

Case Study

The Principles of Good Health Care in the U.S. in the 2020s

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ABSTRACT

Purpose: Purpose of this investigation is to define the principles of good health in the U.S. in the 21st century. The interdisciplinary, civilizational approach.

Methodology: Methodology is applied to establish roots of this health care at the national level.

Findings are: “the well-being Americans” is the constitutional opportunity of American, good health of Americans is a constituent of their well-being, primary health care should be perceived as the controlled right of a citizen. Human and societal wisdom requires mentally healthy people. Human and societal wisdom requires well-educated citizens. The state of health care of the Americans is in a state which is not appropriate for the richest and influential country in the world. The quality of health care is at the level of 54 percent. The vision of American society has been defined as well as its goals and strategies for the next 12-years, till 2030.

Practical implications: If the integration of well-being, health care, and information infrastructure-oriented components into one comprehensive solution is not provided, and if each one is treated in isolation, the improvements in health care won't be lasting and positive.

Social implications suggest: These political will and leadership at all levels of the nation must reach agreement; otherwise the society will be declining in its physical and mental health.

Keywords

Constitutional well-being; Health care; Health care principles; Health care rights; Health care vision; Health care goals; Health care strategy; Health care implications.

INTRODUCTION

The policy for improving American health care can be analyzed from the *legal* and *moral* point of views. From the former view three comprehensive national plans have been implemented in the United States so far:

- The Medicaid (begun in 1965) is a health care program that assists low-income families or individuals in paying for doctor visits, hospital stays, long-term medical, custodial care costs and more. It is a joint program, funded primarily by the federal government and run at the state level, where coverage may vary. It provides free health insurance to 74 million low-income and disabled people (23% of Americans) as of 2017.¹
- The Medicare (begun in 1966) is a national health insurance program in the United States, under the Social Security Administration for people who are 65 or older. Certain younger

people with disabilities. People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). About 59 million people applied for this program in 2017.²

- The Affordable Care Act (ACA) (“Obamacare” 2009)-requires that all Americans have health insurance that meets minimum essential coverage standards, such as through an employer, veteran's benefits, or another source.

The first two plans serve to about 133 million people (40% of the population) and provide good health insurance, comparable with the famous Scandinavian plans. However, what about the remaining 60% of the population? Those lucky who work may have plans co-paid by the employers. Unfortunately, not all employers finance such plans. What about part-time workers, who in the majority cases do not have any health care plans, since are too young for the Medicare or not so poor yet to get the Medicaid

plan? What about those who are homeless or cannot afford any health care insurance plan? They in the case of weakness go to the emergency rooms of hospitals and get a limited help, causing the massive rise of the hospitalization cost for those who are insured.

The response for those people with limited abilities to have the right health care—President Barack Obama implemented the ACA plan in 2009. After almost ten years of applying this plan, many weak points of this plan have been recognized, like the following³:

1. It is difficult to understand how much Obamacare taxes your pay if you do not buy insurance. In 2016, it increased to 2.5 percent of adjusted gross income.
2. Experts disagree on whether the ACA reduced the deficit. The original projection was \$143 billion in savings. Others forecast it would add \$1.76 trillion to the debt. That would be bad because Congress passed the ACA to reduce the cost of Medicare and Medicaid. Federal payments for these benefits eat up the entire budget. That leaves less for programs in the discretionary budget. It is difficult to understand the true cost of Obamacare to the nation when even the experts disagree so much.
3. President Obama promised that, if you like your plan, you can keep it. However, health insurance companies canceled plans for 1 million people. That is because they did not comply with the ACA's 10 essential health benefits. That was their decision, not Obama's. However, many people lost insurance as a result.
4. The ACA changes how Medicare reimburses hospitals. It is switching from a fee-for-service to value-based payment. It will stop paying for every test, exam, and procedure. Instead, it will base payments on how well the patient does. It should cut costs in the long run. However, it creates a painful transition for hospital systems in the short term.
5. It requires doctors' offices to computerize all medical records. The government first introduced this mandate in 2009 as part of the Economic Stimulus Act. It is making life miserable for doctors' offices. As of October 1, 2013, doctors must choose from 140,000 codes when entering data about a diagnosis. It is up from 18,000 codes. Hospital records need to comply with the new Medicare value-based payment system.
6. It made health care available to millions more—however, that increased health care costs over the short term. Many people received preventive care for the first time in decades. Tests and treatments for cancer, cholesterol, and diabetes raised costs for insurance companies.
7. Families lost some tax deductions for uninsured medical costs. The ACA raised the deductible level from 7.5 percent of adjusted gross income to 10 percent. Trump's tax plan restored the deductible level for 2017 and 2018.
8. Higher income families paid additional Medicare taxes. It affected 1 million individuals and 4 million couples who made more than \$200,000 and \$250,000 respectively. It affected both income taxes and capital gains taxes.
9. Between 3 million and 5 million people lost their company-

sponsored health care plans. Many businesses found it was more cost-effective to pay the penalty than provide health insurance benefits. Many small businesses found out their workers could get a better plan through the exchanges.

10. Health care providers and health insurance companies paid additional taxes to help fund Obamacare's benefits. They may pass these costs on to consumers as higher premiums. Indoor tanning services were assessed a 10 percent excise tax. Drug companies will pay an extra \$84.8 billion in fees over the next 10 years. That will pay for closing the "doughnut hole" in Medicare Part D. Medical device manufacturers and importers were assessed a 2.3 percent excise tax in 2013. Congress suspended the medical device tax for 2016-2018. Insurance companies will pay a 40 percent excise tax on "Cadillac" health plans in 2022. These plans are for people in high-risk pools, such as older workers or those with dangerous jobs.

11. Buying health insurance is still complicated. For example, the exchanges offer four types of insurance policy levels: Bronze, Silver, Gold, and Platinum. So now you've got to figure out which level you want. You must also compare the copays, deductibles, and co-insurance levels between the different providers. On the other hand, the exchanges gave consumers more control over the shopping process. Before the ACA, one had to rely on a broker and hope for the best.

These weak points of Obama care triggered a roasting criticism by President Donald Trump, who wants to have a less costly plan, based on the competition of insurance companies. Also, according to the President, such a plan should provide minimal coverage of desires and situations, like should not pay for pre-existing diseases. The latter requirement caused the lost election to the House of Congress in 2018. Since the promised "best" plan was not yet implemented even not elaborated beyond the general PR-oriented slogans.

Just TS⁴ argues that even though many Americans lack access to health care, we spent over \$1.9 trillion on health care in 2004—more (this cost was \$3.5 trillion in 2017, or \$10,739 per person, and accounted for 17.9% of gross domestic product (GDP)⁵ than we spent on food, housing, transportation, or anything else—and the amount that we spend on health care is increasing every year at rates far in excess of inflation generally.

Wolman D, et al⁶ stated that the uninsured get less health care than the insured, and they get it later when it is often less effective or too late.

Anderson G⁷ just openly states that perhaps the most important factor explaining higher costs in the United States is that we just pay higher prices for health care than other countries do.

Pauly MV, et al⁸ argues that consumer-driven health care attempts to direct competition to the point at which health care goods and services are purchased. It is firmly rooted in a belief that too good insurance drives health care cost. Another word, is good health too costly for the Americans?

It seems that the weakness of a new “affordable” health insurance plan is in the fact that before defining such plan one must agree on the moral principles of the health care in the most powerful country in the world. Otherwise, one can argue that “The only good American is a sick American?” It is a paraphrasing of the ill-famed saying in the 19th century.

TOWARD THE PRINCIPLES OF THE HEALTH CARE IN THE UNITED STATES IN THE 21ST CENTURY

In order to pursue the universal reform of health care in the U.S. one must define the principles and aims of this reform. The principles of 2020s Reform of Health Care in the U.S. (known so far as The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act or nicknamed Obamacare) should include the following:

1. The fundamental laws of the U.S. should be the foundation for the concept of health care.
2. The Declaration of Independence of the U.S. (1776) states, that “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of happiness.
3. The United States Constitution (1787) is also the base for the concept of health care. In the Constitution’s preamble is stated: *“We the People of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America.”*
4. The concept of “Happiness” and “Welfare” in the 18th century was slightly different than today. We can assume that both terms currently mean “Well-Being of Americans”. This value is the constitutional opportunity of an American. Well-being is a very time and process-oriented value that cannot be guaranteed forever. Once accomplished, it can be lost to many internal and external factors. On the other hand, the American constitution supports this value by providing tools that help in pursuing this opportunity.
5. Good health of Americans is a constituent of their well-being. In other words, good well-being is usually a determinant of good health. Without good well-being, Americans may not have good health.
6. Good health care is the constitutional opportunity of Americans. Today health care is costly. If it is free, it certainly will not satisfy the high expectations of Americans. Do they often perceive death as an option? The choice is between the right and the privilege of having health care. It depends on the state’s economic situation and societal and political support. In this respect today, Americans are divided almost equally between the right and privilege. Due to the following:
 - a. Almost 16.3% percent of the population not having health insurance (49.9 million) in 2012⁹ and high inequality (for 2010, 40.8 % are below perfect distribution, according to

the GINI index, comparable to Morocco’s and in contrast to Norway’s 25.8% in 2000.¹⁰

b. It took place in times when 10 percent is unemployed, and another 5 percent is out of statistics.

c. To have a privilege of health care, it may lead to the lack of social *tranquility* which is expected by the U.S. Constitution. Therefore, basic health care should be perceived as the controlled right. It means that basic medical help is secured but its use will be controlled. If it is abused by unwise lifestyles, it can be suspended.

7. The intense effort to improve the American Health System is the number 1 in the political agenda of President Barack Obama’s administration (2009-16) and president Donald Trump’s administration (2017-2020). The fund of \$30 billion supported the provision of the Health Information Technology for Economic and Clinical Health (HITECH) Act under the American Recovery and Reinvestment Act of 2009 (signed in February 2009) and of the Patient Protection and ACA. It led to significant changes in the adoption of electronic health records by eligible providers (EP) and eligible hospitals (EH). However, the digital national registration system was malfunctioning for several months, due to poor design and lack of testing before going to the public.

8. When President Trump was elected (2017-2020), he promised to repeal the Affordable Care Act on his first day in White House; he issued an executive order envisioned to turn back ACA execution. He has kept a constant tide of declarations criticizing the law, often saying that it has already been smashed or limited. ACA supporters proclaim that the president’s activities reflect his words; that he is intentionally “harming” enforcement of the ACA. Truly, a first-of-its-kind lawsuit was recently filed claiming that President Trump is violating his constitutional duty to “take care that the laws be faithfully executed.”

9. However, its first year of complete Act implementation, which began on October 1, 2009, led to the profound political crisis, resulted in shutting down the federal government due to the budget dispute at the Congress. This crisis is mostly caused by the lack of agreed principles of the American Health Care System and limited to the insurance issues.

10. Some positive changes have been implemented in 2009-2016 as the result of the mentioned Acts in p. 4, namely in quality reporting, population health monitoring, electronic health record (EHR) certification for meaningful use and adoption and the start of significant healthcare practice and payment reforms.^{11,12} The Obama Care Act triggered many positive changes in the improvements of the American Health Care System; among such improvements, one can notice;

- a. Vendor investment in the healthcare sector has grown significantly since 2009-2010.
- b. The Federal Advisory Committees (FACA) for HIT Policy and HIT Standards has been created inguiding the development of standards and working to improve interoperability and reduce cost, improve quality reporting

and increase transparency.

c. However, many individual physicians implementing EMR reduced their productivity and lowered health quality by limiting good bedside manners (looking in patients' eyes) by replacing them with a look at the screen of a computer.

The principles of the American Health Care System should also include the following:

1. The well-being of Americans means equal access to sustainable economic vitality with minimized inequality, based upon a sustainable environment, which delivers healthy food, fresh water and air, and culture-oriented activities.

2. The well-being of Americans is achievable through human and societal wisdom, meaning prudent choices made in economic, cultural, and technology-oriented processes at all levels of American society.

a. In particular, political wisdom is essential, since it leads the whole regions and nation.

b. Human and societal wisdom requires mentally healthy people.

c. Human and societal wisdom requires well-educated citizens.

3. Good health is possible if the Americans' lifestyles are wise and good. It means that the citizens have the responsibility to conduct a healthy lifestyle.

4. The United States as a verywell developed nation and world superpower should secure health care for the poor citizens, who according to the headline were 39.7 million in 2017. It works out to 12.3 percent of the population or 1 in 8 Americans. Why are so many poor people in a country that are so rich?¹³

5. How does one justify our distribution of 90% for treatment to other nations who appropriate 90% for prevention? The major socioeconomic determinant for health or well-being in the USA is poverty.¹⁴

THE STATE AND AIMS OF THE HEALTH CARE REFORM IN 2020

The U.S. State in 2018:

• **The state of the Americans** is below its peak in 1960 (so-called fabulous years). In the 20th century, America towered over its rivals. At the end of the Second World War, America's dreams were collectively ambitious but individually modest. Nowadays, the collective ambitions of America have shrunk but the individual aspirations of its citizens—their dreams of prosperity, freedom, and happiness¹⁵ are undiminished.¹⁶ The question for the future is whether the relative decline of America (due to unregulated globalization) means that the dreams of individual Americans will need to be downsized as well.

• **The state of the well-being of the Americans** is low. The service economy is too weak to support the American Way as

used to be. The offshore out sourcing of manufacturing is the permanent cause of high unemployment. The Americans borrow too much money and capital and soon may be internationally bankrupt. The 2008-2013 financial crises indicate that the Managerial Revolution (executives intercept dividends under a form of huge bonuses) is at the peak. Wall Street turned the American financial system into a casino. Bad economy limits taxes at all levels, and as a result, schools are closing (ex. 44 in Detroit in 2009) and colleges are in financial crises. The national IQ of 98 is far behind too many countries. Regarding social-civilizational wisdom, the U.S. is not the first, as its level of Academia could indicate. Mass culture lowered academic standards of social taste and behavior, which is reflected in this statement: "no logic, be nice and have fun".

• **The state of health care of the Americans** is in a state, which is not appropriate for the richest and powerful, and influential country in the world. The quality of health care is at the level of 54 percent.¹⁷ The cost of health care per capita is twice bigger than in some developed countries. While, life expectancy is lower than Japan and Sweden, in countries which are less affluent than the U.S.? Even in the U.S., the same difference is among northern (New England) and southern states (Louisiana and Texas) as between the U.S. and leading countries.¹⁸

• **The vision of American Society** Americans achieved the highest standard of living among large nations in the second part of the 20th century and should strive to maintain it throughout the 21st century. It can be achieved if:

o Manufacturing will return to the U.S and business will secure jobs for the Americans as its best well-being customers.

o Schools and colleges should shift from education based on the knowledge to wisdom inquiry and rise national IQ from 98 to 105. It will lead to the shift from the fun to a wise, good, and healthy society.

o Mental health should be meaningfully improved. Such society should practice wise lifestyles and pursue happiness as it is aimed in the Declaration of Independence, 237-years-ago.

o The Americans will keep playing the role as a stabilizing force in the world affairs, as it was provided in the last almost 100 years (since 1914). Because in the 21st century, there is no other state in the world which could play this role instead of the U.S. The Americans are perhaps the only nation which is interested in almost all countries' state of affairs which means that Americans' well-being in general defines well-being of other countries.

Creed: Wise Americans are healthy.

Goals: Goals are defined in the scope of Well-Being (Table 1), Health Care (Table 2) and Information Infrastructure (Table 3). These goals are defined first at the big picture of the national level, and when it is necessary they are also defined at the small-picture of levels below the national one.

Table 1. The Main Goals of Well-Being of the Americans in the 2020th

Areas	Goals	2020-2025	2025-2030	Outcome
Enhance education	WBG1. The shift for knowledge to wisdom inquiry	10 % of schools and colleges	60% of schools and colleges	Wiser graduates, future professionals, managers, leaders, and politicians
	WBG2. Enhance national IQ	From 98 to 101	From 101 to 105	More able citizens
Establish sustainable economy	WBG3. Minimize statistical and structured unemployment	From 10%+5% To 8%+4%	From 8%+4% To 6%+3%	Middle class restored
	WBG4. Regulate food business 's products and consolidation	Increase the number of food making companies by 200% Reduce the volume of unhealthy food by 30%	Increase the number of food making companies by 500% Reduce the volume of unhealthy food by 80%	More local versus global food production and services
	WBG5. Reduce Inequality	From 0.40 to 0.35 (of GINI index)	From 0.35 to 0.25 (of GINI index)	The larger middle class developed
Green-up environment	WBG6. Increase fresh water availability	Expanding the scope of sources by 5%	Expanding the scope of sources by 5%	Healthier consumption
	WBG7. Increase availability potential of timber, fiber, and fuel	By 5%	By 5%	Maintaining sufficiency of civilization
	WBG8. Increase the availability of fresh air by reducing C2O emission	By 20%	By 30%	Slowed warming of the climate and healthier air
	WBG9. Increase recycling	By 20%	By 30%	Better use of unrenewable resources and better management of waste
Increase social awareness	WBG10. Implement curriculum (or electives) of environmental study and civilization study	In 25% of schools and colleges	In 95% of schools and colleges	More aware graduate
	WBG11. Increase the number of green organizations (campuses, enterprises, institutions)	By 25%	By 50%	More social awareness in promoting green workplaces
	WBG12. Establish prestigious awards systems for best practices in the sustainability of civilization	Several	Several	More inspirational ruling and society
	WBG13. Reduce super-consumerism	Expand the education curricula in the area of secular spirituality (virtues and values)	Intensify the education curricula in the area of secular spirituality (virtues and values)	More wiser and ethical business and consumers

Table 2. The Goals of Improving Health Care of the Americans in the 21st Century

Areas	Goals	2020-2025	2025-2030	Outcome
Population	HCG1. Stabilize the growth of the American population	Reduce the annual growth rate of the population from 0.89 to 0.75	Reduce the annual growth rate of the population from 0.75 to 0.50	Better use of strategic resources Stabilize population in 2050 below 400 million.
Mental health	HCG2. Reduce the number of mentally ill to the level of leading countries	To the level of the Czech Republic	To the level of Japan	Better decision-makers within the society
Prevention---life styles	HCG3. Popularize healthy diets	Reduce the obesity of the population from 60% to 50%	Reduce the obesity of the population from 50% to 25%	Reduce the rate of mortality and the cost of health care for diabetic and heart-born patients
	HCG4. Implement Wellness Programs	Increase the number of participants by 20%	Increase the number of participants by 30%	Healthier people
Quality	HCG5. Increase the quality of health care	From 54% to 65%	From 65% to 75%	Healthier patients and lower curing cost
Green-up environment	WBG6. Increase fresh water availability	Expanding the scope of sources by 5%	Expanding the scope of sources by 5%	Healthier consumption
	HCG6. Increase life expectancy	From 78 to 80	From 80 to 82	The pleasure of living and the sign of well-being and health
Cost	HCG7. Reduce the cost/capita	From \$8,000 to \$5,500 (in 2010 dollar)	From \$5,500 to \$4,000 (in \$2020 dollar)	The containment of cost growth
Insurance	HCG8. Improve insurance system	Develop the national system of controlling rights to basic health care at the level of the individual patient (NBHCS)	Improve the NBHCS according to issues of practice	Less abuse basic rights for health care by those who do not care about their lives styles
	HCG9. Improve the 2010 Health Care Law	Remove errors and misuse solutions	Implement the universal health care insurance law	Insurance system more suiting the right of basic health care
	HCG10. Improve malpractice insurance system	Remove solutions which abuse the health care system	Implement the universal mal practice malpractice insurance	

Table 3. The Goals of Improving Health Information Infrastructure of the Americans in the 21st Century

Areas	Goals	2020-2025	2025-2030	Outcome
EMR-Electronic Medical Records	HIG1. Increase the use of EMR	From 7% to 25% of medical practice	From 25% to 85% of medical practice	Higher throughput of the entire health care system for the sake of patients and administration
HIE-Health Information Exchange	HIG2. Make it operational in all 50 states	At the level of basic services of a region	At the level of knowledge management systems (Data warehousing and Data Mining)	The right regional information environment for providing better and less expensive health care
NHIE-National Health Information Exchange	HIG3. Make it operational	At the level of basic services	At the level of regional knowledge management systems (Data Warehousing and Data Mining)	The right national information environment for providing better and less expensive health care
Global- Health Information Exchange	HIG4. Make it operational at the level of standardization	At the level of basic services	At the level of regional knowledge management systems (Data Warehousing and Data Mining)	The right global information environment for providing better and less expensive health care

Strategies:

1. The implementation of 10 well-being-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments' levels and bottom-up engagement at the level of schools, colleges, civic organizations, and citizens. Special coordination offices should be created and supported by updated well-being indexes and information systems for reporting and analysis.

2. The implementation of 10 healthcare-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments' levels and bottom-up engagement at the level of local health care providers. Special coordination offices should be created and supported by updated health care indexes and information systems for reporting and analysis. The critical issue of improving the quality of health care can be solved in the following approaches (by each one or their combination):

- Comprehensive public reporting on quality (using The Quality Assessment and Analysis Systems) and pay for quality-driven performance.
- Secured market-oriented *competition* among providers should be guaranteed. The Quality Assessment and Analysis Systems at local, regional, and national levels should be available for the public and serve in supporting their judgment and choices of the most suited providers.
- The number of physicians from 2.3 (2000) to 4.0 per 1,000 people should be implemented.
- Physicians should be reimbursed by pay rate per day.

3. The implementation of four information infrastructure-oriented goals of Americans for the next 20 years requires top-down leadership at the federal, state and local governments' levels and bottom-up engagement at the level of local health care providers. Special coordination offices office of national coordinator (ONC) for Health IT, office of legal counsel (OLC), and other office of should be created and supported by updated indexes and information systems for reporting and analysis.

- The critical issue of the successful Health Information Infrastructure is in implementing EMR at the physicians' level. The significant improvements in the health care delivery can-

not occur without physicians making the transition from paper medical records to EMR.¹⁹

b. The most significant barriers that prevent most American physicians from adopting EMRs are in their cost (\$15,000 to 50,000 per physician) and their probable loss in productivity (due to slower data entry in comparison to quick notes on paper). According to a critical doctors' opinion, this system raises costs, without increasing revenues. On the other hand, those physicians who implemented EMRs never gone back to paper charts.¹⁹

i. Part of the federal economic stimulus package that passed in February 2009 included a provision for physicians who accepted Medicare patients to earn \$44,000 over five years if they prove they are "meaningful users" of a certified EMR system. The rule also includes a 1 percent penalty on Medicare reimbursements for physicians who do not adopt records by 2015.

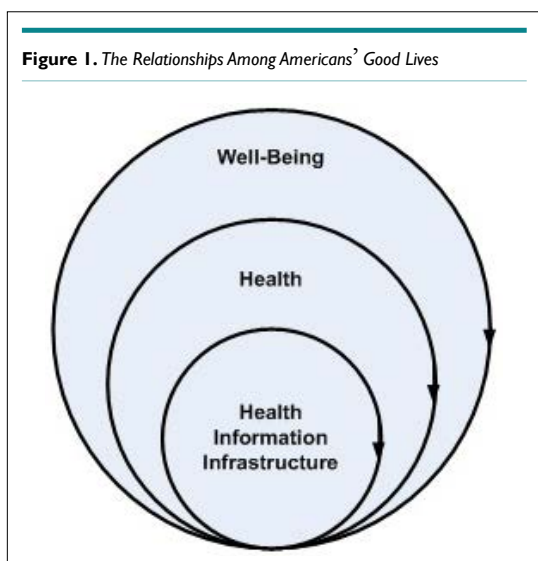
ii. Being electronic and connected to the Internet allows physicians to access records on an iPhone or Blackberry. The mobile system does not contain all functions available in the office, but physicians can view patient summary information in real time for active problems, allergies, current medications and immunizations, social history, and values from the most recent lab tests.

c. Perhaps the user-unfriendliness of some EMR software packages is the reason that physicians do not want to use this solution. It is a room for nation-wide standardization and acceptance rules for EMR software. Then the best solutions (certified) would be more successfully applied.

CONCLUSION

The implementation of this comprehensive concept of goals and strategies leading to better well-being and healthy Americans requires:

- The integration of well-being, health care, and information infrastructure-oriented components into one comprehensive solution should be implemented. If each one of these elements is treated in isolation, the improvements will not be lasting and positive (Figure 1).



2. Political will and leadership at all levels of the nation.
3. Professional leadership at all significant professional associations (ex. AMA).
4. Academic leadership at selected schools and colleges, at the preparatory phase of the program.
5. Business leadership of this program-oriented health care providers.
6. Media's support in developing and implementing this program.
7. Other necessary initiatives.

At the time of publishing this paper (2019), the author is rather pessimistic about the possibility of successful implementation of this program. The American national political and societal climate is negative for large-scale and innovative initiatives. The *status quo* is the most popular policy among established political and professional leaders. It is because the 19th century attitude was supposedly very successful in developing of Americanism (an efficient way to wealth and "happiness"). Unfortunately, after the passing of almost two centuries, today we enter a new epoch of new societal issues and required solutions, which require bold conceptualization and tough choices, through the 21st century.

Perhaps, the American Medical Association (AMA) and medical schools should take the lead in promoting professional and political ways of wise and good health care in the U.S.

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