Week 2 Assignment

[Name of the Writer]

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Healthcare

Introduction

Healthcare reform in the United States has been a critical policy issue aimed at expanding access to healthcare services and reducing the high costs associated with medical care. The Affordable Care Act (ACA), introduced to address these challenges, sought to ensure that all Americans, including those from vulnerable populations, had access to affordable healthcare. With millions of uninsured citizens and healthcare costs continuing to rise, the ACA set forth measures to not only provide health insurance coverage for more people but also to curb medical expenses.

One key component of this reform involves the role of Safety Net hospitals, which serve low-income, uninsured individuals, and Medicaid enrollees. These institutions have been pivotal in providing healthcare to underserved populations. The ACA has significantly impacted the healthcare landscape, particularly in states that expanded Medicaid coverage. This paper explores the early effects of the ACA on Safety Net hospitals and the ongoing debate over whether undocumented immigrants should be included in healthcare reform efforts or be considered under immigration reform instead.

Discussion

Identification

Healthcare reform has been developed to give social insurance to all Americans everywhere as well as to reduce the expenses of these services so that every citizen could avail the healthcare facility. As healthcare expenses are awfully high in US, and a large number of individuals are uninsured in the US. So it appears that the government give insurance to all, and lower the

medical prices. For this purpose, the Affordable Care Act (ACA) has been developed to provide healthcare services on reasonable prices to all Americans. The ACA affected the medicinal services framework in the US, along with the Safety Net hospitals that are used to provide healthcare for some low-pay and uninsured individuals, enrollees of Medicaid, and other helpless people. Safety Net hospitals has been assigned the vital job in their networks, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services (HHS) contracted with scholars from Mathematica Policy Research and Virginia Commonwealth University to note about the ACA early impacts on ten Safety Net Clinics, both in states that eligibility of extended pay for Medicaid under the ACA and other which did not (Chokshi, 2019).

The Affordable Care Act essentially developed to change healthcare treatments, taking us closer to the objective of high-quality and reasonable insurance of medical services for all Americans. It includes:

- Expansion of Medicaid to significantly Americans with low salaries,
- Generating helpful business-centers for health insurance where clients can purchase first-class, reasonable private offers.
- Protecting customers through abolishing treatment rejections for individuals with past conditions, demanding the health facility providers to consume an extensive part of premium dollars on health department and contributing for free protection facilities and much more.

It has always been the confusing topic of debate that whether the illegal immigrants should be added to the group of health reform or they should be provided facilities of immigration

reform. The discussion incorporating the issue has been exponentially expanded through the growing effects of joining two contemptuous talks. Some scholars said that the US has a moral pledge to give facilities for health treatment to every single one of those inside its edges who want such support. Whereas, other scholars debated with proportionate power that those people who are improperly present in this country are not fit for availing public healthcare facilities. The purpose of this health care reform for immigrants provides a layout to a middle course between these limits that bases on the real-world phases of the issue while downgrading misrepresentation and average moral cases.

The traditional healthcare system has proven to be inefficient and unsustainable, leaving gaps in accessibility and quality of care. This paper seeks to address these shortcomings by proposing a new structure for a more efficient and resourceful healthcare system—one that is better equipped to meet the diverse needs of individuals, including vulnerable populations. Through this analysis, the ambiguity surrounding healthcare access will be clarified, particularly for undocumented immigrants, and explore the broader implications of healthcare reform.

While the proposed system does not mandate healthcare services for undocumented immigrants under certain legal frameworks, expanding healthcare access would ultimately serve the nation’s broader interests. From both an economic and public health perspective, increasing coverage would yield significant benefits, ensuring that healthcare resources reach not only U.S. citizens but also those who have long been integrated into the country's healthcare system. The expansion of healthcare services would result in a healthier population overall, contributing positively to both individual well-being and the national healthcare infrastructure (Glen, 2012).

Assessment of the Public Option versus the Market

The debate over healthcare reform has raged in the United States for a century While supporters stress various beneficial effects that would arise from increased competition in the health insurance market, opponents often contend that a public plan would drive insurers out of the market and potentially lead to the 'collapse' of the private health insurance industry. Despite the many arguments that have been leveled against healthcare reform plans, and specifically government-managed care such as a public option, it is rarely stated explicitly that opposition is driven by stereotypes of potential beneficiaries. Instead, public figures tend to focus on group-neutral concerns as the source of opposition, such as beliefs that reform would lead to government expansion.

The discourse over human administrations change has fumed in the United States for a century While supporters extend distinctive profitable effects that would rise up out of extended test in the medicinal inclusion exhibit, matches routinely fight that an open course of action would drive security net suppliers out of the market and potentially lead to the 'fall' of the private social insurance inclusion industry. Disregarding the various conflicts that have been leveled against human administrations change structures, and specifically government-regulated thought, for instance, an open decision, it is rarely communicated unequivocally that opposition is driven by speculations of potential beneficiaries. Or maybe, open figures will as a rule focus on social event unprejudiced stresses as the wellspring of obstruction, for instance, feelings that change would provoke government augmentation.

The results presented here demonstrate that stereotypes implying program beneficiaries violate cherished values such as hard work are powerful predictors of opposition, lending further credence to the notion that perceptions of value violations are a primary source of opposition to not only a public option, but multiple types of healthcare reform. Not only did we find strong

support for these hypothesized relationships, but the hypothesis that beliefs in apparently group-neutral attitudes, such as the belief a public option would lead to big government, may actually be related to underlying stereotypes of value violations. Although fear of bigger government may predict opposition to healthcare reform to some degree, it appears that stereotypes that likely reform beneficiaries violate cherished values are the most consistent, yet one of the most overlooked, influences in the healthcare debate.

The results showed here demonstrate that speculations gathering program beneficiaries slight cherished characteristics, for instance, tireless work are stunning pointers of confinement, advancing further dependability to the possibility that impression of critical worth encroachment are a fundamental wellspring of protection from an open decision, just as various sorts of social protection change. Not solely did we find strong help for these guessed associations, yet the theory that feelings in obviously total fair-minded moods, for instance, the conviction an open option would incite colossal government, may truly be related to essential speculations of critical worth encroachment. In spite of the way that fear of more prominent government may predict protection from restorative administrations change to some degree, it gives that speculations that probable change beneficiaries ignore prized characteristics are the most consistent, yet a champion among the most disregarded, influences in the social protection talk.

This report explains why the public option is likely to garner greater benefits and cost savings than previously projected. Previous estimates have suggested that costs would be shifted to private insurers and employers would drop private insurance in favor of a public option. While the public option would compete with private insurers, whose local monopoly power currently provides them advantages in many markets, there is no good empirical evidence that the public option’s lower reimbursement rates would shift costs onto private insurers. Nor does the

evidence suggest that employers who currently provide insurance would suddenly stop covering their employees in favor of the public option.

This report clears up why individuals as a rule elective is most likely going to accumulate more noticeable favorable circumstances and cost assets than as of late foreseen. Past evaluations have suggested that costs would be moved to private back up plans and managers would drop private security for an open option. While individuals as a rule option would fight with private wellbeing net suppliers, whose area controlling framework control right presently gives them focal points in various business segments, there is simply an awful memory correct verification that the all-inclusive community decision's lower reimbursement rates would move costs onto private back up plans. Nor does the verification recommend that organizations who at present give assurance would unexpectedly stop covering their agents for individuals as a rule elective.

The simplest way to fix this to offer a public option that builds on what we already have for those Americans without insurance, which is community clinics for poor people that get their payments from mysterious government sources. Make it explicit: Americans can pay for their medical expenses out of pocket, or they can buy health insurance, or they can go to a free clinic. Make access to free clinics with back up from associated hospitals an explicit right of the American people. The rich and the middle class with insurance can keep going to private doctors. The rest of us will keep doing what we do now: go to the **free clinic.**

The least unpredictable way to deal with fix this to offer an open decision that develops what we starting at now have for those Americans without assurance, which is arrange offices for desperate people that get their portions from baffling government sources. Make it unequivocal: Americans can pay for their restorative expenses out of pocket, or they can buy medicinal services inclusion, or they can go to a free office. Make access to free focuses with back up from

related crisis facilities an unequivocal straightforwardly of the American people. The rich and the clerical class with assurance can prop up to private masters. The straggling leftovers of us will keep doing what we do now: go to the free office.

The problem is, there is no way a “public option” could be sustainable – both as “public” and as an “option.” The reason is, any public plan would have to operate on the basis one of the following two principles, and each one excludes either the sustainability, or its ability to remain an “option.” These principles are:

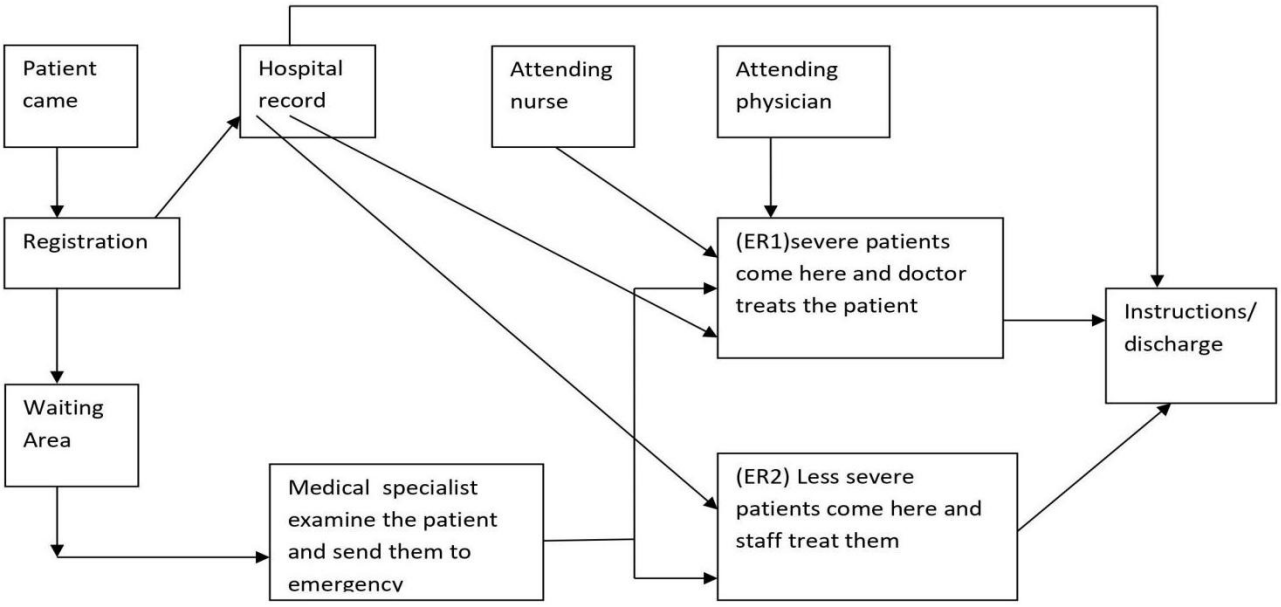
1) The program must be self-supporting; that is, health care costs and administrative costs must be paid for out of premiums received (except possible for taxpayer-funded start-up costs).
2) The program must continue to exist, and be available to all customers who want it in all parts of the country, at “affordable” prices.

Thus, the debate over implementing a public option in healthcare has been ongoing for decades. Proponents argue that it would enhance competition in the health insurance market and provide more affordable options for consumers. Opponents, however, fear that a public option could undermine the private insurance market, potentially leading to reduced quality and availability of care. To better understand these arguments, it's helpful to compare the traditional healthcare infrastructure with the potential improvements under a public option, as illustrated in two flowcharts depicting patient and treatment information.

Traditional Healthcare Infrastructure

The traditional healthcare system is characterized by a series of structured but often rigid processes that every patient must go through. This system generally begins with patient arrival,

followed by triage, registration, and treatment. Upon arrival at a healthcare facility, patients are often met with a standardized triage process aimed at determining the severity of their condition. However, even with triage in place, inefficiencies can arise due to the linear and uniform approach taken, regardless of individual patient needs.



One of the primary areas of concern in traditional healthcare is the registration process, which tends to be lengthy and involves filling out forms, verifying information, and waiting for administrative staff to process the details. This step can contribute significantly to longer wait times, creating bottlenecks in patient flow. The waiting area itself often becomes crowded and stressful for patients, as they can be stuck waiting for extended periods before being seen by a healthcare professional.

Once patients make it past registration and waiting, they are typically seen by a medical specialist, particularly in cases deemed non-emergent. This delayed examination process can lead to frustration, especially for patients with less critical needs who could be managed by

general practitioners or nurses but are instead waiting for specialist attention. This contributes to resource strain, as medical specialists are involved in cases that could have been handled more efficiently at a lower level of care.

The Emergency Room (ER) presents additional challenges. In traditional settings, patients are classified into two categories: ER1 for severe cases and ER2 for less critical cases. Both categories involve significant use of resources, particularly for ER1 cases, where intensive care and the coordination of multiple healthcare professionals, including doctors and nurses, are required. However, even ER2 cases may result in inefficiencies, as the same level of resources is often applied without a more structured approach to allocating these resources based on the severity of the case. This results in an overuse of medical professionals, extended patient stays, and higher operational costs.

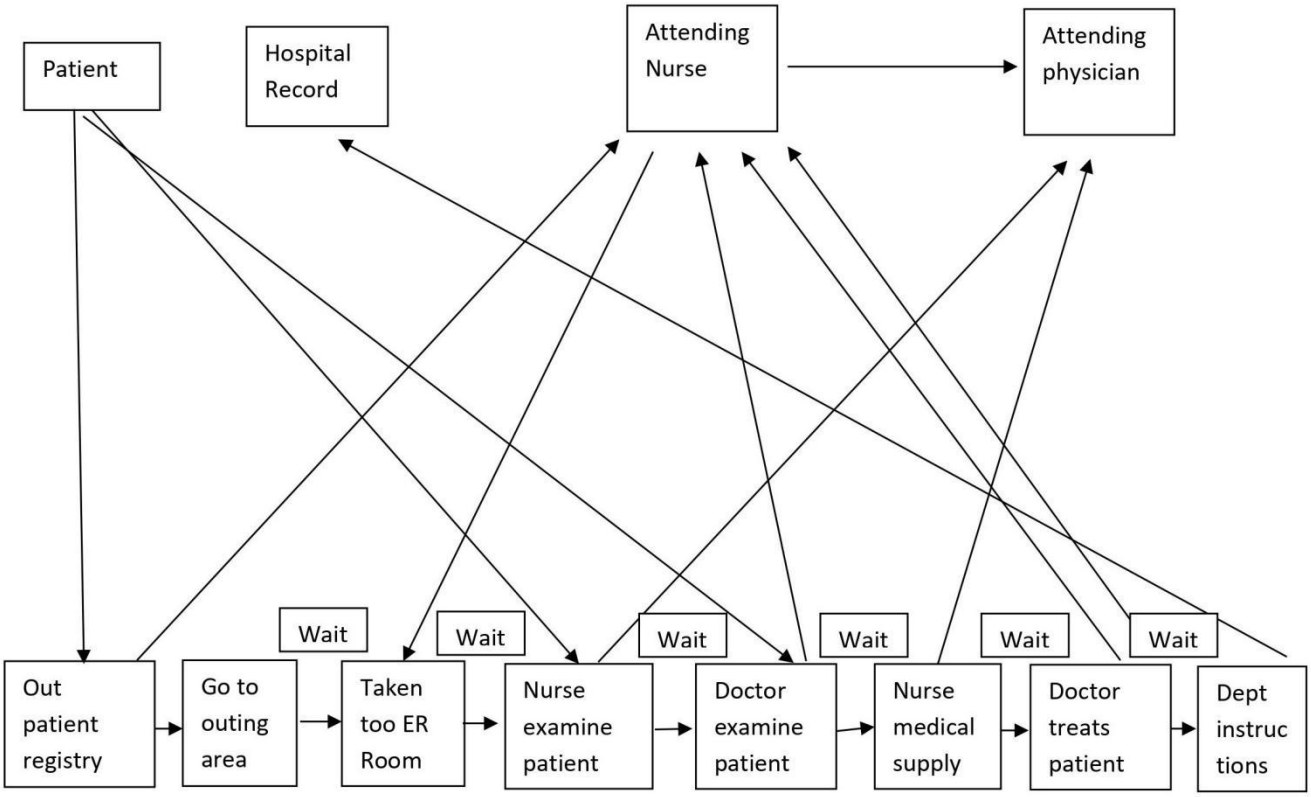
Furthermore, in many cases, triage is conducted later in the patient care process, causing delays in treatment for more severe cases and creating a less optimized environment for resource allocation. The linear nature of the traditional healthcare infrastructure means that each step is dependent on the previous one being completed, creating bottlenecks and increasing overall patient dissatisfaction.

Advanced Healthcare Structure

In contrast, the advanced healthcare structure seeks to resolve these inefficiencies by implementing a more flexible and efficient approach to patient care. The system prioritizes timely interventions and focuses on streamlining patient flow from the moment they enter the facility. Upon arrival, patients are immediately directed to the outpatient registry, where a nurse performs a preliminary assessment. This assessment serves two purposes: it not only evaluates

the patient's condition quickly but also functions as the registration process, eliminating the need for redundant paperwork and reducing administrative delays.

One of the key innovations of this advanced system is the integration of triage with registration, which helps reduce waiting times. Instead of spending extended periods in waiting areas, patients are assessed by attending nurses who determine whether they need immediate attention or can be treated on an outpatient basis. This model ensures that only patients who require urgent care are referred to medical specialists, allowing less critical cases to be managed efficiently by nurses or general practitioners.



The advanced system also optimizes resource utilization. For instance, in the ER, the initial assessment by nurses allows for quick identification of severe cases, which are then

immediately referred to physicians for treatment. This bypasses unnecessary steps and reduces delays for urgent cases. Conversely, patients with less severe conditions are treated on an outpatient basis or referred to a physician only if their condition requires more specialized care. This approach helps prevent the overburdening of healthcare professionals, particularly physicians, ensuring that they are available for the most critical cases while other healthcare staff handle less complex cases.

Additionally, the advanced system promotes better use of healthcare resources by minimizing the involvement of highly specialized medical professionals in routine cases. This reduces operational costs and ensures that the expertise of specialists is reserved for cases where it is truly needed. The integration of nurse-led assessments allows for quicker triage and more efficient treatment pathways, which leads to a significant reduction in patient waiting times and overall resource consumption. The system also emphasizes patient satisfaction by focusing on providing timely, targeted care, which enhances the overall healthcare experience.

Conventional vs. Modern Healthcare Approaches

Efficiency and Resource Utilization

The traditional system tends to use resources inefficiently, with redundant steps and long wait times for both severe and less severe cases. In contrast, the advanced system streamlines patient flow by integrating nurse-led assessments and triaging early in the process. This ensures that resources are allocated more effectively and that patients are directed to the appropriate care level without unnecessary delays.

Patient Experience

In the traditional system, patients often experience frustration due to long waiting periods and delays in receiving care. The advanced system improves the patient experience by

minimizing wait times and offering more immediate and targeted care. Patients receive quicker assessments and are directed to the right healthcare provider without the unnecessary steps that characterize the traditional system, enhancing overall satisfaction.

Workflow and Process

The traditional healthcare process involves multiple steps, each with potential delays from registration to final treatment. The advanced system, on the other hand, features a streamlined workflow where nurses handle initial assessments and triage efficiently. This reduction in steps translates to more direct patient care and fewer interruptions in the process.

Impact on Healthcare Professionals

The traditional system places a significant burden on healthcare professionals by requiring more staff to handle both severe and less severe cases. This can lead to resource strain and increased operational costs. The advanced system reduces this strain by delegating initial assessments to nurses and only involving physicians when necessary. This not only improves resource allocation but also lightens the workload for doctors and allows for better focus on critical cases.

Patient Triage and Treatment

In the traditional system, triage is often performed later in the process, leading to delays and misallocation of resources between severe and less severe cases. The advanced system addresses this issue by conducting triage early, allowing for more accurate patient routing. Nurses perform these initial assessments, ensuring that patients are swiftly and correctly placed into the appropriate care stream, whether it is outpatient treatment or emergency intervention.

The traditional healthcare system, as depicted in the first diagram, is characterized by a less efficient workflow with longer wait times and more resource-intensive procedures. In

contrast, the advanced system in the second diagram emphasizes streamlined processes, efficient resource use, and improved patient experience. By integrating initial assessments and optimizing patient flow, the advanced system addresses many inefficiencies of the traditional model, potentially offering a more effective and patient-centered approach to healthcare delivery.

Implications for the Public Option

The public option could significantly impact the efficiency of healthcare delivery, similar to the improvements seen in the advanced infrastructure model. By promoting standardized, efficient care protocols, a public option could streamline patient processing and treatment, much like the new infrastructure depicted in the second diagram. This could lead to reduced waiting times, better resource management, and improved patient outcomes.

On the other hand, the traditional model highlighted in the first diagram shows the challenges of the existing system, including inefficiencies and higher resource utilization. A public option aims to address these issues by implementing a more structured and cost-effective approach to care delivery.

The potential benefits of a public option include greater access to healthcare services, reduced costs for consumers, and improved overall efficiency in the healthcare system. However, concerns about the impact on private insurers and the potential for reduced innovation must also be considered.

In conclusion, while the public option presents an opportunity to enhance healthcare efficiency and access, it is essential to balance these benefits with the need to maintain a dynamic and competitive healthcare market.

Conclusions

The discussion around healthcare reform, particularly the public option, reveals deep-seated concerns about government involvement in healthcare and the potential impact on private insurance. However, the evidence suggests that a carefully implemented public option could enhance access to healthcare without sacrificing the benefits of private insurance. Moreover, expanding healthcare coverage, including to immigrant populations, could have far-reaching positive effects on public health and the economy.

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