Session Objective

- Identify the main issues in the development & organization of health services in the U.S.

U.S. Health System

Problems with U.S. Health Services

- High cost
- Misuse and overuse of services
- Mistakes (harming patients)
- Need for providers to focus on profitability
- Preventive services deemphasized
- Underuse of services by the uninsured
- Shortage of primary care providers

Stages of Development

Identify the major stages in the development of the U.S. health care delivery system
- Advancing Professionalism
- Technologic Advancement
- Containing Costs & Assuring Value

NEED FOR PROFESSIONALISM 1850-1920

Predominant Health Problem
- Infectious Diseases

Dominant Health System Problems
- Lack of medical education standards
- Lack of sanitation and infection control systems
MEDICAL PROFESSION in the 1800s

Relatively Weak
Insecure in Status and Income
Unable to Control Entry into Practice

Physicians Training Competition Among Sects in the 1800s

“Regulars” (Allopathy) - traditionally trained (standards varied), predominant in U.S., based on conventional medical science

Homeopaths – Disease as a matter of spirit, called for reduced dosages, somewhat experimental, emphasized physician-patient relationship

Eclectics - used herbal medicine, based on medical science, opposed excessive drugging and bleeding, admitted women,

Heroic Therapy – emphasized bleeding, heavy doses of mercury, other modes that could be lethal, untrained

Medical Practice in the 1800s

Long-standing relationships with patients and families
Collected their own bills
– Adjusted bills based on ability to pay

American Medical Association (AMA)

Founded in 1847
Goal - Raise and standardize medical education requirements
Enacted a Code of Ethics
– Exclude the “irregulars”
– Despite efforts, “irregulars” thrived
AMA’s voluntary reform efforts unsuccessful

MEDICAL LICENSING BOARDS

Early 1800s - Boards Weak
– Honorific
– Favor, not compliance based
– Served recipients

1820-30s - Licensing laws enacted and repealed in many states

1870-80s - Restoration of licensing boards
– Prevented competition from the untrained

Flexner Report on Medical Education

Published in 1910
AMA invited Carnegie Foundation on Advancement of Teaching to inspect all medical schools
Medical schools readily participated
– Why?
Foundation selected Flexner
– Who was Abraham Flexner?
Data Collected on Five Points

1. School’s entrance requirements and whether they were enforced
2. Size and training of faculty
3. Available endowment and fees to support institution & allocation of funds
4. Quality and adequacy of laboratories and qualifications of lab instructors
5. Relationship with schools & hospitals

Hospitals versus Clinics?

• The relationship between schools and hospitals?

FLEXNER REPORT FINDINGS

Discrepancy between medical education and medical science

Proprietary schools making false claims
- No laboratories
- Corpses reeked
- Libraries had no books
- Faculty busy with private practices
- Admission requirements waived if applicant met fee requirements

FLEXNER REPORT OUTCOME

Number of medical schools decreased
- Consolidation in medical education

Motivator - licensing requirement changes
- Example - demand college work

AMA Council became accrediting agency for medical schools
- States accepted AMA ratings

Implications of Flexner Report

Considered most significant reform of medical education in the past century

Brought professionalism in scientific method to medical education in U.S. and Canada

Flexner and Controversy

Unemployed former school master, needed a job
- “I was, I confess, prepared to do almost anything of a scholarly nature.”

Gained Carnegie position via a family connection
Was unfamiliar with medical institutions
Prepared through a one-month literature review
Cursory visits - most of 167 medical schools inspected in 180 working days (1.2 days each to travel & inspect)
No standard questionnaire or fixed procedure
Not conducted with school officials (one with janitor)
Medical journals concerned about methods and validity
Supporting Carnegie & AMA Interests
Opposed proprietary (physician-owned) medical schools (self-sufficient, not dependent on foundations/grants)
Reduce number of physicians by restricting number of medical schools
Preferred well paid physician elite to underpaid horde
Recommend 4 year curriculum – first 2 lab science
Faculty actively involved in research (scientists)
Favored specialists over generalists
Achieved homogeneity in gender, race, allopathic

Flexner Report
- Emphasized faculty who conduct research
  - Scientists
- Advanced specialists over generalists
  - Emphasized specialty care over primary care

MEDICAL SPECIALTY BOARDS
Specialty Boards Created
1916 - Ophthalmologists
1924 - Otolaryngologists
1930 - Obstetrics & Gynecologists
1970s - Family Medicine & Emergency Medicine

What was Motivation?

PROFESSIONALISM IN MEDICINE
Eliminate practice by untrained
Accreditation of medical schools
Licensure of physicians
Development of specialty boards

U.S. Medical Schools Today
133 medical schools award M.D. (Doctor of Medicine) degree
  - Accredited by the Liaison Committee on Medical Education
  - Liaison Committee - 6 of 17 members are appointed by AMA and 6 appointed by American Association of Medical Colleges
29 colleges offer the D.O. (Doctor of Osteopathic Medicine) degree.
  - Accredited by the American Association of Colleges of Osteopathic Medicine
Graduates of MD and DO schools
  - Take the same licensure exam
  - Eligible to complete the same graduate medical education programs, e.g., internal medicine, radiology, surgery,esthesiology, pediatrics, etc.
Session Questions, Part 1

1. What are the major stages of development of the U.S. health system?
2. What was the purpose of the AMA when it was founded, and what role does it serve today?
3. What purpose did the Flexner report serve, and what is the controversy surrounding it?
4. What motivated the development of medical specialty boards?
5. What factors have influenced the shortage of primary care practitioners in the U.S.?