

Address the three questions in bold

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Healthcare Delivery in the United States Here Here Here Here Healthcare Delivery in the United States The American healthcare system has been a source of public, professional, and political controversy for as long as the concept has existed. Accordingly, there are differing perspectives regarding the current and historical state of healthcare in the United States. The internet era has inspired many to voice their opinions, freely adding to or detracting from the discussion, and so it is especially necessary to avoid bias and stay loyal to observable objective information.

The current healthcare system in the US is heavily controlled by private industry and related interests. There are many components to this power distribution, but some of the more visible examples include the research and manufacturing of medical technology, massive pharmaceutical corporations, and the control of medical insurance/management. Some of the forces allowing the privatization of healthcare include historically consistent opposition to government interference and healthcare reform, the decline of programs like Medicare, and the high cost of medicine including materials and salaries that can be met by wealthy corporations.

Private businesses have not always been in control of healthcare systems. Physicians were largely independent prior to government interference near the dawn of the 20th century (US Department of Health and Human Services, 2011). Working within regulations, physicians became highly paid and respected professionals in the 1920s (PBS, 2011). At the same time, private insurance began to find an audience due to the increasingly high costs of healthcare. Costs continued to rise through the end of the century as more advanced pharmaceuticals and procedures are introduced. Insurance rates increased with these expenses, giving rise to federally endorsed HMOs

(health maintenance organizations) in the 1970s.

It was not until the 1980s that corporate American began to gain primary control of the healthcare system. Hospitals, pharmaceuticals, research labs, and many other components of the system were becoming businesses (if they weren't already) and more people found themselves unable to afford health insurance. These trends continue to accelerate (Fisher, Bynum, and Skinner, 2009).

Examining the evolution of healthcare control provides valuable insight for current health care administrators. Evaluating and optimizing the operation of a healthcare organization must include a comprehensive consideration of the forces involved. Operating as a business, a healthcare organization must account for and minimize costs at every conceivable opportunity. At the same time, we must not forget that patients are also customers, and in both cases must be considered as a key component in the optimization of affairs. Current healthcare reform efforts have lessened the certainty of the role associated with the modern healthcare organization (Chernew, Baicker, and Hsu, 2010). As public interests become more powerful in the operation of the system, healthcare delivery will likely be altered in accordance with changing perspectives. Regardless, the importance of minimizing costs is a universal reality faced by public and private organizations alike.

In any situation, a primary challenge faced by healthcare organizations is maintaining a balance between providing a public service and operating as a viable business. To what extent we focus on the business side of the operations remains to be seen, but we cannot forget that we are always providing a public service, despite the presence of private interests.

Reference

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