Chapter 1 : Health Care, Medicine & First Aid | blog.quintoapp.com

Lower mortality and other improved patient outcomes achieved at designated "Magnet hospitals" are explained partlyâ€"but not completelyâ€"by better nurse staffing, education, and work environment, in an article available only in Medical Care.

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Chapter 2 : Access to Health Services | Healthy People

Health care or healthcare is the maintenance or improvement of health via the prevention, diagnosis, and treatment of disease, illness, injury, and other physical and mental impairments in human beings.

Medical train "Therapist Matvei Mudrov" in Khabarovsk , Russia [7] Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system. Another professional would be a licensed independent practitioner such as a physiotherapist , or a non-physician primary care provider such as a physician assistant or nurse practitioner. Depending on the locality, health system organization the patient may see another health care professional first, such as a pharmacist or nurse. Depending on the nature of the health condition, patients may be referred for secondary or tertiary care. Primary care is often used as the term for the health care services that play a role in the local community. It can be provided in different settings, such as Urgent care centers which provide same day appointments or services on a walk-in basis. Primary care involves the widest scope of health care, including all ages of patients, patients of all socioeconomic and geographic origins, patients seeking to maintain optimal health , and patients with all types of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Consequently, a primary care practitioner must possess a wide breadth of knowledge in many areas. Continuity is a key characteristic of primary care, as patients usually prefer to consult the same practitioner for routine check-ups and preventive care , health education , and every time they require an initial consultation about a new health problem. Primary care also includes many basic maternal and child health care services, such as family planning services and vaccinations. Physicians in this model bill patients directly for services, either on a pre-paid monthly, quarterly, or annual basis, or bill for each service in the office. Examples of direct primary care practices include Foundation Health in Colorado and Qliance in Washington. In context of global population aging , with increasing numbers of older adults at greater risk of chronic non-communicable diseases , rapidly increasing demand for primary care services is expected in both developed and developing countries. This care is often found in a hospital emergency department. Secondary care also includes skilled attendance during childbirth , intensive care , and medical imaging services. The term "secondary care" is sometimes used synonymously with "hospital care. Some primary care services are delivered within hospitals. Depending on the organization and policies of the national health system, patients may be required to see a primary care provider for a referral before they can access secondary care. Physiotherapists are both primary and secondary care providers that do not require a referral. In the United States, which operates under a mixed market health care system, some physicians might voluntarily limit their practice to secondary care by requiring patients to see a primary care provider first. This restriction may be imposed under the terms of the payment agreements in private or group health insurance plans. In other cases, medical specialists may see patients without a referral, and patients may decide whether self-referral is preferred. In the United Kingdom and Canada, patient self-referral to a medical specialist for secondary care is rare as prior referral from another physician either a primary care physician or another specialist is considered necessary, regardless of whether the funding is from private insurance schemes or national health insurance.

Chapter 3 : Health care in Sweden

Increasing understanding of health and health care in the United States through secondary analysis of Robert Wood Johnson Foundation supported data collections. HMCA distributes data collections free of charge to the research community and provides technical support to users of the data.

The NHS provides the majority of healthcare in England, including primary care , in-patient care , long-term healthcare , ophthalmology and dentistry. Recently there have been some examples where unused private sector capacity has been used to increase NHS capacity and in some cases the NHS has commissioned the private sector to establish and run new facilities on a sub contracted basis. Some new capital programs have been financed through the private finance initiative. The involvement of the private sector remains relatively small yet, according to one survey by the BMA, a large proportion of the public oppose such involvement. Commissioning trusts negotiate service delivery with providers that may be NHS bodies or private entities. They will be involved in agreeing major capital and other health care spending projects in their region. For most people, the majority of health care is delivered in a primary health care setting. Provider trusts are care deliverers, the main examples being the hospital trusts and the ambulance trusts which spend the money allocated to them by the commissioning trusts. Primary care is delivered by a wide range of independent contractors such as GPs, dentists, pharmacists and optometrists and is the first point of contact for most people. Secondary care sometimes termed acute health care can be either elective care or emergency care and providers may be in the public or private sector, but the majority of secondary care happens in NHS owned facilities. NHS Constitution for England The NHS has recently adopted a formal constitution which for the first time, in one document, lays down the objectives of the NHS, the rights and responsibilities of the various parties patients, staff, trust boards and the guiding principles which govern the service. The NHS will pay for treatment in a private setting if the hospital meets the cost and service criteria that NHS hospitals adhere to. Otherwise opting for a private hospital makes the patient liable for private hospital fees. Because the private sector often has higher costs, most people choose to be treated for free in an NHS hospital. If the GP judges the case to be extremely urgent, the doctor may by-pass the normal booking system and arrange an emergency admission. The median wait time for a consultant led first appointment in English hospitals is a little over 3 weeks. The speed of in-patient admission is based on medical need and time waiting with more urgent cases faster though all cases will be dealt with eventually. Only about one third of hospital admissions are from a waiting list. For those not admitted immediately, the median wait time for in-patient treatment in English hospitals is a little under 6 weeks. Some hospitals are introducing just in time workflow analysis borrowed from manufacturing industry to speed up the processes within the system and improve efficiencies. However, if a patient has chosen to be treated in an NHS hospital as a private fee paying patient by arrangement with his consultant, the patient or the insurance company will be billed. This can happen because at the inception of the NHS, hospital consultants were allowed to continue doing private work in NHS hospitals and can enable private patients to "jump the NHS queue". This arrangement is nowadays quite rare as most consultants and patients choose to have private work done in private hospitals. Emergency Department traditionally known as Accident and Emergency treatment is also free of charge. A triage nurse prioritises all patients on arrival. Waiting times can be up to 4 hours if a patient goes to the Emergency Department with a minor problem or may be referred to other agencies e. Emergency Departments try to treat patients within 4 hours as part of NHS targets for emergency care. Private hospitals do not provide emergency care services. The NHS can also commission the expertise of organisations in the voluntary sector to compliment palliative care. Despite their names, these services are designed for all palliative conditions, not exclusively cancer. All palliative care services provide support for both the patient and their relatives during and after the dying process. Again, these are all free of charge to the patient. Experiences, perceptions and reporting of the NHS[edit] Although the NHS has a high level of popular public support within the country, the national press is often highly critical of it and this may have affected perceptions of the service within the country as a whole and outside. An independent survey conducted in found that users of the NHS often expressed very high levels satisfaction

about their personal experience of the medical services they received. Similarly the survey also showed that net satisfaction with NHS services the number reporting satisfied less those reporting dissatisfied was generally higher amongst NHS services users than for all respondents users as well as non-users. Where more people had no recent experience of that service, the difference in net positive perception reported by users compared to non-users was more likely to diverge. Private-sector medical care[edit] England also has a private health care sector. Private health care is sometimes funded by employers through medical insurance as part of a benefits package to employees though it is mostly the larger companies that do. Insurers also market policies directly to the public. Most private care is for specialist referrals with most people retaining their NHS GP as point of first contact. The private sector now does some subcontracting work for the NHS. Some private hospitals are business enterprises and some are non-profit-making trusts. Some hospital groups provide insurance plans e. Bupa , Benenden , and some insurance companies have deals with particular private hospital groups. The Care Quality Commission , after inspecting more than private sector hospitals, warned in April that informality in processes meant that systematic and robust safety procedures were not in place. Hospital consultants are generally not employed by the private hospitals where they have admitting rights and the commission said private companies could be reluctant to challenge them. Safety was viewed as the responsibility of individual clinicians, rather than a corporate responsibility supported by formal governance processes. There were only 15 critical care services across hospital sites so in an emergency they had to rely on the service.

Chapter 4 : Healthcare in England - Wikipedia

Studies have shown that the medical home model's attention to the whole-person and integration of all aspects of health care offer potential to improve physical health, behavioral health, access to community-based social services and management of chronic conditions.

Back to Top Emerging Issues in Access to Health Services Over the first half of this decade, as a result of the Patient Protection and Affordable Care Act of , 20 million adults have gained health insurance coverage. In addition, data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care. Disparities also exist by geography, as millions of Americans living in rural areas lack access to primary care services due to workforce shortages. Future efforts will need to focus on the deployment of a primary care workforce that is better geographically distributed and trained to provide culturally competent care to diverse populations. Specific issues that should be monitored over the next decade include: Increasing and measuring insurance coverage and access to the entire care continuum from clinical preventive services to oral health care to long-term and palliative care Addressing disparities that affect access to health care e. Access to Health Care in America. National Academies Press; Agency for Healthcare Research and Quality; May Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. Self-assessed health status and selected behavioral risk factors among persons with and without healthcare coverageâ€"United States, The medical home, access to care, and insurance. Provider continuity in family medicine: Does it make a difference for total health care costs? The importance of having health insurance and a usual source of care. The timing of preventive services for women and children; the effect of having a usual source of care. Am J Pub Health. Evidence from primary care in the United States and the United Kingdom. Balancing health needs, services and technology. Oxford University Press; Contribution of primary care to health systems and health. A national profile on use, disparities, and health benefits. Partnership for Prevention; Aug. Data needed to assess use of high-value preventive care: A brief report from the National Commission on Prevention Priorities. Future of emergency care series: Agency for Healthcare Research and Quality; April The increasing weight of increasing waits. Trends Affecting Hospitals and Health Systems. American Heart Association; Department of Health and Human Services; Mar 3.

Chapter 5 : Lesbian, Gay, Bisexual, and Transgender Health | Healthy People

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Defining and Measuring the Patient-Centered Medical Home , Journal of General Internal Medicine June Health Information Technology Health information technology, such as electronic health records EHRs , disease registries, personal health record systems and clinical decision support, is key to improving access to and sharing of patient information within a care coordination team. HIT significantly enhances the capability of the patient-centered medical home to achieve its quality and efficiency goals. By enabling providers to collect, manage, and share important patient information, health information technology facilitates communication between providers, health care teams and patients. This increased coordination, which gives network providers instant access to patient records regardless of where they seek services, improves care delivery and management. Increased use of technology also enhances communication between providers and patients and promotes patient engagement. Department of Health and Human Services Payment Reform Fee-for-service, the traditional method of paying health care providers, incentivizes quantity of health care services over quality and volume over value. As an integral part of the medical home model, payment reform restructures provider compensation to align financial incentives with health outcomes. Providers are rewarded for promoting and coordinating overall patient health and improving health outcomes while simultaneously reducing health care costs. The theory is that better coordinated care leads to healthier patients who require fewer services, saving money in the long run. Reimbursing medical practices that strive to improve care delivery through medical homes contributes to cost containment. Payment reform can also provide support for services that are not currently reimbursable â€” such as care coordination activities, adoption and use of health information technology, patient education, training to improve patient self-management of disease and enhanced provider-patient interaction. Medical home payment systems assume various forms and may rely on a combination of payment models. This extra compensation covers medical home activities such as care coordination. Additional financial compensation may also be available if specific quality targets are achieved. A few of the most common are described below. Community Health Centers Community health centers CHCs are community-based nonprofit organizations that provide comprehensive health services to people who lack access to other medical careâ€”including the uninsured, residents of rural or underserved areas and some Medicaid patientsâ€”regardless of their ability to pay. In addition to primary care, CHCs often provide dental, vision and behavioral health services, community-centered services and care integration - including health education and case management. Although CHCs essentially function as community-centered medical homes, they are increasingly applying for formal recognition as patient-centered medical homes. As of , 1, community health centers operated more than 8, health care delivery sites and served nearly 20 million patients. About 40 percent received health insurance through Medicaid, 36 percent were uninsured and about half of CHC patients lived in rural areas. For more on CHCs, click here. Management of Chronic Disease and Behavioral Health The medical home model offers an opportunity for states to reduce costs and improve care for the chronically ill. These Medicaid beneficiaries tend to have complex needs and are a major driver of health care costs. Section of the Patient Protection and Affordable Care Act also includes an option for states to provide health homes similar to medical homes for enrollees with multiple chronic conditions.

Chapter 6 : Health Care | Definition of Health Care by Merriam-Webster

The Economics of Health and Medical Care is an introduction to population-based health economics as well as the traditional, market-oriented approach to health care economics. The book examines economics through the lens of descriptive, explanatory, and evaluative economics.

The average life span is now 84 years for women and 81 years for men. This can be attributed in part to falling mortality rates from heart attacks and strokes. In , one in five people was 65 or older. On the other hand, the number of children born in Sweden has been increasing each year since the late s. Shared responsibility The responsibility for health and medical care in Sweden is shared by the central government, county councils and municipalities. The Health and Medical Service Act regulates the responsibilities of county councils and municipalities, and gives local governments more freedom in this area. The role of the central government is to establish principles and guidelines, and to set the political agenda for health and medical care. It does this through laws and ordinances or by reaching agreements with the Swedish Association of Local Authorities and Regions SALAR , which represents the county councils and municipalities. Decentralised health care Responsibility for providing health care is devolved to the county councils and, in some cases, municipal governments. County councils are political bodies whose representatives are elected by county residents every four years on the same day as national general elections. Swedish policy states that every county council must provide residents with good-quality health and medical care, and work to promote good health for the entire population. County councils are also responsible for dental care for local residents up to the age of For specialist visits, there is a maximum fee of SEK There is a similar ceiling for prescription medication, so nobody pays more than SEK 2, in a given month period. Shared medical care Sweden is divided into municipalities and 20 county councils. Three of the county councils: There is no hierarchical relation between municipalities, county councils and regions. Around 90 per cent of the work of Swedish county councils concerns health care, but they also deal with other areas such as culture and infrastructure. Chronic diseases that require monitoring and treatment, and often life-long medication, place significant demands on the system. International co-operation Greater mobility among EU citizens has increased the need for cooperation on health and medical care. Sweden is actively involved in collaborating on specialised care, improving patient safety and enhancing patient influence. Many of the challenges confronting Swedish health care can also be seen in other countries, and include issues of access, quality, efficiency and funding. One priority area is patient safety. In early , Sweden enacted a new patient safety law which provides everyone affected by health care â€” patients, consumers and family members â€” new opportunities to influence health care content. The aim is to make it easier to report cases of wrong treatment. Health care ICT and quality National eHealth National eHealth is aimed at making better use of information and communications technology to improve health and medical care and make it more efficient. Examples include electronic patient records, e-prescriptions and websites providing health care information. Measuring quality The National Patient Survey provides an annual measurement of how patients see the quality of health care. Questions concern treatment, patient involvement, confidence in care and information. The results are used to develop and improve care based on the patient perspective. The Health Care Barometer is a survey reflecting attitudes, knowledge and expectations relating to Swedish health care. This is compiled each year by every county council and region. Elderly in Sweden have the right to receive care in their own homes. As a result, Sweden introduced a health care guarantee in After an initial examination, no patient should have to wait more than 90 days to see a specialist, and no more than 90 days for an operation or treatment, once it has been determined what care is needed. If the waiting time is exceeded, patients are offered care elsewhere; the cost, including any travel costs, is then paid by their county council. Statistics from indicate that about Focus on Swedish midwives Sweden has long had trained professional midwives. Research shows this has resulted in a sharp reduction in mortality among women in childbirth. In the 18th century, the rate was about one in a hundred. By the beginning of the 20th century, mortalities had dropped to women per , live births. The first regulations governing midwifery in Sweden were established in , and stipulated that midwives in Stockholm should be

trained, assessed and take an oath. Today, maternal mortality in Sweden is among the lowest in the world; fewer than three out of 1, babies and fewer than four women out of , die in birth. Swedish maternal care is often highlighted as a success story in international contexts, given its long tradition of significant contributions.

Chapter 7 : The Medical Home Model of Care

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Chapter 8 : Medi-Cal Overview

View the latest health news and explore articles on fitness, diet, nutrition, parenting, relationships, medicine, diseases and healthy living at CNN Health.

Chapter 9 : Health care - Wikipedia

Personal health care (PHC) expenditures by State of Provider are estimates of health spending by the location of health care providers in the 50 States and in the District of Columbia. These estimates are presented by the type of good or service (hospital care, physician and clinical services, retail prescription drugs, etc.) and by source of.