



NEW INTERNATIONAL STUDY: U.S. Health System Fails Many Americans; Ranks Lowest on Health Equity, Access, and Outcomes

Among 10 nations, Americans die the youngest and live the sickest lives, despite the U.S. spending the most on health care

The U.S. health system is largely failing in its fundamental mission to protect Americans' health, ranking last among 10 nations on key health equity, access to care, and outcome measures, a new Commonwealth Fund study finds. Despite spending the most of any nation in the study, the United States has the worst-performing health care system overall. Australia, the Netherlands, and the United Kingdom rank the highest.

The report, *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System*, reveals that low-income Americans are much more likely to experience problems accessing quality care. In addition, U.S. physicians report the second-highest rate of people being treated unfairly by the health system and patients experiencing discrimination or health concerns not being taken seriously because of their race or ethnicity. Only New Zealand scored worse on these measures. When it comes to life expectancy and avoidable deaths, the U.S. comes in last.

This year's report does identify one bright spot for the U.S.: the country ranks second in "care process," which includes prevention, safety, coordination, and patient engagement. This high rating may be due to changes in the way Medicare and other insurers pay for health care, as well as an increased focus on patient safety and preventive services.

Key findings from the report include:

- **Health Outcomes: People in the U.S. have the shortest lives and the most avoidable deaths.** The U.S. ranks last on five of six health outcome measures. Australia, Switzerland, and New Zealand perform the best in this domain.
- **Access to Care: Americans face the most barriers to getting and affording health care.** The U.S. is the only high-income nation in the study that does not provide universal health coverage. Despite major coverage gains made under the Affordable Care Act, 25 million Americans remain uninsured, and nearly a quarter cannot afford care when they need it.

EMBARGOED

NOT FOR RELEASE BEFORE

12:01 a.m. E.T.

Thursday,

September 19, 2024

For further information,
contact:

Bethanne Fox
212.606.3853
bf@cmwf.org

Maya Brod
301.467.4917
mbrod@burness.com

 [@commonwealthfund](https://twitter.com/commonwealthfund)

The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

In addition, U.S. patients are more likely to report they don't have a regular doctor or place of care compared to residents of other countries. The Netherlands, the U.K., and Germany perform the best on health care access overall. However, the U.K. health system faces challenges in terms of long wait times and resource constraints due to staffing shortages and financial cuts.

- **Equity: The U.S. and New Zealand rank lowest on health equity**, with many lower-income people reporting they cannot afford the care they need compared to higher-income counterparts and more people reporting unfair treatment and discrimination when seeking care.
- **Administrative Efficiency: Physicians and patients in the U.S. experience among the greatest burdens when it comes to payment and billing.** The complexity of the U.S. health system, with its mix of public and private insurers and thousands of health plans, forces providers and patients to navigate a labyrinth of cost-sharing requirements, paperwork, and insurance disputes. This complexity causes the U.S. to rank second-to-last in this domain, only slightly higher than Switzerland.

	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
Overall Ranking	1	7	5	9	2	4	6	8	3	10
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	—	4	5	9
Health Outcomes	1	4	5	9	7	3	6	2	8	10

Note: SWE overall ranking calculation does not include Equity domain.
Data: Commonwealth Fund analysis.

All countries in the survey showed strengths and weaknesses, ranking high on some health dimensions and low on others. No country was at the top or bottom on all areas of performance.

Still, the U.S. stands out for its exceptionally weak overall performance, especially in the context of spending more on health care than any other nation in the study. This edition's findings suggest the U.S. needs to work on multiple fronts simultaneously to make significant progress.

The study researchers suggest the following policy actions:

- **Make health care more affordable and more accessible** by extending health care coverage to the remaining uninsured and reforming insurance coverage to meet minimal standards of adequacy, including limits on patients' out-of-pocket expenses.
- **Invest in the long-neglected primary care system** by improving compensation and supporting training for primary care providers.

FROM THE EXPERTS:

Reginald D. Williams II, Vice President, International Health Policy and Practice Innovations, The Commonwealth Fund

“Mirror, Mirror underscores the importance of international comparisons, offering evidence and inspiration to improve America’s health system. While other nations have successfully met their populations’ health needs, the U.S. health system continues to lag significantly. This report shows that by adopting proven strategies and making smart investments, America can enhance its health system to better meet the needs of its people. There’s no reason we can’t elevate our standing if we choose to do so.”

Joseph R. Betancourt, M.D., Commonwealth Fund President

“The U.S. is failing one of its principal obligations as a nation: to protect the health and welfare of its people. The status quo — continually spending the most and getting the least for our health care dollars — is not sustainable. It isn’t about lack of resources — it’s clearly about how they are being spent. Too many Americans are living shorter, sicker lives because of this failure. We need to build a health system that is affordable and that works for everyone. It’s past time that we step up to this challenge.”

- **Improve health equity** by eliminating disparities in the health and health care delivery that low-income individuals, Black, Latino, and Indigenous people, women, and people who live in rural areas receive. These populations often face discrimination and receive lower-quality care.
- **Address the uncontrolled consolidation of health care systems and resources** in local markets, which drives prices higher and makes insurance less affordable.
- **To safeguard the well-being of all Americans, invest in interventions outside the health care system** to address the social drivers of health, including poverty, homelessness, hunger, gun violence, and substance use.

The full report will be available after the embargo lifts at:

<https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

HOW WE CONDUCTED THIS STUDY

The 2024 edition of *Mirror, Mirror* was constructed using the methodological approach initially developed for the 2017 edition and subsequently used for the 2021 edition. In 2024, this approach was once again informed by an expert advisory panel convened to review measures, data, and methods for the report.

Mirror, Mirror is unique in its heavy reliance on survey measures designed to capture the perspectives of patients and professionals — the people who experience health care in each country. Nearly three-quarters of the report's measures are derived from patient or physician reports of health system performance.

Our approach to assessing nations' health systems mostly resembles past editions of *Mirror, Mirror*, involving 70 unique measures in five performance domains. The data sources for our assessments are rich and varied. First, we rely on the unique data collected from international surveys that the Commonwealth Fund conducts in close collaboration with participating countries. On a three-year rotating basis, the Fund and its partners survey older adults (age 65 and older), primary care physicians, and the general population (age 18 and older) in each nation. The 2024 edition relies on surveys from 2021, 2022, and 2023. As the appendices to the report make clear, responses to these surveys provide invaluable insights into health system performance on all but one of the domains examined.

We also rely on published and unpublished data from cross-national organizations, including the World Health Organization, the Organisation for Economic Co-operation and Development, and Our World in Data, as well as national data registries and the research literature.

For more details, see "[How We Conducted This Study](#)."

ADDITIONAL PERTINENT RESEARCH

[International Health Care System Profiles](#)

[High U.S. Health Care Spending: Where Is It All Going?](#)

[Americans, No Matter the State They Live In, Die Younger Than People in Many Other Countries](#)

[The Cost of Not Getting Care: Income Disparities in the Affordability of Health Services Across High-Income Countries](#)
