

# International: a conversation on the healthcare challenges on either side of the pond

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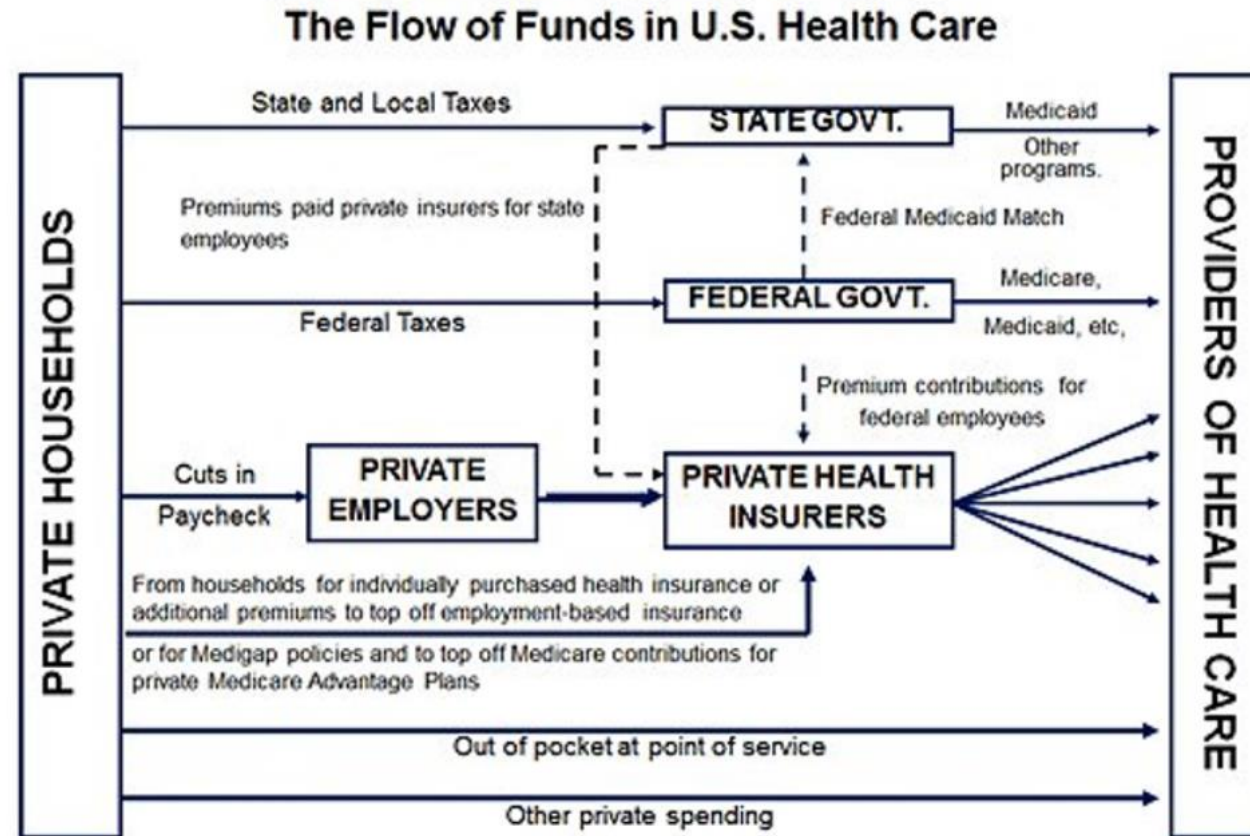
# US healthcare system

## Disclaimer

- I am not a healthcare expert, and hardly a health care expert
- I am a consultant for CareDx and CSL Behring

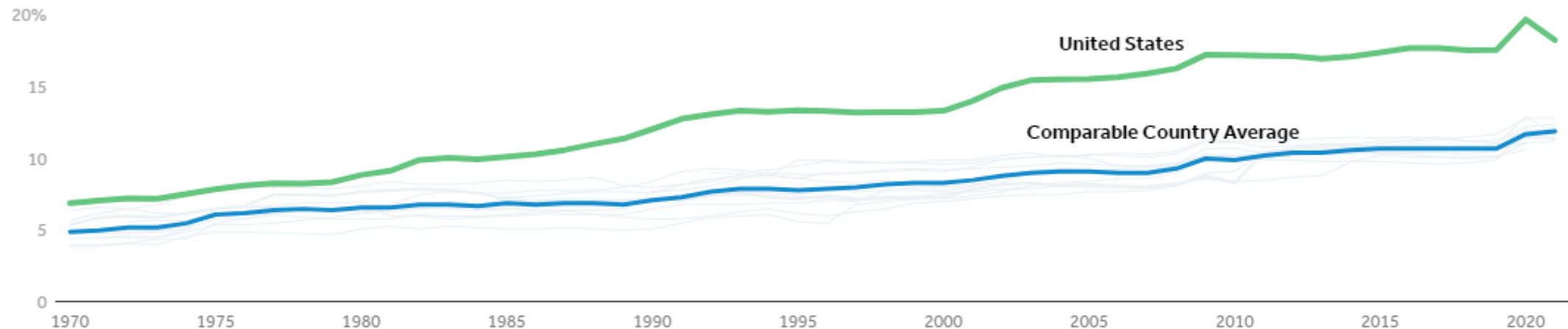
# Overview of the US health system

## US healthcare



# Health consumption expenditures

Health consumption expenditures as percent of GDP, 1970-2021

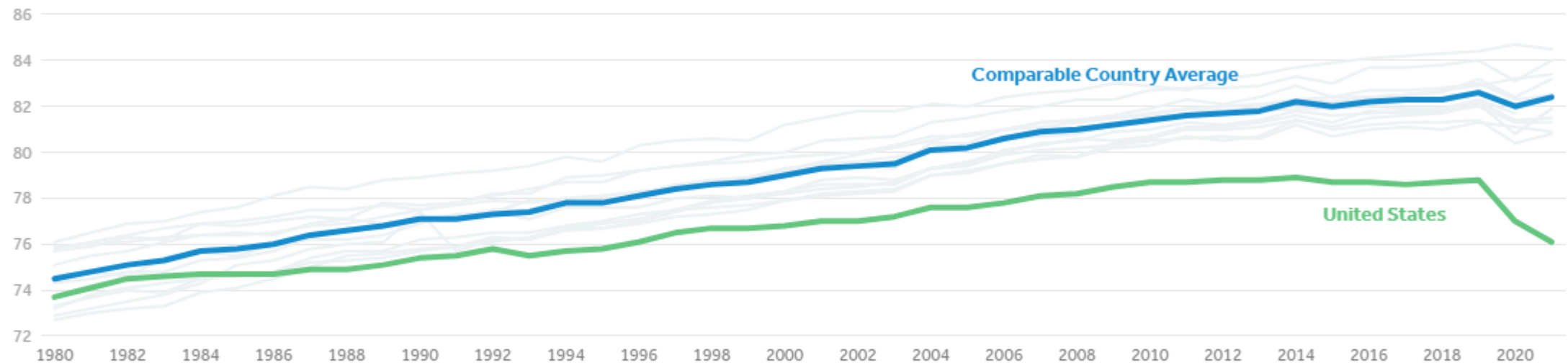


Notes: U.S. values obtained from National Health Expenditure data. Health consumption does not include investments in structures, equipment, or research. 2021 data not yet available for Australia, Belgium, Japan or Switzerland. Provisional 2021 data for Austria, Germany, Netherlands, Sweden, France, United States and the United Kingdom. Provisional 2020 data for Sweden, Japan, Australia and Canada. Difference in methodology for Canada in 2020 and 2021.

Source: KFF analysis of [National Health Expenditure \(NHE\)](#) and [OECD data](#) • [Get the data](#) • [PNG](#)

## From 2020 to 2021, life expectancy continued to decline in the U.S. while rebounding in most comparable countries












Life expectancy at birth in years, 1980-2021



Notes: Comparable countries include: Australia, Austria, Belgium, Canada (except for 2021), France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. See [Methods section](#) of "How does U.S. life expectancy compare to other countries?"

# The U.S has the lowest life expectancy among large, wealthy countries while it far outspends its peers on healthcare

Life expectancy (2021) and per capita healthcare spending (2021 or nearest year, PPP adjusted)

Country	Life expectancy ▲	Health spending, per capita
 United States	76.1	\$12,318
 United Kingdom	80.8	\$5,387
 Germany	80.9	\$7,383
 Austria	81.3	\$6,693
 Netherlands	81.5	\$6,190
 Belgium	81.9	\$5,274
Comparable Country Average	82.4	\$6,003
 France	82.5	\$5,468
 Sweden	83.2	\$6,262
 Australia	83.4	\$5,627
 Switzerland	84.0	\$7,179
 Japan	84.5	\$4,666

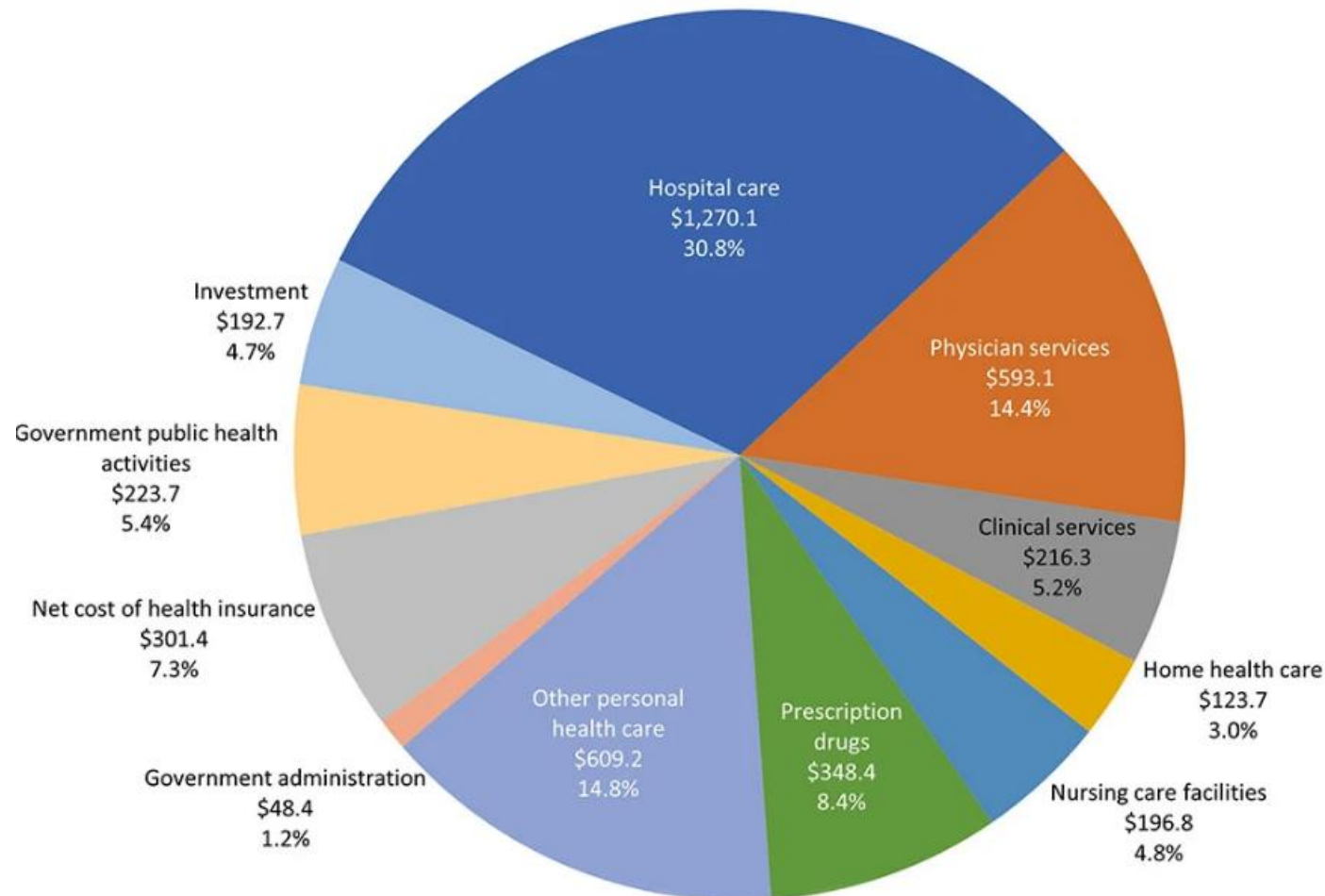
Notes: See Methods [section](#) of "How does U.S. life expectancy compare to other countries?"

Source: KFF analysis of [CDC](#), [OECD](#), [Japanese Ministry of Health, Labour, and Welfare](#), [Australian Bureau of Statistics](#), and [UK Office for Health Improvement and Disparities](#) data • [Get the data](#) • [PNG](#)

Peterson-KFF  
**Health System Tracker**

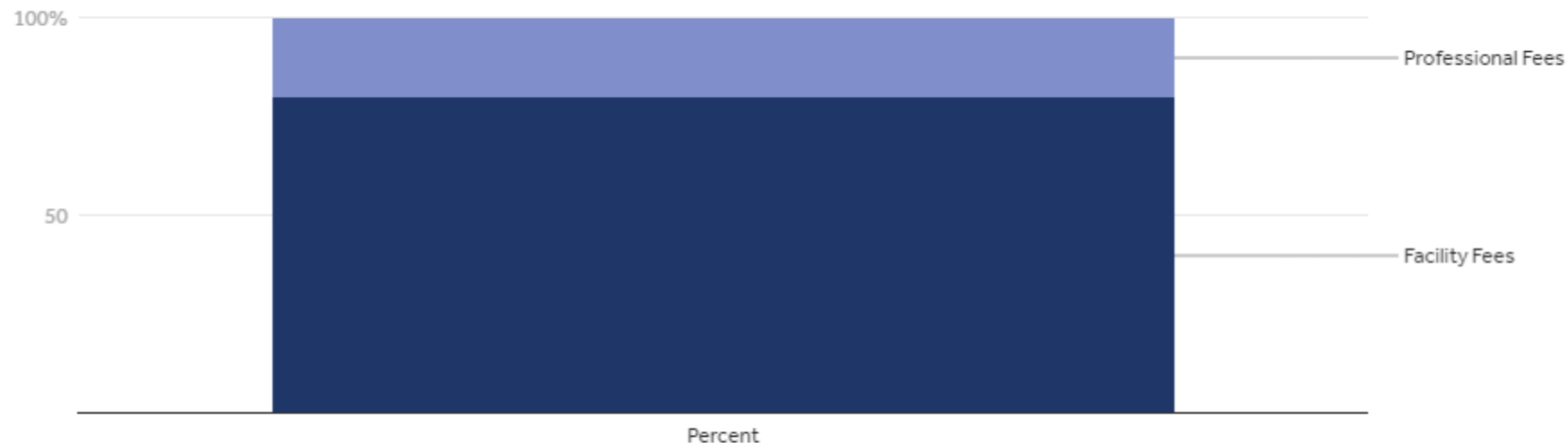


## The U.S spent \$4,124.0 billion on health care in 2020 but where did it go?



## Facility fees contribute significantly more than professional fees to total visit cost

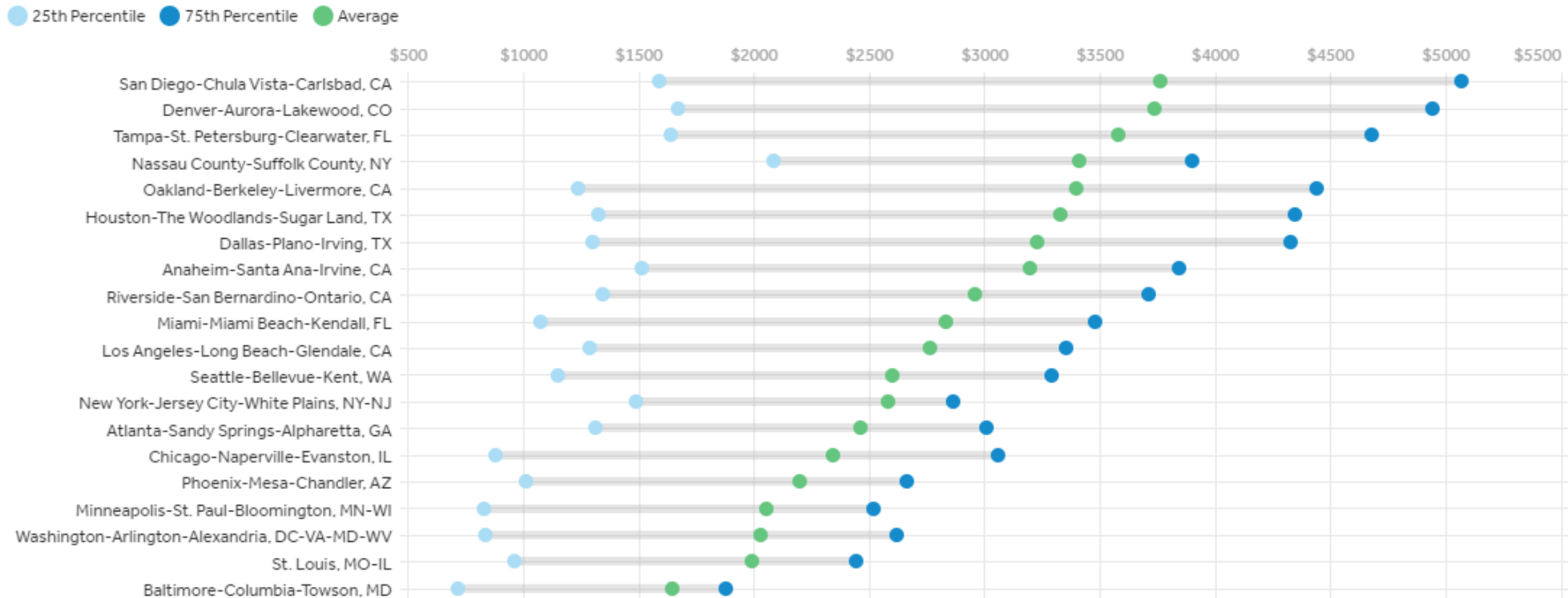
Professional versus facility fees for emergency department visits, 2019



Note: Includes enrollees with private insurance coverage from large employers.

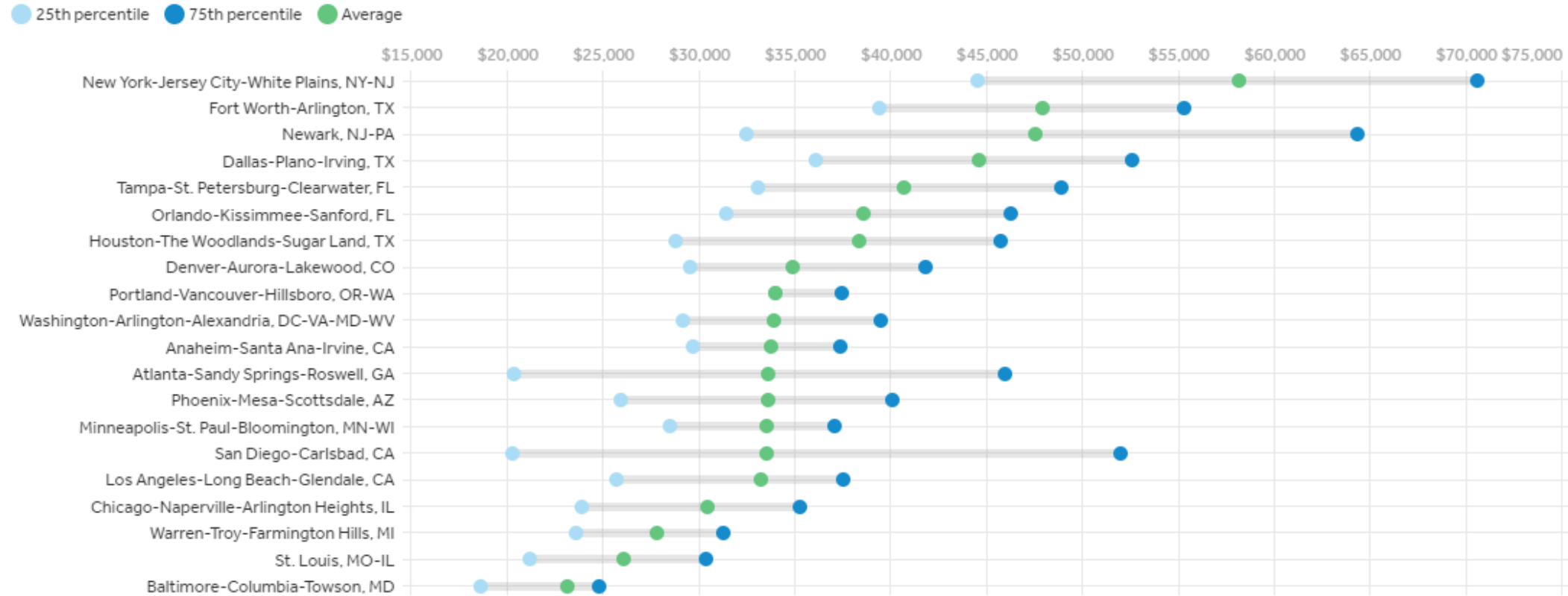
## Emergency department costs vary by geographic region

Average cost of emergency department visits, by MSA, 2019



Note: Results shown for 20 largest MSAs, by population, with available data (>500 cases). Includes enrollees with private insurance coverage from large employers.

### Average allowed charges for in-network joint replacements for knee and hip surgery in large employer plans, by MSA, 2018

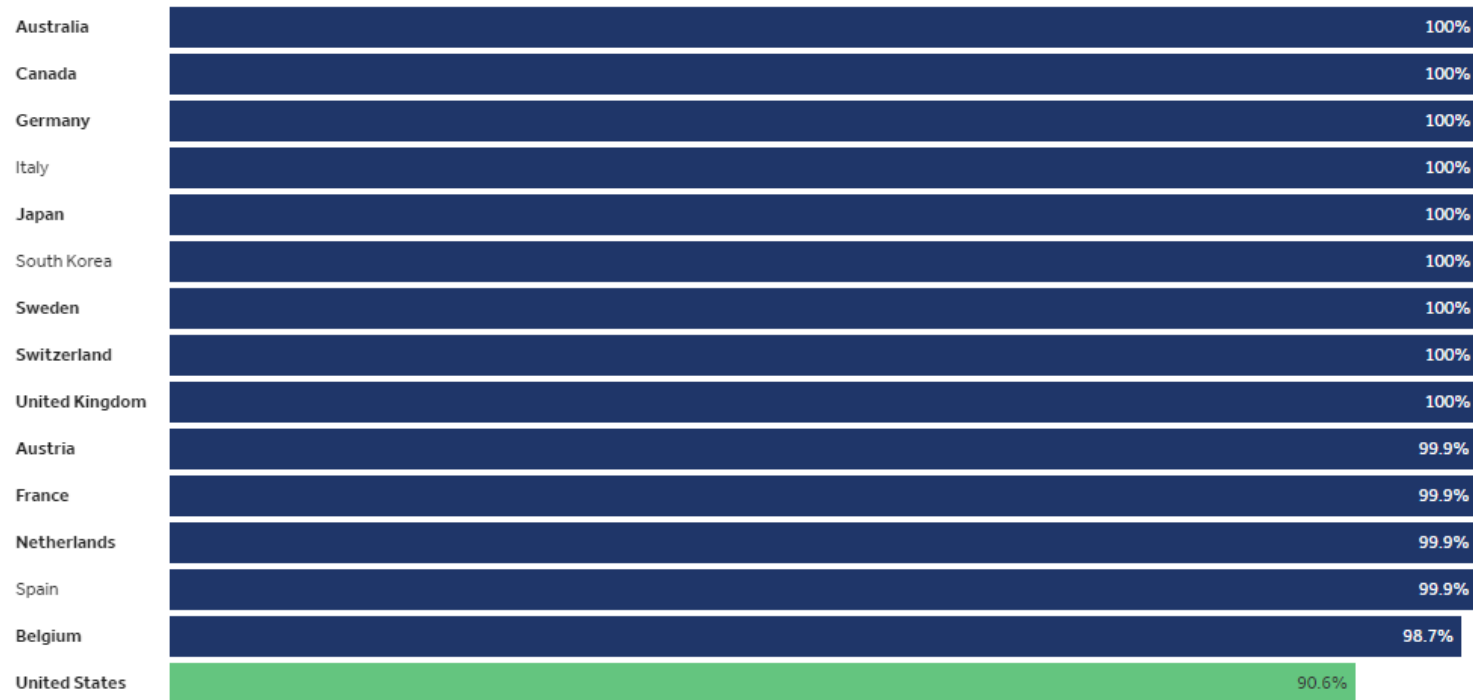


Note: Results shown for 20 largest MSAs, by population, with available data.

# US healthcare Access

## The U.S. is an outlier among comparable countries when it comes to the share of the population with insurance coverage

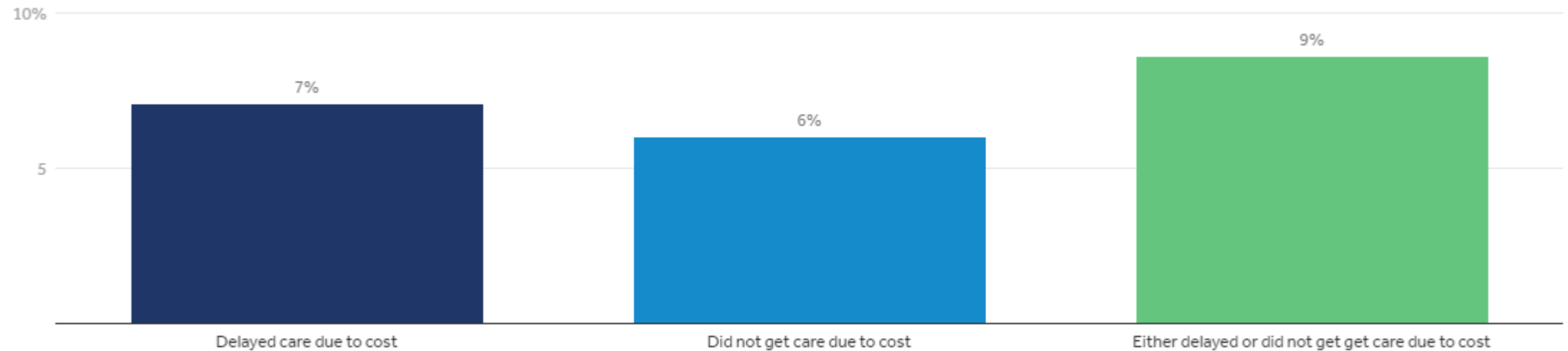
Percent of total population covered by private and/or public health insurance, 2018 or nearest year



Note: Data for Japan are from 2016; data for Austria, Belgium, Germany, Italy, South Korea, Netherlands, Sweden, Switzerland, and the United Kingdom are from 2017. Bolded countries are similar in their economic size and wealth to the U.S. Italy, South Korea, and Spain are also included due to the current impact on health care systems of the novel coronavirus COVID-19.

## One in 11 adults reported that they delayed or did not get care because of cost reasons

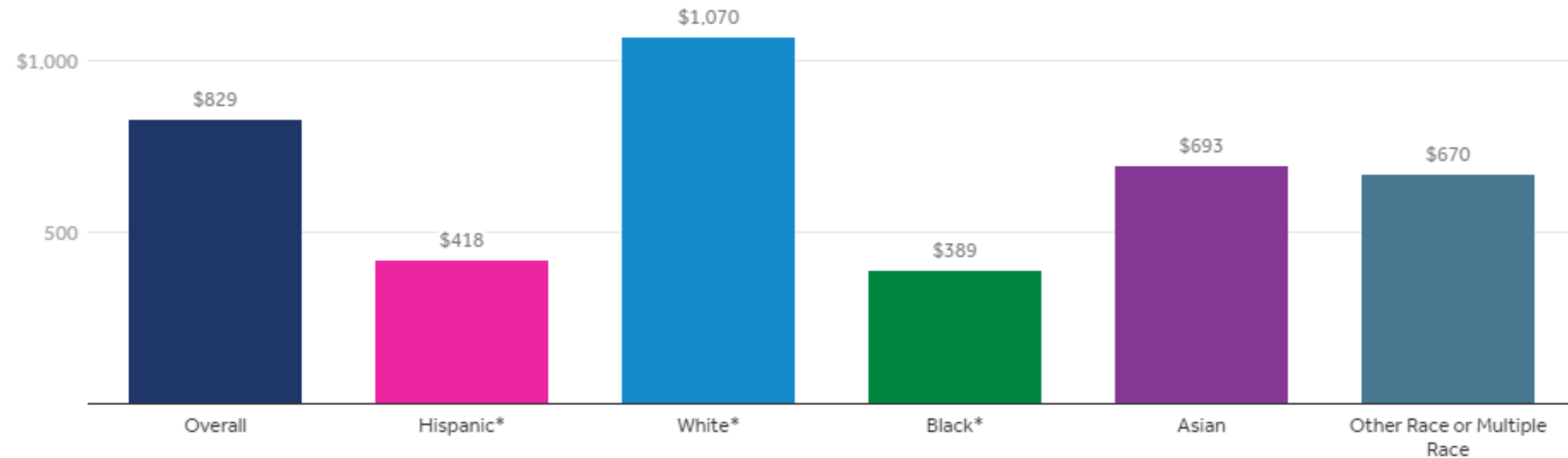
Percent of adults (age 18 years and older) who reported delaying or going without medical care due to costs, 2021



Source: [KFF analysis of National Health Interview Survey data](#) • [Get the data](#) • [PNG](#)

Peterson-KFF  
**Health System Tracker**

Average out-of-pocket spending by race and ethnicity, 2019



Note: \* Estimate is statistically different from the average of all other racial groups.

Source: [KFF analysis of 2019 Medical Expenditure Panel Survey data](#) • [Get the data](#) • [PNG](#)



## Has the affordable care act helped?

In 2014 the ACA  
EXPANDED  
INSURANCE  
COVERAGE  
in two major ways:

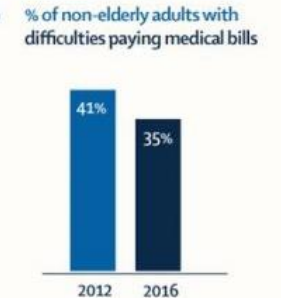
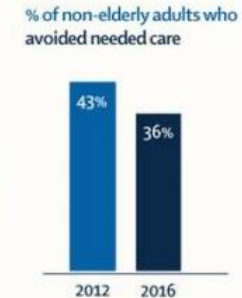
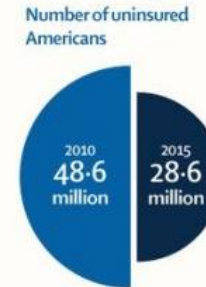
  
**IT BROADENED  
ELIGIBILITY FOR MEDICAID**  
All citizens with low incomes  
(up to 138% of the federal poverty level)  
became eligible

It mandated that most uninsured citizens  
**BUY PRIVATE INSURANCE** — with  
subsidies for the poorest citizens



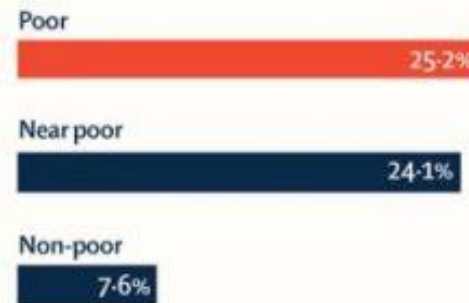
The ACA also reformed the private insurance market to reduce discrimination against older people, women, and those with pre-existing conditions.

This led to some  
**NOTABLE  
IMPROVEMENTS**  
in health-care equity



**But huge health  
INEQUALITIES  
REMAIN**

Uninsurance rates (2015)



POOR = those with incomes <100% of the official poverty level.  
NEAR POOR = 100–200% of the official poverty level.  
NON-POOR = >200%

19 states thus far have opted out of the  
Medicaid expansion altogether, despite  
offers of federal government funding



## Access challenges – England

- Ensuring everyone can access services on an equal footing is a **key priority for the NHS**.
- But problems around access remain and are associated with **widening health inequalities** among **disadvantaged populations**. Resulting in:

**Poorer health outcomes and life expectancy**

**Regional differences** in the quality of care and health outcomes

Variable **quality and experience of care**, for example, patient satisfaction

Increased behavioural risks to health, for example, high smoking rates

Unmet needs around **wider determinants of health**, for example, health outcomes associated with quality of housing

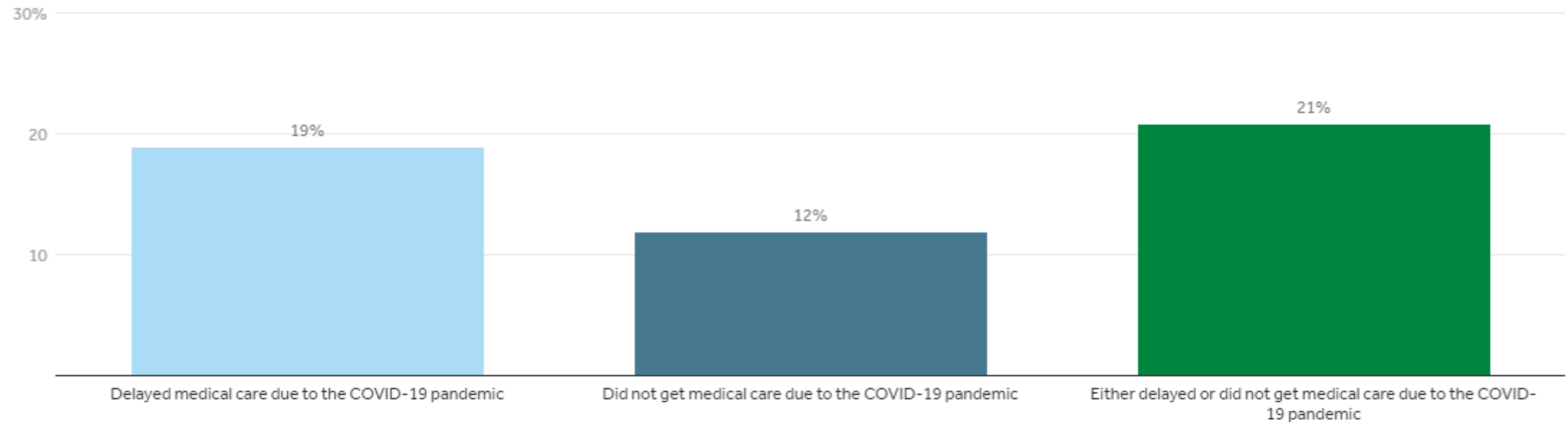
## Access challenges – England

- Performance around **access** to primary care and urgent and emergency care **varies** across the country.
- Need to move away from traditional definition of primary care towards **multi-disciplinary, person-centered and integrated neighbourhood teams** to improve access and outcomes, reduce health inequalities and manage demand.
- **New models of care and transformation** needed to improve access to provision in the **community** including **at-home** services, **community response teams**, improved **integration with social care** and **social prescribing**.
- This ensures people receive care and support in the **most appropriate setting** and **reduces demand** on stretched primary care and urgent and emergency services.

# US healthcare COVID-19

## In 2021, about 1 in 5 adults missed or delayed medical care due to the pandemic

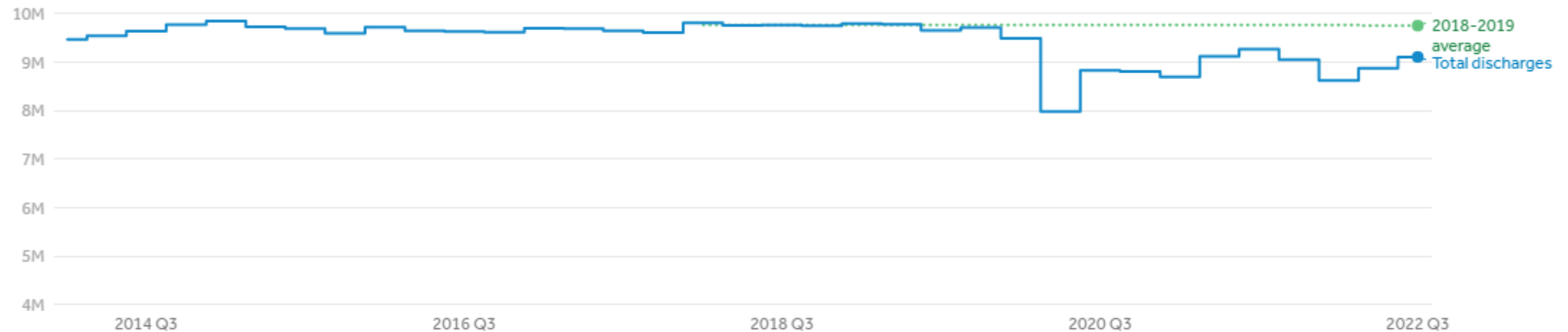
Percent of adults (age 18 years and older) who reported delaying or going without medical care due to COVID-19 pandemic, 2021



Source: [KFF analysis of National Health Interview Survey \(NHIS\) data](#) • [Get the data](#) • [PNG](#)

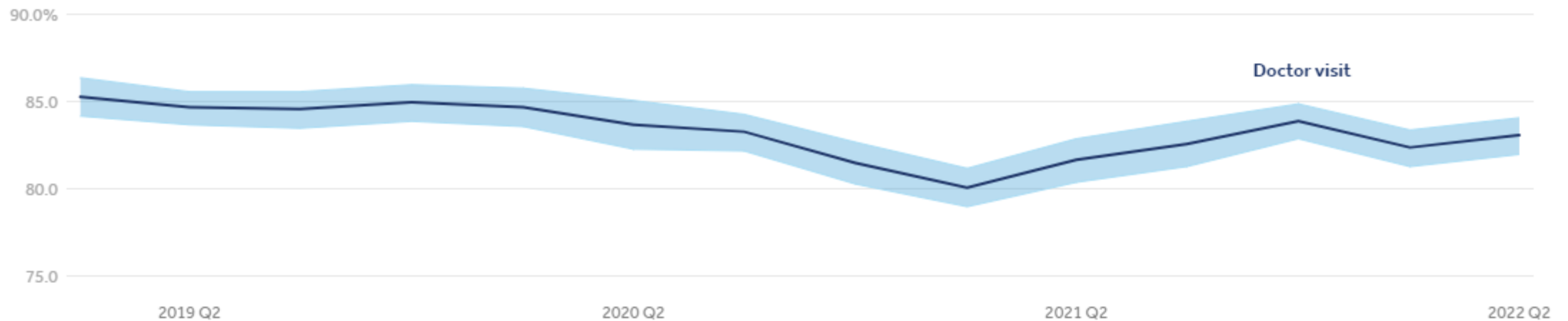
## Hospital discharges have increased recently but remain below pre-pandemic levels

Number of hospital discharges in each quarter, not seasonally adjusted, 1st quarter 2014 - 3rd quarter 2022



## The share of adults with a doctor visit in the past year dipped aearly in the pandemic and remains somewhat below early 2019 levels

Share of adults with a visit to a doctor in the last 12 months, 1st quarter 2019 - 2nd quarter 2022

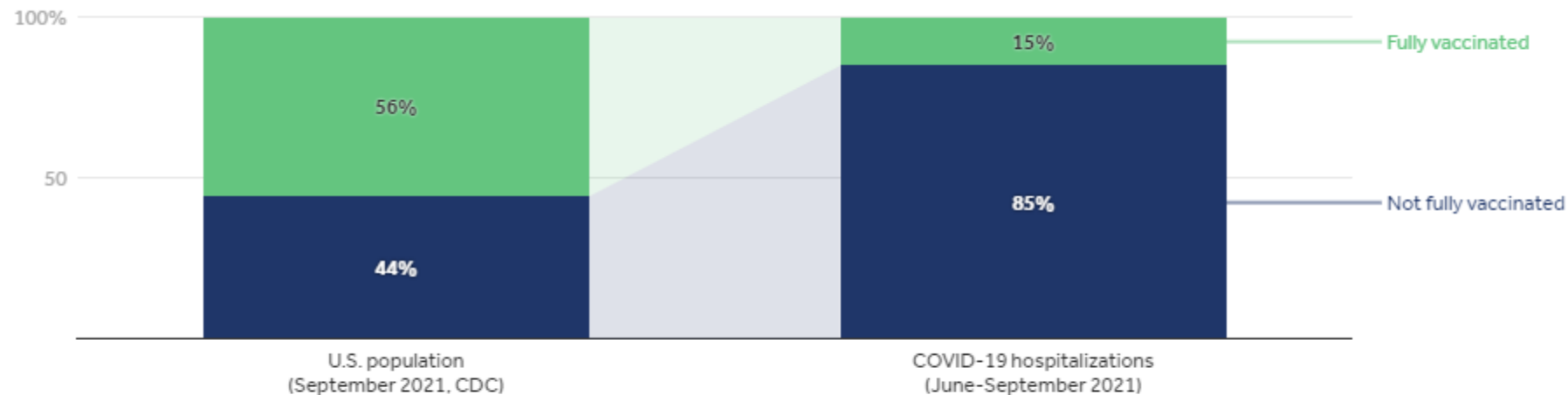


Note: Shaded region around lines represent upper and lower bound of 95% Confidence Interval.

Source: [KFF analysis of National Health Interview Survey \(NHIS\) Quarterly Early Release data](#) • [Get the data](#) • [PNG](#)

## An overwhelming majority of COVID-19 hospital admissions were among unvaccinated or partially vaccinated people

Share of the U.S. population and share of COVID-19 hospital admissions, by COVID-19 vaccination status



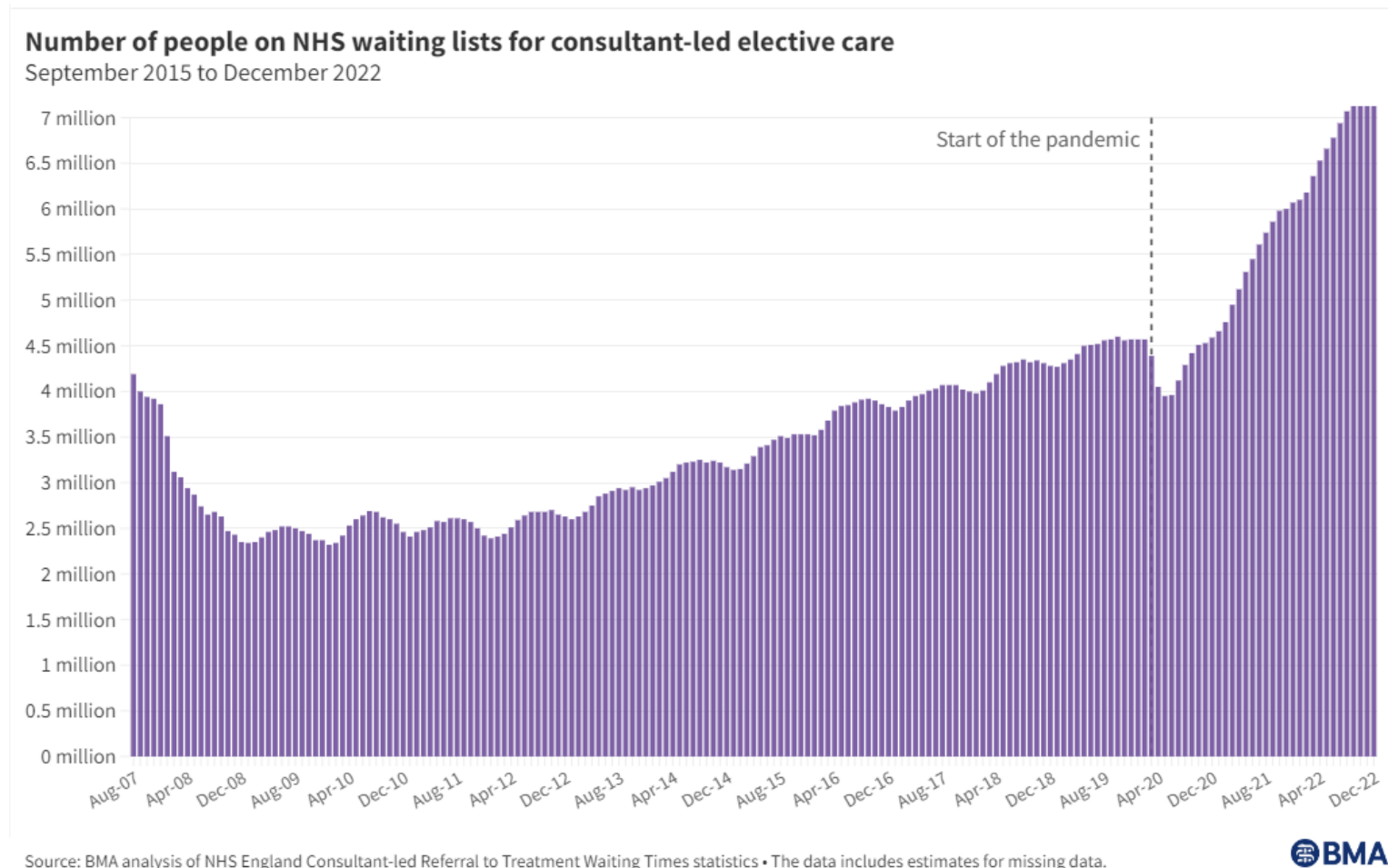
Note: COVID-19 hospitalizations are based on Epic data from June to September 2021. Share of the U.S. population vaccinated is based on CDC data as of September 30, 2021.



## COVID-19 – England

- Over **162,000 excess deaths** in England since the pandemic began (ONS).
- **Huge increase** in demand for **acute care** and urgent and **emergency services** against backdrop of existing **workforce challenges**.
- World-leading **vaccination programme** meant trusts had to **reorientate** to deliver programme, adding **additional pressure**.
- This has caused **longer waits** and **reduced performance**.
- **7.21 million** on waiting for elective care, **379,245** of these waiting over a year - around 231 times the number of people waiting over a year pre-pandemic.

## COVID-19 – England

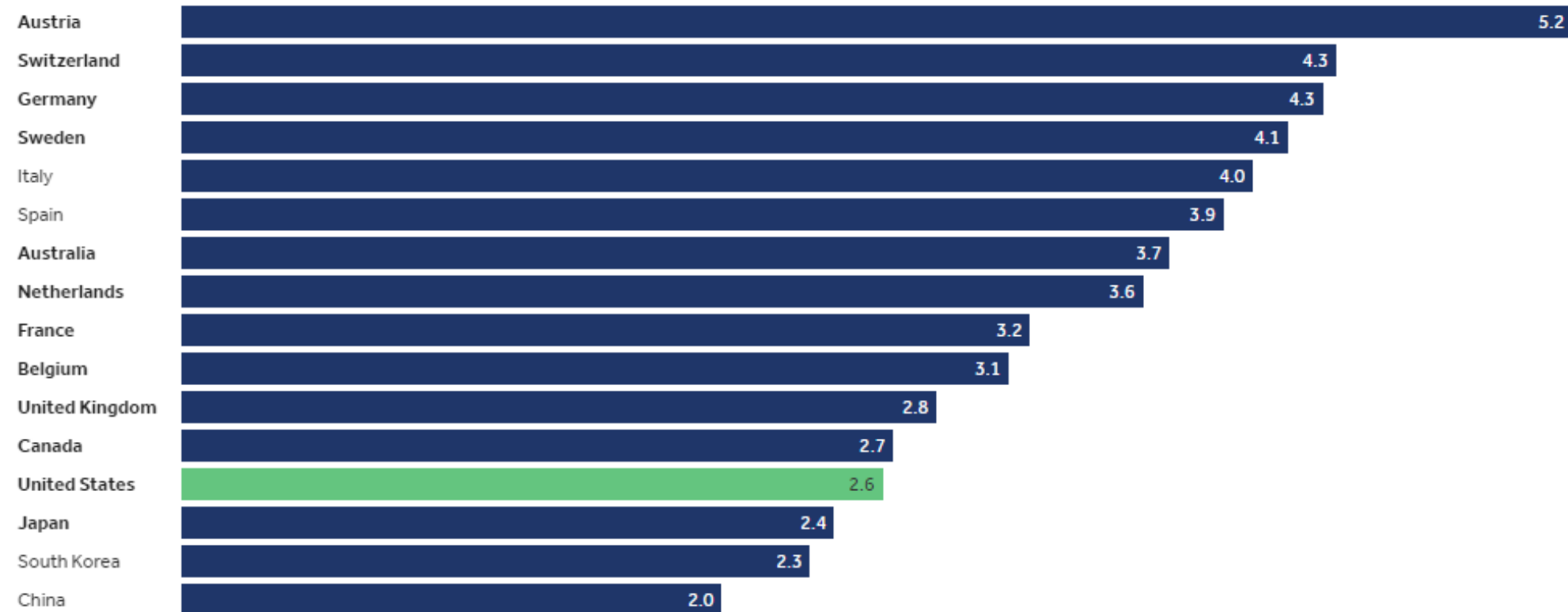


## COVID-19 – England

- Over **10 million** patients who might otherwise have come forward for treatment did not, including **diagnosis and treatment for cancer**.
- **Higher rates** of infections and deaths among specific populations, including **black and minority ethnic people**.
- Continuing to learn more about the impact of **long COVID**, which is affecting **2 million people (1 in 33)** across the UK (January 2023).

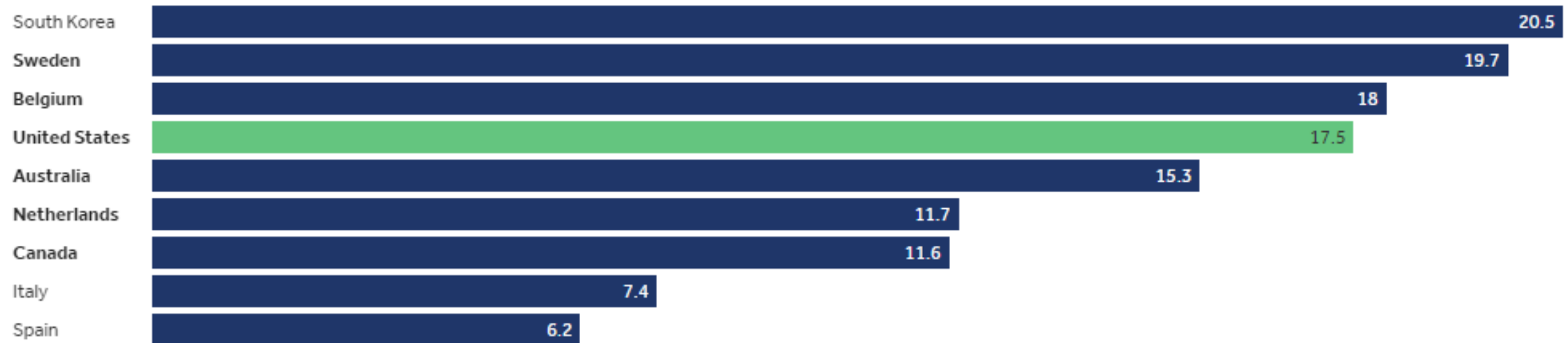
# US healthcare Workforce

### Practicing physicians per 1,000 people, 2017 or nearest year



Notes: Data for Japan, Sweden, and China are for 2016. Bolded countries are similar in their economic size and wealth to the U.S. China, Italy, South Korea, and Spain are also included due to the current impact on healthcare systems of the novel coronavirus COVID-19. Values are estimated for Australia, Canada, and the UK. Difference in methodology for China in 2017.

### Nurses licensed to practice, density per 1,000 population, 2017



Note: Bolded countries are similar in their economic size and wealth to the U.S. Italy, South Korea, and Spain are also included due to the current impact on health care systems of the novel coronavirus COVID-19.

**U.S. hospitals have more employees than most comparable countries, but many are administrative**

Employment in hospitals by country and type of worker, density per 1,000 people, 2016

	All hospital employment ▼	Hospital healthcare staff	Administrative and other hospital staff
Switzerland	25.0	17.4	7.6
United States	20.1	10.6	9.5
France	19.6	13.0	6.6
Belgium	18.4	11.8	6.6
Canada	17.5	11.5	6.1
Germany	16.3	12.0	4.3
Netherlands	15.0	15.0	
Austria	13.3	13.3	
Spain	12.0	9.1	2.9
Italy	10.3	7.6	2.7
South Korea	7.2	7.0	0.2

Notes: Bolded countries are similar in their economic size and wealth to the U.S. Italy, South Korea, and Spain are also included due to the current impact on health care systems of the novel coronavirus COVID-19. Values are estimated for Belgium and the Netherlands. Difference in methodology for Austria in 2016. Country categorization of hospital employment may vary.

# The U.S. has less hospital-employed physicians per 1,00 people than most comparable countries

Healthcare workforce employed in hospitals by country and type of professional, density per 1,00 population, 2016

	Physicians ▼	Professional nurses and midwives	Associate nurses	Healthcare assistants	Other healthcare staff
Switzerland	3.1	7.6	1.2	1.8	3.6
Austria	2.8	6.9		1.2	2.3
France	2.6	5.7		3.7	1.0
Germany	2.3	5.5	0.6		3.6
Spain	2.3	3.4		2.6	0.9
Italy	2.1	4.3			1.2
Netherlands	1.4	4.5		1.0	8.2
South Korea	1.2	3.1	1.2		1.5
Canada	1.0	5.0	1.3	1.6	2.5
United States	1.0	5.7	2.0		1.9
Belgium	0.7	7.6	0.1	1.1	2.2

Notes: Breakdown by type of employment varies by country. Bolded countries are similar in their economic size and wealth to the U.S. Italy, South Korea, and Spain are also included due to the current impact on health care systems of the novel coronavirus COVID-19. Values are estimated for Belgium and the Netherlands.



## Workforce challenges – England

- Workplace **pressure, burnout and low morale** - amplified due to rise in demand, more complex care needs and COVID-19 pandemic. This is affecting our ability to **retain staff**.
- Recruitment – though some progress made (on track to meet 50,000 nurses target by 2023/24 and biggest ever increase in postgraduate doctors accepting GP training places) the **supply/demand gap remains**.
- Vacancies across the NHS in England have risen, with more than **133,000 full-time equivalent (FTE)** posts unfilled (December 2022).



## Workforce challenges – England

- **Upskilling and workforce redesign needed** to meet current and future health and care needs – including multi-disciplinary working, population health improvement, data analytics and transformation.
- While latest figures show an increase of black and minority ethnic (BME) representation at NHS board level, BME staff still remain **proportionally under-represented** in senior positions.



# Thank you!



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# Next session tomorrow

**The impact of CLEAR: the findings and learning from latest projects**



24/03/23



10:00-11:00am