

The United States Could Use Healthcare Reformation

Abstract:

Many other developed countries have a national healthcare system, in which they are able to pay a certain amount to the government, and their healthcare is taken care of at little or no charge. The United States is not one of those countries, and the pandemic is testing the country's private health sector's ability to provide proper healthcare to the public. There are approximately 13% of Americans that are without health insurance due to many factors, such as high premiums or they are part-time workers. Because of this, these people are not very likely to get regular screenings or have regular physician visits to prevent preventable diseases. The best solution to this problem is implementing a national healthcare system for the United States.

Introduction:

Coronavirus, one of the causes of the common cold, is the hot new topic this year, although it was first discovered in humans in 1965. The new strain recently identified as COVID-19 has spread rapidly across the world and is going from country to country. Originally, when COVID-19 made its way to the United States, some people thought it was the same as the flu, while others took it very seriously. The United States cases slowly started to rise, and the number of cases in New York alone has now surpassed any other country in the world. COVID-19 has shown to be more contagious and deadly than the flu with a mortality rate of 0%-3%, while the flu is around 0.002% [1]. I was one of the people that did not take it very seriously in the beginning stages of this virus, but I have found myself protecting myself and others when out in public. There are many factors as to why the United States has more cases than other countries, but one can be attributed to other countries having a national healthcare system while the United States does not.

Background:

There are four basic types of healthcare systems that are utilized throughout the world, which includes the Beveridge Model, the Bismarck Model, the National Health Insurance Model, and the Out-of-Pocket Model. In the Beveridge Model, the government has most authority over what doctors can and cannot do and how much they can charge, and payments are collected through a tax payer system. This model typically has lower costs, and residents of the country never receive a doctor or hospital bill. The Bismarck Model, named after Otto von Bismarck, uses an insurance system typically financed through payroll deductions by employers and employees. However, these plans do not make a profit, and they must cover everyone. The National Health Insurance Model promotes both the Beveridge Model and the Bismarck Model, in which there are private insurance providers, but payments come from taxpayers, which means that costs are kept extremely low. Another way that costs are kept low is by limiting the medical services they pay for or making patients wait to be treated. The Out-of-Pocket model is typically found in less developed countries and is more utilized in poorer areas of those countries. The United States uses a combination of these four basic models for veteran healthcare, Medicare, the uninsured, and employees receiving medical benefits from their employer [4].

Italy was known not long ago for the country with the most cases and fatalities from COVID-19. Spain is the other European country that has seen an increase in COVID-19 cases the same as Italy did. These two countries were ostracized by multiple media outlets for the way they treated their people, but the United States has now been the reigning country when it comes to the number of coronavirus cases and fatalities. Italy and Spain are two countries that have instituted a national healthcare system, while the United States is not. Three states have accounted for 50% of cases and 60% of deaths in the United States, which are New York, Connecticut, and New Jersey. Between March 31 and April 12, New York saw an increase of between 8,000 and 10,000 cases per day alone, and the average number of deaths per day in the United States is 2,000 [5]. The extreme rise in cases and deaths has caused the country to come to somewhat of a halt and change the way Americans live their lives everyday.

Many experts believe that the number of cases are being underrepresented because of the costs associated with even being diagnosed with a disease. The United States's citizens face higher out-of-pocket medical costs than most other countries, meaning their healthcare often gets delayed or ignored altogether. American hospital beds are being used by individuals with an often preventable disease, but this might happen because the primary care was too expensive to seek out to begin with. Some people that have tested positive are asymptomatic. The United States has a test-positivity rate of about 20%, which is high and means that the country is not testing as many people as it should be testing, but this high percentage can be attributed to the lack of tests available, and doctors need to test high risk patients over what is considered lower risk patients [7]. In most other countries with a national healthcare system, there are more tests readily available, so more people are being tested. If an American is hospitalized or diagnosed due to COVID-19, they are faced with expensive medical bills. There is the option of the government helping those individuals, but resources for that can be hard to find depending on the individual's situation. Some countries with national healthcare systems seem to be faring better than the U.S. is by getting ahead of the problem rather than dealing with it in the present.

The United States healthcare system is going to have a hard time recovering from this pandemic. Discussions have arisen about how the United State's healthcare structure should handle how medical care is provided and paid for. Factors stimulating this drive in change include medical care personnels being overworked and less people visiting their primary care physicians. America has fewer resources, such as hospital beds and test kits, per capita than other countries. The use of telecommunications in the health industry has increased, which leaves physicians struggling to keep staff on hand and stay afloat due to decreased consult costs versus in-person consultations. Small steps have already been taken, such as the Medicare program offering advanced payments to medical providers based off of an estimated number of patients they might expect to see. Doctors are normally paid using a fee-for-service arrangement, in which they bill for each office visit and procedure. This system gives doctors less incentive to switch to a telecommunication service, but a single monthly payment might encourage physicians to think about the way that they offer their care services. Medicare Advantage plans, an alternative to the fee-for-service system, are examples of healthcare

systems that pay a certain amount of money to physicians offices, which enables lower costs for patients, although there still exists physicians and insurers that are reluctant to discard the fee-for-service system.

Solution:

My solution for this problem is to instantiate a healthcare system closer to the national healthcare systems developed in other developed countries. That will not completely solve the chance of America fighting a pandemic but will give the citizens a better fighting chance when it happens. A national healthcare system would lower costs for Americans due to limited marketing, which gives them a better chance of curing and preventing many illnesses and diseases, and it would be paid for with tax money from the citizens. Although employers' healthcare options can make being insured more affordable, it can still be a high cost to that individual and can cause a financial strain, often dealt with by the "working poor". Approximately 45 million Americans are uninsured, and millions of Americans are underinsured, meaning they have insurance but lack the funds to pay for medical bills. About 80% of uninsured Americans are those with a job but are not offered health insurance through their work or the employer share of the premium is too expensive [1]. Having a national healthcare system isn't a perfect system, but it might make the rich happy as well as the poor.

Problem:

The problem with America setting up a national healthcare system is that they will not have the freedom to pick their plans, and they will have to treat their medical ailments as the government sees fit. The government, however, will prioritize more serious ailments than what they see as minor or elective procedures. Italy is a great example of when a national healthcare system has somewhat failed. Their citizens have more of a freedom of getting care than Americans do, but there were so many people getting sick that the government had to choose who got care and who didn't during this pandemic.

As stated earlier, Italy and Spain are two national healthcare countries that have seen a rapid increase of coronavirus cases. Per capita, they have higher deaths than the United States [9]. The system failed there because they were slow to respond, thinking that the problem might not cross their borders. These countries did not test as frequently as China did, so that led to authorities not responding as quickly. Italy is a country that has some of the most elderly population, and they are a big family oriented community, so their elderly come into contact with younger people quite often. Spain has a similar family culture embedded in their population as Italy.

Conclusion:

The national healthcare system might not be the only answer to giving Americans affordable healthcare, but it seems to be the best answer. With a national healthcare system in place, more Americans can prevent diseases and illnesses, and they can also cure their illnesses. Americans would have little to no costs when seeing physicians, and because of the little marketing being used on healthcare, taxes paid to the government will not be as much as some people think it might be.

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