

# Medicare, the uninsured and international healthcare review



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## Medicare, the Uninsured, and International Healthcare Review Western

Governors University Medicare, the Uninsured, and International Healthcare Review Healthcare and healthcare reform are hot topics of debate in today's society. As the population grows and life expectancy increases, the nation faces many challenges in providing healthcare benefits to the people. “

According to the report, titled *Income, Poverty and Health Insurance Coverage in the United States: 2010*, 49.9 million Americans or 16.3 percent of the total US population had no health insurance in 2010.

That percentage represents a slight increase on 2009's figures, when 49 million citizens or 16.1 percent of the population was uninsured” (Gamser, 2011). Unless there is a turnaround in their economic downfall, unemployment rate, and healthcare reform these numbers will most likely continue to increase. This paper will discuss some of these issues and how they impact two different families. The paper will look at Mrs. Zwick, a 77-year-old female who was hospitalized for five days following a minor stroke and is then transferred to the skilled nursing facility for rehabilitation.

Her rehabilitation is delayed 10 days into her stay due to a hospital acquired urinary tract infection. Discussion will include coverage for her medical care using Medicare Part A, Part B and Part D. Discussion will also include how the hospital acquired infection is not reimbursed by Medicare. Finally the paper will discuss how Mr. Davis, a gentleman with chronic sickle cell anemia and loses his job position due to his illness, will have the option to continue insurance coverage by way of the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Discussion will include two challenges that state or local government face when providing care for the uninsured with long-term or chronic illnesses. Elaboration on one of the challenges will be further described. Due to his frustrations with loss of his employment, healthcare coverage, and his chronic sickle cell anemia, Mr. Davis verbalizes he wish he lived in another country. Through investigation of healthcare in Great Britain, Japan, Germany, and Switzerland this paper will discuss which of these countries would best benefit Mr. Davis if you ere to become a citizen there. Mrs. Zwick was hospitalized for five days following a mild stroke, and then transferred to a skilled nursing facility for rehabilitation with projected discharge in 21 days. However it is discovered that she developed a hospital acquired urinary tract infection 10 days into her rehabilitation requires IV antibiotics to treat. The infection leads per week and unable to continue her rehabilitation until the urinary tract infection is cleared. As a result, instead of 21 days in rehabilitation she has to stay 40 days.

When discharged she was giving a prescription for several medications and a walker. Her daughter inquires about the bills from other is insured with Medicare Part A, Part B and Part D and asks the nurse if she can explain the benefits to her. Medicare Part A, which is also known as hospital insurance, is usually provided free since Medicare taxes are paid into the program while working. “ Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care” (Medicare.gov, n. d. ). Cherry and Jacob (2011, p. 28) states that Medicare is a federal health insurance plan for Americans 65 and older and certain disabled people. The client must be eligible for Social Security or Railroad retirement.

The nurse would explain that Medicare Part A will cover the cost of the hospital stay as well as the skilled nursing and rehabilitation stay. Medicare Part B she explains is considered to be the medical insurance. This will cover services such as physician services, services and supplies that are needed to diagnose and treat her medical condition and would also cover certain preventative services such as flu vaccines (Medicare. ov, n. d. ). This would cover the rehabilitation services that her mother has received while in the rehabilitation center as well as the walker that was prescribed by the physician at the time of discharge. Medicare Part D is the prescription drug plan. There are various options under this portion of Medicare and depending on the one that your mother has chosen would base the amount of coverage that she would receive for prescription medications. This does not necessarily cover the full cost of the prescription medications; there are deductibles and copayments that must be met. The hospital acquired urinary tract infection that Mrs. Zwick developed during her hospital stay is not covered by Medicare. Research of an article in Medical News Today states: " Starting in 2009, Medicare, the US government's health insurance program for elderly and disabled Americans, will not cover the costs of " preventable" conditions, mistakes and infections resulting from a hospital stay. So for instance, if you are on Medicare and you pick up a hospital acquired infection while you are being treated for something that is covered by Medicare, the extra cost of treating the hospital acquired infection will no longer be paid for by Medicare.

Instead, the bill will be picked up by the hospital itself since the rules don't allow the hospital to charge it to you" (Paddock, 2007). Healthcare acquired

infections (HAI) not only contribute to exorbitant amounts of financial burden on the healthcare system but also attribute to staggering numbers of patient deaths. “ Healthcare acquired infections (HAIs) are infections that patients contract while receiving treatment for medical and surgical conditions. The U. S. Centers for Disease Control and Prevention (CDC) estimates that HAIs contracted in U. S. ospitals account for approximately two million infections, 99, 000 deaths, and an estimated \$4. 5 billion in excess costs annually” (Centers for Disease Control and Prevention, 2009) More recent results show a very minuscule decline in these types of infections. It is but a mere scratch at the surface of the deeply rooted problem within our healthcare systems. There are ethical implications as well in treating Mrs. Zwick’s healthcare acquired infection. As healthcare providers, there is a duty to do no harm. Ethically we must do the right thing as an advocate for patient safety.

To attain these standards the healthcare provider must diligently be cognizant of infection control measures and ways to improve current practice. Examples include strict hand hygiene, aseptic technique, and current best practice as defined by evidenced based medicine. The continuous monitoring and surveillance of all healthcare acquired infections looking for trends. Perhaps it is a specific hospital unit or employee. These identifiers will assist through education and competency in the correction and prevention of future occurrences.

Healthcare as a whole also has an ethical obligation to make known to the patient, patient families and the community these HAI’s when discovered. This paper will now focus on Mr. Davis who was terminated by his employer for extended absences due to hospitalizations from chronic sickle cell

anemia. Even though Mr. Davis is unemployed his employer must offer him the opportunity to continue his healthcare benefit under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

COBRA requires employers with more than 20 employees to provide the employee and his family the opportunity to continue medical benefits for up to 18 months. This includes voluntary or involuntary job loss, decreased work hours, changing jobs, and various life changing events. The employee may be responsible for paying the entire premium to continue this healthcare coverage. COBRA can also impose fines of up to \$110 per day to employers that fail to offer continued healthcare benefits to the separated employee. (U. S. Department of Labor, n. d. ) Should Mr.

Davis remain unemployed beyond the 18 month limit imposed by COBRA, state and local government are usually called upon to provide assistance. There are options available but often times these require months or even years to get assistance and quite frequently require the assistance of an attorney to receive benefits. Medicaid is probably the most widely known and the recommended source of state medical assistance. The Medicaid program is a federal and state grant program that used primarily for the disabled, low income families with dependent children, and people who are confined in nursing homes with low income levels.

The state is responsible for setting the guidelines of eligibility for this program. Once Medicaid is approved for an individual, the coverage can be retroactive for up to three months from the time it was approved. Indigent and underinsured medical care must be funded by state and local government. This challenge is usually met through taxation. Each <https://assignbuster.com/medicare-the-uninsured-and-international-healthcare-review/>

municipality and sometimes healthcare district must budget to provide care for its citizens through state and local tax. Depending on the economic region this can present a huge challenge.

For example, areas of Florida where migrant farmers are present may have to budget more for healthcare than a wealthier district such as West Palm Beach. So in reality, all working citizens pay for the indigent healthcare in their particular municipality. In Texas such budgeting and care is known as the Indigent Health Care and Treatment Act passed in 1985. This act spells out what basic services must be allowed for the indigent in each county. If more care is provided then it is the local governments' responsibility to pay for it.

Other state and local programs may include State Children's Health Insurance Program (SCHIP) which is also a state and national government run program designed for families that don't meet the minimum requirements for Medicaid due to income even though the income is still modestly below poverty level. Local and state governments may also provide other benefits such as free clinics, public health, Meals on Wheels, subsidized housing, discounted transportation services, foodstamps, and free or discounted childcare for working parents.

Local consumers have even pitched in by providing either free or drastically reduced prescription medications that are commonly prescribed to provide assistance during these tough economic times. Mr. Davis had mentioned in his frustration that at times he wished he lived in another country. His hope would be that healthcare would be more accessible to him. This paper will look at the healthcare system of four different countries Great Britain, Japan, <https://assignbuster.com/medicare-the-uninsured-and-international-healthcare-review/>

Germany, and Switzerland. After a brief review of the healthcare systems in these countries this paper will focus on one country's health care system that would benefit Mr.

Davis the most. Discussion of this country's healthcare system will examine areas such as medication coverage, pre-existing conditions coverage, requirements if necessary for healthcare specialist evaluation and the access for retired people, children, and the unemployed. The healthcare system in Great Britain is considered to be socialized medicine. Basically what this means is that the citizens of Great Britain pay taxes for health care and in return the government-run National Health Service (NHS) provides and pays those funds to healthcare providers.

There are no fees when a patient sees a physician since most physicians and nurses are government employees. In order to see a specialist patients must first visit their general practitioner for a referral. Physician visits are free; however there are fees for prescription medications. " Young people and the elderly are exempt from all drug co-pays" (Public Broadcast System, n. d. ). A major problem with this healthcare system according to Tanner (2008 p. 4) is the extremely long waits for healthcare and depending upon the patient's severity of illness, a procedure such as an open heart surgery for someone deemed too ill or too old by the government may be denied treatment. Switzerland has long been considered to have one of the best healthcare systems in the world. However it is not without its drawbacks. The overall cost for healthcare and Switzerland is second only to the United States. Even still is far less than what the United States spends on healthcare. All



residents residing in Switzerland are required to purchase basic healthcare insurance with them three months of residency.

Swiss law requires all citizens to purchase a basic package of health insurance, an individual mandate. The term basic benefits package is somewhat misleading since the required benefits are quite extensive, including inpatient and outpatient care, care for the elderly and the physically and mentally handicapped, long-term nursing home care, diagnostic tests, prescription drugs, and complementary and alternative therapies. (Tanner, 2008 p. 25) The Swiss government does provide assistance for those that are low income and can't afford to pay the healthcare premiums.

It is expected that citizens pay no more than 10% of their income on healthcare premiums. Referrals to specialists are not required by the primary care physician. There are no exclusions for pre-existing conditions. Private rooms in the hospital and dental insurance require a supplemental policy and are not covered in the basic plan. Healthcare in Germany is based primarily on two types of insurances, public and private insurance. Anyone earning a salary in Germany must have public health insurance. This public health insurance covers not only the employee of German citizenship but all nonworking dependents as well.

There is no added cost for pre-existing conditions. Pregnant women are provided public health insurance for free. The premium for the insurance is around 5% of the person's total income. Referrals are not required to see a specialist but higher co-pay may be charged. If a person opts out of the public health insurance for private insurance he cannot go back later to the <https://assignbuster.com/medicare-the-uninsured-and-international-healthcare-review/>

public health insurance, even if income drops below the level required for private insurance (Underwood, 2009). The unemployed people are covered through a social fund which pays the physicians fee.

This paper will now discuss the healthcare system in Japan. The Japan healthcare system would probably be the most beneficial for Mr. Davis of the four countries that we have researched. There are two types of healthcare insurance in Japan, National Health Insurance and Employees' Health Insurance. Anyone who cannot afford healthcare insurance is provided with public assistance. The premium for the Employees' Health Insurance is usually split between the employer and the employee; although there are some companies that will pay more. " Everyone in Japan is covered by insurance for medical and dental care and drugs.

Insurers do not compete, and they all cover the same services and drugs for the same price" (Arnquist, 2009). The government decides on the fee schedule. Insurance premiums are not held or inflated for pre-existing conditions. Premiums are based on taxable income for the National Health Insurance. This insurance is for the self-employed, retirees and students. " The financial resources for unemployment benefits are covered by insurance premiums paid by employees and employers (they equally bear the amount equivalent to 0. 8% of workers' wages) and by the National Treasury" (The Ministry of Foreign Affairs of Japan, 2011).

Healthcare is free for all children under the age of six. So as a result Mr. Davis would be well covered under Japan's healthcare system. Mr. Davis will have coverage for his medications, he would be able to see any specialist of his choice although a premium might be added without having a referral,  
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and there is no denial or rate increase for pre-existing conditions and the healthcare system provides for children, the unemployed and retired persons. In summation, this paper has discussed Medicaid Part A, B, and D. There is discussion on how COBRA would help Mr. Davis continue his insurance while he's out of work.

There has been discussion of at least two challenges that both local and state government would face in providing care for Mr. Davis. And then finally there is some discussion of healthcare in Great Britain, Germany, Switzerland, and of course Japan which is the system that was chosen for Mr. Davis. While researching this paper it is discovered that healthcare reform is needed not only in the United States of America but throughout the entire world as well. The hope is that one day everyone will be afforded some type of healthcare coverage. References Arnquist, S. (2009, August 25). Health care abroad: Japan.

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