Strategy for Nursing and Health Care

The Top Ten Health Care Problems in the US

The U.S. population as a whole is living longer and unfortunately living sicker. Quality of life has not increased with longevity as hoped for, but rather higher rates of illness are occurring throughout the individual's lifespan. Illnesses related to obesity, sedentary lifestyles and poor nutrition as evidenced by higher prevalence of diabetes, hypertension, cancer, and cardiovascular disease are plaguing the population. Socioeconomic status plays a contributing factor as well as genetics. However the three problems – obesity, sedentary lifestyle and poor nutrition cross over all socioeconomic lines. As a leading industrialized nation, the U.S. population has never been more obese and under-nourished, all at the same time. The top ten leading problems in the U.S. health care system are:

1. Structure of the U.S. healthcare system
2. Managed health care systems
3. High cost of health care
4. Long Term care
5. Lack of preventative care and primary care emphasis
6. Access to health care
7. Quality of health care
8. Medical ethics –the community vs. the patient
9. Overmedication of the population
10. Healthcare workforce

Structure of the U.S. Healthcare System:

Healthcare in the U.S has evolved into placing the greatest emphasis on specialization in secondary and/or tertiary care. The rise of general ill health in the

population has driven the physician supply market to respond with more specialists consequently costing more money. The spread and expansion of tertiary hospitals has provided more access for the delivery of critical care but now also serves as a costly facility for the uninsured sometimes only needing primary care. The allure and prestige of specialists with accompanying high salaries has caused a reduction in the number of medical students choosing to practice primary care. This has created a void in preventative medicine services and a lack of emphasis on preventative care. Indeed at times specialists and sub-specialists deliver primary care for common health problems to their patients which are not their respective field all at a higher cost. It is understood that a patient would not see a urologist if they have the flu. General practitioners always refer to specialists for acute and chronic illness. This shift in emphasis to a top heavy tertiary system has contributed to the inflationary cost of healthcare today.

Incorporating Advanced Practice Nurses into all levels of practice – Specialty, Sub-Specialty and Primary Care -would not only enhance quality of care but also reduce the overall cost of care. The cost of training and employing APNs compared to physicians is miniscule. APNs can provide preventative primary care in all clinical settings. Depending on the level of care required, APNs have the capability to conduct a patient's diagnosis and admission to a hospital, manage their hospital stay and implement their discharge. In a clinical setting, APNs may frequently serve as the primary health care practitioner administering to the patient. In both scenarios this is especially true with an established repeat patient population. With a relative decrease in cost of service for an APN, more time per patient will enhance quality of care.

Within the scope of nursing practice it is essential for nurses to continue to be strong advocates for quality patient care at all levels. Supporting the continued professional advancement of Advanced Practice Nursing by all nurses is beneficial and cost efficient for our healthcare system.

Managed Health Care:

Managed health care has become the dominant middle man in the U.S. healthcare industry driving economic change and affecting the patient and health care provider relationship. Diverging from the fee for service system, the initial pre-paid group practices were designed with the consumer still controlling the cooperative patient – medical practice relationship. Recognizing a profitable business opportunity resulted in the development of Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs). No shifting of financial risk to physicians or hospitals occurs, providers agree to accept reduced fees from the plan and with the hope of attracting more patients.

Ultimately there has been much negative fallout as a result of this organization. One such negative impact is the loss of relationship between an individual provider and the patient if the physician is not a participating provider. The out-of-pocket cost for an outside of network physician visit is higher and absorbed by the patient. There is a lack of continuity of care with managed health care because the patient sees a group of physicians. Since physicians are paid a set dollar amount per patient from the managed health care providers less time is spent per patient. This raises the question of satisfactory quality of care delivered to each patient. Over time, managed health care organizations

operating for profit ultimately increase their rates to members. Members are captive with no alternative insurance programs offerred frequently related to their employment. Nurses and Advanced Nurse Practitioners need to become advocates for a system that allows fair and reasonable choices for the consumer patients. Lobbying for change, and becoming instrumental in the process of developing a consumer focused health program should be a goal of ANPs.

Cost of Health Care in the U.S.:

The rising cost of healthcare is a chief concern for every individual and business in the U.S. today. The number one expense for any business or institution is payroll and the number two expense is health care insurance – if still offered by the employer to the employee in any form. As a nation the U.S. spends 15% of its GDP on healthcare and the figures continue to rise at an unaffordable rate.

Many factors contribute to rising healthcare costs including the increased usage of secondary sub-specialty physicians, increased levels of prescribed medications, increased medical treatment for chronically ill patient populations, increased overhead expense of the healthcare industry, and increased unregulated insurance premiums, increased levels of unnecessary services per patient. Another major contributing factor to inflationary healthcare costs is the overall emphasis on acute and chronic care treatment and its profitability vs. not for profit preventative care and education. Patient education is never a billed for service fee item. The abundance of malpractice lawsuits has proven greatly profitable for attorneys but driven up the cost of the healthcare industry. In addition, despite major gains in medical technology the severity of chronic illness within the patient population is increasing. Coinciding with this is the philosophy of prolonging all

life even those most critically ill with no hope of quality of life with whatever means and social cost necessary.

APNs with Clinical Nurse Specialists in particular, are critical to initiating valuable cost containment measures and cost reduction opportunities. APNs leading communities in preventative health education issues to minimize obesity, sedentary lifestyles and poor nutrition should be foremost in the battle for a healthier nation. A nation with healthy lifestyles related to diet, exercise, mental health, stress management, diabetes prevention and control, smoking cessation, parenting, hypertension and cardiac disease will ultimately reduce overall cost of healthcare. Clinical Nurse Specialists are poised to present evidence based patient care with majority good outcomes to their respective healthcare facilities. APNs have the ability to screen unnecessary tests and procedures. Working on review boards APNs have the ability to prevent price-gauging and assist in determining fair and reasonable fees for services. APNs involved in community policy development to influence the concentration of high technology in regional centers vs. in-region competition will result in cost reduction. Replacing many services provided by physicians with APNs is another effective cost reduction measure. An example of this method would be the acceptance of Midwives at hospitals.

Long Term Care:

Long term care is a major crisis in the U.S. as a result of the growth of the elderly population and increased survival rates of the disabled and chronically ill. Very few have the financial resources required for long term healthcare, housing, transportation and activities of daily living support. In most cases, all personal finances must be spent to an impoverished level minus funds for a pauper's funeral before any Medicaid long term

assistance is available. Medicare only pays for skilled care for a limited time following an acute episode while the patient demonstrates improvement but nothing for a stable chronic condition.

The elderly are the largest population requiring long term care and on average their income is less than 40% of the general population (Frank, 2001). Private insurance premiums are experience rated and generally unaffordable high for the elderly. The majority of long term care for the elderly and disabled comes from family or friends with some community based assistance. The burden of care will normally fall upon the daughter in the family, sandwiching her between the role of wife and mother, her own career and caregiver. If no family is available or the condition of the patient advanced beyond the ability for home care, a nursing home placement occurs. Nursing home facilities are staffed by nursing aides with little or no experience, very low pay, low retention rates and no opportunity for career advancement. Quality of life for most nursing home residents is poor and unsafe.

Advanced Practice Nursing has the potential for leadership involvement in one of the largest areas of health care need in the U.S. – long term care and the policies governing this area. APNs are needed to push for the development of a social insurance program specifically for long term care financing and for the formation of an organization similar to Medicare. The purpose of this organization and program would be to support keeping this population at home, out of nursing homes and reducing hospitalizations. APNs and nurses are also needed to provide guidance, support and training to families, informal caregivers, provide direct care to this patient population thus keeping down cost and providing continuity of care. APNs have the ability to

organize teams of professionals to optimize healthcare for the individual at home and provid respite care to give primary caregivers relief when needed. APNs must take a leadership role in this arena within their communities, states and the nation.

Lack of Preventative Care:

Primary prevention of disease in the U.S. is not only severely neglected but duly noted by the fact that 15% of the U.S. GDP is spent on healthcare. The U.S. healthcare system is based solely upon an allopathic system with very little inclusion of a psychological or sociological component. Health education to the individual and the community should be the key methodology for primary prevention of disease. In particular, primary prevention via education on a mass public level is the most cost effective measure i.e. banning smoking advertisements and commercials, however today it is still not achieving medically acceptable margins in areas of health concern.

Campaigns for the top contributors to mortality – tobacco use, poor diet, and lack of exercise and alcohol abuse need to be organized and implemented at local, state and national levels by nurses and Advanced Practice Nurses. APNs are equipped with the experience and evidence based practice to successfully work with communities to provide the necessary education to the population. This can be centered from county community health centers and school systems. APNs and nurses would be valuable assets to any government agency, association, or school district in providing education, sitting on boards and setting up health care programs. APNs and nurses inevitably make the best primary prevention illness teachers.

Access to Health Care:

Access to health care continues to be a leading problem in the U.S. today. The greatest barrier to health care affects 50 million Americans everyday in the form of lack of medical insurance. Inflationary cost of insurance coupled with a suffering economy prohibit individuals and businesses from purchasing medical insurance at an increasing rate and doing without fundamental healthcare.

Minority groups, the poor, the elderly, and now the middle class are more likely to be uninsured. As a result of lack of insurance, this uninsured population has a higher mortality rate compared to the insured related to severity of progression of untreated disease processes. Poverty and any change in socioeconomic status is a leading indicator for the prediction of morbidity and premature death rates. Even populations with minimal medical insurance suffer with higher levels of disease related to unaffordability of high co-pays.

As an intervention for individuals and families below the federal poverty level Medicaid has helped but not cured the problem. Access to physicians, medical supplies, preventative services and prescriptions that accept Medicaid continue to be a barrier and a challenge. Other barriers to healthcare are geographical limitations, cultural differences, literacy, gender, race and socioeconomic status.

Public health interventions for the uninsured must be assessed, monitored, campaigned for at a policy level by Advanced Practice Nurses and Registered Nurses. These interventions must occur within the community via the city, at the state level lobbying for incentives to providers to accept Medicaid patients and interfacing with government officials to address the needs of the uninsured at a greater level. Advanced

Practice Nurses are qualified and can be positioned as advocates for the uninsured. Nurses and APNs working within the community will have the ability to view populations and their needs. This intervention is consistent with national goals for improved health outcomes for all populations.

Quality of Health Care:

Receiving quality health care is based upon the premise that an individual must have access to health care. Access to health care is based upon many factors as previously discussed, including an individual's sociological economic status. Whether or not the individual has a choice of health care providers or must participate in a managed health care program may also contribute to the quality of health care received. Although the U.S. has established national health goals called Healthy People 2010, this nation still equates better quality of care with more dollars spent as the benchmark. All procedures and services performed on all patients are still subject to human interpretation, human negligence and human error.

Nurses and Advanced Practice Nurses have the opportunity to demand licensure, compliance with JAACHO, sit on disciplinary boards and institute quality standards of care within their own facilities. Nurses and Advanced Practice Nurses must also become leaders in advocacy for continued education within their respective field and support career advancement. These are all measures to improve the quality of health care.

Medical Ethics- The Community vs. the Patient:

The ethics of distribution or rationing of healthcare receives much national attention, especially in tough economic times with less of a viable population able to pay for the healthcare system as it stands. Ethics in medicine are concerned with the

principles of beneficence – the obligation of health care providers to help anyone in need; autonomy – an individual's right to remain independent in their personal healthcare choices and plans; nonmaleficence – the obligation of healthcare providers to above all do no harm; justice – the distribution of healthcare should be based upon the premise that everyone has a fundamental and universal right to receive healthcare based on need. One may expand the principle of distributive justice to include right to receive quality healthcare based on need and not based on the ability to pay.

Physicians face medical ethical dilemmas consistently when focusing all their efforts and care on their individual patients without application of their evidence based practice results to the greater population. The economic incentive of capitation to maximize the numbers of patients seen by physicians also challenges the ethics of quality of care.The lack of time for quality of care affects the ethics of autonomy of the patient if the patient does not fully understand all the ramifications of treatment, lack of treatment or progression of disease. The best decision by the patient is the well informed decision.

Health care resources have a finite boundary. Whether the resource is financial, supplies, the administration of medical treatment, hospital beds or human organs available for transplant there exists a limitation in supply. Ethical distribution with fairness is the ultimate goal of distribution or rationing. The medical ethical issue of palliative end of life care versus continuing to provide life sustaining treatment to the incurably ill challenges the principles of beneficence and nonmaleficence. Is it ethical to not provide appropriate palliative care for a good death?

Advanced Practice Nurses can act as interventionists on behalf of patients and family to afford a compassionate approach to a healthcare issue where ethical decisions

may be involved. Identifying questionable medical practices or questionable rationing of care in many clinical settings would also be within the scope of APNs.

Overmedication of the Population:

The over prescribing of medications has become the first approach to fundamental healthcare practice. Modern healthcare philosophy delivers the message of curing and controlling illnesses with medications. The focus is directed toward treating symptoms and not actually curing the underlying disease or problem. Much of this theory stems from the tremendous growth and power of drug companies and their lobbyists.

Advanced practice nurses have the ability to asses and implement interventions as evidence by clinical research to maximize health outcomes for the population. These interventions can address the fundamental causes precipitating many diseases with positve outcomes.

Healthcare workforce:

The most important component in the health care system equation is the people that comprise the healthcare team. Primary care physicians, pharmacists and nurses are already in short supply with more projected demand in the future. With a questionable means to finance heath care and increasing complexity of patient care population it becomes more difficult to attract individuals to work as health care providers.

Advanced Practice Nurses educated in primary care, preventive medicine and health promotion complement the health care team ultimately benefitting the outcomes of the patient. Case management, patient education and direct patient care are all leading areas for the broad scope of clinical practice of APNs. APNs have the opportunity to help fill the current void in the health care workforce and promote future nursing careers.

Bibliography

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