

Rewarding Provider Performance Aligning Incentives In Medicare Pathways To Quality Health Care Series

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Big Ideas in Performance Management 2.0*Rewarding Provider Performance 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 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-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 Provider Performance: Aligning Incentives in Medicare, are included below. Selection of Measures The IOM states that quality measures initially may have to be narrow to encourage provider participation, but should evolve over time to provide more comprehensive and

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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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BOOK REVIEWS 83 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; £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 Performance Measures, Payment and Performance Improvement Program.

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. 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 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 DNP's by a DNP, this is more than an introduction—it provides you with an organizing framework for your progress through the DNP degree program.

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009—roughly \$750 billion—was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

This book provides a balanced assessment of pay for performance (P4P), addressing both its promise and its shortcomings. P4P programs have become widespread in health care in just the past decade and have generated a great deal of enthusiasm in health policy circles and among legislators, despite limited evidence of their effectiveness. On a positive note, this movement has developed and tested many new types of health care payment systems and has stimulated much new thinking about how to improve quality of care and reduce the costs of health care. The current interest in P4P echoes earlier enthusiasms in health policy—such as those for capitation and managed care in the 1990s—that failed to live up to their early promise. The fate of P4P is not yet certain, but we can learn a number of lessons from experiences with P4P to date, and ways to improve the designs of P4P programs are becoming apparent. We anticipate that a “second generation” of P4P programs can now be developed that can have greater impact and be better integrated with other interventions to improve the quality of care and reduce costs.

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, 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.

"This book will guide the theory and practice of financial management by DNP's now and for years to come. It is practical, evidence-based, and up to date. I commend the editors and authors for their important contributions." –Susan J. Penner, RN, MN, MPA, DrPH, CNL, author of Economics and Financial Management for Nurses and Nurse Leaders, Third Edition From the Foreword This award-winning resource is the only text to focus on the financial and business skills needed by students in DNP programs. The third edition, updated to reflect key changes in our healthcare system and in nursing competencies, includes three new chapters addressing Big Data, Population Health, and Financial Management in Times of Uncertainty. It examines the impact of COVID on our healthcare system as it relates to nursing competencies, provides expansive coverage of clinical environments beyond acute care, and presents five comprehensive new case studies emphasizing the financial aspects of DNP roles and the DNP Project. Clear and well-organized, the third edition emphasizes critical skills that nurse leaders need to participate in strategic health care planning. It addresses recent changes to reimbursement and health care regulations. The third edition offers updated information on ambulatory care, cost and ratio analysis, new examples of financial statements, and a new business plan. Enhanced teaching strategies include real-life case studies, challenging critical thinking questions, learning games, key terms, and an extensive glossary. New PowerPoint slides add to the text's value as a vital teaching tool. New to the Third Edition: New chapters: Financial Implications of Population Health Management Role of Technology/Information/AI, and Big Data in Health Care Finance Financial Management in Times of Uncertainty, Shortages, and Change Covers managing outpatient microsystems and building the CNO/CFO relationship Discusses quantifying the value of academic/practice partnerships Addresses key changes to reimbursement and health care regulations Provides enhanced teaching strategies including new PowerPoint slides Key Features: Embeds economic and financial concepts in nursing practice and nursing health care systems Provides a framework for developing critical competencies in the Essentials 10 domains Teaches students how to make business case for DNP projects, how to prepare a budget, determine staffing expenses, prepare a cost-benefit analysis, and more Includes critical thinking questions, learning games, key terms, glossary