

HEALTH CARE DELIVERY SYSTEMS IN THE USA

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The delivery of health care in the United States often does not have communication and coordination between the responsible stakeholders. This lack of coordination can lead to poor care quality, higher costs, and, most alarmingly, medical errors. Additionally, there lacks a set of policies or a national entity to guide the health care system. States divide their responsibilities among several agencies, and providers of health care often work independently from each other. This paper will examine the health care delivery in the US in terms of access, quality, cost, as well as continuity of care.

In terms of access, according to Kovner and Knickman (2011), the fragmentation of the US health delivery system is a major cause of the overall poor performance of the health care system. Patients, together with their families, do not get assistance when navigating across the numerous care settings and providers, leading to the patients experiencing frustrations and aggravation of health condition. Poor communication and absence of clear accountability for patients among several providers lead to waste, medical errors, and duplication (Shih et al, 2008). Patients should have an easy access to the necessary care and information, but this is not possible since there are few entry points to the system.

Williams and Rodgers (2007) believe that lack of peer accountability, infrastructure for improving quality, and systems of clinical information lead to the overall decrease of health care quality. The system has failed to innovate and learn consistently to raise the quality of health care, its value and improve the experiences of a patient. The government has failed to properly coordinate with the numerous health services providers in a manner that will increase the

delivery systems quality to the recommended level, probably because of its failure to enforce policies relating to health care quality.

According to Jonas (2003), one of the reasons for the fragmentation of the health delivery system is intensive high-cost medical intervention being implemented as an opposition to primary care that is high-value, together with expensive preventive medicine and chronic illness management. Moreover, the payment methods applied by most providers are not suitable for low-income patients, especially for those who do not have health insurance. The fee-for-service payment system that is predominantly applied by the providers also contributes significantly to the poor delivery system.

The fragmentation of the United States health care system has threatened the continuity of the system because it fosters dangerous and frustrating experiences among patients as they obtain services from several providers in a wide variety of settings. It also leads to duplication and waste, hindering the ability of the providers to deliver high quality and efficient care. To ensure continuity, the providers should have accountability to one another both across and within settings, reviewing the work of each other and collaborating to high-value and high-quality care reliably (Shi and Singh, 2009).

In conclusion, the fragmented delivery system of the United States health care implements care that is both poor quality and of a high-cost. The nation cannot build a health system that is high performing without reorganizing it at the practice, national, state, and community levels. The goal of creating a better health care delivery system is and will never be out of reach, and all it takes is to establish cooperation between the government and the health care service providers.

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