

The concept of Managed Care

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Introduction

Healthcare is particularly vulnerable to rapid changes. The local governments are trying to keep costs low without compromising quality, similar to the United States and the United Kingdom. Although there are many differences, the similarities between UK and US health policies continue to grow. The American Health policies is attracting attention in the UK in managed care and its specialties', disease management. The Managed care is a growing demand. People have developed due to health care expenses and dysfunctions fragmented services, and it involves a variety of activities in various ways. Managed care system has changed its diversity and nature means that managed care has remained a smooth concept. The definition given by Iglehart states that Some financing methods and managing the comprehensive health care delivery in which they try to control the health cost by retaining the provision of the services (Inglehart). The main goal of managed care is to reduce costs while maintaining quality.

Approximately 45 million Americans less than 65 years of age have no health insurance, and the United States citizens than United Kingdom citizens claim that health care costs hinder access to health care (Newman P.). In a survey of five countries, including the UK and the US, the United Kingdom was the most successful provider of equitable healthcare, even with the most extended waiting times. Researches of the quality of medical services in number of countries showed that although the author pointed out that, given the much higher level of spending, practice is relatively good, it is difficult to conclude that its treatment costs are good value. The WHO conducted an assessment in 191 countries, in which the UK ranks 18th and the US 37th among countries in terms of health system performance. This shows that while the United States has many excellent clinical examples and provides policyholders with a rapid response, the US system does not match the UK's results (Armstrong et al., 2017).

The concept of managed care and its practical significance in the US

There are so many numerous types of managed care structures in the United States described as an "incomprehensible alphabetical soup of a three-digit health plan." However, most care is provided in two main types of organisations - the Health Support Organization or the Preferred Provider Organization. The health care provider runs a planned delivery system with a fixed cost used to meet members' health needs (Hennrich et al., 2019). Therefore, they encourage

it through incentives and preventive measures technologically driven treatment; public authorities in several ways, making it difficult to distinguish between evat type selection.

Managed care system in the US consists of health policy; disease management (how to respond to new diseases in the system and systems management (how the policy is managed). Within the budget set by health decision-makers and within the medical service, try to control the system and micro-producers' costs to ensure their recent quality improvement (Amesiya et al. 2010).

The different dimensions of managed care affect each other in providing quality care when costs are under control. Managed care can only work with doctors' behaviour (or other professionals who go into consideration to eliminate inappropriate treatment and provide an effective way). A vital element of a health care support organisation is using the primary care doctors to act as a gatekeeper in professional services.

The concept of managed care and its practical significance in the United Kingdom

In the UK, the managed care is defined as “a process that ensures that appropriate service areas and service levels are provided and monitored on a basis to make continuous improvement to fulfill national health and medical goals while maximising public health in society with limited resources (Ham et al. 2003). Personal health needs differ from most US perspective where they emphasise on the societal perspectives and shows a shared responsibility of decision-makers, buyers, providers, and beneficiaries. From the UK perspective, it is emphasised that society is healthy. The benefits are the starting point for health management; integrate main three levels of public health policy, community governance and patient care governance and disease management in different health areas.

The Starfield studies show that countries that emphasise primary care in the medical system work better than countries that do not. In a comparative survey of Starfield and colleagues, the rise of the UK as the most advanced country in the development of essential services is a factor that enables most people to provide comprehensive and perfect healthcare. At the same time, in the UK the level of spending is lower than in the US (Ham et al. 2003).

In terms of health policy, the UK has taken steps to improve its procurement knowledge base. These measures have created three factors in accessing health services: assessing the health, needs of the population, assessing the efficiency of treatment and the services cost-effectiveness,

and deciding priorities (Axson et al., 2018). There are different ways of setting priorities in the UK healthcare system. The tax base system seeks to discuss the setting of the county and regional priorities to reach the general public.

The current changes to the general practitioner's contracts involve financial incentives to improve care standards to stimulate essential services in the UK and reward the service quality not just the care provided. It is interesting to note that perform operations in the UK suggest that, although the primary service access control system is most likely to be in line with US health care values and the new agreement's experience can be a beneficial export for the UK (Rodwin 2010). The aim of paying for quality is to treat a common chronic disease, a challenge equally for the US and the UK, which is expanding the scope of education in this area.

Since the NHS changed in 1991, the policy has evolved. The selection of a pilot program for providing essential services in the UK is another step in creating a new type of managed care in the UK, but they are still on the threshold, so it is difficult to identify (Tait et al. 2010). Even ordinary practitioners' capital assets could not survive in their current form and allow local purchasing communities and groups of all shapes and sizes to give up. The NHS has shown essential aspects of managed care. The general practitioners are always using selective providers and indirect dosing methods to reduce costs and limit patient choice. Through the programs of research and development emphasis on evidence-based medicine, the NHS actively seeks to promote protocols and clinical guidelines and measure success. The increase in the proportion of general practitioner and various funds in the UK reflects the development of healthcare facilities in the United States (Ham et al. 2003). Also, UK private health insurance companies provide managed care in their company and can provide information in the UK.

Another system of travel opportunities is to work with the NHS to improve safety and quality. This includes the development of a national service framework for key clinical priorities like ischemic heart disease and diabetes and guidelines publications for the use of new medicines and technologies, based on analysis by the National Clinical Center of Excellence. Other initiatives involve the National Patient Safety Agency's establishment and implementation of reporting systems to record the error and failures. This helps promote a safety culture, responsibility for the clinical management of the NHS and the establishment of a health committee to oversee providers and talk about their performance. Different activities that have started training in the NHS do not

yet represent a fully coordinated and focused quality and safety plan but provide a solid basis for future development.

The theoretical concepts of a managed medical system

Healthcare is always considered a complex system in which healthcare professionals' coordination is essential for delivering effective healthcare. The system of Healthcare management ensures that all departments of a health care institution can work with the right people to achieve the best health outcomes. The professional is trained and experienced, understands patients' expectations, and uses healthcare resources effectively to achieve concrete results. Today, healthcare management is a demanding profession that sets the right direction for healthcare services. The success of healthcare institutions depends on the coordination of highly specialised disciplines. Healthcare managers are involved in recruiting and developing healthcare management's system by spending resources or reducing services. The health care setting focuses not only on providing excellent medical care to patients but also on monitoring all medical professionals' performance goals (Swayne et al., 2012).

The theory of Contingency emphasises the importance of managers' attitudes and personalities in their activities. There are two types of management styles, one project-based and the other is a relationship motivated. Project-oriented leaders' primary focus is to accomplish their tasks, whereas relationship motivated leaders are working to build interpersonal relationships. According to this theory, managers' decisions depend on the situation they face and make the appropriate decision based on the current situation (Mikes & Kaplan, 2014). Therefore, the leader's ability to cope with situations depends on various situational factors. It is a behavioural theory that health managers can use to solve practical problems in the health environment. They make their own experiences and validated response models to make clinical decisions (Kongstvedt, 2012).

The second theory is systems theory, where managers know how different systems affect employees and how employees. It depends on the managers' broad vision research the work patterns of the organisation and, based on this, making plans for all members to work together to achieve the organisation goals (Birolini, 2012). The home health care system is inefficient and faulty in many countries. The managers of these medical centres can use methods theory to

encourage participation in medical procedures where patients and staff are empowered. A number of the health care systems do not meet standard health care requirements. They often face problems related to inadequate health care workers, lack of health care funding, supply of medicines, and neglect in healthcare provision. In this case, a systemic approach to management can help identify shortcomings in a particular health care system and formulate plans to address the problem. Many health professionals have shown that competition should not be based on the type of health plan and network but should depend on the extent of human prevention, diagnosis, and treatment (Ball et al., 2013).

The chaos theory of management argues that one cannot control some specific situations in an organisation. As the organisation grows, the complexity and sensitivity of the team increase. Theory shows that organisations often struggled with complexity and are constantly evolving and changing in this way. It deals with the ever-changing relationship between order and chaos in the work system. This suggests that random events may occur in the organisation (Koehler et al., 2014). Two aspects of chaos theory are that ideas depend on the system, and small events can lead to complex events. The study identified the importance of chaos in nursing management. As maintenance becomes complex, managers need to maintain an effective business plan and time management. Chaos theory factors may play a role in predicting service efficiency and its impact on medical service management. The advantage of this theory in nursing management is that it allows medical services and change management to be monitored by introducing new variables with promises for the future. It helps assess the effectiveness of health care by analysing the beginning and end of health care (Hill et al., 2014).

When developing a health management plan, the medical manager focuses on external areas (such as activities and resources outside health care facilities) and the internal regions (such as day-to-day health), such as maintaining health professionals and medical effectiveness, personal performance and quality of care. Health officials monitor the inner areas but have no control over external areas such as basic community needs, demographic challenges, and Medicare insurance company benefits. Therefore, careful planning is needed to balance the bilateral aspects of health care (Oleske, 2014).

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