Free report on leadership health policy

Sociology, Population

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The Health Homes Act (Section 2703)

The Affordable Care Act (ACA) provided a wide range if avenues along which patients and populations at risk would be provided with better and improved channels for care access in spite of their economic, social and cultural restraints to access of care (Hofer, Abraham & Moscovice, 2011). One of the major aspects of the ACA mainly focused on the need to open up as many channels as possible for people with chronic illnesses or those at risk of chronic illnesses to aces quality care. The costs of treatment and management of chronic illnesses is one that has remained highly documented over the years and these high costs have highly limited or hindered the patients or populations with such illnesses from accessing reliable care providers. These limitations are prevalent amidst the increasing rates of chronic illnesses within those populations whose health status can be regarded as poor (Hofer, Abraham & Moscovice, 2011). These factors all underline the focus of the ACA in bridging the apparent gaps in health status among different classes or populations especially upon the realization that these chronic illnesses are more prevalent among those low-income

populations whose lifestyles, eating habits and economic capabilities are still risk factors for chronic illnesses.

Section 2703 of the ACA or provided for the establishment of Health Homes which is essentially a Medicaid State Plan Option which enables or provides for the comprehensive coverage or system for care coordination of all those individuals with chronic illnesses. Purposely, these Health Homes are established under the respective State plan and thus the structuring of the Health Homes in each state is tailored to the immediate needs of the population it is destined to serve. Health homes are designed to provide, integrate as well as coordinate acute, primary, behavioral and long term care services in order to treat the patient from a holistic point of view across the entirety of the lifespan (Medicaid. gov., 2015).

In order to be eligible for services of the Health Homes the requirements are that one must be Medicaid-eligible and (a) show that they have at least two chronic illnesses already diagnosed or (b) with one chronic illness and duly show that they are at risk of another in the future or (c) it is established that the patient has a persistent, severe or serious mental illness or condition (Medicaid. gov., 2015). Without satisfying any of these three conditions even when eligible for Medicaid, one cannot aces the services in these Health Homes. On the other hand, the section states that the health home may only be operated by a designated health provider and these health care providers are limited to the scope of physicians, rural clinic, community mental health facility, community health facility, clinical group practice or home health agency. This entirely eliminates the APRN and the RN practices as qualified or eligible entities to which a health home may be designated (Medicaid.

gov., 2015).

There are two major loopholes in this Section of the ACA; namely the high demand for patient eligibility for the programs which eliminates the possibility that the patient at risk of a chronic illness or with one diagnosed chronic illness may not access these services. With this provision, then it means that the bar is set to high for patients to access these services and that the Health Homes eliminate the chance for minimizing prevalence and managing illnesses before they extend to severity (Medicaid. gov., 2015). The fact that a patient at potential risk of acquiring a chronic illness cannot access these services in health home then eliminates the importance of increasing access not only to manage but prevent the condition from progressing to a multiplicity of complications (Mason, Leavitt & Chaffee, 2013). On the other hand, the Section eliminates the APRN and RN as potential person or groups to be designated to operate a Health Home. This then brings into question the adherence of the Section to the scope of practice of the APRN and the RN since the services provide in the Health Homes, acute, primary, behavioral and long term care services are all within the since of practice of the APRN and the RNs. There is need of this section to be reviewed to accommodate more patients while also allowing for RN and APRNs to take charge of these Health Homes especially at a time when the health care sector is strained in terms of human labor.

Implementation of the policy, lobbying and passage

As a major step to initiating these changes that would ultimately increase the population of patient who can access the services of the Health homes as well as enable APRNs and RNs to be regarded as potential viable candidates

for taking charge or designation of Health Homes, the focus is to communicate with the State Department of Health and the American Nurses Association and inform them of this apparent loophole. Once this official communication has been done, the target is to seek audience with the key stakeholders from the state department of health and the ANA and deliberate on the importance of this change to the patient population as well as to the workforce.

In these deliberations, a committee will be set up to follow-upon the issue and seek audience with the legislative bodies at State level. Since the Health Homes Act is guarded under the State Medicaid Plan Option, the strategy is to facilitate a provision on the State Medicaid law that will allow for these proposed amendments without necessarily changing the Section 2703 of the ACA (Medicaid. gov., 2015). The committee once satisfied with the legalities of the proposed changes and ultimately penning down the changes and the laws that need be reviewed, they will submit the document to the State's Health Department who will have to foresee the legislative process within the timelines provided by the committee (Mason, Leavitt & Chaffee, 2013). This committee will keep the State health Department on motion to ensure the facilitation of the proposed changes into a bill and the ultimate tabling in the Congressional House. The Committee will however seek a member of the Congressional House who will sponsor the bill in the Congress. The member in this case will be part of the Committee and therefore will help guide the lobbying and passage processes.

Stakeholders

The power and influence of the committee cannot be underestimated at this point since it comprises of top executives of the ANA within the State, community stakeholders, political leaders and the state authorities mainly from the State department of health. Honorable Denis Ross of the 15th Congressional District of Florida will be one of the members of the committee as well as well as the sponsor of the hill in the congressional house. Having vote for him as my representative for his equals on matters of health and environment, I hope he will ably serve to help the bill sail through. His influence the congressional house will be critical in ensuring the passage of the bill.

References

Hofer, A. N., Abraham, J., & Moscovice, I. (2011). Expansion of coverage under the Patient Protection and Affordable Care Act and primary care utilization. Milbank Quarterly, 89(1), 69-89.

Mason, D. J., Leavitt, J. K., & Chaffee, M. W. (2013). Policy and Politics in Nursing and Healthcare-Revised Reprint. Elsevier Health Sciences.

Medicaid. gov. (2015). Health Homes | Medicaid. gov. Retrieved from http://www. medicaid. gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Health-Homes/Health-Homes. html