

Infrastructure evaluation essays example

[Economics](#), [Insurance](#)



Infrastructure Evaluation

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1. Clearly describe current infrastructure, workflow, and processes

Several infrastructures have been brought to make healthcare better. The current infrastructure aims at providing citizens with an efficient, cost-effective, and evidence-based care. To the medical practitioners, it seeks to make clinical information readily available, and accessible be it in a research environment, primary care, or care institutions (How, 2014). These infrastructures in the healthcare informatics solely depend on technology. Implementation of this infrastructure will positively affect the current workflows depending on the existing technology. To change all these, time is required to allow staff the chance to adapt to the new system. Therefore, it might affect the workflow of both clinical and administrative processes (How, 2014).

Determining the effects of the introduction of infrastructure in medicine, a thorough assessment of current workflow for all areas likely to be affected ought to be done. Regardless of whether the organization has an existing policies and workflows in place, one cannot afford to assume that the staffs are compliant. Research conducted on workflows in hospitals that the infrastructure was introduced to show that there is a lag time in updating patient information. In others, there was incomplete documentation of the problem and medical lists (How, 2014). Therefore, whenever there the infrastructure is being introduced, staff should be used. Reduction of disruption in the workflow is the only key to succeed after the introduction of the project. The IT system creates opportunities to identify areas seen as

problematic in the workflow, which makes the workflow process more efficient (How, 204).

2. Identify the existing gaps and issues within the environment.

Currently, there are a number of issues and gaps in the medical environment depending with the geographical location. In Kansas City, the Medicaid is facing issues to do with eligibility. Affordable Care Act (ACA), established in 2010 was intended to spread out to a private, as well as public coverage, thus increase the number of people with health care insurance (Hartsig, 2014). The law was a move to reduce the number of uninsured Americans. However, the cities Medicaid eligibility level for non-elderly grownups is recorded as the lowest in the country. Young adults with no disability or have no kids do not qualify for the aid regardless of how poor they are. Therefore, the issue that the law faces is the lack of right eligibility criteria in issuance of the Medicaid to individuals (Hartsig, 2014).

ACA has increased the eligibility of Medicaid to the non-adults who have a family of four or earning thirty-two thousand five hundred dollars a year or the equivalent of 138% according to the federal poverty level (Hartsig, 2014). The Affordable care act issues all states with the financial incentives to expand their Medicaid while the federal government pays all costs for newly eligible citizens to the year 2016. It is, however, projected that as of 2017, each state will be eligible to provide 5% of the cost while in 2020 onwards the percentage will increase by another 5 %. Therefore, in the end the state will be eligible to pay 10% of the total cost (Hartsig, 2014).

However, the ruling by the U. S Supreme Court in 2012 was that the medical expansion was optional for states.

Since that ruling to date (2014), 24 states, including Kansas have not stretched out their Medicaid, thus creating a gap between the entitlement for Premium Tax Credit Assistance (PTCA) and the current Medicaid entitlement (Hartsig, 2014).

3. Provide solutions for improvement associated to the gaps identified - zero cost and unlimited budget.

Proper eligibility criteria need to be made in the issuance of Medicaid to citizens. In order to do so, an individual needs to understand that in Kansas 34% of the population is already insured in the private insurance. Therefore, there is a possibility that when one tries to expand the Medicaid, they might 'crowd-out' private coverage for the individuals who have it in favor of the public health insurance (Hartsig, 2014). The use of public funds that are used to provide health insurance will always raise questions when the fund is given to high-income earners while the low-income individuals are not given. Individuals need to understand that the expansion will minimize the large number of people that are likely not to gain the health insurance, which in turn reduces the cost of uncompensated care (Hartsig, 2014).

4. Recognize current technology that can change health care infrastructure. The information infrastructure for healthcare began because of the exchange of ideas among private sector and civilians. The main aim was to develop needed advanced technological programs (ATP) that would reduce the cost of Medicare and to improve quality and easy delivery of Medicare. As of 1990 to 1998, the program (ATP) held technological competitions every year. The prize went to the best technology that addressed medical problems (Lide & Spivack, 2000). The examples of current technology that can change health

care infrastructure includes, robotics, advanced manufacturing, learning technologies, open data initiatives, and bringing technology from the lab to the market (The White House, 2011).

Robotics in medicine brings the advantages of machines that work with medics or beside them. These robots are supposed to aid a scientist in discovering new drugs or in helping patients to cope with certain conditions in life, such as automatic wheelchair (The White House, 2011).

Advanced manufacturing aids in medical research and making of drugs that are cheap yet very efficient. Open data initiatives are meant to create and allow easy access to information, thus making it easy for medics to be knowledgeable about anything. Learning technologies and bringing technology from the lab to the market creates a platform that individuals can be able practically to test their machineries in the real world thus advancing medicine (The White House, 2011).

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