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~~Patients Charting The Course Citizen~~

Patients Charting the Course: Citizen Engagement and the Learning Health System summarizes the 2-day workshop convened in April 2010 to identify and reflect upon current strategies and programs advancing public understanding of a transformative, patient-centered learning health system. Stakeholders and leaders within the health sector identified patients and providers as the groups who must be fully engaged to reform the current health system infrastructure, and discussed ways to involve ...

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The prosperity of a nation is tied fundamentally to the health and well-being of its citizens. It follows, then, that citizens—each one a past, current, or future patient—should represent both the healthcare system's unwavering focus, and its fully engaged agents for change. This precept has several major implications. It means that the quality of health care should not be judged solely ...

~~The Learning Health System—Patients Charting the Course ...~~

Patients Charting the Course: Citizen Engagement in the Learning Health System: Workshop Summary . By LeighAnne Olsen, Robert S. Saunders and J. Michael McGinnis. Abstract. As past, current, or future patients, the public should be the health care system's unwavering focus and serve as change agents in its care. Taking this into account, the ...

~~Patients Charting the Course: Citizen Engagement in the ...~~

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The National Academy of Sciences is a private, nonprofit, self-perpetuating society of distinguished scholars engaged in scientific and engineering research, dedicated to the furtherance of science and technology and to their use for the general welfare. Upon the authority of the charter granted to it by the Congress in 1863, the Academy has a mandate that requires it to advise the federal ...

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Patients Charting the Course: Citizen Engagement and the Learning Health System: Workshop Summary. Show details Institute of Medicine (US); Olsen LA, Saunders RS, McGinnis JM, editors.

~~Biographical Sketches of Workshop Participants - Patients ...~~

Further, the current healthcare system expends a great deal of resources on treatment and not enough on diagnosis, the highest priority for health care according to innovator Clayton Christensen (Christensen et al., 2008; Frieden, 2010).

~~Engaging Patients to Improve Science and Value in a ...~~

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~~T-Cell Lymphomas Charting the Course of Treatment From ...~~

In patients deemed low risk with T1-3, N1 disease, 3-month therapy was noninferior to 6-month in 3-year DFS (HR, 1.01; 95% CI, 0.90-1.12). 15 However, among the patients with high-risk cancers, T4 ...

As past, current, or future patients, the public should be the health care system's unwavering focus and serve as change agents in its care. Taking this into account, the quality of health care should be judged not only by whether clinical decisions are informed by the best available scientific evidence, but also by whether care is tailored to a patient's individual needs and perspectives. However, too often it is provider preference and convenience, rather than those of the patient, that drive what care is delivered. As part of its Learning Health System series of workshops, the Roundtable on Value & Science-Driven Health Care hosted a workshop to assess the prospects for improving health and lowering costs by advancing patient involvement in the elements of a learning health system.

Over the past decade health care systems around the world have placed increasing importance on the relationship between patient choice and clinical decision-making. In the years since the publication of the second edition of Shared Decision Making in Health Care, there have been significant new developments in the field, most notably in the US where 'Obamacare' puts shared decision making (SDM) at the centre of the 2009 Affordable Care Act. This new edition explores shared decision making by examining, from practical and theoretical perspectives, what should comprise an effective decision-making process. It also looks at the benefits and potential difficulties that arise when patients and clinicians share health care decisions. Written by leading experts from around the world and utilizing high quality evidence, the book provides an up-to-date reference with real-world context to the topics discussed, and in-depth coverage of the practicalities of implementing and teaching SDM. The breadth of information in Shared Decision Making in Health Care makes it the definitive source of expert knowledge for healthcare policy makers. As health care systems adapt to increasingly collaborative patient-clinician care frameworks, this will also prove a useful guide to SDM for clinicians of all disciplines.

This book gives examples from healthcare institutions that are using IT automation and innovation to drive change and provides guidance on the strategic direction of HIT over the next five years. Improving the delivery of healthcare through HIT is vital for both the economic success of healthcare organizations and the care of the patient, but most EMR systems do not have an integrated and architected

approach. This book provides a detailed approach on how to leverage IT for transformation. It also shows how to build upon the experiences of other industries and helps foster innovation by providing a vision of where technology can be an enabler.

Temporomandibular disorders (TMDs), are a set of more than 30 health disorders associated with both the temporomandibular joints and the muscles and tissues of the jaw. TMDs have a range of causes and often co-occur with a number of overlapping medical conditions, including headaches, fibromyalgia, back pain and irritable bowel syndrome. TMDs can be transient or long-lasting and may be associated with problems that range from an occasional click of the jaw to severe chronic pain involving the entire orofacial region. Everyday activities, including eating and talking, are often difficult for people with TMDs, and many of them suffer with severe chronic pain due to this condition. Common social activities that most people take for granted, such as smiling, laughing, and kissing, can become unbearable. This dysfunction and pain, and its associated suffering, take a terrible toll on affected individuals, their families, and their friends. Individuals with TMDs often feel stigmatized and invalidated in their experiences by their family, friends, and, often, the health care community. Misjudgments and a failure to understand the nature and depths of TMDs can have severe consequences - more pain and more suffering - for individuals, their families and our society. Temporomandibular Disorders: Priorities for Research and Care calls on a number of stakeholders - across medicine, dentistry, and other fields - to improve the health and well-being of individuals with a TMD. This report addresses the current state of knowledge regarding TMD research, education and training, safety and efficacy of clinical treatments of TMDs, and burden and costs associated with TMDs. The recommendations of Temporomandibular Disorders focus on the actions that many organizations and agencies should take to improve TMD research and care and improve the overall health and well-being of individuals with a TMD.

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 is the first textbook designed to introduce the six areas of nursing competencies, as developed by the Quality and Safety Education for Nurses (QSEN) initiative, which are required content in undergraduate nursing programs.

The development of better processes to relay medical information has enhanced the healthcare field. By implementing effective collaborative strategies, this ensures proper quality and instruction for both the patient and medical practitioners. Health Literacy: Breakthroughs in Research and Practice examines the latest advances in providing and helping patients and medical professionals to understand basic health information and the services that are most appropriate. Including innovative studies on interactive health information, health communication, and health education, this multi-volume book is an ideal source for professionals, researchers, academics, practitioners, and students interested in the improvement of health literacy.

Health systems everywhere are expected to meet increasing public and political demands for accessible, high-quality care. Policy-makers, managers, and clinicians use their best efforts to improve efficiency, safety, quality, and economic viability. One solution has been to mimic approaches that have been shown to work in other domains, such as quality management, lean production, and high reliability. In the enthusiasm for such solutions, scant attention has been paid to the fact that health care as a multifaceted system differs significantly from most traditional industries. Solutions based on linear thinking in engineered systems do not work well in complicated, multi-stakeholder non-engineered systems, of which health care is a leading example. A prerequisite for improving health care and making it more resilient is that the nature of everyday clinical work be well understood. Yet the focus of the majority of policy or management solutions, as well as that of accreditation and regulation, is work as it ought to be (also known as 'work-as-imagined'). The aim of policy-makers and managers, whether the priority is safety, quality, or efficiency, is therefore to make everyday clinical work - or work-as-done - comply with work-as-imagined. This fails to recognise that this normative conception of work is often oversimplified, incomplete, and outdated. There is therefore an urgent need to better understand everyday clinical work as it is done. Despite the common focus on deviations and failures, it is undeniable that clinical work goes right far more often than it goes wrong, and that we only can make it better if we understand how this happens. This second volume of Resilient Health Care continues the line of thinking of the first book, but takes it further through a range of chapters from leading international thinkers on resilience and health care. Where the first book provided the rationale and basic concepts of RHC, the Resilience of Everyday Clinical Work b

The Routledge History of Disease draws on innovative scholarship in the history of medicine to explore the challenges involved in writing about health and disease throughout the past and across the globe, presenting a varied range of case studies and perspectives on the patterns, technologies and narratives of disease that can be identified in the past and that continue to influence our present. Organized thematically, chapters examine particular forms and conceptualizations of disease, covering subjects from leprosy in medieval Europe and cancer screening practices in twentieth-century USA to the ayurvedic tradition in ancient India and the pioneering studies of mental illness that took place in nineteenth-century Paris, as well as discussing the various sources and methods that can be used to

understand the social and cultural contexts of disease. The book is divided into four sections, focusing in turn on historical models of disease, shifting temporal and geographical patterns of disease, the impact of new technologies on categorizing, diagnosing and treating disease, and the different ways in which patients and practitioners, as well as novelists and playwrights, have made sense of their experiences of disease in the past. International in scope, chronologically wide-ranging and illustrated with images and maps, this comprehensive volume is essential reading for anyone interested in the history of health through the ages.

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