



Analyzing the Performance of the U.S. Healthcare System

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Introduction

Despite being the most overfunded in the world, the U.S healthcare system underperforms in key aspects of health care services including access, efficiency, quality, and equity. With the federal government spending in excess of \$2 trillion per year on health care, a huge percentage of the US citizens have no access to medical coverage. The greatest beneficiaries of the US health care system are the private companies who provide medical insurance cover as well as provision of health facilities. As a result, the health costs have significantly increased making it less affordable to the unemployed. According to privatization of the health care in the United States has led to increased prices for health services as well as medication [1]. This has in turn led to decreased accessibility of the health services since only those who are insured can afford the health care services.

Analysis

In 2013, United States spent a total of \$2.9 trillion on health care. This translates to about \$9,255 per person [2]. While this figure is commendable, its full effect cannot be felt on the ground since a number of American remains uninsured, and therefore vulnerable to diseases and ill health. Total spending on health both for public and private players has increased significantly since 1970. In nominal dollars, total national health spending on healthcare, public health, health research, and administrative expenses has increased tenfold from \$74 billion in 1970 to approximately \$2.9 trillion in 2012 compared to other developed countries. It is evident that the United States spends more on health per capital as share of the economy. According to report by The Advisory Board Company (2014), the U.S spending on health in 2012 was 42% higher than Norway, which was the second highest spender on the same per capita. With about 17% of the US GDP allocated on health related expenses, one would expect that Americans enjoy the best healthcare system in the world. In other wealthy countries, healthcare takes up an average of 11% of the total GDP. As healthcare budget increases, individuals and families are spending more of their incomes on healthcare. Costich, Scutchfield, and Ingram, (2015) point out that an average American household spends about \$2,257 on health premiums in 2012. This is in addition to out-of-pocket spending on health.

An efficient health care system is one that reacts to people's anticipations and meets the requirements as per national and international standards. In essence, a sound working healthcare system should cushion people from financial costs attributed to ill health, defend the nation from health threats, provide opportunities to the people with regard to making sound decisions when it comes to their health, and develop preventive mechanisms as well as promoting general health in the community. In terms of the aforementioned parameters, the current U.S health care system has not matched the expectation of the people and the policy makers.

Notes that the inability of the federal government to preside over the healthcare system effectively has led to the emergence of private health providers who operate on their own set standards and prices leaving the population at their mercy [3]. The most affected section of the population is the unemployed citizens and those in self-employment who cannot afford to pay the health insurance premiums. With a majority of US citizens in either casual employment or unemployed at all, it means that a significant population lack access to benefits such as the health insurance coverage. Even with such a large population lacking access to health insurance, the government has not come to their rescue. As a result, overweight problems, an increase in mortality rate, and other health consequences attributed to poor health are prevalent in the United States. Those who are covered under health insurance often have access to quality and timely health care services available in the country. On the other hand, those uncovered usually go unattended due to lack of monetary resources. The effect of poor access to healthcare facilities can be depicted by the shorter queues in major health facilities, since only a small percentage of the population can afford health care services because it remains unaffordable to majority of the population [4].

argues that lack of adequate and affordable insurance cover for all has led to limited health care access, locking out the poor from the health care system, and making it a preserve of the minority who has access to private insurance programs [3]. Ordinarily, healthcare is a necessity for human life. It should be availed to everyone including those who cannot afford to pay. The U.S government has made little efforts towards provision of the health care programs that provides safeguards on health matters. Due to reduced health care programs, most Americans end up suffering whenever they fall sick since most health care facilities have established collaborations with insurance companies on how their clients are to be covered. In fact, a good number of health facilities treat only those patients who are covered by the insurance companies. This leaves the uncovered majority with no option but to access the few government facilities.

Another important measure of the healthcare system's performance is people's satisfaction. With just over 85% of the population under health insurance scheme, it means that the rest of the population has to cater for their health out of their own pockets. Compared to other developed countries that have an average of 98% health insurance coverage, the United States ranks unfavorably low. With a country where about 15% of the population is not covered by health insurance, the people remain vulnerable to illnesses or injuries with no hope of accessing medical services. Notably, having insurance coverage is imperative in the sense that it reduces financial hardships and decreases the probability of people dying from preventable illnesses. Most importantly, it provides protection to the households with low incomes and ensures that they live decently. An expansion of health insurance coverage to the uninsured is bound to increase people's satisfaction with the current health system since almost everyone will be guaranteed sustainable health.

Conclusion

In the recent years, the U.S government has attempted to bridge the gaps inherent in its healthcare system. With the signing of the Patient Protection and Affordable Care Act (PPACA) by President Obama on March 2010, the government scaled up attempts to bridge the coverage gap and ensure that all Americans have access to affordable health [5]. The Success of the PPACA commonly known as the "ObamaCare" is yet to be felt on the ground as the opposition to the legislation intensifies. While the healthcare costs in the United States remains substantially higher compared to other developed countries, the system is yet to address the key issues it is designed to address as far as treating people and keeping them healthy is concerned.

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