

Good essay about health care delivery systems

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Health Care Delivery Systems

1. Accessibility is cited as the major reason for the poorest outcome of the US Health Care system. Health care in the US follows the market justice model. The patients pay for the health care service. The service varies according to the pay. Hence people with good financial resource can get outstanding health care services in US. People with poor economic resources are neglected of quality health care in US. Lucas Kawa, 2013 discusses the increasing mortality rates and poor health care measures in United States. The life expectancy of the Americans is declining rapidly. In a study conducted among 17 countries about the life expectancy, Americans rank last. This indicates the poor outcome of the US health care system. Another fact is that the mortality rate is higher among the pregnant women in US. Other facts on poor outcome of US health care include the high rate of nutritional deficiencies. US hold the top spot in death rates that occur as a result of respiratory problems (Lucas Kawa, 2013). These facts reveal the poor outcome of the US health care system.

2. The main goal of the US private health care system is to cure disease and provide care to patients. The main goal of the US public health care system is ensuring the community health.

Disease prevention and promotion of health are the main activities of the US

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public health care system. The activities are mostly based on addressing the population and community as a whole like infant and child health, preventing communicable diseases etc. Treating patients and curing the disease are the main activities of the US private health care system.

The health policy of the US private health care system guides health care delivery and practice. The health policy does not regulate the provider decisions in the US private health care system. The US public health care system forms the health policy with the support of the state health department. The health policy of the US public health care system is statutory. The US public health care system frames the health policy to achieve the goals of the state.

Safety net concept refers to the overlap of the public and private health care. Public systems offer health care to deprived and uninsured individuals lacking access to private health care under the safety net. The main policy concern is the safety net erosion as a result of managed care.

3. The origin of US health care system dates back to 1900's. In the early indemnity insurance stage, the sector was dominated by Physicians. In 1930, government funding changed this situation and US health care system operated as a private industry. The medical model with the domination of the hospitals emerged during 1930's. The social security act of 1935 made amendments to this model. The 1970's saw the emergence of managed care commonly referred as HMO (Health Maintenance Organization). The 1990's saw the rapid growth of the managed care in the United States. This rapid pace caused the health care costs to rise rapidly resulting in poor quality of health care. These changes in health care changed the balance of power

from physician in the earlier days to the government in the current state.

Competition in health care results in increased financial incentives to patients. The future competitive trends in US Health care include consumer driven care, increased choice of providers, information technology in health care, consolidation of Hospitals, increased impact of Medicare, and refinements in health policy making (Paul B. Ginsburg, 2013).

4. Some of the major problems facing health system are as follows: lack of infrastructure. Outdated health law, technology, policies, and regulations. Insufficient funds and resources, quality, lack of accountability.

References

Lucas Kawa. (2013). CHARTS: The US has some of the worst health statistics in the developed world. McMillan Publication

Paul B. Ginsburg. (2013). Competition in Health Care: It's Evolution over the Past Decade.

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