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Joseph Alpert M.D. Editor-in-Chief; The American Journal of Medicine

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Commentary

Twenty-first century healthcare challenges in the United States

Joseph Alpert, M.D.*

University of Arizona School of Medicine, Tucson

Editor-in-Chief, *The American Journal of Medicine*

* **Corresponding Author:** Joseph S Alpert MD, 1501 N. Campbell Avenue, Tucson, AZ 85724-5037, E-mail address: jalpert@shc.arizona.edu

Last month, I commented on the many advances in medicine that have occurred since I was an intern decades ago.¹ Despite remarkable progress in healthcare research, diagnosis, and therapy stretching over many years, challenging problems remain in the US healthcare system, many of which will be difficult to resolve. In this commentary, I will review a selection of the troubles that remain here at home.

1. No or inadequate health insurance coverage

Despite being a world leader in healthcare research and innovation, many Americans find themselves with no or inadequate health insurance. Indeed, 30 million Americans currently have no health insurance with many more woefully underinsured^{2,3}. In their recent biennial health insurance survey, The Commonwealth Fund reported that: “Forty-three percent of working-age adults were inadequately insured in 2022. These individuals were uninsured (9%), had a gap in coverage over the past year (11%), or were insured all year but were underinsured, meaning that their coverage didn’t provide them with affordable access to healthcare (23%)”³.

When patients with no or inadequate insurance and minimal financial resources are admitted to hospital with a serious illness, the cost of their care is borne by charities, increased hospital charges for insured patients, and/or funding involving state, local, or federal taxes administered by a variety of agencies. In the end, we all contribute to paying these bills. Thus, healthcare for the uninsured is not free: the bills are paid, often inadequately, with the financial burden distributed over several sources. I have previously commented on these and other failings in our healthcare system⁴. The solution is simple in concept but problematic in solution, i.e., some form of universal health insurance for every American citizen^{5,6}.

2. Low scientific and health education in the US population

The Milken Institute studied health literacy in the US and found it to be very poor: “At least 88 percent of adults living in the US have health literacy inadequate to navigate the healthcare system and promote their well-being (55 percent intermediate proficiency, 22 percent basic proficiency, and 14 percent below basic proficiency); only 12 percent are proficiently health literate.⁷” This lack of health literacy can lead to poor healthcare choices. When individuals fail to follow evidence-based medical advice, bad outcomes often result. A recent example is failure to accept vaccination against the COVID virus. What is needed here to help solve this problem is markedly increased scientific and health educational instruction in our school systems.

3. Prevention and management of chronic disease associated with premature mortality and disability

Despite high quality healthcare personnel and longer lifespans, many Americans suffer from a variety of chronic diseases. These illnesses affect large swaths of the population with uneven distribution thereby resulting in health disparities. These chronic illnesses are costly to society, and many are preventable. Conditions involved include diabetes, obesity, cancer, HIV/AIDS and other infections, and atherosclerotic vascular disease leading to myocardial infarction, heart failure, and stroke. Preventive and treatment measures exist for these illnesses and often involve lifestyle practices and a variety of preventive medical interventions often provided by primary care practitioners (PCP) whose numbers are inadequate in the US today. Action to increase the number of PCPs in the US needs to be undertaken alongside adequate healthcare insurance coverage (see # 1 above) making access to providers simple and easy. Federal and state governments should focus attention on local communities that lack adequate medical facilities as well as other resources for well-being to reduce disparities and improve overall health statistics in the US.

4. Giant disparities in quality of healthcare and outcomes

Lifespan in the US depends on the zip code where one lives. Thus, there are many zones in the country where individuals receive inadequate and/or low-quality healthcare with respect to prevention and treatment⁸. This leads to lower life expectancies. It is a national embarrassment that the richest, most technically advanced country in the world has such a poor healthcare record and at excessive cost. Building new healthcare centers in underserved areas will not entirely solve this problem. Many facets of the environment need fixing in these

zones including poverty, poor educational opportunity, unsafe housing, violence in the streets and much more⁹.

5. “Do you trust your doctor?”

During recent decades, the US healthcare system has been perceived by many as increasingly impersonal and difficult to access¹⁰. A substantial percentage of Americans do not have a primary care physician, and many individuals do not trust their doctor or the healthcare system.

In 1966, more than 75% of Americans reported having high levels of confidence in medical workers. By 2012, only 34% felt the same way. In 2019, only 15% of Americans said that they had a “great deal” of confidence in the U.S. medical system¹⁰. This declining level of trust in the system reflects fundamental and structural issues in the way Americans access and receive care. Fixing some of the issues alluded to above should help to rebuild trust in our system thereby resulting in improved health outcomes.

Of course, there are multiple other problems with the US healthcare system, such as, excessive costs for prescription medicine, difficulty accessing a provider, and on and on. Fixing these challenges will not be easy, but we need to start addressing them. I am sure that this commentary will result in many letters and emails from readers documenting other pressing problems in our healthcare system. Hopefully, the future will see a start to solving or partly solving these dilemmas.

As always, I can be reached at jalpert@arizona.edu.

Declaration of Competing Interest

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