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The article I read was entitled “Mirror, Mirror on the Wall, 2014 Update: How the U.S. Heath Care System Compares Internationally. The article was written by four authors K. Davis, K. Stremikis, C. Schoen, and D. Squires. From what I was able to find, these people are executives for The Commonwealth Fund, which is a private foundation that promotes high performing health care systems. Interestingly enough, the first author of the article, K. Davis is also a U.S. Congressman. The thesis statement of the article is that the United States health care system is the most expensive in the world, but the care given for such a high price does not match the quality of other nations. In this essay, I will identify the three points I believe to be most important, quality of coverage, access, and health information technology.

The Commonwealth Fund compared 11 countries to determine their claim of the U.S. system being ineffective. Data in regards to patient and physician survey results and ratings on various dimensions of care were analyzed. Also, data from the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD) was used. This data concluded that the U.S. system is the most expensive out of the 11 countries and it ranks last, as it did in the 2010, 2007, 2006, and 2004 editions of this research. This is particularly troubling due to the lack of improvement during this span of time. All of that being said, Americans are paying a great deal of money for second-class care.

What good does health care do if no one is able to access it? This is a question that was asked when determining the access portion of the study. Interestingly, Americans have fantastic, rapid access to specialized health care services. Which, when you think about it, isn’t all that surprising. There are large amounts of physicians in the U.S. who are highly specialized. Because of their amount of specialization, they are not in as much demand as a primary care doctor. I believe the reason behind this is a doctor understands that the more specialized they become, the more money they will make. Because of this, Americans are less likely to use primary care because of the extensive wait and quality of care. More often than not, visiting a doctor feels like a guessing game than getting actual information that can benefit one’s health.

The final point that I believe is critical is health information technology. This is, I believe, the easiest way to begin fixing the system. Health information technology is simply using our access to networks, the internet, and technology in general to improve. There are three areas within health information technology that greatly need work. Public reporting of quality data, payment systems that reward high-quality care, and a team approach to management of chronic conditions would fix things tremendously. The overall goal of health care can’t be achieved if people are unwilling to visit the doctor. Using the technology we have to make the experience better for the patient is not just a good idea; it is a must.

In conclusion, I enjoyed reading this article and doing the necessary research to understand the subject. I can’t tell you how many times a doctor has asked me the same question a previous doctor had already asked. Why is this information not public for any doctor to pull? I understand there are ethics issues and people feel unpleasant knowing any doctor can access their records, but we shouldn’t let a minority hold back the majority who are tired of redundant questions and answers at the doctor’s office. In full disclosure, I need to mention that this article was written before the full implementation of the Affordable Care Act. I do believe this law is a step in the right direction, but has been plagued with stagnation due to political parties and politics. We have other countries who are far more effective than the U.S. with health care to look to as examples. American lawmakers are holding the majority back because of the extreme views of the minority who are resistant to change.

All the points raised in the essay impact my health coverage directly and that is why I speak passionately about them. I want the ability to get health coverage when and where I want. If I want to get it through any employer, great, I should be allowed to do so. If for some reason my employer does not offer insurance, which has happened to me in the past, I should be allowed to find an alternative. I am frustrated with the lack of implementing technology in health care. I can’t believe that physicians have such difficulty sharing records and collaborating on data. For example, if I find out I have a disease, whatever it may be, I absolutely what my doctor sharing my data with colleagues and getting second opinions. Who knows, perhaps the doctor I chose to visit isn’t entirely equipped to handle my situation. If this is the case, it makes logical sense to team up and come to a solution. I have had too many experiences where I went to the doctor in need of help and all I got in return was “I’m not sure what could be going on, I don’t have any definite answers.” This is lazy health care incorporated that, at least at this moment, is more about the money and less about the patients.