

# Analyzing a Current Health Care Problem

In your career as a health care professional, you will encounter ethical issues that require solutions. In this assignment, you will use research skills to [nhs fpx 4000 assessment 3 analyzing a current health care problem](#) a health care problem and propose a solution.

Write a 4-6-page policy proposal and practice guidelines for the organization you selected in Assessment 1. Make sure to save your policy proposals as attachments to the Week 1 drop box.

## Assessment 3

For decades, health care organizations have pursued the wrong goal: maximizing access to poor-quality services while boosting profits. The pursuit of profit is misaligned with consumers, because it drives providers to perform unnecessary procedures, upcode [nhs fpx 6004 policy proposal](#) to maximize insurance payments, and engage in a tug-of-war with insurers that ultimately burdens employers with higher premiums and consumers with lower benefits.

To survive, healthcare organizations must embrace the value agenda at senior management and board levels. This will require a major shift from traditional cost reduction to improving outcomes. It will also require providers to abandon legacy delivery approaches and [nhs fpx 6008 developing a business case](#) structures that produce erratic quality. These include physician practice patterns organized around specialty with independent private-practice physicians; cost accounting that prioritizes volume over expense; and siloed IT systems that support specialty-focused delivery models.

## Assessment 6

The first step toward solving any problem is defining the right goal. In healthcare, this has been elusive: improving access to care, containing costs and boosting profits have been prioritized over quality. The result has been a system with erratic outcomes and [NR 351 Week 2 Time Management Plan Assignment](#) costs.

The solution requires a radical departure from the current business model: eliminating wasteful procedures and unnecessary services; focusing on outcomes rather than fee-for-service payments; and moving to integrated care and unified IT systems. For many health care organizations, this will be a difficult change.

It is crucial that leaders make the case for changing course at senior management and board levels. Organizations that embrace the value [NR 393 Week 2 Milestone](#) will be most competitive in a new world of performance-based reimbursement and consumer choice.