Access to healthcare services research papers example

Economics, Insurance

Introduction

Good health is critical for living a good life and for this reason; people demand access to healthcare services that can help maintaining it. There are number of countries in America who have responded to political manifestation of this demand by assurance of access to healthcare services. Often times, even if the policies for the access of healthcare services are defined, still they are vague and State is unable to comply this requirement. Most Americans have good standards and policies to access healthcare services. It enables those taking full benefits of the State's healthcare system. Others have to face certain barriers in accessing the basic healthcare services like in Latin America. According to National Healthcare Disparities Report, ethnic and racial minorities, and people with low socioeconomic status are excessively represented among those who face problems in accessing healthcare services. Usually, these uninsured people are unable to access the required care for the prevention of disease like cancer screening, diet and exercise counselling, dental care, and flu vaccination .

Poor access of people to healthcare services leaves a bad impact on both, i. e. personal and society. If a person gets ill and is unable to access the proper healthcare services or vaccinations then he/she will spread the disease to others. This will set burden on not only the person but the society as well. For this reason, it is important for the Government to set policies and standards regarding the appropriate access to healthcare services for all individuals of the society.

Access to healthcare means that the person receives personal healthcare services in a timely manner and achieves the best health outcomes. There are three discrete steps to attaining good access to health care services including

- Successful entry into healthcare system
- Getting an easy access to required sites of care and services
- Finding providers like doctors, pharmacists and others who can meet the requirements of the patients and build relationship based on trust and mutual communication.

Access to healthcare services can be measured in different ways that includes,

- Structural measures of the absence or presence of particular resources that provide healthcare services like health insurance, and other sources of care.
- Patients' assessment measure who review how easy it is for them to gain an access to healthcare services.
- Standards that measure ultimate outcome of good access to healthcare services like successful attainment of required services.

Healthcare is a human right and every person should have an access to medical services, adequate food, sanitation, decent housing, and a clean environment. Healthcare human right guarantees protection of health for all. It should therefore, be provided financially, equitably, and publically. The healthcare human right means that clinic, hospitals, doctors' services, and medicines must be available, acceptable, and easily accessible everywhere and at any time. The key human rights standards for healthcare system are as follows:

- Universal Access – healthcare services should be universally guaranteed. They should be provided to every person on equitable basis. There should not be any kind of discrimination on basis of color, religion, or nationality. Healthcare services should be comprehensive and affordable for everyone. Moreover, these services should be available and accessible when and where needed.

- Availability – acceptable healthcare infrastructure e. g. community health facilities, hospitals, trained healthcare professionals, equipment, drugs, and primary care and mental health services must be available for all communities and geographical areas.

- Quality – good quality standard of medical services should be provided to the patients at hospitals and other healthcare institutes in a safe and timely manner.

- Non-Discrimination – Healthcare services should be provided to every individual without any discrimination based on race, ethnicity, health status, sex, disability, religion, language, income, or social status.

- Transparency – Healthcare institutes should offer, finance, and deliver services to patients in transparent way. Healthcare information services should easily be available to every person so that they can protect their health and thus claim quality health services.

- Accountability – Enforce standards, independent compliance monitoring, and regulations regarding the protection of healthcare and private and public companies should be held responsible for carrying out these activities.

- Participation – communities and individuals should be given an opportunity to take decisions in matters that may affect their health like in

implementation and organization of health care services.

Campaigns exist several human right healthcare in several US states. It was inspired by the first example set by Vermont in 2011. It became the first state that passed a law for publicly, universal financed healthcare system. These campaigns have included the human rights standards into healthcare policies. These policies include universality, equity, accountability, transparency, and participation. There are number of articles declared related to human rights to health care including,

- Article 5 of Convention on the Elimination of All Forms of Racial Discrimination
- Article 12 of International Covenant on Economic, Social and Cultural Rights

- Article 12 & 14 of Convention on the Elimination of All Forms of Discrimination Against Women
- Article 12 of International Covenant on Economic, Social and Cultural Rights

- Article 24 of Convention on the Rights of Child
- Article 25 of Convention on the Rights of Persons with Disabilities .

As per the National Health Interview Survey 2012, 6. 2% of people were unable to access the required medical services due to high cost and 85. 8% of people with usual place went for medical care .

There are several barriers of an access to healthcare agencies that primarily includes cultural, financial, legal, and geographical barriers. These barriers limit people to access insurance policies for healthcare. Insurance policies are difficult to attain for those who do not have permanent residency or

citizenship, belongs to ethnic minorities, migrants, unemployed since long time, or low income. There are certain articles and policies formulated with time in US that has made it easier for the individuals to get insurance policies and an access to healthcare institutes .

Background and Current Situation of Healthcare Services in America

People with low incomes usually experience poor health. It is due to the reason that they are unable to expend even on their basic healthcare needs. This in turn not only affects the society in terms of health but also productivity. It has been observed that poor health also affect learning ability of people and thus the productivity and earnings. Considering these issues, states are busy formulating the healthcare policies. Some of these major policies includes, improvement of public insurance, address cultural and language problems, supply of medical facilities, like medical providers, pharmacists, medicines, and so on. The state of health care agencies has been greatly improved since 1900 due to major efforts made by Governments and States .

Since 1900 to 1935, health care assistance was provided to deserving poor by religious and civic groups. From 1935 to 1945, Social Security Act was passed that focused on rising the number of public clinics and hospitals for poor people and started two-tiered system of health care. During 1945 to 1965, private insurance coverage was further expanded and settled the stage for Medicaid and in 1965, Medicare and Medicaid were implemented. The 1984 to 1990 period was the period of Medicaid expansion. During 1990s, several welfare reforms and waivers were made to increase efforts

towards growth of Medicaid. Children’s Health Insurance Program (SCHIP) also started during the same period. During 2000s, State started new programs and made investments to expand healthcare options for the poor people. Enrollment in Medicaid was prominently increased during 2000 to 2007, as during this period, there was an increase in the number of those people who did not receive employer sponsored insurance.

In 2007, there were 55 percent of the non-elderly people were uninsured and had their incomes below 200 percent of the level of poverty. Almost third of all these non-elderly people had incomes below the poverty level and they were uninsured. Among these uninsured people, most were not eligible for the services of Medicaid either due to the reason that their incomes were higher than the state’s eligibility ceiling or they did not meet the eligibility criteria of Medicaid. Due to increasing number of those working people who were uninsured, new programs were created by the States during 2000s. These programs aimed to expand the eligibility for uninsured people and encourage low-income workers who were unable to meet the criteria set by Medicaid for getting private health insurance. These programs expanded coverage for the uninsured people and reduced pressure on physicians and hospitals who were providing services at lower costs to uninsured people .

Three programs started during 2000s including, Healthy New York, Commonwealth Care, and BadgerCare Plus. Healthy New York was started in 2001. It was aimed at providing services especially to those people who were not eligible for Medicaid services but their income level was below 250 percent to poverty level. Commonwealth Care was implemented in the year 2006 by Massachusetts. It provided four types of healthcare programs that

one could choose from depending upon the level of income. It offered services to those who do not meet the criteria set by Medicaid but if their income level is below 300 percent of the poverty level then they avail this program. BadgerCare Plus was aimed to provide services for children under 19 years of age. This program started in 2008 for children in Wisconsin. The program is available for all children who do not have an access to healthcare insurance. This program was nothing to do with the income levels. It also offered services to self-employed parents, farmers, and pregnant women who have annual incomes above the level of 300 percent of poverty.

The Federal Government also started Community Health Centers to provide healthcare services to uninsured and poor people. There is a debate going on for the last four decades between the public insurance health programs and Community Centers that, it is less efficient to expand public health insurance programs than expanding Community Health Centers. Though, the funding of Community Health Centers has been increased but it has been observed that uninsured patients at CHC have to face great difficulties in getting specialty services, including medical referrals for specialist doctors, mental health, and diagnostic tests. However, it is still not known whether, it is beneficial to expend in public insurance programs or Community Health Centers.

In United States of America, about 61 percent of people below the age of 65 years are employer-sponsored and have private health insurance. Other 5 percent of the people below 65 years also have insurance policies but they self-insured. Most of these also get insurance from private insurance companies. Of this 5 percent, 3 percent are from military and 2 to 3 percent are from Medicare. The remaining 13 percent are covered by Medicaid and

18 percent do not have any insurance policy. Medicaid has about third of all people with low income. Most of these are pregnant women and children; however, about fourth of its clients are elderly or disabled.

Health insurance in US is available in different forms. The most common among these plans is the indemnity policies and care plans. Indemnity policy usually has coinsurance rate and a deductible amount. In comparison, catastrophic health plans have larger deductibles than indemnity policies. However, care plans do not have deductibles but required a copayment. These plans are adopted by people in America as per their requirements. Medicaid is currently the largest source of financing that provides long-term care to disable and elderly. Recent efforts are limiting Medicaid spending on disabled and elderly beneficiaries. It is providing services to increase an access of communities to health care. Moreover, it also providing services for the pregnant women and children to insure their access to health care services .

Impact upon the respective Stakeholders in Healthcare Field

In process of improving an access of uninsured and poor Americans to health care agencies, related stakeholders will also experience an impact. The primary healthcare stakeholders are professionals, patients, payers, policy makers, and providers. First, due to expansion of insured people or an easy access to healthcare institutes, the number of patients will increase in the clinics and hospitals. The burden on medical professionals will increase, as they would have to treat more number of patients. However, the professionals will be rewarded after an improvement in an access to

healthcare system. They will be paid equally for treating poor or uninsured patients. Patients will also be more careful about their health with an easy access to healthcare agencies and ultimately societies' health will improve and so the productivity. Community health centers, National Health Insurance Corps, and other institutes will invest in healthcare agencies and thus bring improvement. Various healthcare stakeholders including, government officials, providers, citizens, and advocates work in collaboration and build strategies to improve access to healthcare agencies.

How and Whether Patient Protection and Affordable Care Act will Impact Access to Healthcare Services

The Patient Protection and Affordable Care Act (ACA) is the healthcare reform is sometimes also called as the Obama Care. It was enacted in year 2010. The basic aim of this law was to expand access of the poor and uninsured people to health coverage. The Affordable Care Act follows it through various provisions, i. e. individual mandate, employer mandate, health insurance exchange, and an expansion of Medicaid. An individual mandate requires that adults must have health insurance or else they would have to pay a fine. Employer mandate requires that every firm having 50 or more employees will have to offer health coverage or they would have to pay fine. Every state needs to have health insurance exchange or else they would have to accept federally established exchange in which small businesses and individuals can buy health insurance coverage. Medicaid should be expanded a way that it lower income people are covered. ACA also made certain changes to Medicaid so that to cut costs, improve delivery of care, and support program's fiscal solvency .

As discussed, about 60 million individuals are currently medically underserved because of increased health risks and lack of primary health care specialists and professionals. In order to resolve these issues, the PPACA Act is primarily investing in the expansion of community health centers and National Health Service Corps. It was expected that during the fiscal year 2011 to 2015, the Act would make an investment of $11 billion in health institutes and centers. It would also make an investment in National Health Service Corps of about $1. 5. This investment will greatly help in expanding the number of patients served. In 2010, total number of patients in health centers were about 20 million; however, this number will increase to 20 million by 2015 .

Some of the Patient Protection and Affordable Care Act (PPACA) provisions are already in operation, while others are probable to be effective in the near future. This Act will effect various fields, i. e. small and medium businesses, health care institutes, individuals and groups, and so on. PPACA will make health services more accessible for the American uninsured people and thus improve the health of individuals and so the society. It will also in turn improve the level of productivity and earnings of people.

Besides focusing on the insurance policies, the Patient Protection and Affordable Care Act (ACA) is also aiming to realign the healthcare systems. These changes in healthcare systems will bring long-term advantages. It will improve the quality of health care, structure, and design of health care practices, and health transparency. This Act is also investing for the development of National Quality Strategy. Its main purpose is to make multi-payer efficiency and quality measures to promote greater safety, value

purchasing, and extensive health information over the private and public insures .

Affordable Care Act aims to invest direct in public health investments. It is making efforts to justify health care by investing primarily in medically underserved communities to broaden effective preventive health services. It is also targeting specific subpopulations, i. e. Indian health care. This will help in improving the conditions of health care all over the state instead of just focusing on Americans .

Conclusion

Advancements in insurance policies and elimination of various other barriers of an access to healthcare agencies for poor Americans have brought great changes. The number of patients in healthcare agencies have been largely increased in the last 10 years. Moreover, the standard of healthcare agencies has also been improved. Stakeholders are at benefit edge with an improvement of access to healthcare agencies. The Patient Protection and Affordable Care Act has brought great improvements in the healthcare field and increasing the number of insured patients.

Work Cited

AHRQ. National Healthcare Quality Report, 2011. 2011. http://www. ahrq. gov/research/findings/nhqrdr/nhqr11/chap9. html.

Auerbach, David. The Affordable Care Act: Four Key Policy Areas. 2014. http://www. rand. org/health/aca. html.

CDC. Access to Health Care. 2012. http://www. cdc. gov/nchs/fastats/access-to-health-care. htm.

Kitzhaber, John A. " Improving Healthcare Access." 2004.

LAO. The Patient Protection and Affordable Care Act: An Overview of Its Potential Impact on State Health Programs. 13 May 2010. http://www. lao. ca. gov/reports/2010/hlth/fed_healthcare/fed_healthcare_051310. aspx.

NESRI. What is the Human Right to Health and Health Care? n. d. www. nesri. org/programs/what-is-the-human-right-to-health-and-health-care.

Rosenbaum, Sara. The Patient Protection and Affordable Care Act: Implications for Public Health Policy and Practice. Feb 2011. http://www. ncbi. nlm. nih. gov/pmc/articles/PMC3001814/.

Savedoff, William D. " A Moving Target: Universal Access to Healthcare Services in Latin America and the Carribean." 2009.

Summer, Laura. " The Impact of the Affordable Care Act on the Safety Net." 2011.

Swartz, Katherine. " Healthcare for the Poor: For Whom, What Care, and Whose Responsibility?" (2009).