

Evolution of Medicine and Delivery of Medical Services

I. Historical Phases

- A. Pre-industrial
- B. Post-industrial

II. Review to the Turn of the Century . . . medical advances

- A. Legacy
 - 1. Hospital Locus
 - 2. Roles and Relationships
 - 3. Expectations and Satisfaction
 - 4. Problems (incubating)
- B. Lessons
 - 1. Medical care was effective
 - 2. Medical care could be hazardous

III. From the 1900's . . . delivery system advances (complexification and problems)

- A. Component Expansion and Systemization
 - 1. Services
 - a. Recipients
 - b. Providers
 - 1. Specialized
 - 2. Depersonalized
 - 3. Capitalized
 - c. "Payers" and d. Payers (Employers)
 - 1. Evolution of Medical Insurance
 - (a) 1920's: hospital plans
 - (b) 1930's: company plans
 - (c): 1940's: proliferation
 - 2. Results of the Development of Medical Insurance
 - (a) Increased access
 - (b) Exposed shortcomings of system
 - (c) Increased impatience
 - (d) Became victims of their own success
 - 2. Regulators (Federal Government)
 - a. Major Problems/Goals (strategy, tactics, and trends)
 - 1. Quality
 - a. Flexnor Report
 - 2. Access
 - a. Social Security Act
 - b. Vender Amendment Acts
 - c. Hill-Burton Act
 - d. Kerr-Mills Act
 - e. Medicare/Medicaid
 - 3. Cost
 - a. Public Health Service Act

- b. Professional Standards Review Organizations Act
- c. National Health Planning and Resources Development Act
- d. Tax Equity and Fiscal Responsibility Act

IV. Recent Evolutions and the 21st Century

- A. System driven by economics
- B. Response to financial incentives
- C. New diseases
- D. Bioterrorism
- E. Aging population
- F. Technology
- G. Internet
- H. Immigrants
- I. Electronic medical records

V. Overview

- A. Mid 18th to late 19th Century
 - 1. Consumer sovereignty
- B. Late 19th to late 20th Century
 - 1. Professional dominance
- C. Late 20th to early 21st Century
 - 1. Corporate dominance