Zakład Medycyny Rodzinnej Uniwesytetu Medycznego w Łodzi Family Medicine for English language students of Medical University of Lodz

Seminar 4

Practice organisation and financing

Our timetable for today

- 1.1 Pros and cons of being family physician
- **1.2 Global trends in primary care organisation**
- **1.3 Family practice residency and training**
- 2.1 Solo versus group practices2.2 GP practice financing
- 2.3 HMO, Medicare and Medicaid

3.1 Establishing and running a practice: qualifications, location, personnel, equipment, records, insurance

- 3.2 ----"----
- 3.3 -----
- 4.1 Design a dream GP practice students' project
 4.2 ---"--4.3 Concluding remarks

American healthcare system

Data for year 1990:

- over 5 billion people in the world
- 260 million people in the USA = 5% of global population
- USA medical spendings = 40% of global spendings
- 40 million Americans without health insurance
- medical parameters of American population < European one

AFP Directory of Family Medicine Residency Programs



Find Residency Programs Offering Fellowships In:

Faculty

Geriatrics

Obstetrics

Additional

Sources of

Information

and residents.

Rural Medicine

Sports Medicine

Development

AAFP Directory of Family Medicine Residency Programs

The Directory of Family Practice Residency Programs published by the American Academy of Family Physicians (AAFP) is the best source for information on these programs. This directory lists each program in the United States, and covers many topics in detail -- faculty, staff, administration, accreditation, size, salaries, etc. Click on the map or links below for a list of Residency Programs in that area.



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Major health plans in the USA

Table 4.4.

Medicare and Medicaid

	Medicare Part A	Medicare Part B	Medicaid
Financed by	Payroll tax on current workers	General tax revenues and monthly premiums paid by beneficiaries	Federal and state taxes
Eligibility	Automatic at age 65 for those eligible for Social Security Permanently disabled and end-stage renal disease	Voluntary enrollment over age 65 or eligible for Part A	Poor who meet one of the following: AFDC recipients SSI beneficiaries (disabled) Pregnant women and children with low family incomes
Coverage	Inpatient hospital, short-term skilled nursing facilities, home health care, hospice	Physician services, outpatient hospital services, laboratory, radiography	Inpatient hospital, nursing home, home health care, physician services, labora- tory, radiography, prenatal care, medically necessary transportation (benefits may vary by state)

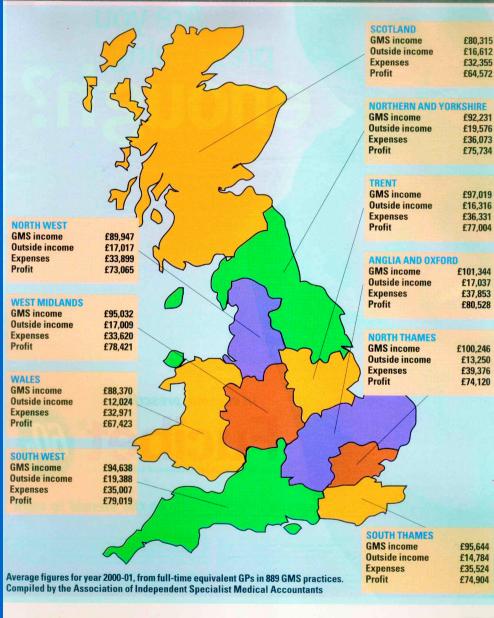
Abbreviations: AFDC, Aid for Families with Dependent Children; SSI, Supplemental Security Income.

Median practice expenses in the USA

Table 4.2.Median Practice Expenses in Major Categories, Per Physician

	Office Payroll (\$)	Office Space (\$)	Malpractice Premiums (\$)	Business Supplies (\$)	Drug and Medical Supplies (\$)	Laboratory (\$)
Family practice	59,000	15,350	6,800	5,850	7,290	6,410
General practice	44,680	13,690	7,330	3,320	4,140	5,320
Internal medicine	52,600	15,920	7,020	4,970	3,580	5,000
OB/GYN	58,540	24,720	34,390	7,000	5,760	8,160
Pediatrics	56,930	18,360	7,130	6,390	23,520	2,000
All nonsurgical	45,590	15,210	7,230	4,880	5,590	4,760
All fields	52,680	17,320	10,220	5,180	5,500	5,030

GPs' PROFITS REGION BY REGION



GP's profits in UK

30 MAY 2002

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GP's net earnings in the USA

Table 4.5.

Median Net Earnings for Primary Care Physicians 1995–1999

Specialty	1995 (\$)	1999 (\$)	Change (%)
Family practice	123,620	128,490	6.1
Internal medicine	122,440	127,090	2.9
Pediatrics	126,980	133,750	13.0
Obstetrics and gynecology	197,260	191,270	-2.3