Stakeholder Analysis

Natashia Richmond

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Dr. J. Thomas

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**Introduction**

Stakeholder analysis is an entertaining, topical area of discussion. Stakeholders are critical in the decisions surrounding the implementation of a project. The project may have gathered the required resources and even put all in shape ready for buy-in. However, the shareholders must come in and give their input for the project to get rolled out to the public. It is for this reason that any program must put their plans in order and strive to align them to the overall organizational goals to secure the approval of the interested parties at any given moment. Therefore, the entities require an astute plan that involves intelligent stakeholder analysis to get solutions out of the challenges within a particular field.

For this discussion, the stakeholder analysis seeks to look into issues related to the affordable care act and get to the role each stakeholder play in making things better with regards to affordable and quality care. Additionally, the discussion will seek the help of a cumulative frequency concept to get and additional insight into the subject matter.

**A list of stakeholders affected by the Affordable care and Medicaid**

The process of coming up with a stakeholder list relevant to the above case is complicated, mindboggling, and tiresome. There are many people interested in affordable care and Medicaid related concepts. Upon the realization of the fact that the Obama government had an objective of enhancing healthcare service provision, several opinions got to sort. So, these opinion holders formed a significant segment of players in the development, conception, and realization of the affordable care goal. For example, we had the Democratic party Congressional committee, the Republican Congressional Committee, the state Federal, and even the other authorities within the nation. Others included Insurance firms, Pharmaceuticals, Employers, Employees, Physicians, and also the Patients themselves. According to the stakeholder analysis process, upon identifying the stakeholders, then the researcher needs to prioritize the one who will play a big part in the realization of affordable care as espoused in the above case study. Then, the last stage involves getting to understand each stakeholder and trying to align their interest to that of the topical area of discussion (Blumenthal, Abrams & Nuzum, 2015).

*The patients*

The brainchild and the reason behind the Affordable Care Act pointed to the patient's interest. Obama government found it necessary to sort out the perennial challenges faced by the public in accessing healthcare services. At that moment, healthcare services were costly and out of reach for the ordinary citizen. It is for this reason that patients came in as players in the whole project. So, we need to ask ourselves then the role of the patients in the delivery of healthcare services at any given moment. The patients need to accept the program with open hands though they need to behave ethically to enjoy the fruits of this wonderful government initiative entirely. The patient ethics have been found to fail, especially the affluent population. They will tend to tell their physicians to carry out all tests, including those that are not relevant to their ailments. Simply because they can afford it. These are some of the things that affordable care is aiming to eliminate. To do so, the patients need to appreciate the place of the physicians and seek cost-effective treatment plans.

*The government*

The United States of the American government is a big player in this bill-the affordable care Act. It directly affects the bill as a massive player in this market. However, at the time of processing the idea, there exists a push and pull between the two political parties who are government agencies. The Republican side of the nation holds onto the liberalism views which perceive healthcare as a commodity. According to them, it should be allowed to play in on its own and governed by the forces of a free market. On the other hand, the Democrats who proposed the bill tend to argue that healthcare is a human right, and they hold onto the Equalitarian theory, which requires equality when implementing the essential health services. It is upon this foundation that the affordable care concept is based, and the argument holds for the patient population and even other players (Uberoi, Finegold & Gee, 2016).

*The physicians*

Physicians within the nation play a vital part in prescribing treatment solutions to the general population. They, therefore, form a critical segment in executing the affordable care activities. The role of the nursing practitioners and doctors points to analyzing the quality of health provided, discharging their duties diligently, and even suggesting acute solutions that ensure cost-effective healthcare services. They also need to educate the public on the importance of taking early measures to avoid escalation of a health situation that could have been avoided and implemented earlier on. It is for this reason that the patients need to create a rapport with this group of investors at any given moment. When presenting solutions regarding expensive healthcare services, the project manager must, at all times, involve this group and get the best out of them.

*The employers*

The employers are significant players in the healthcare industry. It is for this reason that they must be involved in getting the best out of the affordable care act policy. Since they provide the innovative way behind affordable care, employers are significant players in the whole process. They need to get their acts together and look into such areas as communicating their role in this process. An explicit communication activity from these institutions provides a clear guideline used in the implementation of the affordable care subject matter. Since they are there in the research, management, and execution of quality care at an affordable price, they need to get to the bottom of this and guarantee the success of this program.

*Insurers*

Insurance firms are the last players looked at under this study guide. Insurance firms have premiums, and to a more significant extent, the premiums are high and cannot be easily afforded by a majority of the citizens. It is for this reason that the affordable care policy came into action. The affordable care policy thus advises the firms to stop their profit-driven goals and focus on providing affordable health services to the majority. Therefore, it is vital to get to the bottom of the same and guarantee that the insurance firms will eradicate their strict regulations regarding patients with preexisting conditions. All in all, the affordable care act seeks to streamline the insurance firms to consider ethical practice, at least when dealing with their clients. It would go in a long way in solving the affordability issues tied to their operations and guarantee a fulfilled service (Sommers et al 2015).

**Creating a cumulative frequency from the list**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Stakeholder name** | **Power the ability to stop/catapult the project** | **Interest (overlap between their interest and project goals** | **Engagement Strategy (the type and frequency of communication)** | **Number of stakeholders** | **Relative frequency** | **Cumulative relative frequency** |
| Patients | **Low** | **N/A** | **Frequent** | **0** | **0.07** | **0.07** |
| Physicians | **Low** | **Mid** | **Occasionally** | **1** | **0.33** | **0.40** |
| Government | **High** | **High** | **Frequent** | **2** | **0.20** | **0.60** |
| Employer | **MED** | **High** | **Frequent** | **3** | **0.27** | **0.87** |
| Insurance Companies | **Low** | **High** | **Frequent** | **4** | **0.13** | **1.00** |
|  |  |  |  |  |  |  |

We should note that every idea has been acutely represented by the cumulative frequency table herein. We have categorized the stakeholder with how they would interact with every phenomenon above. For instance, the counter starts with the patients and seeks to measure how powerful patients are in the engagement towards implementing an affordable care act. The chart tells it all; they don't have a significant say on this. When we go ahead, we seek to know the interest of the insurance companies in getting the best out of the affordable care act. We also conclude that they have high stakes in the above process; thus, it must be hard. So, the relative frequency has been categorized into High, Low, Medium, Frequent, and then Not applicable. These are the parameters used to examine how they relate with the occurrences for that matter and thus used for analysis and coming with the above calculations.

**Whether the line graph flattens and at which point**

Yes, it is a fact that the line graph flattens. The graph flattens at some point and after considering all stakeholders and their respective applications and parameter heads. We have patients, physicians, the government, the employer, and even the insurance companies. From this setting, an analysis then comes forth involving the parameters used and concludes that the graph flattens after the last stakeholder-Insurance companies. The power held by every player points to a perfect match with regards to effecting a turnaround in the implementation of a turnaround strategy. Also, every company, individual, or authority enjoys a particular interest with regards to the consultation on the topical area of discussion (Eskerod & Jepsen, 2016).

**Conclusion**

In conclusion, the policy problems looked into provides a comprehensive insight into the whole topical issues; in the end, these players need to come up with an intertwined solution into applying affordable care. The affordable care objective can be easily attained by ensuring that patients have access to affordable treatment by streamlining the insurance firms and also ensuring that society gets the best out of the said lines of thought. Generally, the government, the employers, and the community at large become accustomed to the whole affordable care, thus actively participate in advocating for quality and safe healthcare at any given point in time.

**References**

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