What Is Happening in America? A Family Medicine Perspective From Overseas

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(Fam Med 2017;43(3):175-6.)

From the Outside, Looking in

What will replace the Affordable Care Act (ACA) is being hotly debated, but it will be some time before the new administration’s plans – and their consequences – become clear. It has even been suggested that population health will deteriorate. Maintaining international links and collaborations could have a worthwhile role to play in identifying practical ways of addressing problems found in many countries, such as enabling access to primary care. Unfortunately, internal political and other changes can take all our attention, and the peculiarities of our own health systems can stop us seeing how we could gain from looking outwards as well as inwards. And seen from the outside, the US health care system is remarkably complex and confusing, indeed, there is no single system, but an apparently limitless number of systems as well as convoluted finance arrangements, so what can an overseas primary care observer contribute?

Two days ago, my wife and I watched with astonishment a television programme in which the story of a man found in November 2015 in a car park in Hereford, a cathedral town in England. The man was elderly, without any identification, and after being taken to the local hospital, was diagnosed as having dementia. He had an American accent, but efforts to discover who he was and trace his family were unsuccessful. A British Broadcasting Corporation (BBC) journalist started to investigate, and eventually discovered Roger Curry came from Los Angeles, and had been dumped by members of his family; perhaps their only kindness had been to leave him in an English speaking country with a health and social care system lacking financial barriers to care. Mr Curry was admitted to a care home in Hereford, and appeared to thrive. However, his true home having been identified, he was transferred back to a nursing home in Los Angeles. His condition there was reported as deteriorating, and a campaign has been launched here to raise funds to help him. The TV programme introduced us to the term ‘granny dumping’, and left many feeling that the most expensive health system in the world is not also the best. One reason for the poor efficiency of the US system (or systems) is likely to be the longstanding relative neglect of primary care in favour of specialised services.

US-led collaborative international research has shown how health care systems with strong primary care deliver better population outcomes, and can also help to contain costs. According to this evidence, two key features of primary care responsible for this effect include the supply of primary care physicians and patients’ ability to access a primary care provider as their usual source of care. Even in England, with no financial barriers to care, the supply of family doctors and ease of getting appointments with them are associated with population premature mortality rates. For many years, non-US health researchers have remarked on the greater costs of US health care in comparison with other developed countries, and the generally worse population health outcomes. The Organisation for Economic Co-operation and Development (OECD) estimates that in 2015, the United States devoted 16.9% of its substantial gross domestic product (GDP) to health expenditure and financing; comparable figures for other countries were: UK 9.8%, Switzerland 11.1%, Norway 9.9%, Canada 10.1%, France 11%, Germany 11.1%. Life expectancy (2014 data) were estimated as USA 81.2 years, UK 83.2, Switzerland 85.4, Norway 84.2, France 86.0, Germany 83.6, (Canada data to 2012

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only, 83.6). To many observers, family medicine appeared to be less resourced, and less valued, than in countries with lower costs but similar or better life expectancy. Furthermore, financial barriers through lack of health insurance to access may in part explain poor outcomes.9

But in the last decade, things have begun to change. Many medical schools have successful departments of family medicine, and research into the discipline has blossomed to such an extent that US primary care research is now among the leading nations in the field. New approaches to structuring and delivering primary care have emerged, notably the primary care medical home, and primary care in the US is catching up or even surpassing primary care services in other countries. The Affordable Care Act went a long way to rectifying the problem of access to care through lack of insurance, and this may have drawn more resources into primary care. With all these developments, it would have been reasonable to anticipate that within a few years, the disappointing population outcomes in the United States will start to improve.

International Collaboration—Looking Outwards

In deciding what, if anything, will replace the ACA, my plea is that the inevitable pressure to focus on matters within the United States, at the expense of looking outwards to other countries, is resisted. Family medicine, and the primary care context in which it sits, is an international discipline, and collaboration between its leaders in different countries has done much in the last 50 years to strengthen primary care around the world and improve patients’ lives and health. International collaborative research has a major role in explaining how health systems can be configured to improve health at reasonable cost, for example, what can be learnt overseas from the medical home movement,10 and also on how we should respond to the health challenges common to most developed nations — obesity,11 the growing numbers of older people, and multi-morbidity.

Collaboration in the study and development of our discipline also has a role to play in assisting us recognise and uphold the values of family medicine and primary care. We are convinced that research evidence shows the benefits of primary care, and that access for all citizens to primary care benefits individuals, population health, and the nation as a whole. In the replacement of the ACA, this core value can be supported and sustained through collaborative links. Overseas collaborators could help you sustain this value in the next round of health system reforms, but you can also help the international family medicine community. From the small island I inhabit, a long way from your shores, the critical importance of American leadership and engagement is easy to recognise. When the leader of the democratic nations turns inwards, it is easier for opposing ideals to gain hold elsewhere. In primary care, when reforming ACA, look outwards as well as inwards, continue the impressive development of primary care, take on leadership and collaborate with others in studying and improving primary care elsewhere.

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References