

# [U07d1 three reform models](https://assignbuster.com/u07d1-three-reform-models/)

Running Head: u07d1 THREE REFORM MODELS u07d1 Three Reform Models Submitted by: Setara Azizi Number: XXXXXXXXX Capella :   
Introduction:   
There have been a number of reforms that have been developed over the years. This paper aims at discussing three such reforms and discussing the factors that have led to the failure or success of the reforms. The three reforms chosen for the study include, a) Introduction of DRG’s by Medicare, b) State Childrens Health Insurance Program and c) Mental Health Parity Act. The paper will provide a brief about each of the three and the success and failure factors will be included within the explanation of the reforms.   
The Reforms:   
Introduction of DRG by Medicare: The DRG or Diagnostic Relate Group was implemented in 1983 and was basically a system where the groups were formed based on diagnoses, age, sex, discharge status, medical complications and also procedures. This is the basis by which Medicare pays the hospitals and has been quite successful. This system makes it simpler for Medicare to correctly identify each group and base the possible demand for each group (The New England Journal of Medicine, 2010). This is an accurate mode of medical care and is helpful in ensuring clearer working processes.   
State Childrens Health Insurance Program: This program was developed with an intension to provide health care for children and families that were uninsured and with incomes that was low but enough to gain a Medicaid. This program had a number of arguments and there was a complete slow down in the program as President George Bush felt that the program was losing focus and was covering more of middle class children rather than the poor children. The program has however again been put back into track by President Obama and over four million children and pregnant women have been treated under the Childrens Health Insurance Reauthorization Act of 2009 (Centers for Medicare & Medicaid Services, 2010).   
Mental Health Parity Act: This act was introduced on January 2010 and aims at providing alignment for health and substance abuse benefits and also providing medical health benefits for companies with 50 or more employees. This however is not a group health plan of any sort (U. S. Department of Labor, 2008).   
Pros and Cons of the systems:   
As seen all these reforms have been developed with an intension to improve and address all the healthcare system issues. They are all very beneficial in terms of providing the assistance to the patients, however there is a clear issue where all the systems lack the availability of funds (Valueoptions, 2010). Also with the newer reforms coming up each day there is clearly a lack of enough money available to invest into the reforms.   
Conclusions:   
The reforms that have been introduced in the markets might be very helpful in providing assistance to the general public, however there are a number of these reforms that have been developed over the years and the levels of funds available to fund these are reducing each year. Hence the reform tends to be faced with a lack of enough funding.   
References   
Centers for Medicare & Medicaid Services. (2010). Childrens Health Insurance Program. Retrieved February 28, 2010, from http://www. cms. hhs. gov/home/chip. asp   
The New England Journal of Medicine. (2010). U. S. Health Care Reform Interactive timeline. Retrieved February 28, 2010, from http://healthcarereform. nejm. org/? page\_id= 1647   
U. S. Department of Labor. (2008, October ). Fact Sheet: The Mental Health Parity Act. Retrieved February 28, 2010, from Employee Benefits Security Administration: http://www. dol. gov/ebsa/newsroom/fsmhparity. html   
Valueoptions. (2010). Frequently Asked Questions about Mental Health Parity. Retrieved February 28, 2010, from http://www. valueoptions. com/providers/Files/pdfs/Mental\_Health\_Parity\_FAQ. pdf