

# The Washington Post

## U.S. Losing Ground on

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By Ceci Con  
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When it comes to preventable deaths — an array of illnesses and injuries that should not kill at an early age -- the United States trails other industrialized nations and has been falling further behind over the past decade.

Although the United States now spends \$2.4 trillion a year on medical care -- vastly more per capita than comparable countries -- the nation ranks near the bottom on premature deaths caused by illnesses such as diabetes, epilepsy, stroke, influenza, ulcers and pneumonia, according to research by the nonpartisan Commonwealth Fund published in the journal *Health Affairs*.

During last week's marathon health-care debate in the Senate Finance Committee, [Sen. Kent Conrad](#) (D-N.D.) bemoaned the findings.

"All of these countries have much lower costs than we do," he said, pointing to a giant blue chart showing the United States in last place. "And they have higher quality outcomes than ours."

Some lawmakers theorized that the rate could be related to trauma from guns and automobiles.

Although gun and auto fatality rates are higher here than they are in most wealthy nations, the statistics underscore more complex, fundamental challenges, say physicians, economists and other experts who track health-care systems across the world.

"Chronic illnesses are a much bigger driver of health-care costs" than trauma cases such as vehicle crashes and gunshots, said Robert Shesser, head of emergency medicine at George Washington University. "Because of our wacky system, some people are bankrupted or avoiding care and some are getting too much care -- they're hogging care."

The performance of the U.S. system is a mix, at best, said Mark Pearson, head of the health division at the Organization for Economic Cooperation and Development, which analyzes data from dozens of countries.

"Where it's good, it's very, very good, and where it's bad, it's horrid," he said. The United States, for example, is the international leader in the detection and treatment of most cancers, he said. Americans have earlier access to new medicine and technology, sometimes while the clinical trial is still under way.

Europe, by waiting, often has more information on new products.

For people with insurance, "America delivers care in a timely manner," Pearson noted. That stands in contrast to the situation his own family faces in England, where relatives have waited weeks for tests or elective procedures.

But as many as 80 million Americans are uninsured or underinsured, which means they have little access to a regular physician, checkups, preventive services, affordable prescription drugs, dental care or screening tests.

In tracking preventable deaths, researchers count deaths from illnesses or injuries that either need not happen at all or for which there are therapies proven to keep someone alive to a certain age. Young children dying of measles is preventable in developed countries, for instance. Fatal cases of skin cancer, epilepsy, hernia and surgical complications should not occur before age 70 and are thus deemed preventable.

"These are conditions where early care and the right care should be able to prevent an early death," said Cathy Schoen, a senior vice president at the nonpartisan Commonwealth Fund. "We shouldn't see people dying of diabetes before age 50."

In contrast, more complicated cancers, AIDS and most heart disease, while often treatable, are not considered preventable, because even with the best of modern medicine, patients often die before old age.

In 1997-1998, the United States ranked 15th in preventable deaths out of 19 industrialized countries. In 2002-2003, the nation fell to 19th, even as costs continued to rise. Up to 100,000 lives could be saved if the country's health-care system performed as well those in nations such as France, Japan and Australia, according to the Commonwealth Fund study, which was based on World Health Organization statistics.

Measuring preventable deaths can illuminate strengths and weaknesses in a health-care system, Schoen said. Nations that dramatically lowered their preventable-death rates focused on challenges such as controlling diabetes and reducing hospital-acquired infections, she said.

Looking at the results, Pearson concluded: "The U.S. doesn't take primary care very seriously."

In terms of spending, the United States devotes about 16 percent of the total economy to health care, more than seven percentage points higher than the average of OECD countries. The average American consumed \$7,290 worth of medical services in 2007, compared with an average of just under \$3,000 in the remaining nations when adjusted for price differences, Pearson said.

More money went to higher physician salaries, larger administrative fees and higher prices for most medical services. Americans also have higher utilization rates of prescription medicines, sophisticated technology such as imaging and surgical procedures such as cataract surgery, knee replacements and Caesarean sections, according to the OECD analysis.

For Conrad, one of the key Senate health-care negotiators, the international comparisons suggest following the lead of nations such as Germany, France and Japan that achieve universal coverage through a blend of private employer-based insurance and nonprofit cooperatives, with a significant governmental role.

"What models most efficiently expand coverage, control costs and provide high-quality care," Conrad said. "You look around the world, and it just jumps out at you."

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