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# Implementations of the recommendations presented in the Institute of Medicine health care to Organizations that receive Federal funds

## Problem Statement: In the country, at present, there is an ample need for formulating a system which is less error-prone, and highly technologically active. This can ensure better care of US citizens.

## Solution: To avoid such scenarios where patients become a burden over the health care system, the discrepancies and mismanagement in the healthcare system be removed or reestablish to ensure the delivery of right services to the ones in need. There is a need for a device such a strategy in which the patients, the families of the patients, and the rest of the community help with the healthcare providers to deliver efficiently. This could ease the current problem too much extent, as many findings suggest that people in urgent need of healthcare, are mismanaged either by their family or any near one in the community.

## Ethical issues: In addition to any material issues that constrain the quality and the quantity of the health care system in the US, there are many ethical issues involved in his case. The half of the US population which is uninsured tops the list of such issues(Daniels 1983). However, there are other issues that have been observed for the compilation of this report, which is as follows

*Maintaining the quality of care and efficiency:* The US population has been facing issues in the health care sector, which remains of the primary concerns. During the compilation of data for this study, it has been observed that the health care professional lacks efficiency in performing their duties. The professionals have been working, although the quality is been overlooked sometimes, which shows that despite the cosmetic measures, there are still some gaps in the training and efficiency of the health care professionals(Eysenbach 2000)*.*

*Managing fast access to care:* During the observation of the data, it has been noticed that, the US citizens who live at distance from the major hubs in the US, does not have fast access to care. In some cases, also the people who normally have access to the health care system, are sometimes been deprived of accessing the caregiver. The reason being the overburdened health care system.

*Managing Health force for need in future:* With the increase in the immigrants in the US, especially in wake of the Syrian crisis, it is becoming burdensome to manage the health force in view of their increasing demands(Shortell, Bennett, and Byck 1998). The health department has been observed calling for the proposals as to how the number of health caregivers should be increased to ward of the threat considering the rising population.

*Tackling the issues after the death:* Once a patient has been declared biologically dead, there have been observed that the after death- issues are much complicated for the family of the deceased. The tax that he or she had been paying for, seems of no use for them. As the reclaiming of the money in case of sudden death is a hefty job to be done.

*Prescription of limited medications:* As it has been mentioned already that around fifty per cent of the US population is not been covered in any of the health care systems. Similarly, it is a hefty job for them to get the medications, therefore a practice of prescribing limited medications be adopted to bring the financial position of such patients at ease.

*Demotivating organ donations:* It has been observed that there is a rising trend of organ donation. The report has overlooked many such cases especially in the far states of the US. The demotivation of such things can build in the people a feeling of caring for.

## Cost-Benefit Analyses: A cost-benefit analysis has been completed to more precisely recommend the changes required in the health care system in the US.

*Appreciable health care outcomes at minimum cost:* There is no second opinion in the fact that the state of the US is always in the position to provide enough health care to its citizens. If such sufficiency is coupled with appreciating such efforts can move the things in the right manner. It must also involve delivering the medication at the minimum possible cost.

*Increasing efficiency and value the money:* As mentioned before, the Health caregivers lacks professionalism and efficiency in their work. The reason for this is the burden of a hefty population which they must look for(Rosenthal et al. 2004). Despite such burden over the health care sector, the administration can incur efficiency if the value of the money is rightly calculated.

*Implementing the already existing guidelines:* there are laws and other mechanisms available for health care to follow. These rules and regulations have been observed as enough to timely implement health care plans. There also has been observed that the room for improvements remains, which should be tackled rightly on time.

## Stake Holders: The stakeholders of the health care system in the US are mainly the Health Care providers, the citizens of the United States who pay taxes to ensure health facilities on time, the employers working inside the United States, the patients who come in for their treatment, the pharmaceutical companies who manufacture quality medicine, hospitals, the insurance companies who claim money on behalf of the insured person and lastly the health care organizations.

## Impact: The impact that is portrayed in the compilation of these statistics is the achievement of improvements and the efficiency in maintaining a modernized health care system. It has also considered in the compilation of this report that there could be some serious loopholes which are not that much hefty to overcome. Such measures will result in the promotion of improved benefits. They will also discourage the inefficiencies present in the health care system in the United State at present. The impact of this report has also been observed to reduce the chances of both mortality and the morbidity, to ensure the quality of the life care facilities.

# Policy description: In the compilation of this research this has been kept in the close observation that the improvements in the scientific and technological methods of the health care are parts and parcels of the health care system in the modernized countries. Similarly, the US health care system should be managed in a way that it must always be kept open for improvements and incurring the most sophisticated scientific innovations to get the health care things done in an efficient manner(Kizer, Demakis, and Feussner 2000). Moreover, such a mechanism be adopted which ensures the participation of all the clinical facilities and methodologies comprehensively for providing the right treatment on time. At present, the US health care system appears to be lacking the centralized practice of doing things in manner. Such loopholes should be covered in priority basis as this requires minimum research and there are already many studies have been concluded on this. Since the insurance companies, the private hospitals, many insurance companies and some health care organizations are all attached in some ways to each other for providing better facilities, a strong and permanent system can be adapted to lessen the chances of misinformation on anyone’s part. Some mechanisms to lessen their administrative burdens be adopted that will shift their focus on the provision of right services on right timings.

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