Determining the Optimal Healthcare System for America: Comparing the Current American and Universal Healthcare Systems

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Abstract

U.S. citizens ranked healthcare as the most important issue when it comes to voting (Zieff, 2020). The healthcare system's importance is evident which is why it is important to determine what healthcare system is optimal for America. I used core indicators to compare the current American healthcare system and universal healthcare system and evaluated them for four key parameters. Based on my analysis, I conclusively determined that the universal healthcare system (Score: 8.23/10) is more optimal than the current American healthcare system (Score: 5.10/10). The American system had a somewhat better quality of care but the universal healthcare system was vastly better at limiting disparities in healthcare. I support research into further optimizing the universal healthcare system specifically for America to eventually adopt universal healthcare in the USA.

Keywords: American, Universal, Healthcare, System, Comparison

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The Experience of Healthcare

The experience of healthcare for almost all Americas begins at birth. With only "1.64% of all births, which translates to one in every 61 newborns being delivered in a location other than a hospital" (Lang, 2021) most Americas begin their lives in the hospital and that likely will not be their final interaction with the healthcare system. A person's health is considered paramount to their overall well-being. Health is a fundamental aspect of one's life that can determine their ability to pursue a livelihood, provide for their loved ones, and fulfill any other desires they have in life. Improving or maintaining one's health necessitates interaction with the healthcare system which has been established in the country.

This interaction with the healthcare system can vary greatly in extent and capacity. Interactions with the healthcare system can include many things like annual health checkups, emergency room visits, regular treatments for the chronically ill, or even supporting the care of a relative or loved one. Although the use of a medical system can vary greatly, it is evident that healthcare systems are an important and integral part of most people's lives. There were approximately 130 million visits to American emergency rooms in 2018 (Centers for Disease Control and Prevention, 2021). Additionally, a national survey found that 84.9% of American adults and 95.6% of American children had seen a doctor or another healthcare professional in the past year (Centers for Disease Control and Prevention, 2018). These statistics definitively establish that the use of the healthcare system is very prevalent in America and shows that the healthcare system directly affects a majority of people. The widespread use of and deep impact

of healthcare is why a better understanding of the system is important not only within the context of just industries and groups related to healthcare but ubiquitously throughout the population.

Organization of Healthcare Systems

A healthcare system is very aptly defined as "the way in which all health services are provided. From how they are financed to the workforce, facilities and supplies available, a strong health system will ensure that everyone is able to access high-quality healthcare without financial difficulty" (Health Poverty Action, n.d.). Healthcare system is an all-encompassing term that houses many different entities which play essential roles in making the system work. Before analyzing the American system and comparing it to others, it is crucial to understand what these major role players are and how they function and even differ within healthcare systems.

Figure 1

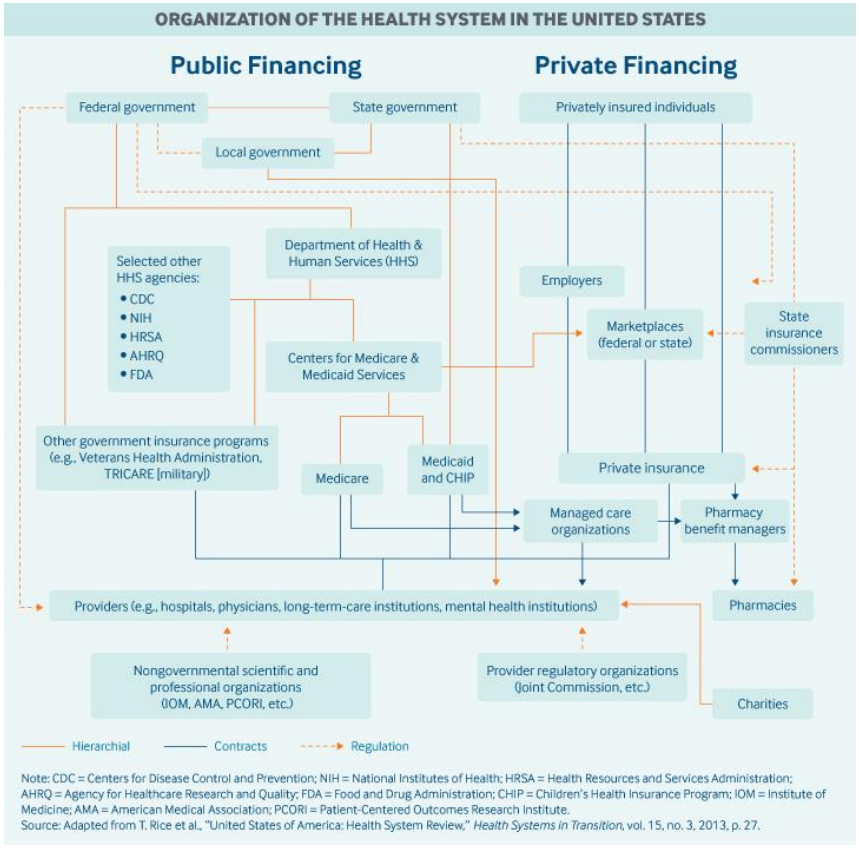


Figure 1 above shows how many different role players in the American healthcare system are interconnected. The American healthcare system is seemingly complex but it boils down to two key general role players. The quintessential piece of a healthcare system is the medical provider. Medical providers as mentioned in figure 1 above include any entity that is directly responsible for caring for the patients such as the hospitals, doctors, nurses, and any other healthcare professional. The providers can be identified by deciphering who is playing the role of providing the service of giving medical attention to the patients. The medical providers vary somewhat in their organization and practices but play the same overarching role regardless of which healthcare system they exist in.

The second key role player that can be identified in a healthcare system is very general and can encompass many different types of entities: the payer. The configuration of the payers in a healthcare system is what differentiates the systems at their core. Payers are identified as any entity that is responsible for compensating the provider for the medical attention received by the patients. Some of the key payers that can be identified in figure 1 such as insurers, government, and employers are commonly seen in a country's healthcare system and are a cornerstone of the American healthcare system.

Countries with universal healthcare systems established mainly differ from the system currently existing in America due to the payers. "Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship" (World Health Organization, n.d.). In order to achieve these universal healthcare standards a country practices socialized medicine, which is the use of public funds towards healthcare costs. The government

is in charge of the public funds collected through taxes and is the designated payer for healthcare costs of the country's population. This differs from the healthcare system in America because the system has private insurers as the major payer. "Private insurance is the primary health coverage for two-thirds of Americans (67%). The majority of private insurance (55%) is employer-sponsored, and a smaller share (11%) is purchased by individuals from for-profit and nonprofit carriers" (Tikkanen, 2020). Although Americans tend to historically stigmatize socialism, the American healthcare system is indeed partially socialized. There is not a generalized government sponsored health insurance plan or cost-free healthcare program offered to the population as a whole but taxpayer dollars do go towards paying for essential healthcare for some as somewhat of a safety net. The individual patients themselves also foot the bill for a partial amount of American healthcare costs through co-pays for medical treatment. "In 2018, households financed roughly the same share of total health care costs (28%) as the federal government. Out-of-pocket spending represented approximately one-third of this, or 10 percent of total health expenditures" (Tikkanen, 2020). At the end of the day, the patients and the populous of a nation bear the entire cost of healthcare inadvertently. All of the funds provided to the medical providers by the payers, whether it be tax-funded dollars from the government or money from insurance companies, comes from the primary consumers of healthcare who are the citizens.

Issues with Healthcare Systems

The American healthcare system and universal healthcare systems should both aim to accomplish the same goal. The general goal of the healthcare systems should be to provide the highest level of care possible with the greatest efficiency. The reasoning behind the ongoing debate between which system would best achieve the intended goal is that neither of these

systems have proven to be perfect. Each of these approaches to organizing a nation's healthcare system has its own flaws and benefits.

There has been a lot of research examining the American healthcare system, as it is one of the more unique ones worldwide. America is one of the only industrialized first world nations that has not adopted universal health coverage. "The vast majority of post-industrial, Westernized nations have used various approaches to provide entirely or largely governmentally subsidized, universal healthcare to all citizens regardless of socio–economic status (SES), employment status, or ability to pay" (Zieff, 2020). An additional reason for the in depth research on the American healthcare system that has been ongoing is that there is widely recognized room for improvement. In order to evaluate the merits of these healthcare systems, we must first understand the issues and shortcomings of these systems that have already been noted. According to a paper that aimed to elucidate the shortcomings of the American healthcare system exposed by the COVID-19 pandemic, the currently established system in the United States has a few key shortcomings (Weisbart, 2020). According to Weisbart, the American system has poor outcomes compared to the comparatively shockingly high expenditure on healthcare nationwide. The paper also stated that there are glaring racial disparities in health coverage which can be attributed to the way the system is set up. Additionally, the paper also points out dissatisfaction amongst providers that can also be traced to the organization of the healthcare system. Weisbart believes that the implementation of a universal healthcare system in America would fix these issues. However, the universal healthcare system is not without its issues. The common issues noted about a universal system are that there is a limited amount of coverage that can be provided since a single payer is responsible for the bulk of healthcare costs. That is because increased taxation would lead to a higher upfront cost for care for all individuals. "Beyond individual and federal

costs, other common arguments against universal healthcare include the potential for general system inefficiency, including lengthy wait-times for patients and a hampering of medical entrepreneurship and innovation" (Zieff, 2020). Zieff adds that since the American population is vastly diverse unlike other countries and views of government as inefficient, disorganized, and wasteful, more government involvement in healthcare may not be well received. These known issues associated with both models of healthcare systems make it unclear which one would be an optimal fit for America.

Important Parameters in Healthcare

Although there is a vast amount of information and data on both the currently established American healthcare system and universal healthcare systems, it is as of yet unclear which system would be optimal for America. I propose creating a scoring system that analyzes existing data and information at a granular level to objectively evaluate the system's effectiveness in crucial parameters to gain an overall comprehensive and objective evaluation of which system is optimal for the United States of America. Four equally important key parameters will be analyzed by comparing emblematic data and information. The comparisons will be further evaluated to definitively and effectively determine the optimal healthcare system.

The first parameter that will be analyzed is the conditions for the healthcare providers in the system. As it was emphasized earlier, the healthcare providers are central to the healthcare system. A healthcare system could not exist without the providers so it is of the utmost importance that the conditions for and needs of healthcare providers are heeded to in a healthcare system. Ensuring that the healthcare system is optimized for healthcare providers is not only important to the effectiveness and agreeableness of the system, but also from a humane and mental health perspective. Healthcare providers are workers who have to do their job just like

any other professional. Just as professionals in any industry, they deserve to have good working conditions. The working conditions and mental health are aspects of a job that are especially important for workers in healthcare because their work can have quite literally life or death consequences. For healthcare workers "A key driver of dissatisfaction is the moral indignity of knowing how to help a patient but facing insurmountable economic barriers" (Weisbart, 2020). Healthcare providers work in a field where the consequences of their work are very severe and emotionally challenging making them more vulnerable to mental health issues from workplace distraction (Dean, 2019). All of these reasons are why conditions for healthcare works must be a key parameter for evaluating the idealness of a healthcare system.

As mentioned in the most recently used quote by Weisbart, economic disparities play a major role in healthcare systems. However, economic disparities are not the only existing disparities that affect healthcare systems. There can and do exist racial, socioeconomic, and geographic disparities in the access and quality of healthcare (Breen, 2014). It is crucial not from solely a medical perspective but also from an equality and social justice sense that a healthcare system actively functions to mitigate these disparities. It has already been stated how important one's health is in determining quality of life. Any disparities allowed or overlooked by the healthcare system would function to magnify these issues making preexisting systematic disadvantages even worse. Due to this fact, it would be utterly immoral to ignore access to and disparities in healthcare as a key parameter for evaluation in the righteousness of a healthcare system.

The reason why healthcare disparities can be magnified by healthcare systems is that the outcomes of healthcare can be life changing in a positive or negative way. Even the most minor medical issues can be debilitating to a great degree and affect one's life profoundly. The entire

reason for a healthcare system to exist is to help patients with medical issues get the proper attention and care they need so that the issues can be resolved or controlled allowing the individual to prosper. If a healthcare system does not deliver high quality care and produce positive outcomes, it is failing at its core function. If the healthcare system were failing at performing its core function the entire nation would be in disarray and debilitated by health issues. This is why the quality of care and outcomes of medical treatment must be included as a major parameter in determining the effectiveness of a healthcare system.

A healthcare system could seemingly be the perfect solution and be outright the best system when evaluated by all of the preceding parameters, but it would never be put to use if it did not satisfactorily clear this final parameter. It is a common saying that “money makes the world go around”. This saying and the sentiment expressed by it applies to almost every industry including the healthcare industry. Even the healthcare industry, with all of its focus on solely concerning itself with providing medical care, is ultimately a business. The whole purpose of the intricacies and configurations of payers in healthcare systems is to manage the movement of money and ensure that the fees, costs, and compensations are in accordance with each other. It is very important to control costs in a healthcare system as if a system is not cost effective it may never be implemented and would never work in the real world. The efficiency of healthcare systems is also important from a sustainability perspective as many businesses and resources are tied into and used in the healthcare system. Since cost effectiveness and efficiency of a healthcare system is an existential necessity, it must be one of the four key parameters in determining the practicality of a healthcare system.

The healthcare system that is deemed best suited when evaluated by all of these four key parameters would be the system that is most likely to succeed and give optimal results. I will be

evaluating the current American healthcare system and the universal healthcare system parameter by parameter by closely examining emblematic data and information for each parameter. There will always be inherent biases towards one healthcare system or the other due to personal beliefs and preconceived notions. However, by using factual and objective data and information to make granular comparisons within each parameter of evaluation I will be mitigating bias and gaining an understanding of which system is truly the optimal fit for America.

Analyzing the Healthcare Systems

Procedure for Comparison

There are already existing systems for making international comparisons of healthcare systems. One of the most prominent and widely acceptable of these rankings had America ranked as the 37 out of 191 other World Health Organization (WHO) member countries (World Health Organization, 2000). Many of the countries comparable to America with universal healthcare or partially socialized health coverage such as Canada, the United Kingdom, Australia, Netherlands, and Singapore were ranked 30th, 18th, 32nd, 17th, and 6th respectively by the WHO (Tandon, 2000). These rankings are based on a "broad set of goals of the health system such as responsiveness (both level and distribution), fair financing, and health inequality, in addition to the more traditional goal of population health" (Tandon, 2000). Taking these rankings at face value, it would seem evident that upon analysis of similar key parameters to the ones I have laid out, the universal healthcare system appears to be the better form of healthcare system. However, it is important to consider that the ideological appeal of universal healthcare systems due to their goal of assuring everybody has healthcare has made it a "major goal for health reform in many countries and a priority objective of WHO" (World Health Organization, n.d.). The WHO's pursuit of establishing universal healthcare as a standard seems to be due to their evaluation of

healthcare systems but could allow for a level of organizational bias. This leaves room for a secondary objective evidence based evaluation of these two types of healthcare systems in general to confirm their validity and contribute to the discussion.

In order to evaluate the extent to which the American healthcare system and universal healthcare system satisfy the key parameter, I plan to use pieces of data and information that are indicative of these key parameters. In order to make effective comparisons, the indicative data and information used must fulfill certain criteria. The pieces of information, data, and statistics in whatever form they may be are referred to as "indicators" of how well the parameter is being satisfied. World Health Organization serves as an international authority figure for healthcare related matters. Many of these indicators have already been identified in a report done by the World Health Organization in 2018. The indicators, in order to be generalizable and useful in making comparisons, must primarily be clearly defined. If, for example, a statistic is collected to be used as an indicator but not being collected in the same reproducible way it is completely useless as a tool for comparison. If the indicator is internationally defined clearly, it allows for its use in making the comparison. Three additional criteria for an indicator laid out by the WHO are laid out below (World Health Organization, 2018):

- The indicator is scientifically robust, useful, accessible, understandable as well as specific, measurable, achievable, relevant and timebound (SMART).
- There is a strong track record of extensive measurement experience with the indicator (preferably supported by an international database).
- The indicator is being used by countries in the monitoring of national plans and programs.

A few indicators will be selected for each of the four parameters being evaluated. The indicators will serve as points of comparison between the American healthcare system and the universal healthcare systems. The universal healthcare systems whose indicators are eligible for use in this evaluation are those of Canada, the United Kingdom, Australia, Germany, Netherlands, and Singapore as those are modernized nations comparable in their advancement to America and have some of the better-structured universal healthcare systems. Only the well-structured universal healthcare system models are being selected for this comparison for the specific reason of determining if the currently best executed systems would be better than the system in America. The omission of universal healthcare systems considered poorly organized is not rooted in a biased point of view in an intent to have selective sampling. Rather it is because a comparison with a poorly executed system of universal healthcare would not give any valuable information as the ability to properly execute the system is accounted for in the scoring system.

Even the United Nations has accepted and supported that these core indicators identified by the WHO are a reliable way to represent and judge certain parameters related to healthcare (Batliwall, 2015). By grouping multiple of these indicators together in one single evaluation, I will be able to accurately and conveniently assess the parameters that I have laid out. The parameters are going to be evaluated on a scoring scale that works according to the explanation that follows.

Each parameter that has been identified has multiple indicators which can be used to determine the level at which a healthcare system is satisfying the requirements of the parameter. For each of these indicators, reliable data and information exists and will be used to make direct comparisons between the information found for the American healthcare systems and the systems of those countries with universal healthcare systems that have already been identified. I

will critically analyze each of the comparisons made for each indicator to assign a score for how well the American healthcare system and the universal healthcare systems satisfied the parameter being assessed based on the indicator. The scoring system will be evaluated in a consistent manner throughout each of the parameters and for each core indicator. The scores will be assigned as follows:

0 = The System Fails to Satisfy the Parameter

1 = The System Satisfactorily Fulfills the Parameter

2 = The System Excels at Satisfying the Parameter

There are only three options for the score so that a clear distinction can be made between the systems' effectiveness. This method of scoring should work well for my goal of elucidating which type of healthcare system can be the best fit for America. Since the comparisons are very granular and one single indicator will be evaluated at a time, it makes it possible to judge the degree to which the systems differ from each other in their proven capabilities to fulfill the key parameters.

A score of *0* will be assigned when it is clear from the indicator that even without comparison to another health system, the level at which the system satisfies the parameter is considered to be unacceptable. This would mean that according to the information provided by that specific indicator, the healthcare system being evaluated is ineffective at accomplishing the goals needed to be met for the parameter. The assignation of a score of zero begs the question that if a healthcare system is ineffective at one of these key parameters, would that not deem the system completely flawed solely based on that alone? The answer to that is the score is assigned based on the evaluation of one single indicator so it is not a totalistic evaluation. This is why multiple indicators are being used for each parameter and since all indicators and parameters

hold crucial but roughly equal importance, a score of zero would not be damning of a healthcare system. This is after all a comparative evaluation not aimed at judging the general efficacies of the systems but solely in relation to each other. A multitude of scores of zero could however raise alarm and invoke a further discussion but that is out of the scope of this thesis and due to the nature of the scoring system, any stark flaws would be accounted for.

A score of *1* will be assigned if both of the systems are shown by the indicator to equally satisfy the parameter. This makes it so that a score of *2* will automatically be assigned for a system when the comparison shows that the system is able to satisfy a parameter while the other fails and receives a *0* due to the system's ineffectiveness regardless of comparison. This makes a wider distinction between the systems and rewards a system for being able to satisfy a parameter that the other utterly fails to. When both systems satisfy the parameter but one system is clearly better than the other based on the indicator, a *2* will be assigned to the better system while a *1* is assigned to the other.

The scores for each healthcare system within each parameter will be summated and divided by the number of indicators used for comparison to yield an average score between *0-2* for each system's fulfillment of each parameter. The average scores of each healthcare system for each of the four key parameters will be multiplied by a factor of 2.5 and added together to determine an overall score between *0-10*. These overall scores for each type of healthcare system can be used to make an objective comparison of the merits of the system and their optimality in America.

Conditions for Healthcare Providers

There are countless ways to evaluate the conditions for the healthcare providers in a healthcare system. An essential category of workers within the group of healthcare providers is

physicians. Physicians bear the burden of understanding how to and effectively execute the administration of healthcare. They are responsible for any healthcare related outcomes of their patients, which is a very big responsibility. According to the U.S. Bureau of Labor Statistics, a typical American doctor receives at the minimum of eight, but even often more, years of specialized medical education in addition to an undergraduate college education (Chen, 2017). This makes physicians one of the most valuable healthcare providers.

This high level of training makes it difficult to replace physicians and it is crucial to retain them and have working conditions that allow them to handle such a high level of responsibility. That is why physician suicide rates are tracked closely and are one of the primary indicators of the conditions for healthcare providers in a healthcare system. In America, approximately 0.00034% of physicians commit suicide which for context is significantly higher than the rate for the general population which is 0.000123% (Center, 2003). High physician suicide rates are not only a marker of bad conditions for healthcare providers but also something that is unacceptable by society. Physicians who make it their life's work to help provide necessary medical care for others should not have to work a system that would lead to them wanting to commit suicide. The physician suicide rates in America and multiple countries with universal healthcare systems are listed below.

Physician Suicide Rates

America: 2.76 times higher than the general population (Center, 2003)

Canada: 2.71 times higher than the general population (Rheaume, 2016)

United Kingdom: 2.81 times higher than the general population (Windsor-Shellard, 2019)

According to this data of physician suicide rates compared to the general population and after analyzing the observations made regarding the issue in the articles containing the data, there

is not a discernable difference between the likelihood of physician suicide between the American healthcare system and universal healthcare systems. Both systems seem to result in the same issue of doctors being under tremendous amounts of pressure which can just be attributed to the nature of their jobs and the common issues all doctors face. Based on this evaluation of physician suicide rates, both systems seem to be performing similarly and the scores for this indicator are listed below.

Indicator: Physician Suicide Rate

American Healthcare System: *1*

Universal Healthcare System: *1*

Physician compensation can serve as another indicator of conditions for healthcare providers. Doctors take on a lot of responsibility and aim to help others with medical issues. However, being a physician is a career and the level of pay can weigh greatly into how the conditions of a job are perceived. The average physician incomes in America and multiple countries with universal healthcare systems are listed below (Kane, 2019).

Physician Compensation

America: $313,000

United Kingdom: $163,000

Germany: $138,000

Evaluating the differences between the average incomes of physicians in the American healthcare system and universal healthcare systems it is clear that the physicians in the American system far outearn their counterparts in the universal system. This discrepancy earns the healthcare systems the following scores based on the indicator of physician compensation.

Indicator: Physician Compensation

American Healthcare System: 2

Universal Healthcare System: *1*

Besides compensation and the psychological burdens on physicians, the amount of administrative control and limitation of the autonomy of physicians is another significant issue affecting the conditions for healthcare providers in healthcare systems. The organization of a healthcare system has a direct impact on how many administrative burdens are placed on physicians. One such significant burden is the amount of work physicians have to do outside of treating patients. Different health systems have different ways of collecting medical records due to their unique regulation. Electronic health records (EHR) are the modern way of keeping healthcare records but there are differences in the HER recordkeeping between healthcare systems. “there is a growing sense within the medical community that the EHR is driving professional dissatisfaction and burnout” (Downing, 2018). Doctors did not go into medicine to keep meticulous health records and spend most of their time at computers. Physicians tend to value treating and interacting with patients more but studies have shown that American physicians tend to spend as much time interacting with computers as they do face to face with patients (Tai-Seale, 2017). The overarching issue with EHRs in the American system in comparison to countries with universal healthcare systems can be observed in following the example described by Weisbart. “A study of more than 10 million ambulatory progress notes in one record system determined that those written by clinicians in Canada, the United Kingdom, Australia, Netherlands, Singapore, and the United Arab Emirates averaged 1,000 characters; the average number of characters in notes written by U.S. clinicians was four times higher” (Weisbart, 2020). This indicates a very significant difference between how much conditions for

healthcare providers are being negatively affected by administrative burdens resulting in the following scores for the healthcare systems being compared.

Indicator: Administrative Burdens

American Healthcare System: *1*

Universal Healthcare System: *2*

The three indicators of physician suicide rates, physician compensation, and negative impact of administrative burdens are emblematic of the major factors influencing the conditions for healthcare providers within a healthcare system. By combining the descriptive powers of these core indicators, we can gain an overall understanding of which healthcare system is better suited for having the best conditions for healthcare providers.

Parameter: Conditions for Healthcare Providers

	Score	
Indicator	**American Healthcare System**	**Universal Healthcare System**
Physician Suicide Rate	*1*	*1*
Physician Compensation	*2*	*1*
Administrative Burdens	*1*	*2*
Total Score	*4*	*4*
Average Score	*1.33*	*1.33*

Disparities in Healthcare

Due to how impactful healthcare is in influencing lives, disparities in healthcare are monitored closely. There are multiple statistics collected and tracked by organizations that concern themselves with identifying and limiting these disparities with governmental

organizations such as the Centers for Disease Control and Prevention (CDC) being one of them. There are various forms of healthcare disparities with some of the main categories being socioeconomic, and racial disparities (Breen, 2014). There are many clear indicators of healthcare disparities which can be used for comparing the extent of disparities for each category within the healthcare systems. One of the best indicators of disparities in healthcare is to compare the percentages of uninsured adults in different groups. Since the American healthcare system is being compared to universal healthcare systems, it is important to know what percent of individuals are covered by health insurance in countries with universal healthcare (Kaiser Family Foundation, 2021).

Percent of Total Population Covered by Health Insurance in Countries with Universal Healthcare

Canada: 100%

United Kingdom: 100%

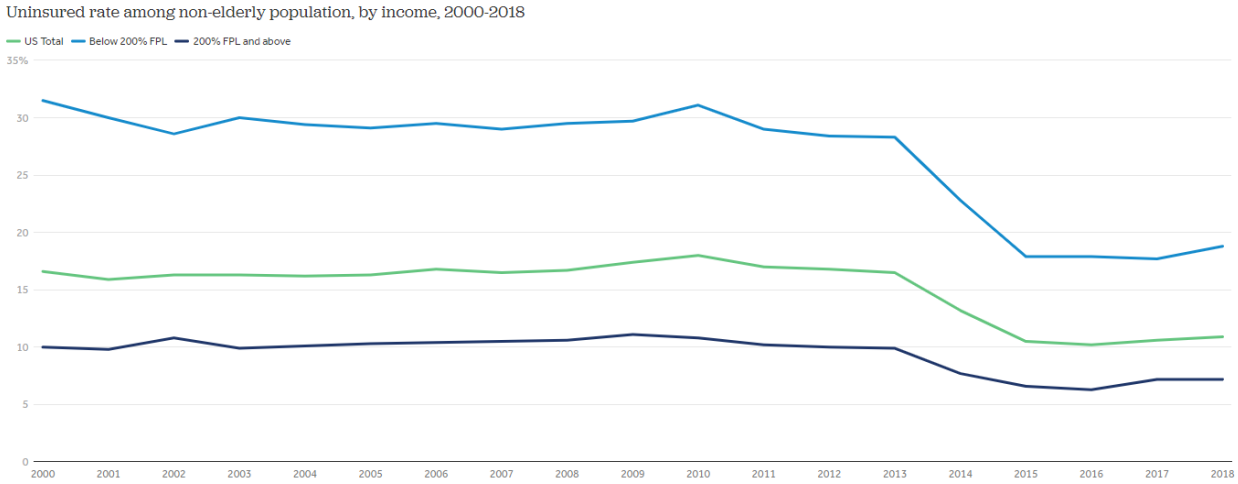
Australia: 100%

Germany: 100%

This data clearly shows that countries with universal healthcare systems cover their entire population, mostly due to state sponsored public insurance. This means that healthcare is free in all of these countries for everybody due to the existence of universal healthcare. This in itself eliminates healthcare disparities in these countries since everyone is entitled to free necessary healthcare regardless of their race or socioeconomic status. It is still necessary to see if there are socioeconomic or racial disparities seen in the insurance coverage of the population in the American healthcare system in order to complete this comparison. Any existence of disparities would be considered a complete failure of the system with regards to the parameter of access to and disparities in healthcare as it is morally as socially unjust to have a healthcare system that

allows for discrimination and disparities to exist based on factors such as race and socioeconomic status.

The percent of uninsured wealthy adults in America can be compared to the percent of uninsured poor adults to uncover any disparities based on socioeconomic status in the American healthcare system. Wealthy adults are defined as adults with incomes that place them 200% over the federal poverty line (FPL) and poor adults are defined as individuals who have an income 200% below the FPL. The graph below shows the disparity between the rates of uninsured adults in America based on socioeconomic status over the years (Kaiser Family Foundation, 2021).



The graph clearly shows that Americans with high socioeconomic status consistently have significantly lower rates of being uninsured compared to Americas of lower socioeconomic status. This is also evident in the most recent data collected which shows that in 2019 18.8% of Americans 200% below the FPL were uninsured compared to only 7.2% of Americans 200% above the FPL being uninsured. This comparison of insurance coverage based on socioeconomic status is an indicator which shows that the American healthcare system is failing to provide reliable care to those with low socioeconomic status while the Universal healthcare system is covering 100% of the population and not having the same failure. The scores below are due to an

existence of a disparity in the percent of uninsured adults based on socioeconomic status in the American healthcare system.

Indicator: Uninsured Rates Based on Socioeconomic Status

American Healthcare System: *0*

Universal Healthcare System: *2*

A secondary indicator that can be used to analyze if there are socioeconomic disparities in healthcare is by analyzing if the cost of healthcare is acting as a barrier for individuals to get the medical care they need. "The National Center for Health Statistics' (NCHS) National Health Interview Survey (NHIS) provides information on the health of the civilian noninstitutionalized population of the United States" (The National Center for Health Statistics, 2020). The NCHS NHIS survey found that 9.1% of Americans delayed getting medical care and 8.3% did not even get medical care in 2019 due to costs. This same issue of the cost of care being the reason for delaying or not getting healthcare does not exist in the countries with universal healthcare since necessary care is free. The scores below are due to an existence of a disparity in socioeconomic status in the American healthcare system because the cost of care acts as a barrier to receiving healthcare while such a barrier is nonexistent in the presence of a universal healthcare system.

Indicator: Cost as a Barrier to Receiving Medical Care

American Healthcare System: *0*

Universal Healthcare System: *2*

Similarly to how socioeconomic disparities can be found by comparing the rates of uninsured wealthy and poor adults, the racial or ethnicity based disparities can be found by comparing the rates of the uninsured amongst different races and ethnicities. As it was noted while comparing the socioeconomic disparities, in countries with universal healthcare 100% of

the population has coverage including every single individual no matter their race or ethnicity. If there is a significant difference between the percentages of adults that are uninsured of a certain race compared to the average rate of uninsured people in America, it would indicate a racial disparity in the American healthcare system. The average uninsured rate in the United States in 2017 was 10.7% while the uninsured rate for Hispanics was approximately twice as much at 20.6% (Kaiser Family Foundation, 2021). This significant difference shows a clear racial inequality in health coverage against the Hispanic population in the American healthcare system which is not present in the universal healthcare system, leading to the scores below based on this indicator.

Indicator: Racial Disparities in Uninsured Rate

American Healthcare System: *0*

Universal Healthcare System: *2*

Additionally, if the cost of healthcare were a greater barrier to receiving care for a certain race, this would also indicate a racial disparity in the healthcare system. In the NCHS NHIS survey, 10.5% of Americans reported having to delay getting medical care or go without medical care due to the cost of healthcare (The National Center for Health Statistics, 2020). The same survey found that the rates were significantly higher for Hispanics and African Americans at 15.1% and 13% respectively. This shows that there is a clear racial disparity in how severely the cost of healthcare acts as a barrier to receiving necessary medical care in the American healthcare system. No such racial disparity exists in the universal healthcare systems since all of the individuals no matter their race receive necessary medical care absolving cost as a barrier, and leading to the scores below based on this indicator.

Indicator: Racial Disparities in Cost as a Barrier to Receiving Medical Care

American Healthcare System: *0*

Universal Healthcare System: *2*

The racial and socioeconomic disparities in uninsured rates and how greatly cost acts as a barrier to getting healthcare serve as powerful indicators for identifying disparities in the American and universal healthcare systems. By combining the indicative powers of these important statistics it can be determined which healthcare system is best at limiting inequalities.

Parameter: Quality of Care & Outcomes

	Score	
Indicator	**American Healthcare System**	**Universal Healthcare System**
Uninsured Rates Based on Socioeconomic Status	*0*	*2*
Cost as a Barrier to Receiving Medical Care	*0*	*2*
Racial Disparities in Uninsured Rate	*0*	*2*
Racial Disparities in Cost as a Barrier to Receiving Medical Care	*0*	*2*
Total Score	*0*	*8*
Average Score	*0*	*2*

Quality of Care & Outcomes

Medicine and healthcare are scientifically based fields so there is a huge focus on collecting data about how well healthcare systems are performing. This data is very useful in determining if the goal of the healthcare system, which is treating patients and helping them have

positive outcomes to their treatment, is being achieved. There is a lot of importance given globally to tracking the quality of care and health outcomes to see if the treatments are working from a medical standpoint and to make improvements in the medical care from a scientific and research perspective. Much of this same data can be used and indicators to evaluate how well a healthcare system is performing.

A study from Columbia University examined a few key statistics of health outcomes in countries two with universal healthcare systems, the United Kingdom and Canada, and compared those outcomes to those of the American healthcare system. It found that "The US does hold certain advantages over UK when it comes to the private healthcare sector. For instance, the UK rates 40% higher than the UK in percentage of men and women who survived a cancer five years after diagnosis. The US also ranks higher in percentage of patients diagnosed with diabetes who received treatment within six months. The number of US patients who received timely treatment for diabetes was more than 6 times that of the UK, and twice that of Canada. Similarly, the percentage of US seniors who received hip replacements within 6 months of diagnosis of need is more than 6 times that of UK and twice that of Canada" (Chang, 2013). The differences in these statistics serve as evidence for comparing the following key indicators: how responsive the healthcare system is to patients' immediate needs, the quality of care received by patients, and outcomes of medical treatment. The following scores were assigned for the indicators in this core parameter based on the evidence provided. Another key indicator related to quality of care and the outcomes of medical care must be added and considered strongly due to the recently heightened relevance of epidemics and pandemics due to the COVID-19 pandemic. Pandemics and large epidemics of diseases, especially communicable diseases such as COVID-19, pose a unique challenge for healthcare systems. A universal healthcare system is better set up to handle

pandemics than the American healthcare system. Pandemics place a large volume of demand for treatment on a healthcare system and rack up a lot of healthcare costs. When free healthcare is guaranteed people are more likely to get tested and seek treatment which helps slow the spread of the disease and in turn reduces the medical issues caused by the pandemic. Additionally, the higher volume of patients means there will be more uninsured patients using the healthcare system and not returning any compensation for the treatment. This is an important factor in the overall effectiveness of a healthcare system in any given situation and is all the more important with the events we have recently experienced as a global community. That is why a healthcare system's ability to handle unique challenges must be factored into this key parameter.

Parameter: Quality of Care & Outcomes

	Score	
Indicator	**American Healthcare System**	**Universal Healthcare System**
Responsiveness of the System	*2*	*1*
Quality of Care	*2*	*1*
Outcomes of Medical Treatment	*2*	*1*
Adaptability to Challenges	*1*	*2*
Total Score	*7*	*5*
Average Score	*1.75*	*1.25*

Cost-effectiveness & Efficiency

The cost of care and the finances involved in healthcare are a major factor. Due to all parties in the healthcare system wanting to reduce cost and expenditure while maximizing profits, metrics related to finances surrounding a healthcare system are often tracked closely.

Comparing these metrics related to healthcare spending allows us to assess the cost-effectiveness and efficiency of the healthcare system.

"The US has the highest healthcare spending in the world. Of the 15% of GDP the US spends on healthcare annually (that's about $2.2 trillion dollars), around 50% is spent by the government (around $1.1 trillion). By contrast, the UK spends only around 8% of its GDP on healthcare. The UK National Health Service cares for 58 million people (100% of the population of England), where the US's public healthcare currently covers about 83 million (around 28% of the US population)" (Chang, 2021). From the information regarding national healthcare spending by America and the U.K. a country with universal healthcare we can make evaluations about the efficiency and cost-effectiveness of these systems. America has by far the greatest spending in the world on healthcare by far but does not have health outcomes and quality of care that far surpasses all other countries (Tandon, 2000). Since the spending of the American healthcare system is not commensurate with the outcomes, it indicates that the American system is less efficient and cost effective than countries with universal healthcare that are achieving health outcomes in the same ballpark as America while spending a whole lot less.

There is one significant reason for the inefficiencies of the American healthcare system. A major payer in the American healthcare system are the private insurance companies. There are many private health insurers in America that sell health coverage to individuals or are contracted by employers to provide coverage as a benefit for their employees. However, there are also many other payers in the system such as the government. Each payer has its own intricacies for the healthcare providers to contend with. "The complexity of billing multiple payers adds tens of thousands of dollars to medical office overhead, and it diverts time from patient care to administrative tasks" (Weisbart, 2020). This level of complexity is counterproductive because it

diverts medical providers from providing care at peak efficiency as well as creating hefty overhead costs. If a medical provider does not bill the payer correctly or does not abide by an insurer's specific requirements for providing care, the providers risk losing compensation for the treatment that they have already given. This is because the payers will do everything they can to pay as little as possible for the medical care in efforts to supplement their profits effectively creating a major headache for the medical providers. This not only is a burden making the conditions for medical providers worse but also is the cause for greatly inflated healthcare costs and spending. If the medical providers are being compensated less, they in turn just charge more for their services. The providers must also spend a significant amount of money to hire people to do their billing and do administrative work to ensure that they can be fairly compensated for the treatment they provide. This creates unnecessary overhead costs just to provide medical care leading to the inflated national spending on healthcare.

Universal healthcare system reduces many of these inefficiencies because it is much closer to a single payer model. The government is the major entity that is functioning as the payer for most of the necessary healthcare costs making the whole system more streamlined and efficient. People in countries with universal healthcare do have the option to buy supplemental insurance and seek private healthcare but this happens to a much lesser extent and results in a much more centralized healthcare costs payment structure shedding many of the unnecessary overhead costs. This is why a universal healthcare system is better at efficiency and cost effectiveness based on the indicators of overhead costs. It is also a part of the reason why the universal healthcare system has more proper use of finances as there is less spending on administrative costs and paying people just to bill properly.

"A universal healthcare plan would force the government to pay for costly care and treatments related to complications resulting from preventable, non-communicable chronic diseases, the government may be more incentivized to (i) offer primary prevention of chronic disease risk prior to the onset of irreversible complications, and (ii) promote wide-spread preventive efforts across multiple societal domains" (Zieff, 2020). The fact that universal healthcare systems prioritize preventative care and primary care has many benefits. Preventative care prevents health conditions from reaching stages where they are more difficult to treat leading to better health outcomes and reduced need for costly specialized care. It also incentivized primary care practice more which would result in more primary care medical practices opening up in less densely populated areas improving the access to care and boosting overall efficiency. This is why the universal healthcare system would result in better use of finances compared to the American healthcare system. All of these comparisons of the indicators related to cost effectiveness and efficiency lead to the following scores.

Parameter: Cost-effectiveness & Efficiency

	Score	
Indicator	**American Healthcare System**	**Universal Healthcare System**
% GDP Spent on Healthcare	*1*	*2*
Overhead Costs	*1*	*2*
Proper Usage of Finances	*1*	*2*
Total Score	*3*	*6*
Average Score	*1*	*2*

Determining the Better System

By combining each healthcare system's scores for each key parameter for comparison, it is possible to determine which system is the best system overall. Since all of the parameters are equally important, each healthcare system's average scores for each parameter are simply combined to get a total score, which is then multiplied by a factor of 1.25 to give an overall scaled score between 0-10.

	Score	
Parameter	**American Healthcare System**	**Universal Healthcare System**
Conditions for Healthcare Providers	*1.33*	*1.33*
Disparities in Healthcare	*0*	*2*
Quality of Care & Outcomes	*1.75*	*1.25*
Cost-effectiveness & Efficiency	*1*	*2*
Total Score	*4.08*	*6.58*
Overall Scaled Score (*X 1.25*) [0-10]	*5.10*	*8.23*

Conclusion

With healthcare being such a crucial necessity for people to lead good lives, pursue a livelihood, and provide for loved ones, it was necessary to conduct a thorough and objective analysis of two major healthcare system options for America. Healthcare systems are critical in determining the health status of the populous of a nation so I compared the American and universal healthcare systems along four key parameters. These parameters were evaluated using core indicators such as emblematic statistics, data, and other pieces of information to make granular and objective comparisons.

Based on my overall analysis of the four key parameters I evaluated the universal healthcare system scored 8.23/10 for its optimality while the American healthcare system scored a 5.10/10. From this analysis, I can definitively conclude that the universal healthcare system is by far a more optimal system than the healthcare system currently established in America, and that America should work to adopt a version of the universal healthcare system. “U.S. citizens ranked healthcare as the most important issue when it comes to voting” (Zieff, 2020) so it is very possible that with greater awareness of the merits of the universal healthcare system among the American populous, we could see America adopt a universal healthcare system. The main shortcoming of the American healthcare system is that it allows for significant healthcare disparities while the universal healthcare system actively worked to eliminate these disparities. This is an extremely important difference because a modern industrialized country such as America that prides itself on being the land of freedom and opportunity should not have people having their freedom stripped and opportunities taken away because they cannot afford to receive a basic need like healthcare. It is also a moral obligation to strive for equality on all bases whether it is on a racial or socioeconomic level so having a healthcare system that allows for and even expands inequalities is unacceptable. The universal healthcare system has its shortcomings as well, mainly with regards to the timeliness and somewhat the quality of care received by the patients.

I believe that a typically organized universal healthcare system would face significant issues if implemented in America due to the uniqueness of the nation. However, it would be an upgrade to the current system. In America, anything “socialized” receives significant pushback, which would also occur with universal healthcare. Americans are also hesitant to give the government more control and would be hesitant to allow more government influence on

healthcare. This is rightfully slow and government involvement would bring the typical governmental inefficiencies. Further research into optimizing a universal healthcare model for America could yield a fantastic healthcare system. A potential direction for research could be considering having a trusted nonpartisan third party play the role typically played by the government in the universal healthcare system. This research should be perused now that the universal healthcare system has been identified as the better model by my research.

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