

# Reflective essay on the us healthcare system



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BUSTER**

## What is right with the U. S. Health Care System

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The national strategy presented in The Affordable Care Act (ACA) seeks to fund prevention and public health. This is an important goal in our nation's health care system. Prevention services, which include wellness, research, health screening, educational campaigns for preventive benefits and immunization programs, may have a positive effect on decreasing health care costs.

To me, this first mandatory fund, also known as the Prevention and Public Health Fund (PPHF), is very important since as I am planning a career path that involves public health and the health of the community. Seventy-six percent of the U. S. health care expenditure are spent on treating preventable chronic diseases (The Hasting Center, 2010). By law, the Prevention Public Health Fund must be used “ to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public health care costs.” (American Public Health Association, 2010).

I work in a skilled nursing facility which provides acute rehabilitation services to an elderly population following hospitalization. During an intake interview last winter, I asked an 82 year old female about her immunization history and she reported that “ she never took a flu shot in her life.” And she doesn't remember ever taking any type of vaccinations. She said that she was afraid that a vaccination would infect her and make her sick and that her sister “ got sick from the flu vaccine.” It has been my experience that a great

majority of our patients receive important immunizations for the first time during their stay at our facility. This finding is in line with research that shows that less than 50 percent of adults' age 65 years or older were up-to-date with immunizations regardless of regular checkups (Department of Human Health Services, 2010). This is the case even though these services are paid for by almost all insurance plans, including Medicare and Medicaid, according to the U. S. Preventive Services Task Force (USPSTF) (2011). Based on this experience, I feel that the PPHF maybe providing the necessary resources to promote the health of communities and contain health care costs that would arise from treating acute infections.

Even though influenza and pneumonia are the fifth major causes of deaths in the country (Center for Disease Control and Prevention, 2013), the immunization rates are still moderate. Despite all efforts to control health care across, racial, gender and age, the differences in influenza coverage persist. As the focus of health care shifts from post-diagnostic treatment to preventive medicine, making immunizations a part of every person's health care plan is an essential first step in achieving this goal.

Doctors' offices that treat adult population seem to be a good choice for promoting vaccination but this strategy is not effective in increasing immunization rates for adults since most physicians have busy practices which mainly focus on treating acute illness versus seeing healthy patients for preventive medicine. In addition, according to Agency for Healthcare Research and Quality (2009), the leading causes for low immunization rates in the last few years were the high cost of screening, insufficient funds to cover the co-payment or deductibles; lack of knowledge of what health

insurance would cover; and lack of health insurance. In addition, many older adults may not have a regular doctor or do not go for a check up on a regular basis. The prohibitive cost was addressed for Medicare beneficiaries by the ACA (2010) to some extent, which broadens the Medicare coverage for preventive services suggested by the USPSTF and eliminates out-of-pocket costs. There is no payment for influenza, pneumococcal and hepatitis B vaccines (Cassidy 2010).

Although compliance with influenza vaccination has increased dramatically after Medicare began paying for influenza vaccines for the nation's older and disabled population and after health reform in 2010, the proportion of older persons receiving this vaccine is still considerably low in elderly populations (CDC, 2013). According to the research (Eurich et al., 2008) some patients benefited from receiving influenza vaccination before they were hospitalized for pneumonia.

As a result of passage of Affordable Care Act, most health insurance now covers co-payments for recommended clinical preventive services, which reduces financial cost to beneficiaries, however, the challenge remains to make older adults aware of the value of preventive services and encourage them to get the services they need. All efforts should be made to expand awareness in the community about clinical preventive services and benefits. . Nurses could send reminders to the health care providers to notify patients when the vaccinations are due. Such reminders could be issued on seasonal basis to educate patients about importance about vaccinations during patient encounters such as the registration interview. Educational Seminars can be conducted across various community centers before

immunization season begins. Interactions focusing on different ethnic groups may help to find and address their misconceptions about immunizations, if there are any. Nurses will play a key part in the fulfillment of the mandate of ACA and their expanding scope of practice is already shaping the future of healthcare.

## References

Agency for Healthcare Research and Quality. National Healthcare Disparities Report 2008. Rockville, MD: U. S. Department of Health and Human Services, Agency

for Healthcare Research and Quality; 2009.

Available at: [www.ahrq.gov/qual/nhdr08/nhdr08.pdf](http://www.ahrq.gov/qual/nhdr08/nhdr08.pdf)

American Public Health Association (2010). Prevention of Public Health Fund.

Available at: [www.apha.org/advocacy/Health+Reform/PH+Fund/](http://www.apha.org/advocacy/Health+Reform/PH+Fund/)

Cassidy 2010: Cassidy A., Health Affairs and the Robert Wood Johnson Foundation. Health

Policy Brief: Preventive Services Without Cost Sharing, Health Affairs, December 28,

2010. Available at:

[www.healthaffairs.org/healthpolicybriefs/brief.php?brief\\_id=37](http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=37)

Centers for Disease Control and Prevention. *The State of Aging and Health in America* 2013.

Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human

Services; 2013.

Department of Health and Human Services. *Healthy People 2020, Older Adult Section*, December 2010. Available at:

[www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31)

Eurich, D. C., Marrie, T. J., J, J., & M, S. R. (2008). Mortality reduction with Influenza vaccine

in patients with Pneumonia outside “flu” season. *American Journal of Respiratory &*

*Critical Care Medicine*, 178, 527-533

The Hasting Center. *Health Care Cost Monitor*. Projected Costs of Chronic Diseases, January 22, 2010. Available at:

<http://healthcarecostmonitor.thehastingscenter.org/kimberlyswartz/projected-costs-of-chronic-diseases/>

The Patient Protection and Affordable Care Act. Section 4002: Prevention and Public Health Fund. 111th Congress. Enacted March 23, 2010. Available at:

<http://housedocs.house.gov/energycommerce/ppacacon.pdf>

U. S. Preventive Services Task Force. USPSTF A and B Recommendations.

Available at: [www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm)