

## Introduction

This poster encapsulates the experiences of two medical students, Wei-Hung Wang and Ting-Gang Guo, from Tzu Chi Medical School in Taiwan, as they participated in a global health electives course at Rutgers Robert Wood Johnson Medical School and Hospital.

Over four weeks, they explored family medicine, endocrinology, and pulmonology, aiming to compare two different medical systems. This poster highlights the advantages and disadvantages of these systems, offering insights into the nuances of global healthcare, with the goal of promoting cross-cultural learning and improved healthcare practices worldwide.

## Outpatient Care Model

### Treatment Interventions:

- The U.S. emphasizes more on non-pharmacological options, with a focus on lifestyle modifications
- Taiwan prioritizes medication as the primary intervention, impacting patient care strategies.

### Patient Consultation Dynamics:

- U.S. physicians see a limited number of patients with extended appointment times.
- Physicians in Taiwan need to see larger patient volumes (sometimes up to 30 patients per session) in shorter time frames, limiting each patient's time.

### Privacy and Doctor-Patient Relationships:

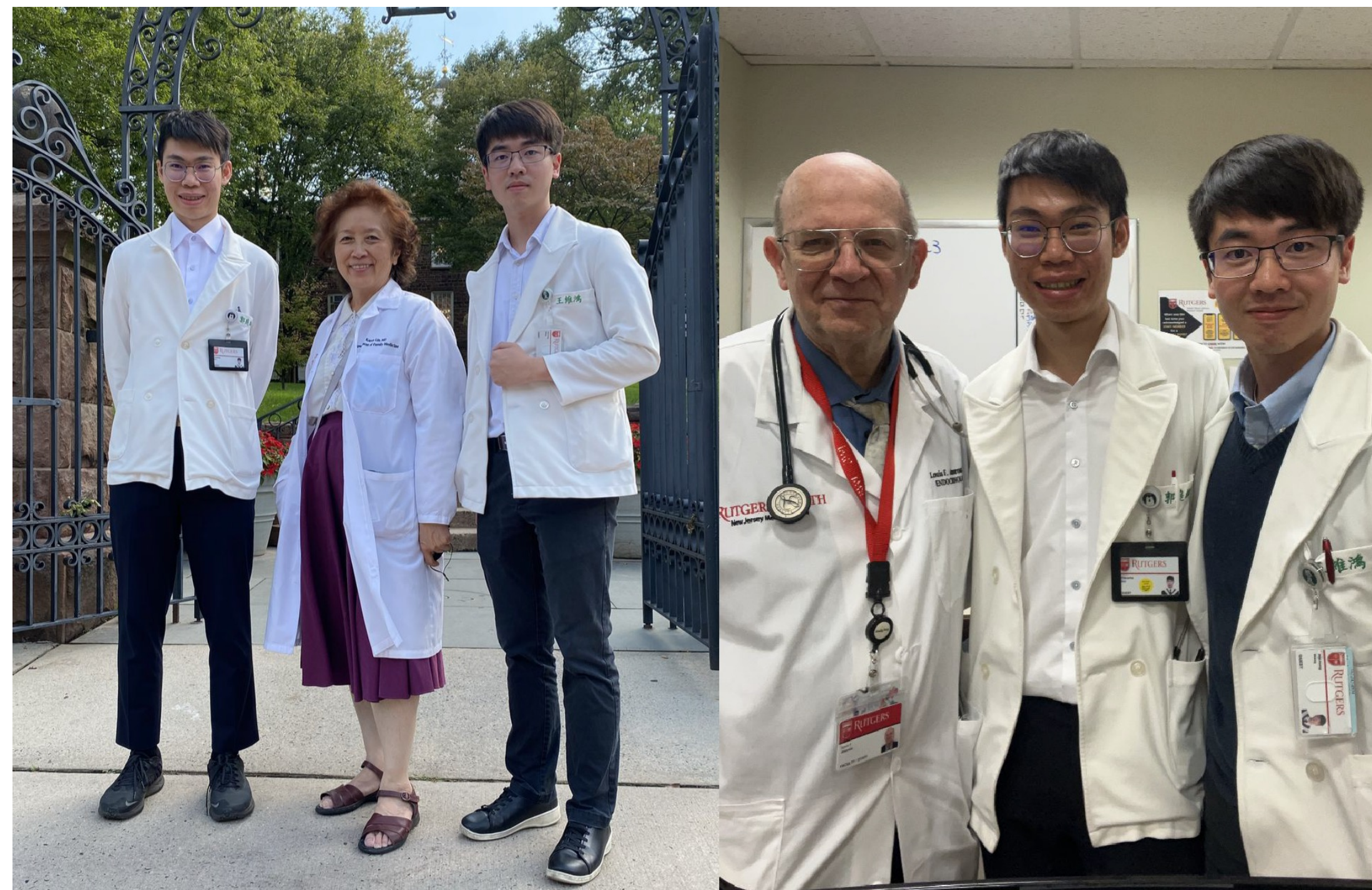
- In the U.S. arrangement, patients are seen in individual rooms, promoting direct and trusting doctor-patient relationships.
- However, it also requires patients to place greater trust in their doctors.
- In Taiwan, doctors see patients in a single examination room, with patients moving in and out rapidly

### Patient-Doctor Communication:

- U.S. allows patients to leave messages for doctors, promoting prompt communication.
- It may not be suitable for complex situations requiring in-person consultation.
- Taiwan may require additional appointments for inquiries

# U.S. vs. Taiwan Health Care Systems Comparison

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## Inpatient Care Model

### United States:

- Utilize hospitalists for streamlined inpatient care, focusing on immediate patient needs, specialists were consulted for targeted care
- Challenges related to fragmented care and communication between providers

### Taiwan:

- Attending physicians, whether specialized or not, take a comprehensive role in managing patient's well-being.
- Ensure an effective communication and continuity in patient management.
- Challenges include balancing subspecialty and general care responsibilities, as well as physician workload.

## Insurance System

### United States:

- Pronounced disparity between affluent and less affluent individuals.
- Better access for the wealthy with advantages in drug development and higher earning potential for medical practitioners.
- Disadvantages the underprivileged, limiting access to quality care.

### Taiwan:

- Equitable access to quality care across income levels.
- Affordable medical care for all but lower remuneration for healthcare professionals.
- Potential resource misallocation due to low doctor consultation fees and reduced drug prices.

## Conclusion

- Differences in treatment interventions, consultation dynamics, privacy, patient-doctor communication, and insurance systems were noted between the U.S. and Taiwan
- Global health rotation promotes mutual understanding of differing healthcare systems, recognizing adaptability is crucial for providing high-quality healthcare services