Example of research paper on environmental studies task 2

Environment, Environmental Study

Introduction

Federal government health programs serve as among the constructive recipients of programs related to health informatics initiatives. For this study, three federal government health programs come under review – the Federal Employees Health Benefits Program (FEHBP), TRICARE and Program of All-Inclusive Care for the Elderly (PACE). FEHBP benefits former and current federal employees through vast health plan offerings throughout the United States (US). Federal employees have two choices between the two – consumer-driven and high deductible plans, on one hand, and fee-for-services (FFS) plans involving health maintenance organizations (HMOs) and preferred provider organizations (PPO), on the other (Graney, 1997). Currently, the FEHBP is embarking on efforts to improve service delivery through health information exchanges (HIEs). The FEHBP recognizes the possible anomalies that may arise from manual recording of medical information, which often stems from handwriting misunderstandings and inadequate details. Therefore, the FEHBP treats HIEs as crucial for maintaining streamlined interactions between health care providers and patients, leading it to become more effective as a health program for federal employees (US Office of Personnel Management, n. d.).

TRICARE is similar to the FEHBP in that it involves civilian health care networks as it provides health care resources to the US military. The TRICARE Management Activity (TMA) manages TRICARE via policy recommendations and maintenance of civilian connections that provide professional health care services, pharmaceutical products and medical supplies. For TRICARE, security interests drive the need to provide military

personnel with proper treatment (Hosek & Cecchine, 2001). Therefore, TRICARE ensures that it is working with accountable care organizations (ACOs) to ensure that it is getting the best treatment the US military deserves (Tricare, 2013).

The Program for All-Inclusive Care for the Elderly (PACE) is a comprehensive health care plan that covers the long-term needs of elderly patients 55 years old and above staying at home. PACE removes the limits set to Medicare and Medicaid plan memberships by providing eligible patients with services thereof within a designated service area. Once a city or state, for instance, goes under a PACE organization, then all its citizens 55 years old and above may receive the same health services Medicare and Medicaid plan members receive (Medicaid. gov, n. d.). PACE benefits from ICD-10 as the latter provides the latest information on medical disorders and diseases from around the world, with the latter adjusting towards providing appropriate responses effectuated by established healthcare institutions (Vega, 2012).

Impact of Licensure, Certification or Accreditation Standards

The FEHBP involves strong competition among its ranks of participating health maintenance organizations that provide health care program options for federal employees that opted for FFS plans. Implications on state laws on licensure apply to the extent that those serve as crucial qualifiers for participating HMOs. Verily, the FEHBP does not restrict a certain number of HMOs from qualifying to provide health care programs for FFS plans. State licensure laws serve alongside the qualifications set by the FEHBP as criteria for allowing an HMO to offer programs on health care to federal employees

that are FFS plan holders (The Washington Post, 2012). HIEs further strengthen competition among HMOs in that all of those gain encouragement from the requirement to provide stronger measures on records transparency and information accuracy. The aim of HIEs to reduce and completely replace paper-based medical transactions with the ease of secure online access to information on patients and medical-related topics provides for the encouragement of the FEHBP in strengthening the market for HMOs to promote the greater cause of improving health care delivery (US Office of Personnel Management, n. d.).

Survey research runs at the core of TRICARE, in that it enables the production of valuable information on ensuring the integrity of the US military through the health of its members. To ensure that survey research for TRICARE leads to constructive results, it has to undergo through licensure and clearance. Survey licensure and clearance for TRICARE involves the construction of policies, strategies and operational plans for licensing surveys developing the military healthcare system (MHS). TRICARE surveys have to contain purposes and needs resulting to goals strongly linked with improving the health of the military without producing too much costs (Tricare, 2013). Since TRICARE associates itself with linkages to several health care providers and institutions, it is crucial to license surveys based on strengthening ties with ACOs in order to the program to continue upholding the interest of security through protecting the health of the military in relation to high-quality health care provision (Tricare, 2013).

In the case of PACE, both the Centers for Medicare and Medicaid (CMS) and the Department of Health (DOH) ensure that it conducts its role well in

providing health care coverage to elderly people 55 years old and above in designated areas. Therefore, biannual surveys by both the CMS and DOH on PACE push through with respect to new health care information that could improve the coverage of the program. The introduction of ICD-10, for instance, has required PACE to generate programs in response to new medical information on diseases and disorders. Information on new medical facts proves crucial for the health care of elderly people, which could make a program as convenient as PACE to become more effective (PACE Organization, n. d.).

Clinical Quality, Reimbursement and Patient Access

As the FEHBP has encouraged competition among multiple HMO providers serving federal employees holding FFS plans, it has also resulted to greater clinical quality resulting from HIEs. Health information stands as a crucial factor for the competitiveness of HMO providers, which grows the more those engage in HIEs (Graney, 1997). For TRICARE, ACOs enable improvements in clinical quality through continued engagements between health care providers and program contingents of TRICARE (Tricare, 2013). PACE, in its goal to improve health care access and quality for elderly people, has encouraged improvements in clinical quality through access to the latest information on diseases and disorders through the introduction of ICD-10 (Texidor, Lamar & Roberts, 1996; Vega, 2012).

The FEHBP has made federal employee reimbursements to health care costs more effective through its active HIEs among its network of health care providers and institutions (US Office of Personnel Management, n. d.). ACOs

have made TRICARE more effective in terms of reimbursements to members

of the military through working cooperation shared between organizations

and providers of health care (Tricare, 2013). ICD-10 has encouraged greater

reimbursement returns to PACE beneficiaries through responses to the latest

diseases and disorders (Vega, 2012).

Patient access under the FEHBP became more satisfactory with the

engagement of its health care providers and organizations in more HIEs,

which resulted to the emergence of more HMOs providing more health care

options for FFS plan holders (Graney, 1997). The strong accountability

mechanisms produced by ACOs for TRICARE made the program more

expansive in catering to patients – military personnel, whose health status

counts as part of the paramount state interest on security, through cost

control and health outcome improvements (Tricare, 2013). PACE, with ICT-

10, has become more accessible to its patients, elderly people 55 years old

and above, since it has gained greater advantage in alleviating the health

problems of patients with lesser-known health problems (Vega, 2012).

The Nationwide Health Information Network (NHIN)

The Nationwide Health Information Network (NHIN) corresponds to the

availability of detailed medical records online in order to pave way for

paperless transactions in the field of medicine. The FEHBP supports the NHIN

through its current emphasis on HIEs. The NHIN could not work without

intensive emphasis on HIEs, which requires constant informational

transactions between health care providers and organizations (US Office of

Personnel Management, n. d.). TRICARE, for its part, promotes NHIN through

its observance of ACOs, which strives to involve health care providers and organizations to work together in order to provide more competent measures for the military (Tricare, 2013). PACE involves a strong impact of the NHIN through the integration of ICD-10 in its service delivery, which contains the latest information of diseases and disorders coming from around the world as it promotes bodily health among the elderly (Vega, 2012).

Roles Performed by Health Informatics Professionals

Health informatics professionals under FEHBP have exhibited more proactive roles through its strong sense of agency as they worked on increasing the exchange of health information within health care providers and organizations. Federal employees with FFS plans benefited greatly from the widening choice of HMOs participating as competitors in the market emerging from the FEHBP (US Office of Personnel Management, n. d.). Such widening market is also apparent in the case of health informatics professionals in TRICARE, in which emphasis on ACOs has encouraged participating health care organizations to become more transparent in their approaches to conducting their operations. TRICARE, without ACOs, could cease to function properly given that lesser accountability could affect health informatics professionals due to lesser transparency in relevant information (Tricare, 2013). Such is also the case of health informatics professionals under PACE, in which ICD-10 has greatly enabled health care organizations therein to have more information on the latest sicknesses and disorders that

may affect elderly patients resolvable through various health plan offerings made available (Vega, 2012).

Impact on Workforce

The FEHBP stands to have a positive effect on the health informatics workforce that is making its programs possible. Without the presence of active HIEs among health informatics workers, the FEHBP could become highly uncompetitive. Access to information remains key to the idea of improving FEHBP, since cooperation between its different health care providers and organizations could only become possible if sufficient flow of information is highly involved. Without formidable HIEs, health care providers and organizations may not stand to have strong relationships with one another, which in turn could not make FEHBP a stronger program (US Office of Personnel Management, n. d.). Health informatics workers on TRICARE stand to experience the same effects as those of the FEHBP, as long as ACOs are concerned. ACOs involve concerted efforts between health care providers and organizations in bringing down the costs of health care services while expanding more on its benefits. The focus of health informatics workers within said case involves emphasis on involvement in various research endeavors leading to opportunities for less-costly yet more effective health programs, thus leading them to become more innovative. At the same time, health informatics workers stand to gain a stronger sense of cooperation with one another the more they observe the importance of accountability in their transactions to enable military personnel to have access to viable health care services (Tricare, 2013). In the case of PACE,

health informatics workers become more empowered with the immediate availability of information imbued within ICD-10. New information on diseases and disorders from around the world provide a strong sense of security among health care providers, who wish to contribute to providing adequate healthcare for elderly patients in the case of PACE through knowledge on possible health care solutions. It is crucial for health care providers working with elderly patients to know the latest kinds of diseases and disorders so that they could produce immediate responses that would not just put their plan offerings to waste without adequate solutions. Verily, it is crucial for the health care providers to know more about the latest diseases and disorders so that they would not compromise the welfare of the elderly people whose main benefit under PACE is the fact that they do not need to be sent to the hospital anymore (Vega, 2012). Overall, the impact of all three of the foregoing federal government programs and corresponding initiatives revolve around the premise of greater responsibility through flexibility and innovation empowered by wider access to information. Healthcare, thus, finds improvement essentially through wider access to information.

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