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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

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

[Read "Rewarding Provider Performance: Aligning Incentives ...](#)

The third installment in the Pathways to Quality Health Care series,

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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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Rewarding Provider Performance: Aligning Incentives in ...

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

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(Med-Vantage Inc.,
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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,

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are included below.

Selection of Measures

The IOM states that

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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

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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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Performance (Aligning
Incentives in Medicare),
Washington, D.C.,

National Academies
Press, 2007, 248 pp.,

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978-0-309-10216-2;

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0-309-10216-2; £ 19.99

hardback This book is

the third in the series

entitled Pathways to

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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

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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

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high-quality care.

Building on the findings and recommendations

described in the two companion editions,

Performance

Measurement and

Medicare's Quality

Improvement Health

Organization Program,

this book offers options

for implementing

payment incentives to

provide better value for

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American 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.

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Enhance your
understanding of the
essential elements of the
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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.

Nurses are already nurse managers. They must manage patient

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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

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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

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needed for success in
one easy-to-use,
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reference. From tips on
building the right team
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management in today's health care environment, and provides clear guidance on new and perennial challenges in the field. The idea of 'quality' is examined in the context of a variety of health care situations, with practical emphasis on assessment, monitoring, analysis, and improvement. Students

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will learn how to utilize statistical tools, patient data, and more to understand new models of reimbursement, including pay for performance and value-based purchasing. They will also learn how to learn how to incorporate technology into everyday practice. Each chapter centers on an essential concept, but

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builds upon previous chapters to 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

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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

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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

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

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