Applying Regulations in Varying Care Settings

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# Common Standards of Healthcare

There are a number of common standards observed in the health care regulation, regardless of the practice setting. According to the handbook released by the World Health Organization (Clarke, 2016), a brief summary of these general standards is as follows;

* Extend access to the sort of services necessary for the well-being of an individual.
* Minimizing any and all inefficiency in the system, along with the development of mechanisms for pooling on funds and development of sustainable mechanisms.
* Ensuring access to all essential medicines, along with the provision of effective and quality services based on the needs of the population.

# Solo Medical Practices and Employed Physician Practices

A practice without any employment affiliations or partners associated with it is termed as a solo practice. On the other hand, health care corporations that own a number of clinics or a hospital with employed physicians are usually called employed physician practices. Following is a detail of various aspects of these services;

## Staffing Requirements

Since the setup in a solo practice is rather small in scale as compared to the needs of employed physicians practices, the requirements of staff members on-board at all times is also small. Within a Solo practice, a patient-centered medical home model (PCMH) is used (Markovitz, Alexander, Lantz, & Paustian, 2015), where the staff, along with caregivers, works with the patients in a collaborative manner, to provide them with well-coordinated and high-quality care (Peikes et al., 2014).

However, team-based care is more prevalent in employed physician practices. Here, staffing practices are based on the needs of the patient population as well as the needs of the institute, a large workforce is usually staffed with individuals that work together with high levels of efficiency and communication (Milani & Lavie, 2015).

## Release of Patient Records

Release of medical information, both in solo and employed physician practices, are to comply with the state as well as federal guidelines. This process generally remains the same through different stats and health practices. The one requesting the records must submit written consent with information like;

* Patient information
* Last four digits of SSN
* Name and address of one asking for the records.
* Signature of patient

## Patient Rights

The notion of rights for a patient was developed under the 1948 Universal Declaration of Human Rights, which gives every human being equal and undeniable rights. It allows them dignity, privacy (regarding medical records), review of the billing statement, express concern as well as have a right to knowledge about clinical trials which may improve their ailing health, among various others. These rights remain constant throughout all medical practices, solo or otherwise, with the state.

## Administrative Structure

At present, most healthcare practices adhere to the “Patients before Paperwork” initiative that was first taken in 2015. It redirects the efforts of physicians and other members of the staff to care for their patients and attend to their needs and deliver appropriate treatments as opposed to keeping up with the administrative tasks ([Erickson, Rockwern, Koltov, & McLean, 2017](#_ENREF_1)). According to [Knox, Brach, and Schaefer (2015)](#_ENREF_2), the administrative structure in a health care practice comprises of;

* Human resources
* Information technology management
* Financial management and billing
* Quality improvement
* Reporting and regulatory marketing
* Business development and marketing
* Risk management
* Designing and managing workflow
* Maintaining medical records
* Security
* Medical care staff – such as doctors and nursing staff
* Clinic work

Most solo practices have diverse administrative teams, with an individual playing more than one role in the system to deal with all the above-mentioned administrative tasks. On the other hand, employed physicians’ practices usually have a department dedicated to a certain task.

## Specific care environment

Health outcomes of a patient are greatly affected by the healthcare provider, as well the environment the patient receives this care in, regardless of their background (McClain, Hawkins, & Yehia, 2016). Thus, hospitals need to be spaces that are responsive to patient’s needs, which directly influences their ability to get better. Thus, while solo practices are a better situation to provide with short-term care, employed physician practices are better suited to looking after the needs of a patient, especially one in critical condition. They host intensive care units (ICU), burn units and other specialized care units situated specifically for cases that need individual attention (Fradgley, Paul, Bryant, Zucca, & Oldmeadow, 2018).

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