

How Good Is Your Country's Healthcare System?

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How good is your country's healthcare system? Truth be told, we don't really know, and not knowing seems preposterous. But, in the current hyperpoliticized environment, a recent editorial by Papanicolas and Jha is worth a read.¹

SGIM members are brought up on a steady diet of research papers and government reports demonstrating the myriad shortcomings of the US healthcare system (for 96% of SGIM members, our healthcare system means the "US healthcare system"). Research papers by SGIM members and reports from the National Academy of Medicine and other committees on which they serve draw attention to the many deficiencies in our healthcare system. But, if you take a more global look at US health care, there is much that Americans should celebrate. Yes. Really.

US Academic Medical Centers are the envy of the world, and trainees from around the globe flock to the United States for their training. Patients travel thousands of miles—at great cost—to receive treatment. New technologies are adopted faster in the United States than elsewhere, and evidence suggests that such technological advances provide substantial improvements in health that are likely to be of reasonable value.² Of course, US health care also has numerous shortcomings. There are appalling disparities. There is waste and occasionally outright fraud, and incentives are often conflicting and utterly inconsistent.

But, back to our question: *How good is your country's healthcare system?*

Focusing on the United States, a recent *New England Journal of Medi-*

cine editorial by Schneider and Squires from The Commonwealth Fund argue that the performance of the US healthcare system is poor.³ They based their claim upon the influential Commonwealth Fund surveys of patients and providers in different countries that government and policy makers often quote. The Commonwealth Fund narrative is simple and resonates with many of us who are frustrated with US health care. However, the Commonwealth Fund narrative risks being overly simplistic. Papanicolas and Jha paint a more complex picture of just how difficult it is to compare international health systems. In their *JAMA* editorial, the authors draw attention to the numerous challenges of international health system comparison.¹

The authors specifically highlight 3 challenges in making comparisons across systems:

1. how to define the boundaries of the healthcare system;
2. differences in data collection and availability; and
3. differences in societal values and priorities.

For example, when considering boundaries, greater spending on schools may necessitate reduced spending on nursing homes; yet, both can have a profound impact on health system performance and population health. When considering data, how do we account for the fact that access to physicians and hospital beds differ markedly across countries?^{4,5} As a result, some countries have a very limited capacity to hospitalize patients while others can hospitalize virtually everybody. In turn, differences in who gets hospitalized

can reasonably be expected to influence everything from length-of-stay to 30-day mortality. Similarly, how do researchers account for differences in data availability and coding across countries and health systems? Finally, like it or not, healthcare systems reflect societal values in most democratically elected countries. How should comparisons "adjust for" the fact that the United States has opted for "Mercedes" health care for those who can pay and "Yugo" (https://en.wikipedia.org/wiki/Zastava_Koral) health care for those who cannot while other countries have opted for Hyundai level care for all. It seems shocking that we are able to measure hospital risk-standardized myocardial infarction with such precision, but at a national level we have a hard time answering whether breast cancer or stroke outcomes are better in Canada, France, or the United States.

As the United States lurches through healthcare reform (and potential repeal), it will be important not just to address the significant shortcomings, but to preserve much that is good. Finding a cure that is not worse than the disease has never been truer.

References

1. Papanicolas I, Jha AK. Challenges in international comparison of health care systems. *JAMA*. 2017;318(6):515-6.
2. Cutler DM, Rosen AB, Vijan S. The value of medical spending in the United States, 1960-2000. *N Engl J Med*. 2006;355(9):920-7.
3. Schneider EC, Squires D. From last to first—Could the U.S. health care system become the best in the world? *N Engl J Med*. 2017;377(10):901-4.

continued on page 2

PERSPECTIVE/HEALTH POLICY

continued from page 1

4. Wunsch H, Angus DC, Harrison DA, et al. Variation in critical care services across North America and Western Europe. *Crit Care Med.* 2008;36(10):2787-93, e1-9.
5. Delamater PL, Messina JP, Grady SC, et al. Do more hospital beds lead to higher hospitalization rates? A spatial examination of Roemer's Law. *PLoS One.* 2013;8(2):e54900.

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