Study ranks US health care system last among 11 nations

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The US health care system consistently underperforms relative to other industrialized countries, according to a new study from the Commonwealth Fund. Among the 11 nations covered in the study—including seven Western European countries, Canada, Australia and New Zealand—the US ranks last or near last on access to care, efficiency and equity of treatment between the rich and poor.

The June 2014 edition of "Mirror, Mirror on the Wall: How the Performance of the US Health Care System Compares Internationally" utilizes patients' and physicians' survey results on health care experience ratings on various dimensions of care in 2013. The study shows that despite spending more per capita than any nation in the world, the US health care system leaves millions with poor quality care.

The authors note that the US is the only one of the 11 countries studied that does not have some type of universal health insurance coverage. Without substantiation, they suggest that implementation of the Affordable Care Act (ACA) "could further encourage more affordable access and more efficient organization and delivery of health care, and allow investment … that could improve the performance of the US health care system."

More on this later, but suffice it to say here that the government's own projections show that the health care reform commonly known as Obamacare, which keeps the for-profit health care system in place, will leave millions of Americans without insurance. At the same time, it provides the framework for the health care industry to boost its profits at the expense of the medical needs of the population.

In addition to earning the poorest overall ranking, the US ranks last in access to care due to cost, and in inequities of health care delivery between populations with above-average and below-average incomes. The US had the highest percentages of people in the last year who reported foregoing care and treatments for cost-related reasons or had difficulty paying for it:

* 37 percent reported that due to cost they did not fill a prescription, skipped a medical treatment, test or follow-up, or had a medical problem but did not visit a doctor.
* 28 percent of patients reported their insurance was denied or did not pay as much as expected.
* 23 percent of patients had serious problems paying or were unable to pay medical bills.
* 41 percent paid out-of-pocket expenses in excess of $1,000.

The Institute of Medicine defines health care equity as "providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status." The US scored last or second to last in 8 of the 10 categories measuring equity between those with above-average income and those with below-average income (with median income as the dividing line, about $52,000 in 2013).

Some of the most glaring inequities for 2013 included:

* 39 percent of those with below-average incomes had a medical problem but did not visit a doctor because of cost, compared to 17 percent for those with above-average incomes.
* 30 percent of the below-average income group did not fill prescriptions or skipped doses, compared to 12 percent of those with above-average incomes.
* 27 percent of those with below-average incomes rated their quality of care as "fair/poor" compared to only 7 percent in the above-average income group.

Not surprisingly, the US also ranked abysmally on three indicators of "healthy lives": deaths that could be prevented with timely and effective care, infant mortality, and healthy life expectancy. The US infant mortality rate of 6.1 per 1,000 live births is nearly triple that of Sweden, which stands at 2.1. The US rate of 96 preventable deaths per 100,000 is nearly double that of France's 55.

The study finds that even insured and higher-income Americans were more likely than their counterparts in other countries to report problems such as not getting recommended tests and treatments and filling prescriptions. The authors note: "This is undoubtedly a reflection of the lack of comprehensive health insurance coverage and the high out-of-pocket costs for care in the US."

The Commonwealth Fund goes on to assert: "The Affordable Care Act is designed to ameliorate some of these problems." In reality, the Congressional Budget Office has projected that by 2023, after a decade of Obamacare, a staggering 31 million people will remain uninsured. These will include those whose resident states are not expanding Medicaid under the ACA, undocumented immigrants excluded from ACA subsidies, and those who choose not to purchase coverage because they cannot afford it.

The central feature of Obamacare, the "individual mandate," will work to exacerbate the inequities in the US health care system. Under the legislation, individuals and families who are not insured through a government program such as Medicare or Medicaid must obtain insurance or pay a penalty.

The insurance exchanges set up under the ACA offer coverage for purchase from private insurance companies, who stand to profit from this new captive collection of customers. As there is no meaningful government oversight on what the for-profit insurers can charge, premiums are expected to rise from their already high rates in future years.

People shopping for coverage in the first year of the ACA have found that the least expensive 'bronze" plans often come with deductibles in excess of $5,000, which must be paid before any coverage kicks in. These and other out-of-pocket costs will have the effect of forcing individuals and families to self-ration their medical care.

Those who choose not to purchase coverage will face a tax penalty. By 2016, this annual penalty will rise to 2.5 percent of taxable income, or $695 per adult and $347.50 per child (up to $2,085 per family), whichever is greater. In other words, people will be charged significant penalties for the privilege of remaining uninsured.

The Commonwealth Fund reports that the US spent $8,508 on health care expenditures per capita in 2011. New Zealand, at $3,182, spent the least. As the US also scores last on efficiency measures—excessive insurance paperwork, inefficient medical records systems, duplicate testing, unnecessary emergency visits—it is not surprising that this ranking is high.

What the report fails to explain, however, is that the primary driver of health care costs in America is the for-profit health care system, under which the insurance companies, pharmaceuticals and big hospital chains are raking in ever-greater profits as the quality of medical care and access to it are increasingly reduced for millions of working class families.

"Mirror, Mirror on the Wall" is an indictment of this for-profit health care system. A solution to this very real health care crisis lies not in Obamacare but the reorganizing of society on a socialist basis. This would include putting an end to medicine-for-profit and the establishment of free, high-quality, state-run health care for all.