Module 1: Discussion Forum Sample Question
Choose a country which has a centrally organized and controlled healthcare system. How comprehensive is coverage in your chosen country? What problem(s) does your chosen country face?

Module 1: Discussion Forum Sample Response

According to the World Health Organization (WHO), France was ranked as the number one health care system in 2000 (Finkel, 2011 and Capell, 2007). Some highlights of the French healthcare system include the fact it provides citizens with universal coverage, incorporates the private insurance section via government administration, and grants individuals guaranteed access to specialists and hospitals. The French National Health Insurance (NHI) is an integral part of France’s social security system. It ensures all residents are enrolled based on their occupational status and is funded through a combination of payroll taxes and general social contributions levied by the government on all other earnings, including investment income (Finkel, 2011). The government covers insurance for those who are unemployed if they are not eligible for coverage through a family member (Capell, 2007).

France’s National Authority for Health (Haute Autorité de Santé or HAS) was established in 2004 and is responsible for accrediting health care organizations, certifying continuing professional development and health care – related websites, and developing (non-binding) guidelines for the treatment of chronic conditions. HAS consists of 7 committees charged with providing health authorities on scientific advice in regards to what should be covered by national health insurance (Kreis & Schmidt, 2013).

Very sick people in France pay less than healthy people. “Chronic diseases, such as diabetes, and critical surgeries, such as a coronary bypass, are reimbursed at 100%” (Capell, 2007, p. 99). As a result, one of the biggest concerns in France is the high cost of providing healthcare. Other concerns cited include disparities in the geographic distribution of health resources and inequalities of health outcomes by social class and perceived uneven quality in the distribution of health services (Rodwin, 2003).

References:

