

Unit 6: Economics of Health Care
Z-Chapter 16
ONLINE CONTENT (1 H)

Unit Objectives:

- Define economics and health care economics. (5,7)*
- Use a basic knowledge of health care economics to analyze trends in the health care delivery system. Explain and apply the five rights of delegation in nursing practice. (5,7)*

*Course Objectives

Review Chapter 16 and the You tube video “Why Medical Bills in the US are so expensive” on this website <https://www.youtube.com/watch?v=3NvnOUcG-ZI> and place your answers to the following questions in the Z-CH # 16 drop box by 0800 on 3/13/2025.

- 1. What are the most common ways individuals use to raise money for healthcare costs not covered by insurance? What are your thoughts on using social media to raise money for healthcare costs? What are some of the costs not covered by insurance?**

The most common ways individuals use to raise money for healthcare costs not covered by insurance are funding/social media campaigns, loans or borrowing money, charitable organizations and employer assistance programs. My thoughts on using social media to raise money for healthcare costs are positive. I think it is a good thing too increased awareness and advocacy, empower individuals, give immediate support of networks of friends, family, and even strangers and quick and efficient financial relief with no interest or fees in some cases. Somethings not covered by insurance are prescription drug costs, emergency room visits, high deductibles and out-of-pocket expenses, long-term or chronic care, cosmetic and elective procedures and mental health services.

- 2. Who are all the entities fighting for monetary payment for healthcare services provided?**

The entities fighting for monetary payment for healthcare services are hospitals, doctors and medical providers, insurance companies, pharmaceutical companies, patients, and medical supply companies.

- 3. What are the metrics used to judge hospitals, and do you think these are the appropriate metrics, explain your answer?**

Several key metrics are used to judge hospitals. The key metrics are patient satisfaction, health outcomes, efficiency and cost of care, financial performance, and compliance with standards. Patient satisfaction can be influenced by personal expectations, not just the quality of care. Health outcomes like mortality rates may not reflect the complexity of patients' conditions. Efficiency and cost metrics are helpful, but focusing too much on cost-saving might reduce care quality.

- 4. Explain what “unbundling” is?**

5. "Unbundling" means charging separately for parts of a medical service that would usually be grouped together. Instead of one charge for a surgery, a hospital might charge separately for the operation, anesthesia, and recovery. This increases the total cost for the patient because everything is billed separately instead of together.

- 5. If you had the ability to create a health care system from scratch, what would you do differently?**

If I could create a healthcare system, I would make sure everyone has universal coverage I'd make prices clear and reduce admin costs to improve efficiency. With bill paying. Mental health would be fully covered, and I'd work to ensure equal access for all. My goal would be for fair, affordable, and effective system for everyone.

In order to receive full credit (1 H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignments not completed in its entirety by the assigned due date and time will result in missed class time.