

Example of research paper on access to healthcare across locations

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



Introduction

Healthcare in the United States encompasses a trajectory that emerges from reform legislations that promises to provide civic lessons and insights to the way the Congress should try to resolve the problems of healthcare delivery and quality across all regions of the country. However, each region has varying systems that deliver different levels of delivery, quality, cost and perceptions. These differences will be explored by looking at each of region's level of access, cost, view of healthcare and healthcare providers, implemented local policies and about Obamacare. The discussion of differences by region is a fundamental and primary step in understanding the wider perspective on healthcare, which would help in determining the factors that will make healthcare legislations more beneficial.

Eastern Region

HRR (Hospital Referral Region) defined a total of 306 relatively separate regions in the United States where healthcare organizations deliver healthcare services differently in each region. There are patients leaving their regions to seek better health options in another because of certain inadequacies from their present providers. For example, places like Glen Clove, Brooklyn and Long Island received healthcare services that were defined in the Eastern Long Island HRR. Residents in the region receive immediate treatment for cases like muscle strain, facial lacerations, sprains, fractures and other related cases. However, more complex services are subject to healthcare plan specifications and eligibility, which is considered a constraint in effective healthcare service delivery (Sridhar, 2005). Other

services that are provided to address common health issues are provided specifically for the residents of the said region. Disparity in healthcare services is one of the problems that the national legislation is trying to address.

The cost of healthcare in the region is funded by the taxes and wages of the residents within the Eastern region. Unfortunately, the pathways encompass multiplicity in invoice payments including commercial insurances and employer-funded insurance. It is a common perception that employers normally pay healthcare insurance as part of an employee's benefit package, but in the aforementioned region, cost of healthcare is charge over the people's taxes apart from wage deductions in out-of-pocket payments. The current healthcare system in the region is large out of unison from the Federal government's legislative reforms, the people in the region feels that the Obamacare although feasible, but the main concern about the reform is the additional burden that the legislation will have on the people's financial situation.

Southern Region

In the southern region of the country, healthcare delivery system is also an issue wherein choice of healthcare restrictions hinders the effective delivery of healthcare services (Garson, 2010). This problem is attributed to the limitation of access to the fundamental services that the people should be getting from the government. The prevalence of employer-based insurance system in the region limits the opportunity of the people to gain access to the important healthcare needs. For example, an employer provides a very

basic healthcare plan to employees wherein prescription benefits are not covered. However, the economic situation in the area and the household income of most workers is not close to the financial requirement needed in acquiring prescription plans. As a condition, added provisions in basic plans would entail out-of-pocket cost for medication or higher CAP.

In terms of cost, price of healthcare premiums is slowly increasing, but steadily closing the gap between the national average and that of the Southern regional providers. Although the region still enjoys 10% less in premium plan cost as compared to other places in the country, there still speculations that new legislation is likely to close the gap in cost putting more stress to people that cannot barely afford higher premiums (Boulton, 2012). The change in cost is primarily due to the legislations and policies pertaining to the healthcare reforms. Policies such as premium tax eligibilities were not properly disseminated to the people as to how they can be eligible including guidelines because it entails budgetary concerns on the part of the local government (Pear, 2013).

Because of the existing issues with the health system on the Southern part of the country, the people are having strong speculations that the Obamacare will only further the extent of problem instead of addressing it for improvement. This is because the local healthcare system is already on the state of situation where consumers are struggling to either keep a high priced premium or sticking up to basic plans that do not deliver the needed healthcare benefits.

Western Regions

The healthcare situation in the Western part of the country is not anywhere different from the South. This is because the same dilemma is experienced by the western residents particularly on the cost of healthcare that also hinders the effective delivery of healthcare services and limited access. Healthcare trend in the region is perceived as one of the poorest as compared to other regions or to the United States as a whole. There are approximately 24% of elderly residents in the West that are uninsured and have no access to government funded Medicare, which is significantly higher as compared to 18% of the nation's average (Weitz, 2000). In California for example, children are less likely to be insured because the policies governing the inclusion of additional beneficiaries to employer funded insurance do not mandatorily add additional beneficiaries other than the plan holder unless the plan holder is willing to pay for the cost. However, cost is not actually a main concern in the West because, residents in the region pay much less premium for their plans as compared to the rest of the Americans. A single coverage health plan will only cost the employee 24% more on the monthly premium to include the entire family in the package, while the nationwide average is between 24 to 45%.

This distinction on healthcare system in the West was due to the policies that ensure the entire family are covered by healthcare insurance and the state governments in the region supporting the initiative to provide insurance to all of its constituents. The Western part of the country is generally not threatened by the Obamacare program, but is expecting to improve

Medicare and Medicaid coverage of the geriatric and children population in the region to reduce the number of uninsured citizens in the region.

Conclusion

Overall, the United States is still on the long process of healthcare reform that will best suit the needs of the general population. The disparities and the differences in healthcare system in each region is a result of weaker national initiative to standardize the system and come up with sustainable healthcare programs that will work best in favor of the greater population. Differences in healthcare system are caused by the lack of effective approach from the national level, which Obamacare is trying hard to impose. However, radical changes should also be supported by stronger legislations, which can be achieved by means of unified Congressional perspectives.

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