
Online Library And Care Patient Improved For Utilization Test Managing

As recognized, adventure as well as experience practically lesson, amusement, as skillfully as understanding can be gotten by just checking out a ebook **And Care Patient Improved For Utilization Test Managing** furthermore it is not directly done, you could assume even more as regards this life, regarding the world.

We give you this proper as competently as simple pretentiousness to get those all. We come up with the money for And Care Patient Improved For Utilization Test Managing and numerous books collections from fictions to scientific research in any way. in the middle of them is this And Care Patient Improved For Utilization Test Managing that can be your partner.

KEY=FOR - MCDANIEL ELIEZER

DOES RESPIRATORY VIRAL TESTING IN ADULT HOSPITALIZED PATIENTS IMPACT HOSPITAL RESOURCE UTILIZATION AND IMPROVE PATIENT OUTCOMES?.

PATIENT SAFETY AND QUALITY

AN EVIDENCE-BASED HANDBOOK FOR NURSES

"Nurses play a vital role in improving the safety and quality of patient care -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need to know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043)."--Online AHRQ blurb, <http://www.ahrq.gov/qual/nursesdbk>.

HEALTH-CARE UTILIZATION AS A PROXY IN DISABILITY DETERMINATION

National Academies Press The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

UTILIZATION MANAGEMENT IN THE CLINICAL LABORATORY AND OTHER ANCILLARY SERVICES

Springer This book is the first comprehensive text on utilization management in the clinical laboratory and other ancillary services. It provides a detailed overview on how to establish a successful utilization management program, focusing on such issues as leadership, governance, informatics, and application of utilization management tools. The volume also describes ways to establish utilization management programs for multiple specialties, including anatomic pathology and cytology, hematology, radiology, clinical chemistry, and genetic testing among other specialties. Numerous examples of specific utilization management initiatives are also described that can be imported to other health care organizations. A chapter on utilization management in Canada is also included. Edited by an established national leader in utilization management, Utilization Management in the Clinical Laboratory and Other Ancillary Services is a valuable resource for physicians, pathologists, laboratory directors, hospital administrators, and medical insurance professionals looking to implement a utilization management program.

UTILIZATION OF RENAL FUNCTION AND IRON STATUS LABORATORY TEST INVESTIGATIONS IN EASTERN HEALTH

Introduction: Healthcare spending in Canada reached 219.1 billion dollars in 2015. Unnecessary laboratory test investigations have been well documented in many countries, making it an area of interest in order to reduce costs, improve care and ultimately improve the performance of the health care system. The use of serum urea is unnecessary to evaluate kidney function in stable patients as serum creatinine has better specificity and no decrease in sensitivity. Therefore, we examined the use of serum urea in the community of a regional health authority. Ferritin is a good test of iron status and indicated in anemic patients, particularly when mean corpuscular volume/mean corpuscular hemoglobin levels are low. Therefore, we examined the use of iron status tests in the community to determine the degree of under-utilization in the patients likely to have iron deficient anemia and of over-utilization in patients with normal hemoglobin and blood indices. Methods: We performed a retrospective analysis of Eastern Health's laboratory electronic database to investigate patterns of laboratory test utilization for two specific bundles of tests: (1) serum creatinine and serum urea; (2) hemoglobin (Hgb), ferritin and iron saturation. Laboratory tests were examined for a 6-month period in 2014 (bundle 1) and a 12-month period (bundle 2) throughout 2013-2014. Test utilization is described by age, sex, patient type (inpatient/outpatient), submitting physician specialty and test result. Results: 227, 092 serum creatinine and 218, 289 serum urea tests were ordered for all patients within the Eastern Health Region during the 6-month period. 96.8 % (n=211, 279) serum urea tests were ordered in the same draw as serum creatinine. 64.6% (n=141,112) serum urea tests were ordered in the same draw as serum creatinine for outpatients. General practitioners elicited the highest rate of serum urea tests (52.5% of total), followed by the internal medicine specialty. 69.3% (n=62, 274) of coupled serum creatinine and serum urea laboratory investigations ordered by general practitioners for outpatients elicited normal results for both tests. High volumes of hemoglobin (n=450, 792) and iron status tests (ferritin; n=86,293, iron saturation; n=23,415) were ordered within the 12-month period. General practitioners elicited the highest ordering for all three tests for outpatients. 89.6% (n=55,595) of iron tests requested by general practitioners for nonanemic outpatients (first Hgb) produced a normal result in the 12-month period. 44.9% (n=136) of females (\leq 50 years of age) with anemia did not undergo iron testing within 1-year of the first documentation of the anemia by a general practitioner. Conclusion: Serum urea and iron testing may be areas of interest for the improvement of utilization of health care resources within the Eastern Health Region. Information contained in this thesis may be used as a guiding tool for decision makers in the development of interventions to improve test-ordering behaviours without compromising patient quality of care.

CARE WITHOUT COVERAGE

TOO LITTLE, TOO LATE

National Academies Press Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital-based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million-one in seven-working-age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

CANADIAN JOURNAL OF MEDICAL TECHNOLOGY

IMPROVING DIAGNOSIS IN HEALTH CARE

National Academies Press Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors"has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

BEYOND THE HIPAA PRIVACY RULE

ENHANCING PRIVACY, IMPROVING HEALTH THROUGH RESEARCH

National Academies Press In the realm of health care, privacy protections are needed to preserve patients' dignity and prevent possible harms. Ten years ago, to address these concerns as well as set guidelines for ethical health research, Congress called for a set of federal standards now known as the HIPAA Privacy Rule. In its 2009 report, Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research, the Institute of Medicine's Committee on Health Research and the Privacy of Health Information concludes that the HIPAA Privacy Rule does not protect privacy as well as it should, and that it impedes important health research.

THE PROCEEDINGS OF THE ... ANNUAL HEALTH CARE INFORMATION & MANAGEMENT SYSTEMS CONFERENCE

IMPROVING HEALTHCARE QUALITY IN EUROPE CHARACTERISTICS, EFFECTIVENESS AND IMPLEMENTATION OF DIFFERENT STRATEGIES

CHARACTERISTICS, EFFECTIVENESS AND IMPLEMENTATION OF DIFFERENT STRATEGIES

OECD Publishing This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

REGISTRIES FOR EVALUATING PATIENT OUTCOMES

A USER'S GUIDE

Government Printing Office 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.

ACHIEVING OPTIMUM UTILIZATION OF ANCILLARY SERVICES

AN ANNOTATED BIBLIOGRAPHY

HEALTH PROFESSIONS EDUCATION

A BRIDGE TO QUALITY

National Academies Press The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

MEDICAL TECHNOLOGY -- THE CULPRIT BEHIND HEALTH CARE COSTS

PRECEEDINGS OF THE 1977 SUN VALLEY FORUM ON NATIONAL HEALTH

THE DECISION TREE

TAKING CONTROL OF YOUR HEALTH IN THE NEW ERA OF PERSONALIZED MEDICINE

Rodale Examines the recent advances in preventive medicine, from genomics to early detection, and how they are transforming health care, and advocates a new strategy for thinking about health, one that incorporates cutting-edge technology.

ESSAYS ON UTILIZATION IN SERVICE OPERATIONS

Healthcare systems are complex networks of multiple agents (e.g., clinicians, hospital executives, policy makers) and entities (e.g., primary care offices, diagnostic test facilities, emergency departments, inpatient clinics). It is challenging and intriguing to explore the interrelationship between these agents and entities, which ultimately influences patients' experience and their health outcome. Addressing these challenges is especially important in healthcare systems because healthcare is a service setting with scarce resources and a myriad of inefficiencies. This dissertation explores some contributing factors to resource utilization in service operations with a focus on healthcare operations. In particular, it strives to uncover some latent interactions between healthcare policy makers, service providers, and patients in order to improve efficiency and quality of care. In Chapter 1, "Does What Happens in the ED Stay in the ED? The Effects of Emergency Department Physician Workload on Post-ED Care Use," we explore the impact of operational factors in one channel of care on the utilization of services in other channels of care within the healthcare system. Specifically, we study whether physician workload during the patient visit in the emergency department (ED) impacts the patient's use of the healthcare system after the patient leaves the ED (i.e., post-ED care). Using a data set assembled from detailed ED visit-level data and exhaustive billing data of all service encounters in an integrated health system, we establish that when ED physician workload increases, resource utilization increases almost everywhere in the healthcare system; ED physicians admit more patients to the hospital and discharged patients make more post-discharge encounters across different channels of care. Further, we find that care intensity in the ED mediates the effects of workload on post-ED care use. Together, these findings provide evidence for the role of non-clinical factors in healthcare system utilization. Specifically, we show that the effects of workload in the ED are more far reaching than previously documented and contribute to a further over-burdening of an already over-taxed medical system. In Chapter 2, "Quality Improvement Spillovers: Evidence from the Hospital Readmissions Reduction Program," we explore the impacts of a public policy on hospitals utilization at the national level. More specifically, we investigate spillover effects of a national healthcare quality improvement policy, the Hospital Readmissions Reduction Program (HRRP), on patients and metrics not targeted by the policy. Using a large-scale national dataset of 24 million hospitalizations, we show that HRRP led to improvements in hospital readmissions for those targeted by the policy as well as for those with non-targeted insurance types or clinical conditions. We also find significant reduction in non-targeted measures such as hospitalization cost. These results shed light on how hospitals operationalized their quality improvement efforts in response to HRRP to reduce healthcare system utilization. In Chapter 3, "Appointment Scheduling with Multiple Providers and Stochastic Service Times," we explore managing utilization in service sectors by means of appointment scheduling policies. We develop an appointment scheduling model that takes into account stochastic service times along with customer no-shows for multiple-provider systems with identical providers. We integrate analytical results and machine learning techniques to propose daily schedules. Most importantly, we provide step-by-step guidelines for practitioners interested in implementing our method. Through a close collaboration with a local counseling center, these guidelines were implemented in a real-world application and led to an average schedule cost reduction of 16% per day with a remarkable improvement in clients' waiting time. This work is applicable to a wide variety of service sectors where customers can be served by any available provider; examples of this includes healthcare, electronic retailer, and banking, among the others.

EFFECTS OF DISEASE ON CLINICAL LABORATORY TESTS

Columbia University Press An aid to determine the possible cause of laboratory test abnormalities encountered in clinical practice. Sections include laboratory test index, disease keyword index, laboratory test listings, disease listings by ICD-9CM classification, and references.

PROCEEDINGS OF THE FORUM ON PRODUCTIVITY IMPROVEMENTS IN UTILIZATION MANAGEMENT

LAB LITERACY FOR DOCTORS

A GUIDE TO ORDERING THE RIGHT TESTS FOR BETTER PATIENT CARE

Brush Education Lab Literacy for Doctors helps you make quick and efficient decisions about the right tests for typical clinical situations, thereby improving patient care. In a study published by the Journal of the American Board of Family Medicine (2014-03-01), primary care physicians reported that 15% of the time they are unsure about ordering lab tests and 8% of the time they are unsure about interpreting the results. This raises concerns about the need for more efficient and cost-effective lab test utilization. Lab Literacy for Doctors addresses these concerns in a practical, up-to-date, and easy-to-use format. Refer to this essential guide for: A quick index summarizing the clinical utility of common tests. Advice and information on lab errors, false positives and negatives, and blood and tissue collection. Sections on dermatology, ENT and respiratory system, endocrine system, fatigue, GI and hepatic system, gynecology and pregnancy, routine screening, and more.

BOTTOM LINE MEDICINE

A LAYMAN'S GUIDE TO EVIDENCE-BASED MEDICINE

Algora Publishing Medical errors are responsible for at least 195,000 unnecessary deaths each year and indiscriminate use of antibiotics has resulted in the creation of drug resistant-bacteria - we are in the "post-antibiotic era" for certain diseases. Yet hope remains. The baby boomers' distrust of authority and "experts" may once again serve them well. They are still healthy enough to have many years of quality life ahead of them, if they are proactive. Unfortunately, even educated laymen have little understanding of medical treatment and often have no choice but to follow the physician's guidance. This book is written to fill that void. Its sole purpose is to focus on documented outcomes from medical therapy. Books explaining disease processes and treatments are commonplace. Usually the only real difference is the author is a famous physician or celebrity, or the author is promoting a trendy new "discovery." This book is written from a totally different perspective. About six years ago while working in the medical intensive care unit of a regional medical center, I became disillusioned because my patients continued to die or to have poor medical outcomes despite aggressive advanced medical care. My research training significantly influences my thought processes; I reasoned that if my patients were dying despite our efforts, then perhaps the care they were receiving was not really as "advanced" as we thought. I asked my chief physician if there were any books available discussing patient outcomes. "No," he said. "Insurance companies keep that information locked up." The information does exist, but it is scattered throughout the medical literature. Here, I have attempted to consolidate it into onsource and simplify it as much as possible so that you can make truly informed decisions. Richard Stanzak is a critical care nurse. He also worked as a molecular biologist for fourteen years, seven of them for Eli Lilly pharmaceuticals in both research and development. As a traveling ICU nurse he has been employed at 19 different assignments. He has worked in major trauma units, transplant units, cardiac units and hospitals from 1150 beds to 8 beds. He has experienced first-hand the problems of healthcare and can certainly attest this is a national problem. Stanzak is the author and/or co-author of several papers and also has several patents. He is the lead author of a benchmark paper on the cloning of genes responsible for the production of erythromycin. He was engaged in research at Eli Lilly when Prozac was first discovered and Genentech first licensed the insulin gene to Lilly. As a critical care nurse, he is responsible for providing teaching to patients or families about drugs, diseases and procedures.

EVIDENCE-BASED PRACTICE

Jones & Bartlett Learning Evidence-Based Practice: An Implementation Guide for Healthcare Organizations was created to assist the increasing number of hospitals that are attempting to implement evidence-based practice in their facilities with little or no guidance. This manual serves as a guide for the design and implementation of evidence-based practice systems and provides practice advice, worksheets, and resources for providers. It also shows institutions how to achieve Magnet status without the major investment in consultants and external resources.

MEDICARE LABORATORY PAYMENT POLICY

NOW AND IN THE FUTURE

National Academies Press Clinical laboratory tests play an integral role in helping physicians diagnose and treat patients. New developments in laboratory technology offer the prospect of improvements in diagnosis and care, but will place an increased burden on the payment system. Medicare, the federal program providing coverage of health-care services for the elderly and disabled, is the largest payer of clinical laboratory services. Originally designed in the early 1980s, Medicare's payment policy methodology for outpatient

laboratory services has not evolved to take into account technology, market, and regulatory changes, and is now outdated. This report examines the current Medicare payment methodology for outpatient clinical laboratory services in the context of environmental and technological trends, evaluates payment policy alternatives, and makes recommendations to improve the system.

HOSPITAL OPERATIONS

PRINCIPLES OF HIGH EFFICIENCY HEALTH CARE

FT Press By one estimate, the U.S. wastes \$480 billion annually on healthcare expenditures that don't improve care. Worse, because of faulty systems - not personnel - up to 98,000 people die every year due to preventable medical errors - and that doesn't count non-terminal events such as hospital-acquired infections. In Hospital Operations, two leading operations management experts and four senior physicians demonstrate how to apply new OM advances to substantially improve any hospital's operational, clinical, and financial performance. Replete with examples, this book shows how to diagram hospital flows, trace interconnections, and optimize flows for better performance. Readers will find specific guidance on improving emergency departments, operating rooms, hospital floors, and diagnostic units; and successfully applying metrics. Coverage includes: reducing ER overcrowding and enhancing patient safety...improving OR scheduling, enhancing organizational learning, and responding to surgeons and other stakeholders... improving bed availability, optimizing nurse schedules, and creating more seamless patient handoffs... reducing lab turnaround time, improving imaging responsiveness, and decreasing lab errors...successfully applying the right metrics for every facet of hospital performance. The authors conclude by previewing the "Hospital of the Future," addressing issues ranging from prevention and self-care to the evolution of technology and evidence-based medicine.

MANAGING HEALTH CARE INFORMATION SYSTEMS

A PRACTICAL APPROACH FOR HEALTH CARE EXECUTIVES

John Wiley & Sons Managing Health Care Information Systems Managing Health Care Information Systems teaches key principles, methods, and applications necessary to provide access to timely, complete, accurate, legible, and relevant health care information. Written by experts for students and professionals, this well-timed book provides detailed information on the foundations of health care information management; the history, legacy, and future of health care information systems; the architecture and technologies that support health care information systems; and the challenges for senior management in information technology, such as organization, alignment with strategic planning, governance, planning initiatives, and assessing and achieving value. Comprehensive in scope, Managing Health Care Information Systems includes substantial discussion of data quality, regulation, laws, and standards; strategies for system acquisition, use, and support; and standards and security. Each chapter includes an overview and summary of the material, as well as learning activities. The activities provide students with the opportunity to explore more fully the concepts presented. Praise for Managing Health Care Information Systems "This is the first book that comprehensively describes both opportunities and issues in the effective management of information technology in health care." --James. I. Cash, Ph.D., retired James E. Robinson Professor, Harvard Business School, and chairman of IT Committee, Partners HealthCare System, Inc., Board of Trustees "The challenges of managing information systems and technology in an electronic health care environment are many. Finally here is a book that succinctly takes the reader from the basics to the boardroom in meeting such challenges. This book is a great resource." --Melanie S. Brodrik, Ph.D., director, Health Informatics and Information Management, The Ohio State University "Collaboration among authors--academicians and a nationally known CIO--has produced an excellent resource for graduate students and health care executives who wish to learn about health information technologies, systems, and their management." --Ramesh K. Shukla, Ph.D., professor and director, Williamson Institute for Healthcare Leadership, Department of Health Administration, Virginia Commonwealth University

PRICE SETTING AND PRICE REGULATION IN HEALTH CARE

OECD Publishing The objectives of this study are to describe experiences in price setting and how pricing has been used to attain better coverage, quality, financial protection, and health outcomes. It builds on newly commissioned case studies and lessons learned in calculating prices, negotiating with providers, and monitoring changes. Recognising that no single model is applicable to all settings, the study aimed to generate best practices and identify areas for future research, particularly in low- and middle-income settings. The report and the case studies were jointly developed by the OECD and the WHO Centre for Health Development in Kobe (Japan).

PERSON-CENTERED HEALTH RECORDS

TOWARD HEALTHPEOPLE

Springer Science & Business Media Divided into three sections for easy use, including examples from person-centered systems already in place in the US Editors have brought together contributors from varied health care sectors in the United States and elsewhere—public and private, not-for-profit and for-profit

THE PUBLIC HEALTH CONFERENCE ON RECORDS AND STATISTICS

NEUROSONOLOGY

Mosby Incorporated This new ultrasound reference for neurologists includes the many uses of real time imaging. Effectively monitors and assesses therapeutic interventions and provides initial patient evaluation at half the cost of magnetic resonance angiography. A complete text in the promising field of neurosonology, it includes techniques of adult extracranial sonology (Doppler, B-mode imaging, vertebral sonography and color flow imaging); echocardiography (TTE, TEE, intravascular ultrasound), and pediatric neurosonology.

EVIDENCE-BASED EMERGENCY CARE

DIAGNOSTIC TESTING AND CLINICAL DECISION RULES

John Wiley & Sons "The purpose of this book is to present relevant questions on diagnostic testing that arise in everyday emergency medicine practice and to comment on the best available evidence"--Provided by publisher.

SYSTEMATIC REVIEW: SECURE MESSAGING BETWEEN PROVIDERS AND PATIENTS, AND PATIENTS' ACCESS TO THEIR OWN MEDICAL RECORD

EVIDENCE ON HEALTH OUTCOMES, SATISFACTION, EFFICIENCY AND ATTITUDES

Createspace Independent Pub As internet access and the use of mobile devices becomes more widely available, and as it is increasingly used by patients to access health information, many healthcare systems are capitalizing on this trend by offering patients electronic methods to communicate with providers and to learn about their health and medical problems. Some organizations or practices have developed stand-alone systems that allow for secure messaging between patients and their providers. Others, particularly those with existing electronic health record systems (EHRs), are developing companion applications specifically designed for patients that give patients access to email communication, access to their medical records and to test reports, and access to educational information on preventive care or disease-specific care. Much of this development is based on a perception that this is something that patients desire; and, that these systems will enhance patient satisfaction, improve care or make it more efficient. As the Veterans Health Administration (VHA) expands the capabilities of its personal health record system, My HealtheVet (MHV), and places greater emphasis on encouraging its use, it is interested in understanding how best to prioritize different functionalities and which of them will provide the greatest benefits to Veterans. This systematic review was designed to evaluate the literature surrounding secure messaging systems and electronic applications that give patients access to their own medical records, specifically investigating the evidence that these systems improve health outcomes, patient satisfaction, healthcare utilization and efficiency, and adherence. Additionally, the review examined studies that evaluated attitudes, particularly regarding patients having online access to their own medical

information; and specific patient characteristics associated with use of personal health record systems. The review distinguished between electronic systems that were “tethered” or tied to existing healthcare institution systems similar to how MHV is tethered to VHA’s EHR, versus those that were “stand-alone.” The key questions were: Key Question #1. What is the association between secure messaging and health outcomes, patient satisfaction, adherence, efficiency or utilization, or automated email? Key Question #2. What is the association between patient access to their own medical record and health outcomes, patient satisfaction, adherence, efficiency or utilization, and attitudes about access?

CLINICAL NUCLEAR CARDIOLOGY: STATE OF THE ART AND FUTURE DIRECTIONS E-BOOK

EXPERT CONSULT: ONLINE AND PRINT

Elsevier Health Sciences Clinical Nuclear Cardiology—now in its fourth edition—covers the tremendous clinical growth in this field, focusing on new instrumentation and techniques. Drs. Barry L. Zaret and George A Beller address the latest developments in technology, radiopharmaceuticals, molecular imaging, and perfusion imaging. Thoroughly revised to include 20 new chapters—Digital/Fast SPECT, Imaging in Revascularized Patients, and more—this new edition provides state-of-the-art guidance on key areas and hot topics with stunning visuals. Online access to the fully searchable text at expertconsult.com includes highly illustrated case studies that let you see the problem using a variety of imaging modalities. In other words, this is an invaluable resource no clinician or researcher in nuclear cardiology should be without. Features an editorial and contributing team of worldwide leaders in nuclear cardiology to provide you with current and authoritative guidance. Includes a section focusing on acute coronary syndromes to provide you with practical management tools for these conditions. Presents a full-color design that allows color images to be integrated throughout the text. Includes access to the fully searchable contents of the book online at expertconsult.com, along with highly illustrated case studies that let you see the problem using a variety of imaging modalities. Features 20 new chapters including Cellular Mechanisms of Tracer Uptake and Clearance; Attenuation/Scatter Corrections: Clinical Aspects; Hybrid Imaging; Digital/Fast SPECT; Imaging in Revascularized Patients; and more. Focuses on perfusion imaging in a section dedicated to this hot topic so you get all the information you need to stay current.

UTILIZATION OF MOLECULAR RESISTANCE TEST RESULTS AS TOOLS TO SUPPORT PUBLIC HEALTH EFFORTS FOR IMPROVED CONTROL OF RIFAMPICIN-RESISTANT TUBERCULOSIS

THE ANALYSIS OF SENDOUT GENETIC TEST UTILIZATION BY NON-GENETIC PROVIDERS

Purpose: Genetic counseling is the process of helping people understand and adapt to the medical, psychological, and familial implications of genetic contributions to disease. With the expected influx of genetic test utilization, it is important to emphasize the increased need for appropriately ordered tests that not only will avoid unnecessary funding but will also improve patient care. An extensive literature review revealed that there are multiple issues existing with genetic testing ordering, proper utilization, and cost-effectiveness in healthcare. The purpose of the study was to evaluate whether genetic personnel have a significant impact on ordering appropriate genetic tests compared to those ordered by non-genetic medical professionals. **Materials and Methods:** A spreadsheet analyzing 143 sendout genetic tests ordered through Spectrum Health Regional Referrals Laboratory was compiled by a Certified Genetic Counselor from October 1, 2012 to May 30, 2014. Data collection yielded a sample size of 1,009 tests consisting of any inpatient or outpatient for whom sendout genetic testing was ordered. Specific criteria regarding each genetic test was used to determine if each test, excluding the MaterniT21 test, was ordered appropriately or inappropriately. **Results:** The results of the study support that the accuracy of ordering is drastically improved when genetic testing is ordered by genetic personnel. Based on the 143 genetic tests evaluated in this study, the odds ratio demonstrates that the odds of an appropriate test being ordered is approximately 29.5 higher when the ordering personnel is a genetic provider compared to non-genetic ordering personnel. The 95% confidence interval obtained was 8.9-97.7. A chi-square test yielded a p-value of

WHO RECOMMENDATIONS ON ANTENATAL CARE FOR A POSITIVE PREGNANCY EXPERIENCE

World Health Organization Within the continuum of reproductive health care, antenatal care provides a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention. It has been established that, by implementing timely and appropriate evidence-based practices, antenatal care can save lives. Endorsed by the United Nations Secretary-General, this is a comprehensive WHO guideline on routine antenatal care for pregnant women and adolescent girls. It aims to complement existing WHO guidelines on the management of specific pregnancy-related complications. The guidance captures the complex nature of the antenatal care issues surrounding healthcare practices and delivery, and prioritizes person-centered health and well-being --- not only the prevention of death and morbidity --- in accordance with a human rights-based approach.

RETOOLING FOR AN AGING AMERICA

BUILDING THE HEALTH CARE WORKFORCE

National Academies Press As the first of the nation's 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific health needs. Retooling for an Aging America calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aides. Educators and health professional groups can use Retooling for an Aging America to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

LONGTERM FOLLOW-UP AFTER PULMONARY THROMBOECTOMY SURGERY

FUNCTIONAL STATUS, QUALITY OF LIFE AND HEALTH CARE UTILIZATION

The purposes of this study were to determine the longterm follow-up status of patients after pulmonary thromboectomy surgery (PTE) regarding functional status, health concepts relating to quality of life, and utilization of health care resources, and to compare these parameters in preoperative and postoperative PTE patients. the PTE Evaluation and corresponding PTE Follow-up Questionnaires were designed to measure functional status and health care utilization. A Shortness of Breath (SOB) Questionnaire measured dyspnea during activities of daily living. the Rand 36-Item Health Survey containing eight health concepts assessed quality of life. A cross-sectional study of 308 patients, one year or more post PTE surgery (range 1-16 years), received questionnaires. A prospective study of 56 patients completed the PTE Evaluation and SOB Questionnaires one week prior to PTE surgery, and the PTE Follow-up and SOB Questionnaires one year after surgery. A 39 patient subset completed the Rand 36-Item Health Survey. In addition, 100 consecutive postoperative PTE patients were compared to a recent cohort of 100 consecutive preoperative patients for disease-related times/days hospitalized in a preliminary health care utilization study. Descriptive statistics in the cross-sectional study demonstrated decreased health care utilization, and improved functional status and quality of life in the majority of patients. the paired prospective study demonstrated significant improvements (Student's paired t-test or McNemar's test) in times/days hospitalized, ER visits, oxygen use, symptoms related to pulmonary hypertension, and disability status. Ability to walk, climb stairs, return to work, and all health concepts (except pain and emotional well-being) were positively impacted. the 200 unpaired pre and post PTE patients demonstrated a significant decrease in disease-related times/days hospitalized using Student's unpaired t-test (p \$

LABORATORY TEST REQUESTING APPROPRIATENESS AND PATIENT SAFETY

Walter de Gruyter GmbH & Co KG The global medical process is a chain of different medical multidisciplinary procedures. The success in global Patient Safety will depend on the Safety of the consecutive medical processes that intervene in this complex system. Laboratory data is an essential part of health care, indeed it is used in 70% of clinical decisions. Inappropriate laboratory test over requesting is extremely frequent. The prevalence of under requesting has been less studied. The consequences of under requesting are clear, we are missing a diagnosis. Inappropriate over requesting can result not only in a problem of cost but also in a problem regarding patient safety. Additionally, another important consequence of inappropriate tests over requesting is that such amount of unnecessary tests has probably contributed to a significant increase in the volume of those over the last years. In all, there is general consensus that the inadequacy of test requesting must be corrected through strategies and monitored over time through indicators to assure the optimal laboratory contribution to clinical decision-making and patient safety.

CROSSING THE QUALITY CHASM

A NEW HEALTH SYSTEM FOR THE 21ST CENTURY

National Academies Press Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

THE ECONOMICS OF HEALTH AND MEDICAL CARE

Jones & Bartlett Learning Finance/Accounting/Economics