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Addressing the Unacceptable State of Health Care in the U.S.: Lessons to be Learned from Spain's Focus on Primary Care

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I. INTRODUCTION

It is well known that the health care system in the United States, the most expensive in the world, performs poorly in comparison to other developed countries.[1] Among the thirty-four member countries of the Organization for Economic Cooperation and Development (OECD), the U.S. has the highest prevalence of adult obesity and the second highest prevalence of diabetes.[2] In terms of medical care needs which are unmet due to financial reasons, the U.S. ranked worst among a representative sample of eleven OECD countries,[3] and also ranked worst among fifteen of these countries in "horizontal inequity for probability of a doctor visit," a measure of inequality in health care use (the U.S. system favoring high income groups).[4] According to a 2006 report from the Agency for Healthcare Research and Quality, "disparities related to race, ethnicity, and socioeconomic status still pervade the American health care system."[5] A calculation of efficiency based on health care spending versus life

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1. Glen Cheng, *The National Residency Exchange: A Proposal to Restore Primary Care in an Age of Microspecialization*, 38 AM. J. L. & MED. 158, 160 (2012).

2. OECD, *Health at a Glance 2011: OECD Indicators*, OECD PUBLISHING 1, 43, 55 (2011), *available at* http://dx.doi.org/10.1787/health_glance-2011-en.

3. *Id.* at 131.

4. *Id.* at 139.

5. Ellen Nolte & C. Martin Mckee, *Measuring the Health of Nations: Updating An Earlier Analysis*, 27 HEALTH AFF. 1, 58 (2008).

expectancy found that the U.S. ranked worst among thirty countries.[6]

The U.S. could learn a great deal from studying the health care systems of best-performing countries. Countries such as Spain, Italy, France, and Australia have many lessons to teach regarding efficiency, effectiveness, and prioritization in health care delivery.[7] Above all, the U.S. can learn from other countries about the importance of equitable access and a strong primary care system in promoting healthy lives.[8] Spain, one of the leading health systems in the world, is especially instructive because of its remarkable success in establishing a robust and equitable primary care system over the past thirty years.[9] Spain possesses several successful features applicable to the U.S., which could help the U.S. re-focus and revitalize its struggling health care system.

First, this article will discuss the role of primary care in determining a country's health status. Second, it will explore select features of the Spanish health care system, focusing on Spain's sustained political commitment to universal coverage and primary care, the evolution to a decentralized system, the accessibility of its primary care network, its use of primary care teams, and an overview of the Spanish system's challenges and achievements. Finally, this article will suggest what the U.S. can learn from Spain and how these lessons might be implemented.

II. THE ROLE OF PRIMARY CARE IN DETERMINING A COUNTRY'S HEALTH STATUS

The U.S. Institute of Medicine defines primary care as "'the provision of integrated, accessible health care services by clinicians who are accountable

6. Sandra Garcia-Armesto et al., *Spain: Health System Review*, 12 HEALTH SYSTEMS IN TRANSITION 1, 254 (2010).

7. *See generally* OECD, *supra* note 2.

8. *Id.*

9. *See* Jeffrey Borkan et al., *Renewing Primary Care: Lessons Learned From the Spanish Health Care System*, 29 HEALTH AFF. 1432, 1432-41 (2010).

for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.'"[10] The main features of primary care include accessibility (especially to vulnerable populations), continuity, comprehensiveness, and coordination, as well as an emphasis on screening, prevention, health education, and the care of patients with chronic illness.[11]

The effectiveness of primary care has been extensively documented. The World Health Organization (WHO) has shown that countries organized around primary care experience better health outcomes.[12] Many mechanisms account for the benefit of primary care, including greater access to needed services, its emphasis on prevention and education, the provision of care early in the course of a disease, and its role in preventing fragmented specialty-based care.[13] The outcomes associated with a strong primary care infrastructure are now undeniable: (1) the number of primary care physicians per population is consistently related to better health outcomes;[14] (2) the stronger the primary care orientation of a country, the lower its all-cause mortality;[15] (3) the higher the primary care physician to specialist ratio, the greater the cost savings;[16] and (4) countries that have built their health care systems on primary care in general enjoy better health outcomes, more equitable access to care, lower health disparities, and lower costs.[17] Spain is an excellent example of what on emphasis on primary care can achieve.

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10. Cheng, *supra* note 1, at 162.
11. Kristine Marietti Byrnes, *Is There a Primary Care Doctor in the House? The Legislation Needed to Address a National Shortage*, 25 RUTGERS L. J. 799, 801-02 (1994).
12. Cheng, *supra* note 1, at 166.
13. Barbara Starfield, Leiyu Shi & James Macinko, *Contribution of Primary Care to Health Systems and Health*, 83 THE MILBANK QUARTERLY 457, 474 (2005).
14. Barbara Starfield & Leiyu Shi, *The Medical Home, Access to Care, and Insurance: A Review of Evidence*, 113 PEDIATRICS 1493 (May 2004).
15. *Id.* at 1494.
16. Cheng, *supra* note 1, at 163.
17. *See* Starfield et al., *supra* note 13, at 466-75.

III. FEATURES OF THE SPANISH HEALTH CARE SYSTEM

A. Sustained Political Commitment to Universal Access and Primary Care

Since 1975, Spain has demonstrated a sustained commitment to primary care.[18] As a result, health disparities have decreased, patient-centered care has become increasingly available and affordable for its citizens, and health outcomes have improved.[19] A brief review of the evolution of this process is instructive.

The end of Francisco Franco's dictatorship led to a new Spanish Constitution in 1978 and the adoption of a democratic style of government.[20] The new Constitution created a universal and free national health system, which guaranteed equal access to preventive, curative, and rehabilitative services for all Spanish citizens.[21] This marked the beginning of Spain's progression to one of the strongest primary care systems in the world.[22] Coincidentally, 1978 was also the year of the Alma-Ata Declaration of the WHO identifying primary health care as the key to achieving the goal of "health care for all."[23]

After the Constitution, the General Health Law of 1986 was the first major health legislation reform enacted.[24] This new law extended coverage to the remaining uninsured population, provided the basis for the transfer of health care management from the central government in Madrid to Spain's seventeen regions ("autonomous communities"), and led to the

18. Borkan et al., *supra* note 9, at 1438.
19. *See id.* at 1433-35.
20. *Id.* at 1432.
21. R.J. Blendon et al., *Spain's Citizens Assess Their Health Care System*, 10 HEALTH AFF. 216, 217 (1991).
22. *See* Borkan et al., *supra* note 9, at 1433-34.
23. Francisco J. Mirando et al., *Assessing Primary Healthcare Services Quality in Spain: Managers vs. Patients Perceptions*, 30 THE SERVICE INDUSTRIAL J. 2137, 2137 (2010).
24. Guillem Lopez-Casasnovas, Health Care and Fiscal Decentralization in Spain 1, http://www.upf.edu/pdi/cres/lopez_casasnovas/_pdf/health_care.pdf.

establishment of a national program of primary health centers.[25] The 1986 law affirmed Spain's commitment to universal access and a decentralized national health service.[26]

Throughout the late 1980s and 1990s, Spain further strengthened its primary care system by adopting a tax-based financing system, improving the geographic allocation of funds, and increasing the supply of family physicians.[27] The decentralization process was completed in 2002.[28]

The Act on Cohesion and Quality in the National Health System, passed in 2003, was an additional major legislative action in support of the health care system.[29] This law further articulated the goals of improving the quality and coordination of health care, ensuring geographic equality, and defining a common benefits basket.[30]

This unwavering political commitment to health care for all and to the central role of primary care has been effective. Before the start of health care reform in the late 1970s, Spain's primary care structure consisted of a sparse network of doctors' offices and few primary care centers.[31] By 2008, there were almost 3,000 primary care centers, as well as over 10,000 basic medical centers in small rural towns.[32] The initial vision of free access to medical care for everyone has been achieved, with health coverage now provided to over 99.5% of Spain's citizens,[33] while

25. Blendon et al., *supra* note 21, at 218.
26. Lopez-Casasnovas, *supra* note 24, at 1.
27. Marisol Rodriquez et al., *An Update on Spain's Health Care System: Is It Time for Managed Competition*?, 51 HEALTH POL'Y AND PLAN. 109, 111 (2000); Garcia-Armesto et al., *supra* note 6, at xxvii; Borkan et al., *supra* note 9, at 1433-35.
28. Lopez-Casasnovas, *supra* note 24, at 1.
29. Rosa Rodriguez-Monguio & Fernando Antonanzas Villar, *Healthcare Rationing in Spain: Framework, Descriptive Analysis and Consequences*, 24 PHARMACOECONOMICS 537, 540 (2006).
30. Lopez-Casasnovas, *supra* note 24, at 2; Garcia-Armesto et al., *supra* note 6, at xxvii.
31. Borkan et al., *supra* note 9, at 1434.
32. *Id.* at 1435.
33. International Health Systems, KAISER EDU, *available at* http://www.kaiseredu.org/

maintaining health expenditures at less than 10% of the Gross Domestic Product (compared to 17% in the U.S.).[34]

B. Decentralization

From the onset of the health care reform process, Spain was committed to a decentralized system, a goal that was fully achieved by 2002.[35] Spain is now one of the most decentralized health care systems in Europe,[36] a structure aimed at improving responsiveness to local needs and managerial efficiency.[37] Spain's seventeen "autonomous communities" now have primary jurisdiction for planning and coordinating their own regional health care system, from the provision of primary care in small rural medical centers to broader public health initiatives.[38] The central government retains an oversight function, establishing basic principles, ensuring coordination of services, and managing the National Institute of Health.[39]

This decentralized system is not without its shortcomings, but has advantages over a central monolithic bureaucratic structure.[40] It allows for local voices, including those of patients, health care providers, and community leaders, to be heard; ensures that the system is responsive to local needs;[41] and fosters needed capacity building at a local level.[42] A Catalán health economist advises other health care systems in evolution to "not be afraid of diversity," but to embrace decentralization as a way to

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Issue-Modules/International-Health-Systems/Spain.aspx.

34. OECD, *supra* note 2, at 151.
35. Garcia-Armesto et al., *supra* note 6, at 37.
36. Kevin Brekke, *Three Off-Balance Sheets to the Wind*, FIN. SENSE (May 24, 2011), *available at* http://www.financialsense.com/contributors/kevin-brekke/three-off-balance-sheets-to-the-wind.
37. Lopez-Casasnovas, *supra* note 24, at 4-5.
38. Borkan et al., *supra* note 9, at 1433.
39. *Id*.
40. Lopez-Casasnovas, *supra* note 24, at 8.
41. Borkan et al., *supra* note 9, at 1437.
42. Garcia-Armesto et al., *supra* note 6, at 44.

foster "differentiation and experimentation."[43]

C. Convenient and Accessible Primary Care Centers

The process of decentralization went hand-in-hand with the development of a geographic organizational structure to ensure convenient and accessible health centers for the entire population. Health care reform envisioned each autonomous community being organized into "Health Areas" and "Basic Health Zones."[44] The "Basic Health Zone" is the smallest unit of health care organization, made up of 5,000 to 25,000 people, with services generally provided by a single primary care team.[45] By 2008, the goal of having a primary care center within fifteen minutes of every Spanish citizen had nearly been met.[46]

As noted above, there are now over 13,000 primary care and basic medical centers in Spain, each serving approximately 3,500 patients on average.[47] Given the convenience of these centers, there is a high rate of utilization. Visits to a family physician average approximately six per year per inhabitant,[48] while the overall outpatient contacts per year is among the highest in the WHO European Region.[49]

D. Primary Care Teams

A final key feature of Spain's health care system is the use of primary care teams based in the health centers and serving the citizens of the Basic Health Zones.[50] The teams are multidisciplinary and comprised of general practitioners, pediatricians, nurses, social workers, and administrative

43. Lopez-Casasnovas, *supra* note 24, at 16.
44. Borkan et al., *supra* note 9, at 1433.
45. *Id.*
46. *Id.* at 1435.
47. Garcia-Armesto et al., *supra* note 6, at xxvi.
48. *Id.* at 193.
49. *Id.* at 195.
50. Borkan et al., *supra* note 9, at 1434-35.

staff.[51] Their focus is to provide a wide range of services, emphasizing health promotion, education, prevention, and the care of acute and chronic illnesses.[52] These primary care teams now serve nearly all of the population and handle more than seventy percent of all health care visits in the country.[53] A recent article from the United Kingdom showed that Spain ranked very highly compared to other developed countries in the domain of interpersonal qualities in the health care relationship (e.g. dignity, communication), a likely reflection of the work of these primary care teams.[54]

E. The Spanish Health Care System's Problems and Achievements

None of the above is meant to glorify Spain's health care system or minimize its problems. There is no doubt that Spain's system faces a vast number of challenges and difficulties. There remains an unbalanced distribution of resources across the country's diverse regions, as well as a range of managerial competence at the regional level.[55] Although the regional approach provides variety and creativity, there is also the danger that regions will lose "the wider perspective necessary in a national health system."[56] There are concerns about some vital services being less available, e.g. mental health services, dental specialties, long-term care of the elderly, and community outreach. Additionally, it is unclear whether there will be a sufficient number of primary care physicians in the future, and concerns have been raised about the relatively low status and pay of

51. *Id.*
52. *Id.* at 1435.
53. *Id*.
54. Andrew M. Jones et al., *Inequality and Polarization in Health Systems' Responsiveness: A Cross-Country Analysis*, 30 J. OF HEALTH ECON. 616, 624 (2011).
55. Eunice Rodriguez et al., *The Spanish Health Care System: Lessons From Newly Industrialized Countries* 14 HEALTH POL'Y AND PLAN. 164, 166 (1999).
56. Garcia-Armesto et al., *supra* note 6, at 44.

these physicians.[57] There is still some residual inequity within the system, e.g. richer people have more visits with specialists.[58] There are also continuing problems with wait times to see a primary care physician or specialist, problems which account for one-third of all complaints of health system users.[59] Financial sustainability is likewise problematic.[60] Spain has a twenty percent rate of poverty,[61] rising costs, increasing competition for financial resources, and an aging population.[62] A recent editorial even raised the issue of abuse among Spain's regions in breaching their imposed budget targets and under-reporting their debt.[63]

Notwithstanding all of the above serious concerns, the Spanish National Health Service remains a remarkable success story. Comparing their health statistics and outcomes to those of the U.S. is a worthwhile exercise. Among thirty-four OECD countries, Spain ranks fourth in life expectancy and fourth in "potential years of life lost," while the U.S. ranks twenty-seventh and thirtieth, respectively, in those measures.[64] When last analyzed, the U.S. was also the worst performer among nineteen OECD countries regarding "amenable mortality" (i.e. deaths that could be avoided by timely and effective health care), while Spain ranked fourth.[65]

Among thirty-four OECD countries, Spain ranked eighth in doctor

57. Borkan et al., *supra* note 9, at 1438.
58. Lourdes Lostao et al., *Socioeconomic Patterns in Health Services Use in Great Britain and Spain Before and After the Health System Reforms of the 1990's*, 17 HEALTH & PLACE 830, 834 (2011).
59. Rodriguez-Monguio & Villar, *supra* note 29, at 543-44; Garcia-Armesto et al., *supra* note 6, at 70-71 (stating that the average waiting time for surgery was sixty-three days in 2009, with five percent of patients waiting more than six months, and that only twenty percent of patients think waiting times are improving).
60. Borkan et al., *supra* note 9, at 1438.
61. Garcia-Armesto et al., *supra* note 6, at 5.
62. Borkan et al., *supra* note 9, at 1438.
63. Brekke, *supra* note 36.
64. OECD, *supra* note 2, at 25, 27.
65. Nolte & Mckee, *supra* note 5, at 59-62.

consultations per capita, while the U.S. ranked thirtieth.[66] In ischemic heart disease mortality, which at least in part reflects a country's attention to primordial and primary prevention, Spain ranked sixth, and the U.S., in spite of its impressive technology, ranked twenty-fifth.[67]

IV. APPLYING LESSONS FROM SPAIN'S HEALTH CARE SYSTEM TO THE U.S.

A. Recognizing the Importance of Primary Care

The U.S. health care system has great strengths. U.S. technological advancements in medical and surgical care are unsurpassed, leading wealthy people from around the world to come to this country for highly specialized care. U.S. medical schools are among the finest in the world, and U.S. contributions to medical science are probably second to none. The U.S. performs well in the use of clinical guidelines and in some aspects of preventive care,[68] and outperforms Spain in terms of all-cancer mortality and screening for cervical and breast cancer.[69] But, given the wealth of the U.S., its shortcomings in health care seem as remarkable as its achievements.

The U.S. is the only major industrialized country in the world without universal health coverage.[70] As a result, the U.S. system is noted for its "unethical disparities in health and health care,"[71] and ranks "dead last" on almost all measures of equitable care.[72] The lack of care provided to uninsured patients is seen as a major reason for the U.S.'s poor global

66. OECD, *supra* note 2, at 81.
67. *Id.* at 29.
68. Editorial, *World's Best Medical Care?*, N.Y. TIMES, Aug. 12, 2007, *available at* http://www.nytimes.com/2007/08/12/opinion/12sun1.html?pagewanted=all.
69. OECD, *supra* note 2, at 119, 121.
70. *World's Best Medical Care?*, *supra* note 68.
71. Robert L. Phillips, *Primary Care in the United States: Problems and Possibilities*, 331 BMJ 1400, 1400 (Dec. 2005).
72. *World's Best Medical Care?*, *supra* note 68.

standing.[73] In comparison to five other developed countries, the U.S. ranks last on an aggregate score of quality, access, efficiency, and equity, performing especially poorly on its ability to promote healthy lives and on the provision of care that is safe and coordinated.[74] One author chides the U.S. for operating a health care system that is a "marketplace darling," consuming [seventeen] percent of the overall economy, but failing to decide the purpose of its health care system beyond some market imperative to expand lucrative services.[75] According to this author, "[f]or all the U.S. fiscal largesse, there is a relative underinvestment in primary care" – a platform focused on "improving population health, not wealth."[76]

The U.S. has been rated the lowest among groups of industrialized countries in terms of its primary care orientation.[77] The U.S. possesses roughly twice the MRI and CT scanners as Spain,[78] but trails Spain and many other countries in health outcomes and equitable care because it has refused to make primary care a cornerstone of its health care system.[79] With regards to general practitioners as a percentage of the total number of physicians, the U.S. ranks twenty-eight out of thirty-one OECD countries, affecting its ability to provide health education, health promotion, and ongoing care to the forty-five percent of Americans with chronic illness.[80]

In spite of the considerable strengths of the U.S., its current situation is untenable: the country's health care is driven by financial incentives and

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73. *Id.*

74. Karen Davis et al., *Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care*, 59 THE COMMONWEALTH FUND (May 15, 2007), *available at* http://www.commonwealthfund.org/Publications/Fund-Reports/2007/May/Mirror—Mirror-on-the-Wall—An-International-Update-on-the-Comparative-Performance-of-American-Healt.aspx.

75. Phillips, *supra* note 71, at 1400.

76. *Id.*

77. Starfield & Shi, *supra* note 14, at 1494.

78. OECD, *supra* note 2, at 83.

79. Starfield et al., *supra* note 13, at 457.

80. OECD, *supra* note 2, at 63.

technological imperatives, while failing to address profound cost inefficiencies, disparities of care, and poor health outcomes. Learning from Spain's experience could help address these problems.

B. Four Lessons from Spain

First, Spain's steady evolution for more than three decades to a system of universal coverage and accessible primary care demonstrates that a sustained and effective political process in support of high quality health care for all citizens is possible. A study of eleven industrialized countries found that the adequate delivery of primary care services was associated with supportive government policies, proving that a cohesive, enabling political process is possible.[81] Spain serves as a model of what is required to start along this path: a country needs to look honestly at its health care system and health outcomes, decide that it wants to be one of the best health care systems in the world, and develop a shared vision of what it will take to get there. Unfortunately, that has not yet occurred in the U.S.

Second, Spain, a quasi-federalist state, also pursued a shared vision of how responsibility for the health care system would be divided between the central government and its "autonomous communities," choosing a highly decentralized system that took over twenty years to realize. It is too soon to tell whether this model will prove to be optimally effective or whether a different balance between Madrid and the regions will need to be found; however, what is again noteworthy is the consensus approach that sustained the process since the new Spanish Constitution's inception. In the U.S., there is a similar need to determine the correct balance of responsibility and control between the federal and state governments for better health outcomes. It has been noted that the "commitment to remedying health care

81. Starfield et al., *supra* note 13, at 466-67.

imbalances has been much more pronounced on the state level."[82] On the other hand, health determinants and health outcomes vary significantly by state, with some states far more successful than others. A yearly report by the United Health Foundation calculates detailed health rankings for each of the fifty states and reveals striking differences in performance and outcome between states.[83] Looking carefully at the features of the best performing states would be enlightening.

Third, Spain's plan, now almost fully achieved, was to have primary care services located within fifteen to thirty minutes of every citizen, including those living in remote rural areas and, consequently, their outpatient visits per capita are now among the highest in the world. Community health centers in the U.S. are analogous to the primary care and basic medical centers of Spain because both are focused on providing preventive services to vulnerable populations as well as managing acute and chronic illness.[84] However, U.S. community health centers currently are poorly resourced and have not been strategically placed to ensure accessibility for the entire population. In fact, sixty-five million Americans, about one in five, live in areas without adequate primary care.[85] A "master plan" for convenient and accessible medical care, modified at the state level, should be developed so

82. Byrnes, *supra* note 11, at 819-829 (outlining interventions by state legislatures which have included putting pressure on medical schools to produce more primary care physicians, requiring the creation of primary care centers, offering financial incentives to medical students to work in underserved areas, and establishing state-run Health Service Corps to improve services to needy populations).

83. United Health Foundation, *America's Health Rankings: A Call to Action for Individuals and Their Communities*, 49-99, *available at* http://www.americashealthrankings .org. Comparing the average of the five best performing states with the average of the five worst performing ones shows marked differences: percent obese (twenty-four vs. thirty-two), percent lacking health insurance (nine vs. eighteen), number of primary care physicians per 100,000 population (one hundred and sixty-one vs. ninety-six), preventable hospitalizations per 1,000 Medicare enrollees (fifty-five vs. eighty-seven), and number of years of potential life lost prior to age seventy-five per 100,000 population (5,740 vs. 10,351), respectively.

84. Vivek S. Kantayya & Steven J. Lidvall, *Community Health Centers: Disparities in Health Care in the United States 2010*, 56 DIS. MON. 681, 686 (2010).

85. Susan Dentzer, *Reinventing Primary Care: A Task That is Far "Too Important to Fail"*, 29 HEALTH AFF. 757, 757 (2010).

that all U.S. citizens, like Spanish citizens, are within a reasonable distance from a health center.

Finally, the backbone of the Spanish system has become the multidisciplinary primary care team, which is now involved in the majority of health care visits in the country.[86] This model aligned with the WHO's 2008 report "Primary Care Now More Than Ever" which emphasized the importance of adequately resourced team-based care,[87] and is also in accord with the model of "patient-centered medical care homes" characterized by "relationships between patients and teams of providers that endure over time."[88] In the U.S., however, the proportion of physicians involved in direct primary care is in decline.[89] In fact, only about one in fourteen medical students plan to pursue a career in primary care,[90] and many state laws forbid nurse practitioners and other mid-level primary care providers from "practicing to the extent their training warrants."[91] The failure to support primary care and patient-centered medical homes continues to be cited as a key reason that the U.S. is falling farther behind in so many measures of health outcomes.[92]

V. CONCLUSION

This article has explored the fundamental role of primary health care in determining a country's health status and has discussed select features of the Spanish health care system which may be of special interest, including their sustained political commitment to universal coverage and primary care, their decentralized approach, the promise they fulfilled regarding

86. Borkan et al., *supra* note 9, at 1434-35.
87. Robert L. Phillips, Jr. & Andrew W. Bazemore, *Primary Care and Why It Matters For U.S. Health System Reform*, 29 HEALTH AFF. 806, 807 (2010).
88. *Id.* at 808.
89. *Id.*
90. Dentzer, *supra* note 85, at 757.
91. *Id.*
92. Phillips, Jr. & Bazemore, *supra* note 87, at 807.

accessible and convenient health care for all citizens, and their use of multidisciplinary primary care teams. Spain serves as a particularly instructive country for the U.S. because they reengineered their entire health care system around primary care,[93] and, in so doing, have become one of the world's best performing systems, with far better outcomes and at far less cost than the U.S.

In contrast to Spain, health policy experts have described the U.S. as a specialist-dominated health care system that produces "care of mediocre quality, with excessive costly services that have little marginal benefit."[94] The editor-in-chief of *Health Affairs* notes that the U.S.'s system of primary care is "horribly broken – the victim of underinvestment, misaligned incentives, and malign neglect."[95] The challenges of redesigning the health care system in the U.S. are enormous, but what is most enlightening about Spain's long journey is the way they implemented their system: they developed a shared vision, focused on the common good, and agreed upon their goals (equal access, an emphasis on primary care and prevention, and improved health outcomes). This vision has been sustained since 1978, in the face of several exchanges between socialist and conservative governments. This stands in sharp contrast to the rancorous, partisan debate and lack of consensus that unfortunately characterized the U.S.'s recent discussion of a pathway to affordable health care. U.S. primary health care can be invigorated and can pursue new and innovative approaches such as patient-centered medical homes embedded in integrated networks,[96] but, as Spain has taught the U.S., it has to begin and continue with a shared vision.

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93. *Id.*

94. Bruce E. Landon et al., *Prospects for Rebuilding Primary Care Using the Patient-Centered Medical Home*, 29 HEALTH AFF. 827, 827 (2010).

95. Dentzer, *supra* note 85, at 757.

96. Phillips Jr. & Bazemore, *supra* note 87, at 809.