



Analysis of healthcare interventions that change patient trajectories /

Bigelow, J. H.

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Monografía

This report is one of several that document a broad, two-year study by RAND Health to better understand the role and importance of Electronic Medical Record Systems (EMR-S) in improving health and reducing healthcare costs, and to help inform government actions that could maximize EMR-S benefits and increase its use. It provides the technical details and results of one component of that study that analyzes interventions in the healthcare system that use EMR-S to affect patient trajectories-i.e., the sequence of encounters a patient has with the healthcare system. The interventions are to improve patient safety, increase preventive services, expand chronic disease management, and foster healthier lifestyles. We identified four classes of trajectory-changing interventions and we selected some important interventions in each class: --Implement Computerized Physician Order Entry (CPOE) as a means to reduce adverse drug events (ADEs). --Increase the provision of the following preventive services: influenza and pneumococcal vaccinations and screening for breast, cervical, and colorectal cancer. --Enroll people with one of four chronic illnesses-asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), or diabetes-in disease management programs. --Persuade people to adopt healthy lifestyles and estimate the health outcomes if everyone did so: controlled their weight, stopped smoking, ate a healthy diet, exercised, and controlled their blood pressure and cholesterol as necessary with medications. We estimated the effects of each intervention on healthcare utilization (e.g., hospital stays, office visits, prescription drug use), healthcare expenditures, and population health outcomes (workdays or schooldays missed, days spent sick in bed, mortality). These interventions generally affect trajectories by improving health and thereby reducing healthcare utilization, or by reducing a costly form of utilization (e.g., inpatient stays) and increasing a more economical form (e.g., office visits to physicians, or prescription medications). The report should be of interest to healthcare IT professionals, other healthcare executives and researchers, and officials in the government responsible for health policy

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Autores: Bigelow, J. H.

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Baratz Innovación Documental

- Gran Vía, 59 28013 Madrid
- (+34) 91 456 03 60
- informa@baratz.es