

2013 Documentation Guidelines For Hedis

How good is the quality of health care in the United States? Is quality improving? Or is it suffering? While the average person on the street can follow the state of the economy with economic indicators, we do not have a tool that allows us to track trends in health care quality. Beginning in 2003, the Agency for Healthcare Research and Quality (AHRQ) will produce an annual report on the national trends in the quality of health care delivery in the United States. AHRQ commissioned the Institute of Medicine (IOM) to help develop a vision for this report that will allow national and state policy makers, providers, consumers, and the public at large to track trends in health care quality. Envisioning the National Health Care Quality Report offers a framework for health care quality, specific examples of the types of measures that should be included in the report, suggestions on the criteria for selecting measures, as well as advice on reaching the intended audiences. Its recommendations could help the national health care quality report to become a mainstay of our nation's effort to improve health care.

Hypertension remains a leading cause of disability and death worldwide. Self-monitoring of blood pressure by patients at home is currently recommended as a valuable tool for the diagnosis and management of hypertension. Unfortunately, in clinical practice, home blood pressure monitoring is often inadequately implemented, mostly due to the use of inaccurate devices and inappropriate methodologies. Thus, the potential of the method to improve the management of hypertension and cardiovascular disease prevention has not yet been exhausted. This volume presents the available evidence on home blood pressure monitoring, discusses its strengths and limitations, and presents strategies for its optimal implementation in clinical practice. Written by distinguished international experts, it offers a complete source of information and guide for practitioners and researchers dealing with the management of hypertension.

Ensure you have a solid understanding of community and public health nursing with this industry standard text! Public Health Nursing: Population-Centered Health Care in the Community, 10th Edition provides up-to-date information on issues such as infectious diseases, natural and man-made disasters, and healthcare policies affecting individuals, families, and communities. This new edition has been thoroughly updated to reflect current data, issues, trends and practices presented in an easy-to-understand, accessible format. Additionally, real-life scenarios show examples of health promotion and public health interventions. Ideal for BSN and Advanced Practice Nursing programs, this comprehensive, bestselling text will provide you with a greater understanding of public health nursing! Focus on Quality and Safety Education for Nurses boxes give examples of how quality and safety goals, knowledge, competencies and skills, and attitudes can be applied to nursing practice in the community. Healthy People boxes highlight goals and objectives for promoting the nation's health and wellness over the next decade. Linking Content to Practice boxes provide examples of the nurse's role in caring for individuals, families, and populations in community health settings. Evidence-Based Practice boxes illustrate the use and application of the latest research findings in public/community health nursing. UNIQUE! Separate chapters on healthy cities, the Intervention Wheel, and nursing centers describe different approaches to community health initiatives. Levels of Prevention boxes identify specific nursing interventions at the primary, secondary, and tertiary levels. End-of-chapter Practice Application scenarios, Key Points, and Clinical Decision-Making activities promote application and in-depth understanding of chapter content. UPDATED Content and figures reflect current data, issues, trends, and practices. How To boxes provide you with practical application practice. NEW! Check Your Practice boxes added throughout feature scenarios and discussion questions to promote active learning.

Created specifically for students of Health Information Management and Health Information Technology, this worktext helps bridge the gap between knowledge gained through formal instruction and real-world, on-the-job application. This versatile worktext features 240 case studies with questions and exercises for each case that require you to draw on critical thinking, problem solving, and decision making skills, facilitating the transition from studying theory to analyzing and applying what you have learned. Now updated and expanded, the second edition features the latest RHIA and RHIT domains and competencies, so you can prepare effectively for certification. In addition, new online learning resources provide convenient access to additional web content, online forms, and spreadsheets to complement the cases. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Clinical Practice Guidelines We Can Trust

HBR's 10 Must Reads on Strategy for Healthcare (featuring articles by Michael E. Porter and Thomas H. Lee, MD)

Convenient Care Clinics

Case Studies for Health Information Management

Registries for Evaluating Patient Outcomes

Measuring Success in Health Care Value-Based Purchasing Programs

The authors present their analysis and insights into how optometrists can leverage the recent health care and legislative reforms in the United States to evolve their optometric practices and create a new medical model.

Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of the evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

Rev. ed. of: Essentials of managed health care / edited by Peter R. Kongstvedt. 5th ed. c2007.

The SAGE Encyclopedia of Pharmacology and SocietySAGE Publications

Summary and Recommendations

Medicaid Eligibility Quality Control

Public Health Nursing E-Book

Prevention and Screening, An Issue of Primary Care: Clinics in Office Practice

Essentials of Managed Health Care

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009--roughly \$750 billion--was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

The SAGE Encyclopedia of Pharmacology and Society explores the social and policy sides of the pharmaceutical industry and its pervasive influence in society. While many technical STM works explore the chemistry and biology of pharmacology and an equally large number of clinically oriented works focus on use of illegal drugs, substance abuse, and treatment, there is virtually nothing on the immensely huge business (Big Pharma) of creating, selling, consuming, and regulating legal drugs. With this new Encyclopedia, the topic of socioeconomic, business and consumer, and legal and ethical issues of the pharmaceutical industry in contemporary society around the world are addressed. Key Features: 800 signed articles, authored by prominent scholars, are arranged A-to-Z and published in a choice of electronic or print formats Although arranged A-to-Z, a Reader's Guide in the front matter groups articles by thematic areas Front matter also includes a Chronology highlighting significant developments in this field All articles conclude with Further Readings and Cross References to related articles Back matter includes an annotated Resource Guide to further research, a Glossary, Appendices (e.g., statistics on the amount and types of drugs prescribed, etc.), and a detailed Index The Index, Reader's Guide, and Cross References combine for search-and-browse capabilities in the electronic edition The SAGE Encyclopedia of Pharmacology and Society is an authoritative and rigorous source addressing the pharmacology industry and how it influences society, making it a must-have reference for all academic libraries as a source for both students and researchers to utilize.

This most widely used textbook in the field has been thoroughly revised and updated to reflect changes in the health care industry and the renewed focus on health care information technology initiatives. Two new chapters cover Federal efforts to enhance quality of patient care through the use of health care information technology and strategy considerations. Additionally, reflecting the increased focus on global health, the book features an international perspective on health care information technology. Case studies of organizations experiencing management-related information system challenges have been updated and several new cases have been added. These reality-based cases are designed to stimulate discussion among students and enable them to apply concepts in the book to real-life scenarios. The book's companion Web site features lecture slides, a test bank, and other materials to enhance students' understanding.

The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

Health Informatics: Practical Guide for Healthcare and Information Technology Professionals (Sixth Edition)

SAS Programming with Medicare Administrative Data

Population-Centered Health Care in the Community

The Case Manager's Handbook

Legal, Ethical, and Practical Aspects of Patient Care Documentation: A Guide for Rehabilitation Professionals

The Animal Doctor

ASHP position statements and more than 70 guidance documents of varying scope provide ongoing advice to managers and practitioners to help improve the medication-use process, patient care and safety, and patient outcomes and quality of life. New or revised material in this edition includes: Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit ASHP Therapeutic Position Statement on the Role of Pharmacotherapy in Preventing Venous Thromboembolism in Hospitalized ASHP Guidelines on Compounding Sterile Preparations ASHP Guidelines on Home Infusion Pharmacy Services ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.

Protein-Calorie Malnutrition reviews the state of knowledge of metabolic phenomena in the syndromes embraced by the general term protein-calorie malnutrition (PCM), and places this new knowledge in perspective with the traditional descriptions of kwashiorkar and marasmus. The clarification it provides constitutes a benchmark for design of future programs of prevention, therapy, rehabilitation, research, or teaching. Highly noteworthy are the new advances in amino acid and protein metabolism; the enlightening evidence concerning lysine and carnitine; the evidences of derangements or deficiencies of the broad spectrum of nutrients from carbohydrates to vitamins and minerals; and the implications of these for recovery and therapy. This book includes papers on the following: the impact of age on amino acid requirements; the mechanisms of adaptation to low-protein intakes; the metabolic consequences of essential amino acid deficiency in higher animals; carbohydrate metabolism; vitamin deficiencies associated with PCM; and mineral metabolism in PCM. Other studies deal with the effects of malnutrition on endocrine function; liver function in PCM; the synergistic interaction of malnutrition and infection; and the treatment and prevention of PCM.

This issue of Primary Care: Clinics in Office Practice, Guest Edited by Dr. Joanna L. Drowos, is devoted to Prevention and Screening. Articles in this issue include: Lifestyle Changes for Disease Prevention; Aspirin and the Drugs of Life Saving Benefit; Cardiovascular Disease: Hypertension Prevention; Diabetes Care and Prevention; Immunizations; Pediatric Screening: Anemia, Development, Lead; Geriatric Screening; Screening for Breast Cancer; Screening for Cervical Cancer; Screening for Colon Cancer; Screening for Prostate Cancer; Screening for Sexually Transmitted Infections; and Screening for Osteoporosis.

Reviews what has been learned over the past decade about performance-based payment strategies in health care and offers recommendations for the design, implementation, and monitoring and evaluation of value-based purchasing programs.

Best Care at Lower Cost

National Standards for Culturally and Linguistically Appropriate Services in Health Care

Telepsychiatry and Health Technologies

Race, Ethnicity, and Language Data

A Guide for Mental Health Professionals

CMSA Core Curriculum for Case Management

Prepare for a career in health information management and medical billing and insurance processing with Green's UNDERSTANDING HEALTH INSURANCE, 14E. This comprehensive, inviting book presents the latest code sets and guidelines. Readers examine today's most important topics, such as managed care, legal and regulatory issues, revenue cycle management, coding systems, coding compliance, reimbursement methods, clinical documentation improvement, coding for medical necessity, and common health insurance plans. Updates introduce new legislation that impacts health care, including changes to the Affordable Care Act (Obamacare); ICD-10-CM, CPT, and HCPCS Level II coding; revenue cycle management; and individual health plans. Workbook practice exercises provide application-based assignments and case studies to reinforce understanding, as well as CMRS, CPC-P, and CPB mock exams. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as

cystic fibrosis or heart failure. The User’s Guide was created by researchers affiliated with AHRQ’s Effective Health Care Program, particularly those who participated in AHRQ’s DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

Many Americans believe that their healthcare is second to none. Most patients, therefore, fail to appreciate the flaws and dangers present while receiving medical care. In fact, the American health care industry is one of the great tragedies of this country, which is now being brought to its knees by the medical industry run amuck. The Truth About Big Medicine: Righting the Wrongs for Better Health Care divulges secrets of the industry, which keep it focused on its own economic needs to the detriment of public health. The cost of American health care per person far exceeds other developed countries, yet it delivers life expectancies and infant mortalities that are shamefully ranked low among developed nations. Special interest groups and weak legislation created a “tapeworm” that continues to devour the American economy and shorten the lives of hundreds of thousands each year. Using true stories throughout, the authors illustrate that it is time for the public, students, educators, and legislators to clearly recognize medical deception and secrecy and to consider clear solutions on how they can achieve a safer health care system. A rich variety of authors with experience in revealing unsafe medical practices bring recommendations for changing health care delivery by taking an aspect of the health care system, identifying its shortcomings, and proposing ways to reduce harm plus correct the injustices. Included are discussions of imaging, medical devices, pharmaceuticals, hospital practices and procedures, and medical malpractice and negligence, among other topics. No consumer of health care should ignore the dangers; this book helps reveal them and suggests useful remedies. The authors maintain a website at <http://truthaboutbigmedicine.com/>

Approximately 4 million U.S. service members took part in the wars in Afghanistan and Iraq. Shortly after troops started returning from their deployments, some active-duty service members and veterans began experiencing mental health problems. Given the stressors associated with war, it is not surprising that some service members developed such mental health conditions as posttraumatic stress disorder, depression, and substance use disorder. Subsequent epidemiologic studies conducted on military and veteran populations that served in the operations in Afghanistan and Iraq provided scientific evidence that those who fought were in fact being diagnosed with mental illnesses and experiencing mental healthâ€”related outcomesâ€”in particular, suicideâ€”at a higher rate than the general population. This report provides a comprehensive assessment of the quality, capacity, and access to mental health care services for veterans who served in the Armed Forces in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn. It includes an analysis of not only the quality and capacity of mental health care services within the Department of Veterans Affairs, but also barriers faced by patients in utilizing those services.

The Path to Continuously Learning Health Care in America

Envisioning the National Health Care Quality Report

Evaluation of the Department of Veterans Affairs Mental Health Services

Home Blood Pressure Monitoring

A Practical Approach for Health Care Management

Righting the Wrongs for Better Health Care

SAS Programming with Medicare Administrative Data is the most comprehensive resource available for using Medicare data with SAS. This book teaches you how to access Medicare data and, more importantly, how to apply this data to your research. Knowing how to use Medicare data to answer common research and business questions is a critical skill for many SAS users. Due to its complexity, Medicare data requires specific programming knowledge in order to be applied accurately. Programmers need to understand the Medicare program in order to interpret and utilize its data. With this book, you’ll learn the entire process of programming with Medicare data—from obtaining access to data; to measuring cost, utilization, and quality; to overcoming common challenges. Each chapter includes exercises that challenge you to apply concepts to real-world programming tasks. SAS Programming with Medicare Administrative Data offers beginners a programming project template to follow from beginning to end. It also includes more complex questions and discussions that are appropriate for advanced users. Matthew Gillingham has created a book that is both a foundation for programmers new to Medicare data and a comprehensive reference for experienced programmers. This book is part of the SAS Press program.

Written by renowned author Catherine Mullahy, The Case Manager’s Handbook, Fifth Edition is the ultimate how-to guide for case managers. This practical resource helps case managers build fundamentals, study for the Certified Case Manager (CCM) exam, and most importantly, advance their careers after the exam. Written for all professionals in all practice settings in case management, it uses real-life examples and an easy-to-read, conversational style to examine the case management process while presenting practical procedural information.

An excellent daily reference and training guide for new case managers and seasoned professionals in various setting, The Case Manager’s Handbook, Fifth Edition is the “go-to” resource for facing the day-to-day challenges of case management, especially as the nation navigates through the many changes introduced by the landmark Patient Protection and Affordable Care Act. Significantly updated and revised, it contains eight new chapters: * Hospital Case Management: Changing Roles and Transitions of Care * Patient Centered Medical Home, ACOs, Health Exchanges * Evidence-Based Practice * Public Sector Reimbursement * Predictive Modeling * Pain Management * Health Technology, Trends, and Implications for Case Managers * The Affordable Care Act of 2010: Implications for Case Managers Included with each new print book is an Access Code for a Navigate Companion Website for students with objectives, multiple choice questions, and bonus appendices.

Obesity has come to the forefront of the American public health agenda. The increased attention has led to a growing interest in quantifying obesity prevalence and determining how the prevalence has changed over time. Estimates of obesity prevalence and trends are fundamental to understanding and describing the scope of issue. Policy makers, program planners, and other stakeholders at the national, state, and local levels are among those who search for estimates relevant to their population(s) of interest to inform their decision-making. The differences in the collection, analysis, and interpretation of data have given rise to a body of evidence that is inconsistent and has created barriers to interpreting and applying published reports. As such, there is a need to provide guidance to those who seek to better understand and use estimates of obesity prevalence and trends. Assessing Prevalence and Trends in Obesity examines the approaches to data collection, analysis, and interpretation that have been used in recent reports on obesity prevalence and trends at the national, state, and local level, particularly among U.S. children, adolescents, and young adults. This report offers a framework for assessing studies on trends in obesity, principally among children and young adults, for policy making and program planning purposes, and recommends ways decision makers and others can move forward in assessing and interpreting reports on obesity trends.

The loss of hearing – be it gradual or acute, mild or severe, present since birth or acquired in older age – can have significant effects on one's communication abilities, quality of life, social participation, and health. Despite this, many people with hearing loss do not seek or receive hearing health care. The reasons are numerous, complex, and often interconnected. For some, hearing health care is not affordable. For others, the appropriate services are difficult to access, or individuals do not know how or where to access them. Others may not want to deal with the stigma that they and society may associate with needing hearing health care and obtaining that care. Still others do not recognize they need hearing health care, as hearing loss is an invisible health condition that often worsens gradually over time. In the United States, an estimated 30 million individuals (12.7 percent of Americans ages 12 years or older) have hearing loss. Globally, hearing loss has been identified as the fifth leading cause of years lived with disability. Successful hearing health care enables individuals with hearing loss to have the freedom to communicate in their environments in ways that are culturally appropriate and that preserve their dignity and function. Hearing Health Care for Adults focuses on improving the accessibility and affordability of hearing health care for adults of all ages. This study examines the hearing health care system, with a focus on non-surgical technologies and services, and offers recommendations for improving access to, the affordability of, and the quality of hearing health care for adults of all ages.

The Value-Driven Eye Care Game

Understanding Health Insurance: A Guide to Billing and Reimbursement

Protein-Calorie Malnutrition

Standardization for Health Care Quality Improvement

Navigating the Evidence

Nurse Practitioner's Business Practice and Legal Guide

The fully updated CMSA Core Curriculum for Case Management, 3rd edition, is the definitive roadmap to an informed, effective, collaborative case management practice. This comprehensive, expertly-written guide provides those directly or indirectly involved in case management with information about best practices, descriptions of key terms, essential skills, and tools that fulfill the current Case M standards and requirements. Addressing the full spectrum of healthcare professional roles and environments, this is both a crucial certification study guide and vital clinical resource for the case management professionals in all specialty areas, from students to veteran case managers. This unique resource provides the core knowledge needed for safe, cost-effective case management with the following information and vital practices in each chapter NEW and updated Standards of Practice implications in each chapter NEW and updated content on transitions of care, community-based care, care coordination, Value-Based Purchasing, ethics and social media, the impacts of health care reform, and digital technology NEW and updated content on accreditation in case management NEW chapter that includes publication of the Case Management Society of America, connecting CMSA core curriculum to current CMSA Standards of Practice Easy-to-grasp, detailed topical outline format for quick scan of topics Complete, updated core knowledge required of case managers, with expert descriptions and direction on areas including: Case management roles, functions, tools, and processes Plans, clinical pathway planning Utilization management and resource management Leadership skills and concepts Quality and outcomes management: legal and ethical issues Education, training, and certification Health care insurance, benefits, and reimbursement systems Practice settings and throughput Interdisciplinary teams' needs in: hospitals, community clinics, private practice, acute care, home care, long-term care hospice settings Up-to-date guidance on case management specialty practices, including: nursing, life care planning, workers' compensation, disability management, care of the elderly, behavioral health, transitions of care, subacute and long-term care, utilization review/management, primary care and medical/health home, and more Essential content for academic reference, training, certification study performance or program evaluation

Explains the source and content of administrative healthcare data, which is the product of financial reimbursement for healthcare services. The book integrates the business knowledge of healthcare data with practical and pertinent case studies as shown in SAS Enterprise Guide.

"It is essential to understand the important role of convenient care clinics in healthcare, as the number of individuals seeking care continues to grow. This is a wonderful asset for any advanced practice clinician seeking employment in, or considering starting, a convenient care clinic."--Doody's Book Reviews This is the first comprehensive guide to setting up, operating, and practicing in a convenient care clinic. It covers all aspects of convenient care, from the business model to the operational details. The book provides a comprehensive overview of the convenient care market, including the current state of the market, the challenges of operating a convenient care clinic, and the opportunities for growth. The book also provides a detailed guide to the operational aspects of a convenient care clinic, including the selection of a location, the hiring and training of staff, the development of a business plan, and the implementation of a convenient care clinic. The book is a valuable resource for anyone interested in the convenient care market, including healthcare providers, business owners, and policymakers.

and operational considerations pertaining to running these local retail health clinics that are rapidly proliferating in pharmacies, supermarkets, airports, and other locations throughout the U.S. The text describes the philosophy underlying retail care, its history and growth, and the parameters of its services. Pros and cons of different operational models are discussed. The book addresses the top 200 conditions seen in retail health clinics and provides workup and treatment regimens Includes metrics associated with retail medicine Discusses philosophy of retail care and parameters of primary services

Health Informatics (HI) focuses on the application of Information Technology (IT) to the field of medicine to improve individual and population healthcare delivery, education and research. This extensively updated fifth edition reflects the current knowledge in Health Informatics and provides learning objectives, key points, case studies and references.

Vital Signs

Redefining Health Care

Integrating Social Care into the Delivery of Health Care

The Essential Guide to Retail Clinics for Clinicians, Managers, and Educators

The Truth About Big Medicine

Moving Upstream to Improve the Nation's Health

The only current book on the topic, Telepsychiatry and Health Technologies: A Guide for Mental Health Professionals is a practical, comprehensive, and evidence-based guide to patient-centered clinical care delivered in whole or in part by technological devices and applications. Not a technology-centered "health informatics" book, but rather one that describes basic technological concerns and emphasizes clinical issues and workflows, it is designed for psychiatrists, psychologists, and other mental health clinicians who seek to learn the modes, models, and methods of telepsychiatry. More than 30 practitioners of telepsychiatry across the core mental health disciplines were involved in development of the text, contributing knowledge and clinical examples.

*Rich with case studies and hands-on guidance, the book introduces strategies, then clearly illustrates how to put them into practice. The editors believe that psychiatry increasingly will focus on the treatment of populations, and that technology offers the best hope of doing so efficiently and effectively.Careful thought went into the book's conception and design, resulting in a marriage of structure and content that meets the needs of today's clinicians: * The editors employed a unique process of manuscript development, first outlining each chapter in its entirety, then assigning sections to contributors selected for their specific clinical experience and therapeutic expertise. The result is a text that flows logically and creates synergy across chapters without duplication. * The book provides "how-to" guidance on setting up a new telepsychiatry practice or integrating technologies into a current practice, covering critically important topics such as data collection, security, and electronic health records. * Technologies addressed include telephony, smartphones, apps, e-mail, secure texting, and videoconferencing, all of which are*

*increasingly being used in the assessment and treatment of patients with psychiatric disorders. * More than 30 case examples of patients or programs are included, illustrating the range of clinical techniques that can be used and the types of patient that can be treated using available technologies -- whether in person, online, or in a hybrid form of care combining both modalities. * Every chapter concludes with a summary of major learning objectives or findings covered. Telepsychiatry and Health Technologies: A Guide for Mental Health Professionals is destined to become a core resource in the training of mental health professionals from all disciplines, as well as an indispensable reference for those already integrating new technologies into their practices.*

Thousands of measures are in use today to assess health and health care in the United States. Although many of these measures provide useful information, their usefulness in either gauging or guiding performance improvement in health and health care is seriously limited by their sheer number, as well as their lack of consistency, compatibility, reliability, focus, and organization.

To achieve better health at lower cost, all stakeholders - including health professionals, payers, policy makers, and members of the public - must be alert to what matters most. What are the core measures that will yield the clearest understanding and focus on better health and well-being for Americans? Vital Signs explores the most important issues - healthier people, better quality care, affordable care, and engaged individuals and communities - and specifies a streamlined set of 15 core measures. These measures, if standardized and applied at national, state, local, and institutional levels across the country, will transform the effectiveness, efficiency, and burden of health measurement and help accelerate focus and progress on our highest health priorities.

Vital Signs also describes the leadership and activities necessary to refine, apply, maintain, and revise the measures over time, as well as how they can improve the focus and utility of measures outside the core set. If health care is to become more effective and more efficient, sharper attention is required on the elements most important to health and health care. Vital Signs lays the

groundwork for the adoption of core measures that, if systematically applied, will yield better health at a lower cost for all Americans.

Now in its Fifth Edition, Nurse Practitioner's Business Practice and Legal Guide continues to provide a solid foundation for students and practicing nurses to build confident and effective practices. A must-have resource for every new or current nurse practitioner (NP), it defines what an NP is and does while explaining the legal scope with specific state and federal regulations.

Completely updated and revised with essential state-by-state appendices, Nurse Practitioner's Business Practice and Legal Guide, Fifth Edition offers expert insights on prescribing, hospital privileges, negligence and malpractice, risk management, health policy, ethics, and measuring NP performance.

Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health was released in September 2019, before the World Health Organization declared COVID-19 a global pandemic in March 2020. Improving social conditions remains critical to improving health outcomes, and integrating social care into health care delivery is more relevant than ever in the context of the pandemic and increased strains placed on the U.S. health care system. The report and its related products ultimately aim to help improve health and health equity, during COVID-19 and beyond. The consistent and compelling evidence on how social determinants shape health has led to a growing recognition throughout the health care sector that improving health and health equity is likely to depend â€”at least in part â€”on mitigating adverse social determinants. This recognition has been bolstered by a shift in the health care sector towards value-based payment, which incentivizes improved health outcomes for persons and populations rather than service delivery alone. The combined result of these changes has been a growing emphasis on health care systems addressing patients' social risk factors and social needs with the aim of improving health outcomes. This may involve health care systems linking individual patients with government and community social services, but important questions need to be answered about when and how health care systems should integrate social care into their practices

and what kinds of infrastructure are required to facilitate such activities. Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health examines the potential for integrating services addressing social needs and the social determinants of health into the delivery of health care to achieve better health outcomes. This report assesses approaches to social care integration currently being taken by health care providers and systems, and new or emerging approaches and opportunities; current roles in such integration by different disciplines and organizations, and new or emerging roles and types of providers; and current and emerging efforts to design health care systems to improve the nation's health and reduce health inequities.

Hearing Health Care for Adults

A Guide to Its Origin, Content, and Application Using SAS

Priorities for Improving Access and Affordability

Administrative Healthcare Data

Final Report

Creating Value-based Competition on Results

The U.S. health care system is in crisis. At stake are the quality of care for millions of Americans and the financial well-being of individuals and employers squeezed by skyrocketing premiums—not to mention the stability of state and federal government budgets. In *Redefining Health Care*, internationally renowned strategy expert Michael Porter and innovation expert Elizabeth Teisberg reveal the underlying—and largely overlooked—causes of the problem, and provide a powerful prescription for change. The authors argue that competition currently takes place at the wrong level—among health plans, networks, and hospitals—rather than where it matters most, in the diagnosis, treatment, and prevention of specific health conditions. Participants in the system accumulate bargaining power and shift costs in a zero-sum competition, rather than creating value for patients. Based on an exhaustive study of the U.S. health care system, *Redefining Health Care* lays out a breakthrough framework for redefining the way competition in health care delivery takes place—and unleashing stunning improvements in quality and efficiency. With specific recommendations for hospitals, doctors, health plans, employers, and policy makers, this book shows how to move health care toward positive-sum competition that delivers lasting benefits for all.

Each year, more than 33 million Americans receive health care for mental or substance-use conditions, or both. Together, mental and substance-use illnesses are the leading cause of death and disability for women, the highest for men ages 15-44, and the second highest for all men. Effective treatments exist, but services are frequently fragmented and, as with general health care, there are barriers that prevent many from receiving these treatments as designed or at all. The consequences of this are serious â €"for these individuals and their families; their employers and the workforce; for the nation â €™s economy; as well as the education, welfare, and justice systems. *Improving the Quality of Health Care for Mental and Substance-Use Conditions* examines the distinctive characteristics of health care for mental and substance-use conditions, including payment, benefit coverage, and regulatory issues, as well as health care organization and delivery issues. This new volume in the *Quality Chasm* series puts forth an agenda for improving the quality of this care based on this analysis. Patients and their families, primary health care providers, specialty mental health and substance-use treatment providers, health care organizations, health plans, purchasers of group health care, and all involved in health care for mental and substance â €"use conditions will benefit from this guide to achieving better care.

Prepare for an uncertain future with a solid vision and innovative practices. Is your healthcare organization spending too much time on strategy--with too little to show for it? If you read nothing else on strategy, read these 10 articles. We've combed through hundreds of Harvard Business Review articles and selected the most important ones for healthcare professionals to help you catalyze your organization's strategy development and execution. Leading strategy experts, such as Michael E. Porter, Jim Collins, W. Chan Kim, and Renee Mauborgne, provide the insights and advice you need to: Understand how the rules of corporate competition translate to the healthcare sector Craft a vision for an uncertain future Segment your market to better serve diverse patient populations Achieve the best health outcomes--at the lowest cost Learn what disruptive innovation means for healthcare Use the Balanced Scorecard to measure your progress This collection of articles includes "What Is Strategy?" by Michael E. Porter; "The Five Competitive Forces That Shape Strategy," by Michael E. Porter; "Health Care Needs Real Competition," by Leemore S. Dafny and Thomas H. Lee; "Building Your Company's Vision," by Jim Collins and Jerry I. Porras; "Reinventing Your Business Model," by Mark W. Johnson, Clayton M. Christensen, and Henning Kagermann; "Will Disruptive Innovations Cure Health Care?" by Clayton M. Christensen, Richard Bohmer, and John Kenagy; "Blue Ocean Strategy," by W. Chan Kim and Renee Mauborgne; "Rediscovering Market Segmentation," by Daniel Yankelovich and David Meer; "The Office of Strategy Management," by Robert S. Kaplan and David P. Norton; and "The Strategy That Will Fix Health Care," by Michael E. Porter and Thomas H. Lee.

Nurse Practitioner's Business Practice and Legal Guide, Sixth Edition is a must-have resource for every new or current nurse practitioner (NP) that explains and analyzes the legal issues relevant to nurse practitioners. Completely updated and revised, it includes a new chapter on answering frequently asked questions from NPs. In addition, it provides the latest state-by-state laws, including regulatory developments and prosecutions of nurse practitioners, and new case analysis and lessons learned from those cases. The Sixth Edition also provides new discussions of NP competencies, how the Doctor of Nursing Practice (DNP) degree relates to NPs, the differences in primary care and acute care NPs, definitions of medical bio-ethics terminology, additional malpractice cases and the lessons to learn from them, emerging issues in health policy, guidelines around prescribing opioids and controlled drugs, clinical performance measures, electronic health records, and new opportunities for NPs u

Core Metrics for Health and Health Care Progress

Assessing Prevalence and Trends in Obesity

MEQC Manual

Best Practices for Hospital and Health-System Pharmacy 2013-2014

A User's Guide

ICD-9-CM Official Guidelines for Coding and Reporting

Rev. ed. of: Legal aspects of documenting patient care for rehabilitation professionals / Ronald W. Scott. 3rd ed. c2006.

The SAGE Encyclopedia of Pharmacology and Society

Health Care Information Systems

Improving the Quality of Health Care for Mental and Substance-Use Conditions