History and Theories of the Healthcare Delivery System

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 Healthcare delivery system is currently in a transition state. With the advancement of technologies and new wave of enthusiasm related to public health has changed the dynamics of traditional healthcare. Old beliefs and values embedded deep in American culture have also played an influential role in development of healthcare delivery system. In United States, health and health care was considered as only biomedical that deals with the state of illness and disease and their clinical intervention for diagnosis and treatment. The concepts of preventive measures and promotion of health coined the term health care delivery systems. For Americans, the standard of optimal health is that individuals and as well as the whole population should receive benefits from the high quality healthcare delivery services. This idea has strongly infused with the public health and population health systems. The role of health care delivery sector is thought to be as the national level health delivery system.

 According to the report Crossing he Quality Chasm of Institute of Medicine (IOM), the sole responsibility of all care organizations, health care professional groups, public and private sectors is to remove illness, disability and improve health and wellbeing in United States. The health care sector consists of several physicians, hospitals, care service organizations, insurance companies and a number of other corporations. Some organizations are public while other are private sector either profit or non-profit bodies (Yih, 2016). The health care delivery system is a network of individuals and organizations who regulate independently but for the same purpose of providing quality care and patient safety culture. But these departments work individually and collaborate a little in their practices except for a few specifically designed operations. Healthcare system is an intricate but a vast sector that covers up almost all departments in a state to work efficiently and progressively.

 Medical care in United States before the World War II was generally provided by physicians and their care was limited to diagnosis and therapeutic strategies. The hospitals were mainly staffed with non-registered non-academically qualified nurses. In just over a few decades later, healthcare system has become such a complex industry with an unending network. In 1904, the American Medical Association established the Council on Medical Education for determining the standards of education of medical sciences. From the early 1900s to late 1930s, medical profession was only limited to family physicians who preferred practice and research in solitude. In 1930s, healthcare industry had majority of the male practitioners and the patient-physician relationships were considered to be sacred. The payments for the care and treatment were personal to the physicians. During the time 1940s to 1960s, the healthcare industry was growing rapidly and insurance groups intervened between patient-physician as third party and the payments cycle shifted towards them. In 1950s, federal government started granting support to medical education and teaching hospitals. 1960s was the turning pointy when research grants were being provided to emphasize on service quality, novel techniques and networking systems for care delivery. In early 2000s, there was a complete shift of paradigm in the healthcare industry starting from educational institutions to service providers to insurance and accountability organizations (Association, 2016).

In 2001, the report “Crossing the Quality Chasm: A new System for the 21st Century” criticized the authorities for their negligence towards finding the solutions and reliable services within a healthcare system. At that time the care organizations used to rely on outdated work systems and old design sets. And in around time span of 20 years, the magnificent changes can be seen in care environments and still researchers and care providers are working consistently to improve the quality assurance and safety protocols (Collen & Ball, 2015). But there are still a number of challenges faced by healthcare providers because these reforms have still not been completely adopted by all setups and ineffective responses. Healthcare industry is a highly competitive market and in order to thrive, it is imperative to interact with all the components within a public health system. The healthcare structure and motivations are entirely influenced by technology and the community requirements. The reform in this system are needed to be made substantially as it cannot be delayed based on inquisitions, reflections, external relationships and inter-professional communications (White, 2015). The need for the effective prevention of diseases and promotion of healthy lifestyle has to be swift. The activities and services provided by healthcare organizations are monitored by states and they have legal responsibly to ensure effective care quality and public safety.

The determinants of health impact the common understanding that a single element cannot be enough in delivering the expected healthcare and improving the health status of a population. Health is determined by multiple factors thus healthcare organizations need to adopt a more quantified approach for emphasizing on all factors on individual level and then generalizing the result of valid studies over a population (Protzman, Mayzell, & Kerpchar, 2018). The significant determinants for assessing the quality of health are; environment, lifestyle, behavior, genetics and medical care. An effective healthcare delivery system is called as a quad-functional model with four main functional constituents; financing, insurance, delivery and payment. These functions might overlap or work entirely independently based on the arrangement of functional units. The quality of care provided is calculated on the basis of multiple variables and patient’s approval during and after taking services from any healthcare system (Yih, 2016). Patient’s satisfaction is based on the comfort, respect, privacy, ethics, safety, autonomy to make decisions and attention provided to them during the care delivery interval. It is also measured by the degree of one’s quality of life, self-perception and health after medical treatments.

 Healthcare delivery setups involve several organizations and individuals. It is a diverse system including academic and research institutions, health insurers, medical suppliers and legal authorities involved in the process. Different kinds of health care providers are involved in preventive, acute, chronic, subacute, primary and rehabilitative care. Managing organizations, integrating networks, supply chain, financial experts and policy makers work in different capacities to make the overall healthcare delivery systems efficient and successful (Singh, 2015). Though there are several challenge in the growth of the industry including specialization, workforce competencies, leadership roles and financial constraints.

The healthcare system in United States is quite unique. Its features depict it as a network of subsystems. Healthcare is provided by a number of public and private funding and organizations, public insurance programs and government grants. Though the general notion is that the healthcare delivery force is US is a free-market but it is absolutely a wrong idea as it is entirely an imperfect form of market system. However, this system is not under the control of single body rather multiple departments work in collaboration to bring in an effective healthcare environment. Because of limitations in finance and promoting strategies of national healthcare programs, the global programs are still a theoretical idea even for the countries who provide universal health insurances. Healthcare delivery workforce must understand that it is a dynamic field and care delivery approached needs to be change accordingly. The systematic framework provides a well-organized strategy for the understanding of different constituents of American healthcare delivery system.

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