

essentials of managed health care managed health care handbook kongstvedt 6th sixth edition by kongstvedt peter r 2012

Essentials of Managed Health Care Managed Health Care Handbook Kongstvedt 6th Sixth Edition by Kongstvedt Peter R 2012 is a vital resource for anyone involved in the healthcare industry, particularly in the realm of managed care. This handbook is an authoritative text that provides a comprehensive overview of the managed care environment, its operations, and the regulatory landscape. The sixth edition, published in 2012, has been updated to reflect the rapid changes in healthcare delivery systems, making it an essential reference for healthcare professionals, policymakers, and students alike.

Overview of Managed Health Care

Managed health care refers to a system of health care delivery that seeks to manage cost, utilization, and quality. The primary goal is to provide effective and efficient healthcare services to patients while controlling costs. This system is characterized by:

- Coordination of care: Ensuring patients receive the necessary services without unnecessary duplication.
- Utilization management: Monitoring the use of healthcare services to prevent overuse and reduce costs.
- Quality assurance: Implementing protocols and standards to ensure high-quality care.

Key Components of Managed Health Care

The managed health care system includes several key components that work together to achieve its goals:

1. Health Maintenance Organizations (HMOs): These organizations provide a range of healthcare services to members for a fixed fee. Members typically select a primary care physician who coordinates their care.
2. Preferred Provider Organizations (PPOs): These plans offer more flexibility in choosing healthcare providers but often at a higher cost than HMOs. Members can see any doctor, but they receive higher reimbursement if they use providers within the network.
3. Exclusive Provider Organizations (EPOs): Similar to PPOs, but EPOs do not cover any out-of-network care except in emergencies.
4. Point of Service (POS) Plans: These plans combine features of HMOs and PPOs, allowing members to choose between receiving care from in-network or out-of-network providers at the point of service.

5. Integrated Delivery Systems (IDS): This approach combines various healthcare services under one organization, promoting coordinated care and efficiency.

Managed Care Models

The managed care handbook discusses various models that have evolved over the years. Each model has its unique characteristics, advantages, and challenges.

1. Closed Panel Models

In closed panel models, patients are required to receive care exclusively from network providers. This model is beneficial for managing costs and ensuring quality, but it can limit patient choice.

2. Open Panel Models

Open panel models allow patients to seek care from both network and out-of-network providers. While this model provides greater flexibility, it can lead to higher out-of-pocket costs for patients.

3. Hybrid Models

Hybrid models combine aspects of both closed and open panel systems, offering a balance between flexibility and cost control. These models can adapt to various patient needs and preferences.

Financial Aspects of Managed Care

Understanding the financial dynamics of managed care is crucial for effective management and governance. The handbook elaborates on various payment methodologies and their implications.

Capitation

Capitation is a payment model where providers receive a fixed amount per patient for a specified period, regardless of the number of services provided. This model incentivizes providers to focus on preventive care and efficient resource utilization.

Fee-for-Service (FFS)

In a fee-for-service model, providers are paid for each service rendered. While this model

encourages the provision of numerous services, it can lead to overutilization and increased healthcare costs.

Value-Based Care

Value-based care models focus on patient outcomes and quality of care rather than the volume of services. These models aim to improve patient health while reducing costs by incentivizing providers to deliver high-quality care.

Regulatory Environment

The managed care landscape is heavily influenced by regulatory policies at both the state and federal levels. The sixth edition of the handbook highlights significant legislation and regulatory bodies that impact managed care.

Key Legislation

1. The Affordable Care Act (ACA): Enacted in 2010, the ACA brought significant changes to managed care, including the expansion of Medicaid, the establishment of health insurance exchanges, and the introduction of essential health benefits.
2. The Employee Retirement Income Security Act (ERISA): This federal law regulates employer-sponsored health plans and influences the way managed care organizations operate.
3. State Regulations: Each state has its own set of laws governing managed care organizations, including licensing requirements, network adequacy standards, and consumer protections.

Regulatory Agencies

- Centers for Medicare & Medicaid Services (CMS): This federal agency oversees the Medicare and Medicaid programs and establishes regulations governing managed care plans.
- State Departments of Insurance: These agencies regulate health insurance plans, ensuring compliance with state laws and protecting consumer interests.

Quality Assurance in Managed Care

Quality assurance is a critical component of managed care, aimed at continuously improving the standard of care provided to patients. The handbook outlines various quality improvement initiatives and strategies.

Quality Measurement Tools

1. HEDIS (Healthcare Effectiveness Data and Information Set): A set of standardized performance measures used to evaluate the quality of care provided by managed care organizations.
2. CAHPS (Consumer Assessment of Healthcare Providers and Systems): A survey tool that captures patient experiences and satisfaction with healthcare services.
3. Accreditation Programs: Organizations like the National Committee for Quality Assurance (NCQA) and The Joint Commission provide accreditation to managed care organizations based on their adherence to quality standards.

Quality Improvement Strategies

- Continuous Quality Improvement (CQI): A systematic approach to improving healthcare services by regularly evaluating and refining processes.
- Patient Safety Initiatives: Programs designed to minimize errors and enhance patient safety in healthcare delivery.

Future Trends in Managed Health Care

The managed health care sector is continuously evolving, influenced by technological advancements, changes in consumer expectations, and shifts in policy. The sixth edition of the handbook discusses emerging trends that are likely to shape the future of managed care.

1. Telehealth Services

The rise of telehealth technologies has transformed healthcare delivery, allowing patients to access care remotely. This trend has been accelerated by the COVID-19 pandemic and is expected to continue growing.

2. Patient-Centered Care

There is a growing emphasis on patient-centered care, which prioritizes the needs and preferences of patients. This trend is leading to more personalized treatment plans and increased patient engagement.

3. Integration of Behavioral Health

Recognizing the importance of mental health, managed care organizations are increasingly

integrating behavioral health services into their offerings, promoting holistic care for patients.

Conclusion

The Essentials of Managed Health Care Managed Health Care Handbook Kongstvedt 6th Sixth Edition by Kongstvedt Peter R 2012 is an indispensable guide for understanding the complexities of managed care. By providing a detailed overview of the various models, financial dynamics, regulatory environment, and quality assurance measures, the handbook equips healthcare professionals with the knowledge needed to navigate this ever-changing landscape. As managed care continues to evolve, staying informed through resources like this handbook will be crucial for delivering high-quality, efficient, and cost-effective healthcare services.

Frequently Asked Questions

What key concepts does the 'Essentials of Managed Health Care' cover?

The handbook covers foundational concepts of managed health care, including types of managed care plans, the role of health care providers, and the impact of regulations on health care delivery.

Who is the author of the 'Essentials of Managed Health Care' and what is his background?

The author, Peter R. Kongstvedt, is a recognized expert in managed care, with extensive experience in health care policy, management, and the development of managed care programs.

What are some of the new topics introduced in the 6th edition of the handbook?

The 6th edition introduces updated information on health care reform, value-based purchasing, the impact of technology on care delivery, and the evolving landscape of health insurance.

How does the book address the challenges facing managed care organizations?

The book discusses challenges such as regulatory changes, rising healthcare costs, and the need for improved quality of care, providing strategies for managed care organizations to adapt.

What is the significance of understanding the structure of managed care plans as outlined in the handbook?

Understanding the structure of managed care plans is crucial for healthcare professionals, as it impacts provider relationships, patient access to services, and overall cost management.

How does the handbook emphasize the importance of quality assurance in managed health care?

The handbook emphasizes quality assurance by discussing measurement tools, performance improvement strategies, and the importance of patient-centered care in managed health care settings.

In what ways does the 'Essentials of Managed Health Care' serve as a resource for healthcare professionals?

The book serves as a comprehensive resource by providing practical guidance, case studies, and a thorough overview of managed care principles, making it valuable for both students and practitioners.

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