

Tricare and the military health system essay

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TRICARE and the Military Health System Statement of the Issue TRICARE, through the administration of the Department of Defense (DoD) consists of various benefits plans provided by domestic and overseas Military Treatment Facilities (MTFs), managed-care and free-for-service organizations. (Hyland, 2006) The primary goal of TRICARE is to provide appropriate health care benefits and plans to working and retired personnel of the uniformed services including their respective families. (Humana Military, 2008) At present, TRICARE has 9.

1. million beneficiaries. (Hyland, 2006) Throughout the years, the DoD has been receiving numerous complaints about the benefits system of TRICARE.

Some previous issues include inadequate number of healthcare providers and specialists in various areas or regions due to inaccurate reports received by the DoD on the ratio of provider to beneficiary, insufficient funds reimbursed to several areas or regions providing TRICARE benefits, and ineffectiveness of appointed administrators to oversee the entire TRICARE system and services and access of beneficiaries. (U. S.

General Accounting Office, 2003) This year, the DoD is facing yet again another issue that challenges the accountability and reliability of TRICARE as a benefits plan. The proposed plans of U. S. President Barack Obama to reform the healthcare system in the country may significantly affect the quality of TRICARE benefits plans. By and large, the Obama administration reviewed possibilities of adjusting the national budget so as to ensure that all citizens will have access to healthcare services regardless of status or position in society. Although the plan has not yet been placed into action, the

DoD is anticipating budget cuts for TRICARE that would unquestionably change the quality of healthcare benefits it provides. Literature Review
November 25, 2008, President Barack Obama announced that Peter Orszag and Robert Nabors have been appointed as the Director and Deputy Director of the Office of Management and Budget (OMB) respectively.

In his speech, Obama talked about the significant contributions of Orszag in prompting the government of the need to reduce the cost of healthcare and medical services to ensure equitable access for all. To accomplish this objective, Orszag strongly recommended reforming the healthcare system in order to reduce national budget being appropriate to this service and channel residual funds to other areas such as education, employment, and Social Security. (Change. gov, N. D.)The statements of Obama and the vision of Orszag have led to insinuations regarding the future of TRICARE, the greatest deduction was the dreaded budget cut on this military service.

Many people, especially from the military community, have expressed their fears and displeasures on the proposals of Obama and Orszag. According to them, revamping the national healthcare system to adjust the sizeable budget being appropriated to this service will most likely affect TRICARE. As a consequence, TRICARE cuts would most definitely bring about troubles and difficulties to military families and retirees or veterans in terms of the coverage and quality of benefits plans (Philpott, 2007; U.

S. Newswire, 2006). The remainder of this discussion will focus on determining the probability of TRICARE budget cuts in terms of the current state of healthcare services in the United States and the plans of the Obama

administration. In assessing the impacts of TRICARE budget cuts, the previous issues and problems aforementioned that challenged TRICARE and the DoD shall be taken into consideration in an effort to determine how the suspected TRICARE budget cut would have an effect on the current conditions of the TRICARE system. The Congressional Budget Office (CBO) published a report that was released earlier on December 2008 reflecting the proposal of Obama and Orszag to adjust the national budget as announced in November 2008. In the report, the Obama administration has prearranged TRICARE budget cuts that would significantly affect the benefits plans and expenses of military retirees and veterans, as well as families of working personnel.

The proposal was based on the objective of the Obama administration to reform national healthcare system and make it more competent and contributive to all citizens, through the recommendation of Orszag. The release of the report of the CBO has confirmed that speculations regarding the TRICARE budget cut may finally be implemented. (Philpott, N. D.

)The report issued by the CBO indicated four probable changes in the TRICARE system and benefits plan that would affect the spending and healthcare services received by all and future beneficiaries. As reported by Philpott (N. D.) these changes cover the following: The “ fees, co-payments and deductibles” will increase for working-age retireesThe families of working or active duty personnel will be required to pay a certain amountThe fees and cost of healthcare services for TRICARE beneficiaries with Medicare plans will increaseThe VA healthcare system will disenroll beneficiaries who

are capable of sustaining their healthcare needs and will limit and set restrictions on new enrollees to the benefits plan. Previous reports and discussions on TRICARE budget cuts reveal that President Obama was not the first one to propose the plan. President Bush also recommended that \$142 million should be withheld from the annual budget appropriated for Medicare and TRICARE.

The proposition was also met with negative responses especially from the academic community, particularly the University of Colorado, Denver School of Medicine. Hostile responses were caused by assumptions that budget cuts from TRICARE would mean a \$3.7 million withdrawal from the funds of the university. The university believed that lack in resources would also mean lack of opportunities for undergraduate students to enter the School of Medicine and for medicine students to undergo or experience an exceptional quality of education that would allow them to serve the uniformed services community efficiently. (Human, 2008) Other concerns raised were the impact of budget cuts to the morale of doctors serving people from the uniformed services and the probable decline in beneficiaries who would be able to access healthcare services considering the increased costs. The American Medical Association has conducted a survey in order to determine how budget cuts in TRICARE will influence the quality of healthcare services. AMAs findings revealed that increasing the cost of TRICARE fees and limiting most benefits from beneficiaries over 65 years old would discourage military personnel and veterans from gaining access to healthcare services that they actually need. In addition, when asked if the medical and healthcare communities will begin to experience the consequences and limitations of

reduced budget, majority of doctors who took the survey said that they would also cut down the number of beneficiaries who would be receiving treatments and medical or healthcare services, as a consequence.

(Human, 2008)When one attempt of the Bush administration to gain approval of the proposed TRICARE budget cuts failed due to disapprovals from several House Representatives, other government agencies thought of another way to reduce the amount of funds being appropriated to TRICARE without actually cutting down the fiscal budget. In the past, the Pentagon's medical coverage program was used in order to create and enact a new TRICARE benefits plan, which was called TRICARE-for-life. (Colarusso, 2007)However, years after the induction of the new TRICARE benefits plan, the Pentagon has issued concerns regarding the benefits plan since expenses to cover the needs of all beneficiaries has increased to an insurmountable amount.

The Pentagon claimed that the budget being appropriated to TRICARE-for-life might paralyze other tasks and operations of the agency, including its capability to engage in war when needed. One perceived solution then was to cutback personnel from several units in uniformed services for up to 100,000 jobs in order to decrease the number of beneficiaries supported by the Agency. (Colarusso, 2007)Ultimately, proposals and attempts to cut back funds for TRICARE benefits plan is a major issue because of its perceived impacts to beneficiaries, the quality of medical and healthcare services, and the academic community. The DoD should take this issue seriously because it poses threats and risks to the wellbeing of all TRICARE beneficiaries. It is

imperative that the DoD and all other agencies or organizations involved with TRICARE be alarmed with the possible effects of TRICARE budget cuts so as to give them incentives to plan ahead and prepare for what is to come if ever the proposed budget cut plan finally pushes through in the future. This would ensure that beneficiaries, healthcare services, and the academic community would suffer less from the detrimental impacts of TRICARE budget cuts because of awareness and planning at present time. Issue Analysis It has been previously discussed that the DoD and TRICARE have faced several other issues in the past aside from planned budget cuts including limited healthcare services due to the lack of medical facilities, doctors, healthcare practitioners, and funds in different areas or regions in the United States, ineffectiveness of TRICARE administrators, and so on. This means that since then, the TRICARE system and the management of the DoD of the benefits plan is faulty or deficient.

However, with the strong probability of implementation for the proposed TRICARE budget cuts by the Obama administration, the DoD and TRICARE is faced with another setback that make healthcare matters and situations worst for TRICARE beneficiaries. (Henderson, 2006) As perceived by many, TRICARE budget cuts would definitely exacerbate the current problems that beneficiaries experience due to the failings of the DoD and the TRICARE system. If the current budget appropriated for healthcare still instigates problems on the availability of medical facilities and services, specialty doctors and other healthcare providers, as well as access of other beneficiaries such as families and veterans, the nation should expect that the implementation of budget cuts from TRICARE would degenerate present

conditions and situations. The DoD would probably evaluate the quality of life of all beneficiaries and only choose a few of the beneficiaries who would receive basic and extended benefits plans, while the others will be scrapped out of free or subsidized benefits and requested to personally pay for increased taxes and TRICARE fees. Issue Solutions The issue concerning TRICARE benefits plans and its beneficiaries may be viewed in two opposing perspectives.

First, the budget cut may be viewed positively by realizing how it may be able to pave way to increase equity of access to health care for all. Second, the budget cut may be viewed as significantly detrimental because it places the conditions of beneficiaries and quality of health care at risk. Thus, when the Obama administration will finally reach a decision on whether to implement TRICARE budget cuts or not, it will need to sacrifice one over the other. The president would need to stand by his priority: one step towards equal access to healthcare for all, or preventing TRICARE beneficiaries from suffering the blows of TRICARE budget cuts.

The resolution of the issue would depend on the priorities of the federal government and the involvement or cooperation of the people to support whatever decision the government makes. However, perhaps the most important consideration in attempting to resolve the issue is assessing both the benefits and disadvantages of implementing TRICARE budget cuts or not, and how many people will benefit from each plan or proposal. If the government implements TRICARE budget cuts and the Obama administration undoubtedly utilize withdrawn money to provide healthcare benefits and

services to the underprivileged who were not able to enroll under insurance plans and pay for their healthcare needs and expenses and for other areas or fields of public policies including education and employment, then the proposal would improve the condition of healthcare in the country with regards to accessibility and the total population covered by healthcare benefits. However, there are other issues tied with this situation such as the certainty that the funds cut back will significantly improve healthcare in the country based on aforementioned conditions and other areas or fields appropriated with additional funds, the decline in number of previous TRICARE beneficiaries who would be able to receive healthcare benefits, and the increase in expenses of TRICARE beneficiaries who will not be included in basic and extended benefits plans. On the other hand, if the government scraps the proposition of TRICARE budget cuts, the state or condition of the TRICARE system will remain along with previous issues and problems but will not undergo deterioration due to limited funds. In this way, without potential threats and risks, the quality of healthcare and benefits provided by TRICARE may improve if the DoD and other administrators look for various avenues to develop the TRICARE system.

However, the benefits and services that people may obtain from TRICARE benefits plans are only limited to a specific group of people, those who belong to the uniformed services and their families, and retirees or veterans. This means that the people in this profession and their families are the only privileged ones who shall be provided with great opportunities to access healthcare. By and large, the resolution of the issue will entirely depend on the Obama administration's plans of action and the level of involvement of

the House Representatives to take part in such plans. Aside from the Obama administration's goals and objectives, the decision will also rely on how the benefits of each option outweighs the threats and risks.

Either way, the federal government and the people will witness the positive and negative impacts of whatever decision the government makes. Thus, the most important thing is for the DoD and other administrating agencies, and the federal government to develop contingency plans and strategies to answer or resolve both the negative impacts and consequences of both options.

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