Milliman Guidelines Medical Necessity Skilled Nursing Care

Nursing informatics has a long history of focusing on information management and nurses have a long history of describing their computer use. However, based on the technical advances and through the ongoing and consistent changes in healthcare today, we are now challenged to look to the future and help determine what nurses and patients/consumers will need going forward. This book presents the proceedings of the Post Conference to the 13th International Conference on Nursing Informatics, held in Geneva, Switzerland, in June 2016. The theme of the Post Conference is Forecasting Informatics Competencies for Nurses in the Future of Connected Health. This book includes 25 chapters written as part of the Post Conference; a result of the collaboration among nursing informatics experts from research, education and practice settings, from 18 countries, and from varying levels of expertise – those beginning to forge new frontiers in connected health and those who helped form the discipline. The book content will help forecast and define the informatics competencies for nurses in practice, and as such, it will also help outline the requirements for informatics training in nursing programs around the world. The content will aid in shaping the nursing practice that will exist in our future of connected health, when practice and technology will be inextricably intertwined.

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.

This classic resource offers complete coverage of nursing case management - from theoretical background and historical perspective to practical applications and how the field is changing to meet the challenges of today's health care environment. It focuses on the implementation of various case management models used throughout the United States and abroad. Key topics include the impact of public policy on health care; understanding the effects of health care reimbursement and its application at the

patient level; throughput and capacity management; the impact of the revenue cycle; compliance and regulatory issues; and principles needed to improve case manager-client interaction. This helpful resource is designed to help nurse case managers assess their organization's readiness for case management, prepare and implement a plan to achieve necessary improvements and evaluate the plan's success. Includes numerous proven case management models currently being used in institutions across the country Organized to take the nursing case manager on a journey from the historical development of nursing case management to the successful implementation of a case management program Offers detailed guidance for planning, implementing, and evaluating a case management program Outlines the planning process with information on key topics such as analysis of the organization, the role of the organization's members, selection criteria for new case managers, case management education, credentialing, and partnerships Features guidelines for implementing a case management program with information on ethical issues, technology, compliance, and regulatory issues Addresses the evaluation component of developing and implementing a case management program by presenting information on outcomes, research, documentation, continuous quality improvement, measuring cost effectiveness, care continuum, and evidence-based practice Presents acute care and community based models of case management Highlights the evolution of collaborative models of case management, addressing key elements of joint decision-making, shared accountability, and interdisciplinary systems of care Addresses health care delivery through case management and public policy by presenting current legislative issues and their affect on both health care reimbursement and the application of care at the patient level Presents the insights, experiences, and advice of nursing administrators who have researched and successfully implemented nursing case management programs in various facilities A new chapter, Telehealth Applications for Case Management, introduces the concept of telehealth; provides examples of telehealth usage in women's health, chronic disease management, and mental health; and summarizes the evidence that supports telehealth and identifies existing issues and challenges. Case Management: Life at the Intersection of Margin and Mission, is a new chapter that highlights strategies case managers and others can use to optimize their organizations' financial outcomes while simultaneously improving clinical outcomes for their patients. It emphasizes the work of case managers in the financial arena of health care, including revenue cycle management. A new chapter, Maximizing Reimbursement through Accurate Documentation and Coding, provides tips and strategies on maximizing reimbursement by designing and implementing programs focused on improving the physician's documentation. Effective Management Tools for Case Management Leaders: Strategy Maps and Balanced Scorecards, A Case Study is a new chapter that discusses strategy maps and balanced scorecards and their role in transforming an organization's mission and strategy into a management system and a comprehensive set of performance measures. Features updated information on HIPPA regulation (Health Insurance Portability and Accountability Act), patient safety and confidentiality issues, case management for Medicare patients, Medicare legislation, and utilization management.
Stem Cell and Bone Marrow Transplantation
This thoroughly revised and updated book provides a strategic and operational resource for use in planning and decision-making.

The Handbook enables readers to fine-tune operation strategies by providing updates on critical managed care issues, insights to the complex managed care environment, and methods to gain and maintain cost-efficient, high quality health services. With 30 new chapters, it includes advice from managers in the field on how to succeed in every aspect of managed care including: quality management, claims and benefits administration, and managing patient demand. The Handbook is considered to be the standard resource for the managed care industry.

This practical, "hands-on" guide includes vital information every case manager and administrator of a case management program need to be successful. A useful resource for working in the changing face of healthcare, it addresses case managers in all settings with an emphasis on nurse case managers and their role in providing patient care and containing costs. Focusing on the "nuts and bolts" aspects of case management, it discusses the operations of case management programs based on the authors' first hand experiences. Case Management Tip boxes in each chapter highlight important tips and provide easy access to this information. Case studies in several chapters address possible situations the case manager may confront along with the most effective solutions. Key points at the end of each chapter summarize pertinent information. Appendices provide extensive examples of forms and multi-disciplinary action plans used in various healthcare settings. Six new chapters have been added on Utilization Management (Chapter 5), Transitional Planning (Chapter 6), Disease Management (Chapter 7), Application of Legal Concepts in Case Management Practice (Chapter 17), Ethical Issues in Case Management (Chapter 18), and Internet Resources and Case Management (Chapter 19). Content on Financial Reimbursement Systems has been expanded to cover community case management issues such as the new community reimbursement systems for ambulatory, home, and long-term care. Information on community-based models is covered in more detail in response to growth in this area - including managed care, telephonic, rehabilitation, sub-acute, and long-term and emergency department case management. The chapter on Skills for Successful Case Management has been expanded to include a discussion of additional skills such as clinical reasoning, cost-effectiveness, and negotiation among others. Content on Developing Case Management Plans has been updated to include more content on community plans and a detailed review of the types of case management plans, including algorithms. The chapter on Quality Patient Care has been updated to include an historical review, minimum data sets, report cards, and the relationships between outcomes and quality. Quality indicators and organizations across the continuum are included. Appendices have been expanded to include community-based case management plans, home care plans, and long term care plans. A new CD-ROM with each book provides the entire text in an electronic format.

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 "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.

Preceded by A case manager's study guide / Denise Fattorusso, Campion Quin. 4th ed. c2013.

Foundations of Health Information Management, 5th Edition is an absolute must for any student beginning a career in HIM. By focusing on healthcare delivery systems, electronic health records, and the processing, maintenance, and analysis of health information, this engaging, easy-to-understand text presents a realistic and practical view of technology and trends in healthcare. It readies you for the role of a Registered Health Information Technician, who not only maintains and secures accurate health documentation, but serves as a healthcare analyst who translates data into useful, quality information that can control costs and further research. The fifth edition follows the CAHIIM 2018 HIM Associate Degree curriculum competencies, preparing you for the RHIT credentialing exam. EHR samples, practice exercises, and new Bloom's-level Competency Milestone features help ensure mastery of all competencies. Clear writing style and easy reading level make reading and studying more time-efficient, and are ideal for 2-year associate degree HIM programs and career schools. Chapter learning objectives are tied to the CAHIIM curriculum competencies to allow instructors to teach to the test ? and prepare you for success on the credentialing exam. Professional Profile boxes highlight key HIM professionals within chapter discussions. SimChart and SimChart for the Medical Office EHR samples demonstrate electronic medical records in use. Career Tip boxes instruct you on a course of study and work experience required for the position. Chapter summaries and reviews allow for easy review of each chapter's main concepts. Full-color design and illustrations make content more appealing and easier to learn. Competency Check-In exercises at the end of every main section in each chapter encourage you to review and apply key concepts. UPDATED! Content organized to follow CAHIIM 2018 HIM Associate Degree curriculum competencies, allowing you to study content that matches your credentialing exam. NEW! Updated material fully addresses the newest curriculum competencies with the most contemporary picture of the health care landscape and job market. NEW! Cardinal focus on electronic health record processes in both ambulatory and acute care settings with new screens and images. UPDATED! Revised Statistics and Data Analytics chapter reinforces the role of the HIM professional as a data analyst, and includes introductory material on research methodologies. NEW! RHIT review question engine with custom exam and timer functionalities so you can study for the RHIT exam by category, or create timed mock exams. EXPANDED! Additional application exercises offer more opportunities to strengthen your understanding. UNIQUE! New Bloom's-level Competency Milestone features assure instructors of your mastery of all competencies. NEW and UPDATED! Expanded coding and reimbursement content with hands-on exercises. NEW! Ethics Challenge and Critical Thinking exercises assess your learning. EXPANDED! Additional photos and images visually demonstrate HIM concepts and real-life scenarios.

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.

Along the Continuum of Care creates a mind shift for the case manager in the new paradigm to be effective "agents of change" and "resource connectors". The urgent need to improve health outcomes is resulting in moment-to-moment changes in the world of case management. Along the Continuum of Care focus on helping health care professionals meet the new challenges with Health Care Reform. Case Managers must educate the senior leadership team about the financial contributions that result from appropriate care coordination. The CEO is responsible for the bottom line but the buck stops with case management and leaders should focus on: *Case management support for adequate resources. *Ensuring that case management staff is educated, adequately staffed, and recognized for managing patient flow which maintains financial stability. *Recognizing that effective case managers manage the tipping point to save and/or create millions of dollars for the organization. The healthcare case management field is exploding. The demand will far outweigh the supply for the next three to five years and beyond. The business savvy case manager will lead the field.

Designated a Doody's Core Title! An ideal reference guide for case managers who work with complex, multimorbid patients, The Integrated Case Management Manual helps readers enhance their ability to work with these patients, learn how to apply new evidence-based assessments, and advocate for improved quality and safe care for all patients. This text encourages case managers to assess patients with both medical and mental health barriers to improvement in order to coordinate appropriate integrated health interventions and treatment planning. Built upon the goals and values of the Case Management Society of America (CMSA), this manual guides case managers through the process of developing new and important cross-disciplinary skills. These skills will allow them to alter the health trajectory of some of the neediest patients in the health care system. Key Features: Tools and resources for deploying an Integrated Health Model (physical and mental health treatment) to the medically complex patient Complexity assessment grids: a color-coded tool for tracking patient progress and outcomes throughout the trajectory of the illness Methods for building collaborative partnerships in emerging models of care delivery within multidisciplinary health care teams Strategies for using an integrated case management approach to improve efficiency, effectiveness, accountability, and positive outcomes in clinical settings Guidance on connecting multi-disciplinary teams to assist with health issues in the biological, psychological, and social domains to overcome treatment resistance, reduce complications, and reduce cost of care

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 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 position of nurse case managers can be a rewarding but challenging career, as these managers play a vital role in a patient's care. In A Guide for Nurse Case Managers, author Charlotte Cox provides an insightful guide to this evolving field of medicine. Geared for those working in hospital settings, clinics, and health plan offices, this helpful reference text provides guidelines, tips, and tools for becoming a

successful nurse case manager. With more than thirty years of health care experience, Cox provides a detailed overview of this important nursing position that works to usher a patient through the health care system. A Guide for Nurse Case Managers • defines the case manager role; • provides an understanding of the basics of utilization and case management; • gives an overview of Medicare and Medicaid procedures; • discusses the care planning process; • shows how to structure a community resource base. Whether you are a new case manager, a student, or a seasoned nurse needing a refresher about job basics, A Guide for Nurse Case Managers will help to shape your practice, provide valuable tips and reference tools, and help you with proven organizational ideas to succeed in the career.

Nurses are the largest population of healthcare providers practicing in both urban and remote areas across the globe. Currently, the nursing profession is in the midst of a significant shortage as aging baby boomers retire and a nursing faculty shortage forces many colleges and universities to turn away qualified applicants. As healthcare needs of the population become more complex and technologies advance, our world needs nurses now more than at any other time in history. This book provides the reader with a wide overview of the many vast roles within the nursing profession, showing that the responsibilities are complex, challenging and rewarding. It will allow the reader to understand the current job market for nurses and perhaps even persuade some to choose this rewarding profession.

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

If you want to be the most effective clinician, you must read this book. Fully revised, this second edition teaches you how to achieve optimal doctor-patient interaction. Divided into two main parts, the book first discusses all aspects of the doctor-patient relationship, including the interview, history taking, ordering and interpreting tests, and treatment. The second part focuses on types and sites of care, such as inpatient and outpatient care, consultations, academia, house officer training, and medicolegal issues. Whether you are a neurologist, general practitioner, or an internist, this unique reference is ideal.

A fresh and comprehensive exploration of how health care rationing decisions are made, this book offers not specific criteria for rationing--like age or quality of life--but a comparative analysis of three alternative decision makers: consumers paying out of pocket, government and insurance officials setting limits on treatments and coverage, and physicians making decisions at the bedside. Hall's analysis reveals that none of these alternatives is uniformly superior, and, therefore, a mix of all three is inevitable. The author develops his analysis along three lines of reasoning: political economics, ethics, and law. The economic dimension addresses the practical feasibility of each method for making spending decisions. The ethical dimension discusses several theories--principally classic liberalism, social contract theory, and communitarianism--as well as concepts like autonomy and coercion. The legal dimension follows recent developments in legal doctrine such as informed consent, insurance coverage disputes, and the emerging direction of federal regulation. Hall concludes that physician rationing at the bedside is far more promising than medical ethicists and the medical profession have traditionally allowed.

The healthcare industry is in a state of accelerated transition. The proliferation of data and its assimilation, access, use, and security are ever-increasing challenges. Finding ways to operationalize business and clinical data management in the face of government and market mandates is enough to keep most chief officers up at night! Leveraging Data in Healthcare: Best Practices for Controlling, Analyzing, and Using Data argues that the key to survival for any healthcare organization in today's data-saturated market is to fundamentally redefine the roles of chief information executives—CIOs, CFOs, CMIOs, CTOs, CNIOs, CTOs and CDOs—from suppliers of data to drivers of data intelligence. This book presents best practices for controlling, analyzing, and using data. The elements of preparing an actionable data strategy are exemplified on subjects such as revenue integrity, revenue management, and patient engagement. Further, the book illustrates

how to operationalize the electronic integration of health and financial data within patient financial services, information management services, and patient engagement activities. An integrated environment will activate a data-driven intelligent decision support infrastructure. The increasing impact of consumer engagement will continue to affect the organization's bottom line. Success in this new world will need collaboration among the chiefs, users, and data creators.

Bring economics to life with rich, practical examples that make concepts clear and intriguing. CONTEMPORARY ECONOMICS blends economic expertise and educational insights with comprehensive content, sound instructional design, and extensive print and media teaching tools. The book covers CEE's (Council for Economic Education) Standards completely and repeatedly. This text includes two chapters covering personal finance, including information on managing money and being a responsible consumer. A wealth of print, video, electronic, and online resources make it simple to address varied learning styles, use formal and informal assessment, and integrate technology where it makes sense to you. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version.

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