

3m Apr Drg Services

This book outlines the use of the casemix system as a provider payment tool in the health system with special focus on cost of pharmacy services of in-patient care. Casemix system, which is traditionally called Diagnosis Related Groups or DRG in more advanced economies, is now being implemented in many developing countries that plan to or have embarked on social health insurance programs as a source of the health funding. Extensive research has been carried out by the authors involving 13,673 patients that were prescribed with 111,794 items of drugs and admitted to one of the premier teaching hospital in Malaysia. Data from this research was vigorously analysed to impute the pharmacy service weights of all relevant casemix groups. This book provides the best reference for pharmacy service weights that can be used as a guide for effective implementation of the casemix system in any country in the world that plans to use the system.

This online Clinics series provides evidence-based answers to clinical questions the practicing hospitalist faces daily. The tenth issue in our growing online database, edited by James Newman, covers essential updates in the following topics: Long QT; Noninvasive ventilation; Fever of Unknown Origin; Post Bariatric Surgery; Hospital Fall Prevention; Mimics of Cellulitis; UR Essentials; Neutropenic fever; Nephrotic syndrome; and Chronic Spinal Cord Injury. Today, as never before, healthcare has the ability to enhance the quality and duration of life. At the same time, healthcare has become so costly that it can easily bankrupt governments and impoverish individuals and families. Health services research is a highly multidisciplinary field, including such areas as health administration, health economics, medical sociology, medicine, , political science, public health, and public policy. The Encyclopedia of Health Services Research is the first single reference source to capture the diversity and complexity of the field. With more than 400 entries, these two volumes investigate the relationship between the factors of cost, quality, and access to healthcare and their impact upon medical outcomes such as death, disability, disease, discomfort, and dissatisfaction with care. Key Features Examines the growing healthcare crisis facing the United States Encompasses the structure, process, and outcomes of healthcare Aims to improve the equity, efficiency, effectiveness, and safety of healthcare by influencing and developing public policies Describes healthcare systems and issues from around the globe Key Themes Access to Care Accreditation, Associations, Foundations, and Research Organizations Biographies of Current and Past Leaders Cost of Care, Economics, Finance, and Payment Mechanisms Disease, Disability, Health, and Health Behavior Government and International Healthcare Organizations Health Insurance Health Professionals and Healthcare Organizations Health Services Research Laws, Regulations, and Ethics Measurement; Data Sources and Coding; and Research Methods Outcomes of Care Policy Issues, Healthcare Reform, and International Comparisons Public Health Quality and Safety of Care Special and Vulnerable Groups The Encyclopedia is designed to be an introduction to the various topics of health services research for an audience including undergraduate students, graduate students, and general readers seeking non-technical descriptions of the field and its practices. It is also useful for healthcare practitioners wishing to stay abreast of the changes and updates in the field.

Competition and Other Factors Linked to Wide Variation in Health Care Prices

Wisconsin Inpatient Hospital Quality Indicators Report

Health Insurance and Managed Care

Their Design and Development

Multilevel Regression Model Analyses of Racial Disparities in U.S. Inpatient Mental Health Treatment

Transition to Diagnosis-Related Group (DRG) Payments for Health

This completely revised and updated edition of an outstanding text addresses the fundamental knowledge of epidemiological methods and statistics that can be applied to evolving systems, programs, technologies, and policies. This edition presents new chapters on causal thinking, ethics, and web resources, analyzes data on multinational increases in poverty and longevity, details the control of transmissible diseases, and explains quality management, and the evaluation of healthcare system performance.

"Binding: PB"--

This unique, contemporary book is the successor edition of a ground-breaking, authoritative title devoted to the pathology and treatment of chiari malformations. Since an abundance of research and development has occurred after the publication of the Chiari Malformations this updated title meets the market need for a reference that reflects such advances in the field. Chiari Malformations, 2nd Edition is divided into nine sections. Opening sections feature chapters on general aspects, diagnostic features and clinical presentation. These are followed by sections on differential diagnosis, treatment and prognosis. Finally, the book closes with an extensive discussion on research, related pathologies and patient resources. Expertly written chapters are supplemented with numerous high-quality illustrations and images to aid in visual learning. An impressive, nuanced successor, Chiari Malformations, 2nd Edition, is an invaluable resource for neuroscientists

and clinicians at all levels, as well as graduate students to specific research scientists studying this region.

Institutions Inc.

Handbook of Epidemiology

Understanding Population Health Analytics

Diseases of the Fetus and Infant

From Research to Implementation

Encyclopedia of Health Services Research

In this book the authors explore the state of the art on efficiency measurement in health systems and international experts offer insights into the pitfalls and potential associated with various measurement techniques. The authors show that: - The core idea of efficiency is easy to understand in principle - maximizing valued outputs relative to inputs, but is often difficult to make operational in real-life situations - There have been numerous advances in data collection and availability, as well as innovative methodological approaches that give valuable insights into how efficiently health care is delivered - Our simple analytical framework can facilitate the development and interpretation of efficiency indicators.

v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

There is concern about the health care spending (HCS) burden facing the Fed. Employees Health Benefits Program (FEHBP), the largest private health insurance program in the U.S. HCS per person varies geographically, & the underlying causes for the spending variation are not known. Understanding market forces & other factors that may influence HCS may contribute to efforts to moderate HCS. This report examines prices & HCS in FEHBP Preferred Provider Org. (PPOs) to determine: the extent to which hospital & physician prices varied geographically: which factors were assoc. with geographic variation in hospital & physician prices: & the extent to which hospital & physician price variation contributed to geographic variation in spending. Charts & tables.

Rehabilitation R & D Progress Reports

Principles of Healthcare Reimbursement

Concept, Methods and Applications

VA Health Services Research & Development Progress Reports

Volume 3, Issue 2, An Issue of Hospital Medicine Clinics E-BOOK

Wisconsin Health Care Data Report

Im Jahr 2003 wurde in Deutschland mit der Einfuhrung des diagnoseorientierten Fallpauschalensystems (DRG) begonnen; nach dem Jahr 2009 ist die Konvergenzphase abgeschlossen. Der Sammelband zieht aus verschiedenen Blickwinkeln und mit Beitragen namhafter Autoren eine umfassende Zwischenbilanz. Auswirkungen der DRG-Einfuhrung insbesondere auf Versorgung, Krankenhausmanagement, Krankenkassen und Krankenhausplanung werden diskutiert. Neben einer kurzen Bilanz aus verbandspolitischer Sicht erfolgt eine Zusammenfassung des bislang vorhandenen Kenntnisstandes durch Praxis und Wissenschaft. Mit Beitragen u. a. von J. Debatin, R. Hoberg, H. Lohmann, W. Pfohler, H. Rebscher, H. Schmitz, M. Schrappe, J.-M. v. Stackelberg, C. Straub, A. Tecklenburg.

This text will address the role of the hospital case manager from a business perspective rather than a nursing perspective. Will engage all areas that are involved with the health care system, in pursuit of global objectives on behalf of every stakeholder.

Some issues accompanied by supplements.

Texas Register

Epidemiology and the Delivery of Health Care Services

CMR

The SAGE Handbook of Healthcare

Methods and Applications

Comparative Health Information Management

Health spending continues to grow faster than the economy in most OECD countries. In 2010, the OECD published a study of strategies to increase value for money in health care, in which pay for performance (P4P) was identified as an innovative tool to improve health system efficiency in several OECD countries. However, evidence that P4P increases value for money, boosts quality of processes in health care, or improves health outcomes is limited. This book explores the many questions surrounding P4P such as whether the potential power of P4P has been over-sold, or whether the disappointing results to date are more likely rooted in problems of design and implementation or inadequate monitoring and evaluation. The book also examines the supporting systems and process, in addition to incentives, that are necessary for P4P to improve provider performance and to drive and sustain improvement. The book utilises a substantial set of case studies from 12 OECD countries to shed light on P4P programs in practice. Featuring both high and middle income countries, cases from primary and acute care settings, and a range of both national and pilot programmes, each case study

features: Analysis of the design and implementation decisions, including the role of stakeholders Critical assessment of objectives versus results Examination of the of 'net' impacts, including positive spillover effects and unintended consequences The detailed analysis of these 12 case studies together with the rest of this critical text highlight the realities of P4P programs and their potential impact on the performance of health systems in a diversity of settings. As a result, this book provides critical insights into the experience to date with P4P and how this tool may be better leveraged to improve health system performance and accountability. This title is in the European Observatory on Health Systems and Policies Series.

Find your next career with COMPARATIVE HEALTH INFORMATION MANAGEMENT, 4e. Updated for the fourth edition, this book explores a variety of professional settings where opportunities abound, including hospitals, ambulatory clinics and medical offices, veterinary practices, home health, long-term care, and correctional facilities, as well as emerging practice areas in consulting and cancer registry. Focused on the challenges of managing and protecting the flow of information across sites, chapters introduce the health care system today, and then delve into specifics of the many HIM roles available to you, enhancing discussions with key terms, self-test questions, web links, and more to add meaning to concepts. Additional features include realistic case studies to help you solve problems, and new "Professional Spotlight" vignettes for an inside view of actual professionals in their HIM careers. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

Fanaroff and Martin's Neonatal-Perinatal Medicine covers everything you need to improve the quality of life and long-term outcomes of your patients. Drs. Richard J. Martin, Avroy A. Fanaroff, and Michele C. Walsh, along with a multi-disciplinary team of contributors guide you through the sweeping developments in diagnosis and treatment of the mother fetus, and neonate. The completely updated 9th edition keeps you current on the late preterm infant, the fetal origins of adult disease, neonatal anemia, genetic disorders, and more. Get comprehensive guidance on treating patients through a dual focus on neonatology and perinatology. See nuances and details in over 800 illustrations that depict disorders in the clinical setting and explain complex information. Find the information you need easily with indexing in both volumes that provides quick access to specific guidance. Spot genetic problems early and advise parents of concerns thanks to completely new section on this topic. Tackle the health problems associated with preterm births through a new chapter on The Late Preterm Infant. Understand the fetal origins of adult disease through a new chapter that focuses on conditions that originate in the womb. Stay current on the developments and research surrounding neonatal anemia from the entirely new chapter on Blood and Hematopoietic System highlights. Obtain more global perspectives and best practices from an increased number of international contributions in this edition.

The Leader's Guide to Hospital Case Management

The Next Frontier for Health Technology Assessment

Federal Employees Health Benefits Program competition and other factors linked to wide variation in health care prices : report to the Honorable Paul Ryan, House of Representatives.

Standortbestimmung und Perspektiven

Lessons from Case Studies

EBOOK: Diagnosis-Related Groups in Europe: Moving towards transparency, efficiency and quality in hospitals

With escalating healthcare costs, changes to the regulatory control on pharmaceutical industries and the inevitable adjustments made in policies and investment in healthcare there is enormous interest in the commercial as well as the scientific aspects of today's healthcare industry. The SAGE Handbook of Healthcare provides an authoritative analysis of the current (and anticipated) developments in the global healthcare industries. Providing a unique perspective that interfaces between the science and business aspects, it combines information on the latest scientific developments with applied, commercial business data from the global marketplace. The Handbook focuses on the aspects of paramount importance in the healthcare sector: - Pharmacoeconomics - Pharmacogenomics - Therapeutics - Diagnostics Areas covered include: - The role of nanotechnology, genomics and cell therapy in medicine - Diagnostics; Biomarkers and technological advances - Case studies in oncology and cardiovascular and CNS therapeutics

Principles of Healthcare Reimbursement integrates information about all US healthcare payment systems into one authoritative resource. Boost your understanding of the complex financial systems in today's healthcare environment, including the basics of health insurance, public funding programs, managed care contracting, and how services are paid. Gain clear insight into how reimbursement systems have made an impact on providers and payers, consumers, public policy makers, and the development of classification and information technology systems over the years.

Institutions Incorporated draws together aspects of human and organizational corporeality and links them to institutions. Throughout European anthropology and culture the body has been conceptualized as the 'dark side' to soul and reason. This book explores the 'dark side' of institutions, their materiality and the bodily involvement of their users, in an environment where perfection is measured in intangible entities, notably reason and will. This innovative collection takes a closer look at the interplay of the symbolic and the material, and the triad of institutions, bodies and corporations. This exciting research examines what the tangible, 'dark side' of institutions means both for those who live in them, and those who study them.

Journal of the Healthcare Financial Management Association

The Massachusetts Register

Data Driven Approaches for Healthcare

Hospital-Based Health Technology Assessment

Federal Employees Health Benefits Program

Utilization and charges, hospitals and freestanding ambulatory surgery centers, emergency department visits

The DRG Patient classification system. Use of DRGs for managing hospital resources. The product-line management model. Cost accounting and budgeting. Nursing resources. Use of DRGs for financing patient care. Structure of a DRG-based prospective payment system. Using DRGs for international comparisons. DRG analogues for ambulatory care and long-term care

This book examines how nine different health systems--U.S. Medicare, Australia, Thailand, Kyrgyz Republic, Germany, Estonia, Croatia, China (Beijing) and the Russian Federation--have transitioned to using case-based payments, and especially diagnosis-related groups (DRGs), as part of their provider payment mix for hospital care. It sheds light on why particular technical design choices were made, what enabling investments were pertinent, and what broader political and institutional issues needed to be considered. The strategies used to phase in DRG payment receive special attention. These nine systems have been selected because they represent a variety of different approaches and experiences in DRG transition. They include the innovators who pioneered DRG payment systems (namely the United States and Australia), mature systems (such as Thailand, Germany, and Estonia), and countries where DRG payments were only introduced within the past decade (such as the Russian Federation and China). Each system is examined in detail as a separate case study, with a synthesis distilling the cross-cutting lessons learned. This book should be helpful to those working on health systems that are considering introducing, or are in the early stages of introducing, DRG-based payments into their provider payment mix. It will enhance the reader's understanding of how other countries (or systems) have made that transition, give a sense of the decisions that lie ahead, and offer options that can be considered. It will also be useful to those working in health systems that already include DRG payments in the payment mix but have not yet achieved the anticipated results.

With more than 8,000 nonmedical words, phrases, and acronyms related to the healthcare industry, Slee's Health Care Terms covers finance and reimbursement, managed care, government regulation, health professionals, legal issues, and more. Now in its fifth edition, Slee's is a reference for anyone who deals with the healthcare industry.

Development of Pharmacy Service Weights in the Implementation of Casemix System for Provider Payment Health System Efficiency

Machine learning for Identifying High Utilizers

Fanaroff and Martin's Neonatal-Perinatal Medicine E-Book

Slee's Health Care Terms

Auswirkungen der DRG-Einführung in Deutschland

Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020.

A timely work describing how localized hospital-based health technology assessment (HB-HTA) complements general, 'arms-length' HTA agency efforts, and what has been the collective global impact of HB-HTA across the globe. While HB-HTA has gained significant momentum over the past few years, expertise in the field, and information on the operation and organization of HB-HTA, has been scattered. This book serves to bring this information together to inform those who are currently working in the field of HTA at the hospital, regional, national or global level. In addition, this book is intended for decision-makers and policy-makers with a stake in determining the uptake and decommissioning of new and established technologies in the hospital setting. HTA has traditionally been performed at the National/Regional level by HTA Agencies, typically linked to governments. Yet hospitals are the main entry door for most health technologies (HTs). Hospital decision-makers must undertake multiple high stakes investment and disinvestment decisions annually for innovative HTs, usually without adequate information. Despite the existence of arms-length HTA Agencies, inadequate information is available to hospital decision-makers either because relevant HTA reports are not yet released at the time of entry of new technologies to the field, or because even when the report exists, the information contained is insufficient to clarify the contextualized informational needs of hospital decision makers. Therefore, there has recently been a rising trend toward hospital-based HTA units and programs. These units/programs complement the work of National/Regional HTA Agencies by providing the key and relevant evidence needed by hospital decision makers in their specific hospital context, and within required decision-making timelines. The emergence of HB-HTA is creating a comprehensive HTA ecosystem across health care levels, which creates better bridges for knowledge translation through relevance and timeliness.

Health Insurance and Managed Care: What They Are and How They Work (formerly titled Managed Care: What It Is and How It Works) is a concise introduction to the foundations of the American managed health care system. Written in clear and accessible language, this handy guide offers an historical overview of managed care and then walks the reader through the organizational structures, concepts, and practices of the managed care industry. The Fourth Edition is a thorough update that

addresses the impact of the Affordable Care Act throughout the industry including: - New underwriting requirements - New marketing and sales channels - Limitations on sales, governance, and administrative (SG&A) costs and profits - New provider organizations such as Patient Centered Medical Homes (PCHMs) and Accountable Care Organizations (ACO's) - New payment mechanisms such as shared savings with ACOs, and severity-adjusted diagnosis related groups - Changes to Medicare Advantage - Medicaid expansion and reliance on Medicaid managed care

How to Make Measurement Matter for Policy and Management

Health Care Financing Review

Drg Definition Manual

Modern Healthcare

Earthquake: How the Ever-shifting Healthcare Model Victimized Americans

EBOOK: Paying For Performance in Healthcare: Implications for Health System Performance and Accountability

Health care utilization routinely generates vast amounts of data from sources ranging from electronic medical records, insurance claims, vital signs, and patient-reported outcomes. Predicting health outcomes using data modeling approaches is an emerging field that can reveal important insights into disproportionate spending patterns. This book presents data driven methods, especially machine learning, for understanding and approaching the high utilizers problem, using the example of a large public insurance program. It describes important goals for data driven approaches from different aspects of the high utilizer problem, and identifies challenges uniquely posed by this problem. Key Features: Introduces basic elements of health care data, especially for administrative claims data, including disease code, procedure codes, and drug codes Provides tailored supervised and unsupervised machine learning approaches for understanding and predicting the high utilizers Presents descriptive data driven methods for the high utilizer population Identifies a best-fitting linear and tree-based regression model to account for patients' acute and chronic condition loads and demographic characteristics

Diagnosis Related Group (DRG) systems were introduced in Europe to increase the transparency of services provided by hospitals and to incentivise greater efficiency in the use of resources invested in acute hospitals. In many countries, these systems were also designed to contribute to improving – or at least protecting – the quality of care. After more than a decade of experience with using DRGs in Europe, this book considers whether the extensive use of DRGs has contributed towards achieving these objectives. Written by authors with extensive experience of these systems, this book is a product of the EuroDRG project and constitutes an important resource for health policy-makers and researchers from Europe and beyond. The book is intended to contribute to the emergence of a 'common language' that will facilitate communication between researchers and policy-makers interested in improving the functioning and resourcing of the acute hospital sector. The book includes: A clearly structured introduction to the main 'building blocks' of DRG systems An overview of key issues related to DRGs including their impact on efficiency, quality, unintended effects and technological innovation in health care 12 country chapters - Austria, England, Estonia, Finland, France, Germany, Ireland, the Netherlands, Poland, Portugal, Spain and Sweden Clearly structured and detailed information about the most important DRG system characteristics in each of these countries Useful insights for countries and regions in Europe and beyond interested in introducing, extending and/ or optimising DRG systems within the hospital sector

The Handbook of Epidemiology provides a comprehensive overview of the field and thus bridges the gap between standard textbooks of epidemiology and dispersed publications for specialists that have a narrowed focus on specific areas. It reviews the key issues and methodological approaches pertinent to the field for which the reader pursues an expatiated overview. It thus serves both as a first orientation for the interested reader and as a starting point for an in-depth study of a specific area, as well as a quick reference and recapitulatory overview for the expert. The book includes topics that are usually missing in standard textbooks.

Healthcare Financial Management

Advances in Patient Safety

DRGs

The Severity of Illness Index as a Severity Adjustment to Diagnosis-related Groups

The Chiari Malformations

Healthcare in America is littered with confusing rules and unclear systems. The discussion is oft centered on misconstrued facts and downright lies. Some politicians claim that nobody ever died from lack of access, that the Affordable Care Act is unnecessary and American healthcare isn't cost-prohibitive. Some claim no one has lost Medicare or Medicaid coverage and pre-existing conditions don't threaten coverage. One thing that can't be denied about American healthcare is how often the average consumer is left confused. "Earthquake: How the Ever-shifting Healthcare Model Victimized Americans" uses an easy-to-understand metaphor that equates the ever-shifting healthcare system with tectonic plates: just as earthquakes create victims with every shift of tectonic plates, so does the unstable American healthcare system. Dr. Brian Casull, a physician and physician executive of over 40 years, provides information that will help you escape to solid ground, including discussions about: What drives healthcare cost and what you can do about it; What the Affordable Care Act does and doesn't do; The on-going political assault on your healthcare including pre-existing conditions, preventive care and the 10 essential categories of care you rightfully deserve. "Earthquake" aims to give you, the average healthcare consumer, the information necessary to become informed about America's healthcare system and understand the tectonic plates that make your healthcare shake and tremble. With this book in hand, you can stay up-to-date on

America's Healthcare in Transition.