

Health Care Systems Around the World

Course

World Health Research

Unit II

Health Care Systems

Essential Question

How does a health care system affect the life expectancy and mortality rates of a target population?

TEKS

130.209(c) 2A, 2B, 2C, 2D, 2E

Prior Student Learning

Teamwork and collaboration skills.

Estimated time

Total: Four 50 min. classes

Day 1:

1) Teacher Lecture: 15 min.

Rationale

A country's health care system is often times a gauge in determining the quality of diagnostic and therapeutic care its citizens receive. There are almost 200 countries in the world but only about 40 of those are organized, rich, and industrialized enough to have developed a health care system. Although there is variation among these 40 countries, health care systems tend to follow four basic models. An understanding of these models will give students a global perspective of health care and a deeper understanding of life expectancy and mortality rates around the world.

Objectives

Upon completion of this lesson, the student will be able to:

- describe and compare the four basic health care models;
- evaluate five different health care systems from developed countries;
- explain the multi-payer system used in the United States; and
- debate health care reform in the United States.

Engage

Five capitalist democracies around the world - Japan, Taiwan, Switzerland, Great Britain, and Germany - all have health care systems that provide health care for everyone. They have higher life expectancies, lower infant mortality rates, and spend less money than the United States for health care. At any given time, at least 45 million Americans do not have health insurance. What lessons can students in the United States learn about health care from other industrialized countries?

<http://www.pbs.org/wgbh/pages/frontline/teach/sickaroundtheworld/>

Key Points

- I. Health care systems consist of individuals and organizations designed to meet the health needs of target populations. Only developed, industrialized countries—about 40 of the world's countries, have established health care systems. Those countries that do have health care systems generally have a variation of one of four basic models:

A. The Beveridge Model

1. named for William Beveridge, social reformer who designed Britain's National Health Service (NHS).
2. health care provided and financed by government through tax payments
3. most hospitals and clinics are owned by government
4. some doctors are government employees

- a. some private doctors collect their fees from the government
- 5. British people never get a doctor bill
- 6. Beveridge systems tend to have low costs per capita because government controls what doctors can charge
- 7. Countries using Beveridge plan or variations of it: Great Britain, Spain, Scandinavia, New Zealand
 - a. Hong Kong has its own Beveridge-style system since populace refused to give it up when China took over former British colony in 1997
 - b. Cuba represents extreme application of Beveridge
 - i. probably world's purest example of total government control
- B. The Bismarck Model
 - 1. system named for Prussian Chancellor Otto von Bismarck,
 - a. invented welfare state as part of Germany's unification during 19th century
 - 2. system uses insurance system
 - a. insurers are called "sickness funds"
 - 3. insurance system usually financed jointly by employers and employees through payroll deduction
 - 4. health insurance plans have to cover everybody
 - a. multi-payer model
 - b. does not make a profit
 - 5. doctors and hospitals tend to be private
 - a. tight regulation gives government much of cost-control power that single-payer Beveridge Model provides
 - 6. countries using Bismarck model: Germany, France, Belgium, the Netherlands, Japan, Switzerland, and to a degree, Latin America
- C. The National Health Insurance (NHI) Model
 - 1. single payer system has elements of both Beveridge and Bismarck
 - 2. uses private-sector providers, but payment comes from a government-run insurance program that every citizen pays into
 - 3. no need for marketing because there is no financial motive to deny claims and no profit
 - a. NHI tends to be a cheaper and simpler administratively than the American-style for-profit insurance
 - 4. single payer systems tend to have more market power to negotiate lower health care prices
 - 5. NHI plans also control costs by limiting medical services they will pay for or by making patients wait to be treated
 - 6. countries using NHI: Canada, Taiwan, South Korea
- D. The Out-of-Pocket Model
 - 1. "plan" used by most nations because they are too poor and too disorganized to provide any mass medical care
 - 2. in these poor countries, only rich can afford medical care
 - a. rural regions of Africa, India, China, and South America, hundreds of millions of people go their whole life without ever

- seeing a doctor
- b. tend to rely on village healers and home remedies
- c. may pay a doctor's bill with potatoes or other produce

II. The United States

A. unlike every other country because it has so many separate systems for separate classes of people

III. Elements of the Four Basis Systems in the United States

A. for working Americans who get insurance on the job:

- 1. similar to the multi-payer Bismarck System in Germany

B. for veterans:

- 1. similar to the Beveridge system used by Britain or Cuba

C. for Americans over age of 65 who have been legal residents of the United States for at least 5 years:

- 1. similar to the National Health Insurance used by Canada

D. for the 15 percent of the population who have no health insurance:

- 1. similar to the out-of-pocket seen in rural India or Cambodia
- 2. if a person in this group is sick enough, he/she can be admitted to the emergency room at a public hospital

Day 1 cont.

2) DVD Viewing: 30 min.

Day 2

1) DVD completion: 30 min.

2) Class

Discussion: 15 min.

Day 3

In-Class research: 45 min.

Day 4

Debate: 45 min.

Activity

I. View Frontline documentary *Sick Around the World*.

<http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/view/>

(viewing time: 60 minutes).

Instruct students to work on **Frontline's Sick Around the World Viewing Questions handout** (complete as homework).

II. Conduct class discussion over the documentary, *Sick Around the World* using the **Frontline's Discussion Questions**.

III. Student groups investigate, prepare and debate over health care reform in the United States.

(Students will debate the resolution from the Miller Center Public Affairs from University of Virginia: "Health care is a fundamental right; the government has an obligation to secure this right for all Americans.")

<http://millercenter.org/public/debates/healthcare>)

Assessment

Classroom Debate Instructions and Rubric

Materials

Internet connection, projector and screen to view *Sick Around the World*

Sick Around the World Viewing Questions handout

Sick Around the World Discussion Questions

Classroom Debate Rubric

Poster and Presentation Rubric

Accommodations for Learning Differences

For reinforcement, the student will make a poster comparing and contrasting the four basic health care models.

For enrichment, the student will design and present a symbolic poster representing one of the following:

- Beveridge Model
- Bismarck Model
- National Health Insurance Model
- Out-of-Pocket Model

National and State Education Standards

National Health Science Cluster Standards

HLC07.01

Health care workers will understand the roles and responsibilities of individual members as part of the health care team, including their ability to promote the delivery of quality health care.

TEKS

130.209. (c) 2A compare the availability of health care in developing and developed countries;

130.209. (c) 2B discuss and contrast the four basic health care system models such as the Beveridge Model, Bismarck Model, the National Health Insurance Model, and the Out-of-Pocket Model;

130.209. (c) 2C explain how countries such as the United Kingdom, Japan, Germany, Taiwan, Switzerland, and the United States of America pay for health care;

130.209. (c) 2D describe how health care expenditures have changed over time;

130.209. (c) 2E identify the major contributors to the rising health science industry costs.

Texas College and Career Readiness Standards

English Language Arts

III. A. Understand the elements of communication both in informal group discussions and formal presentations.

III. B. Develop effective speaking styles for both group and one-on-one situations.

IV. A. Apply listening skills as an individual and as a member of a group in a

variety of settings.

IV. B. Listen effectively in informal and formal situations.

V. C. Produce and design a document.

Social Studies

I. C. Change and continuity of political ideologies, constitutions, and political behavior.

I. D. Change and continuity of economic systems and processes.

Cross-Disciplinary

II. E. 1. Use technology to gather information.

II. E. 3. Use technology to communicate and display findings in a clear and coherent manner.

II. E. 4. Use technology appropriately.

Frontline: Sick Around the World

Student Handout

Viewing Questions

1. Why do you think *Sick Around the World* ends with the example of Switzerland? What do the Swiss have in common with Americans?
2. How was health care insurance provided in Switzerland in 1994 before reform?
 - What was the margin of victory for the new plan, LAMal, in 1994?
 - Is the support level for LAMal higher now? Why or why not?
3. What health care can people covered by the Swiss system take for granted?
 - Can insurance companies in Switzerland deny coverage to the old, the sick or the poor?
 - If people are unable to pay the \$750 monthly family premium, who pays it?
4. If insurance companies in Switzerland cannot profit on basic care, how can they make a profit?
5. What is the main challenge Swiss insurance companies face today?
6. The administration costs for health insurance in the United States are 22% of total amount spent on health care. What is the comparable percentage at one insurance company in Switzerland?
7. Pascal Couchepin, the conservative president of the Swiss Federation, concludes that a 100 percent free-market system (the model in the United States) cannot work for health care because it means "losing solidarity and equal access," which he calls "a basic value of living in [Swiss] society." Do you think Americans see "solidarity and equal access" as basic values? Why or why not?
8. "Everyone has the right to health care," asserts Pascal Couchepin, the president of the Swiss Federation. Do you agree?

Frontline: Sick Around the World

Discussion Questions

After viewing the entire program, discuss the following questions with students.

1. What does "universal health care" mean? Which countries in the film have universal health care?
2. In the United States, insurance companies can deny coverage to people who are sick or who have "pre-existing conditions," and they can make a profit. How do these two factors impact American health care?
3. How do the British pay for their National Health Service? What, according to the film, might Americans not like about the British system?
4. Japanese citizens visit doctors three times as often as Americans, and have longer life spans and lower infant mortality than Americans. How do the Japanese pay for their health care system?
5. In Germany, the rich pay for the poor, the ill are covered by the healthy, health insurance continues with or without employment, and doctors, who are private entrepreneurs, make less money than they did before reform.
 - Why will doctors in Germany accept less money?
 - Should the rich pay for the poor when it comes to health insurance?
6. Taiwan designed its health care system in 1995, after looking at health care in 10-15 other countries.
 - What do you think works well in the Taiwanese system?
 - How is Taiwan struggling to balance the hopes of patients, the needs of doctors and the cost of treatment?
7. Until 1994, Switzerland linked health insurance to employment; if you lost your job, you lost your insurance. But after the Swiss voted in a new system called LAMal, everyone had to buy health insurance, and insurance companies could not make a profit. Why were the Swiss willing to make this change? Why have people become more supportive of LAMal as time has progressed?
8. At present, between 40 and 50 million Americans are without health insurance. After watching the film, do you believe that providing universal health care should be the policy of the United States? Why or why not?

Classroom Debate Instructions and Rubric: Health Care Reform in the U.S.

Students will debate the resolution from the Miller Center Public Affairs of University of Virginia: "Health care is a fundamental right; the government has an obligation to secure this right for all Americans." <http://millercenter.org/public/debates/healthcare>

Teacher Instructions:

1. Introduce debates by producing the rubric that you will be using to grade them.
2. Before the debate(s), give students the topic to be covered.
3. Divide students into debate groups of three or four. Pair each group for each side of the debate: pro and con.
4. Before you give them the debate assignment, explain that some students might be debating positions opposite to their beliefs. This is an important skill for them to learn.
5. On the day of the debate, give students in the 'audience' a blank rubric. Explain that it is their job to judge the debate objectively.
6. Begin the debate with the pro side speaking first. Allow them 5-7 minutes of uninterrupted time to explain their position. Both members must participate equally.
7. Repeat step number seven for the con side.
8. Give both sides about three minutes to confer and prepare for their rebuttal.
9. Begin the rebuttals with the con side and give them three minutes to speak. Both members must participate equally.
10. Repeat step number 10 for the pro side.

Debate Rubric

Names: _____

Date: _____

Period: _____

Pro or Con
(Circle one)

Which Side Won: _____

Criteria	Rate: 1-10	Comments
Appearance of Team (Professionally dressed).		
Opening statements were well organized.		
Team members addressed remarks to the audience.		
Opening statements were not read from cards (debaters may <i>refer</i> to cards).		
Both teams participated equally in opening statement.		
Student debaters spoke loud enough to be heard.		
Rebuttal was specific to arguments made in opposing team's opening statement.		
Both team members participated equally in rebuttal.		
Answers to teacher student audience were well thought out.		
Respect was shown throughout the debate for the opposing team. (No name-calling, interruptions, etc.)		

Points Earned _____ / 100 Points

Classroom Poster and Presentation Rubric: Health Care Systems

Objectives:

- apply teaming and collaboration skills
- develop a drawing that communicates emblematic information about a health care system (see student examples on following pages)
- engage in creative thought and application
- practice group presentation skills

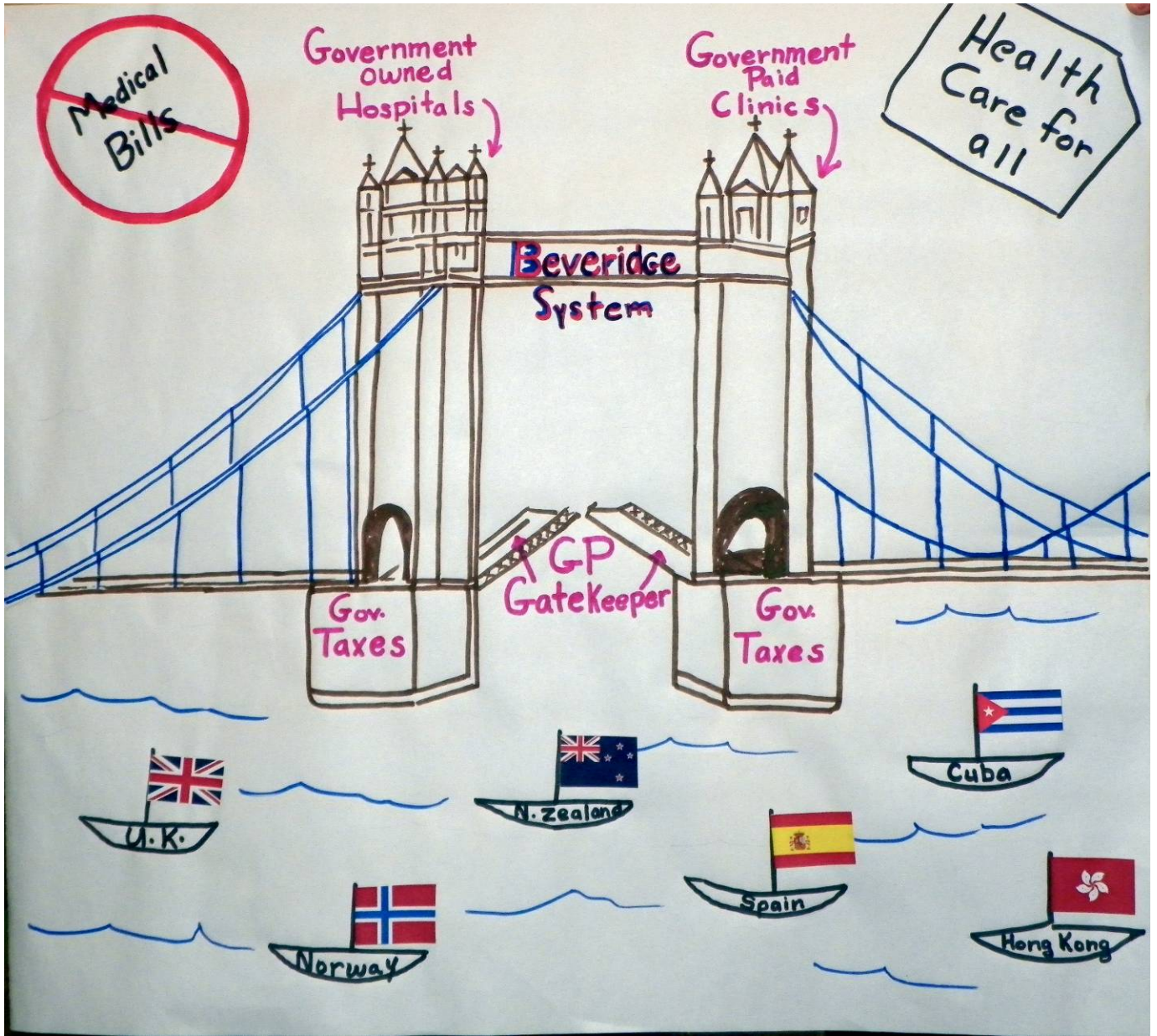
Criteria	Excellent 90-100	Very good 80-89	Average 75-79	Marginal 70-74	Failed to meet basic requirements 60 ↓
TEAM WORK:					
Team worked amicably					
Each member took part in project					
Team stayed focused on project					
Team completed project in allotted time					
ORAL PRESENTATION:					
Lead speaker introduced team members & title of project					
Symbolism of poster is understandably explained					
Group members speak clearly and project their voices					
Each member takes an equal part in the presentation					
A succinct summary concludes the presentation					
PROJECT:					
Drawing demonstrated ingenuity					
Poster has visual appeal or "pop!"					
Symbolism was logical					
Title & labeling was neat & readable to student audience					

Give points for each grade category and average.

Comprehensive Grade _____

Student examples of emblematic drawings of Health Care Models:

Beveridge Model



Out-of-Pocket Model

