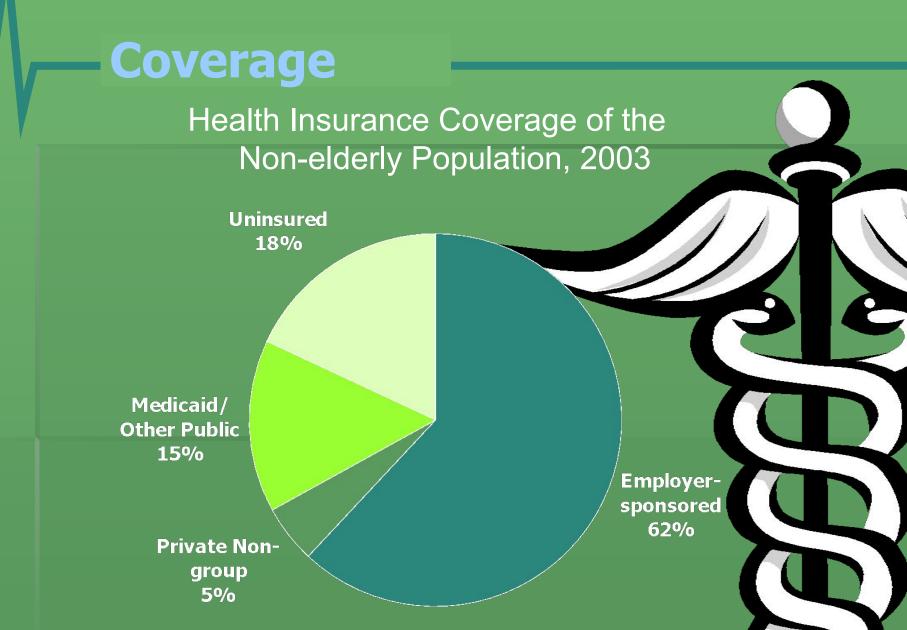
Overview of the U.S. Health Care System

American Medical Student Association





Source: Kaiser Commission on Medicaid and the Uninsured (KCMU) and Urban Institute analysis of the March 2004 Current Population Survey

Profile of the uninsured

- 47.0 million Americans
- 81% from working families
- 52-59% from low-income families 260%
 FPL)
- 80% are adults
- 50% are ethnic minorities79% are American citizens

Source: Kaiser Commission on Medicaid and the Uninsured Source: US Census Bureau

Employer-sponsored insurance

- Offered by employers as part of benefits package
- Administered by private insurance companies (for-profit and non-profit)
- Employer pays bulk of premium; employed pays remainder
- Significant erosion of employer-sponsore insurance in recent years

Individual insurance

 Purchased directly by people who do not get coverage through their employers

Non-group (individual) plans
 Premiums based on individual health risk
 High-risk individuals with limited access

Administratively expensive

Medicare

- Covers elderly (ages 65 and older) and non-elderly with disabilities
- Administered by the federal second (essentially a single-payer system)
- Financed through:
 - Federal income taxes
 - Payroll taxes
 - Out-of-pocket payments by enrollees

Medicare

Four parts:

- Part A hospital insurance
- Part B supplemental insurance
- Part C managed care
 - Part D prescription drugs
- Significant coverage gaps most enrolis obtain supplemental insurance
- Spending growth generally slower than the insurance
- Aging population and increased technology presents challenges for the future

Medicaid

- Covers certain low-income individuals; not every poor person is covered!
- Administered by state governments
- Often out-sourced to non-government administration.
- Financed jointly by the state and federal govername
- Benefits are fairly comprehensive, but many prove won't take care of Medicaid patients

State Children's Health Insurance Program (S-CHIP)

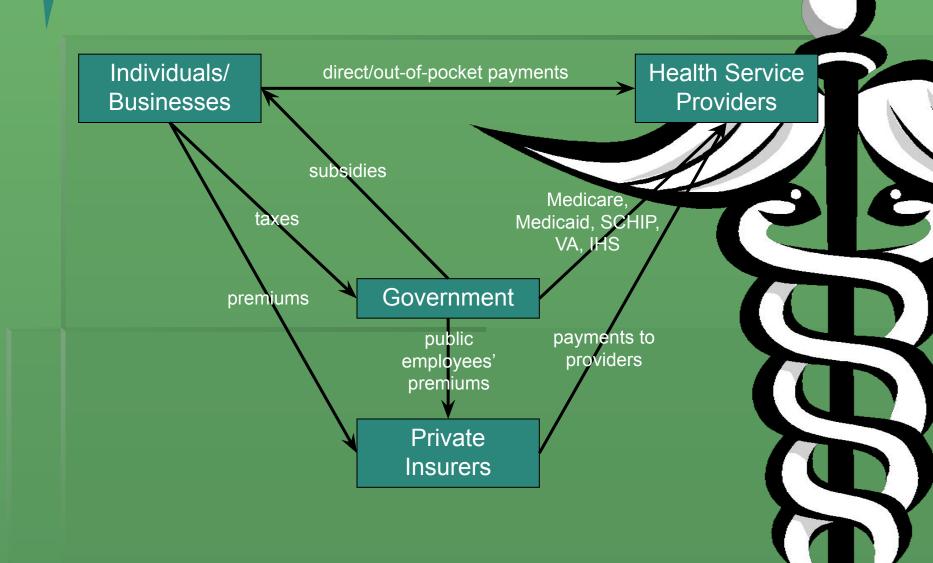
- Supplements Medicaid by covering low-income children who are ineligible for Medicaid
- Administered and financed similar Medicaid
- Similar problems to Medicaid:
 - Low reimbursement rates → some providers refuse to accept S-CHIP
 - **Under-enrollment**
 - Eligibility varies by specific populations and sta

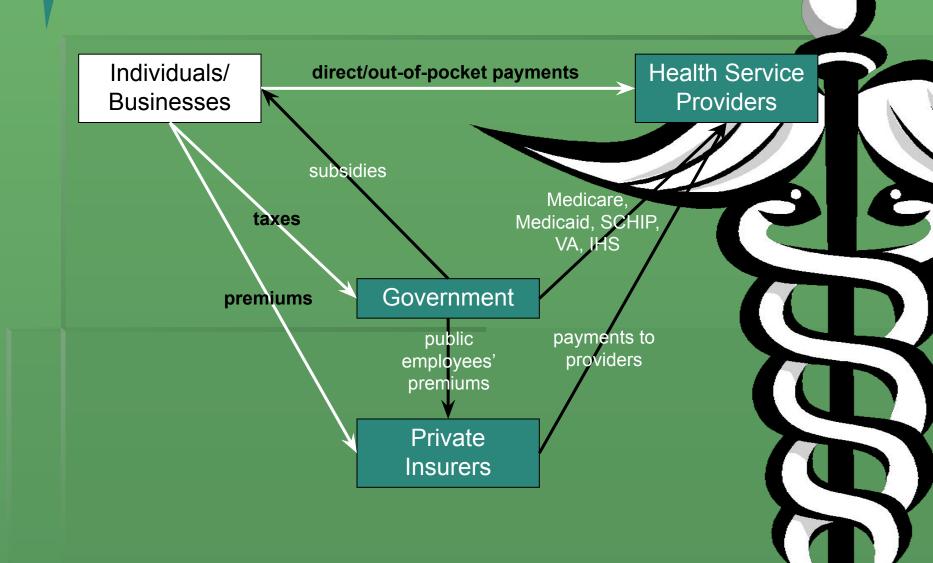
Other public insurance programs

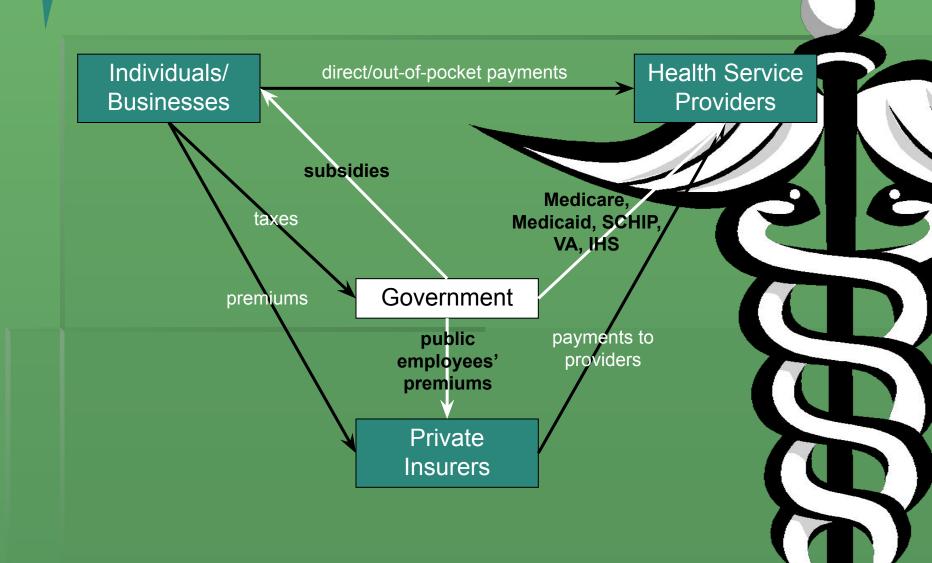
Veterans Health Administration

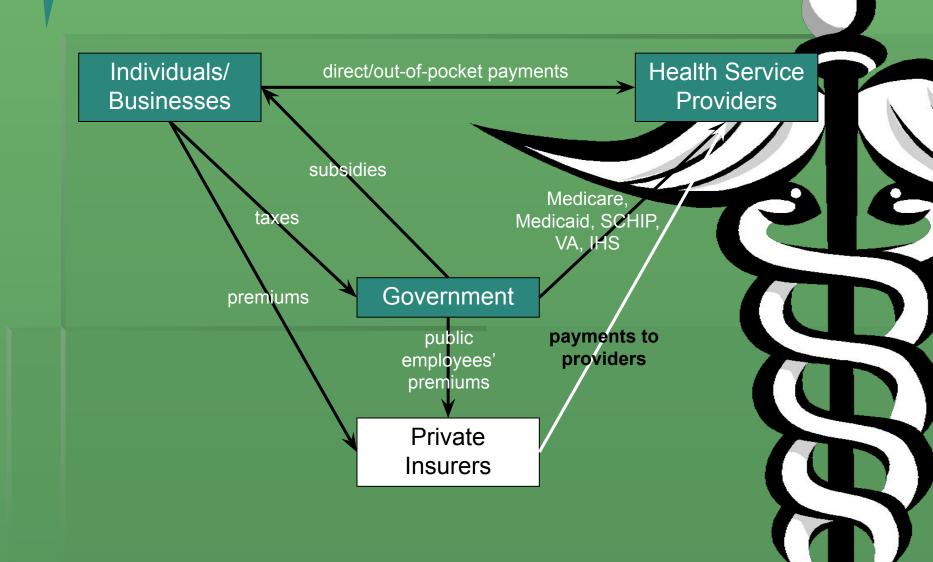
 Health benefits plan available to all operations
 Services delivered through Vaneath care facilities ("socialized medicine")
 Financed by the federal government

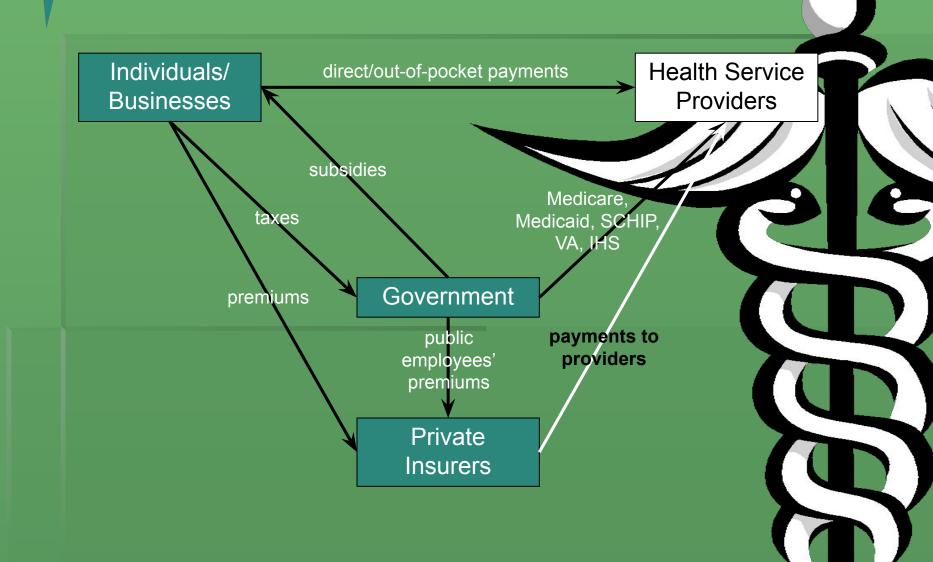
 Indian Health Service



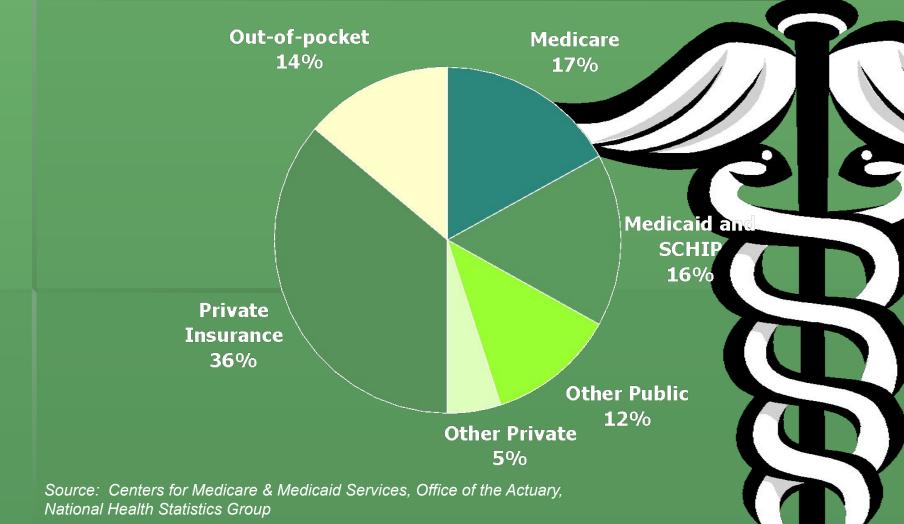




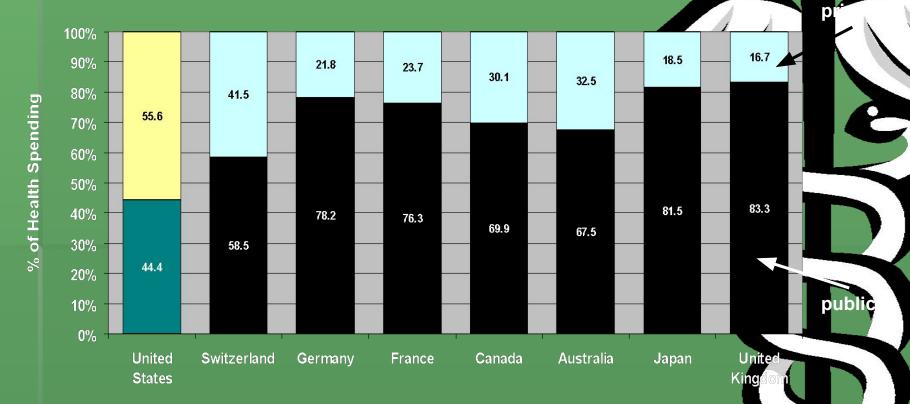




Where the Health Care Dollar Came From, 2003

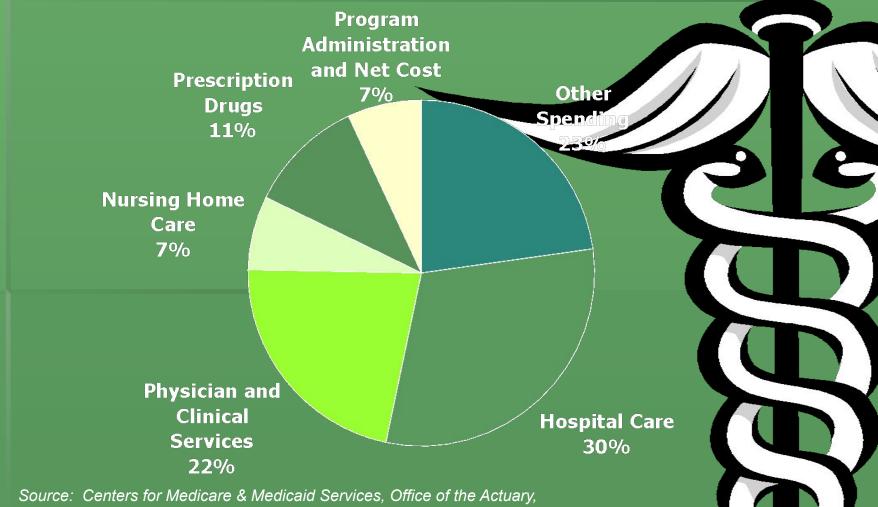


Public versus Private Spending, 2003



Source: OECD Health Data 2005

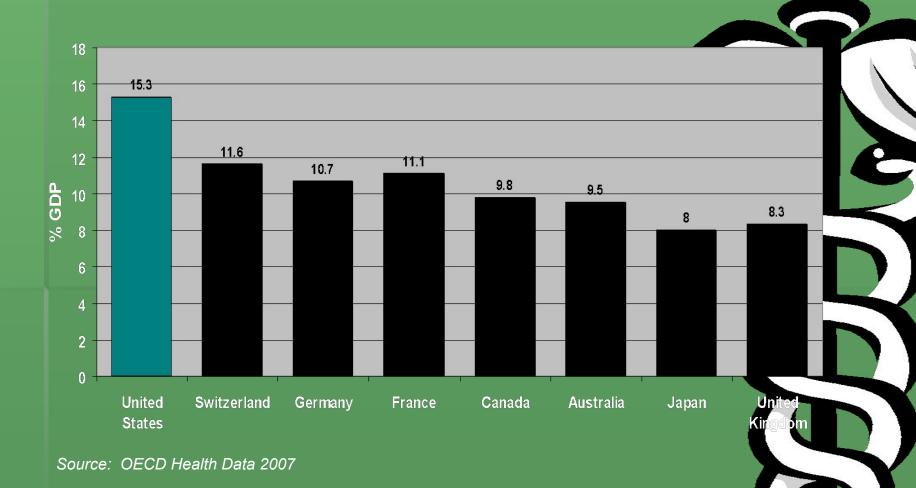
Where the Health Care Dollar Went, 2003



National Health Statistics Group

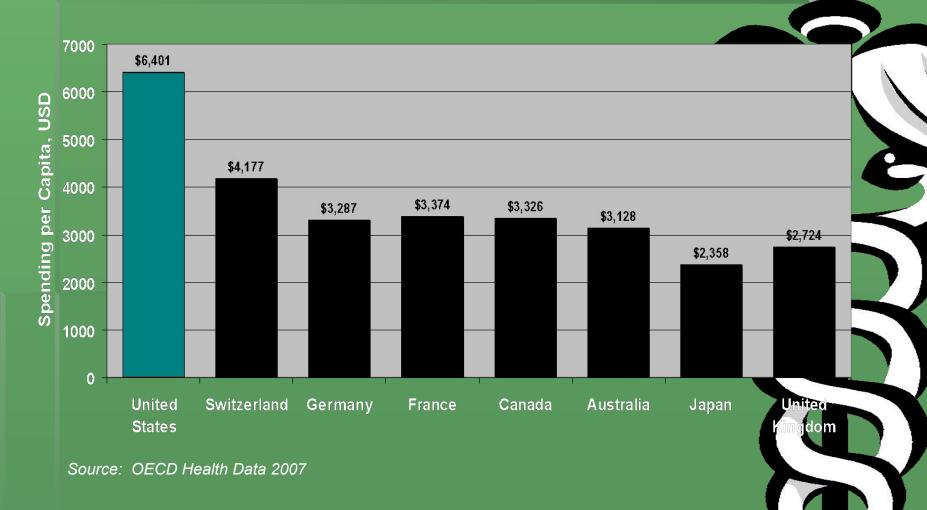
International perspective

Total Spending on Health Care, 2005



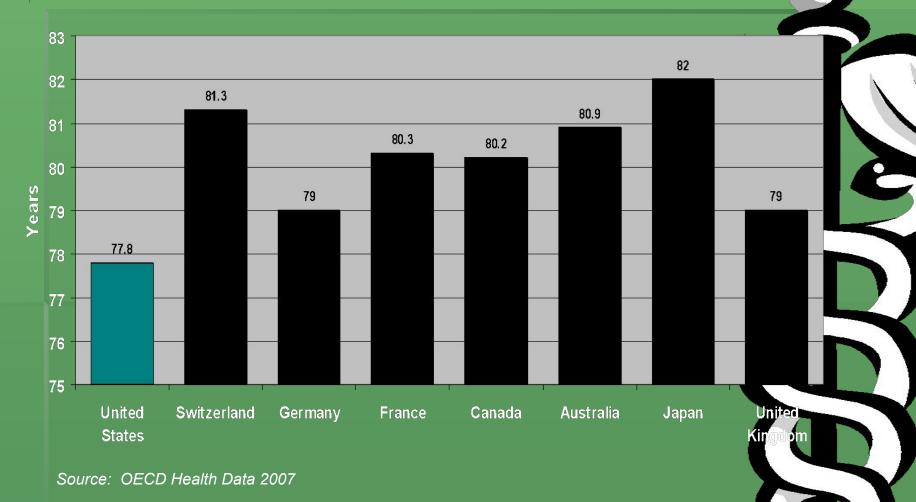
International perspective

Health Care Spending per Capita, 2005



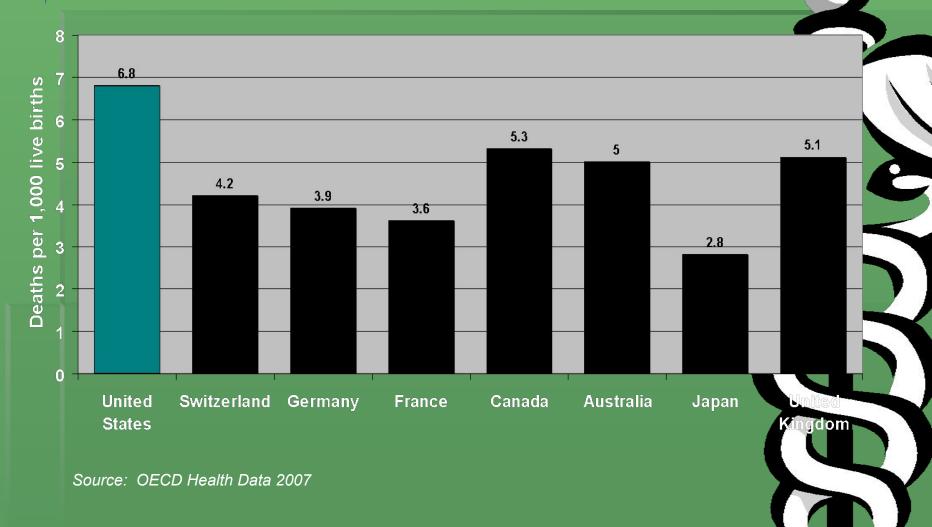
Health status and outcomes

Life Expectancy at Birth, 2004-5



Health status and outcomes

Infant Mortality, 2004-5



The patchwork

individual	employer-s ponsored	Medicare	VA	employer-s ponsored	Medicaid
VA	Medicaid		employer-s ponsored	IHS	Medicare
employer-s ponsored	R	employer-s ponsored	Medicare	Contraction of the second seco	employer-s ponsored
Medicaid	Medicare	Medicaid	employer-s ponsored	Medicare	SCHIP