Assignment

[Name of the Writer]

[Name of the Institution]

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**Population Health Management**

Existing proposals for improving the financing system of long-term care emerges in the time-frame of the increasing awareness regarding the fiscal risks public is facing in consuming long-term care. This paper will explore the role of population health management concerning the following variables:

**Re-hospitalization Costs**

The readmission rates at a high level are trouble for hospitals and patient's outcomes. This threatens the financial health of a hospital, especially in an environment of reimbursement based on value or economy. The highest hospital expenditure in healthcare industries is spent on readmissions. However, according to the Agency for Healthcare Research and Quality, it drastically increases, i.e., $42 billion for the patients who are readmitted just after 30 days. Rendering to the survey of the Center for Health Information and Analysis, it approximately costs about $26 billion per anum for the medical beneficiaries. The cost contributed to avoidable hospital visits after discharge is around $17 billion (Papanicolas, Woskie & Jha, 2018).

**Standard Hospitalization Costs**

Healthcare costs in the United States in 2017 arouse up to 3.9 percent, reaching till $10,739 per individual or $3.5 trillion in all.  Rendering to Gross Domestic Product of the nation, health expenditure is reported to be 17.9 percent (Papanicolas, Woskie & Jha, 2018). According to the data extracted from Healthcare Cost and Utilization project, it costs more than $10,700 for a standardized hospital stay in the United States. The healthcare cost has increased by 21.6 % since 2007, which is more than the standard increase in inflation rate. This cost covers all phases of hospitalization, from the admission till discharge of the patient from the hospital. It also highly increased for private insurance patients than the public one.

**Government Constraints**

Medicaid and Medicare are government programs through which the health is regulated for the common man of the United States. Likewise, the Affordable Care Act was passed in 2010 under Obama rule, and it was made in order to increase the access to health insurance for the Americans (CMS. 2018). This reduced the cost for the public's healthcare and influx the ways of improving health insurance for the people. The federal government is significantly regulating the financial system of healthcare by Mandatory Health Insurance and also through social protection, which ensures the safety and security of medical devices and pharmaceuticals. This also oversees the initiatives for public health and promotes the research for evidence-based practice.

**Technology**

The technological advances have been made in the field of healthcare, and it is revolutionizing the way healthcare is implemented in the hospitals through advanced equipment and tools for the medical purpose. The paper records are being replaced by much advance Electronic Health Records (EHRs). This is not only helpful in providing the whole file for the patient, but it is also useful for the enhanced care of the patient as it is capable of alerting the physician for the past and future health and medicinal issues. EHR is also helpful in lowering the cost of in-patient and out-patient hospitalization, and it is estimated to be saving $5.14 per month (CMS. 2018). Technology has made life more comfortable in the sense of easy access and lower patient costs.

**End of Life Care**

In the final days of a patient's life, the issue of healthcare is very crucial, but it has been improved since 2000, in the United States. Policies and programs related to improvement at the end of life care have promoted more advanced care in this regard. Due to these policies, hospitals now provide a complete range for the choices of treatment, tests and other healthcare interventions. Likewise, the hospitals have their own palliative care teams which manage and assist in the decision-making and treatment choices.

**References**

Centers for Medicare & Medicaid Services (CMS), HHS. (2018). Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. Final rule. *Federal Register*, *81*(192), 68688.

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