



America's Place in the Health Care World

Published 10/17/2010 - 6:00 a.m. CDT

MedpageToday.com [REPORTS HERE](#) that "Americans' 15-year survival rates in comparison to those of other countries has been declining despite increases in health spending....Even as relative health care spending has increased in the United States, the nation has fallen behind 12 comparison countries with respect to 15-year survival for men and women ages 45 and 65 during the past three decades"

"The findings undercut critics who might argue that the U.S. healthcare system is not in need of major changes,' they wrote in the November 2010 issue of Health Affairs."

"In 1950, the U.S. was fifth among the leading industrialized nations with respect to female life expectancy at birth, the authors noted. But the most recent numbers put the country at 46th in the world. And, for male and female life expectancy combined, the U.S. is ranked 49th."

"Meanwhile, per-capita health spending increased at nearly twice the rate in other wealthy nations between 1970 and 2002. The U.S. now spends far more on health than any other country as a percentage of its gross domestic product."

The investigators examined health costs and 15-year survival from 1975 to 2005.

"In 1975, the United States was in last place with respect to 15-year survival at age 45 for people of both sexes. However, it ranked high for those at age 65. At that time, per-capita U.S. health care costs were above the mean for other nations but were comparable to those in some of the nations studied."

"Between 1975 and 2005, survival probabilities and health costs increased for all groups in all nations. However, by 2005, 'not only were 15-year survival rates for 45-year-old U.S. white women lower than in all comparison countries, but they had not even surpassed 1975 15-year survival rates for Swiss, Swedish, Dutch, or Japanese women,' the investigators wrote. In addition, 65-year-old U.S. white women in particular also showed large relative declines in 15-year survival."

"One possible explanation for the U.S.'s poor showing is its population diversity, the researchers noted. 'According to this argument, lower health status or lower survival gains for ethnic or racial minorities would tend to depress overall health outcomes for Americans relative to the residents of other countries.' But that does not appear to be the case."

"Contrary to the diversity hypothesis, including the experience of diverse groups in the U.S. data improves the comparative performance of the United States, since the superior survival gains of other Americans ... boosts the overall performance of the United States relative to that of other countries,' the authors wrote."

"In terms of smoking, the current smoking rate in the U.S. is generally lower than in the 12 comparison nations. In 2006, the U.S. smoking rate was 15% for women and 19% for men, while the comparison-country smoking rates ranged from a low of 14% for Japanese women to a high of 41.3% for Japanese men. As for obesity, the U.S. population is much heavier, on average, than the populations of other countries; however, "there is nothing new about this pattern: In 1975, U.S. obesity rates were also much higher than those in other countries,' the authors noted."

Rising U.S. health spending may be the reason, the article notes. "First, as health spending rises, so, too, does the number of people with inadequate health insurance," the authors wrote. "Higher spending could be reducing survival by decreasing the number of insured people."

"In addition, rising health spending may be decreasing public funding on more important life-saving programs, and 'investments in public health, education, public safety, safety-net, and community development programs may be more efficient at increasing survival than further investments in medical care.'"

"Finally, unregulated fee-for-service reimbursement and an emphasis on specialty care may contribute to high U.S. health spending because it leads to unneeded procedures and fragmented care Fragmentation of care leads to poor communication between providers, sometimes conflicting instructions for patients, and higher rates of medical errors."

Say the authors: "We speculate that the nature of our health care system -- specifically, its reliance on unregulated fee-for-service and specialty care -- may explain both the increased spending and the relative

deterioration in survival that we observed.