ACTA SCIENTIFIC MICROBIOLOGY (ISSN: 2581-3226)

Volume 3 Issue 1 January 2020

Research Article

Analysis of the Impact of Healthcare Reform Policy (AHC) on Healthcare Providers: A Case Study of the US Healthcare System

Hassan Nagy*

Virginia International University, Fairfax, Virginia

***Corresponding Author:** Hassan Nagy, Virginia International University, Fairfax, Virginia.

Received: November 21, 2019; **Published:** December 11, 2019

DOI: 10.31080/ASMI.2020.03.0461

Abstract

This research paper will focus on the effect of ACA in the U.S. health care system generally and health care providers particularly. The idea of the health insurance will be discussed in a synchronous manner for further future improvement suggestions. The history of health insurance will be handled, as I believe when we understand the roots of the topic, it is always easier to build up higher. The political affiliation impact on Obamacare either republican or democrat, and its effect on the public opinion. The theories of wellbeing, Nyman's model, supply and demand and the wealth of nations will be applied on the health care system in the U.S. for better understanding of the American target in health care system development. The research paper will try to answer question like is the ACA really helpful? Is it cheap? How much average American should pay more or less? will the providers need to change their way of billing patients? Should insurance companies increase their premiums? This research paper should satisfy the public opinion in accepting Obamacare or rejecting it.

Keywords: ACA; Obamacare; Health Providers; Billing; Theories; Coding; Affordable; Premiums; Medicaid; Medicare; Children Insurance

Abbreviations

ACA: Affordable Care Act; OECD: Organization for Economic Co-operation and Development; KFF: Kaiser Family Foundation; CMS: Centers of Medicare and Medicaid Services; PPACA: Patient Protection and Affordable Care Act; CHIP: Children's Health Insurance Program.

Introduction

The Affordable Care Act is the most important health care legislation enacted in the United States since the creation of Medicare and Medicaid in 1965. The law implemented comprehensive reforms designed to improve the accessibility, affordability, and quality of health care. According to the president Obama [1].

The American Health care system is served by many distinct organizations. It has a big share which is owned and operated by private business parties. 21% are for-profit, 21% are government owned, and 58% of US community hospitals are non-profit, Rosenthal, 2013. If you are living on the soil of united states of America, the life expectancy is 75.2-78.4 years according to the world bank October, 2016. However, the United states consider one of the highest prevalence of Car accidents, infant mortality, obesity, heart and lung diseases, adolescent pregnancies, sexual transmitted diseases, injures and homicides. Between 11 developed countries, the United States ranked as the worst performing and the most expensive for health care access, efficiency and equity as founded by 2014 Survey published by khazan, 2014.

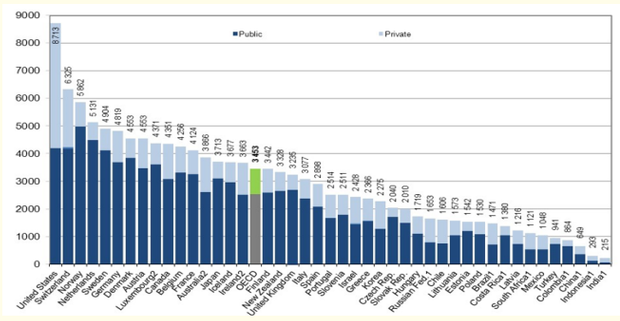


Figure 1

The United States spending budget for the health care services is about $8.608 Per capita, which is considered 17.2% of the total GDP, 64.3% of this amount paid directly by the government as what happen in 2013, according to the World Health Organization (WHO). The other resources that fuel the health industry represent include those programs like Medicare, Medicaid, the veterans' Health Administration and the children's Health Insurance Program or other insurance groups population who get insurance through family member's employer and few who purchases their own insurance. In 2014, the spending budget of health care divided as the follow manner, 283.2 M the population of the United States. 89.6% had different types of insurance while 10.4% uninsured (32.9 M), the huge number which may represent the total

summation of the population of many countries like Tunisia, Belgium and Benin. 66% of employees covered by private health insurance plans, 115.4 M (36.5) insured by the government through Medicare 50.5 M, Medicaid 61.65 M, and 14.14 M by the Veterans Administration or military care, some people have more than one insurance plan.

The main reason that prevent most of the Americans from accessing health care is the high cost especially with average or below average incomes or at least they consider visiting the doctor is the last option, and they do not do a recommended test or imaging, taking recommended medications, follow ups, seeing a dentist or check up for glasses measures' updates. 59% of physicians in the United States reported that their patients have difficulties paying off their medical bills. The factors behind the rising costs of health care are firstly the usage of high new technologies like MRI with Doppler and 3D or 4D ultrasound and the prescribed medications too. The United States spent $1.026 per capita on Pharmaceutical products and non-durable medical care, with a prevalence more than the double of the OECD average $515, as in 2013. Secondly, the increased cost of maintain health care for chronic patients.

Problem statement

ACA (Affordable Care Act, Obama Care) became the law of the land when congress passed and the president Barak Obama signed it to law in March 23, 2010 and includes about 400 sections of reforms to the health insurance and healthcare industry. This law changed the healthcare delivery in the whole country. However, due to change in the policy several stakeholders of the industry had to made significant change in their business practice. According to (Parmenter, March 2015), The overall and worsening poor health of our nation, inadequate performance of the health care system (or sick care nonsystematic), including disparities in the practice of health care, the impact of health care reform, and the bite health care costs continue to take out of the slow-growing U.S economy, constitute a national health care crisis. Thus, many health insurance companies and hospitals had to go an extensive business process improvement or reengineering to adopt the law. The purpose of this research study is to investigate the impact of healthcare reform policy (AHC) on healthcare providers: A case study of the US healthcare system.

Research questions

ACA is a lot of sheets of law stating conditions and laws ensuring three important elements health care accessibility, affordability and quality of these services. Apparently, if you go through the act chapters, you will feel how impressive this act is, essentially it supports the low income population or those who are struggling getting access to health insurance plan because of preexisting conditions. Thus, I decided on making few questions that helps anyone

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Figure 2

to establish a reasonable opinion about Obamacare of affordable care act.

- What is Obamacare or ACA?
- How is the U.S. health care system working?
- How successful is Obamacare?
- What is ACA effect on the insurance premiums?
- What is ACA effect on the providers billing systems?
- Who's the most beneficiary from ACA?

By answering those questions, you should be convinced about Obamacare and further support it or decline it.

Research hypothesis

The research hypothesis is established on general wide base to build up a steady strong opinion about Obamacare. Firstly, you need to understand an overview about how the U.S health care is running. What is the pitfalls in the system? And what is the patients' big obstacles? You need to understand how the insurance companies helping millions of the Americans and how are the insurance companies doing the business under the umbrella of the government and the CMS regulations. It is a huge network which connected all together, delivering one to the other, if there is any mistake in the whole system, it will make the U.S. health care system look like a misery.

- H0: The AHA changed the way the healthcare industry operates
- H1: The AHA did not change the way the healthcare industry operates.

Theoretical framework

I picked up the most relevant theories that I felt it will enrich the ideas discussed in my paper.

Nyman' model: (by John Nyman)

"Private health insurance acts as an income transfer between the sick and the healthy. As a result, the more moral hazard there is, the more money available for income transfer to the people who really need it. In other words, moral hazard in the private health insurance industry makes health care more affordable. He counters the arguments that moral hazard is always welfare decreasing and that voluntary purchasing of health insurance makes people worse off. Moreover, the utility lost by the healthy via premiums is less than the utility gain by the sick who receive that income transfer".

Nyman' model was created by John A. Nyman in 2003 and showed a different angel of the moral hazard along with the health insurance idea in the United States. Nyman, John is an Economic professor at Minnesota University. His theory mentioned that the private health insurance acts as a bridge that transfer the income between the sick and the health or establish a new map that redistribute the income between the sick and the healthy. On the other hand, the moral hazard is influence and control the transfer process that the more moral hazard the more money available for income transfer to the people who need it urgently. The moral hazard factor in the private health insurance industry make health care more affordable. Nyman's argument that the moral hazard is going more into welfare decent and that voluntary purchasing of health insurance makes people worse off. The significant fact that Nyman conclude that the utility gain by the sick who receive the income transfer is more than the utility lost by the health via the premiums. According to Sannterre, Rexford E., and Neun, Stephen P [2].

Supply and demand: (by Antoine Augustin Cournot)

"It is described as the state where as supply increases the price will tend to drop or vice versa, and as demand increases the price will tend to increase or vice versa. Basically this is a principle that most people intuitively grasp regarding the relationship of goods and services against the demand for those goods and services".

Antoine Augustin Cournot was a French philosopher and mathematician who also contributed to the development of economics theory. According to Antoine Augustin Cournot" in New School Profiles.

It is famous economic theory that everybody lives it daily on the simple purchases and sales as same as the application of the supply and demand theory on the simple purchases level, it could be applied successfully on the organizational level, because the theory just represents the logic and the norms of human buying and selling psychology. In the term of the affordability, the more population involved in the insurance coverage health system, the more increase in the customers for the health services products. The more competition which will naturally lead to a significant decrease in the insurance premiums. However, the government role is highly important in increase the number of the health facilities such as full equipped hospitals, primary health care center, medical groups and associates. It is very important to increase the numbers of the providers and facilitate the practice licensing processes either issuing or transfer by applying more effective digital system for all of this. In addition, the government needs to extend the provider coverage between the different states and equalize the life style qualities for the providers who lives in the remote states and guarantee for them the knowledge and systems updates.

The wealth of nations: (by Adam Smith)

"The economic system is automatic, and, when left with substantial freedom, able to regulate itself. This is often referred to as the "invisible hand." The ability to self-regulate and to ensure maximum efficiency, however, is threatened by monopolies, tax preferences, lobbying groups, and other "privileges" extended to certain members of the economy at the expense of others".

Adam Smith was a Scottish moral philosopher, pioneer of political economy, and a key figure in the Scottish Enlightenment. He is best known for two classic works: The Theory of Moral Sentiments (1759), and an Inquiry into the Nature and Causes of the Wealth of Nations. According to Adam Smith". The Concise Encyclopedia of Economics. Liberty Fund, Inc. Retrieved 29 July 2015. By applying the wealth of nations theory on the ACA or Obamacare, it reflects slight contradiction with the whole direction of this paper and the ACA. Adam Smith believed in the atomicity and the invisible hand, which guarantee a high level competition which is intensively required for the success of any system. However, it gives a wide range of the rich who has the capital to have more control over the game keys, it is also the same for the healthy people over the sick people. Everyone need to be fit to able to fight through this tough competition. Theory of the wealth of nations could be very successful theory to manage small organization or small projects, but it could not be a strategy to run a country. The United States which main principles is equal opportunities and the diversity and guarantee the active participation of the minorities in the community progress. In addition, The U.S. president and his presidential team is to stop any fascist system from growing and be to the side of the sick, poor and the handicapped population. The government role also is remarkable to activate the social solidarity between the community individuals.

The theory of wellbeing: (by Martin Seligman)

PERMA model five core elements of psychological well-being and happiness

Figure 3

- P – Positive Emotion
- E – Engagement
- R – Relationships
- M – Meaning
- A – Accomplishments

Martin Seligman is an American psychologist, educator, and author of self-help books. Since the late 90's, Seligman has been an avid promoter within the scientific community for the field of positive psychology. His theory of learned helplessness is popular among scientific and clinical psychologists. A Review of General Psychology survey, published in 2002, ranked Seligman as the 31st most cited psychologist of the 20th century. According to Positive Psychology Center, University of Pennsylvania [3].

It is practical theory which can be easily used to test the effect of ACA or Obamacare on the beneficiaries. On the long term, through a simple questionnaire to assess the satisfaction of those beneficiaries according to the five elements of the wellbeing theory. If they are feeling positive emotion which is coming from the health security and the treatment availability for the sick beneficiaries and the prevention medicine plans provided for the healthy beneficiaries. The Engagement is satisfied when all the beneficiaries feel their participation in the community progress and the success of the U.S. health care system. As a result of one and two, those beneficiaries will be able to pursue healthy meaningful contribution in the community and establish successful relationship which is ending by marriage. All the factors will work together to build strong United States.

Expected outcome

This research is expected to provide analyze and provide information on the effect and impact of AHA on the health care system in United States. The goal of this research to figure out if their real impact of the passed act of Obama care 2010 positively or negatively on the health care system. It is an educational material for people seeking an honest unbiased opinion about affordable care act, away from any political affiliation either republicans or democrat in the time that the argument between those two parties at the peak as it used to be all the time particularly after the U.S. election 2016. When a new republican president substituting a strong democrat 8 years' president. This study should provide a theory established opinion for the Obama care act sequences while we are waiting for a president will blindly appeal on the AHA to replace, promising that he will keep some parts of it.

Literature Review

The official name for "Obama Care" is the Patient Protection and Affordable Care Act (PPACA), or Affordable Care Act (ACA) for short. The ACA was signed into law to reform the health care industry by President Barack Obama on March 23, 2010 and upheld by the Supreme Court on June 28, 2012.

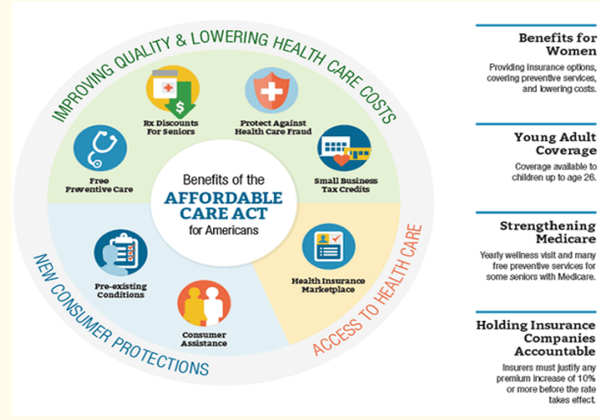


Figure 4

United states health care reform: progress to date and next steps

Obama has discussed the affordable care act in detailed manner which make it easy for average American citizen or any researcher interested to know about Obamacare. It is understandable that the man behind the idea of Obama care to have an enforceable opinion toward ACA. However, his opinion was not an opinion of the president of the united states of American as a dictator, but he revealed numbers which support his 8 years' dedication and such a big event in the health care system in the United States. Obama announced that the uninsured rates has declined by 43% from 16.0% in 2010 to 9.1% in 2015, mainly because of ACA activation. After Obamacare approval and passing by the federal court, a marked improvement in health care accessibility has taken place. A reduction in the share of nonelderly adults unable to afford care of 5.5 percentage points. Financial security noticed when a dip of debts sent to the

collection of $600- $1000 per person receiving Medicaid insurance coverage. General health improvement noticed when another dip of the share of nonelderly adults reporting fair or poor health of 3.4 percentage points. Great transformation estimated of 30% happened to change the payment system from the traditional payment to the bundled payment method or accountable care organization which saves millions of dollars from the costly expensive health care services. Obama also declared the availability of many opportunities of health care service's improvement.

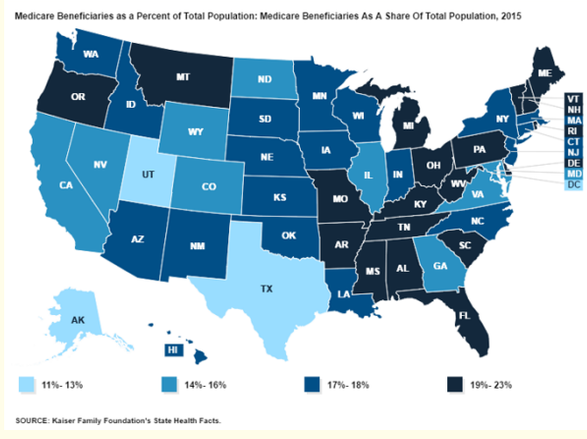


Figure 5

The affordable care act: Before and after

Jae Kennedy and EG Wood has published on Medicare rights center an annotated comparison of Medicare before and after the effect of affordable care act. Data reported for the United States excludes Medicare beneficiaries in the territories, foreign countries or other unknown areas stated that Medicare is covering 17% of all the U.S. insured population. The comparison established on three main elements: drug and health benefits, financial security and the quality of health care. The doughnut hole is a huge complaint of Medicare beneficiaries, which force them to pay 100% of the cost of their medications after they reach the gap of Medicare prescription drug coverage. ACA changed that by phasing the cost out over time and after that provide them a discount of 50% on brand-name drugs and 14% on generic drugs. ACA also change the preventive care to be completely free after the patients used to pay 20% of the cost. The preventive care includes all the screening tests like mammograms, certain colonoscopies and counselling. Medicare beneficiaries received a full paid annual visit with primary health providers, better than it used to be a onetime welcome visit in the first 12 months of joining Medicare. Under the Affordable Care Act, beginning in 2014, Medicare advantage plans must spend at least 85 percent of revenue on medical services for plan members, instead of profits and marketing costs. In the terms of financial security, ACA extended the solvency of Medicare hospital trust fund till 2024. In addition to that, enhance Medicare prepayment processes to prevent fraud, abuse or waste. In 2011, $4.1 billion has been recovered from fraudulent Medicare payments. The law made an independent advisory board to implement all the policies that slow or reduce the spending of Medicare without changing or reducing the benefits or the beneficiaries. According to Kennedy and Wood comparison also the ACA implies new systems which encouraged good communication between different providers' types or facilities and the patients. Also encouraged low readmission rates in order to achieve higher standards of quality of services.

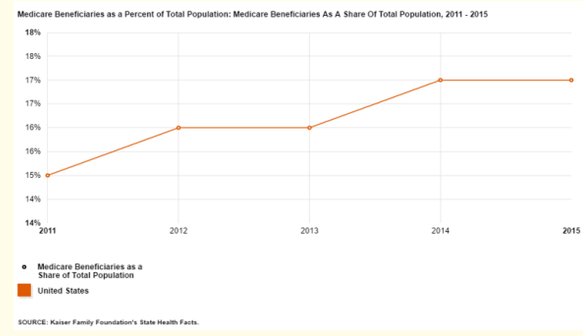


Figure 6

KFF calculations based on data from Centers for Medicare and Medicaid Services (CMS), CMS Program Statistics, accessed March 2016 and Annual Estimates of the Resident Population for the United States from the U.S. Census Bureau, as of December 2015.

Where is the 'affordable' in the affordable care act?

Sarah F. Fontenot, a nurse, attorney and professional speaker wrote about the affordable care act. She was concerned with the affordability in Obamacare. She mentioned that health care- related debt was number 1 reason people filed bankruptcy, as in 2013. She recorded that Medical bankruptcies has dropped markedly because of ACA. She clapped for the increased numbers of uninsured population who became finally insured with stable guaranteed health insurance system only because of the affordable care act. However, the problem that she focused on was that most of average healthy adults, which a majority of them is self-employed who were struggling with the loads of the bills. They can't understand that increment in the premiums of their current insurance plans under different names whether it is deductibles or coinsurance. She hinted to the long term goal of ACA to cover all the American citizens and guarantee a real affordable or cheap health care services.

When worlds collide: Medicine, business, the affordable care act and the future of health care in the U.S.

Adrian A. C. Keevil footnoted in the article that the first author - Wicks, Andrew C. – has shifted earlier in his career from medical

ethics to the business ethics which gives a hint about the thoughtful opinion in the big dilemma between business and money as a material in one side and medicine, treatment and people's lives saving as holy spiritual mission on the other side. The authors believed in the integrated cooperation between business and medicine at the time of enforcement of ACA, will complete the concept of the affordable health care. The article made a long term vision of the health care system establishment approving the success of Obamacare in creating a viable soil for provide cheap affordable health care while making money and helping stakeholders to utilize their business theories in improving the health system. They also suggested giving more space to the business to take place, while the business ethics is not far from the medical ethics. The health care future according to Wicks and Keevil will need more of business mentality. While the ACA established substantial roots for the organizational forces to run the U.S. health care system, they confirmed the importance of marketing and the financial profit as well. By increasing the competition and focus on the revenues, they drew the picture of the U.S. health care under the lens of the business.

Research Design (Method)

Methodology

To investigate and analyze the influence of Obamacare or patient protection and affordable care act (PPACA), the research used the qualitative method and case study design. Case study is a form of qualitative descriptive research method that used to study in depth a group, individual or an organization as a whole.

Data source and Population

This research used both primary and secondary data. The primary data has collected from different Providers (MDs, NPs, RNs, and Audiologist) and patient's (different age groups, Chronic and acute cases) interviews living in Fairfax county, Virginia by conducting a face to face interviews, and the secondary data has taken from different sources varies from the following:

- Government Reports and data: Research papers
- Thesis: Academic journals
- Peer-reviewed articles: Newspaper articles
- News and broadcasts: Interviews
- NGOs, Institutions and Organizations reports: Websites
- Academic text books: Peer- Reviewed Journal
- Surveys: Research papers
- Observations: Annual reports
- Medicare and Medicaid Rights Center
- CMS Centers for Medicare and Medicaid services.
- World Bank Reports
- International and domestic reports, surveys, interviews and observations
- Primary (observation)
- Local Newspapers and Websites.

Research and Analysis

After a careful analysis of different sources, depending on primary and secondary data. It declared that the U.S. health care system is in hot water. The health care providers and the health care receivers are not happy with the final outcome of the system. Firstly, after reviewing the rank of the most advanced countries, the United States ranked the lowest in the quality and the accessibility to the health care services. The United States ranked the lowest despite considering the United States in the top countries in the terms of spending portion of GDP which recorded $8.608 Per capita, which is considered 17.2% of the total GDP. Nevertheless, The United States had a lower life expectancy for individuals than other countries in other rank between the most advanced countries between countries like Japan, England, Swiss, Iceland, etc.

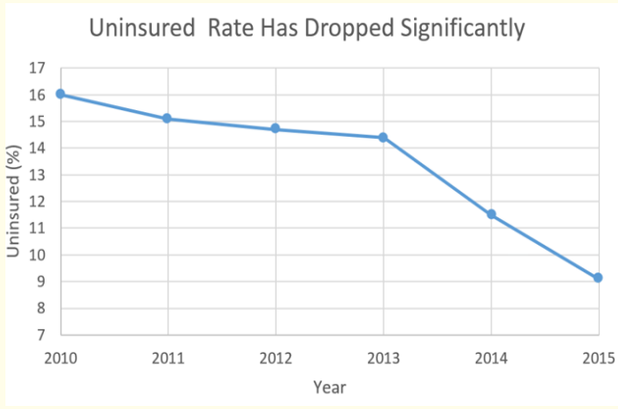
	Men			Women	
Rank	Country	Life expectancy	Rank	Country	Life expectancy
1	Iceland	81.2	1	Japan	87
2	Switzerland	80.7	2	Spain	85.1
3	Australia	80.5	3	Switzerland	85.1
4	Israel	80.2	4	Singapore	85.1
5	Singapore	80.2	5	Italy	85
6	New Zealand	80.2	6	France	84.9
7	Italy	80.2	7	Australia	84.6
8	Japan	80	8	Republic of Korea	84.6
9	Sweden	80	9	Luxembourg	84.1
10	Luxembourg	79.7	10	Portugal	84

Table 1: Countries with a population below 250 000 are omitted due to uncertainty in life-expectancy estimates.

According the WHO Media Center.

The United States is not even on the list, which the united states life expectancy average was 78.7 years with a difference of 9 years with the women in Japan.

On the other hand, most the advanced Countries provide free or cheap health care for its citizens and even visitors with professional qualities, while the number of uninsured population in the United States was high up to 16% in 2016 which significantly dipped the half down to 9% in 2015.



Source: CDC National Health Interview Survey. Data is for all ages.

Figure 7

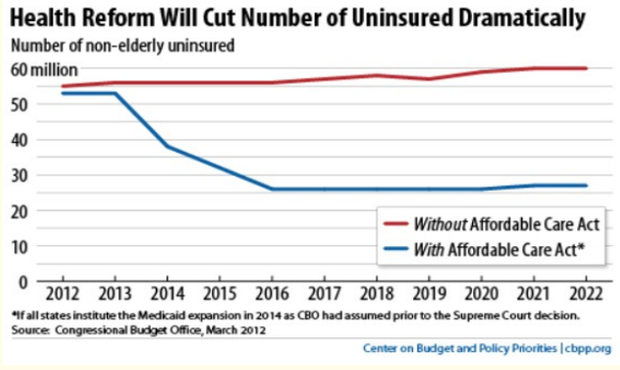


Figure 8

All those factors were enough for the government to involve actively to improve the American health care system. At this point, the president Obama approve the affordable care act trying to change into better system. All the U.S citizen will benefit from Obamacare on the long term in many views, while 15% -16% uninsured populations will witness immediate benefit from ACA, just simply by helping them to be insured. Under the five elements of the theory of wellbeing, those beneficiaries' life will improve tremendously.

The question here, how all the American citizens will benefit from Obama care on the long term, by applying Nyman's model on that it will be easy to understand how that will happen.

Nyman's model is exactly what's ACA does for the United States health care system. It is try to equalize the balance between the sick and healthy in way represent the social solidarity. In other words, when All the Americans become insured which is expected by 2020-2025, not all the people are using the insurance benefits equally because some of them are in life threatening conditions, chronic patients, emergency room one-time visitor or completely healthy, while everyone is insured and paying for the insurance. Here the balance will happen automatically as the wealth of nation theory stating. More on the long term, the government will regain all the game keys back by becoming the only health guarantor. The government may by the other insurance companies or contract them. This plan is already happening partially because Medicare and Medicaid insurance is covering big percentage of the U.S population around 17% in 2015.

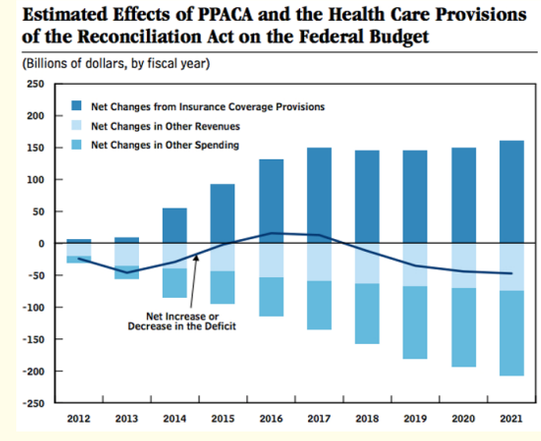


Figure 9

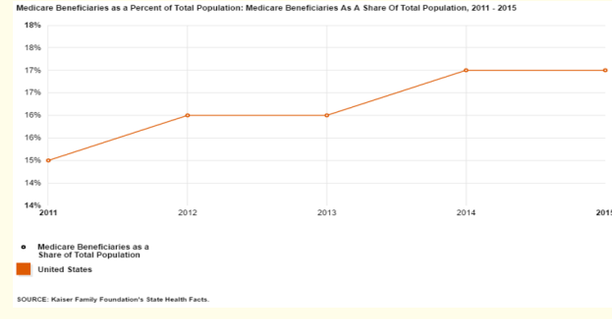


Figure 10

When Medicare and Medicaid (The national health care insurance) start having the majority of the population covered by it, the government can simply control the insurance premiums either by determining flat rate of insurance or just even by the automatic competition that will force other private insurance companies deal with.

The current present situation is what now matters, not only the 15% who will be promptly insured, but also all the other Americans under ACA will witness immediate benefits, particularly Medicare and Medicaid customers. Data reported for the United States excludes Medicare beneficiaries in the territories, foreign countries or other unknown areas stated that Medicare is covering 17% of all the U.S. insured population. The comparison established on three

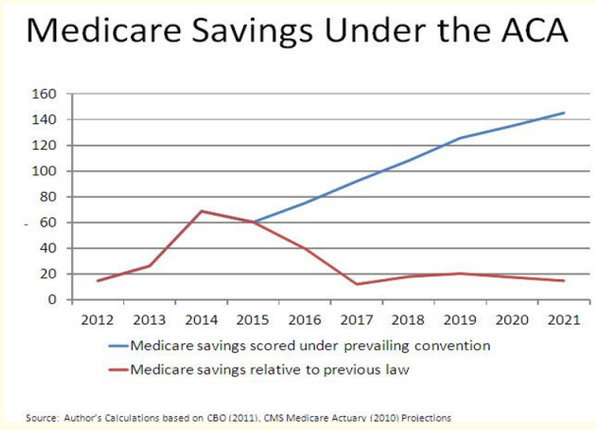


Figure 11

main elements: drug and health benefits, financial security and the quality of health care. The doughnut hole is a huge complaint of Medicare beneficiaries, which force them to pay 100% of the cost of their medications after they reach the gap of Medicare prescription drug coverage. ACA changed that by phasing the cost out over time and after that provide them a discount of 50% on brand-name drugs and 14% on generic drugs. ACA also change the preventive care to be completely free after the patients used to pay 20% of the cost. The preventive care includes all the screening tests like mammograms, certain colonoscopies and counselling. Medicare beneficiaries received a full paid annual visit with primary health providers, better than it used to be a onetime welcome visit in the first 12 months of joining Medicare. Under the Affordable Care Act, beginning in 2014, Medicare advantage plans must spend at least 85 percent of revenue on medical services for plan members, instead of profits and marketing costs. In the terms of financial security, ACA extended the solvency of Medicare hospital trust fund till 2024. In addition to that, enhance Medicare prepayment processes to prevent fraud, abuse or waste. In 2011, $4.1 billion has been recovered from fraudulent Medicare payments. The law made an independent advisory board to implement all the policies that slow or reduce the spending of Medicare without changing or reducing the benefits or the beneficiaries. According to Kennedy and Wood comparison also the ACA implies new systems which encouraged good communication between different providers' types or facilities and the patients. Also encouraged low readmission rates in order to achieve higher standards of quality of services.

Possible collateral damage that may happen which is a concern that must be discussed. In the way to the big dream of the complete affordable care, there will be some few collateral involuntary changes that we should aware of. The insurance premiums that is jumping unexpectedly. Because Obamacare is pushing the insurance companies to start accepting the remaining percent of the uninsured population which is definitely will be costly for the insurance companies as those people either have preexisting conditions or have difficulty affording the insurance. Thus, the insurance companies will increase the insurance premiums to the existing clients trying to keep constant revenue business wise.

The government will try to expand Medicare and Medicaid to cover more population, which will cost more money at the time that the United states spend already good percentage on health care in comparison with the other advanced countries. Therefore, taxes will be a tool to speed up the goal achievement and fundraise to sponsor the new wave of the newly 15% insured population.

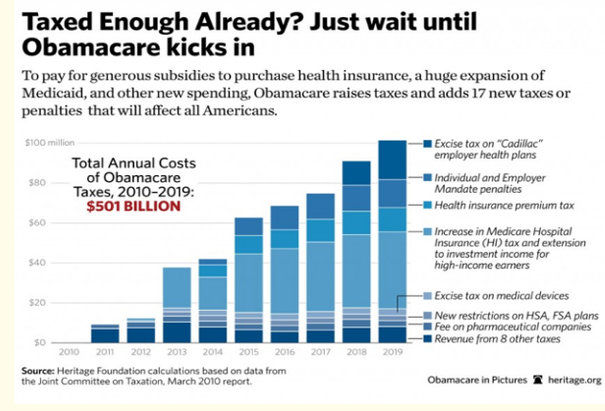


Figure 12

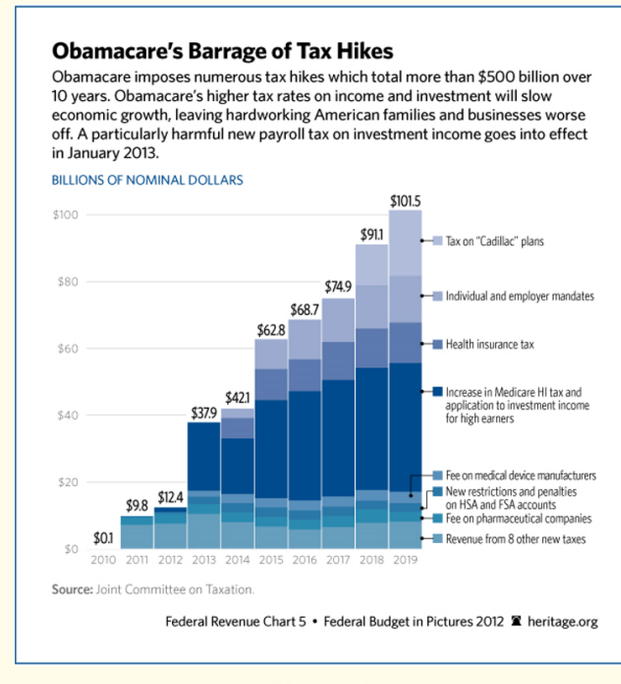


Figure 13

Some of the successful physician that have their own practice will have less chance by the dream getting closer to be reality. The more numbers of insured population, the more shifting toward the big health facilities like hospitals in order to guarantee less health care cost and office visits. Some of physician are concerned of the private practice limitations [4-10].

Conclusion and Findings

Obamacare or Affordable care act spark a new future for the United states health care system. It rouses a long term plan for improving 3 main elements in the U.S, health care system. Firstly, accessibility by encouraging the remaining uninsured 16% of the American citizens to find suitable insurance coverage for their financial abilities as in 2010, since ACA has passed. A remarkable reduction happened toward the numbers of uninsured population to become 9% in 2015. Medicaid expanded nationally to include new categories of uninsured population, over 12.3 million additional individuals are enrolled in Medicaid and CHIP as of April 2015. Secondly, Affordability was implemented by control the spending budget wisely and prevent any fraud processes that might happen just because of the systems imperfections. The doughnut hole is a huge complaint of Medicare beneficiaries, which force them to pay 100% of the cost of their medications after they reach the gap of Medicare prescription drug coverage. ACA changed that by phasing the cost out over time and after that provide them a discount of 50% on brand-name drugs and 14% on generic drugs. ACA also change the preventive care to be completely free after the patients used to pay 20% of the cost. The preventive care includes all the screening tests like mammograms, certain colonoscopies and counselling. Medicare beneficiaries received a full paid annual visit with primary health providers, better than it used to be a onetime welcome visit in the first 12 months of joining Medicare. Under the Affordable Care Act, beginning in 2014, Medicare advantage plans must spend at least 85 percent of revenue on medical services for plan members, instead of profits and marketing costs. In the terms of financial security, ACA extended the solvency of Medicare hospital trust fund till 2024. In addition to that, enhance Medicare prepayment processes to prevent fraud, abuse or waste. In 2011, $4.1 billion has been recovered from fraudulent Medicare payments. The law made an independent advisory board to implement all the policies that slow or reduce the spending of Medicare without changing or reducing the benefits or the beneficiaries. Thirdly, quality of the services which is taking place by encourage good clear communication between different providers' types or facilities and the patients. Also by focusing on decreasing the readmission rates to hospitals significantly, so the patient receives the best possible quality of service.

To conclude, The ACA changed the way the healthcare industry operates dramatically in very positive way that outline a bright future of cheap or free health care in the United States.

Recommendations

All the recommendations will be focused on speeding up the implementation of the long term plan of the U.S. health care reform along with making small successes in the present. The government must use cautions in applying new taxes to increase the budget of the health care. It should find other alternatives to sponsor the new wave of the newly insured population. It mandatory to monitor the citizens' compliance with the new taxes. In addition, there is two bold items that determine the progress of the affordability factor of ACA and increase the fund for the health care budget. Firstly, increasing the providers' numbers and sources such as MDs, NPs, RNs, hospitals, medical groups, health care centers, facilitate the influx of international medical graduates and the licensing process. As long as those physicians will receive enough years of experience and skills that allow them to practice in the U.S. to mitigate the stress and the cost of the U.S health care system. They may allow them to practice in the remote areas after they receive a qualify training for a fixed number of years in order to expand the coverage of the health care to the far remote states with lower populations. By applying the theory of supply and demand when you increase the services' providers, the product price will go down.

Secondly, the government should form a regulatory commission to monitor the health insurance premiums' repetitive unexplained increase. It should strengthen the competition between the insurance companies one to the other and with the national insurance system (Medicare and Medicaid). The same as happening with different products or industries like cell phones or internet plans, etc.

Limitations

The limitation can be summarized that the research study based more on secondary data collected from different studies with different views and political affiliations and primary data. The secondary data is lacking the reality factor and the depth that could be added by those who are actively involved in the health care system. In other words, the primary data collected from small number of providers, patients and health care worker. The ACA has more details which could be a viable soil for investigation. However, this paper was analyzing the ACA influence generally and the discrepancy of the opinions about the importance of it. More research studies should be conducted to maximize the ACA impact on the U.S heath care system and speed up the progress of the long term plans of providing affordable or free health care services.

Bibliography

1. Obama B. "United States Health Care Reform: Progress to Date and Next Steps". *JAMA: Journal of The American Medical Association* 316.5 (2016): 525-532.

2. Sannterre Rexford E and Neun Stephen P. Health Economics: Theories, Insights, and Industry Studies. 4th ed. Thomas South-Western (2007): 63-65, 142-146.

3. Positive Psychology Center, University of Pennsylvania (2014).

4. Kennedy J and Wood EG. "Medication Costs and Adherence of Treatment Before and After the Affordable Care Act: 1999-2015". *American Journal of Public Health* 106.10 (2016): 1804-1807.

5. Gardner DB. "Election 2016: Where Are We with the Affordable Care Act?". *Nursing Economics* 34.5 (2016): 251.

6. Fontenot SF. "Where is the "affordable" in the Affordable Care Act?". *Physician Leadership Journal* 2.4 (2015): 50-53.

7. Wicks AC and Keevil AA. "When worlds collide: medicine, business, the Affordable Care Act and the future of health care in the US". *The Journal of Law, Medicine and Ethics* 42 (2014): 420.

8. Antoine Augustin Cournot in New School Profiles.

9. Adam Smith. The Concise Encyclopedia of Economics. Liberty Fund, Inc. (2015).

10. Rosenthal Elisabeth. "News Analysis - Health Care's Road to Ruin". New York Times (2013).

Volume 3 Issue 1 January 2020