Healthcare Affairs In The Light Of Scenario 2

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Scenario 2

Janice, a 70 elderly lady aged 70, suffering from dementia and living with her husband, is close to a point where she needs special care. She is living on social security benefits and, with less amount of savings, faced the shortage of beds in her local nursing home, which is why she was moved to a care center that was 40 miles away from her house. This is an unwanted thing by an elderly individual. This case raises so many questions about the overall healthcare system of the U.S.

The Caring Needs Of An Elderly Individual Like Janice

Catering to the healthcare needs of an aging American like Janice, who was suffering from dementia, requires a considerable amount of changes to our current system and approaches ranging from treatment to quality delivery of services. For this purpose, authorities and policymakers should determine their line of action now; aging Americans and their relatives will soon face significantly increased costs for healthcare needs as well as a sharp decline in access to quality and integrated services. The care needs of the U.S. elderly population like Janice's are changing at a rapid pace. Janice needed an improved level of service near her house, but unfortunately, they placed her 40 miles away, and it took time. An elderly American will go through a relatively intense and complex scenario, which could be worse than the case of Janice. Almost 50% of the U.S. population is likely to suffer from one life-threatening disease by the year 2020.

Also, By 2030, more than 40 percent of the population above 65 years of age may have diabetes; almost 80 percent can suffer from hypertension. The total number of cases of the elderly population with two or more long-term conditions has also risen considerably during the last decade or so, and this is likely to go up to 1/3rd of the 65+ population by the year 2030. Confounding the job of curing the number of long-term conditions is the growing dominance of age-related functional deficiencies. There will be a sudden rise in the total number of people who need special care to carry out daily activities, like Janice, to maintain quality of life and self-independence. Also, by the year 2050, the size of Americans requiring services for long-term support (LTSS) will double to 27 million.

2 The patchy U.S. healthcare mechanism is not appropriate to address a rising aging population's various healthcare needs like Janice, an elderly lady who couldn't get quality service near her home and instead had to move 40 miles away from her house. Whereas different long-term conditions can be effectively addressed with the help of an integrated approach to treatment, providers hardly

interact with each other and usually lack proper incentives and initiative for enhancing the overall health condition of the patient. This leaves people with various long-term conditions at a reasonably greater risk for adverse drug side effects and avoiding hospitalization. Disassociated service delivery also creates more difficulties for the aging population, as we have seen in the case of Janice, who needed adequate and integrated health services.

A look at the financial situation and forecast of the health care system that can impact the population of the U.S. at large in the next decade, considering the past and current status.

The healthcare industry in the United States is worth $ 3 trillion. However, health finance involves the allocation of funds for healthcare services, mainly for patients like Janice, who need specialized care at a care center. In this regard, funds can be given to a specific population group, a particular region, or any healthcare system to afford healthcare (Adler et al.). Increasing healthcare costs continue to affect the overall American health policy and its agenda. So many professionals across the country are debating about the healthcare health sector financing and administration, care management, private health coverage, and government programs and reforms that impact the cost, quality, experience, and outcomes of care and delivery. According to an estimate by Topline, health spending will grow at the rate of 5.5% each year till 2026, *but the question is, will this system be able to cater to the needs of elderly individuals like Janice?*

This rate is in the middle of the pre-recession period and a significantly low rate of 3.8 percent, which was witnessed during the recession period and its immediate repercussions. This forecast about spending growth is 1% more than the gross domestic product (GDP). These unbiased, comprehensive forecasts are the essential benchmark for all concerned, expecting the fiscal impact of healthcare policies on the overall economy. However, there are various other important matters for consideration. It all requires an exercise of prediction as to how the system would change, such as whether the low fee mechanism demanded by the Medicare Access and CHIP Reauthorization Act (MACRA) and the Affordable Care Act (ACA) would be practical. The thinkers don’t try to integrate the answers to such questions. They are under the assumption that the existing law will stand. The budget legislation two months ago included the retraction of the Medicare independent payment advisory and other changes in healthcare, indicating this point, but it was too late to become part of these forecasts. This shows how rapidly and unexpectedly policy and law may change (Almgren, G, 2017).

Secondly, as the authors identify, there is uncertainty around such forecasts. In the recession, we witnessed a sudden slowdown in the level of growth concerning “use and intensity” in care, a phrase “catch-all” getting more lab tests, physician visits, etc. With the implementation of ACA, use and intensity recovered, achieving a typical rate of growth and an enhanced expansion of coverage. One thing is certain: more extensive coverage produces greater utility.

The statement is moving ahead that use and intensity will return to traditional procedures. The effect of improvements in payment in the public and private sectors is not reflected in these forecasts. That

statement certainly makes sense, assuming the usual impact of these changes on the current scenario, but the payment systems keep varying, and their effects can multiply, indicating that probably forecasted growth would be higher than the use and intensity growth (Osborn et al.). Obviously, uncertainty is not single-sided. Other theories, like launching new technologies or losing commitment to take control of utilization, would produce higher spending projections (Dickman et al.).

More importantly, the real rate of growth in spending concerning health in the next decade and beyond will depend on our actions. Healthcare spending is not a particular pattern that can be predicted. In this regard, efforts indeed matter. We should not demand an acceleration in spending growth; instead, we should consider if we would allow it to accelerate or not. The choice is complicated. It also largely depends upon the concept that in future healthcare will spend 20% of the economy in the next ten years or so, which is a matter of concern because of the impact of taxation on future borrowing to maintain future healthcare programs (Lewis et al.).

Challenges And Recommendations

The purpose of healthcare spending is to improve healthcare services. Therefore, acts to confine resources dedicated to health, including limited access to healthcare or health insurance, form the risk of slowing or rolling back reforms in health. Further, irrespective of the apparent advantages linked to accessing healthcare services, many people count on the healthcare sector for jobs. However, creating jobs is not a justification for lower spending growth as the low spending on healthcare services will create further problems that would also create political issues in the country.

Moreover, authorities should ensure the proper utility of the resources. If they are not appropriately utilized, they should be used in the other facilities, as we have seen in the case of Janice, a 70-year-old lady who has dementia; she needed extra care, and later, she was shifted to the place that was away from her house. This is not the preferred practice as, at such an age, patients must be provided with adequate care near their homes. The government should analyze this scenario, and they should work to collect the data of seniors considering their healthcare needs. They should build more nursing care so that they don’t have to go away from their houses. After the age of 60, the patients need special care, which is sometimes not provided by their relatives. Therefore, priority should be given to elderly patients so they can spend the rest of their lives peacefully. No one would like to move miles away from the house after getting retired.

The case of Janice is a clear indication that there is an urgent need for finance and proper infrastructure concerning the healthcare needs of elderly patients. Also, the waiting time should be reduced for such patients as the quick process would make things easier for them. Authorities should focus on remote areas as these are the places where healthcare structures need to be reformed. Old-age healthcare benefits should be introduced to cater to the care needs of older adults (Owens, C, 2016). Thorough long-term planning is required in this regard so that patients do not feel isolated in their old age. Authorities should work closely with other departments to estimate the old-aged

population in the next decade and should plan accordingly. This service requires full dedication and allocation of resources.

Also, there is a need for integrated healthcare financing and delivery systems to support elderly patients and the rest of their family members. However, the Department of Defense and the Department of Veteran Affairs perform their duties of health care to the active service members, but their families, those who have retired, and veterans are under different legal authority. As both departments deliver high-quality services but still have proper coordination, much better communication and improved collaboration with the Department of Health and Human Services will be much more useful (Jackonis et al.) Those who have served the nation throughout their life need better treatment in old age. The roles of nurses are very vital in this regard. Nurses who deal with the health issues of such veterans are in a better position to understand these needs very well.

Therefore, if they come up with the proposal of a better integrated financial support and delivery system for healthcare purposes of the elderly, as they need better social network support and rehabilitation to come out of their psychological disorders, as was the case with Janice, then it will be a great effort on the part of nurses. A good nurse always tries to provide patients and victims with the best possible healthcare system. Also, they identify the areas of improvement in the healthcare system and services. In this regard, nurses can be good healthcare advocates for the needs of elderly patients so that they can receive quality services in their town. In this way, patients with the likes of Janice a 70 years old lady who was living on social security benefits with a small amount left in their account, will receive improved healthcare services near their home. There are so many cases, such as Janice's, that need special care, but maybe they are neglected as a result of inadequate care centers or probably the lack of integrated financial services that should be provided to such patients.

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