Managed care analysis essay

Managed care refers to a variety of methods used in the United State, and it is intention is to minimize the health care costs and advance the quality of care providing. Managed care is the program of coordinating, rationalizing and channeling the care services provisions at a cheaper cost. It is well considered under the arrangements such as the health insurance. However, it differs from the health insurance convention, because the managed care delivers health services directly or involves in a contract to provide medicine. Many organizations in the U. S. employ such techniques in providing services. The aim of managed care services is to reduce the unnecessary costs for healthcare services.

There are varied contracting terms in the managed care sector. One of them is the right to administer directly the work of the physicians. The second one is that a contract should perform the specific task (Birenbaum, 2002). Thirdly, the time in which the physician worked should be controlled by the authority. The fourth contracting term is the right of inspecting the work produce of the physicians. Another one is connected to providing the physicians with the required facilities. The sixth one is a right for terminating the contract of the physician. The seventh is the ability of determining the extent of necessary skils for employment of the physicians. The last one is the method of control through which the doctor was trained.

The above managed care contracting may impact the health care delivered in the U. S. in various ways. Firstly, they hinder the physicians from delivering quality services to the patients. For instance, the rights of terminating the contract of the physician may make many physicians not provide quality services to the patients. Secondly, the contracting terms will

interfere with the relationships of the patients and the physicians. This will worsen the patients' outcomes and this might cause the patients to suffer more in the hospitals. Lastly, the contracting terms would restrict the nursing research and contribute to reduced funding programs for clinical training. This will in turn contribute to poor services in healthcare delivery, thus negatively affecting many hospital based communities.

The healthcare system in the United States has changed drastically. This is because of varied reasons, such as improved technology and increased spending power on health in order to create a health nation. About ten years ago, the healthcare sector in the U. S. was declared broken and it has not yet improved in the present. This is because of the increased premiums and increased loss of lives because of unrelated admission problems: long queuing making the patients die, especially those who needed immediate attention. Moreover, the medical errors may cause a problem in the present. People believe that the killing of patients started in 1996, when the report on health care system was written (Dranove, 2000). However, people for about 10 years behind suffered and many of them died because of poor health care provision. This is not different from the present because of the introduction of health care insurance coverage, which does not benefit all citizens.

In the future, the healthcare system in the United States would worsen the situation and problems may arise. Even though new and improved technologies will contribute to efficiency, the savings would be outweighed by the increased costs of testing and new treatment. Some benefits for new hires would be eliminated due to increased costs of medicine in the near future. Moreover, others would be forced to move out from the insurance

business. This will lead to a need for fund contribution in order to cover the increased medical costs. The changes of medical care, especially for the uninsured citizens, would increase drastically. The outcome will be the escalation of disenfranchised middle social class (Shi and Singh, 2010). Therefore, people would be forced to vote for a better change.