

Free essay on health organization case study: united healthcare

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\n[[toc title="Table of Contents"](#)]\n

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1. [Background Information about United Healthcare](#) \n \t
2. [Growth Network](#) \n \t
3. [Resource Management](#) \n \t
4. [Nurse Staffing](#) \n \t
5. [Patient Satisfaction](#) \n \t
6. [References](#) \n

\n[/toc]\n \n

The choice of a health care provider is usually very hard for consumers.

There are a variety of options available owing to the large number of health care providers in the United States. In addition, the choice is predicated upon the consideration of other factors like personal budgets, personal needs and preferences. On the other hand, health care systems are always complex, inconsistent and complex. It is the ever growing competition between health care providers that offers motivation for organizations to invest in innovation in a bid to meet the demands of consumers. In this paper, we investigate the efforts undertaken by United Healthcare to maintain its productivity and customer satisfaction over the next decade. In particular, this paper focuses on the discussion on the strategies put in place by the organization to address issues such as network growth, nurse staffing, resource management, and patient satisfaction.

Background Information about United Healthcare

United Healthcare is a subsidiary of United Health Group, the most profitable health care provider in the United States. United Health Group has its headquarters in Minnetonka, Minnesota. The group is a diversified health care provider offering both health care services as well as health insurance. The group was founded in 1977 and is currently ranked amongst the top twenty companies in United States by the Forbes magazine. The group has a workforce of over 150, 000 workers situated both in the many subsidiaries of the group in the United States and abroad. United Healthcare provides a broad range of health benefit products and services to both consumers and benefit sponsors. The organization offers its services to people under employer-sponsored health care plans, those enrolled under the Medicare and Medicaid as well as those who make personal arrangements for health care. United Healthcare's mission is to help people nationwide as well as internationally live healthier lives through simplifying individual health care experiences, meeting consumers' health care needs and maintaining trust relationships with the health care providers. Put simply, its mission is to “make the health system work better for everyone,” help people improve their wellbeing and health outcomes to enable people live better and healthier lives. United Healthcare seeks to make health care simpler, more accessible and easily affordable for all individuals.

United Healthcare, in a bid to meet the health care needs of the citizens for the next decade offers a variety of programs aimed at helping people live healthier lives. The organization seeks to improve the productivity of their health care system in improving the health and wellbeing of their general

citizenry through the expansion of the access to quality health care and providing information and guidance for citizens to make their own health choices in affordable rates. This strategy helps the organization to ensure and faithfully commit to the provision of coverage that is of the highest quality, affordable rates and worthy of attaining patient satisfaction. In general, it helps the organization to improve productivity, quality and patient satisfaction.

Growth Network

United Healthcare offers medical related services to a wide range of clients. These include individuals, students, sole proprietorship, large national employers and small scale health care providers. In order to maintain growth of this client base, the organization promotes and advertises health benefits to retirees and their beneficiaries and has also invested in Medicaid and community programs. The organization also has strategic plans for its growth through mergers and acquisitions with other companies within the United States and Europe. The organization has also put in place plans to increase its members and revenue. According to the United Health group newsletter (2013), these measures are aimed at ensuring the growth of the organization both in size and in membership which will directly influence revenue growth.

Resource Management

United Healthcare has also put in place strategic plans to manage their resources well in order to meet the demands of the citizens for the next decade. In particular, the organization has invested over three billion US

Dollars (\$ 13 Billion) in areas such as business process improvements, research development, and technology within the past five years. The investment is geared towards improving the quality of service to consumers which will in turn build loyalty within the group. Through such means, the group will be assured of up to date information on the changing needs of the health benefits consumers and the means of meeting these demands. In addition, other methods of maintaining customer loyalty have been put in place by the organization through the management of its resources in planning for the means of meeting the demands of citizens in the next decade. The organization participates in corporate social responsibility activities such as providing funds to the United Health Foundation programs and grants and investing in community activities aimed at conserving the environment. These measures are additional to the investments discussed above aimed at maintaining customer loyalty.

Nurse Staffing

National statistics show that the demand for nurse services will increase considerably in the next decade. United Healthcare, as a leading health care provider in the United States is also amongst the largest employers of nurses in the country. The organization has partnered with the University of St. Thomas (UST) to launch a Nurse Executive Leadership program to mentor the business and leadership skills of nursing professionals. This move is meant to secure that the organization's health care providers have adequate nurses to serve its consumers. In addition, the organization is sponsoring

nurses to expand their clinical skills and seek advanced education in order to ensure constant skills upgrade for the nurses.

Patient Satisfaction

The organization in its wisdom settled for the recognized approaches such as the PCMH in provision of care to its patients. The same essentially replaces the traditional approach with coordinated care in turn effectively facilitating the patients and physician's partnership to strengthen the physician-patient relationship, emphasizing better integrated care coordination and delivery, and offering preventive care services for health promotion. According to the organization, this approach will reduce medical costs and improve the quality of health care for all Americans. The organization has also launched the Accountable Care Organization (ACO) in collaboration with other medical groups under this section on patient satisfaction. Under this program, participating physicians are provided with incentives on the basis of appropriate care utilization, patient safety, measurements of disease management and prevention in their work. To that effect, the president CEO of WESTMED, Simeon Schwartz, M. D remarked that this system is responding to the growing need to orient health care provision system towards a collaborating and sharing accountability for patient health. In his observation, it is left open that this approach necessarily leads the organization into the provision of effective care, at affordable rates and with the highest levels of satisfaction .

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