Delving into this week’s reading/lecture was eye-opening, as someone who both has health insurance and is constantly looking at patients’ insurance coverage, it was hard to not be personally vested in this week’s topic.

I chose to address how healthcare in the US compares to other countries, as well as how far the US has come regarding their accessibility to health care. When one thinks of the US, it is easy to assume they lead the way in many things – such as technology, wealth, and education – and one could easily loop healthcare into that. Surprisingly, though the US has the highest healthcare cost of any country, they most definitely are not leading the way in many health indicators amongst comparable countries. As stated in *Assessing the performance of the US health System*, “Consistent with our shorter life expectancy, [mortality rates](https://www.healthsystemtracker.org/chart-collection/how-do-mortality-rates-in-the-u-s-compare-to-other-countries/) for most leading causes of death are higher in the U.S. than in comparable OECD countries.” (Levitt, Claxton, Cox, Gonzales, and Kamal 2014). Life expectancy in the U.S. is “just under 79 years, compared to an average of just under 82 years in comparable countries” (Levitt, et al 2014). Why these statistics are even more concerning as brought up in the same article as well as the text, is that the US ranks highest in healthcare spending, “In 2011, the per capita health care spending in the United States was approximately $8,500” in comparison to similar Countries where “…spending averaged approximately $3,300 per capita.” (Knickman & Kovner, 2015). In summary, the US is ranked low in overall health, yet far out spends these comparable countries.

Relative to the past, one positive of healthcare reform in the US, as noted by former President Obama, is “The number of uninsured individuals in the United States has declined from 49 million in 2010 to 29 million in 2015” (Obama, 2016). While this is great progress, with all the new changes occurring in the political world, whether this trend will contain remains uncertain. Negatively, spending related to healthcare has gone up considerably. Knickman & Kovner state that in 1963 healthcare spending was around 3%, but in 2012 it went up to more than 19% of total public spending (Knickman & Kovner, 2015). As well, this increase in spending does not take into consideration the influx of individuals that became insured in 2015. While some improvements have been made in insuring more of the population, spending has gone up considerably and again leaves much room for progress.

A potential policy change to help improve enrollment in health care and coverage in the U.S. is to streamline insurance enrollment. As mentioned by Knickman and Kovner, 2015, all insurance policies have different “complex enrollment processes”, which can cause confusion or mistakes by people attempting to enroll. Additionally, “waste” is a major issue in the US healthcare system and improvement in this area could potentially save billions. “…The United States wastes between 560 billion and 950 billion annually on healthcare” (Knickman & Kovner, 2015). With all this extra savings in the healthcare industry it would be much easier to subsidize those unable to afford health insurance and therefore improve healthcare outcomes and enrollment in the United States. Along with this consideration of helping improve waste, the US could follow other OECD countries in making their treatment criteria more rigorous, so as not to be using healthcare dollars unnecessarily. For example “The U.S. health care system accepts twice as many end stage renal disease (ESRD) patient for treatment as Europe and 40% more than Canada.” (USRDs, 1999 as cited in Knickman & Kovner, p 265). For diseases like this if we set up more universal guidelines for who should be treated, we can prevent care that is not productive, but expensive.

All in all, the United States has a lot of room for improvement in the coming years regarding health care reform. Progress has been made in the last few years, and one can only hope we continue to move forward.

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