ACP: American Health Care Ranks Near Bottom

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Contributing Writer

WASHINGTON — Despite the rhetoric favored by presidential candidates, the U.S. health care system is not the best in the world, but ranks near the bottom on most measures when compared with other industrialized nations, according to an American College of Physicians' report.

"I'm not pleased to say this, but when it comes to health care, too many of us simply are not getting the kind of health care that we need and deserve and, in fact, many Americans do not have access to even basic health care," said Dr. David Dale, president of the American College of Physicians, speaking at the release of the college's annual State of the Nation's Health Care report at a conference sponsored by AcademyHealth.

Citing data culled from the Commonwealth Fund, the World Health Organization, and other sources, Dr. Dale noted that the United States ranks behind other industrialized nations in terms of access and equity, in helping patients lead healthier lives, in preventable deaths, and in infant mortality. The United States ranks second to last in overall quality of care, edging out only Canada—a country that spends half as much per capita on health care.

In fact, the United States spends more than double the amount most nations spend on health care, yet continues to have poorer access and outcomes, according to Dr. Dale.

And if U.S. health care spending continues to grow at its current pace, it can be expected to increase from 16% of gross domestic product in 2007 to 25% by 2025, according to Peter Orszag, Ph.D., director of the Congressional Budget Office, in congressional testimony that was delivered on the same day as ACP's report.

Efforts to enact major reform of the health care system have consistently failed in the past, but the projected spending growth may force the issue this time around, said Robert Doherty, the college's senior vice president of governmental affairs. "Health care will become so expensive that the country will no longer be able to support it," he said.

In releasing its annual report, the ACP used the opportunity to call for a political commitment to provide universal coverage, bolster primary care, reform the payment system, reduce administrative costs, implement health information technology, and support effectiveness research.

The group also sent a "candidates pledge" outlining these goals to each of the presidential hopefuls as well as to the group's membership, who can in turn hand them to candidates for Congress.

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"The pledge will help ACP members ask the tough questions of candidates. The number of candidates who actually sign the pledge will be less important than how many of them end up advocating for the policies," according to Mr. Doherty.

The American Medical Association launched a national ad campaign that has been designed to spark discussion during the presidential campaigns about the problem of the uninsured.

"By November, millions of Americans will have heard the AMA's concern that one in seven of us is uninsured," Dr. Samantha Rosman, AMA board member, said in a statement.

Although the two physicians groups are not working together on these campaigns, they share a common end, Mr. Doherty said. "Part of our hope is to provoke a debate within the profession itself about what is the most effective way of getting everyone covered in this country.

"But I don't think there is a real disagreement within the profession on the goal," he said. ■

ACP has launched a Web site that provides comparisons of the presidential candidates' health care proposals: www.acponline.org/advocacy/where_we_stand/election.

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