

U.s. health care delivery system essay



**ASSIGN
BUSTER**

Characteristics of the U. S. Health Care Delivery System Introduction The U. S. health care delivery system can be best characterized as a loosely coordinated network of components that are interconnected. As noted by Shi and Singh (2008, p. 4), “ the system is a kaleidoscope of financing, insurance, delivery, and payment mechanisms that remain unstandardized but loosely connected”. The system is a combination of both government run programs (Medicare, Medicaid, Schip) private carriers such as HMO’S and other volunteer services such as the American Heart Association, American Lung Association, and a host of other organizations.

The purpose of this assignment is to describe two defining characteristics (financing and delivery) of the U. S. health care delivery system and to further analyze and describe their implications on the system. Financing of Health Services As asserted by Shi and Singh (2008, p. 6), financing is an important prerequisite to obtain health insurance or to pay for health services. In the private sector, the financing of health care services for individuals is typically derived from their employers who often pay partially for such insurance in the form of fringe benefits.

Employees are also given an opportunity to add other members of their families to this type of employer based insurance. As noted by Barton (2010, p. 177), private insurance is estimated to cover about 67 percent of the nonelderly population and accounts for 54% of the revenues sources. It is important to note that historically, the balance between public and private sources of health care financing has changed dramatically in the last several decades (Barton, 2010, p. 178).

A major dramatic shift occurred in 1965 with the passage of the amendments to the Social Security Act (SSA), which resulted in a higher contribution of public financing to our health care system. Delivery of Health Services As noted by Shi & Singh (2008, p. 7), “ the term delivery refers to the provision of health care services and the receipt of insurance payments directly for those services”. There are many providers of delivery services such as hospitals, urgent care centers, emergency care services, hospitals, imaging services, therapists, and other specialized health care services.

In addition, suppliers of medical equipment (such as wheelchairs, walkers, hearing aids, and other supplies) are also part of the delivery services network. As noted by Barton (2010, p. 13), “ much of the change in the U. S. system is occurring in delivery systems”. There are four important reasons cited by Barton (2010). First is the growth of the health services system, followed by the growth in expenditures needed to sustain such a growth, third is the significant number of population without access to care, and finally are the projections of increased demand from a population that is aging.

References Barton, P. L. (2010). Understanding the U. S. health services system (4th ed.). Chicago: Health Administration Press Shi, L. , & Singh, D. A. (2008). Delivering health care in America: A systems approach (4th ed.). Sudbury, MA: Jones & Bartlett. Council of Accountable Physician Practices (CAPP). n. d. The Organized Health Care Delivery System: Retrieved on 13 March, 2011 from <http://www.americansforcoordinatedhealthcare.org/media/pdf/Why.Organized.Delivery.Systems.pdf>