Problem Definition & Formulation Memo

Topic: Health Policy

What are the problematic conditions? What problems do they present?

- Healthcare Policies in the United States are among the worst within the past several years.
- The average health of a person in the United States is noticeably below the health of many other countries due to poor diet and lack of exercise.

The first problematic condition that current health policies bring up is the current cost and productivity of Health Policies and Health Care to Americans. Health Policies have not had a great reputation in the past years and it does not appear to be getting any better. In 2014 the United States was ranked dead last in Healthcare compared to other countries. Mainly in part that Healthcare is extremely expensive. With the dollar price being so high you would believe that you would be getting better health benefits right? Well that does not appear to be the case here. In fact, Federal funding for public health has shown a significant decrease in funding. Decreasing from $7.31 Billion in 2005, to $6.13 Billion in 2012 (Munro, 2015).

The second problematic condition that is brought up with current health policies is that it impacts the health and living conditions of Americans. Obesity is a major problem in America. Some of the health conditions that are the most problematic
include obesity, smoking, and lack of physical activity. Obesity continues to be a major problem in recent years, with 1 in 4 adults facing obesity today. Lack of exercise is a major part in obesity and bad overall health. Many of these unhealthy habits are created at a young age due to lack of education or picking up habits of other individuals. Adding to the negative health is smoking in American. Smoking is one of the most preventable deaths not only in America and contributes to 14 Million major health conditions (Americas Health Ranking).

What are the issues for this policy?

- Healthcare and Health Policies are costing a lot of money to residents
- They are not being impactful enough to everyone

Nearly 46 million Americans are not insured compared to some other countries that automatically insure many Americans. This is a contributing factor to the life expectancy of both men and women in America having a lower life expectancy than other nations. So we are now hurting the health and wellbeing of our nation due to the fact that many of the people living within America do not have some sort of health insurance.

Not only are few Americans insured, but the government is also paying more money on Health Care than any other country (US Health Care Facts). So these contribute to the U.S. Health Care being ranked last among the countries that do have Health Care.
Who are the stakeholders?

- Based on the definition, “stakeholders are those entities in the organization’s environment that play a role in an organization’s health and performance or that are affected by an organizational action” (MSHCS).
- There are four major stakeholders in Health care system:
  1. Providers
  2. Payers
  3. Employers
  4. Patients

The first stakeholders are the providers. They tend to see quality in a technical part such as appropriateness, accuracy of diagnosis, or resulting outcome. They act as a very fundamental role in the system. From the view of providers, this group of people want to provide the splendid service using the best treatments. In other words, it means that this kind of service is expensive and it will cost payer more money. Also, providers would like to provide preventive care which the payer might be not cover.

Secondly is the payers. Their goal is clear, they always focus on money or their investment. This means people in this group consider cost-effectiveness. There is a potential bifurcation between providers and payers is that payer is differ from
providers, they actually want providers to reach an appropriate diagnosis with the fewest visits and least number of tests.

Next of the stakeholders is the employers. This role in the Healthcare system is very important because it is the bridge to link patients and providers together. They want to spend less money, which means to keep their costs down. At same time, they also want to get their employees back to work as soon as possible. Employers usually have potential conflict with their employees when these employees were patients due to they hope their employees should have taken care themselves. This is to avoid some behaviors that might be lead to potential risk.

Finally the patients. They are the main purpose of having Healthcare. Patients want compassion as well as medical skill with attentive care. Patients hope their facilities offer a wide variety of options for health coverage that can be achieved their goals. At same time, they also look for the employer to fund the majority of the cost of health insurance.

The key agreements and disagreement among all of those concerned

● Agreements
  ○ Cost less money to insure all Americans or create easier ways for them to be insured

● Disagreements
○ People that are not insured are lacking proper medical attention when needed
○ Ineffective in making people aware of certain health problems such as obesity and smoking
○ Still is costing more money than other countries and less people are insured than other countries
○ Obama Care will cost the government more money than it already has

Overview of Disagreement
● Health care cost a lot of money to the residents and the government
● Up and coming “Obama Care” allows an affordable solution to get insured but is costing the government more money than it has

As of recently, many Americans are not insured and it is costing health and lives of people. But with new and upcoming PPACA or Obama Care, it can be affordable for many of Americans that cannot afford it right now. To clarify, Obama care does not offer free insurance but it offers an alternative route to purchasing insurance rather than through a private company. Many critics are concerned that it is costing the government more money than it currently has (Obama Care Summary, 2015)

Potential Solutions
The Patient Protection and Affordable Care Act (also known as Obama Care). Is starting to be implemented in the United States. It calls for all Americans to be insured. But it also creates an alternative route for people to purchase insurance if they are not able to afford it. Obama Care was passed by the Supreme Court recently and it gives states the option to opt-out in giving certain access to Medicaid. Obama care is thousands of pages in details but is still too new to see any results and it’s also still being worked with and debated (Obama Care Summary, 2015)

The second option would be to adopt what many other countries already have and that is to automatically insure its residents. This would cost a lot of money to implement and run. But with current health care already cost residents a lot of money (Munro, 2015).
Work Cited


