



كلية العلوم قسم الانظمة الطبية الذكية

Lecture: (3)

Healthcare Systems Administration

Subject: Analysis and Expanded Explanation of Healthcare Systems Administration

Level: Fourth

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Introduction

The healthcare delivery system plays a crucial role in maintaining the well-being of the population. It consists of a network of organizations, people, and resources that help provide care, both preventive and curative, to individuals. These systems are built to manage and provide healthcare services in a way that is organized, efficient, and accessible.

Components of a Health Care Delivery System

1. **Services**: The healthcare services available to individuals, ranging from preventive to therapeutic care.
2. **Consumers**: Individuals seeking healthcare services, whether for treatment or preventive care.
3. **Personnel (Providers)**: The healthcare professionals who deliver care, including doctors, nurses, medical staff, and therapists.
4. **Payment**: Methods used to pay for healthcare, whether through personal funds, insurance, or government programs.

Financing Healthcare: A Key Component

Healthcare financing determines how services are paid for and can vary greatly depending on the country or system. There are three main ways to pay for healthcare:

1. **Self-Payment**: Individuals directly pay for healthcare services.
2. **Insurance**: In many systems, individuals or employers pay premiums to health insurance companies to cover future healthcare needs.



3. **Government Programs:** Some countries implement universal health coverage, where the government finances healthcare through taxes.

A central theme is the necessity of ensuring equitable access to healthcare services. A well-financed system is essential for reducing barriers to access, particularly in systems without universal healthcare.

The Affordable Care and Patient Protection Act (ACA)

The Affordable Care Act (ACA), signed into law in 2010 by President Barack Obama, is a landmark healthcare reform in the United States designed to make healthcare more affordable and accessible.

Key Provisions of the ACA

1. **Individual Shared Responsibility Provision:** All individuals are required to have health insurance that meets the minimum essential coverage standards. This was designed to make healthcare coverage universally available.

2. **Employer Shared Responsibility Provision:** Employers with 50 or more full-time employees must offer health insurance or face penalties. This ensures that businesses contribute to the coverage of their workers, helping to reduce the financial burden on individuals.



Benefits of the ACA

1. **Preventative Care:** Under the ACA, preventative services like screenings and vaccinations are covered 100% by health insurance plans, ensuring individuals can access essential services without additional cost barriers.
2. **Guaranteed Coverage:** Health insurance companies can no longer deny coverage to individuals with pre-existing conditions, expanding access to care for all, regardless of health status.

Example: Before the ACA, individuals with diabetes or cancer could face rejection from health insurance providers. Today, under the ACA, insurance companies must cover them, ensuring they get necessary treatment without discrimination.

Healthcare Reform Basics and Current Trends

Healthcare reform continues to evolve, especially with value-based care becoming a focal point. In this model, the quality of care provided by physicians and hospitals is prioritized over the quantity of services offered. This leads to better patient outcomes and reduced healthcare costs over time.

Reforms in the Works

1. **Linking Payments to Performance:** A shift towards compensating providers based on the quality of care they deliver rather than the volume of services rendered. This includes ensuring that hospitals meet certain performance metrics like avoiding hospital-acquired infections and reducing readmissions.
2. **Consumer-Centric Changes:** Empowering consumers to make informed choices about their healthcare, such as understanding the costs and benefits of treatment options, is a major part of ongoing reforms.



Checks and Balances in Healthcare Reform

One of the critical changes brought by the ACA is the incorporation of checks and balances. Agencies such as the Centers for Medicare and Medicaid Services (CMS) continuously audit healthcare providers and track performance based on patient outcomes. These audits aim to identify inefficiencies, improve care, and ensure that providers are compensated fairly.

Table: ACA-Related Healthcare Metrics

Measure	Goal	Example of Implementation
Readmissions	No unplanned readmissions in 30 days	Hospitals penalized for high readmission rates
Patient Fall Risk	Minimize falls and investigate causes	Increased screenings in hospitals
Immunization	Reduce flu and pneumonia cases	Mandatory reporting and vaccination campaigns
Infection Prevention	Decrease hospital-acquired infections	Hospitals adopting better hygiene protocols