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Aligning Incentives

Rewarding Provider Performance:

Aligning Incentives in Medicare is the
third and final report of the Committee on
Redesigning Health Insurance
Performance Measures, Payment, and
Performance Improvement Programs. This
committee's efforts have been in response

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to two separate congressional mandates embodied in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173, Sections 109 and 238).

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The third installment in the Pathways to Quality Health Care series, Rewarding Provider Performance: Aligning Incentives in Medicare, continues to address the timely topic of the quality of health care in America. Each volume in the series effectively evaluates specific policy approaches within the context of improving the current operational framework of the health care system.

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In the past few years, more than 100 pay-

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for-performance and incentive programs have been launched in the private sector that offer financial rewards for higher levels of provider performance according to specified measures (Med-Vantage Inc., 2006).

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Institute of Medicine, Rewarding provider performance (aligning incentives in medicare), Washington, D.C., National Academies Press, 2007, 248 pp., ISBN?13: 978?0?309?10216?2; ISBN?10: 0?309?10216?2

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ACP's response to the specific issues raised in the IOM report, Rewarding

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As noted earlier, there are at least four ways of allocating rewards across providers: (1) payment to an integrated delivery system or multispecialty group practice; (2) payment to new organizational entities such as physician-hospital organizations or networks of independent physician practices; (3) payment that rewards all providers in a geographic area (e.g., a hospital referral region), based on the performance of the region as a whole; and (4) some other rules for distributing rewards ...

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Rewarding Excellence and Efficiency in Medicare Payments

BOOK REVIEWS 83 INSTITUTE OF
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Medicare), Washington, D.C., National
Academies Press, 2007, 248 pp., ISBN-13:
978-0-309-10216-2; ISBN-10:
0-309-10216-2; £19.99 hardback This
book is the third in the series entitled
Pathways to Quality Health Care, a series
presented by the Committee on
Redesigning Health Insurance
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The third installment in the Pathways to
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address the timely topic of the quality of health care in America. Each volume in the series effectively evaluates specific policy approaches within the context of improving the current operational framework of the health care system. The theme of this particular book is the staged introduction of pay for performance into Medicare. Pay for performance is a strategy that financially rewards health care providers for delivering high-quality care. Building on the findings and recommendations described in the two companion editions, *Performance Measurement and Medicare's Quality Improvement Organization Program*, this book offers options for implementing payment incentives to provide better value for America's health care investments. This book features conclusions and recommendations that will be useful to all stakeholders concerned with improving

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the quality and performance of the nation's health care system in both the public and private sectors.

Enhance your understanding of the essential elements of the Doctor of Nursing Practice as defined by the AACN. Written for DNPs by a DNP, this is more than an introduction—it provides you with an organizing framework for your progress through the DNP degree program.

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Nurses are already nurse managers. They must manage patient caseloads and care plans as well as supervise aides, technicians, and other care providers. But moving from this type of organic management to a defined nurse manager role is not a natural progression. Nurse managers must command a vast, diverse, and robust skill set, and those skills must first be defined, explained, and operationalized for success. In an environment that offers new managers little support, where do they turn? The *Nurse Manager's Survival Guide* (4th Ed.) provides an overview of a nurse manager's major roles and responsibilities—all the fundamentals needed for success in one easy-to-use, consolidated, practical reference. From tips on building the right team to budgeting basics, time-management tools,

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and advice on taking care of one's self (and their team), author Tina Marrelli supplies the resources nurse managers need to excel in day-to-day operations.

Emergency Medical Services: Clinical Practice and Systems Oversight is the official textbook of the National Association of EMS Physicians™ (NAEMSPTM) National EMS Medical Directors Course and Practicum™. Now paired with a companion website featuring self-assessment exercises, audio and video clips of EMS best practices in action, and more, this essential study aid guides students through the core knowledge they need to successfully complete their training and begin their careers as EMS physicians. Emergency Medical Services: Clinical Practice and Systems Oversight consists of: Volume 1: Clinical Aspects of EMS Volume 2: Medical Oversight of

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reinforce the material and equip students with a deeper understanding of the modern health care industry. Real-world situations are highlighted to show the intersection of theory and application, while cutting-edge methodologies and models prepare students for today's data-driven health care environment. Health care quality is defined and assessed according to setting, with factors such as standards, laws, regulations, accreditation, and consumerism impacting measurement and analysis in tremendous ways. This book provides an overview of this complex field, with insightful discussion and expert practical guidance. Health care today is worlds away from any other point in history. As the field grows ever more complex, quality management becomes increasingly critical for ensuring optimal patient care. Introduction to Health Care Quality helps students and professionals

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make sense of the issues, and provide top-notch service in today's rapidly changing health care environment.

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