

INVESTIGATING THE IMPACT OF HEALTHCARE POLICY ON ACCESS TO CARE

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Abstract

Prior to and following the implementation of Medicare and Medicaid in the US, this article provides national data on a social indicator-style measure of access to healthcare. According to the research, between 1963 and 1970, the poor's access to healthcare particularly that of those who had a regular source of care did improve in comparison to the non-poor. During this time, access decreased significantly for middle-class and low-income individuals without a regular doctor and for high-income individuals with a regular family physician. A possible explanation for these findings is that providers may have started limiting the number of visits by the "well-to-do" once Medicare and Medicaid were implemented in order to make room for the flood of low-income patients who had a backlog of unmet needs and newly acquired purchasing power. Entry obstacles persisted for many impoverished people who had no prior established provider of care. To confirm these and other hypotheses put forward here, much more complex investigations are needed, however.

Keywords: newly acquired purchasing, low-income, explanation

1. INTRODUCTION

Policies and practices pertaining to healthcare fairness, patient outcomes, and the effectiveness with which resources are converted into improvements in general health. Given the tight economic realities that nations face and the new healthcare difficulties that are arising, public policy is becoming more and more important in shaping how we receive healthcare [1]. One important health determinant is access to care, and varying levels of policy strength can result in more or less equitable restrictions on the efficacy, timeliness, appropriateness, and patient-centeredness of how populations will receive necessary medical services. Healthcare policies have complicated consequences on access to care that can affect a number of factors, such as insurance coverage, service availability, and the management of the distribution of health resources [12]. Policies can help lessen healthcare disparities in this area and, more importantly, limit healthcare access amongst groups [17]. These policies will be tailored to vulnerable populations.

Research on the potential health effects of healthcare policy changes depends on an understanding of the efficacy of various approaches to and informing policy [10]. We are not aware of any study that has used bibliographic techniques to undertake a thorough analysis relating to trends, major contributors, and key emphasis areas within this discipline, despite the growing acknowledgment of policy as a significant predictor of access to healthcare [2]. This indicates a gap that this bibliometric review seeks to close by methodically examining the features of published research on modifications to healthcare policy and how they might affect access to care [4]. Using bibliometric techniques, this study seeks to highlight significant aspects of current research trends, significant figures, and new ideas in the field. An overview of the research topic is given by this analysis, which includes [3]. Future research and policy endeavours will be guided by the findings of this evaluation [8]. We want to promote international collaboration and interdisciplinary research by identifying the most influential studies, prolific authors, and institutions with a substantial body of work in this field worldwide [6]. These initiatives are essential for advancing the science of creating and implementing health policies that will facilitate cost-effective measures, access to care, and better results for all populations.

2. REVIEW OF LITERATURE

Rural residents may have restricted access to necessary care because of healthcare constraints. The timely and easy delivery of healthcare services is a prerequisite for access to healthcare. Access to care can be hampered by a number of issues, even when there is a sufficient quantity of healthcare services available in the community. Patients in isolated rural areas may find it difficult and expensive to see a primary care physician, and specialized care may sometimes be far farther away [13]. These patients may choose to avoid or delay therapy, or they may choose to replace subspecialists with local general practitioners[5].

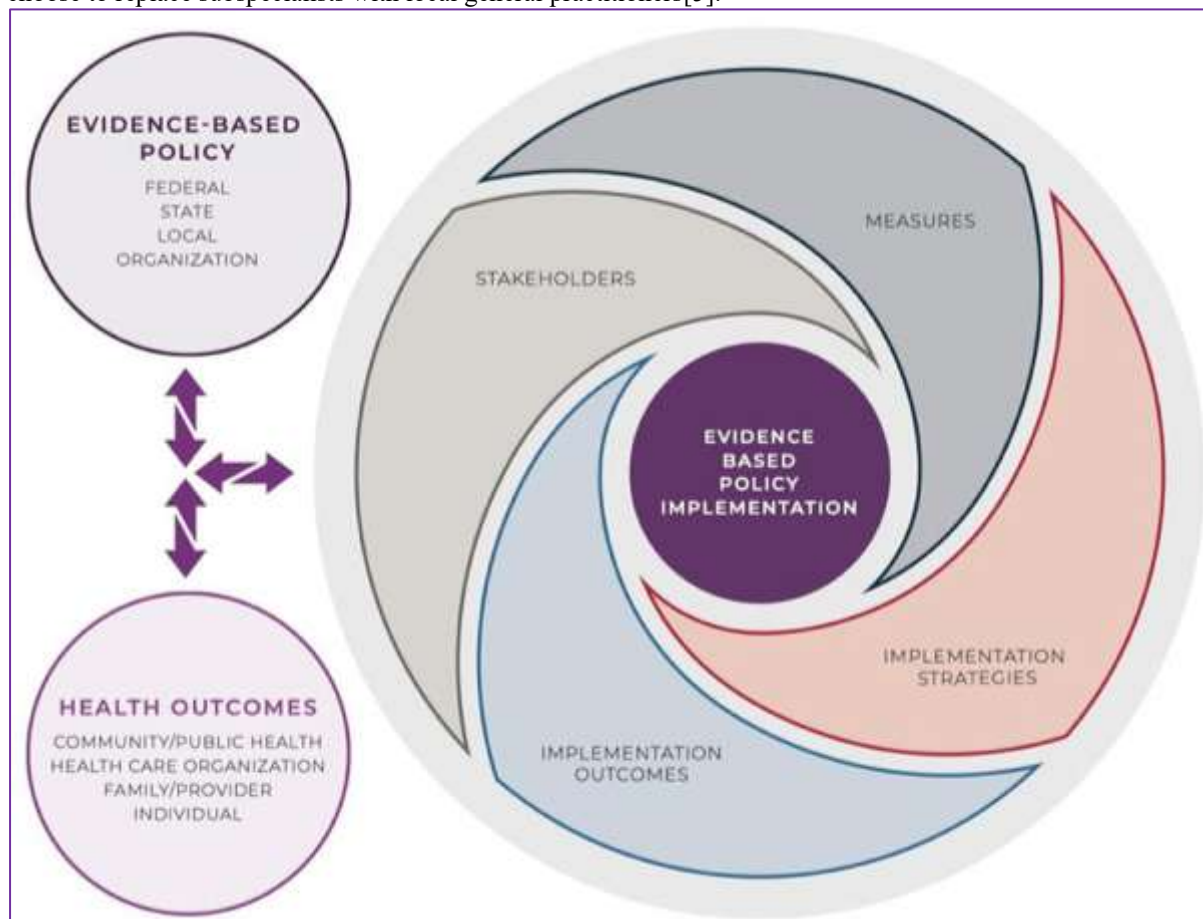


Figure 1: Learning health policy systems

To learn more about differences in health outcomes, see the Rural Health differences subject guide. Accessing healthcare services, especially subspecialist care, may require residents of rural areas to travel great distances. This gets challenging if you don't have access to either public or private transportation[14].

Access to healthcare in rural areas is impacted by a shortage of medical personnel. Having a trustworthy source of care is one indicator of healthcare access, and this depends on having a sufficient number of medical professionals. Rural residents' access to a sufficient healthcare workforce can also be estimated using other parameters, such as measures of nonuse that include those who were unable to locate a qualified care provider.

3. MATERIALS AND METHODS

Furthermore, rural counties had a higher prevalence of less than three enterprises taking part in the HIM. Rural communities have higher co-pays and deductibles for Medicare Advantage plans, as well as fewer free features like transportation and fitness clubs. The fact that there are frequently fewer insurers and less competition among them in rural locations may lead to price rises. (Modifications to Insurer Participation and Marketplace Pricing, 2022–2023) [7].

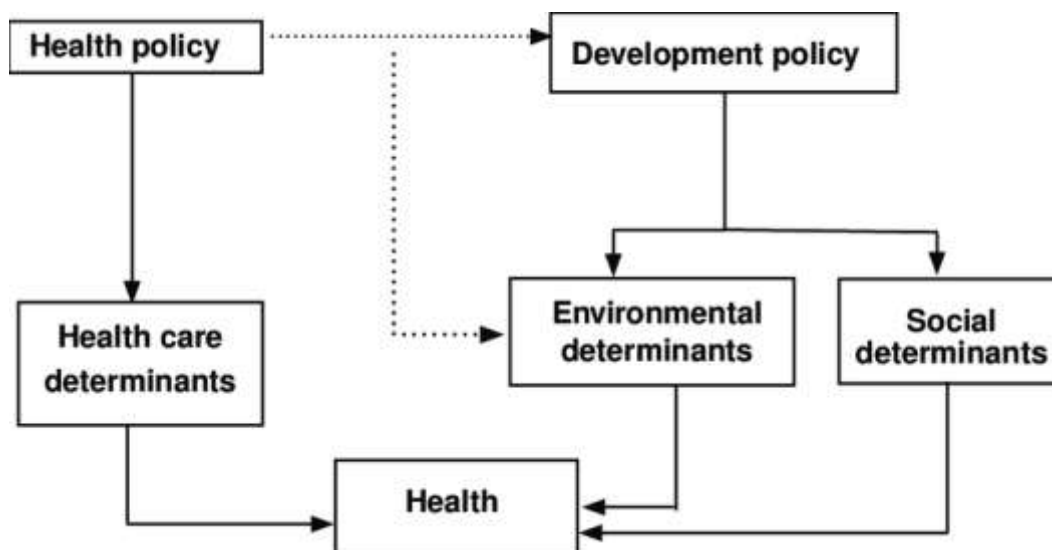


Figure 2: Designed framework

Lack of health information may also make it more difficult to access healthcare. A patient's degree of health literacy affects how well they understand medical information and directives from their healthcare providers [15]. This can be especially concerning in rural areas, where people are often affected by higher rates of poverty and lower educational achievement. Residents with inadequate health literacy may be reluctant to seek medical assistance because they are afraid of or frustrated by speaking with a healthcare professional. Furthermore, it could be difficult to access the healthcare system if one lacks health literacy skills. See our evidence-based toolkits' Rural Health Literacy Toolkit for additional information on low health literacy in rural America. Enhanced Meanings, Digital Impacts, and Rural Views and Training Upcoming Healthcare Professionals: Health Literacy Possibilities for Health literacy in the digital age is examined by Website Manners[9].

4. RESULT AND DISCUSSION

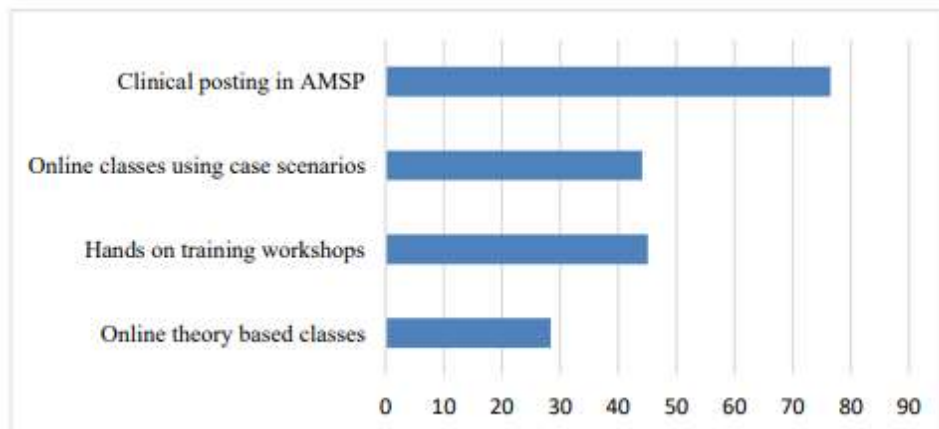
Like other healthcare services in remote locations, hospice and palliative care organizations frequently encounter obstacles and difficulties. [11][16].

Table1:Healthcare Policy

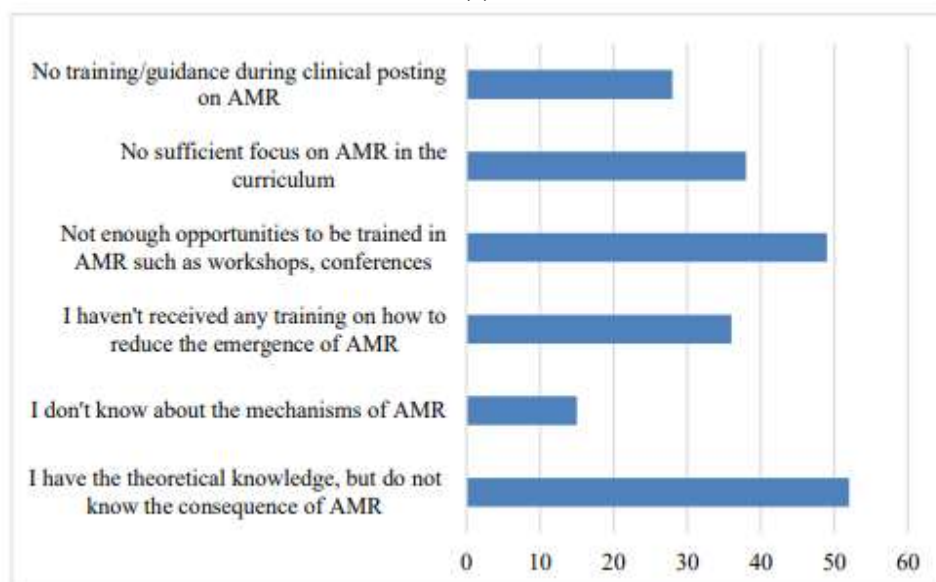
Parameter	Numberofresponses(%)
How do policies aimed at improving care coordination affect access to care?	3.48
What is the relationship between healthcare policy and patient satisfaction with care?	0.58
How do policies related to healthcare infrastructure impact access to care?	3.69
What are the effects of healthcare policy on healthcare access for low-income populations?	0.59
How do insurance coverage policies affect access to prescription medications?	3.79
What is the impact of policy changes on healthcare access for rural populations?	0.63
How do healthcare policies influence access to mental health services?	3.62
What are the consequences of healthcare policy changes on patient-provider relationships?	0.61

How do policies aimed at reducing healthcare costs impact access to care?	3.52
What is the relationship between healthcare policy and healthcare workforce distribution?	0.66
How do reimbursement policies affect access to specialist care?	3.45
What are the effects of healthcare policy on healthcare disparities in access to care?	0.38
How do insurance coverage mandates influence access to preventive care services?	3.56
What is the impact of Medicaid expansion on healthcare access and outcomes?	0.46
How do changes in healthcare policy affect access to care for vulnerable populations?	3.51
How do policies aimed at reducing administrative burdens impact access to care?	0.52
What is the relationship between healthcare policy and healthcare access for patients with disabilities?	3.48
How do policies related to healthcare workforce development impact access to care?	0.58
What are the effects of healthcare policy on healthcare access for children and adolescents?	3.69
How do reimbursement policies affect access to innovative treatments?	0.59
What is the impact of policy changes on healthcare access for underserved populations?	3.79
How do healthcare policies influence access to care for patients with chronic diseases?	0.63
What are the consequences of healthcare policy changes on healthcare utilization patterns?	3.62
How do healthcare policies influence access to care for patients with mental health conditions?	0.61
What is the relationship between healthcare policy and healthcare access for patients with disabilities?	3.52
How do policies aimed at reducing administrative burdens impact access to care?	0.66
What are the consequences of healthcare policy changes on healthcare access for older adults?	3.45
How do healthcare policies influence access to care for patients with mental health conditions?	0.38
What is the impact of policy changes on healthcare access for patients with substance use disorders?	3.56
How do policies relate to healthcare technology impact access to care?	0.46
What are the effects of healthcare policy on healthcare access for LGBTQ+ populations?	3.51
How do policies aimed at improving health equity impact access to care?	0.52
What is the relationship between healthcare policy and healthcare access for patients with complex medical needs?	3.48

These difficulties may include a lack of workers, programs for hiring and retaining employees, problems with reimbursement, restricted broadband access, and more.



(a)



(b)

Figure 2: Impact Of Healthcare Policy on Access to Care

Resources and answers to often asked concerns about hospice and palliative care in rural locations can be found in the Rural Hospice and Palliative Care topic guide. Mental health professionals are few in rural areas. Rural areas accounted for 61.85% of the Mental Health Professional Shortage Areas as of September 2024. See HRSA's Designated Health Professional Shortage Areas Statistics for the latest numbers. Higher scores on the Mental Health HPSA measure, which ranges from 0 to 25, indicate a greater need for mental health treatment.

5. CONCLUSION

The first stage of treating a substance use disorder is medically controlled withdrawal, which entails controlling acute intoxication and withdrawal while reducing potential health risks. Many rural locations lack withdrawal management providers, which puts patients at risk of skipping or postponing necessary treatment. What Impact Does MAT Have on This? as well as the modes of action of buprenorphine, methadone, and naltrexone, three drugs used to treat opioid use disorder. Useful Resources for Buprenorphine Prescription and Promotion in Primary Care According to Settings, although buprenorphine is a helpful drug for treating MOUD, staffing, transportation, and technology issues often make MOUD an impractical choice in remote places. To address these challenges, this article provides recommendations for enhancing access, such as using non-physician personnel to treat patients and garnering community support to build service facilities. Many patients find that beginning buprenorphine treatment at home is a convenient and safe choice."

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