Managed care myths

Jolanda Harrison

Rasmussen College

August 30, 2020

**Managed care myths**

Managed care is a health insurance program that contracts healthcare providers to reduce healthcare costs for their members. Managed care is made of healthcare providers like nurses, surgeons, hospitals, insurance companies, and the patients with an agreement to limit the health care providers the patients can access and thereby driving patients to these health care providers. The practice of managed care began over 100 years in the US in Washington when lumbering employers offered their employees medical service at specific providers at a reduced cost. Today many people are registered to the managed care organization dotted across the world, such as Cigna, Anthem, and governmental insurance programs like Medicaid (Shmueli et al., 2015). However, many myths and misconceptions are associated with this form of healthcare, many of which are not valid. These myths affect the practice both positively and negatively. This paper shall discuss one of the prevalent managed care myths and issues associated with it.

One of the myths associated with doctors rushing through office appointments with patients and thereby offering low-quality healthcare. This myth has been around for a long time now and affected managed care organizations' branding as an inefficient organization compared to the traditional fee for service care. This myth came about due to the negative perspective that people had about the doctors that worked for managed care organizations, which pointed towards the fact that these doctors were competing for patients. The competition for patients made the doctors deal faster with patients visiting their offices for them to be capable of treating many patients who meant high income. This aspect resulted from the fact that the doctors that seemed to be treating a lot of patients were deemed to be efficient, and hence they continued to receive more clients compared to those with few clients. The other fact that supports this myth's prevalence day is that some doctors ignored some procedures and tests when dealing with patients so that they can clear off many patients without wasting time on some tests that are deemed to be unnecessary but provided in the traditional forms of healthcare (Shmueli et al., 2015). The rushing through medical procedures and omission of some of the tests and procedures have strengthened the myth that doctors rush through medical appointments and offer low-quality health care. Many of these MCOs don't offer some of the basic tests and procedures that fee for service providers offer to their clients, such as weight measure, blood test, and heart rate tests, diet counseling, amongst others. To no small extent, the legend is based on valid facts, especially when aspects such as competition for more patients and reduction in medical tests are considered because these means that essential procedures are omitted, and therefore health care is inadequate.

However, research shows that the myth is not true and that these organizations provide high-quality healthcare at affordable prices. Research shows that most of the procedures and tests that these managed care organizations omit are worthy omitting because they serve little purpose in most patients cases (Mintzberg, 2018). For instance, why should a hypertension patient be subjected through blood count and microbiology tests? Besides, many fees for service providers offer additional services such as counseling and physiotherapy to their clients, which makes them look health-oriented, but the fact behind this goodwill is the increase in charges. Most of the trials and procedures carried out in fee for service medical programs increase healthcare charges. Hence, MCOs do their clients a favor by eliminating these tests and procedures and making healthcare affordable. Besides, AMA's further research shows that physicians spent more time with their patients and that the duration has increased over the years. According to the report's data, doctors spent 26.9 minutes with their patients in 1996 from the initial 24.3 minutes in 1985. With the rising number of MCOs in the 21st century, there is speculation that the figure has gone up, and thee organizations are providing improved healthcare and thereby debunking this outrageous myth.

References

Mintzberg, H. (2018). Managing the myths of health care. In *The Myths of Health Care* (pp. 3-11). Springer, Cham.

Shmueli, A., Stam, P., Wasem, J., & Trottmann, M. (2015). Managed care in four managed competition OECD health systems. *Health Policy*, *119*(7), 860-873.