The Structure and Organization of Care

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The Pre-modern Hospital

• Almshouses for orphans, criminals, the disabled, insane, other public wards
  – Stigmatized as lazy, insolent, alcoholic, promiscuous, or incurable
  – “undeserving”
• Voluntary hospitals: private hospitals founded by reform-minded philanthropists
  – Excluded contagious & chronic illness
  – “deserving” or morally worthy
The Modern Hospital

- Improved organization and hygiene
- For-profit, private hospitals and class-based voluntary hospitals
- Government, public hospitals
- Number of hospitals 178 in 1973 up to ~5,000 in 1923
- 1921 Veterans hospitals
- 1946 Hill-Burton Act funds hospital construction (+1,182)
- 1965 Medicaid/Medicare provides federal subsidies to hospitals

The Contemporary Hospital

- Change in ownership & control
  – from non-profit & government run to for-profit
- Horizontal Integration
  – mergers of hospitals into chains
  – Community boards to regional & national corporations
- Remaining voluntary non-profit hospitals use managerial capitalism (like for-profits)
Other Hospital Trends

• Vertical Integration
  – Hospitals merge with other level of care providers (nursing homes, primary care, specialty clinics, insurers, manufacturers, etc.)

• Industry concentration
  – Ownership & control of health services concentrated within regions & the nation

• Managed care organizations (control hospitals due to integration & concentration)

Hospitals & Patients

• Rise of outpatient & “drive-by” services
• Shorter hospital stays
• ER as primary care
• Patient Dumping
• Tensions between technology & labor
Other Health Care Settings

- Nursing Homes
- Assisted Living
- Hospice
- Home Care