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This comprehensive medical textbook is a compendium of the latest information on healthcare quality. The text provides knowledge about the theory and practical applications for each of the core areas that comprise the field of medical quality management as well as insight and essential briefings on the impact of new healthcare technologies and innovations on medical quality and improvement. The third edition provides significant new content related to medical quality management and quality improvement, a user-friendly format, case studies, and updated learning objectives. This textbook also serves as source material for the American Board of Medical Quality in the development of its core curriculum and certification examinations. Each chapter is designed for a review of the essential background, precepts, and exemplary practices within the topical area: Basics of Quality Improvement Data Analytics for the Improvement of Healthcare Quality Utilization Management, Case Management, and Care Coordination Economics and Finance in Medical Quality Management External Quality Improvement — Accreditation, Certification, and Education The Interface Between Quality Improvement and Law Ethics and Quality Improvement With the new edition of Medical Quality Management: Theory and Practice, the American College of Medical Quality presents the experience and expertise of its contributors to provide the background necessary for healthcare professionals to assume the responsibilities of medical quality management in healthcare institutions, provide physicians in all medical specialties with a core body of knowledge related to medical quality management, and serve as a necessary guide for healthcare administrators and executives, academics, directors, medical and nursing students

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and residents, and physicians and other health practitioners.

Health care in the US and elsewhere has been rocked by economic upheaval. Cost-cuts, care-cuts, and confusion abound. Traditional tort and contract law have not kept pace. Physicians are still expected to deliver the same standard of care -- including costly resources - to everyone, regardless whether it is paid for. Health plans can now face litigation for virtually any unfortunate outcome, even those stemming from society's mandate to keep costs down while improving population health. This book cuts through the chaos and offers a clear, persuasive resolution. Part I explains why new economic realities have rendered prevailing malpractice and contract law largely anachronistic. Part II argues that pointing the legal finger of blame blindly or hastily can hinder good medical care. Instead of "whom do we want to hold liable," we should focus first on "who should be doing what, for the best delivery of health care." When things go wrong, each should be liable only for those aspects of care they could and should have controlled. Once a good division of labor is identified, what kind of liability should be imposed depends on what kind of mistake was made. Failures to exercise adequate expertise (knowledge, skill, care effort) should be addressed as torts, while failures to provide promised resources should be resolved under contract. Part III shows that this approach, though novel, fits remarkably well with basic common law doctrines, and can even enlighten ERISA issues. With extensive documentation from current case law, commentary, and empirical literature, the book will also serve as a comprehensive reference for attorneys, law professors, physicians, administrators, bioethicists, and students.

The Second Edition of this comprehensive "how to" text has been completely revised and updated. This text outlines the basics of case management and illustrates some of the pitfalls

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encountered in the field of case management. The book provides information on the new Case Management Standards, supplies standard definitions and guidelines of case management for the practicing case manager, and presents information on caring for clients in a wide variety of health care settings. New to this edition--chapters focusing on Quality Reviews and Risk Management with a strong emphasis on Continuous Quality Improvement (CQI), ethical and legal issues, and various case studies.

The United States has the highest per capita spending on health care of any industrialized nation but continually lags behind other nations in health care outcomes including life expectancy and infant mortality. National health expenditures are projected to exceed \$2.5 trillion in 2009. Given healthcare's direct impact on the economy, there is a critical need to control health care spending. According to *The Health Imperative: Lowering Costs and Improving Outcomes*, the costs of health care have strained the federal budget, and negatively affected state governments, the private sector and individuals. Healthcare expenditures have restricted the ability of state and local governments to fund other priorities and have contributed to slowing growth in wages and jobs in the private sector. Moreover, the number of uninsured has risen from 45.7 million in 2007 to 46.3 million in 2008. *The Health Imperative: Lowering Costs and Improving Outcomes* identifies a number of factors driving expenditure growth including scientific uncertainty, perverse economic and practice incentives, system fragmentation, lack of patient involvement, and under-investment in population health. Experts discussed key levers for catalyzing transformation of the delivery system. A few included streamlined health insurance regulation, administrative simplification and clarification and quality and consistency in treatment. The book is an excellent guide for policymakers at all

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levels of government, as well as private sector healthcare workers.

Has postmodern American culture so altered the terrain of medical care that moral confusion and deflated morale multiply faster than both technological advancements and ethical resolutions? *The Ethos of Medicine in Postmodern America* is an attempt to examine this question with reference to the cultural touchstones of our postmodern era: consumerism, computerization, corporatization, and destruction of meta-narratives. The cultural insights of postmodern thinkers—such as such as Foucault, Deleuze and Guattari, Lyotard, Baudrillard, Bauman, and Levinas—help elucidate the changes in healthcare delivery that are occurring early in the twenty-first century. Although only Foucault among this group actually focused his critique on medical care itself, their combined analysis provides a valuable perspective for gaining understanding of contemporary changes in healthcare delivery. It is often difficult to envision what is happening in the psychosocial, cultural dynamic of an epoch as you experience it. Therefore it is useful to have a technique for refracting those observations through the lens of another system of thought. The prism of postmodern thought offers such a device with which to “view the eclipse” of changing medical practice. Any professional practice is always thoroughly embedded in the social and cultural matrix of its society, and the medical profession in America is no exception. In drawing upon of the insights of key Continental thinkers such and American scholars, this book does not necessarily endorse the views of postmodernism but trusts that much can be learned from their insight. Furthermore, its analysis is informed by empirical information from health services research and the sociology of medicine. Arnold R. Eiser develops a new understanding of healthcare delivery in the twenty-first century and suggests positive developments that might be nurtured to avoid the barren

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“Silicon Cage” of corporate, bureaucratized medical practice. Central to this analysis are current healthcare issues such as the patient-centered medical home, clinical practice guidelines, and electronic health records. This interdisciplinary examination reveals insights valuable to anyone working in postmodern thought, medical sociology, bioethics, or health services research.

This text is a comprehensive treatment of all aspects of group insurance in the United States and Canada. It addresses life and health insurance as well as government programs and more specialized forms of insurance. Emphasis is placed on the actuarial aspects of this important field of insurance including pricing, regulation, underwriting, financial reporting, and modeling. Since its original publication in 1992, Group Insurance has become the resource of choice for experts as well as beginners. It is an essential tool for anyone who wishes to practice in the group benefits field. The Sixth Edition has been updated for the industry and regulatory changes which have occurred since 2007. Of particular note is the impact that healthcare reform in the United States will have on all facets of this topic.

For more than 65 years, Alexander's Care of the Patient in Surgery has been a trusted source for detailed information on perioperative nursing. Well-known author and educator Jane C. Rothrock sets up a solid foundation for practice, and offers step-by-step instructions for over 400 surgical interventions as well as many minimally invasive surgical procedures, all backed by the latest research. More than 1,000 full-color illustrations and photos depict procedures and methods, as well as surgical anatomy and instrumentation. This edition adds Rapid Response Team boxes with suggested interventions, plus coverage of new trends in patient and staff safety, the increase in interventional radiology, and the growth of outpatient

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ambulatory surgery. Alexander's gives you the tools you need to provide safe, cost-effective, high-quality patient care.

The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.

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.

Managed care has produced dramatic changes in the treatment of mental health and substance abuse problems, known as behavioral health. Managing Managed Care offers an urgently needed assessment of managed care for behavioral health and a framework for purchasing, delivering, and ensuring the quality of behavioral health care. It presents the first objective analysis of the powerful multimillion-dollar accreditation industry and the key accrediting organizations. Managing Managed Care draws evidence-based conclusions about the effectiveness of behavioral health treatments and makes recommendations that address consumer protections, quality improvements, structure and financing,

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roles of public and private participants, inclusion of special populations, and ethical issues. The volume discusses trends in managed behavioral health care, highlighting the emerging role of the purchaser. The committee explores problems of overlap and fragmentation in the delivery of behavioral health care and discusses the issue of access, a special concern when private systems are restricted and public systems overburdened. Highly applicable to the larger health care system, this volume will be of particular interest to all stakeholders in behavioral health--federal and state policymakers, public and private purchasers, health care providers and administrators, consumers and consumer advocates, accrediting organizations, and health services researchers.

Every year, the average American spends about \$7,300 on medical expenses. The typical Canadian pays \$2,700, the Briton only \$2,000. And yet, according to the World Health Organization, our healthcare system, in terms of total quality, ranks thirty-eighth in the world, right between Costa Rica and Slovenia. Not only do 40 million Americans lack health insurance, but more than 200,000 die each year because of medical mistakes. Our average life expectancy is lower than Cuba's. In *Next Medicine*, Dr. Walter Bortz zeroes in on why the American medicine is spiraling toward disaster. A physician with fifty years of experience and a leading authority on aging, Bortz argues that the financial interests of

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biotech and drug companies have distorted the healthcare system. Thanks to them, medicine today is economically motivated to treat disease rather than to prevent it. Heart disease, for example, is widely treated with drug interventions and invasive surgery--both of which are extravagantly profitable for pharmaceutical giants and hospitals. Daily exercise and a healthy diet, on the other hand, can prevent heart disease, and can be obtained by patients essentially for free--but there's no money in that. The medical-industrial complex has a vested interest in keeping us sick, and until that changes medicine will fail to effectively address the leading cause of disability and mortality today: chronic diseases like diabetes that are largely preventable. Bortz proposes a medical system that emphasizes personal responsibility and provides incentives for healthy lifestyle choices, along with new training for medical professionals. Through a lively narrative full of personal anecdotes and jarring statistics, Bortz makes a powerful case for a radically new medical system--one that is based on rigorous science and loosens the strangle hold of corporate interests on American health.

This text contains the core body of knowledge for case management practice as delineated by the Case Management Society of America (CMSA), the largest professional organization of case managers. The core curriculum provides a

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"synthesis of case management evolution," and presents essential elements, concepts, and vision for current and future case management practice. This edition is significantly expanded to reflect the dynamic changes taking place in case management. Each chapter is organized in a consistent format that includes learning objectives; introduction; important terms and concepts; key definitions; and references.

"Binding: PB"--

Award-winning journalists expose the horrific practices within America's health care system, profiling patients and doctors and offering startling personal stories to illuminate what's gone wrong. "Every American ought to read this book."—The Plain Dealer Tens of millions of people with inadequate or no medical coverage . . . dirty examination and operating rooms in doctors' offices and hospitals . . . more people killed by mistakes than by many diseases. This may sound like the predicament of a failed state, but this is America's health care reality today. The United States spends more per capita on health care than any other nation, yet benefits are shrinking and life expectancy here is shorter than in countries that spend significantly less. Meanwhile, HMOs, pharmaceutical companies, and hospital chains reap tremendous profits, as our elected politicians, beholden to these same companies, enact piecemeal measures that lead to needless deaths,

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refusing to come to grips with a system on the verge of collapse. A superb investigative work that is enormously compelling and addresses the concerns of every American, *Critical Condition* offers an insightful prescription for getting the system back on the right track.

This new comprehensive resource *Medical Quality Management: Theory and Practice* addresses the needs of physicians, medical students, and other health care professionals for up to date information about medical quality management. In reviewing the key principles and methods that comprise the current state of medical quality management in U.S. health care, this text provides a concise summary of quality improvement, patient safety and quality measurement methodologies. Important Notice: The digital edition of this book is missing some of the images or content found in the physical edition.

Develop your management and leadership skills. *Leadership and Nursing Care Management, 6th Edition* maintains its AONE competencies, and features the most up-to-date, evidence-based blend of practice and theory related to the issues that impact nursing management and leadership today. A fresh, conversational writing style provides you with an easy-to-understand, in-depth look at these prevalent issues. Key topics include the nursing professional's role in law and ethics, staffing and scheduling, delegation, cultural considerations, care management, human resources, outcomes management, safe work environments, preventing employee injury, and time and stress

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management. UNIQUE! Chapters divided according to AONE competencies for nurse leaders, managers, and executives. Research Notes in each chapter summarize relevant nursing leadership and management studies and highlight the practical applications of research findings. Case Studies at the end of each chapter present real-world leadership and management situations and illustrate how key concepts can be applied to actual practice. Critical Thinking Questions at the end of each chapter present clinical situations followed by critical thinking questions that allow you to reflect on chapter content, critically analyze the information, and apply it to the situation. Full-color design and photos makes content more vivid. Updated! Chapter on the Prevention of Workplace Violence emphasizes the AONE, Joint Commission's, and OSHA's leadership regarding ethical issues with disruptive behaviors of incivility, bullying, and other workplace violence. Updated! Chapter on Workplace Diversity includes the latest information on how hospitals and other healthcare facilities address and enhance awareness of diversity. Updated! Chapter on Data Management and Clinical Informatics covers how new technology helps patients be informed, connected, and activated through social networks; and how care providers access information through mobile devices, data dashboards, and virtual learning systems.

Joseph J. Fins calls for a reconsideration of severe brain injury treatment, including discussion of public policy and physician advocacy.

Volume 2 of the Textbook of Neural Repair and Rehabilitation stands alone as a clinical

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handbook for neurorehabilitation.

In two freestanding volumes, *Textbook of Neural Repair and Rehabilitation* provides comprehensive coverage of the science and practice of neurological rehabilitation. Revised throughout, bringing the book fully up to date, this volume, *Medical Neurorehabilitation*, can stand alone as a clinical handbook for neurorehabilitation. It covers the practical applications of the basic science principles presented in Volume 1, provides authoritative guidelines on the management of disabling symptoms, and describes comprehensive rehabilitation approaches for the major categories of disabling neurological disorders. New chapters have been added covering genetics in neurorehabilitation, the rehabilitation team and the economics of neurological rehabilitation, and brain stimulation, along with numerous others. Emphasizing the integration of basic and clinical knowledge, this book and its companion are edited and written by leading international authorities. Together they are an essential resource for neuroscientists and provide a foundation of the work of clinical neurorehabilitation professionals.

As the healthcare environment changes, the need for outcomes-based treatment planning becomes even more critical. This book guides the reader through current outcomes-based research as it pertains to surgery. First, it gives a complete overview of the practice of evidence-based surgery (EBS), with topics such as treatment planning, policy issues, and ethical issues. Then it gives practical, step-by-step advice

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on the methodology of EBS, with chapters on study design, outcomes measures, adjustments for complications and comorbidities, cost, and data sources. Last, it publishes the results of numerous respected EBS studies.

The completely revised and updated Third Edition of Risk Management in Health Care Institutions: Limiting Liability and Enhancing Care covers the basic concepts of risk management, employment practices, and general risk management strategies, as well as specific risk areas, including medical malpractice, strategies to reduce liability, managing positions, and litigation alternatives. This edition also emphasizes outpatient medicine and the risks associated with electronic medical records. Risk Management in Health Care Institutions: Limiting Liability and Enhancing Care, Third Edition offers a Special edition of the Federal Register, containing a codification of documents of general applicability and future effect ... with ancillaries.

Managed Care

Comprehensive and in-depth guide provides the expertise of more than 100 of the nation's top professionals.

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

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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.

This issue of *Emergency Medicine Clinics* focuses on Geriatric Emergencies. Articles include: Recent Trends in Geriatric Emergency Medicine, Resuscitation of the Elderly, Pharmacology in the Geriatric Patient, Trauma and Falls in the

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Elderly, Sepsis and Infectious Emergencies in the Elderly, Evaluation of the Geriatric Patient with Chest Pain, Evaluation of Dyspnea in the Elderly, Abdominal Pain in the Geriatric Patient, Neurologic Emergencies in the Elderly, Evaluation of Syncope, Altered Mental Status and Delirium, and more! Legal Nurse Consulting Principles and Practices, Fourth Edition, provides foundational knowledge on the specialty nursing practice of legal nurse consulting. Legal nurse consulting is defined, and essential information about the practice is discussed (history, certification, scope and standards of practice, and ethical and liability considerations). The essentials of the law and medical records are explored. Analysis of the various types of legal cases on which legal nurse consultants work is provided, as are other practice areas for legal nurse consultants. The various roles and skills of legal nurse consultants are explored, and the textbook concludes with discussion of the ways in which legal cases are adjudicated. This volume allows nurses to bridge the gap from their clinical experience to the unfamiliar territory of the legal world, with practical advice on topics including tactics for being cross-examined in the courtroom and investigative and analytical techniques for medical records. Individual chapters by subject-matter experts focus on the full range of legal, medical, and business issues that new or experienced legal nurse consultants and nurse experts will

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encounter in their work. A nuanced look at the realities and complexities of toxic torts, medical malpractice cases, civil rights in correctional healthcare, ERISA and HMO litigation, and other practice areas is offered. Suitable for experienced nurses studying for certification as legal nurse consultants, and for expert witnesses, practitioners seeking to expand their current legal nurse roles, and other healthcare and legal practitioners.

Decision making is a critical element in the field of medicine that can lead to life-or-death outcomes, yet it is an element fraught with complex and conflicting variables, diagnostic and therapeutic uncertainties, patient preferences and values, and costs. Together, decisions made by physicians, patients, insurers, and policymakers determine the quality of health care, quality that depends inherently on counterbalancing risks and benefits and competing objectives such as maximizing life expectancy versus optimizing quality of life or quality of care versus economic realities. Broadly speaking, concepts in medical decision making (MDM) may be divided into two major categories: prescriptive and descriptive. Work in the area of prescriptive MDM investigates how medical decisions should be done using complicated analyses and algorithms to determine cost-effectiveness measures, prediction methods, and so on. In contrast, descriptive MDM studies how decisions actually are made involving

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human judgment, biases, social influences, patient factors, and so on. The Encyclopedia of Medical Decision Making gives a gentle introduction to both categories, revealing how medical and healthcare decisions are actually made—and constrained—and how physician, healthcare management, and patient decision making can be improved to optimize health outcomes. Key Features Discusses very general issues that span many aspects of MDM, including bioethics; health policy and economics; disaster simulation modeling; medical informatics; the psychology of decision making; shared and team medical decision making; social, moral, and religious factors; end-of-life decision making; assessing patient preference and patient adherence; and more Incorporates both quantity and quality of life in optimizing a medical decision Considers characteristics of the decisionmaker and how those characteristics influence their decisions Presents outcome measures to judge the quality or impact of a medical decision Examines some of the more commonly encountered biostatistical methods used in prescriptive decision making Provides utility assessment techniques that facilitate quantitative medical decision making Addresses the many different assumption perspectives the decision maker might choose from when trying to optimize a decision Offers mechanisms for defining MDM algorithms With comprehensive and authoritative coverage by experts in the

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fields of medicine, decision science and cognitive psychology, and healthcare management, this two-volume Encyclopedia is a must-have resource for any academic library.

David Samuels, a leading authority on financial models in healthcare, draws on his multidisciplinary background in all aspects of managed care to provide an expansive yet detailed perspective of this complex field. Grounded in evidence-based modeling, the book's multidisciplinary focus puts the spotlight on core concepts from the standpoints of hea

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

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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.

Measuring patient outcomes has never been more complex or more essential. This is the first publication of its kind to present expert guidance and advice for use in all home health settings. Topics include: importance of appropriate data collection, how to analyze patient outcomes, a comparison of various outcome measures used in home health, monitoring patient satisfaction and quality care, and much more.

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