

Healthcare Economics Management

The text of this unique book is divided into three sections. Section 1 deals with healthcare and economic intricacies, including the scope of health economics, need for healthcare economic research, health reforms, economic values of the professionals, nursing-sensitive quality indicators and patient care, what a patient as a consumer should know, nursing intellectual capital theory, hospital cost and nursing cost offset, and how to economize health services expenditure.

Section 2 encompasses healthcare delivery system and management, hospital services, including accident and emergency, outpatient and inpatient services, organization of patient care in the ward, operation theatre, intensive care units, laboratory, radiology, pharmacy, blood transfusion, pediatrics, diabetes, dental, IVF the clinic, rehabilitation, oncology, psychiatry, public health, hospital-acquired infection, occupational health and safety, biomedical equipment maintenance, central sterile supplies.

Section 3 deals with an introduction to nursing records, nursing service and organization, nursing professional documentation including designing hospital nursing administration activity fields, and physical and occupational therapies, optometry, audiometric, medical psychology, nutrition and quality assurance program, potential issues of healthcare economics, Indian healthcare economic management system, cost-reducing innovations in healthcare, increased healthcare cost, concluding the summary of healthcare economic management and Annexures in the end support by health economics terminology definitions, the definition of medical specialties, medical terms used in healthcare management, standardized medical abbreviations with single meaning and bibliography.

This book would be of immense use to all healthcare providers, medical, nursing and paramedical staff, junior and senior academic and administrative staff, policymakers, engaged inpatient care services, especially students of future healthcare system providers, and builders.

This will serve as a comprehensive textbook for students of courses in healthcare economics and management in all educational institutions, and as a valuable resource for other professionals in related fields such as medical, paramedical, laboratory technology, radiology, pharmacy, nutrition, biomedical engineering, hospital administration, insurance, billing and finance.

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to

*healthcare providers, users and
students of future healthcare builders*

Preface

During my service in nine countries I observed that enormous healthcare expenses and the high demand for healthcare services are growing at rapid speed. It is a huge challenge for any nation to provide efficient care to the entire population with limited resources which is a Herculean task. This has necessitated for policymakers to focus on health coverage of population by applying various methods and carrying research to know more about the mechanism for higher cost, and other related intricacies, that need to be established and suitably addressed. Unless and until, the problems existing in the system are clearly known, any action will not be adequate to provide the best possible healthcare to entire population with the limited finance and this is a global phenomenon.

The healthcare system being complex, there are many complexities such as infrastructure, finance, highly trained human resource, dealing with intricate health and modern technologies, sophisticated medical instruments for diagnostic and therapeutic purposes. Medicines are another issue and the patient or customer is most complex entity to deal with. The medical field is dynamic, with highly qualified trained personnel such as doctors, nurses, paramedical and allied support service staff engage at primary, secondary and tertiary care level work to deal with curative, preventive, rehabilitative, promotive and palliative aspects. The other aspects are the political system, economical status, living environment, culture, race, religion, and inherent habits are contributing factors for healthcare programs. One has to understand all aspects, and then appropriate steps could be initiated to accomplish the set objectives. It has become crucial to conduct health economics research to promote and understand how the healthcare providers, healthcare system, insurance and payers and the patient behavior and value of new methods endeavor. Research on this topic, can provide insight into what products and services are essential and beneficial or valueless. Careful studies of diagnosis, course of treatment for curative cases, and approaches for preventive measures that can optimum their impact on health wellbeing. The technologies and methods that proved good could be applied, and those showed negative results need modification or those methods will be avoided.

There have been in-depth studies on health economics by United States, Canada and other technological advanced countries, and also in India, the results indicate that organization with intellectual capital has found to outperform with less intellectual capital as measures by stronger financial returns and financial performance. In survey greater than two thousand hospitals across Canada, the awareness of nursing human capital and amount of staff training were modestly associated with lower levels of employee turnout. It is combination of registered nurses' knowledge, skills, and experience, which are associated with high quality patient care and low hospital-acquired infections. Also savings on specialty certification, hours of orientation, continuing of education, professional experience of low rates of adverse events of hospital-acquired infections, medication errors, and patient falls, and fewer turnout

that means saving, expenditure on new recruits and orientation program, e.g. using nursing intellectual capital theory of frame may help explain how factors within quality work environments, such as nurse–manager support or nurse–physician relationships, facilitate registered nurses' use of their human capital, and in turn quality patient care as the theory conceptualizes the collective human capital of registered nurses working on inpatient care units.

As regards to healthcare cost, third-party payment mechanisms have raised the total consumption of medical resources to unprecedented levels. The excessive use of medical resources due to third-party payments was estimated to be over \$300 billion and the excessive administrative costs to be in the vicinity of \$33 billion in USA, between the year 1990s and early 2000. To lower the currently very large medical expenditures in the United States, the third-party payment system must be retained and need to put the patient back in control of the medical purchasing decision which is the most effective way to control third-party mechanisms, while still providing a safety net for patients or consumers. The evidence makes that increasing third-party payments and reduction in co-payments will worsen and lead to raising costs quickly run into additional expenses. The plans would be greatly improved, if it were impose high copayments on patients instead of low copayments and the patient power plan is much more likely to reduce healthcare costs. The advent of technology has changed many fields and health is one of them. Medical, nursing and paramedical, especially the nursing being the most overwhelmed with recording work need to embrace the electronic system that minimize the duplication, efforts and optimum output for the benefit of everyone especially the patient. The important features of the book are mainly classified into three sections:

Section 1: Health Economics deals with healthcare and economic intricacies including the scope of health economics, need for healthcare economic research, health reforms, economic values of the professionals, nursing sensitive quality indicators and patient care, what a patient as a consumer should know, nursing intellectual capital theory, hospital cost and nursing cost offset, and how to economize the health services expenditure.

Section 2: Healthcare Delivery System Including all the Health Services encompasses healthcare delivery system and management, hospital services including accident and emergency, outpatient and inpatient services, organization of patient care in the ward, operation theater, intensive care units, lab, radiology, pharmacy, blood transfusion, pediatrics, diabetes, dental, IVF clinic, rehabilitation, oncology, psychiatry, public health, hospital-acquired infection, occupational health and safety, biomedical equipment maintenance, central sterile supplies.

Section 3: Nursing and other Paramedical Services deals with introduction to electronic nursing records, nursing service and organization, nursing professional documentation including designing hospital nursing administration activity fields, and physical and occupational therapy, optometry, audiometry, medical psychology, nutrition and quality assurance program, potential issues of healthcare economics, Indian healthcare economic management system, cost-reducing innovations in healthcare, increased healthcare cost and concluding summary of healthcare economics management.

In the end Annexures support by healthcare economics management terminology definitions, definition of medical specialties, electronic health record (EHR) terminology, medical terms used in healthcare management, standardized medical abbreviations with single meaning and bibliography.

This book would be of immense use to all healthcare providers, medical, nursing and paramedical staff including junior, senior, academic, and administrative including policymakers, engaged in patient care services, especially students of future healthcare system providers and builders. This will be a textbook and boon for all educational institutions and other professionals, e.g. medical, paramedical including laboratory, radiology, pharmacy, nutritionists, biomedical engineering and administrative, insurance, billing and finance staff will abundantly benefit from this book.

Health economy is at all the levels of healthcare delivery system from higher level to lower, from primary to tertiary, each and every department involved in healthcare providing vehicle has the potential either spending more or economizing without sacrificing the quality of care. This could be possible only when understand all aspects of working system of entire healthcare institutions and the staff, the policies, standards, procedures, managerial capabilities, commitment of personnel involved, calculation of prudent methods.

As a matter of fact, there is no such titled book is available in our country, as such the information furnished in the book would be of immense value to readers especially, healthcare providers including medical, nursing, paramedics and policy makers, corporate hospitals, administrators, healthcare financial organizations. This is a unique book with verities of information gathered from experienced healthcare professionals relating to healthcare economics dealing with multiplicity of mechanisms of professional performance, costs, expenditure, quality, efficiency, economizing process, etc. coupled with the virtual health expertise and fields involved in the process that can lead us to accomplish the set objective is how to bring down spiraling costs without sacrificing the best quality of care.

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In the course of experience gained in nine nations by serving in the ministries of health at national level as Senior Medical Record Consultant Adviser and WHO Consultant from 1981 to 2008, in all the seven Gulf Cooperative Council (GCC) countries (Kuwait, Saudi Arabia, Bahrain, Qatar, UAE and Oman). Apart from this, I had also served in India and Afghanistan from 1966 to 1980. With this background, the author felt the need of hour is to provide a concise book that would provide solutions to many day to day practical issues concerned health economics and the book to be handy for every busy healthcare policymakers, providers, medical, nursing and paramedical professionals and especially future healthcare professionals. I owe my respectful gratitude to each and every one with who I had an association.

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