

Professional integration



Physician-Hospital relationships are instrumental in promoting the reliable provision of health care services in the community. Due to this crucial aspect of health care concern, different types of physician-hospital relationship organizations. The author of this essay seeks to identify the similarities and differences between open physician-hospital organizations and fully integrated organizations. An argument on which of the two arrangements is more effective is also given.

Both open physician-hospital organizations and fully integrated organizations are similar in that they serve to enhance the process of promoting the practice of providing health care in the community. To achieve this, both organizations entail a duty of commitment to its members on matters concerning attendance to patients. Just to appreciate is the fact that on both arrangements, hospitals and physicians enter into a contract for providing medical services. Another similarity is that the contract is usually performance based. According to the open physician-hospital organization, priority of service is given to the best performing physicians.

On the other side, fully integrated organizations provide for liability to physicians deemed to poorly execute their duties. Nevertheless, the two types of physician-hospital arrangements are marked with various differences. First, unlike fully integrated organizations, open physician-hospital organizations allow its members to engage in private practices. Due to this reason, an open physician-hospital arrangement does not bind the physicians to fulltime availability to the hospital.

In other words, open physician-hospital arrangement takes into consideration the freedom of practice by the physician. On the contrary, fully closed organizations limit the ability of physicians from engaging in private practices. According to available information, the arrangement entails fulltime availability of its members to service the objectives and mission of the organization. Moreover, fully integrated organizations dictate for high level of liability on violation of the organization agreement by any party.

Based on the above comparison, the author finds fully integrated organization more effective compared to open physician-hospital one. This is due to the fact that the former serves to guarantee reliability of medical care services in the hospital. According to the code of ethics by medical practitioners, safeguarding life of the citizens is the most important role of the profession. This has the implication that availability of medical practitioners at the time of need of crucial. In addition it promotes close monitoring and engaging of staff in training to reflective emerging trends in the hospital

However, this element is negated by open physician-hospital organizations. In this arrangements are allowed the privilege of engaging in private practicing. Due to this reason, they find limited time to respond to emergency requirements of patients in the hospital. In addition, private practice in the health care sector is marked with lucrative financial benefits. This is to be blamed for increasing absorptive behaviors among physicians, a move which compromises their ability to provide quality and reliable services at the hospital.

In conclusion, it is evident that both open physician-hospital organizations and fully integrated organizations have various similarities as well as differences. As a similarity, they entail a duty of commitment to its members on matters concerning attendance to patients. However, unlike fully integrated organizations, open physician-hospital organizations allow its members to engage in private practices. Given the provisions of the two arrangements, fully integrated organization more effective compared to open physician-hospital one as it serves to guarantee reliability of medical care services in the hospital.