

## The health care delivery system

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A **health care delivery system** is a mechanism for providing services that meet the health-related needs of individuals. The U.S. health care delivery system is currently experiencing dramatic change. Health care institutions that once flourished economically are now searching for ways to survive. Health care providers are seeking cost-effective ways to deliver an ever-increasing range of services to consumers. Consumers are demanding greater accessibility to quality health care services that are affordable. Nursing is a major component of the U.S. health care delivery system. Consequently, nurses must understand the changes occurring within this system, as well as their role in shaping the changes.

### **TYPES OF Health Care Services**

Basically, health care services can be categorized into three levels: primary, secondary, and tertiary. The complexity of care varies according to the individual's need, provider's expertise, and delivery setting. The trend is toward holistic care (e.g., care of the entire person, including physiological, psychological, social, intellectual, and spiritual aspects).

#### **1- Primary: ( Health Promotion and Illness Prevention)**

The major purposes of health care are to promote wellness and prevent illness or disability. Traditionally, the U.S. health care system focused on disease prevention rather than health promotion. However, within the past decade, society has begun to engage in health-promoting behaviors. Illness prevention activities are directed at the individual, the family, and/or the community. Now, however, the focus is on health-promoting behaviors such as regular exercise, reducing fat in the diet, monitoring cholesterol level, and reducing air pollution. Wellness promotion activities may be directed toward the individual, the family, or community.

#### **2-Secondary: ( Diagnosis and Treatment)**

Most services occur within this secondary type of health care. Acute treatment centers (hospitals) are still the predominant site of delivery of health care services, where holistic care is promoted. There is a growing movement to have diagnostic and therapeutic services provided in locations that are more easily accessed by individuals

### **3- Tertiary: ( Rehabilitation)**

Restoring an individual to the state that existed before the development of an illness is the purpose of rehabilitative (or restorative) care. In situations in which the person is unable to regain previous functional abilities, the goal of rehabilitation is to help the client reach the optimal level of self-care. Restorative care is holistic, in that the entire person is cared for—physiological, psychological, social, and spiritual aspects. For example, a client regains partial use of an arm after experiencing a stroke.

#### **-Health Care Delivery System**

The U.S. health care delivery system is complex, involving myriad providers, consumers, and settings, personnel Health care services in this country are delivered by both the public (including official and voluntary) and private sectors.

#### **Providers\ Consumers**

Health care services in the United States are delivered by public ( including official and voluntary) public\ private, and private sectors. Consumers are the individuals who receive the health care services.

#### **-Public Sector**

The public sector includes official (or governmental) agencies, voluntary agencies, and nonprofit agencies.. At the local level, services provided include immunizations, maternal-child care, and activities directed at control of chronic diseases. Each state varies in the provision of public health services. Generally, a state department of health coordinates the activities of local health units. At the national level, the U.S. Department of Health and Human Services (**DHHS**) is administratively responsible for health care services delivered to the public. The Surgeon General is the chief officer of the U.S. Public Health Service (**USPHS**), the major agency that oversees the actual delivery of care services. An important part of the public sector of the health care delivery system is voluntary agencies.. These not-for-profit agencies exert significant legislative influence (e.g., the American Nurses Association [ANA] and the American Medical Association). Other voluntary agencies, such as the American Cancer Society and the American Heart Association, provide educational resources to the general public and

to health care providers. Voluntary agencies are funded in a variety of ways, including individual contributions, corporate philanthropy, and membership dues, and corporate philanthropy. Local services provide immunizations. Maternal- child care, and control of infectious and chronic diseases.

### **-Public\ Private Sector**

The private sector of the health care delivery system primarily comprises independent providers who are reimbursed on a **fee-for-service** basis (the recipient directly pays the provider for services as they are provided .

#### **- Settings of health care delivery :**

The various settings where health is delivered including acute care hospitals ,extended care facilities, care outpatient settings , home health care agencies, schools, and hospice.

### **-Personnel and Services:**

Many personnel and services exist within the various health care settings. Large hospitals provide the greatest number of services. Other health care settings may provide some but not all of these same services. The services departments most commonly found in the various settings include nursing units, specialized client care units, diagnostic departments, therapy departments, and support services.

### **. Health Care Team**

**Nurse (RN) :-** Provides care to individuals who are unable to care for themselves; with a holistic approach, nurses assist clients to cope with illness or disability Addresses the needs of the client (individual, family, community) Emphasizes health promotion .

**Physician (MD) :-** Makes medical diagnoses and prescribes therapeutic modalities Performs medical procedures (e.g., surgery)

**Physician Assistant (PA) :-** Provides medical services under the supervision of a health care practitioner .

**Dentist** ( both doctor of dental surgery (DDS) and doctor of dental medicine(DMD) :- Diagnose and treat condition affecting the mouth ,teeth ,and gums.

**Registered Pharmacist (RPh):-** Prepares and dispenses drugs for therapeutic use Often involved in client education.

**Registered Dietitian (RD) :-** Plans diets to meet special needs of clients Promotes health and prevents disease through education and counseling May supervise preparation of meals .

**Social worker (SW) :-** Assists clients with psychosocial problems (e.g., financial, marital) Conducts discharge planning Makes referrals for placement

**Respiratory therapist (RT) :-** Administers pulmonary function tests Performs therapeutic measures to assist with respiration (e.g., oxygen administration, ventilators)

**Physical therapist (PT):-** Works with clients experiencing musculoskeletal problems Assesses person's strength and mobility Performs therapeutic measures (e.g., range of motion, massage, application of heat and cold)

**Occupational therapist (OT):-** Works with clients with functional impairment to learn skills for activities of daily living

**Chaplain :-** Assists in helping clients meet spiritual needs Provides individual counseling Provides support to families .

**Speech therapist:-** Assist client who have speech impairments to speak under standby or to learn another method of communication.

**Nursing Roles in health care delivery system as:-**

- **Caregiver**

- **Teacher**

- **Advocate**

- **Manager**

-**Expert -**

-**Case manager -**

-**Team member**

## **ECONOMICS OF HEALTH CARE:**

**Private Insurance:-** The system for financing health care services in the United States is based on the private insurance model. One of the largest sectors of the health care system is private insurance companies. Insured individuals are paying substantial monthly premiums and deductibles for health care services. These costs limit access for many Americans. The quality of care provided is being monitored by providers, third-party payers, and, ever increasingly, by consumers.

### **Managed Care**

**Managed care** is a system of providing and monitoring care in which access, cost, and quality are controlled before or during delivery of services. The goal of managed care is the delivery of services in the most cost-efficient manner possible. Managed care seeks to control costs by monitoring delivery of services and restricting access to expensive procedures and providers. The rationale for managed care is to give consumers preventive services delivered by a **primary care provider** (a health care provider whom a client sees first for health care) that, in turn, results in less expensive interventions.

### **Federal Government Insurance Plans**

The federal government became a third-party payer for health care services with the advent of Medicare and Medicaid in 1965. The Health Care Financing Administration (**HCFA**) is a federal agency that regulates Medicare and Medicaid expenditures. Public funding is used for about 42% of total health expenditures. There are myriad public programs for financing health care, with Medicare and Medicaid being the predominant ones.

### ***Medicare***

When Medicare was established in 1965, it was intended to protect individuals over the age of **65** from exorbitant costs of health care by providing public funds to cover the majority of health care services.

In 1972, Medicare was modified to include permanently disabled individuals and those with end-stage renal disease. Medicare is the federally funded program that provides health care coverage for the elderly and the disabled.

## ***Medicaid***

Medicaid is a shared venture between the federal and state governments. Each state has latitude in determining who is “medically indigent,” and thus qualifies for public monies. Minimal services covered by Medicaid are defined by the federal government and include inpatient and outpatient hospital services, physician services, laboratory services (including x-rays), and rural health clinic services. States may elect to cover other services, such as dental, vision, and prescription drugs. Medicaid is a jointly administered program between the federal and state governments that provides health care coverage for the economically disadvantaged.

## **FACTORS INFLUENCING THE DELIVERY OF HEALTH CARE:-**

Despite cost-containment efforts (such as DRGs established by the federal government and managed care by the insurers), the U.S. health care system still has problems with issues of cost, access, and quality.

### **Cost:-**

Why is consideration of cost so important? The very existence of the health care system depends on fiscal issues. Cost has been a driving force for change in the health care system as evidenced by the strength and numbers of managed care plans, increased use of outpatient treatment, and shortened hospital stays. These market forces (to maximize profits by minimizing costs) are dominating the current changes in the health care system. The U.S. government spends more on health care per person than any other country.

The increasing consumption of federal funds for health care means that resources are being moved from other areas of need, such as education, housing, and social services. The most cost-efficient programs in terms of administration are Medicare and Medicaid because of the number of people eligible for these benefits. In contrast, some private plans, particularly small business plans, use over 40 cents of each dollar for administration. The cost of health care is seriously compromising American business and industry. For example, the chief executive officer of Ford Motor

Company stated that the costs for health care coverage of employees exceeded the total expenditures on steel used in building cars . This imbalance leaves few resources to return our industries to a position of world prominence. The cost of employee health care benefits is an expensive commitment for small businesses and is a serious factor when one considers that the economy of this country has survived—if not thrived—because of the contributions of small businesses. **Four major factors**

**increase the cost of health care:**

- (1) an oversupply of specialized providers,
- (2) a surplus of hospital beds,
- (3) the passive role assumed by most consumers.

**Access:-**

In addition to the issue of cost, access to health care services has a serious impact on the functioning of the health care system. As a result of the cost, health care for many people is crisis-oriented and fragmented. A large number of Americans are unable to gain access to health care services owing to low income or lack of insurance, and, therefore, their illnesses progress to an acute stage before they seek intervention. Poverty often adversely affects an individual's access to health care services.

**For example**, limited transportation (lack of an automobile or funding for public transit) interferes with the ability to travel to health care facilities. Services used by individuals during acute illnesses are typically those provided by emergency departments. Emergency room and acute care services are expensive when compared with early intervention and preventive measures. Approximately 43 million Americans are uninsured.

. Other variables affecting access are the increase in the number of women employed outside the home and the number of single-parent families. These factors impair access to health care services because it is often difficult for parents to take time off from work to transport children to health care providers

**Quality:-**

It is estimated that 30% to 40% of diagnostic and medical procedures performed in this country are unnecessary . **This inappropriate use of resources can be traced to several causative factors, including:**

- The litigious environment that creates the tendency toward defensive practice
- Resource consumption is highly influenced by the widely held American belief that more is better.

- Lack of access to and continuity of services with subsequent misuse of acute care services In an attempt to provide universal access to services in a cost-effective manner, quality does not have to be sacrificed. For example, hospitals that are reducing the numbers of registered nurses (“**downsizing**”) risk endangering quality. Safety and quality are frequently compromised by inappropriate substitution of unqualified personnel for registered nurses in direct care of clients. in hospitals. In an attempt to be cost-effective, some hospitals have decreased the number of registered nurses, thereby creating unsafe situations for clients (American Nurses Association, 1995). Any movement toward reform must focus on providing quality nursing care to all consumers.

#### **Barriers to health care services:-**

- 1-Belief in divine healing.
- 2-Refusal of care on holy days.
- 3-Belief that the individual taking the ill person to a health care facility is responsible for the ill person for the rest of that person's life after recovery.
- 4-Belief that illness is a result of sins committed in previous life.
- 5-Belief that illness is Gods punishment.

#### **Challenges within the health care system:-**

**The major challenges facing the U.S. health care delivery system include:**

- 1- the public’s disillusionment with providers,
- 2- loss of control over health care decisions,
- 3-decreased use of hospitals and the impact on quality of care,
- 4- changing practice settings,
- 5-ethical issues, and
- 6- vulnerable populations.