History of Healthcare Law Access Quality and Cost

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Understanding the historical trends is immensely significant to encompass the success and failure portrait of past events in any field, especially those related to social life. But the field of healthcare enormously needs such historical trend analysis for boosting and upgrading the health sector according to the needs of modern times. The healthcare system has taken a long time to evolve while undergoing a series of events and adoption. So, understanding its history may be informative and open new horizons for development and progression. Eventually, the trend analysis may enhance the performance of healthcare administration by gaining professional guidance and seeking initiatives (Young & Kroth, 2018). In this context, it may ensure medical services are adorned with better quality and higher efficiency. The health sector administration would be able to develop a comprehensive health system by utilizing technological resources in alliance with research-based medical education. However, this paper will explore the analysis of historical trends regarding several measurable changes, including healthcare legislation, healthcare access, healthcare quality, and healthcare cost.

Trends and Regulations

In the USA, various measures of healthcare services, like access, quality, and cost, have evolved with the passage of time. Healthcare services are based on a free market model controlled by the private sector under the umbrella of government departments. In other words, healthcare services are quite expensive. As far as healthcare regulations are concerned, their formulation was related to significant events at the beginning of the nineteenth century. Analyzing historical trends reveals that timelines represent the occurrence of significant events. From the 19th century to the present date, these trends have adopted stabilized patterns that require the introduction of new regulations (Young & Kroth, 2018). Ultimately, in the history of medical services in the country, such additions of regulations have laid historical milestones.

Health Care Access

Access is a measurable variable upon which hospital care is determined, and several factors have been responsible for improved access over the past decades. For example, in the 1800s, there were almshouses or poorhouses which provide health services to poor people (Young & Kroth, 2018). Later on in the 1850s, the physicians planned and executed the hospital system. However, till the 1960s, Medicaid and Medicare health services were ensured for the needy. In addition, HEDIS (Health Plan Employer Data and Information Set) was promulgated to improve access standards by NCQA in 1989.

Meanwhile, for standardized healthcare insurance access to American nationals, the Patient Protection and Affordable Care Act of 2010 was implemented. It has increased access to a massive chunk of the population. Similarly, Accountable Care Organizations (ACOs) were launched to minimize healthcare costs, and in 2016, about four hundred and fifty ACOs contributed to the Medicare Shared Savings Program (MSSP) (Schwartz et al., 2018). It increased timely access to healthcare services in the long run.

Health Care Quality

Healthcare quality is considered the extent to which the desired state of health is achieved through provided services. It is a factual reality that quality is a measurable factor and continues to improve. Since the 19th century, the quality of the healthcare system has improved in the USA. The Sanitation Commission standardized hygienic conditions in Union Army Camps in 1861. At the beginning of the twentieth century, three different regulations were introduced to improve the quality. Similarly, in 1951, the Joint Commission enacted health inspection measures. In addition, the Social Security Amendments Act of 1972 was enacted in alliance with the HCFA (Health Care Finance Administration) in 1977 to ensure quality of healthcare services in the country (Sheingold & Hahn, 2014). Similarly, in 2005, the Patient Safety and Quality Improvement Act was formulated to check the errors to prevent negative impacts on patient safety (Young & Kroth, 2018). The milestones highlight the regulatory timeline to ensure quality measures for decades.

Health Care Cost

Healthcare costs deal with charges encompassing health services like fees for various procedures, treatment expenses, and medication prices. These are significant to determine the expenses of healthcare administration institutes as well as the burden measured on the pocket of end users, i.e., patients. Medial costs initiated from 1900 and to date these range about 18% of the total GDPA. The first health insurance plan was promulgated in 1920, which allowed paying the fee on a monthly or annual basis. However, HCFA (Health Finance Administration) controlled the prices to some extent. But in the 1980s and 1990s, medical expenses remained a hot topic in society. Similarly, HIPAA (Health Insurance Portability and Accountability Act) was introduced in 1996, which streamlined the health insurance policy in the country (Young & Kroth, 2018). The trend analysis reveals that medical costs continued to steadily increase over time in the USA, and inflation has had a direct impact on such an increase.

Trend Analysis

It is pertinent to profoundly understand the evolution of the American healthcare system and its implications around the globe before the analysis of trends and regulations concerning access,

quality, and cost aspects of healthcare services. Undoubtedly, the health system has reached glory from scratch, but to date, thousands of people have diminished access due to a lack of insurance. Policies' flaws are hindrances to the pocket balance of these people. For example, the complexity of the health system environment is witnessed in the hours of COVID, where legislation has not significantly returned to normal times. Such changes in legislation are not evidence-based in long-term implementation. Similarly, the quality of the healthcare system needs vibrant legislation, especially concerning insurance issues. The USA needs an urgent revision of policy to provide health insurance benefits to a huge population group that lacks access to and quality health care services. Meanwhile, concerning healthcare costs, the regulation formation has improved the conditions to some extent. For example, the Affordable Care Act, in alliance with HEDIS and CMS, has positively contributed to the system (Young & Kroth, 2018).

Conclusion

From the above discussion, it can be inferred that accessibility, quality endurances, and costs are mandatory healthcare aspects for analyzing trends and milestones for the health system. Understanding its history reveals that enormous improvements have been laid down through implacable legislation. However, continuous monitoring, the urge for improvements, the positive role of regulatory agencies, and insurance of the huge chunk may guarantee the best quality along with patient safety. The healthcare industry is under a tremendous change phase, and the future will mark new models with a special focus on access, quality, and cost aspects.

References

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Appendix

Trend Analysis Table: Evolution of Access, Quality, and Cost in Health Care			
Milestones	Health Care Access	Health Care Quality	Health Care Costs

1800s Regulatory Legislation, Agencies, or Quality Initiatives	1800, Hospital Treatment • In the country, the hospitals started patient treatment. • Multiple facilities were ensured, such as outdoor patients, surgeries, inpatient facilities, etc.	1862, US Sanitary Commission under the umbrella of the United States Military Medical Department • The main focus was to make the public aware of health issues and the implementation of relevant sanitary rules. • Hospitals were forced to provide medical facilities according to enacted laws and regulations (Sheingold & Hahn, 2014).	1850, Healthcare Insurance Law • A massive chunk of the population was provided with insurance policies, which encompassed only costs concerning health issues and did not cover death circumstances. • Due to health insurance policies, low-cost health services were provided to the population.
	1800, State Medical Boards (SMBs) • For the first time, the establishment of regulations concerning medical practice was enforced in the country. • New trends and several challenges in the healthcare sector ensured patient safety at a large scale (Schwartz et al., 2018).	1701, Regularization of Healthcare Services • States were empowered to enact and implement various regulations concerning healthcare services according to their needs. • Another historical achievement was the initiation of Physician Licenses.	1886, Establishment of Army Medical Corps in the United States of America • Patients' records and their treatment records were formulated and protected. • Due to the managed healthcare system, the patients were able to get better follow-up opportunities and efficient treatment.

1900s Regulatory Legislation, Agencies, or Quality Initiatives	1920, Prepaid Health Plans (Direct Contacting) • The medical attention to patients was enhanced manifold. • Working American nationals have privileges regarding health care services compared to others.	1938, The Food, Drug & Cosmetic Act by President Roosevelt • It fulfilled the requirements of regulations that adorn the directions to the private sector in alliance with warnings on deviations from rules. • Provided rules and regulations on equipment required in the healthcare system in the country (Young & Kroth, 2018).	1900, Self-Pay System (Primary source of health services) • Health services were ensured free of cost or at minimal charges. • Patient slots were entitled to pay their own charges for the services they acquired.
	1946, Hill-Burton Act • The act ensured funding to multiple hospitals from the federation. • In return, for such funding, these hospitals were bound to provide health services to the needy segments of the American population (Schwartz et al., 2018).	1999, CIHQ (Centre for Improvement in Healthcare Quality) • Establishment of such hospitals associated with acute and critical healthcare services. • Regularization of healthcare treatment and services (Sheingold & Hahn, 2014).	1920, Start of Prepaid Health Plans • The employers were given permission to directly contact physicians or hospital administrations to ensure health services for their employees. • The hospitals were paid the service costs on a monthly or annual basis, depending upon the choice of ultimate users in the country (Young & Kroth, 2018).

2000s Regulatory Legislation, Agencies, or Quality Initiatives	2021, Medicare Compare • The participants were entitled to compare healthcare services, especially in the context of hospitals, nursing care homes, doctors, and physicians, etc. • Patients were free to get medical services from wherever they felt comfortable.	2015, Patient Safety and Quality Improvement Act • The special focus was to reduce fatal incidents and to ensure patient safety. • Patients were given awareness and encouraged to report any mistakes on the part of the medical center.	2000, Managed Market Competition: Consumer–Driven Health Plans • Health plans were introduced based on consumer viewpoints • It massively ensured health-saving plans to vastly cover the costs.
	2010, Patient Protection and Affordable Care Act • Preventive care services were ensured free of cost to the population regarding necessary health plans. • Patients were able to seek and find medical attention from the respective hospital staff and administration (Schwartz et al., 2018).	2015, HQR (Hospital Quality Reporting) & HQI (Hospital Quality Initiative) • Healthcare quality concerns and issues were given preference to boost the quality of services. • However, in the case of non-reporting of such incidents, there were reduced health facilities (Sheingold & Hahn, 2014).	2000, OPPS (Outpatient Perspective Payment System) • The cost of healthcare services was determined by flat rates using a specified coding program to ensure transparency. • The outpatient services were paid to the concerned hospitals with covered Medicare benefits.