**Healthcare System in the United States.**

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**Question 2.1**

Ideally, during the pre-industrial era medical practices in the U.S. were not advanced, and the foundational basis of medicine was not dependent on science, but it was rather perceived as a trade affair. Additionally, during that period there were fewer hospitals, and health insurance was not available; and in most cases, the Americans paid for their medical expenses. Subsequently, the level of competition in that sector was high because any person could practice medicine, and a significant number of the individuals were reliant on informational remedies that were available. In terms of the training in medicine, there was an overreliance on physicians who practiced medicine rather than the institution itself (Shi & Singh, 2017). Moreover, the profession in medicine was viewed as a trading activity and it lacked the social status it has today, and the few hospitals that existed back then were only found in major cities.

However, during the post-industrial period, there was a major transformation in the field of medicine, and this entailed the scientific discoveries that were made. Furthermore, there was an improvement in the educational procedures in medicine, and subsequently, this led to the formation of influential organizations of medical professionals who had great power in determining the overall healthcare system of the nation. Additionally, using a science technique approach in medicine resulted in more demand for sophisticated medical services that could only be offered by medical professionals (Shi & Singh, 2017). And, with progression in science, there was the urgency to centralize sophisticated medical equipment in hospitals and this ultimately led to the establishment of such facilities. Subsequently, there was the formation of the American Medical Association that oversaw the medical practices, and ultimately there was the provision of medical training in major learning institutions such as Harvard. The advancement of American medicine was necessary because of the increased demand for improved services in the sector, and in other nations such as France and Great Britain, the progression in medical and educational practices was more progressive in comparison to that of the United States.

**Question 2.2**

Generally, the social and medical care factors are some of the determining factors that have been influential in the transformation from the medical model to wellness. Ideally, the case focuses on social factors such as policies, demographic aspects, and behavioral changes. Additionally, the medical care segment shifts focus on treating ailments and deprived health aspects (Shi & Singh, 2017). The segment in medical care ideally focuses on the accessibility of healthcare and the necessary intervention programs in improving the overall health outcome. Subsequently, the major vocabulary in wellness includes physical, mental, cultural, and social aspects; ideally, the mental part focuses on the psychological traits of individuals while the social segment concentrates on policy programs.

Additionally, the previous version of healthy persons in 2020 is the healthy persons 2010 that focused on the demographical factors. Ideally, the emphasis, in this case, was to ensure diversification in the delivery of health services. Moreover, this version emphasizes the roles of businesses, local authorities, professionals, and religious groups in enhancing health in the societal setting. However, there have been transformational changes in the 2020 version and this includes, recognizing and prioritizing factors that improve health, improving on public awareness and conceptualizing determining factors of health, setting realistic objectives, and involving several players from different sectors in reinforcing policies. Moreover, this case is different from the 2010 version because it includes multiple players, and follows a scientific approach by making use of the available evidence. And yes, it is ideal in the current setting because the assessment of its feasibility will focus on the overall health status and the quality of life.

**Question 3.1**

Ideally, in this current setting, the storage of information electronically facilitates easier retrieval of information; electronic information provides instant feedback that is ideal in determining clinical decisions and the report produced is also of good quality. Moreover, the health professionals can submit entries in an orderly manner and electronically thus ensuring efficiency, this ultimately helps in avoiding any medication error that may arise by helping the health professionals in prescribing drugs (Alotaibi & Federico, 2017). It is also possible for health professionals to easily access patient's information from different devices in a hospital setting because the patient’s information is stored in a single hospital system. Additionally, the electronic information informs the health providers of a potential error that might emerge, and it avails the necessary laboratory results when they are required. However, storing information electronically has its shortcomings such as being time-consuming and the interoperability does not include all the crucial information in other cases. The emergence of telemedicine in the medical field relies on the availed information, and the assessment of the electronic information that helps the generalist to consult professionals in a specific medical field thus smoothening the decision-making process (Shi & Singh, 2017).

**Question 3.2**

The inclusion of technological innovations in providing healthcare services often raises the cost to the patients, therefore there is a need to include healthcare policies that offer quality healthcare services using the latest technological inventions but at a subsidized cost. Additionally, medical technology generally avails benefits to individuals; however, there is a need to develop policies that assess the effectiveness of a particular technology, for instance, interoperability innovations do not provide all the required information. To ensure that the assessment of the feasibility of a particular medical technology, there is a need to create health policies that test the practicability of a particular technological innovation for a longer period to evade unnecessary shortcomings that may arise in the future. Since some technological inventions have minimal evidence indicating that they improve on the overall patient’s safety, there is a need to develop policies that emphasize the need to ensure optimal benefits accrue to the patients (Alotaibi & Federico, 2017).

**Question 4.1**

Ideally, it was realistic to include medical health professionals who don't hold a medical degree to curb the shortage of medical services to the patients. Additionally, the NPP improved the accessibility of primary health care, and this case was evident in rural areas, and it dealt with the challenges that arise from the uneven distribution of physician medical practitioners across the United States. Subsequently, the NPPs can also stand-in for the qualified physicians in case the patient requires primary care and the physician is not available because they have foundational training in the specialty offered by physicians and they are better compared to registered nurses (Shi & Singh, 2017). Moreover, the inclusion of the NPPs reduces the overall cost incurred in paying qualified health professionals by posting some of the NPPs in other areas to meet the high demand in those regions. Inclusive of the NPPs group is the physician assistant who is capable of diagnosing and evaluating the patients, in other areas in the U.S. they are allowed to prescribe drugs to the patients. Ideally, since the overall number of NPPs surpasses that of physicians, they help in supplementing healthcare services in cases where the physicians are unavailable and can offer quality services thus justifying their inclusion in healthcare.

**Question 4.2**

Yes, I believe the healthcare system would have required reforms if it had not included different health professionals back then, and the resultant cause would have been the high demand for healthcare services because of the high number of Americans. Generally, the addition of different health providers has affected the sector positively because the additional workforce eased the workload for other professionals such as nurses and physicians; subsequently, patients can easily access an array of health services from other groups such as the NPPs that is made of physician assistants and registered nurses who are mandated to offer primary care. Additionally, this case ensures swift responses in offering medical services to patients because the healthcare system will not only be reliant on physicians to offer the services. Subsequently, this enables the physicians to attend to other duties that require sophisticated specialty or urgent medical needs within the healthcare facility that requires a medical operation. Moreover, the physicians will also be free to further their specialty by keeping track of the latest medical innovation in their field (Shi & Singh, 2017).

**Question 5.1**

Under long-term care, there is a need to increase the number of professionals who offer the same service to improve the overall quality of services in that sector because a majority of the individuals who currently work in that sector are either volunteers or close allies to the patient receiving the service. Subsequently, under the short-term care, there is a need to ensure the inclusion of preventive care so that admission of the old age into the long-term care is postponed for a while; this case means providing nutritional meals and vaccinating the elderly to ensure they do not contract certain diseases such as pneumonia. Under the nursing home, there is a need to improve on the community-based programs to meet the growing demands of the elderly who would prefer to stay in their homes as they age. Under the nursing homes, there is an urgency to include qualified health professionals such as nurses that will offer quality therapeutic services to the elderly, and this case is valid especially during this period of the pandemic. Subsequently, partnering with different hospital institutions is ideal because this will help in training home care nurses and ultimately curb the outbreak of infections in nursing homes’ studies also reveal that the rate of death for nursing care homes under the program has declined significantly (Harrar et al., 2021). Additionally, there is a need to include physical exercises in the daily routines to improve the overall health outcome of the elderly.

**Question 5.2**

Ideally, patient-centered medicine entails availing healthcare services that are responsive to the needs of the patients, and this healthcare treatment also focuses on the mental and social wants of the patients (Health Leads, 2018). And, it makes sure that the patient's values govern all the decisions in the healthcare setting. Moreover, the present healthcare system promotes patient-centered medicine because it has covered the broad needs of the patients such as the provision of the affordable care act, the set-up of appropriate institutions for the old age that focuses on the needs of the elderly, lower expenses incurred by the patients when seeking for medical services and the inclusion of technological innovations that improves on the quality of healthcare services. Common aspects of patient-centered medicine include the inclusion of families in the healthcare system, and availing the necessary information. Ultimately, this enables the parties to make timely decisions, for instance, if it is necessary to transfer an elderly member of the family to a nursing home then, a patient-centered medicine will assess and determine that, and the healthcare in the United States currently facilitates the same.

**Question 6.1**

The current managed care system has met its goals because it has been able to contain the expenses in the delivery of health care services by consistently pressurizing the health providers to subsidize their services. subsequently, a greater number of individuals have been insured either through the government or private schemes, and the admission into the managed care scheme has continuously increased over the years because of the improvement in the quality of care under managed care. Ideally, there is a need to encourage several healthcare providers to join the scheme so that the patients can have unlimited alternatives, and ease restrictive measures on the accessibility of specialized healthcare services. Additionally, the differences that existed in managed care system entail, under the HMO segment it concentrates on the wellness outcome of an individual by ensuring that healthcare services are offered when the person I ill, and it also applies the preventive and screening services to maintain good healthcare outcome. Subsequently, under the PPO segment, it applies a preferential method in identifying specific healthcare providers that will offer the services at a discounted price, and if the consumers decide to opt for alternative healthcare providers, then they will incur more cost (Shi & Singh, 2017). Lastly, under the point of service plans, the segment combines both the features of HMO and PPO and allows the customer to choose their preferred healthcare provider.

**Question 6.2**

Yes, the current managed healthcare services are ideal and effective because of the techniques that are applied in managed care that provides three different types of managed care schemes that vastly covers the need of the consumers. For example, the POS scheme allows the customers to choose their healthcare provider, a case that was absent in the previous schemes, and subsequently, it enables the client to choose between the HMO and PPO. Moreover, the PPO plan provides cover for healthcare services within its scheme and makes fractional payments for the health cover outside the plan. Furthermore, under the managed healthcare there are subsidizations of the health costs in medical facilities by use of relatively affordable health insurance. Subsequently, the current managed care system allows accessibility of drugs at affordable cost, because it avails less costly generic medications to the Americans (Jackson, 2018).

**Question 7.1**

The recent healthcare merger in the United States involved the Intermountain health provider and Sanford health providers, and the resultant outcome will create over 60 hospitals and several clinics; the merger currently is on hold. Generally, both organizations are non-profit groups, and their interests are similar; subsequently, they have the intent of combining two of their insurance schemes into one to overcome any cultural challenge that may arise, and they share a common vision and have created values that will improve the overall service delivery. However, currently, the merger between the two corporations is on hold because the former CEO of Sanford health corporation declined to wear a mask amid the pandemic, a case that sent the wrong perception about the company's approach in addressing Covid19 (Lagasse, 2020). Subsequently, this led to the retrenchment of Kelby because as the leader of the organization, he would have sent the wrong message to the company's employees, and Intermountain company; ultimately, this would have resulted in a conflict of interest between the two organizations. Conclusively, the merger between the two companies failed as Sanford decided to focus on the realignment of the company’s priorities.

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