

TIERED "SYSTEM(S)"

	RECIPIENTS	MACRO SYSTEMIZATION	MICRO SERVICES COORDINATION	ROUTINE AMBULATORY CARE SERVICES	ACUTE INPATIENT HOSPITAL SERVICES	LONG TERM CARE
PRIVATE PRACTICE: FEE-FOR-SERVICES	Upper income and middle income <i>(largely insured)</i>	Unorganized No central control No integration	Patient, physician, nurse <i>(according to patient need)</i>	Physicians in private practice, proprietary laboratories, community pharmacies, etc.	Community hospitals	Proprietary facilities or proprietary home care
PRIVATE PRACTICE: PUBLIC SUBSIDIZED	Lower income: suburban and rural <i>(largely uninsured)</i>	Unorganized No central control No integration	Physician, nurse, patient <i>(according to what patient is allowed to receive)</i>	Emergency room of local hospital, public health department, physician in private practice	Local community hospitals	Proprietary facilities
LOCAL GOVERNMENT	Lower income: urban and inner city <i>(largely uninsured minorities)</i>	Largely unorganized <i>(variable geographically and over time)</i> No central control No integration	Physician, nurse, patient <i>(according to what patient is allowed to receive)</i>	City or county facilities or university teaching centers	City or county hospitals or university teaching hospitals	Proprietary facilities
MILITARY	Active duty military personnel and dependents	Highly organized, omnipresent, and variable Central control Integrated through single-patient record system	Physician, "system" <i>(according to patient need and procedure)</i>	System practitioners	System facilities (hospitals, dispensaries, sick bays, etc.)	None (discharge to V.A.)
VETERANS	Former members of U.S. Military Services (and others)	Organized Central control Moderate integration	Physician, "system" <i>(according to patient need and procedure)</i>	System practitioners	System facilities	System facilities (or funding)