**Cost and Quality Analysis**

**Introduction.**

Debates have been going on regarding the state of healthcare in the US. With some complaining that exorbitant sums are being charged to access the services, others claim that the care offered is below par. While both public and private organizations have been working to address these issues, the desired results have not been observed. Although overnight success is not viable, the need to improve the sector is evident in the complaints. Stakeholders, both in government and the sector, should continuously strive to work out strategies to lower the amounts paid while maintaining high standards of care.

**Health care cost and quality**

Relating healthcare costs and its quality has proven contentious with some experts claiming that the two have no direct link. Increase in the amount paid for a service does not guarantee better quality just as a cut of the same, although favorable to the patients, does not result to poor quality. In other first world nations, the cost of services is said to be between 2 and 4 times cheaper than in the united states despite their services being better (Burke & Ryan, 2014). This conclusion is based on their life expectancies being higher. The US takes first place in expenditure yet falls to number 26 in expectancy. This proves that the large amounts of funds invested by taxpayers into the sector are mismanaged or wasted.

**Agencies and their roles in addressing cost and quality.**

The Agency for Healthcare Research and Quality is an example of a state body responsible for providing citizens with optimal health care (AHRQ, 2015). It operates with six guidelines, all aiming at serving the patient’s interests. A private body with similar operations is the Center for Health Care Strategies which works with governments across all states (CHCS, 2018). While the AHRQ assesses situations and intervenes for all patients, the CHCS focuses on serving Americans from poor backgrounds. With the equitable provision of services being one of the main agendas of the former, the latter serves special groups like kids from poor backgrounds and marginalized individuals. Apart from quality, both agencies cater for the cost of medical services. The AHRQ covers efficiency in resources’ usage to bring down the overheads while the CHCS enables qualified people to access medical aid.

**Current and projected initiatives.**

While cost reduction in health services is a direct and explainable action, quality improvement has to depend on the results found. Currently, several stakeholders have embarked on productive initiatives to attain the two. Cutting prices can only be done by reducing expenditures and cutting unnecessary expenses, hence wastage management. The AHQR is on the frontline by researching for methods to facilitate efficient use of resources (Burke & Ryan, 2014). Practicing the results obtained from the body’s research will bring more positive results in the future. On value improvement, several tools have been employed by organizations as well as individuals. An example is HFMEA method of analysis that helps to come up with the correct approach towards a problem affecting either patients or a center’s operations (Hughes, 2008). Although being an old initiative, this tool is continuously employed by leaders to tackle various challenges.

**Unintended consequences.**

To progress fully, the welfare of medical workers will also need to be prioritized. This is because they are usually at bigger risk of contracting illnesses as well as physical harm during strenuous activities like patients transfer (Michaels, 2018). Catering for this important group will go a long way in enabling them to serve the patients. The Institute for Healthcare Improvement has empowerment and encouragement as one of its goals towards the betterment of the sector (IHI, 2018). This can only be done to the men and women in whose hands the core progress of the sector lies, the health workers. Some consequences of failing to observe these factors will be public mistrust, more unnecessary spending, increased death rates, and lowered life expectancy. The public will lose faith with the medical practitioners and view the sector as a cash minting scam.

**Implications for nurses.**

As with most health-related issues, nurses are among the important players in quality and affordable service provision. Since staff nurses make up a large bulk of the workers in any center, their participation will have the largest impact on these matters. Their handling of resources and responsible management may elevate or reduce overheads. The same applies to patients’ psychological wellbeing which is usually referred to as an art, due to its huge importance (NHT, 2018). Both staff nurses and advanced practice nurses’ contribution will be crippled with incorrect staffing. While understaffed, negative results are likely to occur while increased wage bills will result as a result of overstaffing.

**Conclusion.**

The current health care situation is not encouraging. More needs to be done to ensure that the amount of money paid by citizens is reflected in their health and living standards. So far, the bodies involved are on the right path in researching as well as implementing their findings. Medical professionals are also coming up with and putting into practice some tools that will enable them to optimally serve the public. Each party should play its part to raise the standards of health in the nation.

**References**

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