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Pickens County Medical Center Analysis

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Hospital Identity and History

The hospital identified for analysis purposes is Pickens County Medical Center, which closed on March 6, 2020 (Ellison, 2020). The hospital first opened its doors on January 2, 1979, intending to provide high-quality health care to the community's residents. In addition to therapy, imaging, and laboratory services, the hospital offered inpatient and outpatient services. The hospital was owned by the Pickens County Healthcare Authority, a public board. With nearly 200 employees, Pickens County Medical Center was one of the county's top employers. PCMC had a tremendous economic influence in the area. Pickens County Medical Center had a reputation for offering high-quality health care to Pickens County citizens right in their backyard. The medical center's team was dedicated to improving the quality of life in Pickens County by providing a healthcare system based on people helping people. Pickens County Medical Center had successfully addressed the health care requirements of thousands of families in Pickens County and the surrounding areas by consistently offering the most satisfactory level of treatment available. They redefined the idea of a small-town hospital as Pickens County Medical Center continued to provide exceptional care to the community. The medical center continued to satisfy the health care needs of citizens in Pickens County and the neighboring areas by striving to be the best rural health care organization in the country even though it was located in a small town.

Causes of the Hospital's Failure

The hospital's closure was attributed to an unsustainable financial situation. Decreased federal financing, lower compensation from commercial financiers, and decreasing patient visits were noted in a news statement announcing the closure. Another probable cause of failure in

Pickens County Medical center is the state's decline to extend Medicaid, a massive component of hospital risk. Failure to extend Medicaid makes life more difficult for the poor and puts financial strain on hospitals. Similarly, according to Coorde (2020) hospital vulnerability assessment, hospitals in regions that have not accepted Medicaid increase have an inferior median operating margin and a higher number of countryside hospitals working with a adverse operating margin. None of the eight regions that have had the most cessations since 2010 are Medicaid extension states. Pickens County Medical Center falls under this category, explaining their failure leading to the subsequent hospital closure.

Parameters

Government Healthcare Philosophy

Healthcare and health issues are relatively consistent across nations, and there are numerous similarities in how administrations address them through well-being policy and philosophies. Awareness of the specific elements of well-being policy in the US and their bioethical consequences requires an understanding of the moderately distinctive personality of the American political heritage. Compared to other industrialized nations, the US political ethos highlights the significance of the discrete over collectivity. The United States' political philosophies, establishments, and conduct are unique. They reveal a nearly universal recognition of the doctrines of seventeenth-century political theorist John Locke, whose liberal idea was in agreement with Adam Smith's noninterventionist economics in *The Wealth of Nations* (Galvani et al., 2020). This continuing philosophical legacy helps explain why the US governmental system's approach to health philosophy is unique. Even though the United States government intervenes heavily in health care, it is more likely than most other industrialized nations to rely on the people and the free economy in some areas.

Therefore, the consequences of this methodology can be seen in the unequal distribution of healthcare access, which was apparent in the case of Pickens County Medical Center. Even though most industrialized countries, for example, employ government power to ensure that nearly all of their residents have access to health insurance, this is not the case in the US. The prevalence of federal health insurance in the US, on the other hand, is only 33%, by far the least amongst developed nations, because most individual healthcare costs are expected to be borne by individuals and their employers, thus the impact of liberal ideology.

Another government healthcare philosophy can be discussed under the impact of power fragmentation. The division of powers worsened the widespread fragmentation of authority in a state form of administration, which was previously a feature of the American governmental system. The state governments did not only retain most of their power in the federal system, but the authorities in each of them were also split, showing Montesquieu's influence. In the United States, the fragmentation of governmental power was astonishing: There exist approximately 80,000 administrations in all, comprising counties, metropolises, respective district administrations, and sovereign school regions, in addition to formal and state governments, and the authorities of every care often disjointed and even more fragmented. As a result, broad government intervention is complex in the American governmental system. As a result, well-being and other guidelines are more often piecemeal than systemic or complete.

On the contrary, regardless of a political philosophy that values individuality and the free marketplace, governments fund around three-fifths of the entire personal healthcare expenditure in the United States, either directly or indirectly. Through tax subsidies and public employee perks, around a quarter of this money is utilized to maintain the employer-supported scheme of private health insurance. About 20% of it goes to direct government healthcare for troupers and

affiliates of the military powers and their children together with Native Americans below treaty responsibilities. Therefore, I believe that some of these philosophies were neglected in Pickens County Medical Center because they served the rural population in Alabama. As a result, due to lack of sufficient federal support, their services declined, leading to a subsequent reduction of patients visiting the facility.

The Affordable Care Act

Former President Obama took on ¹the Affordable Care Act into rule in March 2010. It was an inclusive healthcare transformation bill. The bill was a set of health regulations to encompass health insurance coverage to majority of uninsured citizens. The Act improved Medicaid admissibility, fashioned health insurance interactions, made it compulsory for citizens to acquire or acquire health insurance, and barred insurance corporations from repudiating coverage or transforming more because of chronic diseases. In addition, it permitted youngsters to remain on their parent's health insurance coverage till 26 years of age.

Most importantly, the Affordable Care Act was created to sort health insurance extra affordable for qualified individuals. Exceptional tax acclaims and cost-sharing reductions are encompassed in the bill to assist lower-income individuals and families reduce costs. Superior tax credits decrease patients' recurrent health insurance bills. In the meantime, cost-sharing discounts lessen patients' pocket payments for deductions, coinsurance, and copays, and patients' out-of-pocket total: the overall amount they recompense for insured healthcare expenditures in a year. In addition, on January 28, 2021, President Joe Biden signed up an executive directive extending the affordable care act exceptional registration period from February 15, 2021, to May 15, 2021, to provide citizens who required health coverage through this worldwide pandemic the chance to register.

Furthermore, the Affordable Care Act (ACA) mandated that most insurance policies, comprising those provided on the market, include a list of preventative care at no cost to clients. Checkups, patient counseling, vaccines, and a variety of health exams are among them. It similarly permitted states that decided to cover a broader group of people through Medicaid. Each year, there was an open registration period on the Health Insurance Market through which individuals could purchase or transfer insurance policies. If one skipped the deadline, they would not sign up until the subsequent year except if they qualified for a particular admission period due to a change in their conditions like marriage, divorce, becoming a parent, or losing a job offered health care coverage. I believe that these policies were not known to the rural population of Alabama seeking care in Pickens County Medical Center. However, the specific mandate, which necessitated all American citizens to get health coverage, whether through a company, the affordable care act, or another source or face tax penalties, was a significant feature of the original, affordable care act. Nonetheless, in 2017, the mandate was repealed. This mandate accomplished two goals: it provided health services to uninsured citizens, and it ensured the existence of a large enough group of covered people to finance health insurance expenses.

Restructuring Bankruptcy

Pickens County Medical Center management failed to reorganize business and bankruptcy reorganizations with their healthcare industry team to provide creative legal thinking and practical solutions for the ailing hospital. Medicare and Medicaid are frequently a significant source of revenue for medical providers and suppliers, and proper actions must be made to limit the effects of a bankruptcy filing on these income streams. In addition, in insolvency proceedings, the hospital failed to seek support with compensation and other provision of opportunities issues (Himmelstein et al., 2019).

The Business Strategies I would Implement

Defining goals

The first step in fixing Pickens County Medical Center's problem is establishing a clear objective. The hospital's healthcare restructuring efforts have been hindered by a deficiency of clarity concerning the goal or pursuing the improper goal. By narrowing goals like improving access to care, lowering expenses, and growing profits, the hospital will possess a clear road map for service delivery. Access to inferior treatment is not the objective, nor is reducing cost at the expense of excellence. The fact that profits are currently skewed with patient welfare since they are founded on growing the volume of amenities rather than attaining good outcomes would be a past phenomenon. Therefore, I will ensure that the hospital's primary goal and every other stakeholder are to improve patients' significance. Therefore, refining value would entail increasing a single or more result while lowering expenses, lowering costs while maintaining results.

Because the value agenda necessitates a fundamental departure from the past, I will ensure that the senior management and the board of directors embrace the goal of value. While most healthcare organizations have never been opposed to better outcomes, the primary emphasis has always remained on increasing volume and sustaining limits. Despite laudable undertaking declarations, the actual labor of increasing significance is neglected. I would look to change this narrative in the case of Pickens County Medical Center. Similarly, legacy conveyance methods and compensation systems, which have mostly stayed intact for years, have exacerbated the issue and resulted in a structure with inconsistent eminence and unmanageable costs. In addition, I would define goals that go beyond standard cost-cutting and adapt to new

payment structures in this effect. In this way, we can maintain or enhance our market share if we improve on patient outcomes. We will also be able to start any contracting conversation from a strength position if we can enhance the efficiency of providing outstanding care. Lastly, I have chosen this strategy because it is essential for the hospital to restructure and redefine its goals. After all, the previous objectives never delivered the intended outcomes. On the contrary, one area of concern that may arise is setting up goals that are not achievable in the hopes of luring clients.

Value transformation

There are several constituents to the tactical agenda for moving to an enhanced value healthcare delivery structure that I would implement. They are mutually reinforcing and interconnected. Advancement will be easier and faster if they are progressed together, thus why I selected this strategy. The current healthcare delivery system at Pickens County Medical Center has persisted for decades because it is created on a set of jointly reinforcing fundamentals. Transforming how clinicians are structured to offer health services is at the heart of the value transformation. The fundamental rule of any institute or corporate is to structure it on the client and their needs. In health care, this means moving away from today's segmented association by specialty division and exceptional facility and instead focusing on the patient's medical state. Therefore, the initial step towards value transformation would be the organization of components into integrated practice units. An *integrated practice unit* (IPU) is a name given to such an organization. A specialized team of clinical and non-clinical workers manages the patient's condition from start to finish in an IPU (Miah & Yeoh, 2018).

Indeed, the most crucial step in improving health services is to assess value, outcomes, and expenditures rigorously. Whenever we view systematic assessment of outcomes in health

provision, we will see the results improve, regardless of the current situation. In addition, since the rapid improvement in any subject necessitates the measurement of outcomes, which is a well-known management idea, our team will develop and excel by keeping track of their growth as time progresses and equating their results to aristocrats. Similarly, we would assess essential results to our patients since medical issues, not interventions or specialties, should be used to determine results. This method would allow us to keep track of the patient's health throughout time. Lastly, I would integrate care delivery systems by harmonizing the four connected sets of choices to achieve real system integration, defining the space of facilities, directed volume in minimal sites, choosing the best position for every service line, and assimilating patient management across departments. Therefore, I have selected this strategy because it must accord value to their service delivery for the hospital to retain and attract new clients. Clients want value for their money, which is a significant aspect in any business setting. However, one implication of this strategy would be maintaining the values that have been set, bearing in mind that value delivery is quite expensive.

Building an enabling IT Platform

Historically, healthcare IT systems in Pickens County Medical Center were categorized by departments. As a result, IT systems frequently obstruct rather than facilitate integrated, interdisciplinary treatment. Furthermore, since IT is merely an instrument, programming inefficient service provision procedures would result in more inefficient disjointed processes. On the other hand, the correct IT structure may aid the types of machinery of an IPU to operate jointly, enable capacity and inventive reimbursement methodologies, and link the pieces of delivery systems that are well structured, which I would implement to save the hospital. Therefore, for the whole sequence of healthcare, including admission, outpatient appointments,

analysis, physical rehabilitation, and other involvements, the system would be centered on patients to track them across facilities, locations, and phase since patients are the focus of the data, not divisions, units, or places.

Also, Miah and Yeoh (2018) argue that the system would use collective data descriptions since analyses, lab principles, cures, and additional care areas have common terminology and data fields; this would allow information to be comprehended and substituted, and probed across the entire system. Similarly, this system would incorporate all sorts of patient statistics, including physician records, photographs, chemotherapeutic remits, lab examinations, and other information. Thus, everyone involved in the patient's care has a complete picture and can easily access this information for better service delivery. Lastly, natural language processing can easily acquire the information needed to monitor results, manage patients' expenses, and governor for patient threat factors in these systems. Such systems would also enable patients to report results on their health not just after conclusion but also to improve clinical judgments at Pickens County Medical Center. Therefore, I have chosen this strategy because technological advancements in the healthcare sector have improved service delivery and accuracy. However, even with the current most powerful systems, a fundamental aptitude for creating and extracting information is still lacking, which is an area of concern in this strategy. Consequently, the cost of tracking results and costs has escalated unreasonably. Similarly, technology is prone to downtimes and cyberattacks; thus, contingency plans should be responsive to reduce fatal occurrences.

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