

Issue of managing care contracts



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Introduction

As a marketing director we will look for ways to provide and satisfy residents and patients of the community needs to improve quality healthcare. The research consists of patients, physicians, hospital personnel and people of the community. The three roles that marketing directors focus on is helping the hospital to foresee and understand the needs of clients to create a good management plan to increase cost. “ Secondly”, from the patient point of view important information is provided to the community to avoid shopping for a physician which can interrupt treatment, or decrease health condition and increase medical cost. “ Lastly”, from the community they expect good reasonable healthcare at a low cost though marketing which have many added benefits such as providing health resources, educating the consumers with accurate information that may affect their health and wellbeing. Singh, R. (2015, para 1)

Sexual dysfunction

According to an article by Maze. (2018, para. 1-4) Sexual dysfunction can arise at any age ranging from adolescents to men in their thirties, it is estimated that 30 million men in the United States undergo some sexual dysfunction, some case can be mild or severe and increases in men at the age of 40 and roughly 40% of male’s experience mild to severe form of erectile dysfunction and 5% of males are unable to attain and erection for penetration.

The Cleveland Clinic (2018). Suggest that Sexual dysfunction is a common problem affects males ages 35 to 60 and can be a physical or mental

problem that prevents you from getting sexually satisfied. The four leading types of male dysfunction are erectile dysfunction where a man is unable to get and keep an erection, early ejaculation is when a man orgasm quick, delayed or inhibited ejaculation is slowly or unable to have an orgasm at all or decrease desire in sex.

There are several causes of sexual dysfunctions that affect males such as medications, decrease testosterone levels, diabetes, stroke, hypertension, alcohol, and drugs. Mental causes can include stress, depression, marital or relationship issues and fear of not performing.

There are several problems that contribute to ejaculation, with the first one being premature ejaculation and the root cause is unknown, but under the circumstances PE can be contributed to the lack of performing during intercourse and may be brought on by stress, depression, or relationship issues which can cause a man to ejaculate too fast after penetration and serotonin which is found in antidepressant drugs and can cause nerve damage to the vertebral. The second problem is Erectile Dysfunction this can affect more than half of men living in the United States over the age of 35 to 40 who is unable to get and keep an erection, there are several causes to include damage to the nerves or penis, stress related issues or relationship issues and unable to perform, medical diagnosis such as hypertension and diabetes, or alcohol or drugs. “ Lastly”, is a decrease in sex desire there are factors that can be associated with this such as low testosterone levels brought on by worrying, depression and problems in the relationship.

“ When”, determining if a man has a sexual dysfunction, he must have a check-up performed by his doctor to confirm his diagnosis this is done via blood to check levels, prostate exam, blood pressure and checking the penis or testicles. The use of medication such as Viagra, Levitra and Cialis, hormone therapy, and seeking help from a mental health counselor or using sexual toys or penile implant can be used to treat sexual dysfunction. There are ways to prevent sexual dysfunction by decreasing the amount of alcohol you consume, eliminate smoking, seeking help for depression or anxiety and having a better line of communication with your significant other.

Greeting patients

As a healthcare worker we must understand the importance of greeting patients and visitors of the hospital in the respectful manner, acknowledging a patient or a simple hello, when the patient enters the clinic can be a moment of truth for your organization, that will be the first thing the patient remembers. Greeting the patient should be done quickly and every time the patient enters the establishment. We can set the standard in care by using the Professional, Personal, Warm & Responsive concept. “ When”, someone is having a bad day that simple hello can make a difference in that person's attitude.

There are four principles of greeting a patient with the first one consisting of genuine smile and making eye contact with the patient and saying hello within 3-seconds of the patient entering the door, this makes the patient or visitor feel welcome. “ Secondly”, when greeting a patient or visitor address them by the name they have chosen or asked you to call them this makes

them feel they belong there. The third principle such be to offer service or assistance within a 3-minute window, it important to set the standard so the patients are confidence knowing that they will be taking care of in an adequate time, and always be truthful and don't make promises you can't keep. " Lastly", building a rapport with the patient or visitor to learn more about the patient, this makes them feel wanted and well cared for. We reply heavily on the patients or visitors that seeks out service at our organization, we aren't doing them a favor, and we owe it to the patient to serve them, patients having feeling just like the employees, employees should by polite and attentive to the treatment we give the patient. (Docobook, 2018).

MCO

Research by Findlaw. (2018, para. 1-24) suggest that manage care contract is an important document that arranges an agreement amongst doctors, other healthcare experts, and provider sponsored network and third party insurance and other healthcare entities. These contacts can affect cost to the organization, the way the organization practice and their procedures, the way electronic records are kept as well as making good medical decisions.

Since the advancement of healthcare reform third party payer and managed care has added new requirements to the way physician mix with their patient already difficult situation by a controlled agreement that determines what, when, which and how healthcare services will be rendered. Physicians needs to look at the requirements of all contracts before making a commitment to the contract and make sure the contract is clear, accurate

and complete to fix both parties to adhere by the rules, guidelines, and requirement of the state and federal laws.

The contract analysis along with the physician before entering a contract includes many steps, first the physician needs to explore the Managed Care Contract to evaluate the market shares, area of service, creditworthiness, status, and think through a number of answers and questions. Once the physician have collected and analyzed all the information of the MCO the exact terms and conditions of the agreement will offer a perspective on assessing its provisions.

“ Secondly”, the physicians has to explore the terms of the contract, the definitional section of the contract is frequently overlooked. “ Under”, Covered Services physicians are not obligated to take on any services that he/she doesn't normally provide.

Next, unnecessary medical care will not be covered and the contract limits repayment for services that are physically necessary. The question of concern is who will determine what treatment is medical necessary, the physician is or MCO? These kinds of provisions hold a great amount of risk to the physician. The standard of care should also be addressed and the provisions of utilization review program requirements needs to be tracked regularly and precise. Various contracts states that before a patient can get approval for care the physicians has to verify patient's status.

The main concern for the MCO for the physician is expenses. The contracts determine how, when, and what the physician will be paid. A capitation arrangement should only be considered when there is a foreseeable size of

enrollees for the period of the contract terms. The physician can limit risk through stop loss protection to safeguard the physician from unexpected loss experienced due to capitation payment.

The Last provision is a termination where the Managed Care Contract Organization can only dismiss the physician for breaching contract, revoked or lost license without reason. “ In”, some instances the contract will call for the physician to remain providing care to the MCO’s enrollees after the demises of the contract. “ At”, this time the physician needs to ask if he/she will get paid for the services that was performed once the contract end.

Physicians such avoid the most favored nation clause, this clause call for the MCO to be presented with the best price and reimbursement that the physician will agree to take from other plans, and the nondiscrimination clause which surpasses the federal regulations and terms of the MCO.

Several confidentially contract clauses limit communication amongst a physician, and their patients intended to protect the organization name. “ Finally”, the physician needs to look at the insurance coverage wisely and assess to see if the contract will produce new liabilities that the physician did not foresee prior the new association.

The final thing the physician needs to do is examine and get copies of all related documents and references that was included in the contract these documents can be essential to the MCO and the physician relationship. It is important for the physician to ask questions about the terms, and conditions of the contract and approve any add-ons and explanations in writing. The

contract is not binding unless it's been analyzed and the terms of the contract have been agreed upon and sign between all parties involved.

Conclusion

In my conclusion research evaluation shows a complete picture of issues that are affecting the quality of health care and the reasons for their existence in a way that would not have been conceivable had an unusual assessment approach been used. Because of the increase demand in healthcare, hospitals are stunned with the enormous amount of patients. Many physicians cannot explain the cost of improving the healthcare system because of the vigorous market. Many healthcare physicians involved in research studies believe the quality of healthcare is limited because a shortage of resources. If the hospital is to provide a high quality of service, changes are vital in the delivery of the healthcare system.

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