Learning Objectives

• Describe the spectrum of health care delivery in the U.S. and understand how it impacts health
• Distinguish between different kinds of health care
  • Population-based practice
  • Medical practice (and its levels)
  • Long-term practice
  • End-of-life practice
• Describe the major goals/issues with the U.S. health care system
  • Access
  • Quality
  • Cost
• Discuss the Affordable Care Act and its implications
• Apply example of how health care delivery impacts health

Lecture Outline

• Healthcare Delivery in the SEM
• The Spectrum of Health Care Delivery
  • Population-Based Public Health Practice
  • Medical Practice
  • Long-term Practice
  • End-of-life Practice
• The Goals of the Health Care System
• Health Care Reform in the U.S.
• Example of Health Outcome (Obesity) Impacted by Health Care Delivery

Healthy People 2020

A society in which all people live long, healthy lives

Overarching Goals:

• Achieve high quality, longer lives free of preventable diseases, disability, injury, and premature death.
• Achieve health equity, eliminate disparities, and improve the health of all groups.
• Create social and physical environments that promote good health for all.
• Promote quality of life, healthy development and healthy behaviors across all life stages.

System Overview

Where in this graphic can you see aspects of the individual-level? Can you identify where there are interpersonal-level interactions? How about organizational-level and societal/political levels?

Consumers

• Obtain health care

Healthcare Professionals

• Diagnose
• Treat
• Care

Facilitating Organizations

• Finance
• Coordinate
• Regulate
**System Overview**

**Consumers**
- Obtain health care

**Healthcare Professionals**
- Diagnose
- Treat
- Care
- Finance
- Coordinate
- Regulate

**Facilitating Organizations**
- Finance
- Coordinate
- Regulate

**Individual behaviors**
- Community
- Interpersonal interactions
- Organizational

**Spectrum of Healthcare Delivery**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based public health practice</td>
<td>Interventions aimed at disease prevention and health promotion and education</td>
</tr>
<tr>
<td>Medical practice</td>
<td>Services usually provided by or under supervision of a physician or other traditional health provider</td>
</tr>
<tr>
<td>- Primary care</td>
<td>• Primary care (acute &amp; subacute)</td>
</tr>
<tr>
<td>- Tertiary care</td>
<td>• Tertiary care</td>
</tr>
<tr>
<td>Long-term practice</td>
<td>• Restorative care</td>
</tr>
<tr>
<td>End-of-life practice</td>
<td>Services provided shortly before death, most commonly including hospice care</td>
</tr>
</tbody>
</table>

**Goals of Healthcare Delivery System**

- Access
- Quality
- Cost

*From the APTR Initiative to Enhance Prevention and Population Health Education*
**Cost**

US spends two-and-a-half times the OECD average

<table>
<thead>
<tr>
<th>Level</th>
<th>Prevention</th>
<th>Medical Care</th>
<th>Population Oriented Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>-2% of $5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Secondary</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Tertiary</td>
<td>-</td>
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From the APTR Initiative to Enhance Prevention and Population Health Education

**Access**

Number of Nonelderly Uninsured, 2007-2011

- Diverse set of regulators:
  - Government (state, federal, local)
  - Insurers
  - Hospitals
  - Private accrediting bodies
  - Professional societies

**Quality**

- Quality healthcare should be:
  - Effective
  - Safe
  - Timely
  - Patient centered
  - Equitable
  - Efficient

**Evaluation of U.S. Healthcare System**

- Strengths
  - Advanced diagnostic and therapeutic technology
  - Timely availability of subspecialists and procedures
- Weaknesses
  - Limited access to multiple underserved populations
  - High cost with marginal population outcomes
  - Fragmentation of care
  - Insufficient primary care workforce
  - Highly bureaucratic/large administrative costs
  - Misaligned incentives
Changing Healthcare Context

From the APTR Initiative to Enhance Prevention and Population Health Education

Overview of the Affordable Care Act

• The Affordable Care Act was created to facilitate access to health insurance for all Americans
• Passed in 2010
• Created state based exchanges for the purpose of health insurance.

Key provisions of the Act include:

• Requires employers to provide health care coverage for their employees.
• Requires individuals to have health insurance
• Requires creation of state-based (or multi-state) insurance exchanges to help individuals and small businesses purchase insurance.
• Increases consumer insurance protection

From a public health perspective, the Act:

• Emphasizes prevention and wellness
• Creates the National Prevention, Health Promotion and Public Health Council
• Requires insurance to cover certain preventive medical care

As for medical care, the Act:

• Seeks to improve quality and system performance for certain medical procedures.
• Seeks to develop medical malpractice alternatives.
• Seeks to address health disparities.

And, in order to curb rising health care costs, the Act has:

• Provide oversight of health insurance premiums and practices
• Reduce health care fraud and abuse.
• Reducing uncompensated care to prevent a shift onto insurance premium costs.
• Implementing Medicare payment reforms
• Testing new delivery and payment system models in Medicaid and Medicare.
Statistics on ACA enrollment

- 8 million enrolled in the Marketplaces during 2014 open enrollment (Oct 2013 to April 2014).
- 11.7 million are estimated to have enrolled in the Marketplaces during 2015 open enrollment (Nov 2014 to Feb 2015). This includes 4.2 million who re-enrolled from 2014.
- It’s estimated that 5.7 million young adults (aged 19-25) stayed on a parent’s plan until age 26. That is 2.3 million who stayed on their parents’ plan from 2010 to 2013 with an estimated 3.4 million gaining coverage from 2013 to 2015.
- As of March 2015 a total of 18.4 have enrolled in a Marketplace plan or stayed on their parent’s plan.
- 10.8 million more enrolled in Medicaid or CHIP since Oct 2013. Not all who enrolled were ineligible before the ACA. Uninsured rates dropped lower in states that expanded Medicaid.

Applied Example: Obesity

Obesity rates have increased substantially over the past 20 years and are highest in the US

- Primary prevention (CDC 2013):
  - Support breastfeeding (hospitals)
  - Health education re: healthy food & beverage choices
- Healthcare providers (NHLeB, 1998)
- Health insurance—cover preventive services (Yang & Nichols, 2011)
- Employers—discounts for participation in wellness programs (Yang & Nichols, 2011)
- Health equity (CDC 2009)

Your Turn: List some ways that the health care system, or healthcare delivery, might impact obesity in individuals or on a population level.

Conclusion

- US healthcare system is a large patchwork of public and private programs
- Cost, quality, and access are all significant policy issues
- The Affordable Care Act addresses issues of healthcare cost, quality, and access in the U.S.


Note: The above references are a sample and may not be exhaustive of all the references in the original document.