

Access to insurance versus access to care

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Access to Insurance versus Access to Care Affiliation: Financing healthcare is an expensive undertaking, and this is evidenced by the number of people with insurance coverage and the trends in healthcare access in America and beyond. Health insurance is vital to hold, but this is not the only determinant of access to healthcare. The insured population has had problems in healthcare access, even in the event that they hold insurance covers. Healthcare access is also determined by diverse and dynamic factors, all of which must be controlled, monitored and managed for effective and efficient performance of the health sector (King, 2010). Insurance and access to healthcare serve a basis of intensive debate that is tailored towards addressing pertinent issues in healthcare.

Access to insurance and access to care are two different concepts. Health insurance is risk mitigation measure where an individual transfers health risks to another party, and makes premium payments to that party in return. In other words, insurance premiums guarantee healthcare coverage by the insurer. The ability to pay for insurance covers measures access to insurance. When premiums are high, then the number of people that can afford the insurance cover is low, and vice versa. The affordability of insurance measures the relative accessibility.

On the other hand, access to care refers to the ease of receiving care by a patient when in need. Access to health encompasses primary care, healthcare specialists, and emergency treatment (Berenson & Rich, 2010).

Access to care measures the ease or difficulties associated with getting services across the three variables. In this regard, holding an insurance cover does not necessarily guarantee access to care. For instance, Medicare program caters for the elderly and disables populations in the United States <https://assignbuster.com/access-to-insurance-versus-access-to-care/>

(Getzen, 2010). However, the program is divided into various parts, each of which outlines the extent of healthcare variables provided for by that part. Each part provides healthcare insurance, but limits care services accessed under that part.

The federal health care reform legislation of 2010 seeks to promote universal coverage and regulate health insurance policies offered by insurance companies (The Joint Commission, 2012). The legislation also seeks to enhance the extent of health complications covered, as well as push for affordable insurance premiums. Low income earners remain uncovered by insurance, a scenario that has negatively affected the health sector in the United States. The ultimate interest of the legislation is to promote insurance affordability, so that almost if not all the American population is covered, and access to care enhanced.

Some, if not all impediments to the United States universal health coverage have been addressed by the federal health care reform legislation of 2010 (Sultz & Young, 2010). Healthcare complications, insurance cover affordability, and insurance industry regulation are some of the major challenges that characterize universal health coverage in the United States. To address these challenges, the 2010 legislation seeks to strengthen consumer protection, monitor insurers for accountability and transparency, streamline health insurance purchases, subsidize low income earners in purchasing insurance covers, regulate insurance premiums, and revise Medicaid coverage to cover lowest income levels (McKenzie, Pinger, & Kotecki, 2011).

Federal health reforms are far reaching as far as the American population is concerned. The reforms are targeting the healthcare challenges that have
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been experienced in the United States for decades of years. Working from the source, the federal reform is designed to account for contemporary healthcare needs, especially ensuring that access to care is enhanced as much as universal health coverage is achieved. Increasing access to medical care through health care reform will be consequential (Lohr, 2008).

Healthcare system will be improved, but patients per nurse ratio might increase. On the same note, waiting time will increase, meaning that time wasted while waiting for service will increase.

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