

PBS: SICK AROUND THE WORLD

TR REED - WASH. POST

ENGLAND -

1. 1/2 OF COST
2. LONGER LIFE EXPECTANCY
3. LOWER INFANT MORTALITY
4. NHS RUNS HEALTH CARE
5. ENTIRELY TAXPAYER SUPPORTED
6. NO MEDICAL BANKRUPTCY
7. HIGHER TAXES
8. ELECTIVE CARE: LONG WAIT TIME
9. EMERG. CARE GOOD
10. PATIENTS CHOOSE HOSPITAL, SAVING WAITING PERIODS
11. HOSPITALS COMPETE
12. PRIVATIZING SOME SERVICES CONTROVERSIAL
13. GP'S LIKE NHS; PAID FIXED AMOUNT & BENEFIT BY KEEPING PATIENTS HEALTHY
14. PATIENTS USE SYSTEM TOO MUCH
15. GOOD AT PREVENTIVE MEDICINE

JAPAN (130 MILLION) -

1. 1/2 OF COST 8% OF GDP
2. LONG LIFE EXPECTANCY
3. MANDATED INSURANCE (SOCIAL INSUR)
4. 80% OF HOSP. & DOCTORS PRIVATE
5. NO GATEKEEPERS
6. HOSP. \$10(A); 90 PRIVATE
7. PRICE BOOK
8. SOCIAL INSURANCE
9. NO PRE-EXIST. COND.
10. ~~HOSP.~~ ^{INSUR.} NON-PROFIT
11. EMPLOYER BASED (PAYS HALF)
12. 50% HOSP. IN FINANCIAL DEFICIT

- GERMANY -
1. BISMARCK MODEL (90% IN SYSTEM, 10% PRIVATE)
 2. PRIVATE HOSP. & DOCS
 3. SHORT WAIT TIMES (FASTER THAN ENG., SLOWER W JAPAN)
 4. PREMIUMS BASED ON INCOMES
 5. LOW COPAYS
 6. PORTABLE INSURANCE
 7. NON PROFIT INSUR. CO.
 8. 6% ADMIN. COSTS (1/4 OF US)
 9. NEGOTIATE PRICES W PROVIDERS
 10. DRS. & HOSP. NOT PAID ENOUGH; PRICES MAY NOT BE RAISED
35YR OLD DOC MAKES \$85K
 11. MALPRACTICE PREMIUMS \$1400/YR
 12. EMPLOYER BASED INSURANCE
 13. UNIVERSAL COVERAGE

TAIWAN (POPULATION 30 MILLION) -
 WM. CHAO (HEALTH ECON.)
 CHUNGMEORNG "

1. EQUAL ACCESS
2. CHOICE
3. NAT'L INSUR.
4. RICH CAN'T OPT OUT
5. NO GATEKEEPER; NO WAIT TIME
6. INFORMATION TECHNOLOGY
7. LOW ADMIN. COST (2%) - SMART CARD
8. NO BANKRUPTCY
9. 6.23% OF GDP SPENT / NOT SQUANT
- 10.

SWITZERLAND
8 MILLION
POPULATION

- 1. UNIVERSAL COVERAGE
- 2. HIGH GUN OWNERSHIP
- 3. INSURANCE MANDATORY & NON PROFIT
- 4. NON PROFIT ON BASIC CARE
- 5. HEALTH CARE A RIGHT
- 6. INSURANCE COMPETES ON ADMIN. COSTS 5.5%
- 7. SUPPLEMENTAL INS. - FOR PROFIT
- 8. DRUG COS. COMPETE EFFECTIVELY IN PART BECAUSE THEY ARE LESS REGULATED
- 9. 2ND MOST EXPENSIVE HC SYSTEM IN THE WORLD