

# **Aetna In Home Health Assessment**

## **Aetna In-Home Health Assessment: Challenges, Opportunities, and the Future of Care**

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Editor: Dr. David Chen, MD, FACP, a renowned gerontologist and expert in healthcare policy and economics.

Abstract: This article explores the Aetna in-home health assessment, examining its role in improving patient care, reducing hospital readmissions, and shaping the future of healthcare delivery. We delve into the challenges associated with implementation, such as technological limitations, data privacy concerns, and provider training, while also highlighting opportunities for enhancing quality, efficiency, and patient satisfaction. The analysis considers the evolving landscape of value-based care and its implications for Aetna in-home health assessment programs.

### **1. Introduction: The Rise of In-Home Assessments**

The healthcare industry is undergoing a significant transformation, shifting from a fee-for-service model to value-based care. A key component of this shift is the increasing adoption of in-home health assessments. These assessments, often conducted by nurses or other qualified healthcare professionals, provide a comprehensive evaluation of a patient's health status within their natural environment. Aetna, a major health insurance provider, plays a significant role in this trend, offering its own Aetna in-home health assessment programs within various plans, especially its Medicare Advantage offerings. This article analyzes the Aetna in-home health assessment, evaluating its potential benefits and the challenges it faces.

### **2. Aetna In-Home Health Assessment: Benefits and Objectives**

The primary objective of the Aetna in-home health assessment is to proactively identify and address potential health risks in the patient's home environment. This involves assessing factors such as medication adherence, fall risk, nutritional status, social support networks, and overall functional

abilities. By conducting these assessments, Aetna aims to:

**Reduce hospital readmissions:** Early identification of issues can lead to timely interventions, preventing avoidable hospitalizations.

**Improve patient outcomes:** Personalized care plans based on comprehensive assessments contribute to better health management and improved quality of life.

**Enhance patient satisfaction:** In-home assessments offer convenience and comfort for patients, leading to greater satisfaction with their care.

**Optimize resource utilization:** Early interventions can reduce the need for more expensive hospital care and emergency room visits.

**Promote preventative care:** By actively engaging with patients in their homes, Aetna encourages preventative health measures.

### 3. Challenges in Implementing Aetna In-Home Health Assessment Programs

Despite the numerous advantages, several challenges hinder the widespread and effective implementation of Aetna in-home health assessments:

**Technological limitations:** Reliable and secure telehealth technology is crucial for efficient data collection and remote monitoring. Connectivity issues in rural or underserved areas can pose a significant barrier.

**Data privacy and security:** Protecting sensitive patient information during in-home assessments is paramount. Robust data encryption and security protocols are essential to maintain patient confidentiality.

**Provider training and support:** Healthcare professionals conducting these assessments require adequate training on the assessment tools, data entry systems, and telehealth technologies. Ongoing support and professional development are crucial.

**Cost-effectiveness:** The initial investment in technology, training, and staff can be substantial. Careful cost-benefit analysis is necessary to ensure the long-term viability of the program.

**Patient acceptance and engagement:** Some patients may be hesitant to participate in in-home assessments due to privacy concerns or technological barriers. Building trust and addressing these concerns is crucial for successful program implementation.

**Integration with existing healthcare systems:** Seamless integration of the data collected from Aetna in-home health assessments with existing electronic health records (EHR) is crucial for efficient care coordination.

### 4. Opportunities for Improving Aetna In-Home Health Assessments

Addressing the challenges presents significant opportunities for improvement:

**Investing in robust telehealth infrastructure:** Improving internet access and developing user-friendly telehealth platforms can overcome technological barriers.

**Strengthening data security protocols:** Implementing advanced encryption and security measures can mitigate data privacy risks.

**Providing comprehensive provider training programs:** Regular training sessions and continuing education can improve assessment accuracy and efficiency.

**Utilizing data analytics for predictive modeling:** Analyzing assessment data can identify high-risk patients and enable proactive interventions.

**Engaging patients through education and support:** Clear communication and patient education can

address concerns and encourage participation.

Developing integrated care pathways: Creating seamless pathways that integrate in-home assessments with other healthcare services can improve care coordination.

## 5. The Future of Aetna In-Home Health Assessments in Value-Based Care

The Aetna in-home health assessment is inherently linked to the growing adoption of value-based care. Value-based care models reward providers for improving patient outcomes and reducing healthcare costs. In-home assessments play a crucial role in achieving these objectives. By identifying and addressing potential problems early, the Aetna in-home health assessment contributes to better health management and lower healthcare expenditures. This aligns perfectly with the goals of value-based care initiatives. Furthermore, the data collected from these assessments can be used to inform care management strategies and improve population health outcomes.

## 6. Conclusion

Aetna in-home health assessments represent a significant step towards a more proactive, patient-centered healthcare system. While challenges remain, the potential benefits – improved patient outcomes, reduced hospital readmissions, and enhanced efficiency – are substantial. By addressing the challenges and leveraging the opportunities outlined in this article, Aetna can further refine its in-home assessment programs, driving positive change in the delivery of healthcare. The integration of advanced technologies and data analytics will be crucial in shaping the future of these programs and their contribution to value-based care.

### FAQs:

1. What types of health conditions are covered by Aetna in-home health assessments? The specific conditions covered vary depending on the Aetna plan, but generally include chronic conditions like heart failure, diabetes, and COPD, as well as conditions that increase the risk of falls or hospital readmissions.
2. Who conducts Aetna in-home health assessments? Assessments are typically conducted by registered nurses, licensed practical nurses, or other qualified healthcare professionals contracted by Aetna.
3. How often are Aetna in-home health assessments performed? The frequency of assessments depends on the individual patient's needs and risk factors, ranging from a single assessment to multiple assessments over a period of time.
4. How much does an Aetna in-home health assessment cost? The cost is typically covered by the patient's Aetna insurance plan, but co-pays or deductibles may apply.
5. What information is collected during an Aetna in-home health assessment? Information collected includes medication review, vital signs, functional assessment, fall risk assessment, social support evaluation, and environmental safety checks.
6. What happens after an Aetna in-home health assessment? A personalized care plan is developed based on the assessment findings, which may include recommendations for medication adjustments,

therapy referrals, or home modifications.

7. How is patient privacy protected during an Aetna in-home health assessment? Aetna employs strict confidentiality protocols, complying with HIPAA regulations to protect patient information.

8. Can I refuse an Aetna in-home health assessment? While participation is generally encouraged, you have the right to refuse an assessment. However, your refusal might impact certain benefits or care coordination aspects of your plan.

9. How can I schedule an Aetna in-home health assessment? You should contact your Aetna plan administrator or primary care physician to schedule an assessment.

#### Related Articles:

1. "Aetna Medicare Advantage Plans and In-Home Care Services": This article explores the specific in-home care services offered within Aetna's Medicare Advantage plans and how they integrate with the in-home assessments.

2. "The Impact of Aetna In-Home Health Assessments on Hospital Readmission Rates": This study analyzes the effectiveness of Aetna's in-home assessments in reducing hospital readmissions for specific patient populations.

3. "Telehealth Technology and Aetna's In-Home Health Assessment Program": This article examines the role of telehealth technologies in facilitating remote monitoring and data collection during in-home assessments.

4. "Data Privacy and Security Concerns in Aetna In-Home Health Assessments": This article discusses the privacy and security measures implemented by Aetna to protect patient information collected during in-home assessments.

5. "Improving Patient Engagement in Aetna In-Home Health Assessment Programs": This article explores strategies to increase patient participation and satisfaction with the in-home assessment process.

6. "The Cost-Effectiveness of Aetna In-Home Health Assessments: A Comparative Analysis": This study compares the cost-effectiveness of Aetna's in-home assessments with traditional healthcare approaches.

7. "The Role of Care Coordination in Aetna's In-Home Health Assessment Program": This article examines how in-home assessment data contributes to improved care coordination among healthcare providers.

8. "Aetna's In-Home Health Assessments and the Transition to Value-Based Care": This article discusses the alignment of in-home assessments with the principles of value-based care.

9. "Predictive Modeling and Risk Stratification Using Data from Aetna In-Home Health Assessments": This article discusses how data from in-home assessments can be used to identify high-risk patients and personalize interventions.

**aetna in home health assessment:** The Medicare Handbook , 1988

**aetna in home health assessment:** **Aging Well** Jean Galiana, William A. Haseltine,

2019-03-20 This open access book outlines the challenges of supporting the health and wellbeing of older adults around the world and offers examples of solutions designed by stakeholders, healthcare providers, and public, private and nonprofit organizations in the United States. The solutions presented address challenges including: providing person-centered long-term care, making palliative care accessible in all healthcare settings and the home, enabling aging-in-place, financing long-term care, improving care coordination and access to care, delivering hospital-level and emergency care in the home and retirement community settings, merging health and social care, supporting people living with dementia and their caregivers, creating communities and employment opportunities that are accessible and welcoming to those of all ages and abilities, and combating the stigma of aging. The innovative programs of support and care in Aging Well serve as models of excellence that, when put into action, move health spending toward a sustainable path and greatly contribute to the well-being of older adults.

**aetna in home health assessment:** *Colorectal Cancer Screening* Joseph Anderson, MD, Charles Kahi, MD, 2011-04-23 Colorectal Cancer Screening provides a complete overview of colorectal cancer screening, from epidemiology and molecular abnormalities, to the latest screening techniques such as stool DNA and FIT, Computerized Tomography (CT) Colonography, High Definition Colonoscopes and Narrow Band Imaging. As the text is devoted entirely to CRC screening, it features many facts, principles, guidelines and figures related to screening in an easy access format. This volume provides a complete guide to colorectal cancer screening which will be informative to the subspecialist as well as the primary care practitioner. It represents the only text that provides this up to date information about a subject that is continually changing. For the primary practitioner, information on the guidelines for screening as well as increasing patient participation is presented. For the subspecialist, information regarding the latest imaging techniques as well as flat adenomas and chromoendoscopy are covered. The section on the molecular changes in CRC will appeal to both groups. The text includes up to date information about colorectal screening that encompasses the entire spectrum of the topic and features photographs of polyps as well as diagrams of the morphology of polyps as well as photographs of CT colonography images. Algorithms are presented for all the suggested guidelines. Chapters are devoted to patient participation in screening and risk factors as well as new imaging technology. This useful volume explains the rationale behind screening for CRC. In addition, it covers the different screening options as well as the performance characteristics, when available in the literature, for each test. This volume will be used by the sub specialists who perform screening tests as well as primary care practitioners who refer patients to be screened for colorectal cancer.

**aetna in home health assessment:** **Home Health Care Nursing** Ida Marie Martinson, Ann Widmer, Carmen J. Portillo, 2002 This New Edition of Home Health Care Nursing is a comprehensive and authoritative text for nurses working in the dynamic field of home health. Administrative and clinical content is included, providing all the essential, detailed material that today's home health care nurse needs. It places home health nursing in the context of the health care system, discussing such administrative issues as the continuum of care, discharge planning, managed care, and reimbursement. It also presents the basic competencies of home health: assessment, nursing diagnosis, symptom control, nutritional support, and rehabilitation. Caring for clients throughout the lifespan and in a family context is emphasized, as well as the specialized care of clients with specific disorders most commonly seen in the home, such as pulmonary disease, cancer, AIDS, stroke, Alzheimer's disease, heart failure, and renal and genitourinary disorders. Finally, it identifies and discusses the professional challenges of ethics, stress, and research in home health nursing. Case studies are included throughout the book to help illustrate the concepts being discussed. Paediatric content added to each chapter of the Specific Disorders section as appropriate; helps guide the care of this population of home care clients. New chapters on Case Management and Home Health Care (chapter 2) and Managed Care (chapter 5). New chapters on Cultural Competency

in Home Care (chapter 14) and Psychiatric Home Care Nursing (chapter 26) An extensively revised chapter on Research in Home Care

**aetna in home health assessment: Finding What Works in Health Care** Institute of Medicine, Board on Health Care Services, Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, 2011-07-20 Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In *Finding What Works in Health Care* the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. *Finding What Works in Health Care* also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

**aetna in home health assessment: Improving Diagnosis in Health Care** National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors-has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

**aetna in home health assessment: Birth Settings in America** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Division of Behavioral and Social Sciences and Education, Board on Children, Youth, and Families, Committee on Assessing Health Outcomes by Birth Settings, 2020-05-01 The delivery of high quality and equitable care for both mothers and newborns is complex and requires efforts across many sectors. The United States spends more on childbirth than any other country in the world, yet outcomes are worse than other

high-resource countries, and even worse for Black and Native American women. There are a variety of factors that influence childbirth, including social determinants such as income, educational levels, access to care, financing, transportation, structural racism and geographic variability in birth settings. It is important to reevaluate the United States' approach to maternal and newborn care through the lens of these factors across multiple disciplines. Birth Settings in America: Outcomes, Quality, Access, and Choice reviews and evaluates maternal and newborn care in the United States, the epidemiology of social and clinical risks in pregnancy and childbirth, birth settings research, and access to and choice of birth settings.

**aetna in home health assessment:** Medicare Hospice Benefits , 1993

**aetna in home health assessment: Health Care Reform: Consideration of benefits for inclusion in a standard health benefit package, March 30; April 22, 1993** United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1993

**aetna in home health assessment: Measuring Well-being** Matthew T. Lee, Laura D. Kubzansky, Tyler J. VanderWeele, 2021 This edited volume explores conceptual and practical challenges in measuring well-being. Given the bewildering array of measures available, and ambiguity regarding when and how to measure particular aspects of well-being, knowledge in the field can be difficult to reconcile. Representing numerous disciplines including psychology, economics, sociology, statistics, public health, theology, and philosophy, contributors consider the philosophical and theological traditions on happiness, well-being and the good life, as well as recent empirical research on well-being and its measurement. Leveraging insights across diverse disciplines, they explore how research can help make sense of the proliferation of different measures and concepts, while also proposing new ideas to advance the field. Some chapters engage with philosophical and theological traditions on happiness, well-being and the good life, some evaluate recent empirical research on well-being and consider how measurement requirements may vary by context and purpose, and others more explicitly integrate methods and synthesize knowledge across disciplines. The final section offers a lively dialogue about a set of recommendations for measuring well-being derived from a consensus of the contributors. Collectively, the chapters provide insight into how scholars might engage beyond disciplinary boundaries and contribute to advances in conceptualizing and measuring well-being. Bringing together work from across often siloed disciplines will provide important insight regarding how people can transcend unhealthy patterns of both individual behavior and social organization in order to pursue the good life and build better societies--

**aetna in home health assessment:** *The Promise of Assistive Technology to Enhance Activity and Work Participation* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments, 2017-09-01 The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. *The Promise of Assistive Technology to Enhance Activity and Work Participation* provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and products and technologies selected by the committee that pertain to hearing and to communication

and speech in adults.

**aetna in home health assessment: Health Care Reform** United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1993

**aetna in home health assessment: Bringing Value to Healthcare** Rita E. Numerof, Michael Abrams, 2016-02-01 In Bringing Value to Healthcare: Practical Steps for Getting to a Market-Based Model, Rita Numerof and Michael Abrams lay out the roadmap to a healthcare system that is accountable for delivering optimal patient outcomes at a sustainable cost. This is the handbook for payer, provider, pharmaceutical, and medical device executives seeking to preserve today's profitability while positioning their organizations for success in the very different markets of tomorrow. The book's guidance is illuminated by case studies and each chapter concludes with a self-assessment tool and key questions.

**aetna in home health assessment: Home Health Care** United States. Congress. House. Select Committee on Aging. Subcommittee on Health and Long-Term Care, 1983

**aetna in home health assessment: Drug-Induced Sleep Endoscopy** Nico de Vries, Ottavio Piccin, Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep-related breathing disorder, impacting an estimated 1.36 billion people worldwide. In the past, OSA was almost exclusively treated with Continuous Positive Airway Pressure (CPAP), however, dynamic assessment of upper airway obstruction with Drug-Induced Sleep Endoscopy (DISE) has been instrumental in developing efficacious alternatives. Drug-Induced Sleep Endoscopy: Diagnostic and Therapeutic Applications by Nico de Vries, Ottavio Piccin, Olivier Vanderveken, and Claudio Vicini is the first textbook on DISE written by world-renowned sleep medicine pioneers. Twenty-four chapters feature contributions from an impressive group of multidisciplinary international experts. Foundational chapters encompass indications, contraindications, informed consent, organization and logistics, patient preparation, and drugs used in DISE. Subsequent chapters focus on treatment outcomes, the role of DISE in therapeutic decision making and upper airway stimulation, pediatric sleep endoscopy, craniofacial syndromes, advanced techniques, and more. Key Highlights Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics, from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents, fellows, and surgeons. Clinicians in other specialties involved in sleep medicine will also benefit from this reference, including pulmonologists, neurologists, neurophysiologists, maxillofacial surgeons, and anesthesiologists.

**aetna in home health assessment: Important Information about Medicaid** , 1989

**aetna in home health assessment: Heeding the Caregiver Call** Dr. Barbara Ella Milton Jr., In the fall of 2015, Barbara Sr. called her only child to ask for her help. Unbeknownst to her family, Barbara Sr. was already in the grips of Alzheimer's. This book tells the story of Barbara Jr.'s journey as her mother's caregiver and shares insights into the physical, emotional, financial, and spiritual impacts of caregiving while fighting her own cancer. It also provides practical information to others who assume caregiving roles for their loved ones. Follow this mother and daughter's journey through resentments and regrets, forgiveness and faith, laughter and love. Barbara Jr. promised her mother on her deathbed that she would tell her story. Here it is.

**aetna in home health assessment: Integrated Electrophysical Agents**[Formerly Entitled Electrotherapy: Evidence-Based Practice] Tim Watson, Ethne Nussbaum, 2020-03-28 Electrophysical Modalities (formerly Electrotherapy: Evidence-Based Practice) is back in its 13th edition, continuing to uphold the standard of clinical research and evidence base for which it has become renowned. This popular textbook comprehensively covers the use of electrotherapy in clinical practice and includes the theory which underpins that practice. Over recent years the range of therapeutic agents involved and the scope for their use have greatly increased and the new edition includes and



evaluates the latest evidence and most recent developments in this fast-growing field. Tim Watson is joined by co-editor Ethne Nussbaum and both bring years of clinical, research and teaching experience to the new edition, with a host of new contributors, all leaders in their specialty.

**aetna in home health assessment:** *For-Profit Enterprise in Health Care* Institute of Medicine, Committee on Implications of For-Profit Enterprise in Health Care, 1986-01-01 [This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care, says Robert Pear of The New York Times. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics—from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care. The report makes a lasting contribution to the health policy literature. —Journal of Health Politics, Policy and Law.

**aetna in home health assessment:** *Race, Ethnicity, and Language Data* Institute of Medicine, Board on Health Care Services, Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, 2009-12-30 The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

**aetna in home health assessment:** *Humanizing Healthcare: Hardwire Humanity into the Future of Health* Summer Knight, 2021-04-06 From a top healthcare futurist, frontline innovator, and Deloitte consultant comes a bold new vision for Humanizing Healthcare—hardwiring humanity at every point of care—that is good for people and good for business. Our nation's healthcare and life science industry has changed dramatically over the past few decades—and not always for the better. In addition to rising costs and access challenges, the current system has caused needless suffering for patients and clinicians alike: physically, emotionally, financially, and socially. There have been numerous efforts to overhaul the system, but nothing has yet cured healthcare of its illnesses. In *Humanizing Healthcare*, paramedic-turned-physician executive and Deloitte Managing Director Summer Knight draws on her years of experience on the frontlines of healthcare to offer a powerful road map for real reform. Her refreshingly human approach to transforming our healthcare system provides practical strategies to: Identify core problems in the current system—and find the best workable solutions. Combine healthcare with social services—and build stronger networks of support. Use digital technology and virtual visits to provide expert care at lower costs. Empower healthcare consumers to make smarter choices in their treatment and purchasing options. Form therapeutic alliances between the clinical team (physicians and staff) and the home team (family and friends). Build a solid foundation for ongoing improvements that are truly sustainable, affordable, and humane. This is a clear, compassionate guide to how the industry can transform to embody a more human perspective and use it as a collective north star that will positively impact all stakeholders—consumers, providers, caregivers, staff, executives, shareholders, and the government—alike. Most importantly, this book will open your eyes to what's possible when you create high-quality, deeply felt alliances that deliver consumer-driven care with value to all. *Humanizing Healthcare* is the future of health.

**aetna in home health assessment: Care of the Elderly** Gail Hills Maguire, 1985

**aetna in home health assessment: The Learning Healthcare System** Institute of Medicine, Roundtable on Evidence-Based Medicine, 2007-06-01 As our nation enters a new era of medical science that offers the real prospect of personalized health care, we will be confronted by an increasingly complex array of health care options and decisions. The Learning Healthcare System considers how health care is structured to develop and to apply evidence-from health profession training and infrastructure development to advances in research methodology, patient engagement, payment schemes, and measurement-and highlights opportunities for the creation of a sustainable learning health care system that gets the right care to people when they need it and then captures the results for improvement. This book will be of primary interest to hospital and insurance industry administrators, health care providers, those who train and educate health workers, researchers, and policymakers. The Learning Healthcare System is the first in a series that will focus on issues important to improving the development and application of evidence in health care decision making. The Roundtable on Evidence-Based Medicine serves as a neutral venue for cooperative work among key stakeholders on several dimensions: to help transform the availability and use of the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and, ultimately, to ensure innovation, quality, safety, and value in health care.

**aetna in home health assessment: Essentials of Treatment Planning** Mark E. Maruish, 2019-11-26 Essentials of Treatment Planning, Second Edition is an updated and easy-to-use guide to the development and use of treatment plans for behavioral health care patients. The book incorporates current research and developments in treatment planning that have occurred since the publication of the first edition. Designed as a nuts-and-bolts guide, the book covers essential material such as the role and benefits of treatment planning in a clinical setting, approaches for conducting comprehensive patient assessments, the use of assessment information to develop individual treatment plans, and strategies for ongoing evaluations and revisions of treatment plans. Essentials of Treatment Planning, Second Edition explores how to develop and use treatment plans to strengthen the entire treatment process. An important component in documentation, accurate treatment plans provide myriad benefits, including: meeting the accountability criteria of insurers and behavioral health care organizations, enhancing efficient coordination of care with other health care professionals, and facilitating better communication with outside reviewers. In addition, behavioral health professionals—psychologists, psychiatrists, clinical social workers, mental health and substance use counselors, and others—may gain the added security of protection from certain types of litigation. As part of the Essentials of Mental Health Practice series, the second edition of Essentials of Treatment Planning contains the information busy behavioral health professionals need to practice knowledgeably, efficiently, and ethically in today's behavioral health care environment. Each chapter features numerous callout boxes highlighting key concepts, bulleted points, and extensive illustrative material, as well as Test Yourself questions that help gauge and reinforce your grasp of the information covered.

**aetna in home health assessment: Making Eye Health a Population Health Imperative** National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health, 2017-01-15 The ability to see deeply affects how human beings perceive and interpret the world around them. For most people, eyesight is part of everyday communication, social activities, educational and professional pursuits, the care of others, and the maintenance of personal health, independence, and mobility. Functioning eyes and vision system can reduce an adult's risk of chronic health conditions, death, falls and injuries, social isolation, depression, and other psychological problems. In children, properly maintained eye and vision health contributes to a child's social development, academic achievement, and better health across the lifespan. The public generally recognizes its reliance on sight and fears its loss, but emphasis on eye and vision health, in general, has not been integrated into daily life to the same extent as other

health promotion activities, such as teeth brushing; hand washing; physical and mental exercise; and various injury prevention behaviors. A larger population health approach is needed to engage a wide range of stakeholders in coordinated efforts that can sustain the scope of behavior change. The shaping of socioeconomic environments can eventually lead to new social norms that promote eye and vision health. Making Eye Health a Population Health Imperative: Vision for Tomorrow proposes a new population-centered framework to guide action and coordination among various, and sometimes competing, stakeholders in pursuit of improved eye and vision health and health equity in the United States. Building on the momentum of previous public health efforts, this report also introduces a model for action that highlights different levels of prevention activities across a range of stakeholders and provides specific examples of how population health strategies can be translated into cohesive areas for action at federal, state, and local levels.

**aetna in home health assessment: Health Care Reform: Issues relating to medical malpractice, May 20, 1993** United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 1993

**aetna in home health assessment:** *Medicare* Institute of Medicine, Committee to Design a Strategy for Quality Review and Assurance in Medicare, 1990-02-01 Health care for the elderly American is among our nation's more pressing social issues. Our society wishes to ensure quality health care for all older people, but there is growing concern about our ability to maintain and improve quality in the face of efforts to contain health care costs. Medicare: A Strategy for Quality Assurance answers the U.S. Congress' call for the Institute of Medicine to design a strategic plan for assessing and assuring the quality of medical care for the elderly. This book presents a proposed strategic plan for improving quality assurance in the Medicare program, along with steps and timetables for implementing the plan by the year 2000 and the 10 recommendations for action by Congress. The book explores quality of care—how it is defined, measured, and improved—and reviews different types of quality problems. Major issues that affect approaches to assessing and assuring quality are examined. Medicare: A Strategy for Quality Assurance will be immediately useful to a wide audience, including policymakers, health administrators, individual providers, specialists in issues of the older American, researchers, educators, and students.

**aetna in home health assessment: Advances in Patient Safety** Kerm Henriksen, 2005 v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

**aetna in home health assessment: Pay for Performance in Health Care** Jerry Cromwell, Michael G. Trisolini, Gregory C. Pope, Janet B. Mitchell, Leslie M. Greenwald, 2011-02-28 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.

**aetna in home health assessment: Males With Eating Disorders** Arnold E. Andersen, 2014-06-17 First published in 1990. The subject of anorexia nervosa and, more recently, bulimia nervosa in males has been a source of interest and controversy in the fields of psychiatry and medicine for more than 300 years. These disorders, sometimes called eating disorders, raise basic questions concerning the nature of abnormalities of the motivated behaviors: Are they subsets of more widely recognized illnesses such as mood disorders? Are they understandable by reference to

underlying abnormalities of biochemistry or brain function? In what ways are they similar to and in what ways do they differ from anorexia nervosa and bulimia nervosa in females? This book will be of interest to a wide variety of people—physicians, psychologists, nurses, social workers, occupational therapists, nutritionists, educators, and all others who may be interested for personal or professional reasons.

**aetna in home health assessment: Health Care in America** , 2004 The first attempt to integrate data from all of the National Health Care Survey (NHCS) components into one publication that examines how health care utilization is changing across multiple settings.

**aetna in home health assessment: General Ophthalmology** Daniel Vaughan, Taylor Asbury, 1983

**aetna in home health assessment: Oral Health Literacy** Institute of Medicine, Board on Population Health and Public Health Practice, Roundtable on Health Literacy, 2013-02-19 The Institute of Medicine (IOM) Roundtable on Health Literacy focuses on bringing together leaders from the federal government, foundations, health plans, associations, and private companies to address challenges facing health literacy practice and research and to identify approaches to promote health literacy in both the public and private sectors. The roundtable serves to educate the public, press, and policy makers regarding the issues of health literacy, sponsoring workshops to discuss approaches to resolve health literacy challenges. It also builds partnerships to move the field of health literacy forward by translating research findings into practical strategies for implementation. The Roundtable held a workshop March 29, 2012, to explore the field of oral health literacy. The workshop was organized by an independent planning committee in accordance with the procedures of the National Academy of Sciences. The planning group was composed of Sharon Barrett, Benard P. Dreyer, Alice M. Horowitz, Clarence Pearson, and Rima Rudd. The role of the workshop planning committee was limited to planning the workshop. Unlike a consensus committee report, a workshop summary may not contain conclusions and recommendations, except as expressed by and attributed to individual presenters and participants. Therefore, the summary has been prepared by the workshop rapporteur as a factual summary of what occurred at the workshop.

**aetna in home health assessment: A Call for Action** United States. Congress. Pepper Commission, 1990

**aetna in home health assessment: Pediatric Thoracic Surgery** D.H. Parikh, David Crabbe, Alex Auldist, Steven Rothenberg, 2009-03-26 This text covers new innovations and concepts in pediatric thoracic surgery practice, basic science and evidence, and the technical aspects of common and rare operative procedures. It is essential for pediatric surgical trainees and consultants with interest in pediatric thoracic surgery. Providing comprehensive coverage of newer developments, it is also a useful reference work for pediatric and thoracic surgeons and a valuable guide for surgeons (adult or pediatric) managing pediatric thoracic surgery on occasional basis or only during acute emergency. Covering the subjects within pediatric thoracic surgery (non-cardiac) in significant depth, this book acts as a reference text for consultants undertaking pediatric thoracic work as well as for pediatric respiratory, anesthesiologists and fetal medicine doctors. Topics within this book will also be of interest to pediatric respiratory physicians and pediatric oncologists.

**aetna in home health assessment: Attention-Deficit/Hyperactivity Disorder in Children and Adolescents** Brian P. Daly, Aimee K. Hildenbrand, Shannon G. Litke, Ronald T. Brown, 2023-12-11 State-of-the-art guidance on the effective assessment and treatment of children and adolescents with ADHD New updated edition Provides guidance on multimodal care and diversity issues Includes downloadable handouts This updated new edition of this popular text integrates the latest research and practices to give practitioners concise and readable guidance on the assessment and effective treatment of children and adolescents with attention-deficit/hyperactivity disorder (ADHD). This common childhood condition can have serious consequences for academic, emotional, social, and occupational functioning. When properly identified and diagnosed, however, there are many interventions that have established benefits. This volume is both a compact how to reference, for use by professionals in their daily work, and an ideal educational reference for students. It has a similar

structure to other books in the Advances in Psychotherapy series, and informs the reader of all aspects involved in the assessment and management of ADHD. Practitioners will particularly appreciate new information on the best approaches to the ideal sequencing of treatments in multimodal care, and the important diversity considerations. Suggestions for further reading, support groups, and educational organizations are also provided. A companion volume Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults is also available.

**aetna in home health assessment:** *Employment and Health Benefits* Institute of Medicine, Committee on Employment-Based Health Benefits, 1993-02-01 The United States is unique among economically advanced nations in its reliance on employers to provide health benefits voluntarily for workers and their families. Although it is well known that this system fails to reach millions of these individuals as well as others who have no connection to the work place, the system has other weaknesses. It also has many advantages. Because most proposals for health care reform assume some continued role for employers, this book makes an important contribution by describing the strength and limitations of the current system of employment-based health benefits. It provides the data and analysis needed to understand the historical, social, and economic dynamics that have shaped present-day arrangements and outlines what might be done to overcome some of the access, value, and equity problems associated with current employer, insurer, and government policies and practices. Health insurance terminology is often perplexing, and this volume defines essential concepts clearly and carefully. Using an array of primary sources, it provides a store of information on who is covered for what services at what costs, on how programs vary by employer size and industry, and on what governments do—and do not do—to oversee employment-based health programs. A case study adapted from real organizations' experiences illustrates some of the practical challenges in designing, managing, and revising benefit programs. The sometimes unintended and unwanted consequences of employer practices for workers and health care providers are explored. Understanding the concepts of risk, biased risk selection, and risk segmentation is fundamental to sound health care reform. This volume thoroughly examines these key concepts and how they complicate efforts to achieve efficiency and equity in health coverage and health care. With health care reform at the forefront of public attention, this volume will be important to policymakers and regulators, employee benefit managers and other executives, trade associations, and decisionmakers in the health insurance industry, as well as analysts, researchers, and students of health policy.

**aetna in home health assessment:** *Forensic Mental Health Assessment* Kirk Heilbrun, Geoffrey Marczyk, David DeMatteo, 2002-04-11 Forensic mental health assessments are evaluations conducted by individuals from different disciplines on a variety of questions in civil, criminal, and family law. A growing number of mental health professionals, including psychologists, psychiatrists, and social workers, are being called upon to assess everything from an individual's competence to stand trial to the risk or threat of future violence, and asked to weigh in on cases ranging from murder and assault to malpractice and child custody. General principles have emerged to guide professionals conducting forensic mental health assessment. *Forensic Mental Health Assessment: A Casebook* illustrates those principles using relevant, real-world case material. Built around actual case reports from expert forensic psychologists and psychiatrists, the volume probes a broad range of legal questions through the detailed examination of more than 40 cases. Topics include Miranda rights waiver, competence to act as one's own attorney, competence to stand trial, juvenile commitment, sanity at the time of the offense, child custody, termination of parental rights, guardianship, and malpractice. This is the first casebook focusing specifically on forensic assessment. It contains cases from a broad range of civil, criminal, and family legal questions, described in case reports contributed by expert forensic psychologists and psychiatrists. It will be useful for anyone involved in assessments for the courts and attorneys, including psychologists, psychiatrists, social workers, and attorneys.

**aetna in home health assessment:** *Get What's Yours for Medicare* Philip Moeller, 2016-10-04 A coauthor of the New York Times bestselling guide to Social Security *Get What's Yours* authors an

essential companion to explain Medicare, the nation's other major benefit for older Americans. Learn how to maximize your health coverage and save money. Social Security provides the bulk of most retirees' income and Medicare guarantees them affordable health insurance. But few people know what Medicare covers and what it doesn't, what it costs, and when to sign up. Nor do they understand which parts of Medicare are provided by the government and how these work with private insurance plans—Medicare Advantage, drug insurance, and Medicare supplement insurance. Do you understand Medicare's parts A, B, C, D? Which Part D drug plan is right and how do you decide? Which is better, Medigap or Medicare Advantage? What do you do if Medicare denies payment for a procedure that your doctor says you need? How do you navigate the appeals process for denied claims? If you're still working or have a retiree health plan, how do those benefits work with Medicare? Do you know about the annual enrollment period for Medicare, or about lifetime penalties for late enrollment, or any number of other key Medicare rules? Health costs are the biggest unknown expense for older Americans, who are turning sixty-five at the rate of 10,000 a day. Understanding and navigating Medicare is the best way to save health care dollars and use them wisely. In *Get What's Yours for Medicare*, retirement expert Philip Moeller explains how to understand all these important choices and make the right decisions for your health and wealth now—and for the future.

**aetna in home health assessment:** ICD-10-CM Official Guidelines for Coding and Reporting - FY 2021 (October 1, 2020 - September 30, 2021) Department Of Health And Human Services, 2020-09-06 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

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