

Safety net providers after health care reform

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RESEARCH CRITIQUE Theme of your research proposal Health Care Reform:
Its Importance and Effects COMPLETE APA REFERENCE (in correct form):

Ku, L., Jones, E., Shin, P., Byrne, F. and Long, S. (2011). Safety-Net providers after health care reform: Lessons from Massachusetts. *Archives of Internal Medicine*. 171(15), 1379-1384.

SUMMARY (not to exceed 50% of review):

Community health centers and safety-net hospitals are used to support the people with their medical needs under the influence of National Health Reform Law that was enacted last 2006. The project was able to assess the impact of National Health Reform Law to the safety-net hospital providers especially for ambulatory and inpatient care. The data gathered was from Massachusetts and the law enacted lessened the number of people without health insurance coverage.

Multiple methods were used in the study to analyze the impacts of National Health Reform Law on the ambulatory and inpatient care providers. Analyses of administrative data from community health centers and hospitals, analyses of data from 2009 Massachusetts Health Reform Survey, case study interviews and telephone survey of adults.

The results showed that between 2005 and 2009, an increment by 31. 0% was observed at the patient population being cared by Massachusetts community health centers. Progress of the Health Care Reform was seen through the drop of community health center patients who were uninsured from 35. 5% to 19. 9%. The growth of visits of nonemergency ambulatory care to safety-net hospitals is twice the visits to other hospitals between 2006 and 2009. The results also showed that most safety-net patients like the facilities because of convenience and affordability.

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Health care reform programs seemed not to be enough even though they may be established because the demand for support and health care at safety-net facilities is still rising. Majority of safety-net patients consider the community health centers and hospitals as preferable type of medical aide to them and not just a last resort. Continuous support and improvement must be given.

CRITICAL ANALYSIS:

The Health Care Reform in Massachusetts was fully implemented on July 1, 2007 for the benefits of the general public especially the working class through the employer sponsored insurance. During that time 10% of people in Massachusetts are not insured while in the whole USA population the uninsured is 16% (Malhotra, 2009).

In relation to the health reform, an exchange was launched known as Connector. It created the two insurance programs called Commonwealth Care and Commonwealth Choice. The former provides subsidized premiums for working people down to the poverty level through a scale while the latter serves as one-stop shop for insurance coverage for people who cannot avail of subsidized premiums (Parks, 2011).

Despite of the reform, still problems arise in the rising demands for services of health care centers because of hard access to health services from private practitioners and hospitals especially on the Western and Southeast of Massachusetts. It is due to availability of doctors and insurance is not recognized in the private hospitals (Long and Masi, 2009). Some patients prefer the health care centers and safety-net hospitals because most patients, even though a lot of practitioners are there, still experience 14 days of wait times or more. Even if health reform is expanded, the city in <https://assignbuster.com/safety-net-providers-after-health-care-reform/>

Massachusetts like Boston still experience the longest average wait times for setting an appointment (Merritt Hawkins & Associates, 2009).

PRACTICAL APPLICATIONS/IMPLICATIONS:

Further studies must be conducted to ensure the accuracy of the causes of patients' behavior and preference toward safety-net hospitals than for private clinics and hospitals. Another set of practices must be improved to prevent the congestion in patients and lower the demand for safety-net hospitals despite of majority of the people receiving insurance coverage.

References

Long, S. and Masi, P. (2009). Massachusetts health reform survey: Policy brief. Washington: Urban Institute.

Malhotra, M. (2009). Solving the American health care crisis: Simply common sense. Bloomington: iUniverse.

Merritt Hawkins and Associates. (2009). 2009 survey of physician appointment waiting. Times. Texas: Merrit Hawkins and Associates.

Parks, D. (2011). Health care reform simplified: Understanding the new rules for insuring.

New York: Springer-Verlag.