HEALTH CARE REFORM: WEIGHING OUR CHOICES

The American health care system is the most expensive in the world, and still, millions are without coverage. The level of care that individuals receive varies—with instances throughout the country illustrating that greater cost does not equal greater health care quality. How can we weigh questions of cost, accessibility and quality as we seek to change the currently inefficient system?

THE BALANCING ACT

GDP SPENT ON HEALTH CARE

- United States
  - 17.9%
- Average of 30+ countries
  - 9.5%

COST

is unsustainable for gov’t, employers, and individuals alike

INCREASE IN AVERAGE SHARED EXPENSE FOR EMPLOYER-BASED INSURANCE

- Employer contribution
  - $10,944 in 2011
  - $5,269 in 2001
- Worker contribution
  - $4,129 in 2011
  - $1,787 in 2001

ACCESS

is limited

over 300 million U.S. residents total

HALF

of Americans said they cut back on medical care in the past year because of cost

up to 30 million uninsured after ACA

ACCESS

is limited

LOOKING AT OUR OPTIONS

1. Move to government-provided, universal health care
2. Give consumers more choice in their health care
3. Tweak the current system to make it gradually more affordable and accessible

QUALITY

for all we spend, do we have the best quality of care?

8.7% 8.9% 17.9%

portion of GDP spent on health care

Japan Norway USA

life expectancy

82 years 80 years 78 years

THE CHAINES AREN’T EASY

Universal Coverage

+ It would SIMPLIFY the system
+ EVERYONE would have COVERAGE
BUT
+ IT DOES NOT necessarily CURB COST enough
+ LESS PAPER, EMPIRE longer wait time for procedures

Tweak Current System

+ BEST PRACTICES can help control COST & improve QUALITY
+ Small steps will AVOID political GRIDLOCK
BUT
+ A PIECEMEAL approach of public & private is INCOHERENT
+ Even incremental CHANGE will still TAKE TIME

Consumer Choice

+ FREE CHOICE will give individuals RESPONSIBILITY
+ It will RELIEVE the BURDENED employer-based system

It will likely be a number of years before it is clear whether the ACA succeeded in expanding coverage to tens of millions without greatly increasing costs. - Urban Institute Report

FACING THE FUTURE

2021
$4,781
$2,593

National health expenditures are projected to almost DOUBLE over the next 10 years.

With gains in life expectancy, Medicare will balloon in enrollment from 47 million to 85 million over the next 25 years

PUBLIC AGENDA

1 Improving Health Care Quality and Value: Local Challenges and Local Opportunities.” by Kathleen E. Bueker and Kathleen C. Chye, Harvard University, May 2012.