Best Health Care System in the World?

To better understand one of the most heated U.S. policy debates, we created a tournament to judge which of these nations

To select the winner of each matchup, we gathered a small judging panel, which includes us: AARON CARROLL, a health services researcher and professor of pediatrics at Indiana University School of Medicine; AUSTIN FRANT, director of the adjunct associate professor with Boston University's School of Public Health; and university School of Medicine; AUSTIN FRANT, director of the adjunct associate professor with the Harvard T. H. Chan School of Public Health; and university School of P

FIRST ROUND



Canada vs. Britain | Single-Payer Showdown

Canada Ws. Drittain | Single-BOTH IAUS SINGLE-PANE systems, but vary in the government's role and in what is covered, which is the provided of the care. Insurance is run at the province level. Many Canadians have supplemental private insurance it runs at the province level. Many Canadians have supplemental private insurance through their jobs to help pay for prescription drugs, dentities and optometry. The government of sup paying for about 70 percent of health care spending in all.

Britain has truly socialized medicine: The government of only finances care, but also government of the control of th

though there is a private system that runs

alongside the public one. About 10 percent buy private insurance. Government spending ac-counts for more than 80 percent of all health care spending. United States analogues are Medicare (more like Canada) and the Veterans Health Adminis-tration (more like Britain). Canada and Britain are pretty similar in terms of spending: Both spend just over 10 percent of gross domestic product on health care. They also have reasonably similar results on quality also have reasonably similar results on quality though, Britain excels, with shorter wait times and fewer access barriers due to cost.

AARON Britain. It's efficient. Given the rather low spending, it provides great access with

CRAIG **Britain.** Patients in Britain have a greater ability to shop across providers (using additional private insurance). This, combined with reforms within the N.H.S., helped increase competition and quality.

AUSTIN **Britain**. While the courties are close in spending and quality, Britain has much lower cost-based barriers to access.

ASHISH **Britain.** Access problems can be profound in Canada: Nearly one in five Canadians report waiting four months or more for elective surgery, which can be more

UWE Canada. The Canadian system is simpler for citizens to understand and highly

Our pick: Britain, 4-1



$U.S.\ vs.\ Singapore\ |\ A\ Mix\ of\ Ideas$

U.S. VS. SINGAPOFE | A IVIIX C

THE UNITES SYTEE MAS a mix of clashing
ideas; private insurance through employment,
ideas; private insurance through employment,
ideas; private insurance through exchanges set up by the Alfordable Care Act, as
well as about 28 million people without any
insurance at all. Hospitals are private, except for
those run by the Veterans Health Administration.

Insuperine has a unique approach. Basic care
insuperinents run hospital wards is cheap,
insurance free, with produce and private rooms available for those paying extra.

Singapore's workers contribute around 36 percent of their wages to mandated savings ac-

ing, insurance, investment or education, with part of that being an employer contribution. The government, which helps control costs, is in expensional costs, is in control costs, is included to the control costs, is included to spend costs, and the control costs and cost in the country, and helps decide how much they can earn. Singapore's easy system costs far less than America's (49 percent of G.D.P. versus 17.2 percent). Singapore's east ricease the same data as most control costs and c

AARON **United States.** Singapore is intriguing because it's so different from other systems. But its huge mandatory savings requirement would be a nonstarter for many in the United States.

CRAIG United States. Singapore, a scrappy underdog, has become a fan favorite of conservatives. But its reliance on health savings accounts is problematic: When people are spending more of their own money on health care, they tend to forgo both effective and ineffective care in equal measure.

AUSTIN United States. It's hard for me to overlook Singapore's lack of openness with data. ASHISH **United States.** The lack of data in Singapore is a problem, and it had higher rates of unnecessary hospitalizations and far higher heart attack and stroke mortality rates than the United States. Plus, the U.S. has a highly dynamic and innovative health care system. It is the engine for new diagnostics and treatments from which Singapore and other nations benefit.

UWE Singapore. It's hard to defend the messy American health system, with its mixture of unbridled compassion and unbridled cruelty.

Our pick: United States, 4-1

SEMIFINALS



France vs. U.S. | Access vs. Innovation

FRANCE HAS EXTENSIVE COVERAGE, with costs that are high relative to many other nations. The United States system, praised as dynamic and innovative, is even more expensive, falls short of universal coverage and can be be

AARON France. France provides an amazing level of access and quality for the cost. U.S. is considered the driver of health care innovation, which comes at a high price, there are other ways to incentivize innovation in the private sector besides how we p for and deliver care.

Tor and otherer cure:

CRAIC United States. The U.S. system is a bit of a mess in that it is quite expensive and doesn't offer complete coverage to its populace. But the system really does have the strongest incentives for innovation on medical technology — which provides an amazing amount of welfare for citizens around the globe.

AUSTIN France. It's hard to justify the very high level of U.S. spending based on innovation alone, particularly without mechanisms to steer innovation toward technologies that are cost-effective.

ASHISH United States. France has a far more equitable system, with few delays and reasonably good outcomes. However, the U.S. delivers a superior quality of care on the measures that matter most to patients, and the system is far more dynamic and innovative. It was close, but I picked the United States.

UWE France. The U.S. is just too expensive for what it delivers, and includes too much financial insecurity to boot. At international health care conferences, arguing that a certain proposed policy would drive some country's system closer to the U.S. model usually is the kiss of death.

Our pick: France, 3-2



Switzerland vs. Britain | Meaning of a Market

HOW DOES THE COST-EFFECTIVENESS of Britain's "socialized medicine" stack up against the competitive but heavily regulated private system of Switzerland?

AARON **Switzerland**. It has better quality, and perhaps access, but those come at a higher cost. I'm willing to make that trade-off.

reger cost. In willing to make that trade-off.

CARGE Britan. Sustification of system — privately funded with private insurers — is often held up as a bestlan of competition. But it is not necessarily more of a market than Britan; this this set he heavy hand of operament a bit more. In reality, the insurance and provider market is heavily regulated. The U.K. system is almost entirely publicly funded, but it has done all to try to increase the competition between facilities, which has increased the quality of service.

AUSTIN Britain. It systematically incorporates cost effectiveness into coverage

ASHISH Switzerland. These are two countries with high-performing health systems, but Switzerland has better access and quality, albeit at somewhat higher costs. UWE Switzerland. Switzerland has better facilities and speed of access to care.

Our pick: Switzerland, 3-2

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