

The economics of end stage renal disease



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Task The Major Reimbursement Mechanisms Presented In the Case Study

The government implements the legislation of the year 2003 that concerns itself with reimbursement of funds to patients of chronic renal disease. This is done by Medicare and Medicaid services centre, which deal with the monitoring of the expenditures incurred. These are the expenditures incurred while treating the disease since the government tends to use more money while covering less members of the population. The rise in costs occurs due to the rise in prices of drugs, technology, an aging population and hypertension. The strategy of shifting costs has enabled the government to control the costs they incur by revision of the delay of treatment services to patients who are not covered by the medical scheme (Kovner, Knickman and Weisfield, 2011).

2. The Economics of Providing ESRD Treatment from the Organization's Point Of View

An organization providing ESRD treatment is likely to increase their earnings before deducting the interest they attract on borrowed finances, taxation, depreciations and amortization. With the control of the CMS, it intends to exert on achieving a breakdown of the costs, the organizations will tend to suffer losses. The eventual close down of the service providers will come as a result along with a decline of the quality they dispense. The financial burdens of the disease are also given to commercial and private dispensers to reduce the authorities cost (McKenzie, Pinger and Kotecki, 2011). The major purpose of having the legislation is to ensure that the rates of reimbursement equal the costs incurred in the provision of these services.

3. The Patients Options And Potential Trade-Offs Related To Cost Of Treatment, Quality Of Treatment And Access To Treatment

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The patients of the chronic disease are required to join government-sponsored schemes such as Medicare and Medicaid services for them to attain cheaper and subsidized treatment. They can also go for treatment in authorized institutions that dispense the treatment. By joining these schemes, they will be able to acquire the necessary treatment easily, and increase the costs they will incur due to the profits the organization requires. This is because of the governments regulation and subsidies that affect the provision of treatment. Joining of insurance schemes is also another way that patients can be assisted to acquire affordable, high quality and accessible treatment (Milstead, 2004). This is because the companies direct the patients to the best facilities and assist in covering the costs they incur.

4. Ethical Implications Of Resulting Treatment Options Based On Cost Evaluation

The provision of the medical facilities by the government ensures that all the patients in their population requiring treatment for the disease get it cheaply and easily. However, patients who are over sixty-five years of age will not get treatment due to the age restrictions placed on them by the authorities. On the other hand, the provision of the same services by commercial bodies tends to increase the burden of the costs on the patients since the firms intend to make profits. This situation also arises when the services are provided by insurance companies in addition to the complex and long process of justifying one's claims (Milstead, 2004).

5. Summary

The provision of the medical services should be controlled by the government to ensure that treatment is affordable and easily accessible across various classes and age groups within the population (Kovner,

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Knickman and Weisfield, 2011). This will ensure the control and monitoring of the medical conditions across the country.

The process of gathering information from patients greatly depends on their educational levels, understanding and explanations of the health problems they encounter. My current organization handles patient records electronically because it makes the data easily available to many interested parties spread out across different areas. The records are easily available to any authorized personnel within the organization from systems using passwords and user names. The patients tend to benefit from the close monitoring and easy diagnosis of complications they might encounter when they experience various ailments.

References

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