Assignment Title: Health Insurance and Quality

Student Name: Eustace Koon

Professor Name:

Institution Name:

Course Title: Healthcare and Nursing

Date:

Health Insurance and Quality

**Patient Satisfaction and Reducing Healthcare Cost**

 As a clinic manager, I am quite concerned about the dissatisfied patients of my care center. To overcome the problems my patients face here, I am proposing a few quality initiatives that can increase the satisfaction of care center patients and also potentially reduce the cost of healthcare access provided to the patients. Firstly, the patients and their accompanying family members/relatives/friends who come to the urgent care center should be provided with a well-furnished waiting room which is decorated with beautiful art-works; have proper lightning and informative charts regarding different medical issues and their cure.

There should be a cost-effective TV in the waiting room for the visitors so that they can go through the time smoothly during long waiting hours at the clinic. Moreover, there should be newspapers and interesting magazines, always placed on the table of the waiting room. These all measures for the refurbishment of the waiting room are necessary because according to research provided by Arneill & Delvin (2002), fully furnished and warm welcoming waiting rooms of a hospital positively influence the cognition of patients to think that the respective care center will provide them with quality treatment. All the cost for renovation of the waiting room should be covered through donations to save costs for the hospital.

Moreover, the staff working in urgent care center should be trained to equip them with proper knowledge regarding the care center facilities. For example, the staff should be aware of doctors' arrival and departure from the hospital. Guiding the patient to the right doctor is also the responsibility of the staff. They should also know about different diseases and their possible cure. A knowledgeable and informed staff that guide the patients rightly is what makes a staff highly qualified. Thus it will improve the patient's overall perception regarding the staff support provided to them along with the quality of the care center treatment.

Another quality initiative can be to provide state-of-the-art medical facilities for absolutely free of charge or at a meager price for the underprivileged and middle-class communities of the society. Their treatment costs should be covered through donations and charities. An initiative of the treatment for patients on a low cost or purely free will provide them with cost-saving opportunities in the form of no or fewer healthcare costs.

**Medicare or Medicaid**

 One of the most significant concerns I noticed my patients experienced was the relatively small number of insurance facilities available at the healthcare center. I consider that the pay source in the form of insurance payments for the patients of the care center should come from Medicaid instead of Medicare. This is because it is an insurance policy that provides relief to people of almost all ages while Medicare is only for the people that belong to a single age-group (Marek et al., 2012). For example, Medicaid is for adults that have low-income and children that mostly belong from underprivileged communities while Medicare’s expensive insurance care is primarily for older people that are aged 65 and beyond. While the urgent care center looks to save the healthcare costs for patients, the insurance of Medicaid will thus be better for them as patients, especially young people, will get quality insurance services despite having low-income.

There are more insurance beneficiaries of Medicaid as compared to Medicare (Marek et al., 2012). For instance, there are more than seventy million beneficiaries of Medicaid insurance including more than 25 million children. In contrast, Medicare insurance has provided relief to less than sixty million people who are fewer in number than Medicaid. Therefore, regarding popularity among the general public, the insurance of Medicaid is more popular than Medicare.

**References**

Arneill, A. B., & Devlin, A. S. (2002). Perceived quality of care: The influence of the waiting room environment. *Journal of Environmental Psychology*, *22*(4), 345-360.

Marek, K. D., Stetzer, F., Adams, S. J., Popejoy, L. L., & Rantz, M. (2012). Aging in place versus nursing home care: Comparison of costs to Medicare and Medicaid. *Research in Gerontological Nursing*, *5*(2), 123-129.