

Challenges in the Health Sector

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ABSTRACT

Now a day the health service is very important in the world. Health services that are performed by health care professional. It includes all services dealing with the diagnosis and treatment of disease or for the purpose of promoting, maintaining or restoring health. The service provision refers to the way inputs such as money, staff, equipment etc., It include public health service, mental health service and other services. Health services are the most visible functions of any health system both to user and the general public. The coverage and quality of services depends on these key resources being available on the way services are organized and managed and on incentives influencing providers and users. Many health sectors grow organically over the annual being a structure by countless political and economical decisions unrelated to each other. Now a day the PHC has dominated the policy.

Keyword: Health Service

1. INTRODUCTION

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. Health services are the most visible functions of any health system, both to users and the general public. Service provision refers to the way inputs such as money, staff, equipment and drugs are combined to allow the delivery of health interventions. Improving access, coverage and quality of services depends on these key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users

HEALTH CARE SERVICE

The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams. This includes professionals in medicine, psychology, physiotherapy, nursing, dentistry, midwifery and allied health, plus many others such as public health practitioners, community health workers and assistive personnel, who systematically provide personal and population-based preventive, curative and rehabilitative care services. While the definitions of the various types of health care vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consensus that primary care constitutes the first element of a continuing health care process, that may also include the provision of secondary and tertiary levels of care. Healthcare can be defined as either public or private.

TYPES OF CARE

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. Such a professional would usually be a primary care physician, such as a general practitioner or family physician, a licensed independent practitioner such as a physiotherapist, or a non-physician primary care provider (mid-level provider) such as a physician assistant or nurse practitioner. Depending on the locality, health system organization, and sometimes at the patient's discretion, they may see another health care professional first. Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care.

Primary care is often used as the term for the health care services which play a role in the local community. It can be provided in different settings, such as Urgent care centers which provide services to patients same day with appointment or walk-in bases.

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 manner 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, health education, and every time they require an initial consultation about a new health problem. The International Classification of Primary Care (ICPC) is a standardized tool for understanding and analyzing information on interventions in primary care by the reason for the patient visit.

SECONDARY CARE

Secondary care is the health care services provided by medical specialists and other health professionals who generally do not have first contact with patients, for example, cardiologists, urologists and dermatologists.

It includes acute care: necessary treatment for a short period of time for a brief but serious illness, injury or other health condition, such as in a hospital emergency department. It also includes skilled attendance during childbirth, intensive care, and medical imaging services.

The "secondary care" is sometimes used synonymously with "hospital care". However many secondary care providers do not necessarily work in hospitals, such as psychiatrists, clinical, occupational therapists or physiotherapists (physiotherapists are also primary care providers and a referral is not required to see a physiotherapist), and 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.

HOME AND COMMUNITY CARE

Many types of health care interventions are delivered outside of health facilities. They include many interventions of public health interest, such as food safety surveillance, distribution of condoms and needle-exchange programmes for the prevention of transmissible diseases.

They also include the services of professionals in residential and community settings in support of self-care, home care, long-term care, assisted living, treatment for substance use disorders and other types of health and social care services.

Community rehabilitation services can assist with mobility and independence after loss of limbs or loss of function. This can include prosthesis, orthotics or wheelchairs. Many countries, especially in the west are dealing with aging populations, and one of the priorities of the health care system is to help seniors live full, independent lives in the comfort of their own homes. There is an entire section of health care geared to providing seniors with help in day-to-day activities at home, transporting them to doctor's appointments, and many other activities that are so essential for their health and well-being. Although they provide home care for older adults in cooperation, family members and care workers may harbor diverging attitudes and values towards their joint efforts. This state of affairs presents a challenge for the design of ICT for home care.

With obesity in children rapidly becoming a major concern, health services often set up programs in schools aimed at educating children in good eating habits; making physical education compulsory in school; and teaching young adolescents to have positive self-image.

HEALTH INFORMATION TECHNOLOGY

Health information technology (HIT) is "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. "Technology is a broad concept that deals with a species' usage and knowledge of tools and crafts, and how it affects a species' ability to control and adapt to its environment. However, a strict definition is elusive; "technology" can refer to material objects of use to humanity, such as machines, hardware or utensils, but can also encompass broader themes, including systems, methods of organization, and techniques. For HIT, technology represents computers and communications attributes that can be networked to build systems for moving health information. Informatics is yet another integral aspect of HIT.

Health information technology can be divided into further components like Electronic Health Record (EHR), Electronic Medical Record (EMR), Personal Health Record (PHR), Practice Management System (PMS), Health Information Exchange (HIE) and many more. There are multiple purposes for the use of HIT within the health care industry. Further, the use of HIT is expected to improve the quality of health care, reduce medical errors, improve the health care service efficiency and reduce health care costs.

QUALITY OF HEALTH CARE

"Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."¹ This definition draws attention to the importance of the application of current professional knowledge in the diagnostic and treatment processes of health care. The goal of quality care is to increase the likelihood of achieving desired health outcomes, as expressed by the patient.

The complexity in measuring quality comes from gaps in our knowledge regarding which services, for which patients, will actually improve the likelihood of desired health outcomes. Also, patients need not have the same desired health outcomes and therefore might not receive the same care for an identical health problem, further complicating the measurement of quality of care. Quality measurement has advanced substantially, but it remains early in its development.

STRUCTURE OF HEALTH CARE

The structure of health care broadly includes the facilities (e.g., hospitals and clinics), personnel (e.g., number of nurses and physicians), and technology that create the capacity to provide health services. Structural characteristics are expected to influence the quality of health care services. One component in the accreditation of health care facilities (e.g., hospitals, nursing homes) is the review of the adequacy of structural characteristics, including staffing, on-call resources, technology, and support services (laboratory, pharmacy, radiology). The structural resources of health care facilities and organizations are the foundation upon which quality health care services are provided.

UNIVERSAL HEALTH SERVICE

The strategic aim of universal health coverage is to ensure that everyone can use the health services they need without risk of financial ruin or impoverishment, no matter what their socio-economic situation. The over-arching concept of universal health coverage takes a broad view of the services that are needed for good health and well-being. These services range from clinical care for individual patients to the public services that protect the health of whole populations. They include services that come from both within and beyond the health sector. Financial risk protection is one element in the package of measures that provides overall social protection, as well as the protection against severe financial difficulties in the event of illness gives the peace of mind that is an integral part of well-being.

In essence, to support the goal of universal health coverage is also to express concern for equity and for honouring everyone's right to health globally. These are personal and moral choices regarding the kind of society that people wish to live in, taking universal coverage beyond the technicalities of health financing, public health and clinical care.

With a greater understanding of the scope of universal health coverage, many national governments around the world now view progress towards that goal as a guiding principle for the development of health systems, and for human development generally. It is clear that the all their environments mean healthier people. In addition, preventive and curative services protect health and protect incomes. Healthy children are better able to learn, and healthy adults are better able to contribute socially and economically.

The path to universal health coverage has also been termed "the third global health transition", after the demographic and epidemiological transitions.

Universal coverage is now an ambition for all nations at all stages of development. The timetable and priorities for action clearly differ between countries, but the higher aim of ensuring that all people can use the health services they need without risk of financial hardship is the same everywhere.

Under the concept of universal coverage, there would be no out-of pocket payments that exceed a given threshold of affordability usually set at zero for the poorest and most disadvantaged people. All governments should therefore decide what health services are needed, and how to make sure they are universally available, affordable, efficient, and of good quality.

The services that are needed differ from one setting to another because the causes of ill-health also vary. The balance of services inevitably changes over time, as new technologies and procedures emerge as a result of research and innovation, following the changes in the causes of ill-health.

In every country, there are people who are unable to pay directly, out-of-pocket, for the services they need, or who may be seriously disadvantaged by doing so. When people on low incomes with no financial risk protection fall ill they face a dilemma. Ultimately, if a local health service exists, they can decide to use the service and suffer further impoverishment in paying for it, or they can decide not to use the service, remain ill and risk being unable to work.

The general solution for achieving wide coverage of financial risk protection is through various forms of prepayment for services. Prepayments allow funds to be pooled so that they can be redistributed to reduce financial barriers for those who need to use services they could not otherwise afford. This spreads the financial risks of ill-health across whole populations. Prepayment can be derived from taxation, other government charges or health insurance, and usually comes from a mixture of sources.

Financial risk protection of this kind is an instrument of social protection applied to health. It works alongside other mechanisms of social protection – unemployment and sickness benefits, pensions, child support, housing assistance, job-creation schemes, agricultural insurance and so on – many of which have indirect consequences for health.

Governments, especially in low-income countries, cannot usually raise sufficient funds by prepayment to eliminate excess out-of pocket expenditures for all the health services that people need. It is therefore a challenge to decide how best to support health within budgetary limits.

Even with an understanding of the determinants and consequences of service coverage, the balancing of investments in health services is more than a technical matter. The allocation of public money to health also has ethical, moral and political implications. Public debate is the mechanism for obtaining consensus on, for instance, who should be entitled to health care paid from the public purse, under what conditions, and for what range of services. Decisions on these issues, which involve a combination of ethical imperatives and political possibilities, place constraints on the analysis of how to maximize health impact for the money spent.

The first challenge in moving towards universal health coverage is to define the services and supporting policies needed in any setting, including financial risk protection, the population that needs to use these services, and the cost. This requires an understanding of the causes of ill-health, the possible interventions, who currently has access to these services and who does not, and the extent of financial hardship incurred by paying out-of-pocket.

Acting on behalf of their populations, governments must decide how to move closer to universal coverage with limited financial resources.

COMMUNITY HEALTH CENTERS DELIVER

The health care reform was truly historic, setting the stage to achieve the dual goals set out at the beginning of the health care debate expand coverage for nearly all in out of control health care costs. Community health centers are well placed to help the nation achieve both these goals. By design, these centers are located in medically underserved areas in lower income rural and inner-city communities and are prepared to ramp up quickly to provide health services to our neediest in every countries. These centers boast strong primary care capabilities that decrease health care costs overall.

What is less touted is the economic activity that community health centers generate in their communities.

Why are community health centers so capable of putting these funds to work quickly and effectively? Because these neighborhood-based and patient-directed centers are so intertwined with their neighborhoods they can often identify the health needs earlier and design effective community-based solutions before others even understand the underlying dynamics. These critical providers developed these skills since their launch in the 1960s. Today, these health centers serve over 20 million patients at over 8,000 sites, including 941,000 migrant/seasonal farm worker patients and 1 million homeless patients. The statute that created these centers requires them to meet four basic standards:

- **They must be located in or serve a high-needs community.** These medically underserved areas are defined as having a high percentages of people living in poverty, areas with few primary care physicians, higher than average infant mortality rates and high percentages of the elderly.
- **They must provide health care to all, regardless of ability to pay.** All community health centers must commit to providing services for everyone, with fees based on a standard a sliding fee schedule that adjusts charges for care according to income.
- **They must provide comprehensive health care services.** All community health centers also must offer a broad range of “enabling” services to support the delivery of consistent, affordable health care.
- **They must be governed by a community board.** All community health center boards must be comprised of a majority (at least 51 percent) of health center patients who have the authority to oversee the operations of the center. These powers include approving budgets, hiring and firing chief executives, and establishing general policies.

These mandated links to the communities in which these health centers are located ensures they serve their neighborhoods efficiently and effectively. Let’s look in a bit more detail at who they serve, where they are, and what services they provide.

COMMUNITY HEALTH CENTERS SERVE

Because of their mission and mandated locations, the patients these health centers typically serve are without access to other health care settings. These include lowincome people, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing. In fact, over two-thirds of the patients who receive care at community health centers are members of

racial and ethnic minorities, which is one of the reasons these centers are so successful at reducing racial and ethnic health disparities in our country.

WHAT COMMUNITY HEALTH CENTERS PROVIDE

These health centers are required to provide a full range of health-related services, typically beyond what other health care providers such as hospitals or out-patient clinics provide. This means in addition to providing comprehensive primary health care services they also offer specialty care (such as orthopedic, cardiac, or podiatric care), dental and mental health services, as well as “supportive services” that can include nutrition education, translation services, care coordination and case management, transportation to and from health care sites, and outreach activities to help find eligible patients. This also means the care delivered is culturally appropriate and in languages that many in these communities speak.

Because of the influence of the community board and their commitment to comprehensive health care, community health centers tailor the services they provide to meet the specific needs of their communities. That’s why 89 percent of health centers provide interpretation/translational services on site, 79 percent provide weight reduction programs, 91 percent provide case management services, and 89 percent have services on site to help patients identify additional programs for which they might be eligible.

Studies consistently show that community health centers provide care that improves health outcomes of their patients. The patients of these centers are also more likely to identify a usual source of care, and report having better relationships with their health care providers. This focus on primary care and the provision of additional supportive services are among the reasons that care delivered by community health centers is less expensive and ultimately saves money to the broader health care system.

RECENT EXPANSION OF COMMUNITY HEALTH CENTERS

Community health centers expanded rapidly in the 21st century to meet the growing needs of medically underserved, lower income neighborhoods.

Health care ratings are ratings or evaluations of health care used to evaluate process of care, healthcare structures and/or outcomes of a healthcare services. This information is translated into report cards that are generated by quality organizations, nonprofit, consumer groups and media. This evaluation of quality can be based on:

- Measures of Hospital quality
- Measures of Health Plan Quality
- Measures of Physician Quality
- Measures of Quality for Other Health Professionals
- Measures of Patient Experience

HEALTH SYSTEM

A health system, also sometimes referred to as health care system or healthcare system is the organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations.

The health care industry incorporates several sectors that are dedicated to providing health care services and products. As a basic framework for defining the sector, the United Nations' International Standard Industrial Classification categorizes health care as generally consisting of hospital activities, medical and dental practice activities, and "other human health activities". The last class involves activities of, or under the supervision of, nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, patient advocates, or other allied health professions, e.g. in the field of optometry, hydrotherapy, medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractics, acupuncture, etc.

In addition, according to industry and market classifications, such as the Global Industry Classification Standard and the Industry Classification Benchmark, health care includes many categories of medical equipment, instruments and services as well as biotechnology, diagnostic laboratories and substances, and drug manufacturing and delivery.

HEALTH CARE FINANCING

There are generally five primary methods of funding health care systems:

- general taxation to the state, county or municipality
- social health insurance
- voluntary or private health insurance
- out-of-pocket payments
- donations to health charities

2. CONCLUSION

The health care service is mostly depends on the finance. Health care vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consensus that primary care constitutes the first element of a continuing health care process. Now the government introduce lots of schemes established and do the health service to the community.

3. REFERENCE

- [1] World Health Organization. International Classification of Primary Care, Second edition (ICPC-2). Geneva.
- [2] Bond J. & Bond S. (1994). Sociology and Health Care. Churchill Livingstone.