

Dallas Medical Journal

SEPTEMBER 2014

VOL. 100, NO. 9



**Women
in
Medicine**

President's Page

US Health Care vs The World: Quality

Part I

by Todd Pollock, MD



Without question, the US healthcare system has its problems. It is overly bureaucratic, inefficient and expensive, to name a few. But is it really the worst healthcare system when compared to 10 other industrialized countries, as concluded by the Commonwealth Fund study “Mirror, mirror on the wall” (June 2014)? The study found that, despite being the most expensive system among its peer countries, the US healthcare system performed the poorest in almost all categories while the United Kingdom topped the chart. Headlines included “US health care ranked dead last compared to 10 other countries” (Forbes), “US healthcare system ranked lowest in international survey” (CBS), and “US health care ranked worst in the developed world” (Time). The results seemed wrong empirically, so I looked into it further.

While reading the study, my initial impression was that it read like an editorial and not a scientific study. I considered whether a bias existed. Let me start with an admission: I am biased. Being a US physician, I take this criticism personally, and I tried to keep this in mind as I looked further into the study. In reviewing the Commonwealth Fund study methodology

and the data points selected, I began to suspect that bias existed on the study's part, as well.

The CWF study primarily is based on patient and physician opinion surveys. However, opinion is not an indicator of quality and is inherently flawed by cultural differences, perceptions and expectations. I suspect this is even more true when comparing opinions internationally. Coincidentally, I came across a study published in the August 2014 Proceedings of the National Academy of Sciences that looked at happiness using fMRI and complex formulations. It got me thinking about the results of the CWF study. As it turns out, happiness isn't so much about what happens to you but whether what happens to you is better or worse than you expected. As the adage goes, “Expectations are future resentments.” US consumers are notoriously demanding and have high expectations. In countries that have healthcare service with famously poor reputations (such as the UK's National Health Service), expectations likely are lower. Therefore, it would stand to reason that if the services provided outperform the expectations of the consumers, they may be happy with them. Thus, survey results may indicate the level of satisfaction but shouldn't be interpreted as higher quality.

The CWF concedes this, stating, “Patients' and physicians' assessments might be affected by their experiences and expectations, which could differ by country and culture.” It also says that “any international comparison of health care is subject to inherent weaknesses.... Different measures, moreover, are given equal weight in the rankings and are not weighted based on independent evidence of what patients value most highly.”

I also considered whether the CWF cherry-picked the data points it selected in order to produce a predetermined conclusion. The data points measured seemed to be weighted to benefit the universal coverage of the European systems, emphasizing “access to care” and “equality.” Although these certainly are important qualities for a healthcare system, simply having access to care does not mean that care is available or indicate the quality of care. Case in point, the UK's newspaper, *The Times*, reported in August that the NHS will miss its treatment goals by a mile. The target of 18 weeks to treat patients is backlogged to well over a year. Plans have been developed to manage this backlog but fall in the category of robbing Peter to pay Paul, as resources are taken from one pot to bail out another. The British Medical Association has accused the UK government of trying to “disguise” rationing of care. The BMA says, “The NHS is lurching from one missed target to another with the government failing to get to grips with the root of the problem.” These reports seem to leave doubt about the UK's top finish in timeliness of service.

This accusation of rationing has been leveled at other areas of the UK healthcare system, such as surgical services, cancer treatment and services for the elderly. Many of these factors, if considered in the study, likely would have favored the United States and bolstered its rating. An investigation by the Royal College of Surgeons discovered rationing of surgeries “by imposing arbitrary rules governing access to routine surgery.” Clare Marx, president of the RCS, says that the motivation for this may or may not be financial, but “it is clear that the UK health system does not commission services using clinically accepted, evidence-based guidance.”

International cancer survival rates are well studied, and the United States leads the world in survival rates. The CONCORD study published in *The Lancet*; Cancer found a 5-year survival rate of 91.9 percent in the United States in all cancers reviewed, compared to 57.1 percent in Europe. Other cancer studies have shown similar results. And, care to older UK citizens frequently has been criticized, with one report claiming 130,000 older patients die each year due to lack of appropriate or timely treatment. Another glaring absence is an assessment of healthcare innovation, in which the United States is a world leader. These were just a few things I found with a quick Internet search. I can't say if the data points used were deliberately selected to support their conclusion. I can say that the data points they used were incomplete in their representation of healthcare quality.

What about the conclusions reached by the CWF? For instance, the study states that "this examination provides *evidence* (emphasis mine) of deficiencies in the quality of the US system, as reflected by patients' and physicians' experiences." Based on this study's methodology, the conclusion may be that gaps exist between patient and physician expectations relative to those of

other countries, but I don't believe one can conclude deficiency in quality.

In lauding the UK for the number one ranking in efficiency, the CWF states that "the widespread and efficient use of health information technology in the UK plays a large role in its high score on the chronic management indicators, as well as its performance on system aspects of preventive care delivery."

Yet, in looking into the UK's health information technology, the NHS-National Programme for IT (named Lorenzo) cost almost \$20 billion; has been continually plagued by problems, delays and cost overruns; and was labeled "unworkable" by the House of Commons Committee of Public Accounts. It subsequently has been all but scrapped and yet continues to "incur significant costs" to the tune of a forecast \$16.2 billion, calling it "the biggest IT failure ever seen." (This makes healthcare.gov, which has cost only \$840 million, according to the most recent GAO report, a comparative success.) This conclusion alone casts real doubt on the report.

The Commonwealth Fund's recent study concludes that US health care is costly and poor, relative to its peer industrialized countries. However, when

examined critically, this study has many flaws, including suspected bias, erroneous methodology and unfounded conclusions. Critical assessment by the media is sorely lacking these days, settling for sound bites and shocking headlines, and taking the study at face value. I didn't intend to be hypercritical of the UK, but because it was found to be the leader in healthcare quality, I used it as an example to demonstrate problems with the study.

In fact, I believe that health care in all of the countries studied is excellent and the difference between number one and number eleven is small. I'm sure that each system has exceptional parts along with their failings. Our system is far from perfect, and in need of real and ongoing improvements. But real improvement comes only with real, honest, reliable data and not think-tank opinion papers that support organizations' political objectives.

The study found the US healthcare system to be the most expensive, by far. Next month, I'll compare the cost of US healthcare to its peer countries. DMJ

“ Our system is far from perfect, and in need of real and ongoing improvements. But real improvement comes only with real, honest, reliable data and not think-tank opinion papers that support organizations' political objectives. ”