

Obama Care Population Implications

Michelle L. Thompson

Research Scholar Technical University of Denmark, Denmark

Abstract

ObamaCare was enacted to control the cost of health care in the United States, with its main aim being to bring the costs incurred by patients down. However, one ethical concern that has emerged over time and needs to be addressed by healthcare administrators is that doctors face the prospect of enhanced incentives for undertreatment rather than overtreatment. It must be noted that ObamaCare offers bundled payment model in place of fee for service models (O'Connor et al, 2013). This means that the hospitals and physicians receive fixed sums for the treatment of a patient's condition irrespective of the costs incurred by the providers. Essentially, this shows that if the hospitals or doctors treat a patient for less than the preferred bundle, they will retain the excess amount. On the other hand, if their costs are more than the bundled payment, they are compelled to absorb the loss. The ethical concern created under this is that the bundled payments remove the incentives to overtreat the patient while also creating unwarranted incentives to undertreat.

Keywords: ObamaCare, Population Implications etc.

1 Introduction

Second, it is worth noting that the federal government has proposed within ObamaCare the need to link payments made to physicians to "the appropriate use criteria" (Mitchell and Bunning, 2013). The ethical concern that this issue raises is the appropriateness of the care offered to patients. While such practice guidelines may be appropriate for most patients, it may not fit or apply to some patients. With such a scenario, physicians will have to choose between the most appropriate medical procedures for the patient as compared to the treatment guidelines approved by the government. Further, cutting costs within ObamaCare has required the narrowing of the network of providers with a shortlist of approved physicians or hospitals. This also raises the concern of reducing the ability of a patient to seek the most appropriate health care.

2 Methodology

The structure of an organization plays a critical role in the ethics within it. A viable and robust organizational structure must facilitate the members to make decisions that are hinged on ethics. The structure of such an organization will influence ethical conduct by instilling the right attitude on the human resources' awareness, motivation, judgment and subsequent implementation of its objectives (Wagner et al, 2014). Additionally, the structure of the organization will enhance a rich awareness and sensibility for its ideals or values. This helps employees to make decisions that guarantee ethical results.

Further, a working organizational structure will provide the resources necessary to support individuals, especially with regard to ethical judgment and reflection. It can also support positive motivation for members through a focus on the positive values and ideals required to make decisions ethically. The organizational structure will also determine the manner in which the

Received: September 2021 Accepted: December 2021 Printed: February 2022



organization addresses the ethical concerns in an amicable way. This is enabled through the identification of barriers to ethical conduct as well as formulation of a range of interventions that assist the organization to make ethical decisions (Wagner et al, 2014). Notably, the organizational structure provides the leadership required to set the tone and commitment to the ethics as well as the attainment of its goals. Therefore, the organizational structure will support the efforts aimed at ensuring that the ethical concerns are addressed before, during and after events.

3 Results and Discussion

The ethical concerns raised above may be inapplicable to some organizations or public agencies. An example of such an agency is the National Health Service Corps that is expected to receive more funding to fulfil its mandate of placing more health care professionals in the underserved areas within the United States (Waitzkin and Hellander, 2016). While the concerns raised increased earnings bγ the doctors undertreatment, it still remains ethical for this agency as it complements the investments that community health centres have made in provision of health care. Rather than providing a challenge to the appropriateness of health care offered to patients, the concerns raised here are worth the provisions of ObamaCare towards this agency.

using the Public Management Skills Management, I have established my level of development in some skills. I established that I am excellent in the skills in areas of oral and written communication. Further, I believe that I score well in terms of integrity or honesty, continual learning as well as public service motivation skills. However, it is my contention that I still need to improve on my interpersonal skills as I am less outgoing. There are some activities that would hinder my ability as a leader to address the ethical concerns raised in the first section. First, as a hospital administrator, the activity that would make it difficult to address the ethical concerns is the fact that the revenues of the hospital are likely to decline. Through the implementation of ObamaCare, hospitals have had the cuts to the Medicare reimbursements (O'Connor et al, 2013). Therefore, causing a continued drop in revenue as the number of patients increase. With reduced revenues, the ability to offer quality health care drastically reduces as raised in the concerns.

Additionally, it is evident that hospitals have increasingly become big businesses with many functions. Therefore, an officer tasked the new policies, implementing billing engagement of new partners may find it difficult to fit within the new system (O'Connor et al, 2013). It implies that without adequate knowledge on these activities, it becomes challenging to address a concern such as the most appropriate health care services to be offered to patients. A public administrator must devise ways in which the hospital can be run effectiveness. First, it would be important to carry out a functional analysis as the initial strategy as it creates preconditions that are helpful in the adoption of a different philosophy for an organization. In addition, it will improve effectiveness of the entity as all individuals will focus on achieving the set goals (Pollanen et al. 2017). The functional analysis strategy also helps in freeing up human and financial resources as those functions that are redundant will be eliminated while at the same time the chances of duplication of roles will be nullified.

Training can also help in addressing the challenges addressed above. After the detection of gaps in skills within the skills inventories, it is possible to identify the areas that require enhancement through training (Pollanen et al., 2017).

4 Conclusion

Technology and improved processes may be used to make the organization more competitive within the public sphere. Further, the knowledge of the type of training that is required will allow the organization to determine the appropriate programs that are required as well as the budgetary allocations for them. With well-trained human resources at the disposal of the hospital administrator, it is possible to achieve the aims and vision of the organization.

References

Mitchell, K. R., & Bunning, S. K. (2013). Quality and value of nuclear medicine and

molecular imaging: the impact of health-care reform. *Journal of Nuclear Medicine Technology*, 41(1), 3-8.

O'Connor, J. C., Gutelius, B. J., Girard, K. E., Hastings, D. D., Longoria, L., & Kohn, M. A.

(2013). Paying for prevention: a critical opportunity for public health. *The Journal of Law, Medicine & Ethics*, *41*(s1), 69-72.

- Pollanen, R., Abdel-Maksoud, A., Elbanna, S., & Mahama, H. (2017). Relationships between
- strategic performance measures, strategic decision-making, and organizational performance: empirical evidence from Canadian public organizations. *Public Management Review*, 19(5), 725-746.
- Wagner, C., Mannion, R., Hammer, A., Groene, O., Arah, O. A., Dersarkissian, M., ... &
- DUQuE Project Consortium. (2014). The associations between organizational culture, organizational structure and quality management in European hospitals. *International Journal for Quality in Health Care*, 26(suppl_1), 74-80.
- Waitzkin, H., & Hellander, I. (2016). The History and Future of Neoliberal Health Reform:
- Obamacare and Its Predecessors. *International Journal of Health Services*, 46(4), 747-766