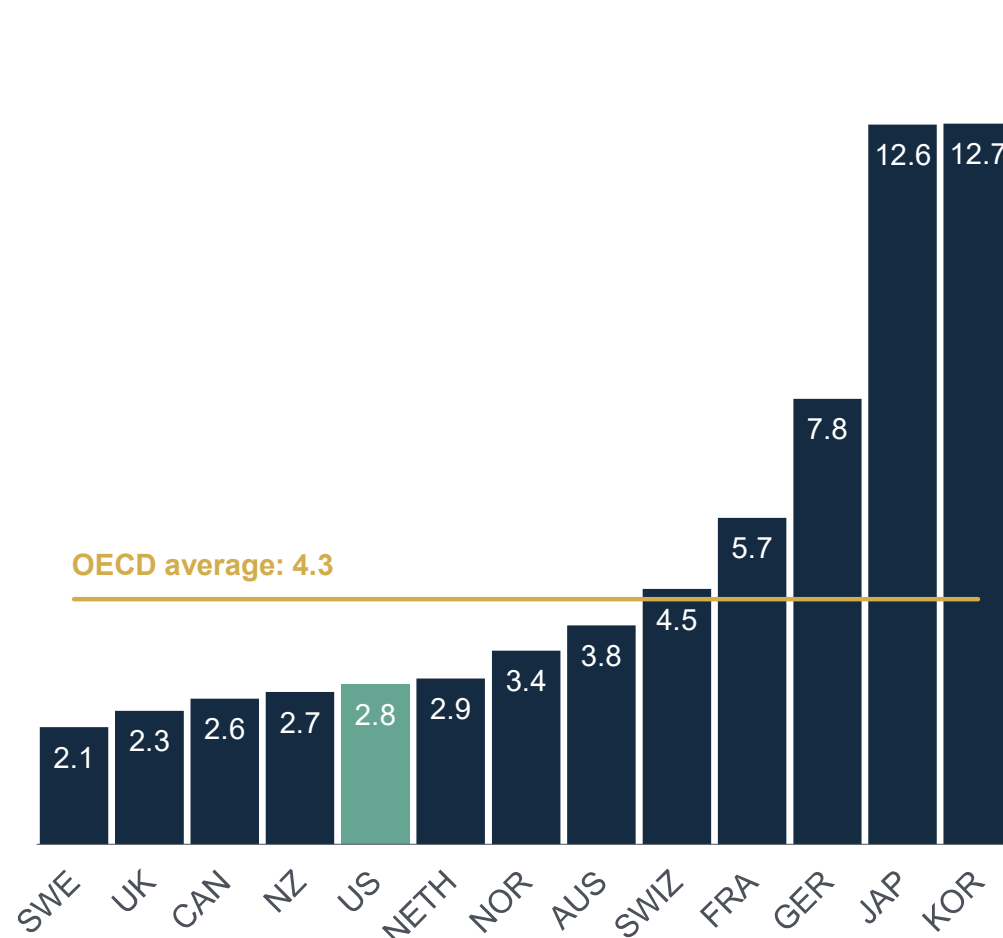


Hospital stays are shortest in the Netherlands and the U.S. The U.S. has among the lowest number of hospital beds.

Average length of stay for inpatient care (days)



Number of total hospital beds per 1,000 population



Notes: Data reflect average length of stay for inpatient care for all hospitals. 2021 data for NOR; 2020 data for CAN, FRA, GER, KOR, NETH, SWE, and SWIZ. 2019 data for AUS and NZ; 2018 data for UK; 2010 data for US. Data for JPN not available. OECD average reflects the average of 36 OECD member countries, including ones not shown here, where data are available.

Data: OECD Health Statistics 2022.

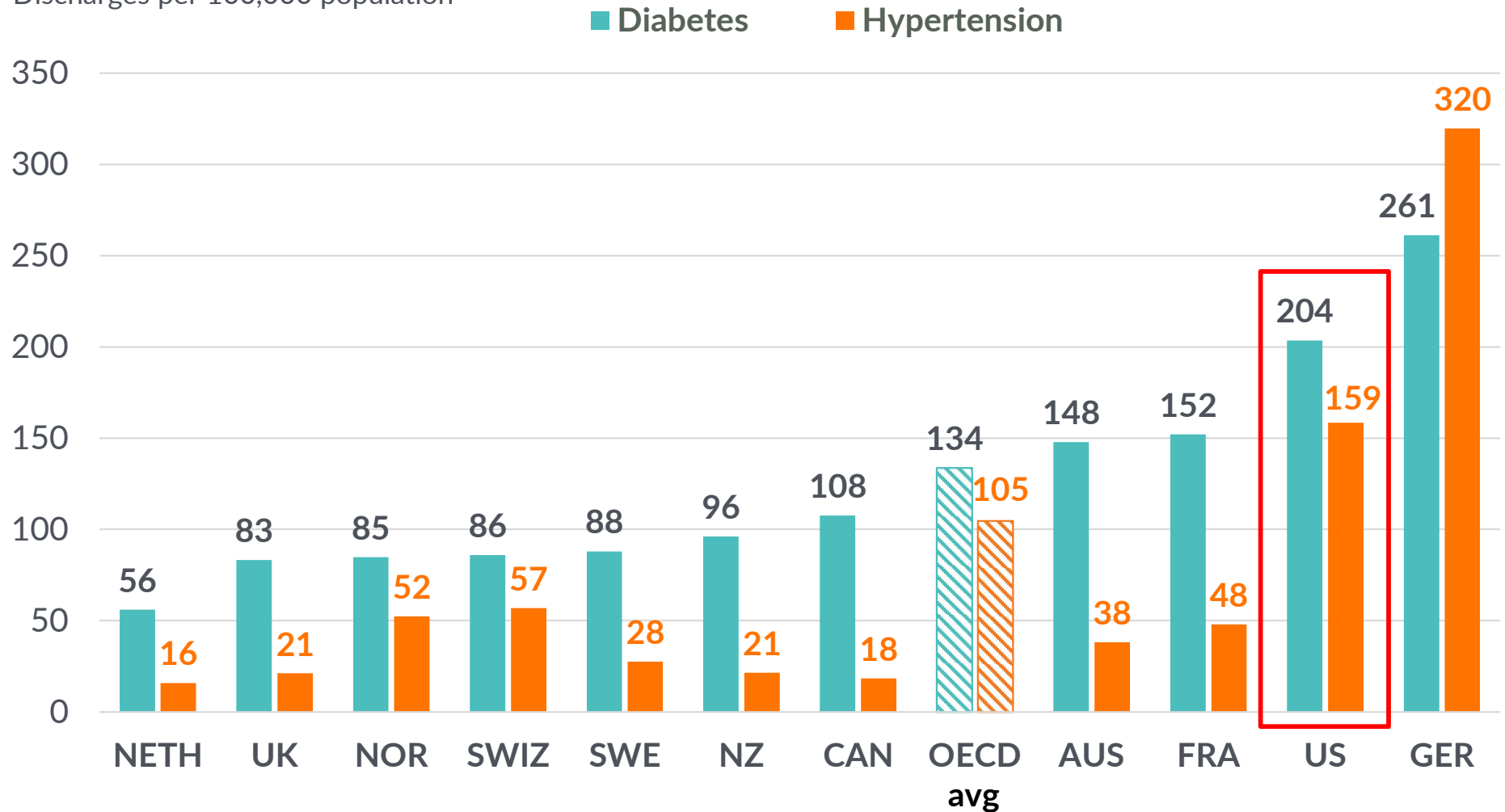
Notes: 2021 data for NZ and UK; 2020 data for CAN, FRA, GER, JPN, KOR, NETH, NOR, SWE, and SWIZ; 2019 data for US; 2016 data for AUS. OECD average reflects the average of 38 OECD member countries, including ones not shown here, with available data.

Data: OECD Health Statistics 2022.



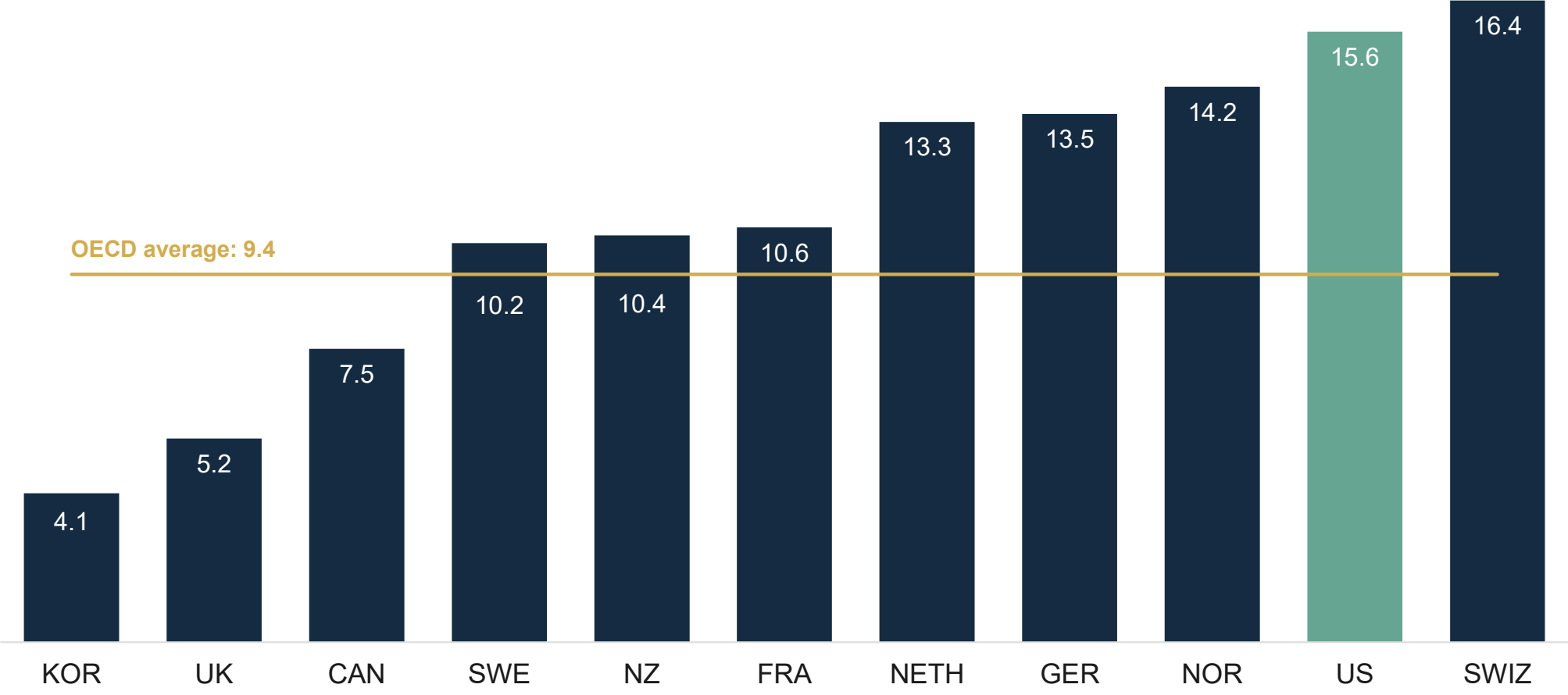
Diabetes and Hypertension Hospital Discharges, 2018

Discharges per 100,000 population



The U.S. has among the highest rates of hip replacements, right behind Switzerland.

Inpatient hip replacement procedures per 1,000 population age 65 and older



Notes: 2021 data for NOR. 2020 data for CAN, FRA, GER, KOR, SWE, SWIZ, and UK; 2019 data for NETH and NZ; 2010 data for US. OECD average reflects the average of 32 OECD member countries, including ones not shown here, which provide data on hip replacement procedures. Data not available for AUS and JPN.

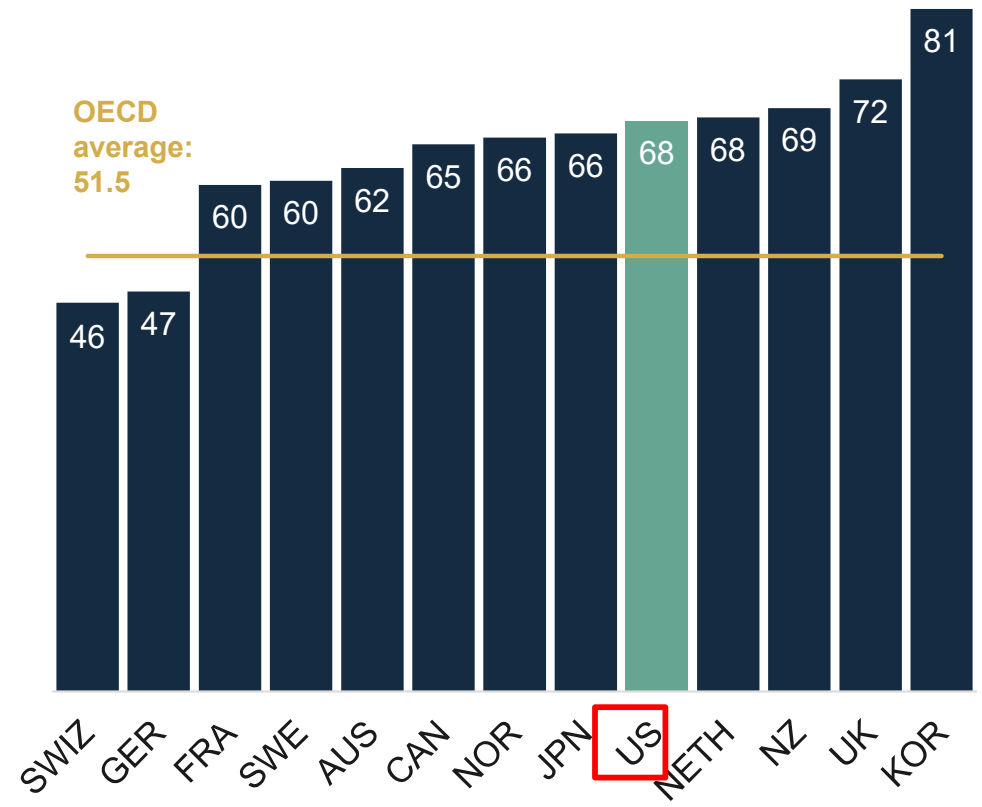
Data: OECD Health Statistics 2022.



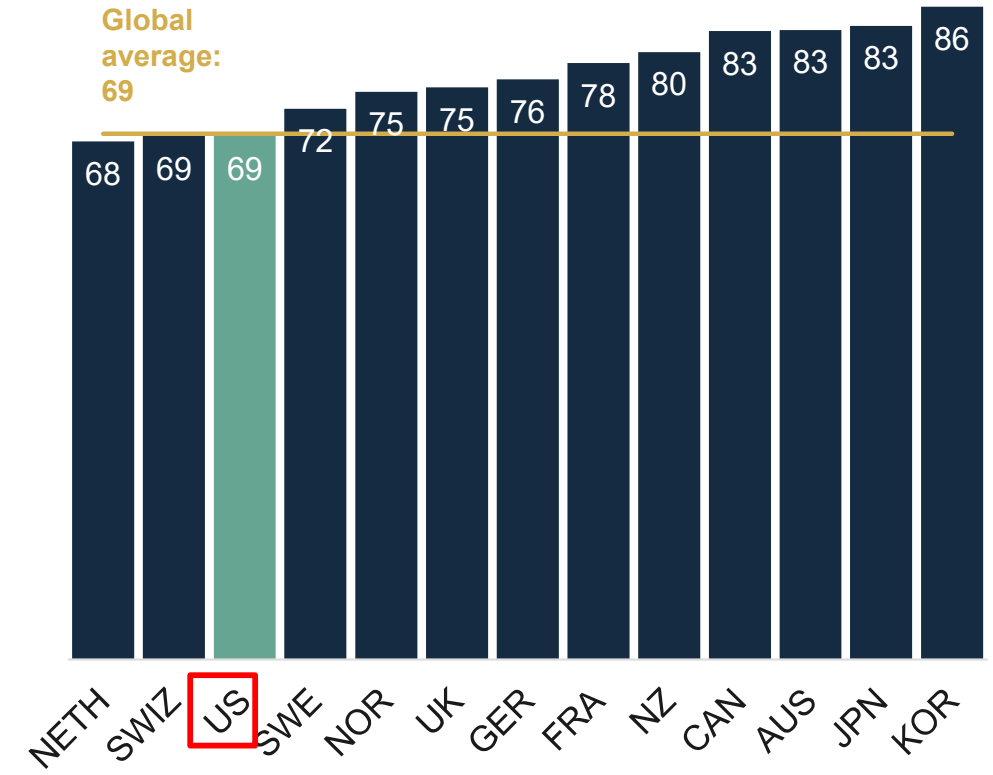
Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

The U.S. has a higher influenza vaccination rate compared to the OECD average, but its COVID-19 vaccination rate is still lower than that of many peer nations.

Percent of adults age 65 and older immunized for influenza



Percent of population fully vaccinated for COVID-19



Notes: Flu immunization rates reflect age-standardized rates. 2021 data for AUS, NZ, and NOR; 2020 data for CAN, FRA, GER, JPN, KOR, NETH, SWE, UK, and US; 2010 data for SWIZ. OECD average reflects the average of 37 OECD member countries, including ones not shown here, where data are available.

Data: OECD Health Statistics 2022.

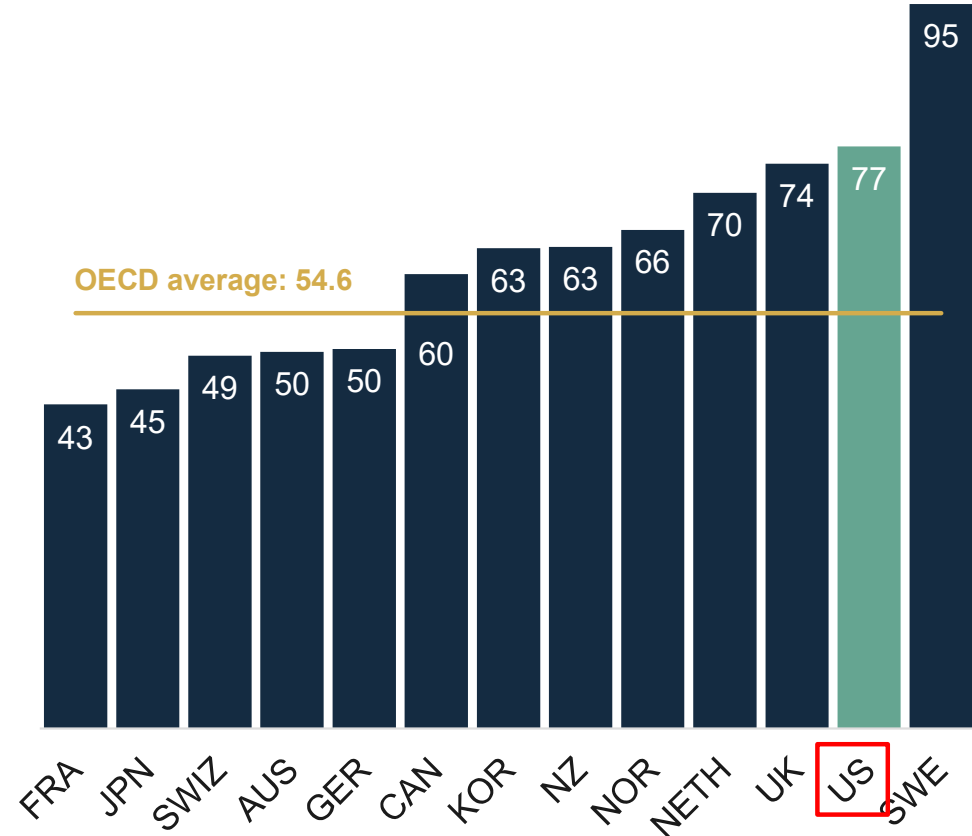
Notes: Total number of people who are fully vaccinated, relative to the total population. Available data as of January 18, 2023.

Data: [Our World in Data 2023](https://data.worldbank.org).

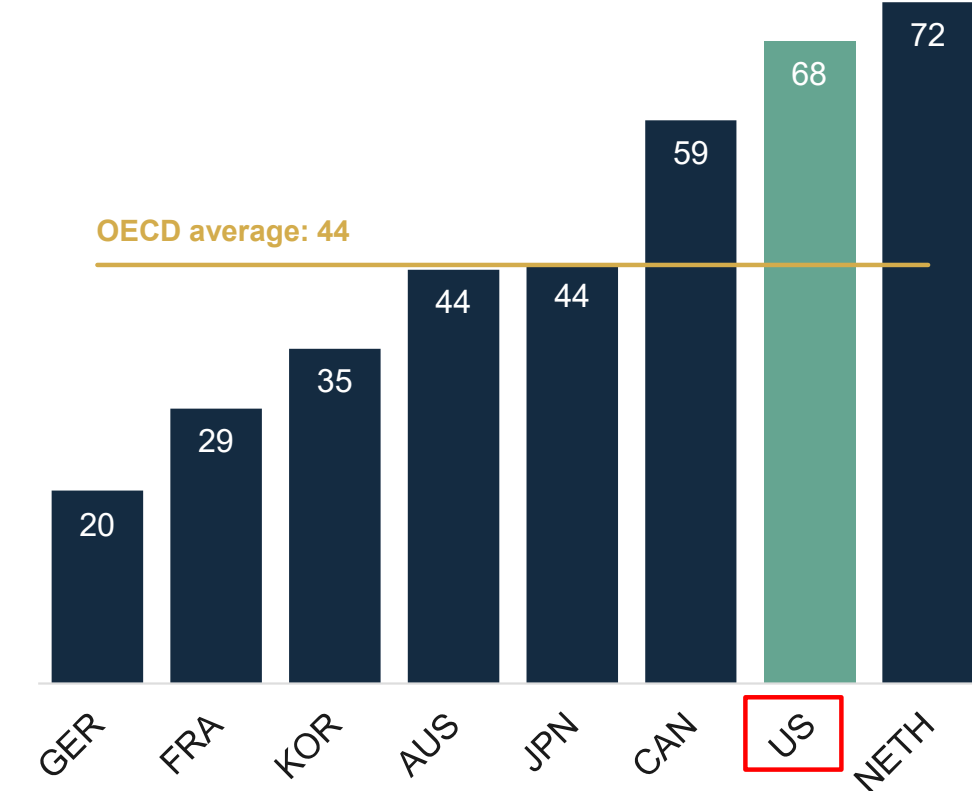


The U.S. has among the highest rates of screening for breast and colorectal cancers.

Percent of females ages 50–69 screened for breast cancer



Percent of population ages 50–74 screened for colorectal cancer



Notes: 2021 data for NZ and NOR; 2020 data for AUS, FRA, KOR, NETH, and UK; 2019 data for CAN, GER, JPN, SWE, and US; 2017 data for SWIZ. Programmatic data for all countries except survey data for JPN, SWE, SWIZ, and US. OECD average reflects the average of 27 OECD member countries, including ones not shown here, who provide breast cancer program data.

Notes: 2020 data for FRA, KOR, and NETH; 2019 data for AUS, CAN, JPN, and US; 2018 data for GER. Programmatic data for all countries except survey data for JPN and US. OECD average reflects the average of 17 OECD member countries, including ones not shown here, who provide colorectal cancer program data. Data not available for NOR, NZ, SWE, SWIZ, and UK.

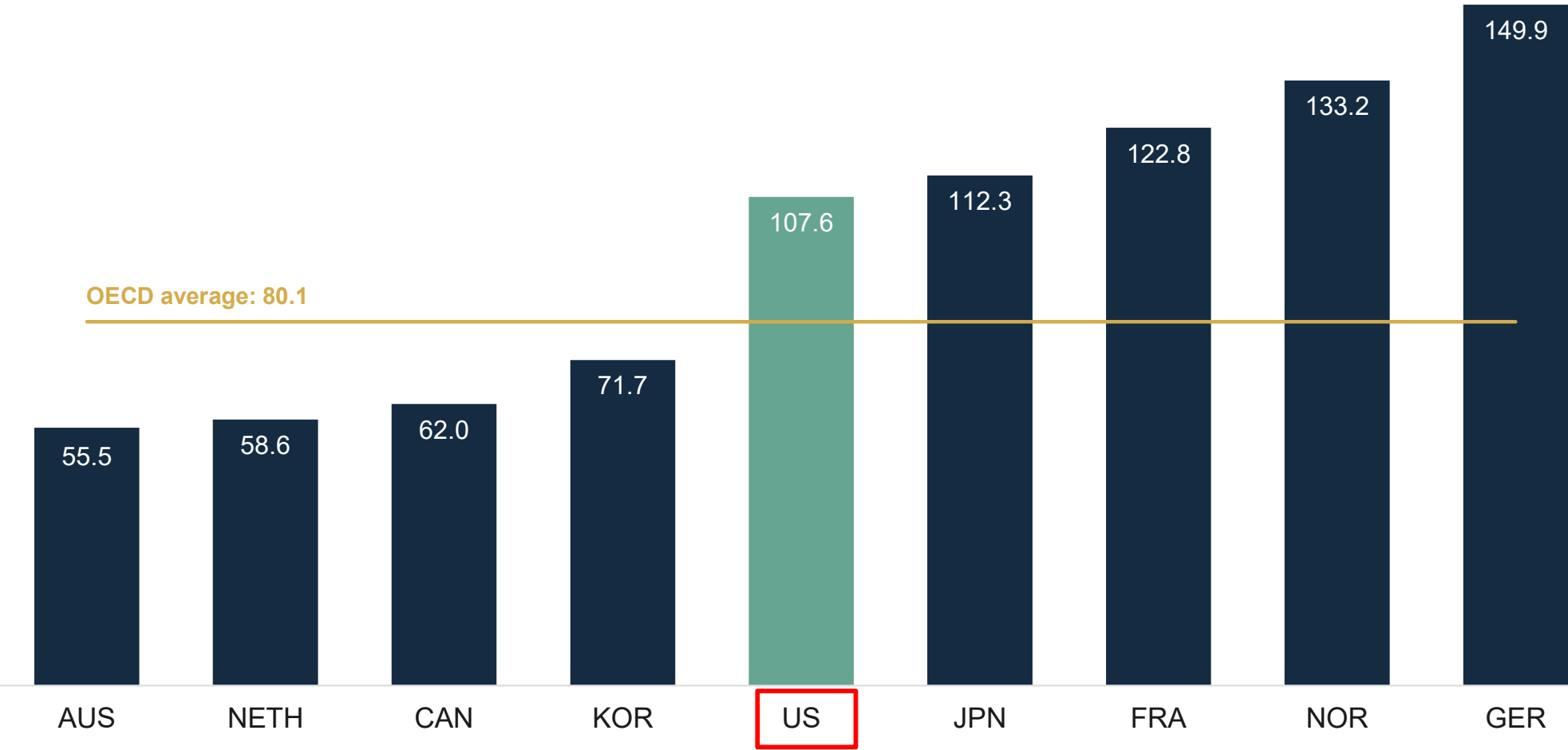
Data: OECD Health Statistics 2022.

Data: OECD Health Statistics 2022.



MRIs are most common in Norway and Germany; the U.S. performs MRIs more frequently compared to the OECD average.

Magnetic resonance imaging (MRI) scans per 1,000 population



Notes: 2021 data for AUS, NOR, and US; 2020 data for GER, KOR, and NETH; 2019 data for CAN and FRA; 2014 data for JPN. OECD average reflects the average of 28 OECD member countries, including ones not shown here, which provide data on MRI exam scans. Data not available for NZ, SWE, SWIZ, and UK.

Data: OECD Health Statistics 2022.

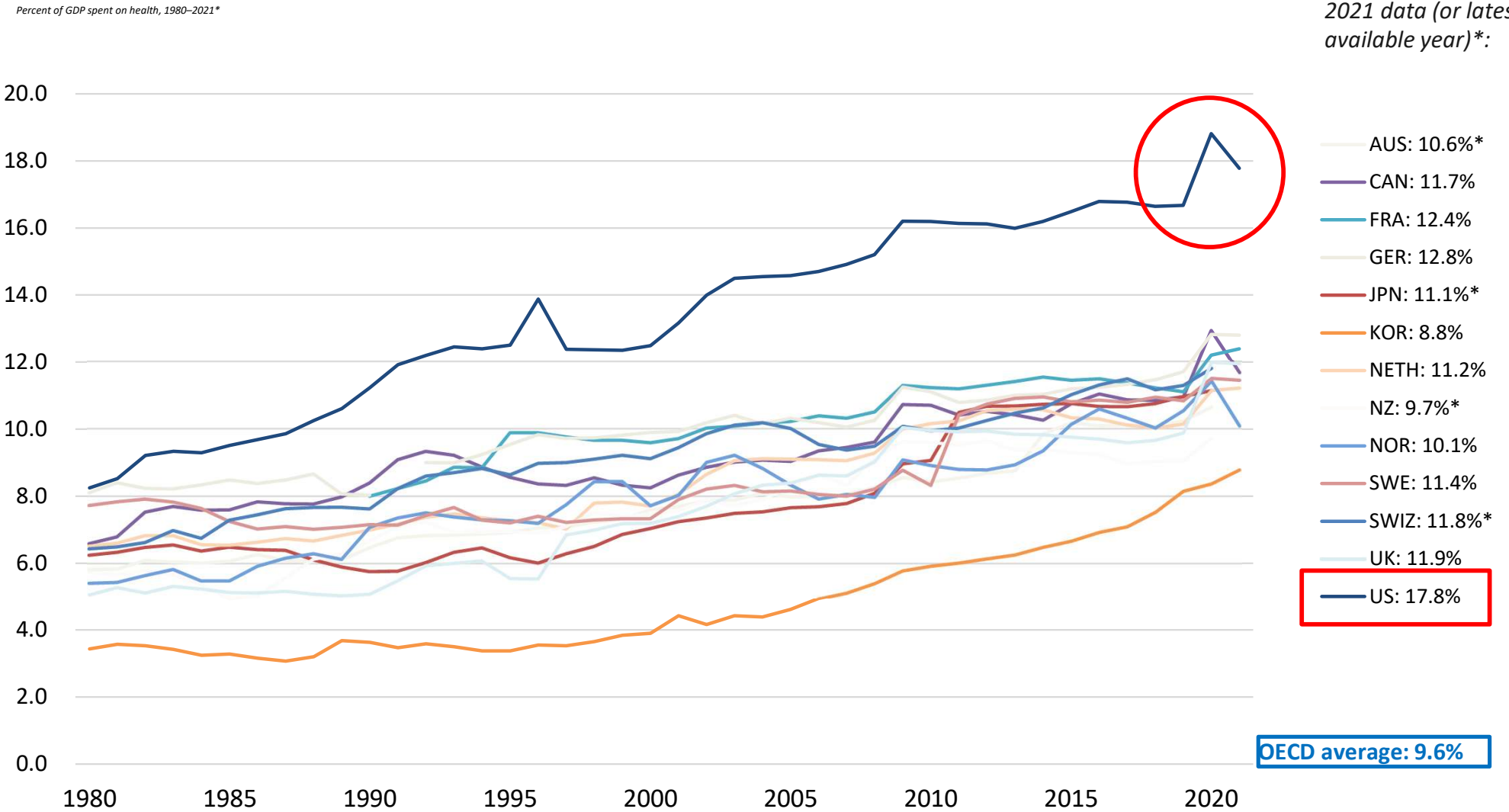


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HEALTHCARE EXPENDITURE

The U.S. is a world outlier when it comes to health care spending.

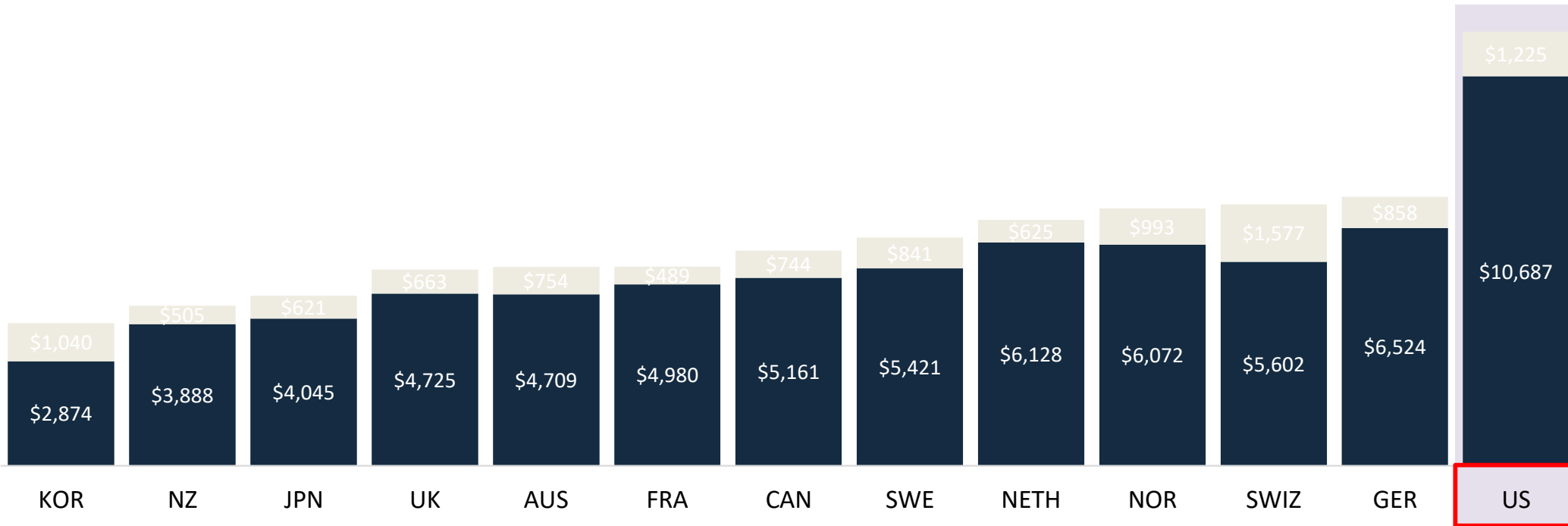
2021 data (or latest available year)*:



The U.S. spends three to four times more on health care than South Korea, New Zealand, and Japan.

Dollars (USD) per capita spend on health expenditures

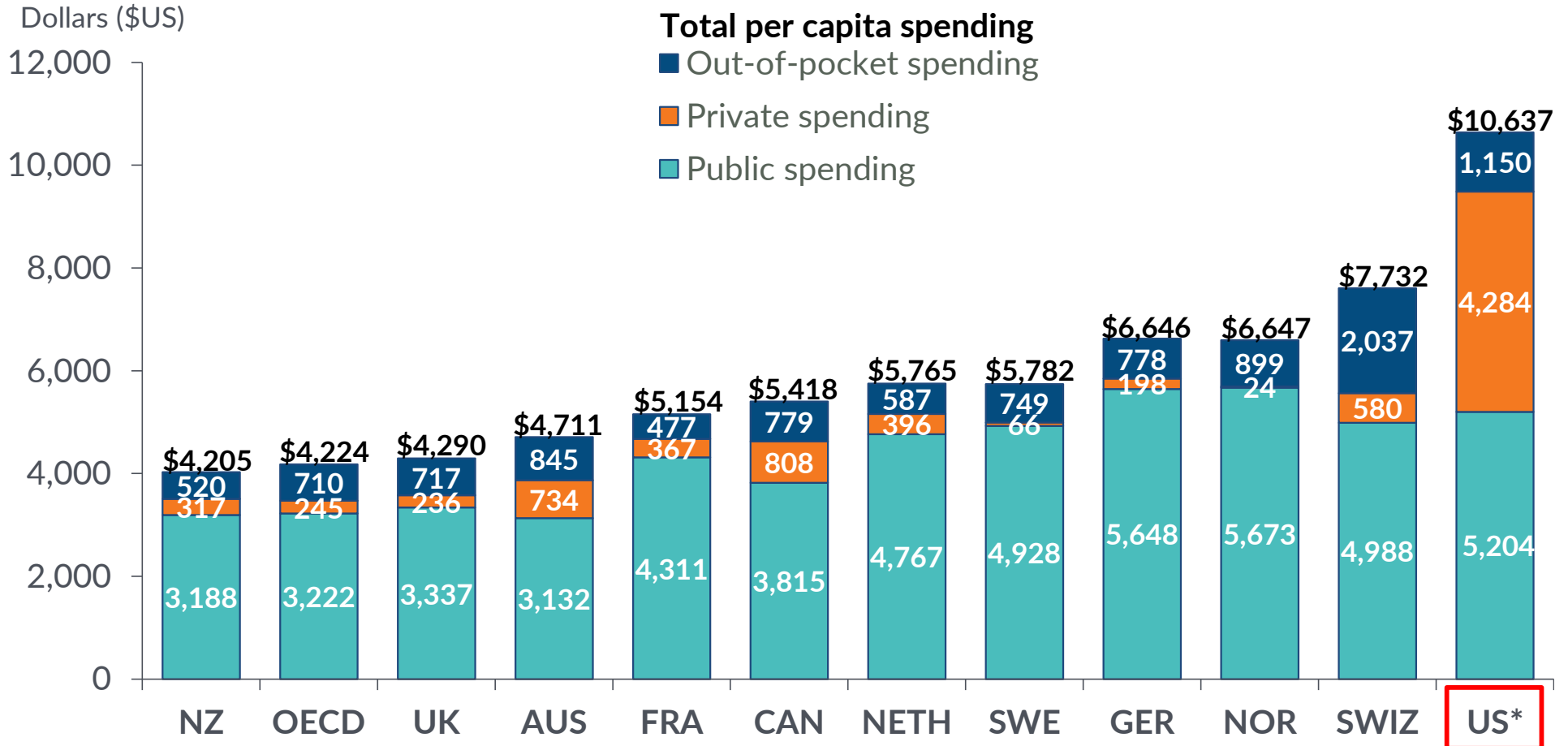
■ Government/compulsory + Voluntary ■ Household out-of-pocket



SPENDING

Health Care Spending per Capita by Source of Funding, 2019

Adjusted for differences in cost of living



avg

Data reflect current expenditures on health per capita, adjusted using US\$ purchasing power parities (PPPs), for 2019 or the most recent year: 2018 for FRA, NZ, UK, US; 2017 for AUS. Data for 2019 reflect estimated/provisional values. Numbers may not sum to total due to excluding capital formation of health care providers, and some uncategorized health care spending. Public spending reflects government and compulsory spending (HF1); private reflects voluntary schemes (HF2); out-of-pocket (HF3).* For the US, "Compulsory private insurance schemes" (HF122) spending was reclassified into the "Voluntary health insurance schemes" (HF21) category, given that the individual mandate to have health insurance ended in Jan 2019. OECD average reflects the average of 37 OECD member countries, including ones not shown here. Source: OECD Health Data 2020.



Universal Healthcare

Universal health coverage (UHC) means that the government gives all people the health services they need, of good quality, and without having to face financial hardship from the need to pay for those services.

How Universal Health Care Works

Single Payer

Free government-provided health care paid for by income tax revenue



Every citizen has the same access to government-owned services (Example: The United Kingdom)

Mandatory Insurance

Government-run health insurance fund financed by payroll tax on employers and/or employees



Private doctors and hospitals provide services (Example: Germany)

National Health Insurance

Every citizen pays into a national plan provided by a single insurance company



Publicly funded and privately delivered (Example: Canada)

Universal Healthcare

In many countries, Healthcare is non-profit, is a right of all citizens and is paid for by taxes:

- Interfaces with social, housing and mental health services are greatly facilitated.
- Rationing may happen in tests, consults, etc.
- Drug prices could be significantly lower.
- Primary care/medical home is the emphasis.

Universal Health Care

PROS

- Lower costs for patients
- Wider access to services
- Better care standardization
- Less financial anxiety
- Prevents future social costs
- Funds used based on needs and on how much the payer can afford to pay.

CONS

- Fewer MD incentives
- Long elective wait times
- Healthcare costs may blow up the budget
- Substandard care
- Rationing
- Large bureaucracy
- Brain drain

Ramírez 2023

Universal Health Care

- In the US, each year, 5% of people consume about 50% of the health care costs while the healthiest 50% of the population consumes just 3% of the health care costs.
- With universal health care, those who are healthy and wealthy share in paying for those who are poor and sick.
- This can be difficult to accept since most chronic diseases can be prevented with simple lifestyle modifications.

Universal Health Care

- Of 33 developed countries in the world today, 32 of them offer a full universal healthcare.
- The US offers a partial public system instead.
- The US also provides a socialized system of medicine for the armed forces.

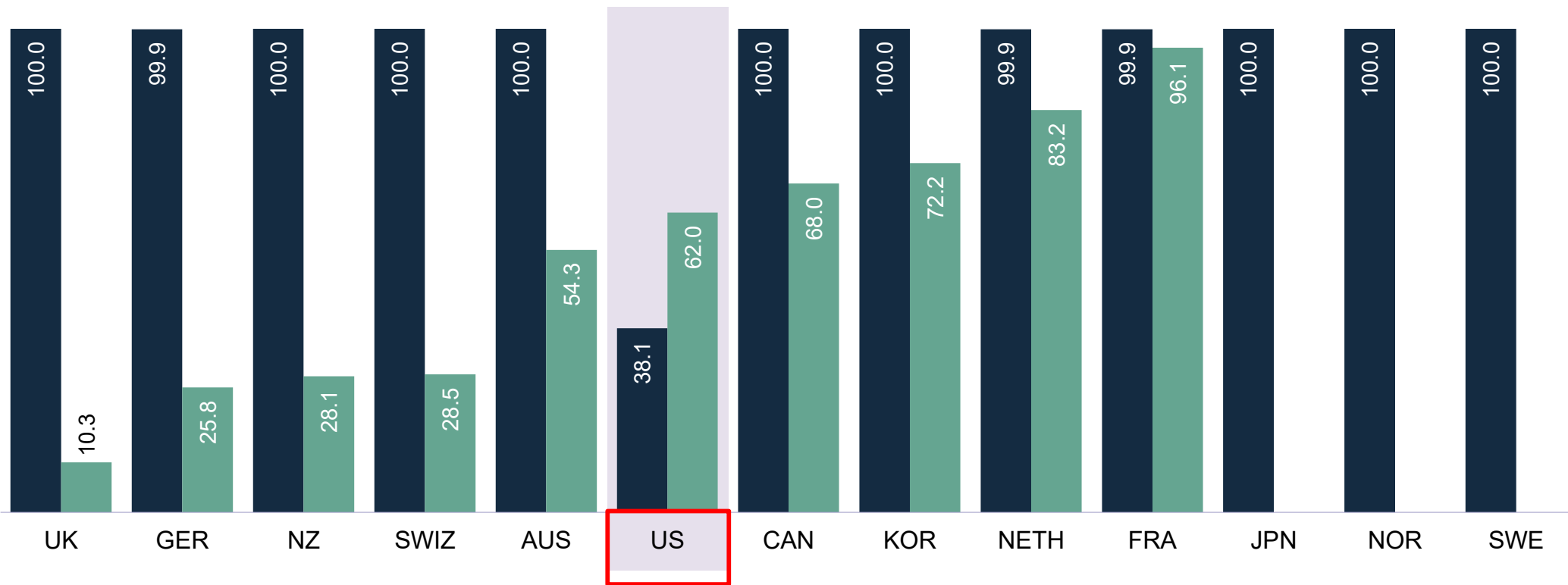
Universal Health Care

- The U.S. government operates two large "single-payer" health care systems, one for active military and their dependents, and one for veterans.
- The VA cares for 9 million members and staffs its own facilities with employed doctors.
- The DOD's Military Health System (MHS) manages health care for 9.6 million active military and their families, who don't pay for services.

The U.S. is the only high-income country that does not guarantee health coverage.

Percent of total population with health insurance coverage

■ Government/compulsory health insurance ■ Voluntary health insurance



US HEALTHCARE ISSUES

Care Process

The U.S. ranks in second place, for care process, which combines 4 categories of indicators:

- preventive care
- safe care
- coordinated care
- patient engagement and preferences

Preventive Care

- Like the U.K. and Sweden, on average, the U.S. achieves higher performance on preventive care:
 - rates of mammography screening
 - influenza vaccination for older adults
 - % of adults who talked with their provider about nutrition, smoking, and alcohol use
- The U.S. also ranks high on safe care and patient engagement, but not all American adults have equitable access to care, so it's still last overall.

Maternal-Child Care

- Prioritizing maternal health is critical to reduce mortality.
- Top countries prevent maternal deaths by removing cost-sharing for maternal-child care.
- Primary care models ensure continuity of care, from conception through postpartum, led by midwives.
- They offer social support benefits, like parental leave.

Mental Health

- Higher rates of suicide in the US (increased every year since 2000) could be addressed by:
 - expanding the capacity of primary care to diagnose comorbid mental health conditions
 - providing early intervention and treatment
 - promoting social connectedness and suicide prevention
- US has a smaller workforce for mental health needs, while Netherlands, Sweden, and Australia include mental health providers on primary care teams.

Primary Care

- Netherlands and Norway ensure availability to care by phone on nights and weekends, with in-person follow-up at home as needed.
- In Netherlands, primary care MDs, are obligated to give at least 50 hours of after-hours care annually in order to maintain their professional licensure.
- In Norway, the Patients' Rights Act specifies a right to receive care for covered services, including GP visits, hospital care, mental health care, and substance use care.

Primary Care

- In countries where private insurance companies compete, such as Netherlands, standards include:
 - a mandatory minimum basic benefit package
 - community rating with low premiums for sicker persons
 - cost-sharing caps to simplify choice for beneficiaries
- These features create an incentive for insurers to compete on service and quality rather than on avoidance of people with higher health risks.

Administrative Efficiency

- Making healthcare systems more efficient will not necessarily lead to better healthcare outcomes.
- A shocking realization, but not surprising if you observe the healthcare environment.
- Many well-planned and well-executed initiatives to improve care processes over the last decade have not led to better outcomes in US or Canada.

Administrative Efficiency

- Countries with robust health IT infrastructures like Norway, Australia, and New Zealand have the best Outcomes.
- Netherlands, with relatively poor admin. performance, did well in the Outcomes rankings.
- But the UK, with a very good administrative efficiency ranking, still managed to do poorly in healthcare Outcomes

Administrative Efficiency

- Paperwork slows doctors, pharmacists, and nurses down, and when they get bogged down, patient care is delayed.
- Even small delays get magnified significantly when millions of patients are involved.
- Administrative efficiency is necessary, but not sufficient for good healthcare outcomes.

Administrative Efficiency

- Providers and patients spend too much time dealing with paperwork, duplicative medical testing, and insurance disputes.
- 63% of U.S. primary care doctors reported that a major problem was the time spent trying to get treatment needed by their patients due to insurance restrictions.
- In Norway, which ranks first on this measure, only 7 % of doctors reported this problem.

Questions? 2



Health Care Outcomes

- The U.S. ranks at the bottom on health care outcomes.
- The U.S. performs poorly on:
 - maternal mortality
 - infant mortality
 - life expectancy at age 60
 - deaths that were potentially preventable with timely access to effective health care
- The U.S. rate of preventable mortality (177 per 100K population) was more than double that of the best-performing country, Switzerland (83 deaths per 100K).

Better Care Processes do not Equal Better Care outcomes

- US ranks #2 in care processes but #11 in outcomes.
- In the US, good care processes are not enough to drive good outcomes, something is missing.
- Canada ranks #4 in care processes, and #10 in outcomes.
- Countries like Australia, Norway, and Sweden rank low in care processes, yet generate better outcomes.

Out-of-Pocket Expenses

OOP Copayments

- Top-performing countries have caps on annual OOP expenses on covered benefits and provide full coverage for preventive services, primary care, and treatments for chronic conditions.
- Germany abolished visit copayments in 2013, and as of 2019, 86 % of Australians had no out-of-pocket costs for primary care visits.
- Several countries have fixed annual OOP maximums for health expenditures: from US \$300/year in Norway to US\$ 2,600/ year in Switzerland.

Out-of-Pocket Expenses

OOP Copayments

- US CMS has set the maximum annual limitation on cost sharing for 2024 under the Affordable Care Act (ACA) at \$9,450 for self-only coverage and \$18,900 for family coverage.
- This represents an increase of approximately 3.8% above the 2023 limits of \$9,100 for self-only coverage and \$18,200 for family coverage .

Healthcare Access

- A few countries with good healthcare access also do well in healthcare Outcomes, like Norway and Netherlands.
- But Germany and the UK which have good access to care still perform poorly on healthcare Outcomes.
- Switzerland which has very poor access to care was in the top 3 for healthcare Outcomes.
- In Canada and the US, poor performance on Equity magnifies the impact of poor Access, and that reflects on the Outcomes.

Healthcare Access

- Americans of all incomes have the hardest time affording needed health.
- 38 % of adults did not receive recommended medical care in the past year because of cost, more than 4X the rates for Norway (8%) and the Netherlands (9%).
- 34% of U.S. adults reported that their insurance denied payment of a claim or paid less than expected, compared to 4 % of adults in Germany and the U.K.

Equity of services

- 8 of 11 countries with more equitable healthcare systems had better Outcomes than those with less equitable systems.
- The most vulnerable people in our society are the sickest patients, and If we provided them with better services, our outcomes would greatly improve:
 - medication
 - dental care
 - food security
 - rent security
 - better walkable neighborhoods

Access and Coverage

It's only when we commit to tackling both Equity in Care and Equity in Access that we will make a dent in Outcomes.



Sociocultural Factors

Social Determinants of Health (SDH)

- Sweden ranks worse on every process measure compared to the UK and yet manages to achieve better Health Care Outcomes.
- These factors can sometimes have a bigger impact on people's health than how well the health system is functioning:
 - What SDH's are prevalent in each country?
 - How is wealth distributed?
 - How prevalent is rental anxiety?
 - How prevalent is food insecurity?
 - How prevalent are food deserts?
 - How prevalent are unwalkable neighborhoods?

Sociocultural Factors

Social Determinants of Health (SDH)

- If you can't exercise and can't get a good diet, any care you receive will not achieve its optimal effect.
- Surgeries and medications can't fix what poor diet and lack of exercise have undermined.
- Sweden's healthcare system isn't that great, but the health of their population is probably much better than that of most other countries.
- Health trumps healthcare.

Social Determinants of Health (SDH)

Economic Stability	Healthcare	Neighborhood & Environment	Education	Social & Community Context
Economic Harmony	Availability	Housing	Literacy	Community Resources
Concentrated Poverty	Accessibility	Parks & Playgrounds	Funding	Recreation & Leisure Activities
Job Training & Availability	Affordability	Ambulatory Ability and Ease	Elementary Education	Transportation Options/Costs
Availability of Food	Health Literacy	Segregation, Discrimination	Higher Education	Incarceration
Safe Housing	Insurance	Social Norms and Support	Libraries	Safety
Poverty Stresses	Provider Adequacy	Worksites	Technology	Trash, Toxins, Hazards

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US HEALTHCARE NEGATIVE FACTORS

US lags behind other nations on measures of healthcare outcomes, administrative efficiency, access to care, and equity.

Why?

Top-Performing Countries Compared to USA

Guarantee
universal coverage
and remove cost
barriers.

Invest in primary
care systems that
provide equitably
available high-
value services to
people in all
communities.

Reduce
administrative
burdens that divert
time, efforts, and
funds from
improvement
efforts.

Invest in social
services, especially
for children and
working-age
adults.

US Healthcare

Negative Factors

- **1st** : Many process measures focus on the care available to people who actually have access to care.
- Measures of quality for hospitalized patients focus on those who had access to hospital care in the first place and ignores those who died before reaching a hospital.

US Healthcare

Negative Factors

- **2nd**: Administrative barriers disproportionately block poorer and marginalized individuals from receiving health services.
- US is the only country that needs to employ health navigators to help direct patients through the complexity of insurance and the wider healthcare system.

US Healthcare

Negative Factors

- US delivers high-quality care to the population that has access and the means to pay for it, while delivering poor-quality care to the share of the population that lacks those means.
- The result is a good average level of performance overall, but it's a health system that inadequately serves the sickest and most vulnerable.

US Healthcare

Negative Factors

- **3rd**: The less healthy suffer inequities caused by economic and social policies that also fail to mitigate the consequences of those inequities.
- On average, the US population is sicker than that of other high-income countries, with a high prevalence of chronic conditions like obesity, diabetes, heart disease, and respiratory ailments.

Final Questions?





Session 8: Solutions, Prevention, Reduction

October 26, 2023

- Awareness of harms (Error reporting)
- Education and Culture Change
- Communication strategies
- Specific responsibilities
- Patient self-awareness and self-protection
- The “Aims” (Triple, Quadruple, Quintuple)