

Health care system essays examples

[Countries](#), [United States](#)



Health Care System: A Comparison

There are distinct operational characteristics between the American health care systems with that of other countries. Virtually, the health sector is an important department covered by each state a protection plan for its citizens. How the government accomplishes this is divergent from a systematic point of view. Some countries develop a compact healthcare system which is used all over the country while others establish a blend of numerous systems that could have been adopted or formulated. The American Healthcare system is unique in its own way given that it composes of formulated systems to advantage its population in the provision of healthcare. This can be shown through a comparative analysis of this system and that used by another country. As the goal of healthcare provision is universal, it is easier to note the distinguishing characteristics that make one system different from the other.

Taking the France Healthcare System for comparison, there are numerous services that are similar while others are totally different. It can be noted that both systems embrace the universal health insurance programs for its citizens. The American system is mainly divided into public and private health insurance systems (Howard, 2010). France, on the other hand, has simpler divisions in its provision systems but underlying the public and private tags. In the public health insurance sector, America harbors services like Medicare, Medicaid and other public systems. As a matter of fact, Medicare is a federal program that covers individuals from the age of 65 and above. This also includes a score of disabled individuals. The services are administered through a single entity process in which the government is the

key player that performs the insurance function of reimbursement.

On the other hand, France uses a countrywide National Health Insurance system that, by default, covers all its citizens. Given that the two states share the ideology of insurance in health care systems, the disparity ensues in how the services are administered across the country. France employs schemes of provision that are unique to specific occupations. America, on the other hand, is largely reliant on the financial viability of a particular citizen opting to access healthcare within its boundaries (Kaiser Family Foundation, 2003). Though, the American services are available throughout the country. How effective these systems are have in the past been in great criticism through a game of numbers and the quality of care. In fact, some of the systems have been regarded to record performance below average if the objectified goals of healthcare are to be added into the equation.

What is unique about the American healthcare system is the increased participation of the private sector in the operational aspects of these services. Logically, the healthcare system of any state is composed of the service providers and the financing body. This means that the two stakeholders are bundled with the responsibility of deciding on the direction for which the entire health system is weighed (Murray, 2013). These debates, when viewed in an international context, necessitate an understanding of the American healthcare system to enable critical analyses of its organizational and financial systems. As a matter of fact, the financial prospects of the system are the main reason behind its performance. In a comparative ground, the France health care system is primarily funded by the government. The French Parliament is mandated with the duty of pre-

determining the objectives for its health care system and drafting a budget for the proposed expenses. Fundamentally, this shows that the French government assumes full responsibility for the health provision services and the social security of all its citizens. More clearly, the entire health care system is governed and controlled by the French government.

Conversely, the American case is quite different. A consequential outcome of this situation is the high prices of medical care that are a characteristic of health care systems in America. This can be attributed to the availability of expensive state-of-art medical technologies as well as drugs that can be termed as ineffective in pricing of health care services. Each of the constituents (public and private health insurance systems) has distinct funding. The Medicare program in the public sector is financed by payroll and federal income taxes. The payroll taxes are shared between employees, employers and individual enrollee premiums. Additionally, the Medicaid program, also from the public department of the American health care organizational structure, is jointly financed jointly by the federal and state government through taxes (Shi, 1995). Moreover, there are additional services like S-CHIP (The State Children's Health Insurance Program) and the Veteran's Administration which are also run by the American government. On the other hand, the private sector which constitutes the bulk of the American health care system is not financed by the government. This is the aspect that makes the system entirely different from the French health care systems in which the government dominates control of the whole program though budgeting and setting of organizational objectives (OECD, 2005). The Employer-sponsored insurance, which is the main program from which the

American population receives healthcare services, is financed by employees and employers. Additionally, private non-group sector of the private health care insurance is financed directly by individuals. Individuals directly incur the expenses of the health care services provided to them.

Risk in the individual market depends solely on the health status of an individual. This is completely different to the group market. This is because risk is spread out among multiple individuals in the group market. Therefore, it is true to argue that low-risk; healthy patients will have a low premium. On the other hand, high-risk sick patients will have higher premiums. The financing of health care centers in the American health care system revolves in a two-way traffic system. The government gets the money for budgeting in health care expenses through collections of the amounts gathered from the provision of health care. On the other hand, these finances are let out through reimbursement of health service providers that can be termed as agents of health care provision (Kevitha, 2013). Therefore, the stakeholders in the financing of the American healthcare system can be said to involve the following parties; individuals and businesses, the government, private insurers and health service providers.

Therefore, a comparison between the financing systems of these two states reveals disparities that disadvantage one population as compared to the other. In the context of the organizational structure of these healthcare systems, France adopts a wider approach that covers a greater part of its population and maintains almost a constant quality of care (Kelley, McGarry, Fahle, Marshall, Du, & Skinner, 2012). The difference in performance of French health systems with respect to the American healthcare systems can

be attributed to a number of amendments that the French government has enacted. The government in France ensures feasibility tests are conducted before an objectified budget in the health sector is disbursed. This ensures that the government does not incur losses while its citizens suffer at the expense of poor health care provisions. In this context, the government does not only protect its citizens from exploitation in the health sector, but also ensures that the economy is set at substantial level. In a similar situation as that experienced by the American Healthcare system, the French government introduced reforms to control National Health Insurance expenses as well as improve efficiency and quality of healthcare in the country.

The American health care system has been attacked with all sorts of criticism. Studies have established hypotheses that attempt to display the health status and risk factors that challenge the health care system in America. It is a normal experience when sick children fail to seek medication in America owing to the high prices of the medical services. Additionally, the American health care system is overshadowed with high rates of exploitation. Private sectors who provide health care services over-price the residents because there is little control the government has on the entire health sector. Essentially, the government believes that putting the health sector in the control of its citizens puts them at a greater advantage in accessing the services. In the real sense, this mentality leaves citizens exposed for exploitation.

In a comparative context, as mentioned above, the French health care system is publicly financed. This does not mean that the health care services

are entirely free; the patients pay a subsidized fee for services offered to them. This expense is partially reimbursed by the government, and the rest is left for the organization of the health facility. This puts patients at a level ground all over the country because the effect or the participation of the government towards the provision of care is felt in equal terms all over the country. Contrary to this system, the American system has a number of services that benefit the citizens on level grounds, but is limited to a certain extent after which the availability of care is left for a few wealthy and capable individuals. For instance, America has a drug provision system partly funded by the government that distributes prescriptions all over health facilities in the state. However, this system is not exhaustive enough and the moment a prescription does not fit in the subsidized list of drugs, sourcing it would require the buying of very expensive drugs from over-exploitative private health providers.

In conclusion, the American health care system is bundled with numerous cases in which the quality of care is compromised. The most significant objective of the government is to provide citizens with services on level grounds and to ensure that no exploitation is experienced within the boundaries. Emulating the France health care system would necessitate numerous amendments or a complete reshuffle of the organizational structure of the American healthcare provision system. It is important for the stakeholder in the American health care system to evaluate the effect of their main funding systems on each individual given that there are economic disparities within the American population. Creating a comparative conclusion on the performance of American healthcare systems would

involve an analysis that builds the international context of health care that would include examples in Germany and other states with the same health care organizational structures.

References

Howard, G. (2010, 02 17). Long-Term Care Financing Reform: Lessons from the U. S. and Abroad. Retrieved 02 09, 2014, from The Commonwealth Fund: <http://www.commonwealthfund.org/Publications/Fund-Reports/2010/Feb/Long-TermCare-Financing-Reform-Lessons-from-the-US-and-Abroad.aspx>

Kaiser Family Foundation. (2003). Medicare at a Glance. Fact Sheet #1066-06.

Kelley, A., McGarry, K., Fahle, S., Marshall, S., Du, Q., & Skinner, J. (2012). Out-of-Pocket Spending in the Last Five Years of Life. *Journal of General Internal Medicine* , 304-309.

Kevitha, A. (2013, 9 01). The Most Efficient Health Care Systems In The World. Retrieved 0209, 2014, from The Huffington Post. : <http://www.huffingtonpost.com/>

Murray, C. (2013). The State of US Health, 1990–2010: Burden of Diseases, Injuries, and Risk Factors. *Journal of the American Medical Association* , 591-608.

OECD. (2005). OECD Health Data 2005: How Does the United States Compare. OECD.

Shi, L. (1995). Balancing primary versus speciality care. *Journal of the Royal Society of Medicine* , 428-430.

<https://assignbuster.com/health-care-system-essays-examples/>

Weinstein, M., & Skinner, J. (2010). Comparative effectiveness and health care spending Implications for reform. *The New England Journal of Medicine* .