

THE REGIO	NALIZATION	CONCEPT
	IN ENGLAND	
		E DENII
LORD D	AWSON O	FPENN
	1920	

PLAN MUST BE:

- COMPREHENSIVE
- AFFORDABLE
- ACCESSIBLE
- ACCEPTABLE
- PORTABLE
- INTEGRATIVE

CERTIFICATION OF ELIGIBLES INDIGENTS UNEMPLOYED MINIMALLY SOLVENT

INDISTINGUISHABLE CARD SYSTEM

MEDICATIONS

-	

MENTAL ILLNESS	
AIDS	
SUPERTERTIARY SYSTEM	

C0-INSURANCE AND DEDUCTIBLES					

CATASTROPHIC
ILLNESSES:
POOL OF ECONOMIC
RESOURCES



LEGISLATION MALPRACTICE LIFESTYLES

DEPARTMENT OF HEALTH POST REFORM FUNCTIONS

- ENVIRONMENTAL HEALTH
- DEMOGRAPHIC REGISTRY
- MATERNAL AND CHILD HEALTH
- MEDICAL EMERGENCIES
- VITAL STATISTICS
- REGULATION AND ACCREDITATION OF HEALTH CARE FALICITIES
- CERTIFICATION OF HEALTH PROFESSIONS
- PHYSICAL OVERSIGHT, AUDIT AND QUALITY ASSURANCE
- HEALTH EDUCATION AND PROMOTION

MANAGED CARE

MANAGED CARE CIRCA 1300

Bernat de Berriac, M.D.
In a village in Catalonia,
Spain
for a fixed amount of money
provided
treatment for all illnesses.
Dental care was not included.

1950-1960

Local dispensaries of Blue Cross

Manejo Dirigido

- Le limita al paciente la selección de médico
- Limita el acceso a especialistas
- Reduce la autonomía del profesional
- Transfiere el poder de sectores sin fines de lucro a sectores con fines de lucro
- Cambia el poder de los hospitales y los médicos hacia corporaciones privadas.

Facultad de Centros Universitarios

- Trabajan más
- El número de pacientes ha disminuído
- Brecha entre facturación y el pago recibido
- Los pagos son menores

MANAGED CARE CONCERN

IS

TO REDUCE COSTS

A CONTINENTAL BREAKFAST IS TO A COMPLETE BREAKFAST

AS

MANAGED CARE IS TO A DECENT MEDICAL CARE

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QUALITY IN A CAPITATED SYSTEM IS NOT THE DRIVING FORCE, PATIENT SATISFACTION IS

PATIENT
SATISFACTION
CAN NOT BE
EQUATED TO
QUALITY OF CARE

PATIENT SATISFACTION
DEPENDS MORE ON
VISIBLE
AMENITIES AND PERSONAL
RELATIONS THAN ON THE
QUALITY AND
APPROPRIATENESS OF
MEDICAL SERVICES

The Profit Motive

"In a good society ethics drives the economy and on the contrary the economy does not drive ethics"

Edmund Pellegrino

ETHICAL CONCERNS

- Physicians are expected to balance the interests of their own patients with the interests of other patients
- Managed care places the needs of patients in conflict with the financial interests of other patients.



The gatekeeper role is morally dubious because it generates a conflict between the responsibilities of the physician as a primary advocate of the patient and as guardian of society's resources

Edmund Pellegrino

ERISA EMPLOYMENT RETIREMENT SECURITY ACT OF 1974

Was ammended to cover HMO's, employers insurance companies and providers of care

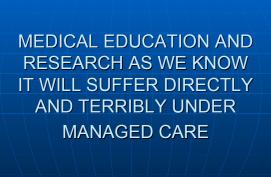
It provides immunity over state laws dealing with professional medical responsibility.

Self interest versus Altruism in its purest form

MEDICINE AS A SOCIAL GOOD

MANAGED CARE IS NOT INTERESTED:

- In teaching of medical students
- Training of residents
- Research



ANY HEALTH CARE
PLAN
MUST PLACE THE
PATIENT FIRST

BETTER EDUCATION
RESULTS IN
HEALTHIER LIVES

HEALTH CARE CARD VERSUS AN AMERICAN EXPRESS CARD

GENERAL ACCOUNTING OFFICE

A definitive evaluation of managed care does not exist because of a lack of clear definition, difficulty in obtaining data, the high cost of conducting an evaluation, and the constantly changing structure of managed care.

UNEQUAL
DISTRIBUTION OF
INCOME AND WEALTH

RATIONING IS INEVITABLE UNDER ANY HEALTH CARE SYSTEM

WHO RATIONS

- The physician
- The government
- The corporations

RACIONAMIENTO DE SERVICIOS

- Sistema antiguo--los políticos y los administradores.
- Sistema actual--los médicos primarios y las compañías aseguradoras

RATIONING AT PRESENT Lack of techonology Lack of beds Lack of money Too high expectations Lack of ICU beds

RATIONING THROUGH INCONVENIENCE

POLITICIANS WILL NEVER RATION SINCE IT IS:

- Anti-political
- Anti-vote
- Anti-reelection

-	

POWELL'S LAW THE POTENTIAL DEMAND FOR MEDICAL CARE THAT IS FREE AT THE TIME OF RECEIPT IS INFINITE

THE HEALTH CARE
REFORM HAS NO
INCENTIVE TO GET OUT OF
POVERTY.
IT PERPETUATES
DEPENDENCY

IF YOU EAT THE CORN SEED WE WILL HAVE A MEDICAL FAMINE IN KNOWLEDGE AND RESEARCH

SISTEMA DE SALUD EQUITATIVO Y JUSTO

- ACCESO UNIVERSAL
- ACCESO A "UN NIVEL ADECUADO" DE SALUD.
- ACCESO SIN NECESIDAD DE CARGAS EXCESIVAS.
- ACEPTABLE A LOS PACIENTES Y PROVEEDORES
- PORTATIL
- INTEGRADO

CONTINUACION

- COMPRENSIVO, DE GRAN ALCANCE
- DISTRIBUCION EQUITATIVA DE LA CARGA DE RACIONAR LOS SERVICIOS
- INCENTIVO O CAPACIDAD PARA MEJORAR HACIA UN SISTEMA MAS JUSTO
- EDUCACION Y ADIESTRAMIENTO DE UN NUMERO ADECUADO DE PROVEEDORES DE SERVICIOS DE SALUD.

CONTINUACION

- INVESTIGACION BIOMEDICA DE CALIDAD.
- INVESTIGACION BIOMEDICA EN CUANTO A COSTOS.

BUENO ES TENER LA TERQUEDAD DEL BURRO PERO NO LA DOCILIDAD DE SER MONTADO

Antonio S. Pedreira

IT IS HARD TO
PREDICT
PARTICULARLY THE
FUTURE

Yogi Berra

