

Abstract

The medical care system of the United States of America for the past years has been considered to be the most expensive in the world. The government of the United States has to spend huge amounts of money for medical care in relation to the gross domestic product and these sums are systematically increasing. Now many scholars came to the conclusion that it is the government programs, which held the responsibility for the growth of uncontrolled spending ⁱⁿ on medical care, ~~with which such growth~~ is a threat to the financial stability of the United States. The issue is worth-discussing, thus, the given work is devoted to the overview of the structure and the main issues of the US healthcare system to find the effective solution.

THE NEED FOR APPROACHES TO IMPROVE CAUSE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

3

Unlike other developed countries the medical care system in the United States of America demands more and more funds while its quality remains the same. ^{One find} 1/3 of the US ^{source} citizens are still uninsured and there is no future hope for improving the situation. People suffer from rapidly growing prices of medical services and slow growth of salaries ~~inclement~~. Furthermore, the department of insurance ^{has lost} ~~loses~~ its integrity and honesty; since they ^{have} ~~use~~ such an ^{engaged in} ~~opportunity to~~ fraud money as well as not paying the workers. The risk of becoming bankrupt is ^{issues} very high in medical care system because of unplanned budget. The insurance programs, financed by the state, are also becoming more expensive, and the government is forced to pay more and more money, which later brings about ^{an} increase in state financial expenditure ³ that immensely contribute to the poor economy. Employees do not have the free will to change their job due to the high cost of insurance and the monopolization (Stone, et al., 2008, [#] p.2-57). This paper will provide evidences by giving the most effective solution to control this problem and also encouraging ^{the} people make decisive market decisions by finding new approaches. ^{work on wording here.} ^{This is}

There are many ways of handling this subject issue of "The Need for Approaches to Improve Case Administration and Repayment in the Healthcare System," but this research paper primarily will focus on the five articles that represent scholarly articles concerning the subject issue on this topic. The five scholarly articles are: Nolin, (2015) in his study about "Jail overcrowding a perennial issue for many counties; (Stone, P., Hughes, R., & Dailey, M. 2008) about "Creating a safe and high-quality health care environment: Agency for Healthcare Research and Quality (US); U.S. Department of Health & Human Services (2014). *New HHS Data Shows Major Strides Made in Patient Safety, Leading to Improved Care and Savings*; United Health Group (2014). *Solutions for a Modernized Health Care System*.

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THE NEED FOR APPROACHES TO IMPROVE CAUSE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

4

The US health care system is represented by three kinds of services: hospital treatment, family medicine, and public health. Medical services in the US are provided by private hospitals and legal institutions (McKethan, et., 2009,p.16). The citizens are provided with medical care though different commercial, charitable and state units. Family care is the most widespread and very effective medical care for offering services, however, it is financed by patients themselves. Despite of all the advantages of the system, it has its drawbacks too, one being the aspect of unavailability of giving quality health care services to some group of citizens. Unlike other developed countries, ⁺The United States does not have a universal healthcare system. More than 80% of citizens are insured whereby most of them receive their insurance services at work (9). On the other hand, less than 10% buy the services for themselves and approximately 30% of citizens are served by government programs (McKethan, et., 2009,p.3). "There is a broad evidence stipulated by (McKethan, et., 2009,p.1) that says, Americans often do not get the good health care services they deserve despite the United States spending a lot of money for each individual on health care than any other nation in the world. Preventive care is underutilized, resulting in higher spending on complex and advanced diseases such as kidney failure and cancer. Patients with chronic diseases such as hypertension, heart disease, and diabetes as well do not often receive proven and effective treatments such as drug therapies or self-management services to help them effectively manage their conditions" (McKethan, et al., 2009,p.1). *para 2*
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Approved governmental insurance programs cover the ageing, children, disabled individuals as well as assisting those who get involved in emergency situation^s, irrespective whether they have money or not. About a half of the state financial facilities are used to finance such programs making the state to be the main insurer. In his study ^{Stone} (Stone,et al., 2008,p.2-60) → shows that, ⁱIn 2006, around 20% of the US citizens were uninsured, and the main reason for that

THE NEED FOR APPROACHES TO IMPROVE CAUSE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

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5

was the high cost of insurance that has been increasing for the past years. In 2001, many organizations became bankrupted because of medical expenses. Many scholars concludes by saying that the healthcare system of the United States has been destroyed, "their health care system is broken. The United States spends more than twice as much on health care per person compared with other developed countries yet we experience the worst health outcomes, such as babies dying before their first birthday and overall life expectancy (Stone, et al., 2008, p.2-58). Out of one year old Nearly one in three people in our country are uninsured in a given two-year period and another 25 million people in the nation are underinsured—devoting an inappropriate share of their incomes to medical costs" (Whelan & Feder, 2009, p.2). The effectiveness and availability of US medical care have been actively discussed and evaluated, but these evaluations are not always objective. According to World Health Organization, the medical care system of the USA is the most flexible and able to change in difficult situations. However, in terms of the quality of health care, the United States is not considered to be the best in the world: it occupies only 37th place and 72nd in terms of general state of health in the country. On the other hand, ^(citation) this research was called unreliable, because it did not take into account the opinion of patients. ~~Speaking about child mortality, the country got 41st place and the reduction of this level was recognized to be very slow.~~ However, the National Health Survey revealed that the most of the interrogated are satisfied with the state of the health.

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Those citizens who are uninsured are served by special state programs: Medicare and Medicaid. There are also many other program issued in certain states, the main purpose of which is to help people with very low income, who can't buy an insurance. However, the research revealed that 1/3 of those who have no insurance are not covered with state programs, though they should be. Thus, one of the most important purposes of the US authorities is to make the

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THE NEED FOR APPROACHES TO IMPROVE CARE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

6

programs cover all the citizens in need with none left behind. For instance, there is a program called TRICARE that is specially created for veterans and the members of their families. There is also a special program that covers the children from the families with not very low income, but ^{insurance} still not possibility to buy insurance. According to the Act on Emergency Medical Care and Labor, every citizen can be covered by a state program no matter if he can pay for that or not, if he has an emergency. However, such programs are not approved by comfortable citizens, ^{under} therefore, in many states they are simply underfunded (Stone, et al., 2008, p.2-61).

The quality of medical care is very essential and should be paid special attention to avoid mistakes which lead to harm caused to a person as well to extra expenses. The probability of causing harm to the health of patients in hospitals is higher in developing countries, however, in the developed ^{it is still an issue} ~~ones nobody is insured against~~ this. Thus, the risk of hospital infection still exists. Every year such infections affect hundreds of millions of patients in the world, leading to long-term inpatient care, disability, cause microbial resistance to antimicrobial agents, and early death. As a result, medical care systems suffer serious losses, and for patients and their families this is stress and additional financial burden. Thus, the economic benefits of proper patient safety are obvious. WHO studies show that the costs of re-hospitalization, legal costs, treatment of hospital infections, disability, medical expenses, lost income in some countries leads to 29 billion dollars per year. Therefore, patient safety and the quality of health care are among the most important parameters for universal coverage of health services. To guarantee the safety of patients, serious efforts are necessary throughout the health care system, including different activities to improve performance, including infection control, use of medical drugs and equipment, the creation of secure clinical practice and conditions for treatment.

^{attention}
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THE NEED FOR APPROACHES TO IMPROVE CARE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

transition

Medicare is a well-known governmental insurance program specially created for elderly in 1967. It covers those citizens who are over 65 years old as well as those who already suffer from serious diseases or disability approaching this age. It is essential to mention that till that time, many old citizens of the US could not get normal medical help. ^{Now} Consequently more than 90% of the citizens over 65 years, the same number of those suffering from kidney disease and around 4 million of disabled people are covered by Medicare. ^(citation) The insurance covers the expenses on medical care in acute conditions including home treatment, diagnostic as well as short-term care in nursing home, vaccination; Medicare does not cover the expenses on drugs, long-stay in

hospital, home nurse (Whelan, et al., 2009,p.3). In general Medicare is deservedly considered to be a very effective program that is financed by special and general income taxes. "There are a variety of creative ideas that have been tried both in Medicare and in the private sector. And these were created in a payment environment that did not reward such innovation. Just imagine what great ideas might develop and flourish in an environment that pays for enhanced primary care and improved outcomes. For these ideas to move from individual demonstration models, the federal government must begin rewarding the delivery of value over volume and quality over quantity" (McKethan, et al., 2009,p.29)

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The main difference between Medicare and Medicaid programs lies in the fact that the latter was created to support people from poor families. While Medicare supports elderly, Medicaid provides all the people not depending on their age with insurance. This group includes people who live in very poor families, pregnant women, those who can't earn due to disability, children; Medicaid ^{also} covers around a half of people with HIV (Whelan, et al., 2009,p.18). The program covers medical care including home treatment, diagnostic, care in nursing home, vaccination. In contrast to Medicare, program covers the expenses for long-term stay in nursing

home for those who can't do without outside help. It is essential to mention that such treatment is very dear: it costs around \$100 per day, thus the majority of sick and disabled people can't pay for this. Therefore, the most of financial facilities of Medicaid is spent for long-term stay of such people in special care institutions. The program is financed by the government of the country as well as by the government of each state. Beginning in 1966, every state should create a plan of providing health care services insured by Medicaid and submit it to the US government. When the plan is approved, the state has to follow it and finance by federal money as well as by their own facilities has appears to be very difficult (U.S. Department of Health & Human Services, 2014).

We always believed that it is easier to prevent the disease than to cure it, however, this proverb works only for healthy people, who apply to doctors very seldom, while chronically ill people need constant care. Thus, the increase of quality and cost of outpatient service does not influence the price for long-term stay in nursing homes. Thus, the researchers have to recognize that the measures on prevention of disease can't reduce the cost on health care in the United States. Recently the laws were issued to reduce preventable hospitalization: "The second policy to reduce preventable hospitalizations is not a bundled payment but a penalty for hospitals that have higher than average readmission rates. Here again President Obama's 2010 budget was not specific, but the Senate Finance Committee has a similar proposal that would target hospitals that have high readmission rates for certain conditions that should be potentially preventable with the delivery of proper health care" (Whelan & Feder, 2009,p.20).

In the United States the main responsibility for health care system financing lies on the government, both federal and state. Each state controls the volume of health care services insured by governmental programs. Notwithstanding that the health care in the USA is considered to be

THE NEED FOR APPROACHES TO IMPROVE CAUSE ADMINISTRATION AND REPAYMENT IN THE HEALTHCARE SYSTEM

9

the most dear in the world, it can be called efficient first of all due to the fact that many US citizens cannot get normal and timely medical help. At the same time preventive measures, which have been considered to be the top priority, are now considered to be not effective in reducing medical care cost. Nevertheless, the United States is actively looking for the way to improve the health care system. As the management of health care services depends on the financial capacity of the country, the innovative financial mechanisms are able to change the situation and lead to improvements. Now the quality and cost of the medical care is a subject of active controversy. American authorities have to decide if the United States really needs a mandatory health care system introduced by Barack Obama. According to supporters, providing health care insurance to people, who can't buy it, undermines the financial stability of the state, thus it is essential to make the insurance compulsory. Opponents in their turn remind about the right of every person to make a choice and state that such measures lead to the low quality of health care and more tax increasing. For now, the both parts have not found a compromise, thus new innovative approaches to the issue should be the top priority.

References

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What are the innovations necessary for an effective healthcare system?

① Safety in the hospital

② Preventative Care

③ Is there a third point? Can you subdivide points 1 & 2

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