

Types of Health Care Services and Paying for Health Services

I. Health Care Services

The federal government provides very few direct health services, preferring to support new, improved services by providing money to fund expanded developments.

A. Hospitals

1. Provide primary patient care, train health personnel, conduct research, and disseminate information to consumers.
2. Employ _____ of healthcare personnel.
3. Approximately _____% of federal health monies and _____% of state and local health monies go to hospitals.

B. Ambulatory Healthcare Services

1. Care that is provided _____ of institutional care is considered ambulatory care.
2. Is the most frequent contact that most people have with the healthcare system.
3. Can be any type of care, from simple and routine to complex and specialized.

C. Mental Health Services

Includes health personnel involved in the delivery of mental health services.

Examples:

- 1.
2. Psychologists
3. Clinical Social workers
- 4.

D. Healthcare teams

Healthcare teams consist of the group of people working together to provide care. Examples of team members can be doctors, nurses, dieticians, pharmacists, administrative staff, dentists, therapists, and even clergy.

1. _____ - teams formed to take care of specific problems. Examples include a mental health team or coronary care team.
2. _____-teams include patients and families who are involved in making healthcare decisions together with the doctor and other healthcare professionals.
3. Health care team for a visit with a primary care provider (PCP)

“When patients visit their primary care provider (PCP), the visit involves many more people than just the doctor. Here’s an example of healthcare professionals involved in a simple PCP visit:

Members of the administrative staff schedule the appointment, find the medical record, make a reminder call, greet the patient and verify insurance information.

A nurse or medical assistant record the patient's weight and vital signs, escort the patient to an exam room and record the reason for the visit.

The PCP may be a doctor, physician's assistant or nurse practitioner who examines and talks with the patient to develop a diagnosis and plan of care.

If a lab or radiology test is ordered, a technician performs the test. Administrative staff may help ship out the sample (blood, skin, saliva), a lab will perform the analysis and write up the test results. The technician, nurse, or doctor will discuss the results with the patient. If treatment, such as medication is prescribed, a pharmacist fills the prescription.

Medical billing experts then bill the patient's insurance for the office visit and either the test or the medication.”

II. Healthcare costs

- A. The United States Spends more per capita than any other country.
- B. Costs have gradually increased since the implementation of Medicare in 1965.
- C. The portion of the gross national product (GNP) attributable to healthcare has increased from 5.9% to 16.2% between 1965 and 2007 because of the huge surge in medical, hospital, and nursing home costs during this period.

III. Health Insurance

Of those with employer-based health insurance the majority are enrolled in a _____ or _____ .

A. Terms to know

1. Premium-

2. Deductible- the amount you pay for health care services **before** your health insurance begins to pay.

3. Copay- fee paid by the insured in addition to the amount paid by the insurance company.

The amount can vary by the type of service. For example:

4. Out of Pocket Maximum- “The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

After you pay this amount your plan pays 100% of the cost of covered benefits.

Doesn't include the cost of monthly premiums.

Generally, the lower the monthly premium the higher the out of pocket costs.

B. HMO

- ▶ “In most HMO Plans, you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency. You may also need to get a referral from your primary care doctor.”
- ▶ “In HMO Plans, you can't get your health care from any doctor, other health care provider, or hospital. You generally must get your care and services from doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis).”
- ▶ “In most cases, prescription drugs are covered in HMO Plans.”

C. PPO

- ▶ “In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network . You pay more if you use doctors, hospitals, and providers outside of the network.”
- ▶ “In most cases, you can get your health care from any doctor, other health care provider, or hospital in PPO Plans. PPO Plans have network doctors, other health care providers, and hospitals.”
- ▶ “Each plan gives you flexibility to go to doctors, specialists, or hospitals that aren't on the plan's list, but it will usually cost more.”
- ▶ “In most cases, prescription drugs are covered in PPO Plans. Ask the plan. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage.”

IV. Government funded Health Insurance

A. Medicare

For people _____ years old and older, certain disabled people younger than 65 years old, and any adult with permanent kidney failure

Administered by the _____.

Medicare is divided into 4 parts

Part A is hospital insurance and all elderly beneficiaries are automatically enrolled.

Part B is supplemental medical insurance and is voluntary, although the majority of the elderly purchase part B.

Part C is supplemental hospital and medical insurance.

Part D is medication insurance

B. Medicaid

For people with income below the poverty level established by the state

Includes more services than simply health insurance (for example dental, vision, transportation and translation services)

Is administered by _____.

C. CHIP

For low-income children- generally those below _____ of the federal poverty level.

Financed jointly by the federal government and state.

V. Long-term Care

A. How long is long-term?

B. Who gets this type of care?

Age:

Reasons:

C. Where is this type of care given?

D. What else is important to know about long-term care?

_____ (such as shelters) for the homeless with disabilities, those with severe mental illness, or chronic problems with drug and alcohol abuse.

Can be very _____.

VI. Nursing Homes

2 recognized types of home

A. SNF-

“a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis,” pursuant to Section 1250(c) of the Health and Safety (H&S) Code.

B. ICF-

“a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care,” pursuant to Section 1250(d) of the H&S Code.

VII. Community Health Agencies

Home Health Agencies (HHA)- provide part-time nursing and medical care in patients' homes as well as other services such as

And sometimes

(such as wheelchairs, walkers, and so forth)

Meals on Wheels- an example of a community health agency that provides

VIII. Hospice

Care only for the dying.

Why?

Operated on the principle that the dying _____
that the hospital may not be the best suited to provide

Some main concerns for hospice workers:

_____ and other symptoms associated with dying when
conventional treatment is no longer of valuable.

IX. Demographic Trends and Projections

A. By the mid-twenty first century, because of the rapidly increasing population that is over 65, the number of elderly individuals will _____

B. The need for long-term care (home and nursing homecare) and associated costs will increase _____

C. More than 90% of the elderly _____ and more than 2/3 of them perceive their health to be good to excellent.

D. Services needed for the old-old are primarily focused on _____ and providing long-term care to the frail.

E. The young-old need more _____ care services

X. Personnel, Training, Education

- A. Greatly expanded training programs for home-health, nursing homes, hospice, and other community settings.
- B. Health professions will need specific education on the needs of the elderly.
- C. _____ is the medical specialty that pertains to the elderly (just as pediatrics pertains to children).
- D. Dentists, dental hygienists, and dental assistants will be serving substantially larger numbers of elderly and will also need advanced geriatric training.