Reconstructing The US Health Care System

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Part 1

To restructure and improve the healthcare services in the United States of America, the contribution of nurses, states, and the federal government needs to be maximized and updated. The scope of nursing practice regulations also needs to be standardized to benefit from the education and potential of APRNs. The insurance companies and the government should follow particular policies to give the patients much-needed liberty to choose the healthcare service providers involving APRNs. The old policies and financial barriers must be changed for better healthcare services. Patient care services must be the basis for restructuring and improving the US healthcare delivery system, and nurses will play a major role in restructuring the system. The restructuring of the US Healthcare delivery system will surely create new opportunities for nurses.

This topic is examined further in Universal Health Care System (UHS) For U.S. And Role Of The Government.

The current health sector situation in the United States of America is not satisfactory. It provides the patients with long-awaited top-notch healthcare services. There is a demand by the patients and their families to change and grow the practice of nurses. The practice and policies of nurses can be changed if the recommendations of the Institute of Medicine are implemented. To grow and change the practice of nurses, the concept of continuity of care is of great importance in restructuring the US healthcare delivery system. This concept of continuity focuses on nurses providing better and improved episodic care to patients. The nurses must be trained and educated about this concept by the hospital and health organizations (Grinspun, 2000).

The concept of continuity is the continuum of care that deals with patients with integrated healthcare services involving low-cost treatment, high-quality treatment, and efficient care for the users of service who suffer from numerous health problems. There are some types of continuum or continuity care. The first one is management continuity. It discusses a cohesive and spontaneous approach by nurses to providing improved services to patients and their families in hospitals. Management continuity includes critical approaches relevant to shared management and healthcare protocols to improve the quality of the service. The second concept of Continuous continuity is informational continuity. It acts as an effective transaction based on the significant information and accumulated knowledge for effectively constructing a bridge between numerous Healthcare events that focus on better healthcare services (Mabbott, 2012).

The last type of concept of continuum or continuity of care is interpersonal or relational continuity. It is based on the existing therapeutic relationship within the current healthcare system. According to

the literature, relational or interpersonal continuity can act as a bridge and fill the gap between users and healthcare service providers, allowing significant information relevant to the existing and future healthcare system to be collected (Grinspun, 2000).

The Nurse-Managed Health Clinic has some implications with the increase in funding from states and the federal government. It has had a positive impact on the healthcare services that are provided to patients across the nation. It not only focuses on the medication and disease but also on the whole environment that is provided to the patient. It is focused on person-centred care. Uninsured patients are well-known in nurse-managed health clinics. However, on the dark side, this service is at risk of failing due to a lack of funding from government and health organizations. Some reports have shown that in our country, there is a use of nurse practitioners and a greater utilization of nurse-managed health clinics in the healthcare system (Madigan, 2012).

Accountable Care Organization (ACO) is a system that is of great significance to the American Nurses Association. It involves nurses, physicians, and other professionals as Healthcare service providers. Certified midwife nurses are not part of accountable care organizations. There is a need to educate nurses on the collaboration of these professionals to provide patients with high-quality and improved healthcare services. The vision of Healthcare service providers has changed to value-based healthcare and accountable care after the implementation of the Affordable Care Act of 2010 (PPAC) and Patient Protection (Madigan, 2012).

Medical homes have also seen popularity in recent years in Healthcare services. The medical homes facilitate the patients with primary care. The focus of medical homes is to provide Healthcare services and respect the decisions and dignity of patients. Numerous types of care are provided by medical homes. It includes coordinated care, speciality care, comprehensive care, home healthcare, and community services. It facilitates the patient with 24-hour access to the telephone and minimum waiting time (Mabbott, 2012).

Part 2

I have shared the above informal presentation with three of my colleague nurses, and they have given their feedback on it. All the nurses supported my presentation, and they presented their views that the formation of appropriate government legislation can be important to improve the current situation of healthcare services in hospitals in the United States of America. They have also provided Action Coalitions to diverse groups relevant to the stakeholders and also to improve the future of nursing in the United States of America. The diverse groups can be harmful, and they can affect the sustainable development of the Healthcare system. The Action Coalition aims to improve the healthcare system with the help of nurses and healthcare workers. The action coalition demands that stakeholders be included in presenting the numerous areas to build up an appropriate blueprint for action. A few states in America have launched 36 Action Coalition in two phases. These states include Georgia, Texas, Hawaii, Virginia, Ohio, and some other states (Mabbott, 2012).

Nurses have supported the concept of continuity of care, medical homes, Accountable care organizations, and Nurse-Managed Health Clinics. Medical Homes emphasizes comprehensive medical care for patients to obtain maximized health outcomes. The establishment of medical homes can permit improved access to therapeutic care and increased pleasure. Management of care is a vital factor in the medical home. Management of care needs supplementary resources, such as health information technology and suitably trained workers, to deliver synchronized care through models founded on healthcare teams. Also, payment models that reward providers for their determination and dedication to caring and organization, as well as family-patient-centered care and out-of-face contact, can help foster medical coordination (Grinspun, 2000).

The colleagues, in their feedback, have emphasized that Nurses have many strengths and opportunities that can be capitalized within a new paradigm that is constructed not from the parameters of traditional paradigms but around points of interprofessional and community contact. The concepts of health, primary care, local health systems, and health promotion give the path to a new paradigm. A new paradigm understands health as an important part of the development within a socio-environmental approach within the concept of primary care that involves certain fundamental principles such as equitable distribution, community participation, appropriate technology, a promotion and prevention approach, and multisector directionality (Mabbott, 2012).

The fellow nurses, in their feedback, have also highlighted the role of the government in restructuring the US Healthcare delivery system. Guilds, associations, and non-governmental organizations will be fundamental elements for the development of nursing. The first one recognizing the inherent value of diversity and the importance of a change in the orientation of the individualist practice to that of a collective and collaborative one, working in offering power to the nurses, creating favourable environments for the work, promoting equitable legislation, propitiating positions widely consulted by majorities on aspects that affect the health of the population, promoting the discussion of ethical aspects as a basis for responsible practice and, according to the collaborating centres, they become true focal points for the development of knowledge and its validation in practice, and the development of strategic projects of impact, enabling the education of teachers and service personnel with a new vision of their mission, a different understanding of what health is and capable of making new alliances. They are also a means to expand technical cooperation that allows the achievement of the goals of Health for all (Madigan, 2012).

According to nurses, it is necessary to create new nursing curriculum models that allow graduates to be more responsible for the needs of society and more successful in humanizing health care within an environment. A curriculum oriented towards humanized care with greater strength about ethical and moral problems, more creative, more capable of fostering critical thinking of scientifically addressing the patient’s or community’s problems and defending the rights of the user. The majority of nurses in America do not have access to continuing education processes, opportunities for updating, and progress in their education that facilitate the change of attitudes and the adoption of new educational profiles. Also, these continuing education processes have not been directly linked to the practice of the services, producing little impact on their transformation (Mabbott, 2012).

My fellow nurses believe that the administration and organization of nursing care must be revitalized, democratized, and decentralized and that new generations must be helped to open a gap for a better future. It has been shown, for example, that working conditions and incentives play a perhaps more important role than the salary for the permanence of nurses in certain institutions. The implementation of the new organizational proposal of health services is a way to operationalize the concept of primary care and is an internal response of the sector to achieve greater equity, effectiveness, and efficiency of services within the economic restrictions of our services (Madigan, 2012).

The nurses must learn to apply the epidemiological approach in the evaluation of primary care and in the development of research in the community to reconstruct the US Healthcare system. Also, nurses need to develop an analytical and evaluative capacity that allows them to recognise the social aspects involved in the community's health problems and the communication rules existing in the community. It is, therefore, necessary that nursing starts from a totalizing vision of reality in the search and strengthening of their knowledge and practice, that integrates a critical stance in their actions, and that seeks to do some transformative practices that help to achieve a society of American more just, freer and healthier. In this way, nurses can play their role in improving and reconstructing the US Healthcare system.

References

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