Medicare Managed Care

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**Introduction**

In our daily life health care is an important aspect. Various people don't realize its importance and considered this as the only business of doctors. However, the management of care has increasingly become a prevalent issue in western countries. There are strong ethical concerns regarding the use of health in various positions and situations. The issue of efficacy is therefore exemplified as a provider of product or service with minimum input in terms of facilities. Further, the core values and pressure on the medical expert increases the productivity of services. It is also related to the capitations of contracts by health maintenance institutions. Patients need to be aware of the concept of managing care as it is directly related to unethical and ethical practices (Grabowski, Joyce, McGuire, & Frank, 2017). There is a number of documents that describe the history of managing care that the phenomena emerged as an alternative to subsidized services of health.

It was in the 19th century that few selected and poor groups of people were allowed to access medical care. The communities living around the railroads, lumbering and mining were given an approach to reach the specific doctors. Less amount was chosen as a fee of the expense where the marginalized and urbanized communities had the chance to get their health well. Such practices were the reason for the evolution of health management organizations. After the due course of time, these practical steps became famous for managing care. There were segments of societies that criticize these practices. Various other communities have got benefit from such initiatives. A medical professional on the other hand alarmed for the continuation of these practices. Their main point to stop such initiatives is the reduction of standards, which are otherwise used in health care.

**Discussion**

Despite the positive impacts of managing health practices, some serious issues were raised by the concerned authorities. Physicians were forced to offer their services at lower prices and provide benefits to the common man. A number of misconceptions arise about the ethical position of those who are associated with managed care. The inappropriate use of these facilities resulted in the development of concerns by educated communities. What is required is the need for clarifying some of the problems related to moral values. This has a negative impact on society and people questioned whether they have impacted negatively on the values of societies. Scholars and the researchers have reviewed the literature and observe various trends and issues in the past few years. The management of health incorporates the broken relationship between a doctor and its patient (Martino et al., 2016). One of the major flaws that are discussed is the restriction to a particular doctor which is designated by the company purely on their payment. Those doctors that have no relation with the company are not given the amount of expense for patients.

The extra payment of amount creates problems for the sustaining relation of both doctor and its patient. The organization can decide anytime about the termination of the doctor it hired for the service of the common man. In this position, the patient cannot develop lasting bonds with their designated doctors. Such types of managed care impacts negatively in the field of medicine. Capitation, as used in the discussion, is the provision through which doctors can spend a little time on the designated subjects. There was a preferred provider arrangement system where a doctor compensates for the incentive received by the patient. If a doctor visits various patients, then people perceive that he or she has given less time to a needy person. Again, there is a conflict of interest that shows the gaps that are existed in the process of managing care.

The exploration of other options provides the patient with no guarantee of exhaustive analysis that could resolve its problem. It cannot be possible for the doctors to end up by making the wrong diagnosis of patient’s diseases. Many patients died because of the wrong prescription and technical flaws that hinder their real illness. The intervention of mental health is different from the plans of managed care (Martino et al., 2016). It is because of the financial issues that restrict the person to get benefited from the packages offered in the managed care system. Legislation has also been made to reduce these crises but the prevalence of the practice is more than the available literature. Various organizations have scheduled the incorporation of such measures to enhance their performance but they fail in doing so. Many insurances company became the champion against such law which allows for the weakening of patient position as it was inapplicable (Martino et al., 2016). As the program lacks a comprehensive strategy it has various lapses in establishing health-related illnesses. There are aspects of the business because a huge shortcoming influences the entire process. There were striking trends in the market that pose a greater challenge for managed care structures.

It became the issue of medical experts that schools, where the children get their early education to enter the field, became lawless. Most of the present-day doctors that are getting their education from such institutions provide that managed care is nothing but fraudulent practice for the community. The professors and lecturers show the trend of influencing the thinking of medical students in schools and colleges. Their influence is significant as it will impact those poor communities back to the poverty of medicine. Similarly, the use of negative ideologies for developing a mindset according to the feeding of a lecturer should be controlled and stopped accordingly. If it became out of control than there it would be challenging for the community to tackle it properly. One the problem arises it circulate around the clock and people passing their time in those areas. The experts are of the view that there is a need for safeguarding what is achieved and work towards the specific objective. In the purview of the general health certain issues under the category of managing care show positive results.

It is always the pursuit of the common man to get adequate medical assistance which is also linked with the lack of financial resources. This is countered by managed care which allows the poor people to get their treatment regardless of the sect and background of nationality. There were inter-group negotiations with the incentives of impacted cost (Alley, Asomugha, Conway, & Sanghavi, 2016). It was realized that there is structural cost-effectiveness which contributes to the offloading of some financial burden. It is experienced that most of the serious patient was treated professionally which is a great service to the poor class of society. The use of medical technology with advance tools of medication is also helpful in attaining the full recovery of the patient. The use of medical applications has provided the contributors a way forward for the positive future of managed care (Ng et al., 2017). The practices of medical care based on the quality that is defined in terms of customer satisfaction and outcomes provided by these services. The heightened responsiveness in the creation of value products has extended value products to the patient.

This comes under the increasing cooperation and relationship between consumers and providers. The controls of utilization are loosened as compared to the fee for service system. There are findings that difference in terms of quality required the services offered between managed and free for service care. Further, the increase in quality of service has been observed in the marginalized areas. The vulnerabilities of health are specific and it is augmented that general quality of health should be improved more than expectations of the common man (Price et al., 2015). Various counterclaims were also made by the experts about the rise and decline in quality service. A tremendous positive impact is calculated with the reflection customer satisfaction model and medical outcomes. The most important service given by the managed care is based on the easy access to medical care for those patients having no way to reach such medication. The main aim of managed care is to provide vulnerable people to reach the desired destination and become healthy.

In the early times when this program was about to start, most employees opted for their own health insurance programs. However, within a reasonable amount of fee the employees who served people part of insurance. The primary purpose of this service is achieved by clear objectives and the role it contained for creating differences among the masses. In the contemporary era of technology managed care like programs are successful and it became a guide for those who have no initiatives. Looking for the neutral affiliations and evaluation of services provided to the patient should be part of every health care institute. There is also a need for proper legislation which could resolve the problem in an effective and efficient manner. What is important for every person is the prevention of dangerous food and things which harm society and the body. Prevention is better than cure.

In the psychology of common man, everything is not worthy to be noticed and to challenge. However, the job of taking care of each patient is very difficult. A lot of hard work is required with a dedication to executing Medicare. For example, the role of the administrator provides the setting of a wide variety that can take part. Generally, the organizations have medical management committees with risk associated groups. The purpose of such facilities is to enhance the network and to ensure that services are being provided smoothly. The risk management committee is linked with the processes, procedures, and improvements (Ng et al., 2017). Mangers have greater success if they action the lack of measure for quality purposes. Ultimately, the trust of the patient enhances with the behavior he or she faced in a visit to hospitals (Hersh, Salzman, & Snyderman, 2015). There is a number of fruits analyzed by scholars with advance tools of technology as well as the future of health care. Sometimes the role of individual enhanced and organizations are taking care of their performance for positive future results. The increased use of information technology items with IT infrastructure unfolded the professional administration.

Most of the medical functions are transformed towards technology. These are because of the need and increase the use of online services. The storage of medical records and the delivery of immediate services contribute to improved communication among the members of health care organizations. Various reforms have occurred over the time of history where one regime changes to others (Levy & Janke, 2016). For example, in 2010 Obama administration hosts a health care summit and decided to improve the existing operations of health care. Here the important thing to know is the Medicaid and difference in Medicare. It was formed with the entitlement program that helps the states to give money to poor people. Covering these people serves as a major source of nations. It helps in the regulation of varieties and the services with their own eligible records.

There is a significant difference in the age of young man with the one who is crossing 60 years of its life. As the age crossed the generally defined limits the health started to decline. People feel free to contact a doctor but they did not realize the importance of some packages being given to them by the state. These aged people are treated in accordance with health insurance. Further, the condition of their health is one of the biggest challenges for children and followers to diagnose them from the doctor. In the same Medicare comes as a sign of hope for all the vulnerable people who are not able to change their position. In the healthcare centers, there is always the need for one extra man to be careful of a patient who is close to the relation (Baicker & Robbins, 2015). An important strategy is adopted by the experts for making people foolish in the eyes of those who cannot serve the patients carefully. There were strict punishments for the Medicare staff to demonstrate positive and advance training measure which could not harm the official business. There is a number of legislators who took serious notice of lacking proper health care systems in the region. It was a kind of embarrassment for them as to why they are failing to legalize the advance and most professional institute. The practices of short-term health care lab in the vulnerable areas are the sign of a fail system.

Those areas having the free generated environment in western countries need not develop proper infrastructure. There is a requirement of the professional and large hospitals which could not only work but also ease the needs of doctors. What makes a difference is the thought process of experts in medical technology which offers the poor to remain in their position. This is because of the uneducated class of poor people who don't know how to understand the systematic observation in the treatment of a patient at risk (Baicker & Robbins, 2015). Various other tools are also developed by the technological firms but it cannot be applied because of the un-educated target audience.

**Conclusion**

Concluding the discussion, the enactment of Medicaid and Medicare provides the health care organizations to use it randomly. It can be operationalized properly unless it is regulated through the act of legislative assembly. What is essential is the fact that both of these short-term health care programs have positive and negative impacts. The analysis shows that both have provided significant support to the vulnerable population in particular regions. However, there is a debate about the effectiveness of these programs in the context of the doctor's opinion. Forcing highly paid experts of medicine to work on low paid salaries in the poor areas contributes to the failure of these projects. It is expected that there would be severe impacts on the socio-economic wellbeing of the common man which leads to the development of a comprehensive system. core values and pressure on the medical expert increases the productivity of services. It is also related to the contracts by health maintenance institutions. Patients need to be aware of the concept of managing care as it is directly related to unethical and ethical practices. It's expected that the future of medical science would be based on the Medicare and professional management of healthcare services.

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