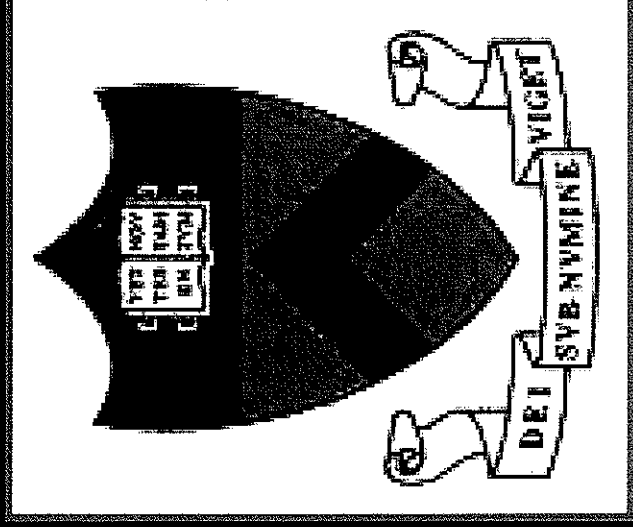


“CONSUMER DIRECTED” HEALTH CARE:

How should we describe it?

Uwe E. Reinhardt
Princeton University



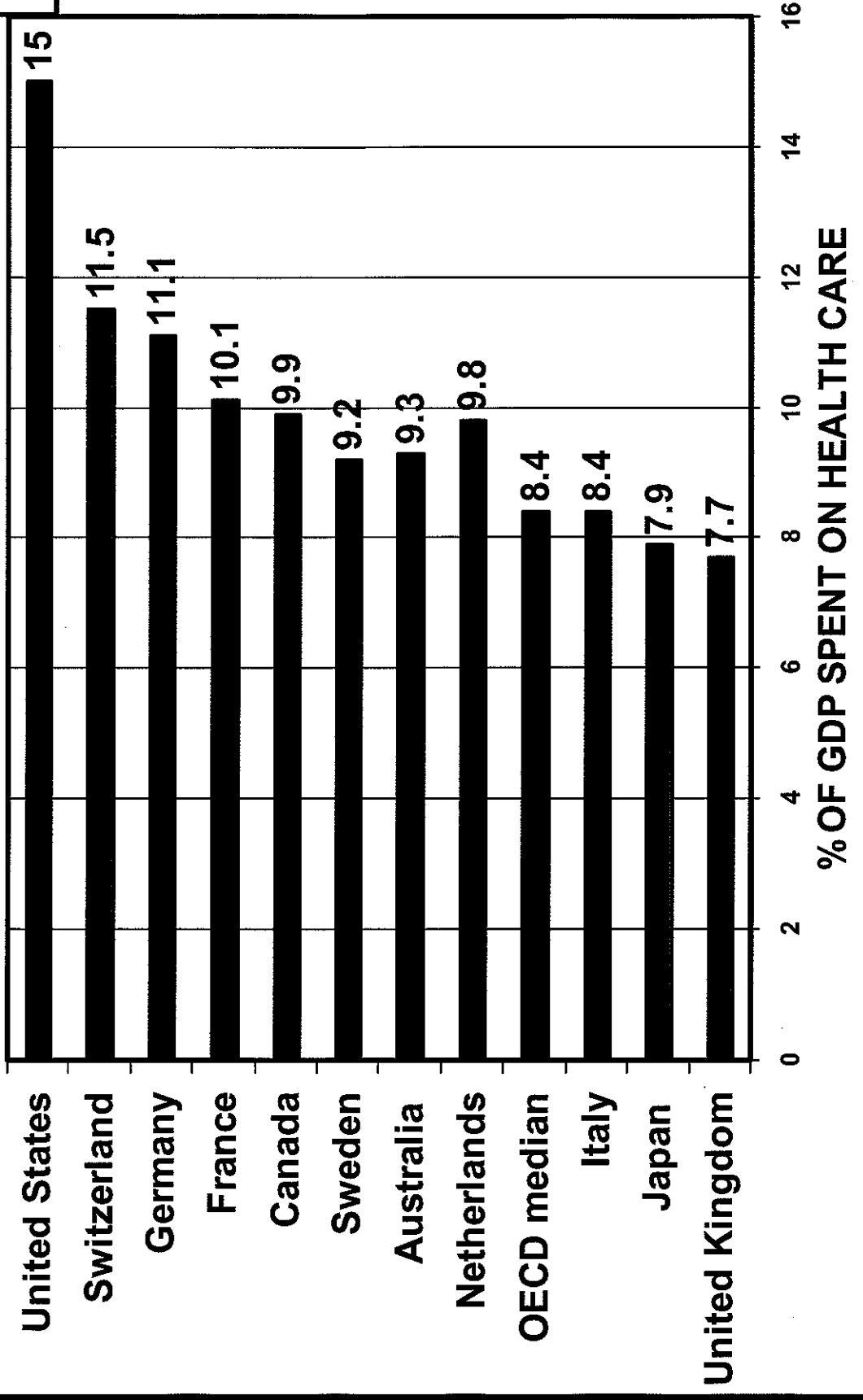
DISCLAIMER

Earlier advertisements for this conference announced that I would defend a single-payer system for the U.S. I cannot do that, as I have not advocated such a system for this country. In my view, our system of government may not be able to operate such a system smartly, nor does it seem politically viable.

On the other hand, unlike many other Americans, I do not make it a habit of disparaging other nations for operating single-payer systems – e.g., Canada or Taiwan.

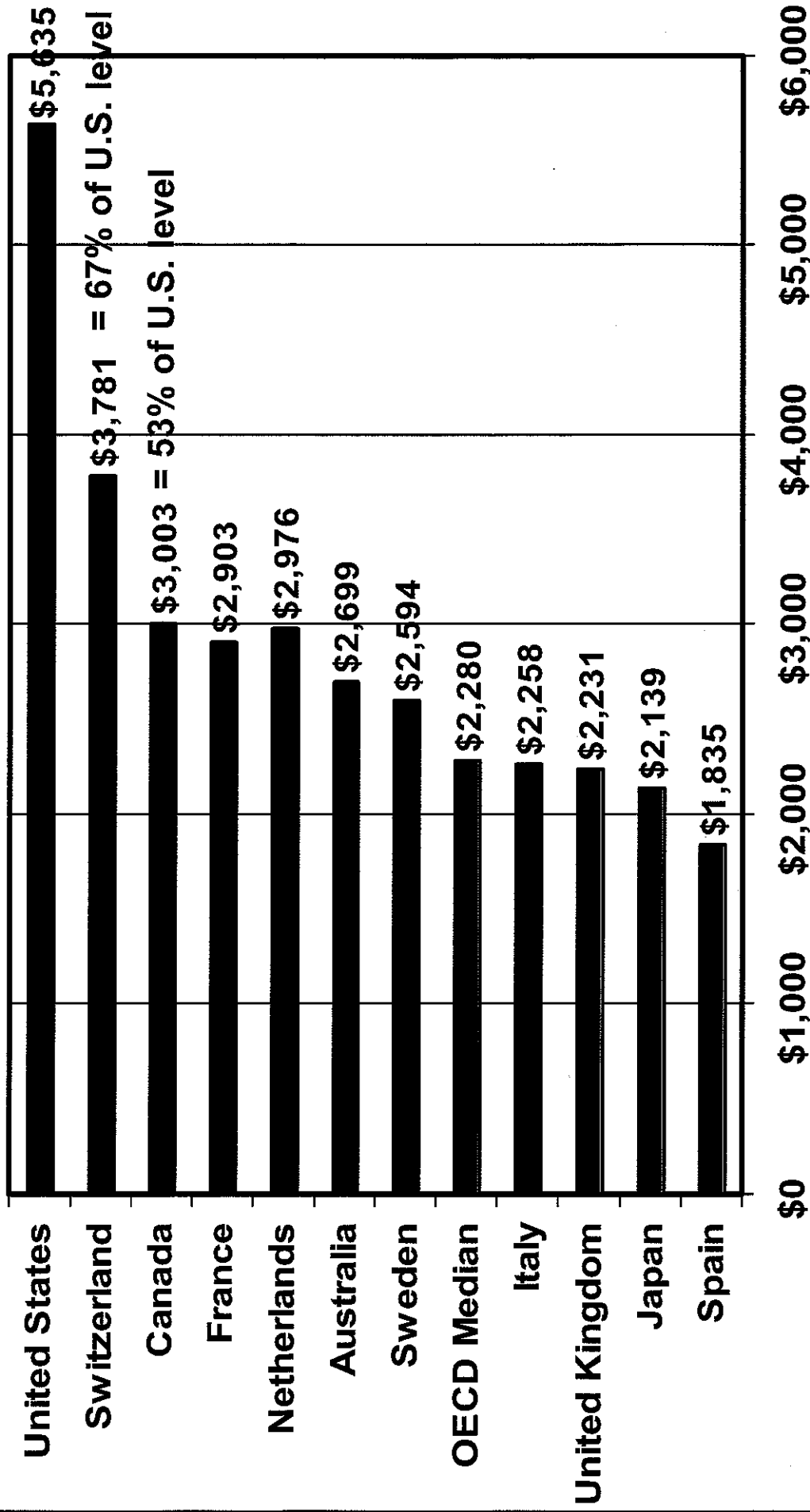
Consider the next set of slides.

HEALTH SPENDING AS % OF GDP SELECTED OECD COUNTRIES, 2003 (IN PURCHASING POWER PARITY INTERNATIONAL DOLLARS)



SOURCE: OECD DATA 2004

HEALTH SPENDING PER CAPITA, SELECTED OECD COUNTRIES, 2003 (IN PURCHASING POWER PARITY U.S. \$)

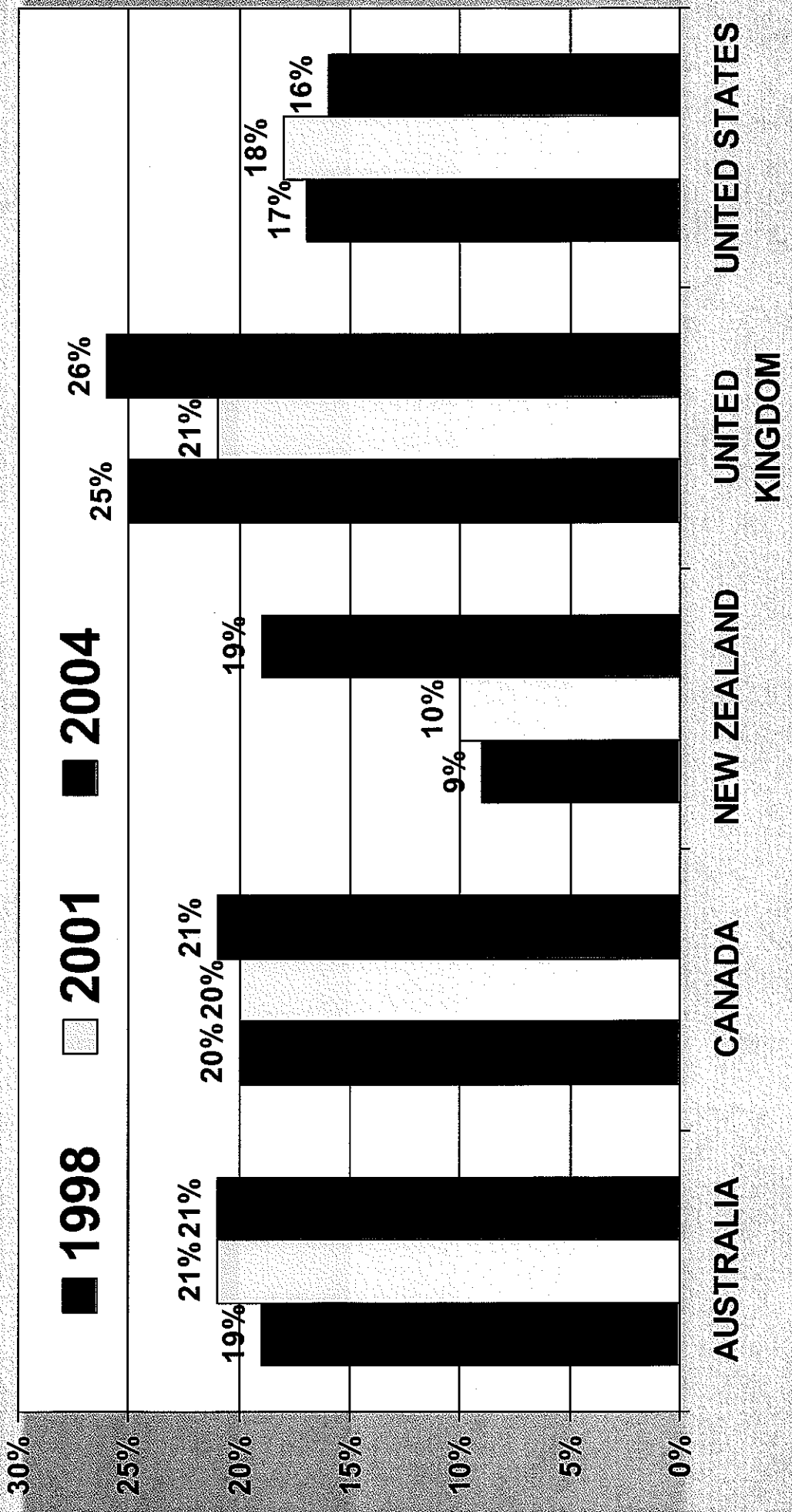


SOURCE: OECD DATA 2004

A sizeable body of cross-national research (much of it published over the years in the policy journal *Health Affairs*) has shown that our extraordinarily high spending on health care has not translated itself into

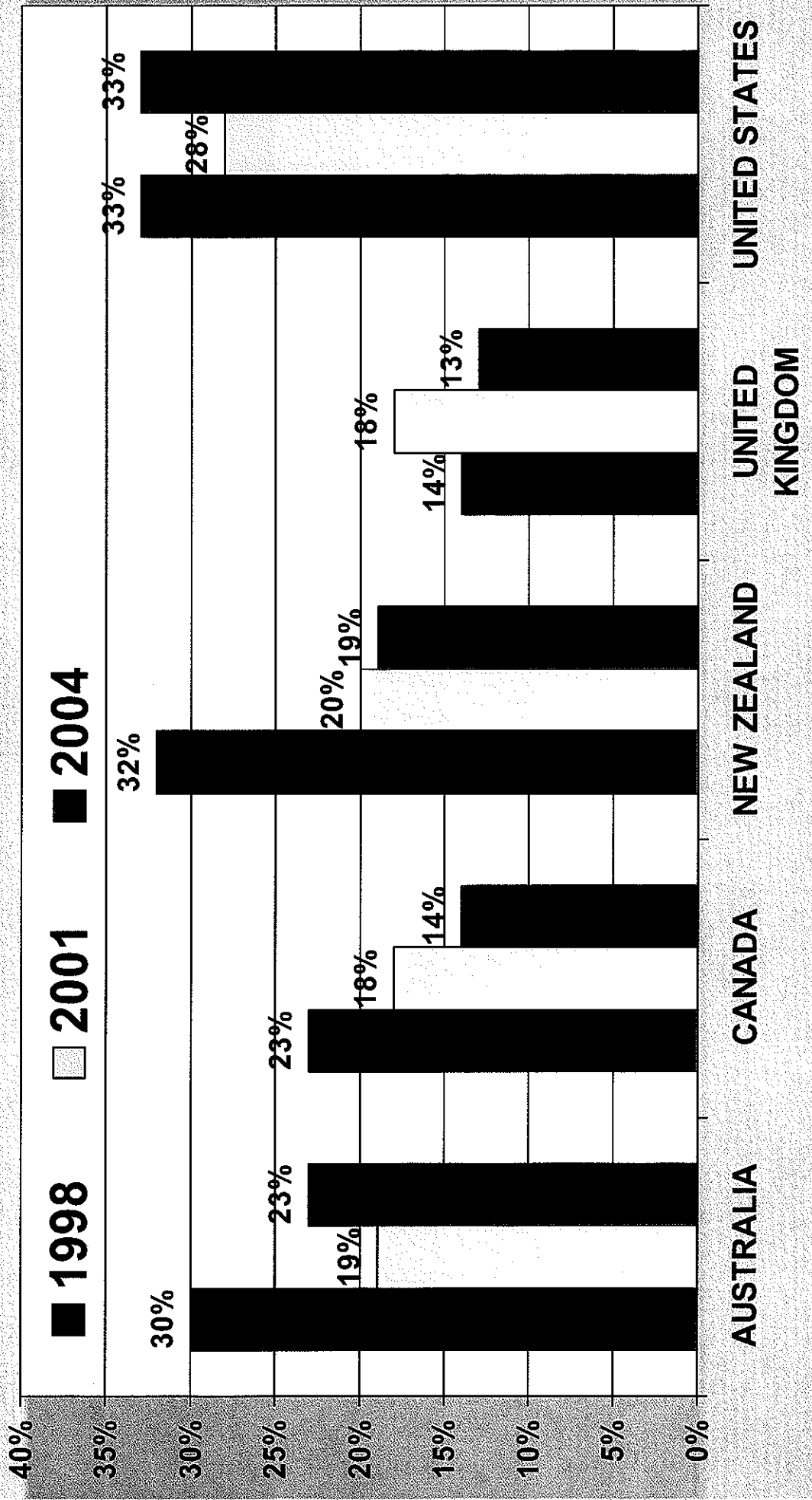
- 1. consistently superior health status indicators (although these are, of course, driven by many factors other than health care);**
- 2. higher satisfaction scores with our health system among the citizenry;**
- 3. higher satisfaction scores among physicians and hospital executives.**

PERCENT OF RESPONDENTS WHO AGREED THAT "SYSTEM WORKS WELL, ONLY MINOR CHANGES ARE NEEDED."



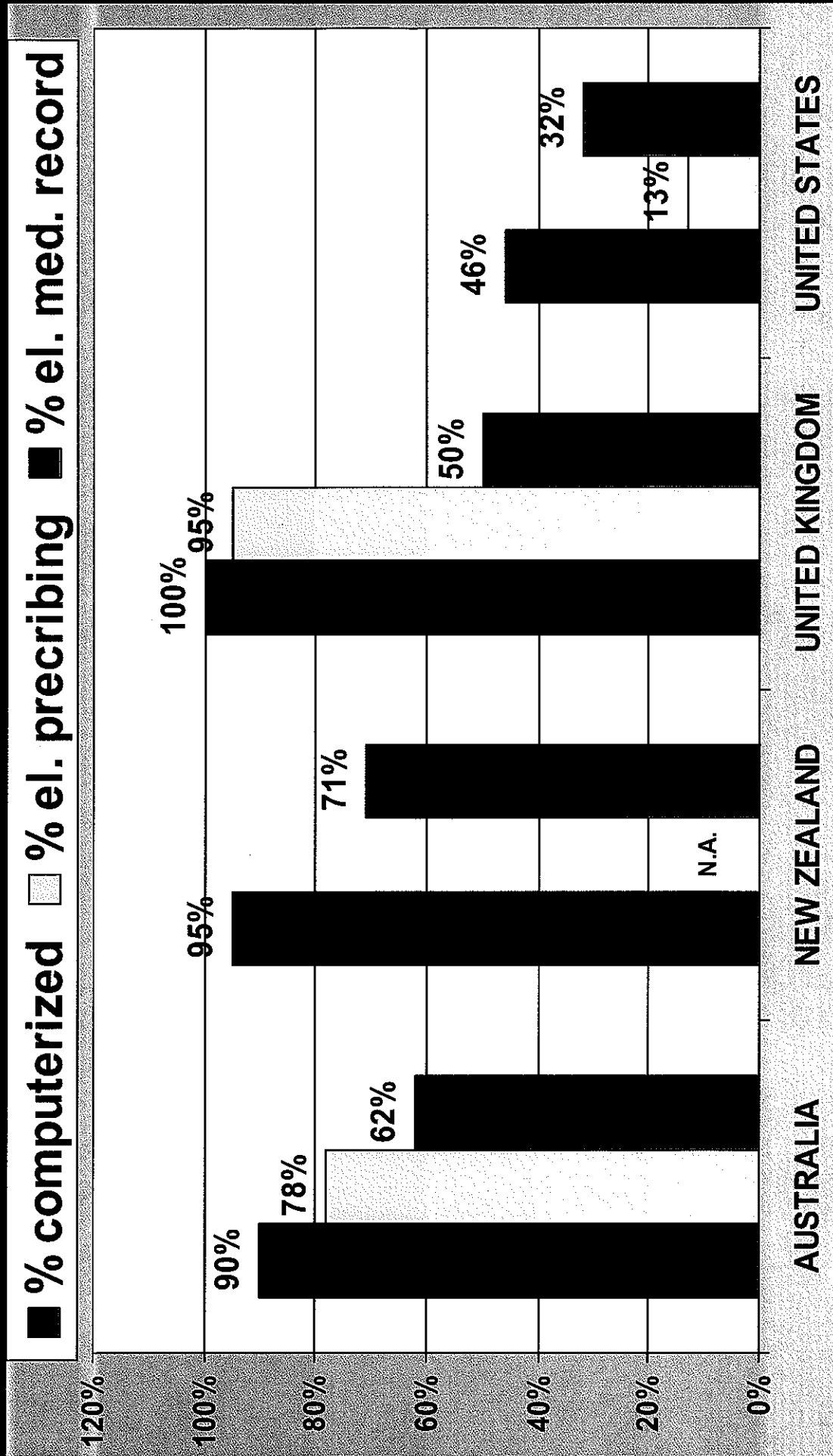
SOURCE: Health Affairs WebExclusive October 28, 2004.

PERCENT OF RESPONDENTS WHO AGREED THAT "SYSTEM HAS SO MUCH WRONG WITH IT THAT IT NEEDS TO BE COMPLETELY REBUILT."



SOURCE: Health Affairs WebExclusive, October 28, 2004.

THE USE OF COMPUTERS IN PRIMARY CARE PRACTICE



SOURCE: Andrew B. Bindman, "Cross National Comparison of Primary Care," Presented at the Commonwealth Fund International Symposium, Washington, D.C., October 28, 2004.

How Does The Quality Of Care Compare In Five Countries?

An international quality comparison shows that each country performs best and worst in at least one area of care.

by **Peter S. Hussey, Gerard F. Anderson, Robin Osborn, Colin Feek, Vivienne McLaughlin, John Millar, and Arnold Epstein**

ABSTRACT: International data on quality of medical care allow countries to compare their performance to that of other countries. The Commonwealth Fund International Working Group on Quality Indicators collected data on twenty-one indicators that reflect medical care in Australia, Canada, New Zealand, England, and the United States. The indicators include five-year cancer relative survival rates, thirty-day case-fatality rates after acute myocardial infarction and stroke, breast cancer screening rates, and asthma mortality rates. No country scores consistently the best or worst overall. Each country has at least one area of care where it could learn from international experiences and one area where its experiences could teach others.

SOURCE: Hussey et al. *Health Affairs* May/June 2004.