Module Five Week Five

 Quality and Safety Health Care Policy

 Barbara A. Gibbs, RN

 Department of Nursing Laboure College of Healthcare

 Nursing: SES4355

 Professor: James Latta, Ph.D.

 Assistant Professor of Arts and Health Sciences

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Introduction

I am writing to the Department of Health and Human Services to request changes be implemented to some of Medicaid, Medicare, MassHealth, the Health Connector, Neighborhood HealthPlan, and other health plans contracted with Medicaid and Medicare.

On February 14, 2023, I was appointed legal Guardianship for An Incapacitated Person for my niece, who became incapacitated after experiencing a massive stroke on November 25, 2019. She is unable to speak, walk, feed, or bathe herself; she requires total care. What I refer to as stepping up to help her daughter and sister, who were also caring for their mother and grandmother with a severe case of Alzheimer's Disease. My other reason for applying for guardianship was the HIPPA rules and regulations. Because I was not listed as a legal guardian, I couldn’t ask about her care or advocate for her.

 What I didn’t know was that becoming her legal guardian would entail advocating for her to have her Social Security Benefits re-instated, MassHealth, Medicare, and other services she needed and deserved, as well as advocating for her not to have unnecessary testing. What I am experiencing now as her guardian is the amount of different health Insurance she either has or does not have because I am getting letters on her behalf from Medicaid, Medicare, and the Health Connector MassHealth. I received a letter today, 11/25/24, from the Department of Health & Human Services to inform her that Medicare is moving her to a new Part D drug plan for 2025. I am unsure who pays the difference for her care; is it MassHealth, the Health Connector, Medicare, or Medicaid?

The Healthcare Insurance system is complicated for patients and family members, doctors' offices, and hospitals, especially regarding service billing. Private, independent doctor's office billing departments often do not check to ensure the doctor is credentialed with the plan before seeing the patient to avoid delay in payment and billing the patient directly.

**The U.S. Health Insurance at a Glance**

* 89.1% of adults (between 18 to 64 years old) had health insurance at some point in 2023, while 7.6% of Americans of all ages did not.[²](https://www.forbes.com/advisor/health-insurance/health-insurance-statistics-and-facts/#2)
* About four in 10 adults (41%) report having debt from unpaid medical or dental bills.[¹](https://www.forbes.com/advisor/health-insurance/health-insurance-statistics-and-facts/#1)
* **Texas has the largest population of uninsured nonelderly adults (18.9%) and Massachusetts has the lowest (2.8%).**[**¹**](https://www.forbes.com/advisor/health-insurance/health-insurance-statistics-and-facts/#1)
* Hispanic and Black working-age adults were less likely to have healthcare coverage than white/non-Hispanic or Asian adults in 2023.[³](https://www.forbes.com/advisor/health-insurance/health-insurance-statistics-and-facts/#3)
* [Dental services](https://www.forbes.com/advisor/health-insurance/dental-insurance/best-dental-insurance-companies/) are the most common type of healthcare that adults will delay due to costs (35%), followed by vision services (25%) and a doctor’s visit (24%).[¹](https://www.forbes.com/advisor/health-insurance/health-insurance-statistics-and-facts/#1)

Massachusetts is recognized as having one of the best healthcare systems in our country. As highlighted above, Massachusetts has the lowest percentage of uninsured adults, at 2.8%. I have several issues with Medicaid, Medicare, and many HMOs that are subcontractors for Medicaid and Medicare. However, I will address only one concern in my letter to the Secretary of Health and Human Services. My issue is that the automatic refills of prescription drugs by many pharmacies must be monitored more closely by individual plan contracts. My letter to the Health and Human Services Secretary addresses this issue.

 November 27, 2024

Barbara A. Gibbs, RN

26 Taunton Avenue

Hyde Park, MA 02136

617-816-3608

Barbara.gibbs@rcn.com

Kate Walsh

Secretary of Health and Human Services

One Ashburton Place, 11th Floor

Boston, MA, 02108

Hello Ms. Walsh,

My name is Barbara A. Gibbs. RN. During my many years of nursing in different nursing roles. I was always disturbed to see how medication is wasted and how the automatic medication renewal system works, even though patients may not need the medication. Especially when patients are hospitalized and upon discharge, the doctors automatically will write a new prescription for all of the medication the patient was taking at home before they were hospitalized, when in fact, the patient already has most of his/her medication at home. What I have observed as a nurse and when admitting a patient to home services is that the doctor should have only ordered the new medication he is prescribed upon discharge, but the doctors usually would write a new prescription for all of the patient's medication, patients now have twice as many medicines on hand and are confused because they are not sure if they should continue taking the medication they already have at home. Patients express their confusion about why the doctor is giving them the same medication they already have.

 My other concern is that some pharmacies automatically refill PRN pain medication, such as Tylenol, cough medicine, and other PRN medications, as well as some nutritional supplements and DME supplies, regardless of whether the patient needs them. I visited a patient who had cases of ensure stack to the sealing in his apartment; he stated that he kept calling the company to stop delivery, but they continued to send supplies month after month; he started leaving the delivery in the lobby of his apartment building with a note free ensure. It seems as if once Medicaid or MassHealth authorizes coverage of these supplies, it's open season for pharmacies and DME suppliers.

 I know it is each plan's responsibility to monitor its spending. However, from what I have witnessed and observed, these plans need to be held more accountable. The amount of money spent on medication, DME, and automatic renewal policies needs to be monitored, and some may need to be changed. Thank you for taking the time to review my letter.

Respectfully Submitted

Barbara A. Gibbs, RN

 REFERENCE

Citation: Sanford, K., (January 31, 2012) "Overview and Summary: Nurse Advocates: Past, Present, and Future" OJIN: The Online Journal of Issues in Nursing Vol. 17, No. 1, Overview and Summary. DOI: 10.3912/OJIN.Vol17No01ManO

The Lancet. Patient safety: too little, but not too late. Lancet. 2019 Sep 14;394(10202):895. doi: 10.1016/S0140-6736(19)32080-X. PMID: 31526719.