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Instructions: follow rubric guidelines and no plagiarism allowed. must include attached msn project financial management table and problem statement and topic from attached msn proposal final document.

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Financial Management

Name

Affiliation

Course Code

Supervisor

Date

Introduction

Financial Management and Healthcare Delivery

Financial management in healthcare delivery is concerned with the commercial side of the industry, ensuring that hospitals deliver high-quality patient care while remaining economically responsible. A health organization's financial management helps it to improve the quality of care, reduce risk, make necessary expenditures, and explore new revenue streams. Financial management contributes to the delivery of value-based care. Most care facilities billed payers with each service or product utilized until a few years ago, which makes billing very simple (Baur, 2019). As more suppliers adopt a value-based payment model, this is beginning to change. Caregivers are compensated based on patient healthcare outcomes rather than services rendered in that system. Healthcare professionals are compensated for assisting patients in improving their health, including lowering their risk of chronic disease, which lowers the long-term cost of patient care.

When it comes to reducing known health hazards, financial management is also beneficial. Risks must be monitored, mitigated, and avoided by healthcare finance executives. The healthcare industry is fraught with dangers relating to patient safety and caregivers making life-or-death decisions. Aside from those considerations, healthcare risk assessment also entails ensuring that a facility's electronic medical data are secure against hackers, which necessitates keeping up with the newest medical research and comprehending insurer and government payment policies (Baur, 2019). Technology can assist in the management of all of these types of data, but patient data managers are essential in comprehending the data. More medical funding is also required.

Investing in medical research and specialized hospital instruments can lead to more effective and cost-efficient treatment options (David, 2018). The capacity to manage and analyze current expenses, as well as associated care quality or overall cost of care, provides leaders with the data

they need to make informed decisions about future expansion. Financial management will also explore for new revenue streams, using data acquired from efficient financial management to identify alternative revenue streams (David, 2018). A hospital, for example, might buy a nearby physician's business to diversify its revenue stream and offer outpatient services. In a place where marijuana is legal, a healthcare facility might think about adding dispensaries services to existing services. Healthcare executives can make better judgments if they understand the risks and benefits of each alternative.

Childhood Obesity and Financial Implications

Obesity has become a huge global problem during the last several decades. Nearly 500 million people worldwide were overweight in 2002. Obesity rates in the United States (US) have increased to over 30% since 1970, with more than two-thirds of Americans being overweight. 1 The reasons of this epidemic are likely complicated, with significant variation in both causes and outcomes at the individual level, which is outside the scope of this review (David, 2018). Existing research has identified significant economic implications of obesity in all four categories, notwithstanding the need for a more complete cost analysis. The enormity of the potential economic impact highlights the importance of the obesity epidemic as a governmental priority and a research area in the future.

Obese americans health care spending may be as much as 100 percent more than healthy-weight adults', and national "excess" medical spending might total \$147 billion for adults and \$14.3 billion for children each year. The direct cost estimates presented here may be modest in general since they frequently rely on self-reported data (which tends to indicate a lower bias in

BMI) and focus on a subset of obesity-related disorders rather than the entire list found in the medical literature (Steinberg, 2019). Medical expenditures appear to have risen greatly in the last decade, and they may continue to rise significantly in the future as rates of overweight and obesity in adults and children in the United States rise.

Second, obesity is connected to large production losses. There are at least four different types of productivity effects (absenteeism, presenteeism, disability, and premature mortality). Several of the research examined focus on only a subset of these effects, and cost estimates differ widely. Comparisons between studies, and also between healthcare and productivity expenses, are challenging due to these limitations. However, overall production costs are anticipated to be large, possibly as high as \$66 billion per year in the United States (Steinberg, 2019). Third, obesity has significant additional economic consequences in the form of transportation and human accumulation of capital costs (Weihrauch-Blüher & Wiegand, 2018). These impacts may be significant, according to the studies presented in the last two sections of our paper, but more research is needed to determine their full magnitude and ascribe a consistent economic cost to them. Obesity appears to have a significant economic impact in the United States (Baur, 2019). Although a full aggregate across the many categories of literature review is an important objective for future research, even adding the primary effects found in this project would result in total annual economic expenditures associated with obesity of more than \$215 billion. The extent of current impact, as well as the possibility for a large future impact highlighted by multiple studies, emphasizes the relevance of the obesity epidemic as a policy focus and a research area in the future.

Purpose of the MSN Project

Childhood obesity needs a lot of attention to be resolved. Due to the development of technology, children are becoming less active. An increase in the obesity prevalence rate brings about an increase in several other health issues related to weight. In school-age children, what is the impact of family-based interventions on maintaining a healthy weight and reducing obesity compared with school-based interventions within a school year?

Rationale

The proposal on childhood obesity reduction offers an effective approach to reducing the prevalence of the disease. Evidence-based interventions that seek to reduce childhood obesity incidences should target two major areas: prevention and treatment. Home interventions include limiting electronic usage time and healthy snack choices; other interventions involve making changes to school curriculums by improving physical education activities and changing school meal provisions (Steinberg, 2019). By combining the changes to school and home interventions, motivated families will get healthier, and obese children will see a weight reduction. For these reasons, this project is necessary to provide the most effective treatment interventions as shown through the research

NR 529: MSN Project Financial Management Table Template

Action Plan	Resources Needed	Forecasted Cost	Source of Funding
Milestone/Task		USD	

Training of Dieticians	Trainers, Audio visuals and meals	3,000	Hospital support
Physician Activities	Gym for training, gym instructor, Health therapist	5000	Donor Support
Training of Parents to ensure that children get to exercise	Audio visuals, Take home materials	3000	Donor Support
Group therapy among obese children	Refreshments, audio visuals	4000	Donor Support
TOTAL		15, 000	

Conclusion

Changes in state-level economic factors such as labor supply and the monetary or time price of calorie intake may have an impact on childhood obesity, particularly among low-income children. When developing programs to reduce childhood obesity, healthcare workers and policymakers should take these factors into account.

References

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