

Hcm621-0804a-01  
ethics, policy, and law  
in health care  
management - phase  
3 discu...



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HCM621-0804A-01 Ethics, Policy, and Law in Health Care Management - Phase 3 Discussion Board Ethical and legal considerations of selective contracting with providers:

The main aspects in this regard would be in terms of antitrust concerns.

Generally, Preferred Providers Organizations (PPOs) are susceptible to anti trust challenges and threats emanating from the following issues:

1. In the event the providers mutually determine the fees and rebates to be provided, there are risks open that price fixing charges may be raised against them
2. If membership is exclusive or limited, there are reasons to believe that they may be accused of trying to create an unlawful group cartel.
3. If the PPO is large and dominant, it may be blamed for creating and nurturing monopolistic conduct, which is against public policy. (Lindsey, 1986). There could also be other ethical and legal risks that claims for bad faith- breach of contract could be leveled against PPOs. Again, the use of PPO for fees scheduling also cannot be enforced. In case of Arizona v. Maricopa County Medical Society, 457 U. S. 332 (1982), the “ Supreme Court held that these maximum fee schedules represented per se unlawful price-fixing agreements.” (Austen, 2008).

The issues involved in limiting both patients’ choices for providers and latter’s involvement in health plans of patients:

The issues involved in limiting both patients’ choices for providers and vice versa would be in terms of a perceived compromise in quality and standards of health care provision since individualized client attention and monitoring would be lower in such cases. This is evident in Government run health care centers where a single provider is assigned to take charge of large group of  
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patients. In such cases the following issues could arise:

1. The children and adolescents needing specialized care would be denied the same.
2. The degree and quality of care would be lowered substantially
3. in certain cases the conditions would get exacerbated and it would become necessary for Hospital admission.

Apparently, in efforts to control the administration of (new) drugs, the Federal government may issue strictures on the kind of drugs physicians could prescribe and the kind of drug stores which could dispense these drugs. Control of these kinds may actually be detrimental to the interests of both patients and providers since “ they impose one-size prescriptions in an area of science that is marked by variation.” Further, it could be said that “... solutions to any of the health care problems that government is trying to mitigate will not rest in Washingtons constraining fixes but with [medical organizations] working with agencies to promote practice standards and safety measures that do not sacrifice medical autonomy and patient choice.” (Kaiser, 2007).

How effectively could proposed legislation possibly adequately address patient and provider protection issues?

The Bill or Rights is an important step towards seeking social equality and fairness in medical treatment. Under this it is possible for patients to “ sue for injury resulting from denial of care.” (Hashimoto, 2001). However, much as this bill may appear to profess equality and protect underprivileged class interests, it fails to acquire implementation value since the poorer sectors are not included since it does not cover the poorer sections of society who are covered under Medicaid. Thus it is setting its sights on citizens who seek

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private medical care.

Therefore, it has become necessary that “ Reformers should extend the reform’s application to Medicaid managed care plans.” (Hashimoto, Yale journal of health policy, law, and ethics, 2001). This is imperative in order to implement justice, equality and due process in medical care.

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