Achieving Affordable Healthcare

Rebecca Hazelwood and Abbey Stillwell

The Cost of Healthcare

Faults of the current system

- Overworked healthcare workers

- Long/unnecessary ER visits

- Increased hospital admissions

- Growing cost of healthcare

- The avoidance, still yet, overwhelming need pertaining to primary care

- Uninsured/Low-income families not receiving the care they need

An Expansion of Telemedicine

- More medical, physician assistant, and nursing schools should adopt telemedicine into their curriculum

- Allows for both community and student benefit

- A DNP school decided to teach their students telemedicine and this gave this nurses more confidence about its use, created a positive outlook on telemedicine, and even caused DNPs to apply it in their own practices. (Rutledge, Carolyn M., et al)

- If the barriers for telemedicine can be overcome, it will be vital to the future of healthcare

The Push for Primary Care

- Visiting a primary care doctor can be the first step in creating a healthier lifestyle

- For patients in certain areas, who were adapted to seeing a family physician, experienced lower Medicare costs (Lebrun-Harris, Lydie, et al.)

- Seeing a PCP can be the difference in self-managing of illnesses and an immediate hospital admission

- "Health Centers" around the country serve as clinics for the underserved (Lebrun-Harris, Lydie, et al.)

- Individuals on Medicare do not frequent these as often (Lebrun-Harris, Lydie, et al.)

- There is a Jonesboro Health Center; however, it needs to be more widely known

Medical/Nursing School

- A medical school utilized a role-playing scenario to generate discussions and allow students to understand low-income families and their perspective on healthcare (Loyola, Aldrin B, and Lia M Palileo-Villanueva)

- They also learned that there is a greater demand for practicing in rural areas (Loyola, Aldrin B, and Lia M Palileo-Villanueva)

- Adding activities like this in the respective health care schools will allow for a greater grasp on reality

- It may produce more rural APNs/MDs/DOs

Sociological Solutions

Understanding the Problem

- Understanding the perspective of patients that can't afford healthcare contributes greatly to the solution.

- Anonymous surveys should be taken at healthcare facilities in order to get an understanding of patients' needs.

- Once we know their needs we can focus on a solution.

Low Cost Clinics

- Providing low cost clinics in low income areas where healthcare can't be afforded.

- Petitioning for government funding to provide programs that would cover the cost of medical services to patients unable to pay.

- Establishing who receives the benefits of these programs based on household income

Achieving Unamity

- In order to achieve affordable healthcare, policy makers must reach an agreement on how to define and reach affordability.

- Through the use of polls, surveys, and petitions we can propose an agreeable solution to policy makers based on information nationwide.
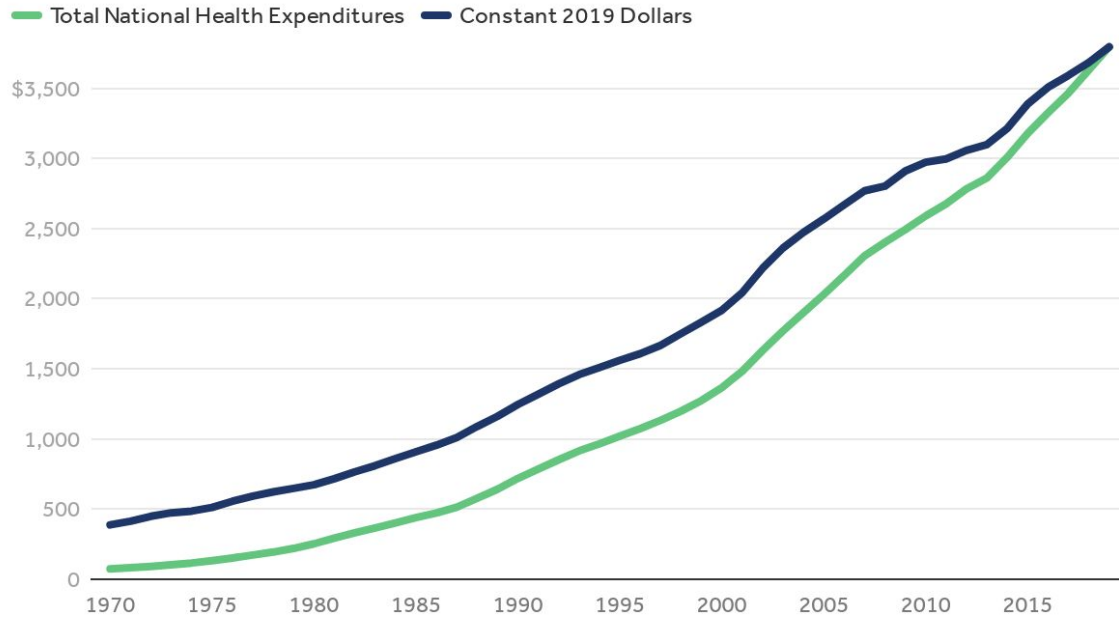
Knowing Where Money is going

- The United States is one of the most highest paying countries for healthcare, yet lacks in providing affordable healthcare to its citizens, leaving many to go without health care.

- We need to evaluate what funds are being used where.

- Weigh the costs of healthcare

- Come to a solution for lowering costs nationwide.

Total national health expenditures, US $ Billions, 1970-2019

— Total National Health Expenditures — Constant 2019 Dollars

Notes: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: KFF analysis of National Health Expenditure (NHE) and BEA data
• PNG

Peterson-KFF
Health System Tracker

In Conclusion We Need To:

- Expand Telemedicine
- Push for use of Primary Care instead of Emergency Departments for minor issues
- Add aspects to Medical School that would help prepare our staff
- Understand the problems with our current system
- Make low cost clinics easily accessible to all
- Find a common ground with healthcare laws
- Know where money tied to healthcare is going

Works Cited

Lebrun-Harris, Lydie, et al. "Costs and Clinical Quality Among Medicare Beneficiaries: Associations with Health Center Penetration of Low-Income Residents." *Medicare & Medicaid Research Review*, vol. 4, no. 3, July 2014, doi:10.5600/mmrr.004.03.a05.

Loyola, Aldrin B, and Lia M Palileo-Villanueva. "A Role-Playing Activity for Medical Students Demonstrates Economic Factors Affecting Health in Underprivileged Communities." *Advances in Medical Education and Practice*, Volume 11, 2020, pp. 637–644., doi:10.2147/amep.s259032.

Rutledge, Carolyn M., et al. "Telehealth: Preparing Advanced Practice Nurses to Address Healthcare Needs in Rural and Underserved Populations." *International Journal of Nursing Education Scholarship*, vol. 11, no. 1, 2014, pp. 1–9., doi:10.1515/ijnes-2013-0061.

Works Cited

Weiner, J., & Glickman, A. (2018, November). WHAT IS "AFFORDABLE" HEALTH CARE? A review of concepts to guide

policymakers. Retrieved February 19, 2021, from

https://ldi.upenn.edu/sites/default/files/pdf/Penn%20LDI%20and%20USofC%20Affordability%20Issue%20Brief_Final.pdf

Meyer, D. J. (2016). *The Economics of Health*. W.E. Upjohn Institute.

Library, U. (2016, April 08). 18.1 understanding Health, medicine, and society.

Frist, W. (2021, February 17). Health care in the 21st Century: Nejm. Retrieved February 22, 2021, from

https://www.nejm.org/doi/full/10.1056/nejmsa045011