Overview of the U.S. Health Care System

- I. Scope and Size of the System
 - A. Employment
 - B. Institutions
 - C. Health Care Professionals
 - D. Insurance
 - E. Managed Care Plans
- II. Components Of the System
 - A. Financing
 - B. Insurance
 - C. Delivery
 - D. Payment
 - E. Results of Public/Private Involvement
 - F. Unemployed and Uninsured
- III. Characteristics Differentiating US System from That of Other Nations
 - A. No central agency
 - B. Access based on insurance
 - C. Imperfect market
 - D. Third party payers
 - E. Multiple payers
 - F. Balance of power
 - G. Legal risks
 - H. New technology
 - I. Service settings
 - J. Quality is no longer unachievable
- IV. Access to Health Care
 - A. U.S. is the only developed country that does not ensure access to health
 - B. Barrier to controlling costs
 - C. Access Trends
- V. Costs
 - A. Controlled well in the mid and late 1990's
 - B. Americans still lack coverage
 - C. Concerns about quality
 - D. Trade-off
- VI. Quality
 - A. Leading issue for health care managers
 - B. Competitive pressures to control costs
 - C. Financial incentives
 - D. Consumer's need for information
- V. Organized Delivery Systems
 - A. Means to an end
 - B. Goal

- C. Global Health Care Values
 - 1. Universality
 - 2. Equity
 - 3. Acceptance of the role of government
 - 4. Skepticism
 - 5. Global budgets
 - 6. Rationing
 - 7. Technology assessment and innovation control
- D. U.S. Health Care Values
 - 1. Pluralism and choice
 - 2. Individual accountability
 - 3. Ambivalence
 - 4. Progress, innovation, and new technology
 - 5. Volunteerism and communitarianism
 - 6. Paranoia about monopoly
 - 7. Competition
- E. New Values
 - 1. Consumerism
 - 2. Net Culture