Of all the forms of inequality, injustice in health care is the most shocking and inhumane.  
Martin Luther King, Jr.

This chapter will give you an opportunity to explore some of the more interesting and important facets of the rapidly changing landscape of health care delivery. The cases highlight how Americans obtain and pay for their health care, how health care is financed, why the “system” is structured the way it is, and how “public health” fits into the system. We hope you’ll be able to formulate your own opinions in regards to the relative advantages and disadvantages of health care delivery in the United States and how you believe health care may, or should, be delivered 5 or 10 years from today.

At the end of this chapter, the reader should be able to

1. Discuss the current organization, structure, and financing of the health care system in the United States
2. Articulate key strengths and weaknesses of our current health care system, including issues of quality, access, and cost
3. Describe the importance of “public health” and how public health differs from, yet complements, individual health care

As in the other chapters in this book, we will be using case vignettes as the vehicle for delving into these topics; but first, we would like to introduce the Baker family and provide some introductory information that will allow the reader to understand the health insurance situations that arise in the scenarios. Please note that this chapter modifies the PBL tables in order to best address the complex topic of health care financing.

**Mrs. Betty Baker:** a 54-year-old graphic artist for Can-do advertising company who moved to the United States from Ottawa, Canada, when she was 28.

**Mr. Bob Baker:** a 62-year-old human resources administrator for a mid-sized auto parts company who was born and raised outside of Detroit, Michigan.

**Mr. Brian Baker:** a 19-year-old sophomore college student, son to Betty and Bob, currently an undeclared major, enjoying his early college years.
Ms. Bridget Baker-McGladrey: The 22-year-old daughter of Betty and Bob who is a healthy married woman who has completed 2 years of college but recently put it “on hold” when she became pregnant 6 months ago and decided to drop out to work at a local department store to save for her child’s future.

Mr. Tom McGladrey: A 25-year-old male computer technician. He is employed in a “start-up” business of five employees. He is “buying in on the ground floor” by sweat equity, and the company has yet to show a profit. He’s working at a fast-food restaurant part-time to supplement his meager income now that Bridget is pregnant. He has no current major medical issues.

Based on the character information above and your knowledge of health insurance options in the United States (see also Tables 12.1a and 12.1b), please fill in the below table and consider the potential sources of health insurance coverage each character may have out of the following list:

- Self-pay (meaning “uninsured”)
- Private individual insurance
- Employer-sponsored insurance
- Medicaid
- Medicare
- State Children’s Health Insurance Plan (S-CHIP)
- CHAMPUS
- Veterans Affairs
- Canadian Health Act provincial insurance

Case Vignette 12.1.1 Presenting Situation: Betty Baker

During her annual physical, Betty Baker’s primary care physician, Dr. Dulces, noticed a lump in her right breast and the mammogram confirmed a “suspicious lesion.” Dr. Dulces referred Betty to the surgeon, Dr. Sherman, who confirms cancer with a biopsy and later performs a partial mastectomy. Dr. Dulces then refers Betty to Dr. Sung, a renowned oncologist, for chemotherapy. Unfortunately, Dr. Sung is not on Betty’s employer-sponsored health maintenance organization (HMO) health insurance plan’s list of contracted providers. So, she returns to Dr. Dulces, who now refers her instead to Dr. Walsh, who is indeed on her HMO plan’s provider list.

Due to the stage and grade of her cancer, Dr. Walsh recommends initiation on a novel chemotherapy regimen only available through the University Hospital’s Cancer Center. Betty discusses this with Dr. Dulces, who makes it clear that this is out of her area of expertise, but supports Betty’s decision to opt for this treatment, even though the University Hospital is approximately 2 hours away. Unfortunately, she finds out that her HMO plan has refused coverage of the treatment as it is pending FDA approval and is still classified as “experimental” by the plan. After many calls to her insurance provider (and with much assistance from Dr. Dulces, who had tried to hide her frustration with the insurance company), Betty is “approved” for a consultation at the University, but no guarantee is made that the insurance company will pay for the treatment.