



Health care: Where do we go from here?

By Paul Breslau, Breslau Insurance & Benefits Inc.

Let's forget about liberal and conservative, Democrat and Republican for a moment. Both sides agree – all sides agree – that health care in the United States is a failing enterprise. Despite spending the most per capita on health care of any country in the world, the U.S. ranks only 37th in the World Health Organization's Ranking of the World's Health Systems.

This is just shockingly wrong. Those two simple statistics indicate an immense gap between money being spent and care being provided. Where is that money going? Why aren't we, the United States of America, the greatest country in the world, No. 1 in health care? What factors contribute to our declining life expectancy, which has dropped for the second year in a row?

Our public servants, the President, Congress and the Supreme Court should be ashamed of this health care disaster and should act immediately to fix it.

We are spending the most per capita and we have some of the finest medical schools in the world that are churning out highly qualified doctors and some of the best hospitals in the world. Yet compared with other developed countries, we lag behind.

See this excerpt from internationalinsurance.com/news/ranking-top-eleven-healthcare-systems-country.php, in which we rank last or near last in every category measured:

Health Care System Performance Rankings

The above chart compares the United States to developed countries. Disturbingly, we rank lower than even underde-

veloped and impoverished countries like Columbia, Morocco and Dominica.

We must look at the entire structure of health care in this country for possible solutions to this issue. The Affordable Care Act was a well-meaning but ultimately weak and watered-down patchwork of programs that did little to fix the overall problem, which can be summed up in one word: avarice. Some pharmaceutical companies are avaricious. Some providers (doctors and others) are avaricious. Some hospitals are avaricious. Some health care insurers are avaricious. Bad actors in each of these categories are avaricious enough that they drag down our entire health care system.

How do we change this shameful situation? Surprisingly, the answer is not "Medicare for All." The answer is with the people. We can demand a system that reflects the best qualities of America and Americans, namely competition and compassion. Yes, we want to get ahead, but no, we don't want to do it on the backs of our fellow countrymen. To cite one small example: If the pharmaceutical companies were required to compete for Medicare dollars on a bid basis, allowing the government to wield some bargaining power, then drug costs would go way down, but Big Pharma wouldn't go away. Here are some suggestions everyone reading this article can implement on their own:

Vote! Support only election candidates who are vocal and persuasive in backing major changes to the health care system. Make this an issue that politicians can't hide from.

Vote with your pocketbook. Work hard to ensure that you purchase insurance only from companies that are giving you the

best possible value for your hard-earned dollars. Question unnecessary procedures and payments. Be your own best advocate, not just for your health care, but for the cost of your health care, because as the statistics above indicate, those two items (cost and care) are wildly out of whack.

Become active on the issue. If you are a senior, don't just complain about the high cost of your medications. Write letters, join groups, talk with your friends and neighbors. You may not reap the rewards, but your children and grandchildren may benefit from changes you advocate for now.

Change is sometimes painful, sometimes difficult. But change is almost always good. Change is Mother Nature's way. Our health care system needs change, badly. We are the ones who can change it.

I am now partnering with leading local health insurance and employee benefits experts. Please reach out to me at 602-692-6832 or Paul@hraz.com for an initial conversation, evaluation, or referral. ■

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	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process +	2	6	9	8	4	3	10	11	7	1	5
Access +	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency +	1	6	11	6	9	2	4	5	8	3	10
Equity +	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes +	1	9	5	8	6	7	3	2	4	10	11