Future scan paper

[Name]

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**Summary of the conceptual analysis**

The health record is an essential part of many medical facilities and its aim is to accurately record patient’s detail. They have evolved with the advancement in medical technologies. As the accuracy of the handwritten data was doubtable so the introduction of health record brings accuracy to the health care system. HR issued health record, to track the record of the previous patient and it decreases the burden of medical examination and paperwork (Walker & Avant, 2005).

 The electronic health record follows two domains and the first one is the interpretation of electronic records which includes patients reports, charts, and other similar reports. The second important domain is the interaction and communication with the patient and its aim is to establish a very reliable report. Ineffective communication can make this process difficult and it is an essential requirement of the nurses to have effective communication with the patients (Walker & Avant, 2005).

 There are certain attributes which are linked with the electronic health record system. These attributes are those that preserve security, are structured and maintain the quality of performance (Walker LO, 2005). The properties of a structured electronic record are that it preserves the medical record of the patient accurately and safely, it is easy to use and is designed in a user-friendly manner. It helps to reduce the cost of data saving and decreases medical errors (Gunawan, 2016).

However, the health care system is designed to reduce medical risk and to promote quality health.The policy extension regarding the health institution enable them to have clinical integration and it is not specific to certain norms or practices but clinical integration has a certain set of goals that it needs to achieve. The main purpose of such an integration is to increase the quality of health care and to limit health cost and provide equity service to the patient. Performance management is the main focus and foundation of clinical integration. Health care management has a basic aim of providing value care to patients. The basic aim of this service is to take care of patient satisfaction and to provide quality health care with the help of care management (Elina Farmanova, 2019).

Moreover, care management and performance management focus on integrated care, target population health and the determinants of quality health and efficiency in health care management. The care plans are formulated by the physician and the nurse and better understanding is developed between the health care professionals and the patients (Elina Farmanova, 2019).

 Integrated care management uses tools and management strategies to have an impact on the overall health of the population. It reduces the time involved in the treatment procedures and makes timely treatment available for the patient in need. It takes help from the past information regarding the diagnoses and treatment of the patient in order to safe time. Care management produces great outcomes and decreases the cost of the hospital as well as the patient (O Gröne, 2001).

Moreover, primary health care is a concept that is the main step in the process of providing quality health care. The characteristics of primary health care are that it is affordable and is based on equity, participation and intersectoral actions. Primary care is delivered by using appropriate technologies and is helpful in decreasing the disparities in the health care system (Donaldson et al., 1996).

 The connection between these three concepts of Primary care, the health care system and the health record are that all of these concepts focus on providing affordable and quality health care to patients in needs. They use technologies to minimize health care cost to improve efficiency.

**Consumerism in health care**

Health care consumerism is the transformation of the heath benefit plan of an employer and it puts the decision making and purchasing power in the hands of the patient and the health care providers who make plans (Lupton, 1997).

**Health Care consumerism is taking place in:**

Health care consumerism is being adopted by the US department of health and human services with a collaboration of AARP to understand the medical billing process. The American health insurance and the American Hospitals have adopted best practices of consumer adaptation and have implemented on 240 hospitals in the United States by 2017. The health care system in the country has managed to design online billing services and 3-4 percent of the hospitals offer this service (Futurescan 2018–2023: Healthcare Trends and Implications, n.d.)

Value-based insurance design is the essential part of high-value clinical service in the United States and the center for Medicare and the medicate Service has developed a model to reduce the cost-sharing and to improve high clinical value in the United States.

**Aim of this value-based system;**

The aim of health care consumerism is to elevate the financial experience, improving transparency in the health care system, adopting the best practices and demystifying the health care bills (Futurescan 2018–2023: Healthcare Trends and Implications, n.d.).

**The population served and time frame:**

 64 percent of the hospitals in the United State is going to adopt this system by 2030 and it will target the majority of the population in the United States.83 percent of the population believes that it will improve their satisfaction and will benefit them financially (Futurescan 2018–2023: Healthcare Trends and Implications, n.d.).

**Valued based approach of health care consumers, Primary care and health care system:**

Health care consumerism is related to the health care system in a way that both of them aim to improve patient satisfaction by focusing on the value care system. However, the main aim of primary care is to provide affordable health care and this is also the driving force behind health care consumerism. It also focuses on minimizing health care cost and to involve the patient in health care practices and there is no particular difference between these approaches but health care consumerism focusses more on managing health care cost and to give quality services (Lupton, 1997).

 The issue being discussed by this value-based approach is the interaction of the patient with the health care system and making them understand the cost of the health care system. The aim is to reduce health care cost to make health services affordable to everyone.

**Evidence that supported the selection of health care consumerism:**

The approach health consumerism involves patients in health care decision in order to minimize the health care cost and to have a better health care service. The purpose of this system is to make more educated decisions for healthcare purchasing (Lupton, 1997).

 The aim of this approach is to involve more and more people in the health care system by minimizing health care cost. This evidence rated to the concept of health care management and primary care in a way that all of them focus on quality health care by minimizing coast and by the introduction of technology (Lupton, 1997).

**The expected outcome of the approach:**

 This is the best approach adopted by the health care system in the United States.There is no need to shift to another option because it covers up very all the determinants of quality health care. Its expected outcomes are that health care will transform in various new ways and it will introduce telehealth and online resources options for patients to access to the health services with minimal cost. It will increase the power of the insurers and the third-party health payer thus the health care cost will be minimized (Vogenberg & Santilli, 2018).

**Evaluation of the outcome:**

69 percent of the hospital in the United States says that they will make sure not to have unexpected billings for their patients and 49 percent belief to use the mobile app for healthcare services. It means that the approach has been adopted by the majority of the people in the United States (Future scan 2018–2023: Healthcare Trends and Implications, n.d.).

**Recommendations:**

 I would let the hospital CEO know that primary health care, health care management, and consumerism in health care are necessary approaches that should be adopted in order to have improved the health of the public. The president of a physicians group needs to focus more on the patient and should make patient involvement in decision makings. I would suggest that the patient should understand the cost and service provided to him or her by the healthcare center.

I would tell the CEO to have a new technological implementation in the health care system to have more benefit for the health care center and for patients. I would let the physician know that they can save their energy and time by giving patients e-health care system. I would suggest the patient take advantage of any positive change in the health care system. I would suggest these different initiatives to maintain their interest in the system and to have personal benefits.

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