Health care

- Psychiatric Outcomes of Subthalamic Nucleus Deep Brain Stimulation: A Systematic Review of Short- and Long-Term Effects
- Analysis of the Expression Patterns of Tumor Necrosis Factor Alpha Signaling Pathways and Regulatory MicroRNAs in Astrocytic Tumors
- Outcomes of the Transsphenoidal Approach for ACTH-Secreting Pituitary Tumours and the Role of Postoperative ACTH in Predicting the Late Recurrence of Cushing's Disease: A Retrospective Analysis of 50 Cases
- Postacute Discharge Destination and Major Adverse Cardiovascular Events Among Patients With Intracerebral Hemorrhage
- A curriculum for epilepsy surgery: A report from the Surgical Commission's Epilepsy Surgery Educational Task Force and the Educational Council of the ILAE
- Prevalence and antibiotic resistance of pathogens isolated from neurosurgical patients with postoperative central nervous system infections in a tertiary hospital in North China
- Evaluation of the clinical effectiveness of bundled care interventions on pressure ulcer incidence in neurosurgical patients
- Bone Graft Expansion in Cranioplasty Using a Split-Bone Technique

Disciplines

Patient safety

Costs

National spending on health care varies considerably among Organisation for Economic Co-operation and Development (OECD) countries. In 2012, health care costs in the United States accounted for 16.9% of its GDP, while all OECD countries spent a mean 9.3% of their GDP on healt care [1].

Concerns

antimicrobial resistance by bacteria is a growing global concern within the healthcare field, and it has provided an impetus for continued antimicrobial development

Over the last decade, 2 themes have emerged as major drivers for the future of health care: comparative effectiveness research and precision medicine.

Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Health care is delivered by practitioners in allied health, dentistry, midwifery (obstetrics), medicine, nursing, optometry, pharmacy, psychology and other health professions. It refers to the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Improving communication between healthcare personnel can improve patient care on a local and global scale. By 2016, it is estimated that more than 2 billion people will be using smartphones in both developed and developing nations. Multimedia Messaging Service (MMS) is a commonly used feature of smartphones which enables to send multimedia between mobile phones. The incorporation

of MMS into the healthcare system is essential in advancing communication among healthcare personnel. Imagine being able to provide real-time expert consultation using images, sounds and video in disaster struck places or remote villages in developing nations. Similarly, envision the ability for instantaneous intra and interdepartmental consultation within even the most sophisticated healthcare facilities by incorporating the use of MMS. MMS provides healthcare providers many tools by which to help each other, educate each other, and communicate with each other to optimize the care we are providing to patients wherever we are in the world. We all can benefit from the introduction of this technology in a legitimate secure application [2].

see healthcare cost.

Today's health care environment demands more than ever of surgeons and the hospitals they work in. Payors, including Medicare, increasingly refuse to pay for treating complications deemed preventable, such as surgical site infections.

The accuracy of public reporting in health care, especially from private vendors, remains an issue of debate.

Bekelis et al. performed a cohort study involving physicians performing posterior lumbar fusions between 2009 and 2013 who were registered in the Statewide Planning and Research Cooperative System database. This cohort was merged with publicly available data over the same time period from ProPublica, a private company. Mixed-effects multivariable regression models were used to investigate the association of publicly available complication rates with the rate of discharge to a rehabilitation facility, length of stay, mortality, and hospitalization charges for the same surgeons.

During the selected study period, there were 8,457 patients in New York State who underwent posterior lumbar fusion performed by the 56 surgeons represented in the ProPublica Surgeon Scorecard over the same time period. Using a mixed-effects multivariable regression model, the authors demonstrated that publicly reported physician-level complication rates were not associated with the rate of discharge to a rehabilitation facility (OR 0.97, 95% CI 0.72-1.31), length of stay (adjusted difference -0.1, 95% CI -0.5 to 0.2), mortality (OR 0.87, 95% CI 0.49-1.55), and hospitalization charges (adjusted difference $18,735, 95% CI -$59,177 to $96,647). Similarly, no association was observed when utilizing propensity score-adjusted models, and when restricting the cohort to a predefined subgroup of Medicare patients.

After merging a comprehensive all-payer posterior lumbar fusion cohort in New York State with data from the ProPublica Surgeon Scorecard over the same time period, the authors observed no association of publicly available physician complication rates with objective outcomes [3].

Healthcare in the United States

see Healthcare in the United States.

[1]

OECD. Oecd health data 2014 how does the United States compare. 2014.
[2]

Katzir M, Laarakker AS, Sviri GE, Zaaroor M. Smart(phone) medicine. J Trauma Acute Care Surg. 2015 Oct 21. [Epub ahead of print] PubMed PMID: 26491806.

[3)]

Bekelis K, Missios S, Coy S, Johnson JN. Does the ranking of surgeons in a publicly available online platform correlate with objective outcomes? J Neurosurg. 2017 Mar 17:1-7. doi: 10.3171/2016.8.JNS16583.test. [Epub ahead of print] PubMed PMID: 28306419.

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