

Chiropractic utilization and medicaid coverage for individuals with arthritis: ma...

[Business](#), [Management](#)



Name: Course: Instructor: Date: Chiropractic Utilization and Medicaid Coverage for Individuals with Arthritis: Making The Case For More Accessible And Affordable Chiropractic Care Abstract The author provides an elaborate view of the aim of the study, which is to evaluate the accessibility of chiropractic care within the American health institutions and with the use of Medicaid. However, the author does not provide the adequacy and effectiveness of the services of chiropractic treatment in these institutions. Use of alternative medicine and complimentary medication is on the increase due to the ineffectiveness of the current medication. Chiropractic medication use is determined by the healthcare coverage. However, coverage is also determined by the location of a patient as it varies from one state to another. In addition, chiropractic care is covered under the Medicaid system. Thus, the aim of this study is to evaluate the use of the chiropractic healthcare via Medicaid system with specific reference for patients ailing with arthritis, which is considered as the largest chronic disease affecting the musculoskeletal structures of the body and usually causes disabilities, making it the leading cause of disability within the United States. Introduction The effectiveness of the introduction is succinct as it provides the reader with the effects of the disease and how individuals within the country find it difficulty to access healthcare via the use of Medicaid and private insurance.

Arthritis is considered as a major cause of disability as it is classified as a chronic disease. Within the periods 2009 and 2011, the world witnessed a global financial meltdown leading to decrease in levels of employment and thus the availability of incomes for access to adequate healthcare for

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families. Thus, the inadequacy of household incomes has been a cause of healthcare access disparities because individuals are either underinsured or not insured at all making them vulnerable to healthcare costs. Thus, it is difficult for individuals ailing with chronic conditions such as arthritis to access medical treatment. An approximate 22% of the American populace is affected by this chronic disease, arthritis, which can be easily translated to about 50 million individuals. The figures are likely to go up if the current sedentary lifestyles persist translating to about 25% or 67 million individuals by the year 2030. These increases can be attributed to the reduced incomes within American homes and increased costs for treatment of chronic disease. Hence, with such the increase in disabilities emanating from this chronic disease might significantly increase.

However, the presence of programs such as Medicaid could be described as a relief as it has enabled the access to medication and treatment for individuals ailing with chronic diseases and specifically those with inadequate incomes or poor within the American society. The barriers to access of treatment for the complimentary and alternative therapies for chronic ailments such as arthritis has been fueled by the presence of limitations of the access of such services with specific reference for poor individuals within the society. The directive provided by the white house in the year 2002 did not have a significant affect on the accessibility of treatment for individuals in need of chiropractic treatment. Chiropractic costs are low. Yet the service is efficient and effective for the management of chronic ailments and with specific reference to arthritis. Despite the

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effectiveness associated with this kind of treatment, it is only accessible in 30 states within the United States under the Medicaid program and with a varying degree. Furthermore barriers of access to chiropractic care are fueled by the inaccessibility to Medicaid within the different regions in the united states within he program does not operate.

Thus, utilization of chiropractic medication within Medicaid programs is limited as there are few studies, which would elaborate the use of this mode of treatment. Study design and methods Methods The methods were relevant as they enabled the provision of differences for study between the various variables identified within the study. The first method was the chi-square test for the comparisons of the healthcare coverage for the various individuals within the society and by the various healthcare programs in society.

In addition, the test was relevant for the achievement of data, which indicated the use of this form of treatment in terms of the demographics, health conditions and the overall utilization of healthcare. Results of study This part was sufficient in that the study indicated the decline in male numbers accessing treatment via Medicaid and increase in numbers of females accessing Medicaid and chiropractic treatment via the use of Medicaid. However the study did not provide adequate information and results on how uninsured individuals access medical treatment for arthritis which is a chronic and painful disease. Data management and statistical analysis The data collection methods were relevant as they enabled arrival

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at a solid conclusion of the accessibility of chiropractic treatment. Data collected for the purpose of this study was obtained from the Medical Expenditure Panel Survey (MEPS), which is a part of a national survey for the United States non-institutionalized populace. The information contained within this reports by the MEPS is sufficient as it contains detailed information about health insurance covers, expenditures for healthcare, health statuses and the socio-demographic characteristics including detailed household information about medical access and related medical activities. The data was up to date as it enabled the arrival of a solid conclusion with relevance to the current period.

The statistics indicated are relevant for the current periods as they show a gradual increase in the number of people in need of chiropractic treatment. The specific data used for this study was the Panel 13(n= 18, 287) of the MEPS for the periods 2008 and 2009. It was national representation of the health coverage, statuses and utilization of healthcare for individuals, specifically those suffering from arthritis. From the study, it is evident that the demographic information illustrates the presence of more women than men suffering from arthritis. In addition, more women than men were also in the line of accessing Medicaid help in comparison to their male counterparts than those with private health insurances and those without health insurance covers. In addition, more black people were reported to have accessed Medicaid in comparison to white people who had easy access to private health insurance. Healthcare utilization: Use of Medicaid could be described as overstretched within this period due to the constant increases in the

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numbers of individuals in need of medical attention from their chronic arthritis conditions. Sufferers of chronic ailments such as arthritis had various levels of access to treatment.

Those with private insurance were able to access adequate chiropractic treatment in comparison to those with Medicaid and non-insured individuals who had lower access to the chiropractic treatment. Limitations: The limitations provided by the article are precise in that they provide an elaborate view of the presence of restrictions in access to these vital services. Access to Medicaid and eligibility criteria might be the reason for the differences in terms of gender as indicated that higher numbers of women had access to the Medicaid treatment programs.

Hence the data only provides information in terms of more women sufferers in contrast to males were able to access treatment via Medicaid program.

Presentation of results (Including figures and tables) Chiropractic utilization and healthcare coverage type for individuals with self-report physician-diagnosed arthritis in 2008-2009. Medicaid %(SE)Private insurance % (SE)Uninsured %(SE)Sample size n = 332n = 1174n = 224GenderM28. 8(.

029)41. 4(. 016)42. 0(. 043) F71.

2(. 029)58. 6(. 016)58. 0(.

043)Age0-17--- 18-241. 6(1. 3). 6(. 3)4. 2(1.

9) 25-4416. 9(2. 5)15.

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1(1. 5)26. 2(3. 5) 45-6442.

8(3. 8)53. 0(1. 8)67.

1(4. 0) 65-8538. 8(3. 6)31. 2(1. 8)1. 1(.

8)RaceWhite64. 8(3. 3)88.

4(1. 0)77. 0(4.

0) Black23. 8(2. 8)7. 5(2. 3)13. 7(2. 9) American Indian1. 4(.

7). 6(. 3)5. 0(3. 0) Asian4.

5(1. 6)2. 3(. 5)3. 1(1. 3) Native Hawaiian1.

1(. 9). 1(. 1)- Multiple4. 4(1. 6)1.

0(. 3)1. 3(. 8)EthnicityHispanic16. 4(2. 8)4.

8(. 6)16. 9(2. 7) Black-non Hispanic21. 5(2. 7)7. 5(. 8)13.

7(2. 9) Asian-non Hispanic4. 5(1. 6)2. 3(.

5)3. 1(1. 3) Other57. 5(3. 9)85. 4(1.

1)66. 4(3. 7)Residence*Rural15. 9(2. 5)18. 3(2.

1)22. 5(4. 1) Non-rural84. 1(2. 5)81. 8(2.

1)76. 9(4. 1)Marital status*Married24.

8(3. 9)67. 2(1.

7)51. 2(4. 4) Widowed14. 7(2. 4)10. 3(1. 1)3. 6(.

4) Divorced34. 9(3. 7)12. 4(1.

2)17. 2(3. 4) Separated8. 1(1. 9)1. 3(. 4)6. 3(2.

3) Never married17. 6(2. 6)8. 8(1. 0)21.

8(3. 5)Poverty*Poor43. 8(4. 0)4. 2(. 8)22.

2(3. 2) Near poor14. 6(2. 5)2. 1(. 5)8.

8(2. 3) Low income21. 0(. 1)9.

4(1. 1)24. 5(3.

9) Middle income16. 5(3. 1)30. 7(1.

7)30. 2(3. 8) Higher income4.

2(2. 0)54. 1(1. 9)14. 4(3. 1)Education No degree40.

6(3. 5)8. 0(. 8)25. 2(3. 5) GED7.

8(1. 8)3. 5(. 6)9. 8(2. 8) High school38. 6(3. 4)48.

5(1. 9)49. 6(4. 3) Bachelors4. 0(1. 5)16. 6(1.

4)5. 8(1. 9) Masters3. 2(1. 8)10. 2(1. 0)1. 7(.

9) Doctorate-2. 7(. 6)- Other4.

7(1. 6)10. 4(. 9)7. 9(2.

1)(MEPS, 2008-2009) Discussion: I think that the increase in the number of women in need of chiropractic treatment among women could be genetically geared in that woman usually exhibit genes containing such diseases. It is evident from the study that arthritis is chronic musculoskeletal disease, which is considered as the number one cause for disability within the United States as it affects an approximate 22% of the population or 50million individuals. Access to Medicaid and chiropractic treatment is vital for early management of arthritis which if arrested within the early stages of development could minimize the costs and the possibility of eventual disability.

Thus those with adequate access to the services have a better chance of managing this chronic ailment. Conclusion: The author however failed to mention where those who are not covered under any insurance schemes access their health needs and specifically those in need of chiropractic treatment for arthritis. The benefits of chiropractic treatment for chronic musculoskeletal ailments and with specific reference to arthritis are numerous. Thus, the chiropractors and other medical practitioners within this field should be knowledgeable on the presence of numerous individuals and their demographics and how such individuals could benefit with simple access to the treatment via the provided Medicaid. Other comments Adequate access to services such as chiropractic and other management services for chronic diseases should be made relatively easy to ensure that all the individuals

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have adequate and equal access to medical treatment for such disease as private treatment is only a preserve for the rich.

Recommendations The vulnerable populations or poor individuals within society have increased with more individuals looking for cheap and affordable healthcare for them and their families. Thus government should act swiftly to ensure that such services are available with ease to the populace irrespective of their financial abilities.