

U.S. Health Care Delivery System

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PHC 6102

Principles of Health Policy and Management

Part 2 of 2

NO AUDIO ON THIS SLIDE

PUBLIC HEALTH

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Public Health

- American Public Health Association was founded in 1872
 - Organization of physicians who served as local or state health officials
- Public Health goals – those largely ignored by physicians
- Some opposition from AMA if competing for traditional physician turf – personal health services

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Scope of Public Health

- Scope of public health does not directly include “delivering personal health services”
- However, it includes assuring accessibility of health services and preventing the spread of disease
- Thus, PH professionals engage in the delivery of health services as needed to prevent the spread of disease and when access may otherwise be unavailable
- In other words, public health fills needed gaps

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Medicine & Public Health Sheppard-Towner Act 1921

- Goal - decrease rate of maternal & infant mortality by advising pregnant women advice on personal hygiene & infant care
- Federal matching funds to states for pre-natal & child health centers
- Staffing by public health nurses and women physicians

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SHEPPARD-TOWNER CONTROVERSY

- AMA opposition
 - 1921 enacted despite protests
 - 1927 Congress persuaded to discontinue program
- Social Security Act of 1935
 - Federal aid for maternal & child health and children with disabilities

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Medicine & Public Health

Novick, Morrow & Mays, Public Health Administration, 2008, p. 63
"Medicine and public health have operated separately in the United States pursuing different approaches and to health improvement. Public health practitioners worked in governmental and social agencies, in contrast to the activities of medicine in the private sector....The Flexnerian reforms in medical education made medical practice more dependent on the scientific knowledge and a relationship with hospital settings, resulting in less physician interest community and preventive activity"

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Educational Background

- No single degree or professional credential defines all public health workers, or all public health professionals.
- Rather, the public health work force includes individuals from almost every discipline and profession associated with health services as well as from numerous professions outside of the health arena.

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Professionals in Public Health

- Physicians and Nurses
- Dental Health Workers
- Health Educators and Behavioral Scientists
- Nutritionists
- Maternal & Child Health Workers
- Epidemiologists and Biostatisticians
- Environmental Health Scientists
- Health Services Administrators

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Medicine & Public Health

- Both established professions at the time significant advancements in technology and innovation began around the 1930s.

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Science of Medicine Advances (World War II Years)

- Advances
 - Antibiotics (1930s & 1940s)
 - NCI Founded (1937)
 - Federal funding for outside researchers (1937)
 - Center for Control of Malaria (1940)
 - Salk Polio Vaccine (1952)
- Outcome - Chronic diseases emerge as key health problem

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TECHNOLOGY ACHIEVEMENTS

- Preventive Medicine
 - Immunizations & Polio Vaccination
 - Surgeon General - cigarettes hazardous to health
- General Medicine
 - Antibiotics
 - Histamine blockers (prevent/treat peptic ulcers)
- Pediatrics
 - Treatment for diarrhea -oral re-hydration
 - Ventilators for newborns

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SCIENTIFIC ACHIEVEMENTS

- Surgery
 - Heart-lung machine
 - Improved general anesthesia
- Ophthalmology
 - Cataract surgery improvements
 - Glaucoma medications
- Dentistry
 - Fluoride in water
 - Importance of oral health

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100 YEARS OF ACHIEVEMENT

- Obstetrics & Gynecology
 - The “pill”
 - Amniocentesis and ultrasound
 - Pap smear
- Emergency Medicine
 - Emergency departments (not “emergency room”)
 - CT Scans and Thrombolytics
- Psychiatry
 - Anti-psychotics and anti-depressants
 - Lithium (bi-polar disorder)

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Hospitals

- Many of the scientific and technologic advancements, such as those listed in red, were traditionally based in hospitals
- Thus, much advancement created the need for more hospitals and hospital beds

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A Technologic Imperative

- Concept: new technologies are developed and accepted as good for society
 - Can encompass moral obligation to use them if assumed good for society
- Concerns
 - Technology displaces patients as focal interest
 - Create confusion about purpose of health care
 - Can become ends in themselves
 - Purpose can become death prevention

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Hospital Survey and Construction Act of 1946

- Hill-Burton Act - Sponsored by Senator Hill & Senator Burton
- Original intent – improve hospital bed to population ratio in rural areas, which would attract physicians to such areas

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HOSPITALS NCHS/AHA Definition

1. Licensed (facility)
2. ≥ 6 Beds, Average Patient Stays >24 Hours
3. Licensed independent practitioners (e.g., physicians) admit patients
4. Organized & self-governing medical staff
5. Evidence of regular care by a doctor
6. Records of clinical work available for reference
7. R.N. supervision and patient care 24 hours daily
8. Operating rooms, complete therapeutic facilities
9. Diagnostic x-ray services
10. Clinical lab services

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Hospital Survey and Construction Act of 1946

- Federal legislation funded massive national hospital construction program
 - Few hospitals constructed during Depression and WW II
- Initially, provided aid to states that had less than 4.5 beds per 1000 population
- Modified and expanded over time

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Hill-Burton Act: Spirit of Legislation

- Build public hospitals with public funds for public good
- Hospital for every town
 - Responsible for 40% of hospitals beds in 1960
 - More even distribution of hospitals in rural & urban areas, high & low income areas
- Initial legislation did not benefit primary care or ambulatory care

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Hill-Burton Assisted In Constructing:

- 334,438 hospital beds
- 93,749 long-term care beds
- 1,032 outpatient facilities
- 520 rehabilitation facilities
- 1,258 public health centers
- 41 state health laboratories

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Hill-Burton Act

- Was the Hill-Burton Act (i.e., building hospital beds) logical for communities
- In 1946?
 - Today?

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ROEMER'S LAW (circa 1959)

“The number of available beds is a determinant of demand quite apart from other economic and demographic population variables”

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Hill-Burton Products of Legislation

- Overwhelming focus on beds, not services
- Physician redistribution not achieved by hospital beds
- 4.5 beds per 1,000 population became goal

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COST!

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COSTS Problems and Challenges

- Assure Value
- Manage Spiraling Costs
- Address New Epidemics
 - AIDS
 - Emerging Infectious Diseases
 - Substance Abuse
 - Flu?
- Access for Unfunded & Funded
- Achieve Healthy Communities

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COMMITTEE ON COSTS OF MEDICAL CARE

“Despite the progress medicine has made, its services are mal-distributed and badly organized. There is no coordination beyond the walls of any particular hospital or clinic. What exists is not so much a system as a lack of system.”

- Harry H. Moore
Committee's Staff Director

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Silos

- Medicine
- Public Health
- Hospitals

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Health Policy & Management

- Work to improve **quality** and **access** and reduce or contain **cost** for the purpose of enhancing value
- Achieved through changes in:
 - Financing,
 - Organization, and
 - Delivery of health services

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Session Questions, Part 2

1. What factors can contribute to a lack of alignment between AMA and APHA goals?
2. What is the role and value of technology in the U.S. health system?
3. What are the concerns about a technologic imperative?
4. What are the accomplishments and implications of the Hill-Burton law?
5. What is the focus of the field of health policy and management?

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