PostgraduateCertificate in Case Management

Healthcare Systems and Case Management

Accountable Care Organization (ACO) refers to a network of healthcare providers who work together to deliver high-quality, patient-centered care while reducing costs, improving patient outcomes, and enhancing the overall quality of care. Related terms include Healthcare Reform, Patient-Centered Medical Home, and Value-Based Care. ACOs aim to achieve these goals by coordinating care, sharing resources, and implementing evidence-based practices.

Acute Care refers to short-term medical treatment for severe injuries or episodes of illness, focusing on the immediate needs of the patient. Related terms include Chronic Care, Hospitalization, and Intensive Care Unit. Acute care services are typically provided in hospitals, emergency departments, or urgent care centers.

Admission, Discharge, and Transfer (ADT) refers to the process of managing patient movements within a healthcare facility, from admission to discharge or transfer. Related terms include Care Coordination, Continuity of Care, and Patient Flow. Effective ADT management is crucial to ensuring smooth transitions, reducing delays, and improving patient satisfaction.

Advanced Directives refer to written instructions that outline a patient's wishes for medical treatment in the event of incapacity or end-of-life care. Related terms include Do Not Resuscitate (DNR), Living Will, and Power of Attorney. Advanced directives help ensure that patients receive care that aligns with their values and preferences.

Alternative Payment Models (APMs) refer to reimbursement approaches that incentivize healthcare providers to deliver high-quality, cost-effective care. Related terms include Fee-for-Service, Pay-for-Performance, and Value-Based Care. APMs aim to reduce healthcare costs while improving patient outcomes and quality of care.

Ambulatory Care refers to medical services provided on an outpatient basis, focusing on preventive care, diagnosis, and treatment of acute and chronic conditions. Related terms include Clinic, Doctor's Office, and Outpatient Department. Ambulatory care services are typically provided in physician offices, clinics, or community health centers.

Assessment refers to the process of gathering information about a patient's physical, emotional, and social needs to develop an individualized care plan. Related terms include Evaluation, Intervention, and Treatment Plan. Accurate assessment is crucial to identifying patient needs, setting priorities, and developing effective care strategies.

Behavioral Health refers to the interconnected relationship between physical and mental health, focusing on the prevention, diagnosis, and treatment of mental health and substance use disorders. Related terms include Mental Health, Substance Abuse, and Wellness. Behavioral health services aim to promote healthy behaviors, manage stress, and improve overall well-being.

Bundled Payment refers to a reimbursement approach that pays a single fee for all services related to a specific episode of care, encouraging care coordination and cost efficiency. Related terms include Episode-Based Payment, Pay-for-Performance, and Value-Based Care. Bundled payments aim to reduce healthcare costs while improving patient outcomes and quality of care.

Care Coordination refers to the process of organizing patient care activities, facilitating communication, and ensuring seamless transitions between healthcare providers and settings. Related terms include Care Management, Case Management, and Continuity of Care. Effective care coordination is crucial to improving patient outcomes, reducing readmissions, and enhancing patient satisfaction.

Care Management refers to the process of planning, coordinating, and monitoring patient care to achieve optimal health outcomes and quality of life. Related terms include Case Management, Care Coordination, and Disease Management. Care management involves working with patients, families, and healthcare providers to develop personalized care plans and address patient needs.

Case Management refers to a collaborative process of assessing, planning, implementing, and evaluating patient care to achieve specific health goals and outcomes. Related terms include Care Coordination, Care Management, and Disease Management. Case management involves working with patients, families, and healthcare providers to develop individualized care plans and address patient needs.

Chronic Care refers to ongoing medical treatment and management of long-term health conditions, focusing on preventing complications and improving patient outcomes. Related terms include Acute Care, Disease Management, and Primary Care. Chronic care services aim to empower patients to manage their conditions, reduce hospitalizations, and enhance quality of life.

Clinical Decision Support (CDS) refers to the use of electronic systems to provide healthcare providers with clinical guidelines, alerts, and recommendations to inform decision-making. Related terms include Electronic Health Record, Health Information Technology, and Medical Informatics. CDS aims to improve patient outcomes, reduce errors, and enhance the quality of care.

Commission on Accreditation of Rehabilitation Facilities (CARF) refers to an independent, non-profit organization that accredits rehabilitation facilities and programs based on standards of quality and patient care. Related terms include Accreditation, Certification, and Quality Improvement. CARF accreditation aims to ensure that rehabilitation facilities and programs meet rigorous standards for patient care and safety.

Community Health refers to the interconnected relationship between health, environment, and community, focusing on preventing disease, promoting health, and empowering individuals and communities. Related terms include Public Health, Health Promotion, and Disease Prevention. Community health services aim to address health disparities, improve access to care, and enhance overall well-being.

Comorbidities refer to the presence of one or more additional health conditions co-occurring with a primary condition, affecting patient outcomes and complicating care. Related terms include Chronic Care, Disease Management, and Multimorbidity. Comorbidities require coordinated care and individualized treatment plans to address patient needs.

Continuity of Care refers to the seamless transition of patient care between healthcare providers and settings, ensuring consistent and coordinated care. Related terms include Care Coordination, Care Management, and Transitional Care. Continuity of care is crucial to improving patient outcomes, reducing readmissions, and enhancing patient satisfaction.

Coordinated Care refers to the organized delivery of patient care services, facilitating communication and collaboration between healthcare providers and settings. Coordinated care aims to improve patient outcomes, reduce fragmentation, and enhance patient satisfaction.

Disease Management refers to a systematic approach to managing chronic health conditions, focusing on preventing complications and improving patient outcomes. Related terms include Care Management, Case Management, and Population Health. Disease management involves working with patients, families, and healthcare providers to develop personalized care plans and address patient needs.

Discharge Planning refers to the process of preparing patients for safe and successful transitions from hospital to home or other care settings, reducing readmissions and improving patient outcomes. Effective discharge planning involves collaborating with patients, families, and healthcare providers to develop individualized plans and address patient needs.

Electronic Health Record (EHR) refers to a digital version of a patient's medical history, containing demographic, clinical, and administrative information. Related terms include Health Information Technology, Medical Informatics, and Personal Health Record. EHRs aim to improve patient outcomes, reduce errors, and enhance the quality of care.

Evidence-Based Practice (EBP) refers to the use of current best evidence in making decisions about patient care, integrating clinical expertise and patient values. Related terms include Clinical Decision Support, Health Services Research, and Quality Improvement. EBP aims to improve patient outcomes, reduce variation, and enhance the quality of care.

Fee-for-Service (FFS) refers to a reimbursement approach that pays healthcare providers for each individual service or procedure, incentivizing volume over value. Related terms include Alternative Payment Models, Pay-for-Performance, and Value-Based Care. FFS reimbursement approaches have been criticized for driving up healthcare costs and encouraging unnecessary services.

Health Information Technology (HIT) refers to the use of electronic systems to manage health information, improving patient outcomes and quality of care. Related terms include Electronic Health Record, Medical Informatics, and Telehealth. HIT aims to enhance patient engagement, reduce errors, and improve care coordination.

Health Literacy refers to the degree to which individuals have the capacity to obtain, process, and understand basic health information and services. Related terms include Patient Education, Health Promotion, and Disease Prevention. Health literacy is crucial to empowering patients to manage their health, make informed decisions, and navigate the healthcare system.

Home Health Care refers to medical and supportive services provided in the patient's home, focusing on

recovery, rehabilitation, and management of chronic conditions. Related terms include Community Health, Hospice Care, and Palliative Care. Home health care services aim to enable patients to remain in their homes, reduce hospitalizations, and improve quality of life.

Hospice Care refers to comprehensive, palliative care for patients with terminal illnesses, focusing on comfort, dignity, and quality of life. Related terms include End-of-Life Care, Palliative Care, and Supportive Care. Hospice care services aim to support patients and families, manage symptoms, and enhance overall well-being.

Hospital Readmission refers to the unplanned return of a patient to the hospital within a specified time period, often indicating inadequate care coordination or insufficient support. Reducing hospital readmissions is crucial to improving patient outcomes, reducing costs, and enhancing patient satisfaction.

Integrated Care refers to the coordination of patient care services across different healthcare providers and settings, ensuring seamless transitions and continuity of care. Integrated care aims to improve patient outcomes, reduce fragmentation, and enhance patient satisfaction.

Interdisciplinary Care Team refers to a group of healthcare professionals from different disciplines working together to provide comprehensive, patient-centered care. Related terms include Care Coordination, Care Management, and Collaborative Practice. Interdisciplinary care teams aim to enhance patient outcomes, reduce errors, and improve care coordination.

Managed Care refers to a healthcare delivery system that coordinates medical services and controls costs through various mechanisms, such as prior authorization and utilization review. Related terms include Health Maintenance Organization, Preferred Provider Organization, and Point of Service Plan. Managed care aims to reduce healthcare costs, improve quality of care, and enhance patient satisfaction.

Medical Home refers to a patient-centered, comprehensive primary care model that coordinates care, manages chronic conditions, and enhances patient outcomes. Related terms include Patient-Centered Medical Home, Primary Care, and Care Coordination. Medical homes aim to improve patient outcomes, reduce costs, and enhance patient satisfaction.

Multimorbidity refers to the presence of two or more chronic health conditions, complicating care and affecting patient outcomes. Related terms include Chronic Care, Disease Management, and Comorbidities. Multimorbidity requires coordinated care and individualized treatment plans to address patient needs.

Navigation refers to the process of guiding patients through the complex healthcare system, facilitating access to care, and addressing patient needs. Related terms include Care Coordination, Care Management, and Patient Advocacy. Navigation aims to empower patients, reduce barriers, and improve patient outcomes.

Palliative Care refers to comprehensive, supportive care for patients with serious illnesses, focusing on comfort, dignity, and quality of life. Related terms include Hospice Care, End-of-Life Care, and Supportive Care. Palliative care services aim to support patients and families, manage symptoms, and enhance overall well-being.

Patient Activation refers to the degree to which patients are engaged and empowered to manage their health, make informed decisions, and navigate the healthcare system. Related terms include Patient Education, Health Literacy, and Self-Management. Patient activation is crucial to improving patient outcomes, reducing costs, and enhancing patient satisfaction.

Patient Advocacy refers to the process of supporting and empowering patients to navigate the healthcare system, make informed decisions, and access quality care. Related terms include Care Coordination, Care Management, and Navigation. Patient advocacy aims to protect patient rights, reduce barriers, and improve patient outcomes.

Patient-Centered Care refers to an approach to care that focuses on patient needs, values, and preferences, enhancing patient outcomes and satisfaction. Related terms include Patient-Centered Medical Home, Care Coordination, and Shared Decision-Making. Patient-centered care aims to empower patients, reduce disparities, and improve quality of care.

Patient Engagement refers to the degree to which patients are involved and participating in their care, making informed decisions, and navigating the healthcare system. Related terms include Patient Activation, Health Literacy, and Self-Management. Patient engagement is crucial to improving patient outcomes, reducing costs, and enhancing patient satisfaction.

Pay-for-Performance (P4P) refers to a reimbursement approach that incentivizes healthcare providers to deliver high-quality, cost-effective care. Related terms include Alternative Payment Models, Value-Based Care, and Quality Improvement. P4P aims to improve patient outcomes, reduce variation, and enhance the quality of care.

Population Health refers to the health outcomes of a defined population, focusing on preventing disease, promoting health, and reducing health disparities. Population health management involves working with patients, families, and healthcare providers to develop personalized care plans and address patient needs.

Primary Care refers to the first level of contact between patients and the healthcare system, focusing on prevention, diagnosis, and treatment of acute and chronic conditions. Related terms include Family Medicine, Internal Medicine, and Pediatrics. Primary care services aim to provide comprehensive, coordinated care and improve patient outcomes.

Quality Improvement (QI) refers to the systematic process of assessing and improving healthcare processes and outcomes, reducing variation and enhancing patient care. Related terms include Continuous Quality Improvement, Performance Improvement, and Total Quality Management. QI aims to improve patient outcomes, reduce errors, and enhance the quality of care.

Rehabilitation refers to the process of helping patients to recover from illness, injury, or disease, restoring function and enhancing quality of life. Related terms include Physical Therapy, Occupational Therapy, and Speech Therapy. Rehabilitation services aim to enable patients to regain independence, reduce disability, and improve overall well-being.

Self-Management refers to the ability of patients to manage their health, make informed decisions, and

navigate the healthcare system. Related terms include Patient Activation, Health Literacy, and Patient Engagement. Self-management is crucial to improving patient outcomes, reducing costs, and enhancing patient satisfaction.

Shared Decision-Making (SDM) refers to the process of collaborating with patients to make informed decisions about their care, respecting patient values and preferences. Related terms include Patient-Centered Care, Patient Engagement, and Informed Consent. SDM aims to empower patients, reduce disparities, and improve quality of care.

Social Determinants of Health (SDOH) refer to the non-medical factors that health outcomes, such as housing, education, and employment. Related terms include Health Disparities, Health Equity, and Population Health. SDOH are crucial to addressing health disparities, reducing inequities, and improving patient outcomes.

Supportive Care refers to the comprehensive care and support provided to patients with serious illnesses, focusing on comfort, dignity, and quality of life. Related terms include Palliative Care, Hospice Care, and End-of-Life Care. Supportive care services aim to support patients and families, manage symptoms, and enhance overall well-being.

Telehealth refers to the use of electronic communication and information technologies to deliver healthcare services remotely, expanding access to care and reducing healthcare disparities. Related terms include Telemedicine, e-Health, and m-Health. Telehealth aims to improve patient outcomes, reduce costs, and enhance patient satisfaction.

Transitional Care refers to the process of coordinating patient care during transitions from one healthcare setting to another, reducing readmissions and improving patient outcomes. Related terms include Care Coordination, Care Management, and Discharge Planning. Transitional care aims to ensure seamless transitions, reduce fragmentation, and enhance patient satisfaction.

Value-Based Care refers to a healthcare delivery model that incentivizes healthcare providers to deliver high-quality, cost-effective care, focusing on patient outcomes and value. Related terms include Alternative Payment Models, Pay-for-Performance, and Quality Improvement. Value-based care aims to improve patient outcomes, reduce costs, and enhance the quality of care.

Wellness refers to the state of being healthy, thriving, and flourishing, focusing on preventing disease, promoting health, and enhancing quality of life. Related terms include Health Promotion, Disease Prevention, and Population Health. Wellness programs aim to empower individuals to take control of their health, reduce risks, and improve overall well-being.