

## Kaiser Doctors Note

A New York Times bestseller/Washington Post Notable Book of 2017/NPR Best Books of 2017/Wall Street Journal Best Books of 2017 "This book will serve as the definitive guide to the past and future of health care in America."—Siddhartha Mukherjee, Pulitzer Prize-winning author of *The Emperor of All Maladies* and *The Gene* At a moment of drastic political upheaval, *An American Sickness* is a shocking investigation into our dysfunctional healthcare system - and offers practical solutions to its myriad problems. In these troubled times, perhaps no institution has unraveled more quickly and more completely than American medicine. In only a few decades, the medical system has been overrun by organizations seeking to exploit for profit the trust that vulnerable and sick Americans place in their healthcare. Our politicians have proven themselves either unwilling or incapable of reining in the increasingly outrageous costs faced by patients, and market-based solutions only seem to funnel larger and larger sums of our money into the hands of corporations. Impossibly high insurance premiums and inexplicably large bills have become facts of life; fatalism has set in. Very quickly Americans have been made to accept paying more for less. How did things get so bad so fast? Breaking down this monolithic business into the individual industries—the

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hospitals, doctors, insurance companies, and drug manufacturers—that together constitute our healthcare system, Rosenthal exposes the recent evolution of American medicine as never before. How did healthcare, the caring endeavor, become healthcare, the highly profitable industry? Hospital systems, which are managed by business executives, behave like predatory lenders, hounding patients and seizing their homes. Research charities are in bed with big pharmaceutical companies, which surreptitiously profit from the donations made by working people. Patients receive bills in code, from entrepreneurial doctors they never even saw. The system is in tatters, but we can fight back. Dr. Elisabeth Rosenthal doesn't just explain the symptoms, she diagnoses and treats the disease itself. In clear and practical terms, she spells out exactly how to decode medical doublespeak, avoid the pitfalls of the pharmaceuticals racket, and get the care you and your family deserve. She takes you inside the doctor-patient relationship and to hospital C-suites, explaining step-by-step the workings of a system badly lacking transparency. This is about what we can do, as individual patients, both to navigate the maze that is American healthcare and also to demand far-reaching reform. *An American Sickness* is the frontline defense against a healthcare system that no longer has our well-being at heart.

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This book explores the benefits of digital patient engagement, from the perspectives of physicians, providers, and others in the healthcare system, and discusses what is working well in this new, digitally-empowered collaborative environment. Chapters present the changing landscape of patient engagement, starting with the impact of new payment models and Meaningful Use requirements, and the effects of patient engagement on patient safety, quality and outcomes, effective communications, and self-service transactions. The book explores social media and mobile as tools, presents guidance on privacy and security challenges, and provides helpful advice on how providers can get started. Vignettes and 23 case studies showcase the impact of patient engagement from a wide variety of settings, from large providers to small practices, and traditional medical clinics to eTherapy practices.

Doctors are taught how to cure people. But they don't always know how to care for them. Hardly anyone is happy with American healthcare these days. Patients are getting sicker and going bankrupt from medical bills. Doctors are burning out and making dangerous mistakes. Both parties blame our nation's outdated and dysfunctional healthcare system. But that's only part of the problem. In this important and timely book, Dr. Robert Pearl shines a light on the unseen and often toxic culture of

medicine. Today's physicians have a surprising disdain for technology, an unhealthy obsession with status, and an increasingly complicated relationship with their patients. All of this can be traced back to their earliest experiences in medical school, where doctors inherit a set of norms, beliefs, and expectations that shape almost every decision they make, with profound consequences for the rest of us. *Uncaring* draws an original and revealing portrait of what it's actually like to be a doctor. It illuminates the complex and intimidating world of medicine for readers, and in the end offers a clear plan to save American healthcare.

A perfect blend of medical drama and spiritual insight, *Gray Matter* is a fascinating account of Dr. David Levy's decision to begin asking his patients if he could pray for them before surgery. Some are thrilled. Some are skeptical. Some are hostile, and some are quite literally transformed by the request. Each chapter focuses on a specific case, opening with a detailed description of the patient's diagnosis and the procedure that will need to be performed, followed by the prayer "request." From there, readers get to look over Dr. Levy's shoulder as he performs the operation, and then we wait—right alongside Dr. Levy, the patients, and their families—to see the final results. Dr. Levy's musings on what successful and unsuccessful surgical results imply about God, faith, and the power of prayer are honest

and insightful. As we watch him come to his ultimate conclusion that no matter what the results of the procedure are, "God is good," we cannot help but be truly moved and inspired.

This data-driven book analyzes factors that will improve the efficiency and quality of the American health care delivery system through the lens of physician supply in an era of managed care.

Presenting policy recommendations and a broad range of perspectives from conversations with experts in health economics, medical education, and health policy, Scheffler's work makes accessible a critical and complex area of health care.

From award-winning ProPublica reporter Marshall Allen, a primer for anyone who wants to fight the predatory health care system--and win. Every year, millions of Americans are overcharged and underserved while the health care industry makes record profits. We know something is wrong, but the layers of bureaucracy designed to discourage complaints make pushing back seem impossible. At least, this is what the health care power players want you to think. Never Pay the First Bill is the guerilla guide to health care the American people and employers need. Drawing on 15 years of investigating the health care industry, reporter Marshall Allen shows how companies and individuals have managed to force medical providers to play fair, and shows how you can, too. He reveals the industry's pressure points and how companies and individuals have fought overbilling, price gouging, insurance denials, and more to get the care they deserve. Laying out a practical plan for protecting yourself against the system's predatory practices, Allen offers the

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inspiration you need and tried-and-true strategies such as: Analyze and contest your medical bills, so you don't pay more than you should Obtain the billing codes for a procedure in advance Write in an appropriate treatment clause before signing financial documents Get your way by suing in small claims court Few politicians and CEOs have been willing to stand up to the medical industry. It is up to the American people to equip ourselves to fight back for the sake of our families--and everyone else.

According to *Transforming Health Care Scheduling and Access*, long waits for treatment are a function of the disjointed manner in which most health systems have evolved to accommodate the needs and the desires of doctors and administrators, rather than those of patients. The result is a health care system that deploys its most valuable resource--highly trained personnel--inefficiently, leading to an unnecessary imbalance between the demand for appointments and the supply of open appointments. This study makes the case that by using the techniques of systems engineering, new approaches to management, and increased patient and family involvement, the current health care system can move forward to one with greater focus on the preferences of patients to provide convenient, efficient, and excellent health care without the need for costly investment. *Transforming Health Care Scheduling and Access* identifies best practices for making significant improvements in access and system-level change. This report makes recommendations for principles and practices to improve access by promoting efficient scheduling. This study will be a valuable resource for practitioners to progress toward a more patient-focused "How can we help you today?" culture.

In the 1940s Henry J. Kaiser was a household name, as familiar then as Warren Buffett and Donald Trump are now.

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Like a Horatio Alger hero, Kaiser rose from lower-middle-class origins to become an enormously wealthy entrepreneur, building roads, bridges, dams, and housing. He established giant businesses in cement, aluminum, chemicals, steel, health care, and tourism. During World War II, his companies built cargo planes and Liberty ships. After the war, he manufactured the Kaiser-Frazer automobile. Along the way, he also became a major force in the development of the western United States, including Hawaii. Henry J. Kaiser: Builder in the Modern American West is the first biography of this remarkable man. Drawing on a wealth of archival material never before utilized, Mark Foster paints an evenhanded portrait of a man of driving ambition and integrity, perhaps the ultimate "can-do" capitalist. He covers Kaiser's entire life (1882–1967), emphasizing many business ventures. He demonstrates that Kaiser was the prototypical "frontier" entrepreneur who often used government and union support to tame the "wilderness." Though today the Kaiser industries are no longer under family management, the Kaiser legacy remains great. Kaiser played a major role in building the Hoover, Bonneville, Grand Coulee, and Shasta dams. The Kaiser-Permanente Medical Care Program still provides comprehensive health care for millions of subscribers. Kaiser-planned communities remain in Los Angeles; San Francisco; Portland, Oregon; and Boulder City, Nevada. Kaiser Engineers was actively engaged in hundreds of huge construction jobs across the nation and around the world. U.S. and business historians, scholars of the modern West, and general readers will all find much to absorb them in this well-written biography.

"Patients and doctors alike are keenly aware that the medical world is in the midst of great change. We live in an era of continuous healthcare reforms, many of which focus on high volume, efficiency, and cost-effectiveness. This compelling,

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thoughtful book is the response of a practicing physician who explains how population-based reforms are diminishing the relationship between doctor and patients, to the detriment of both. As an antidote to stubbornly held traditions, Dr. Abraham M. Nussbaum suggests ways that doctors and patients can learn what it means to be ill and to seek medical assistance. Drawing on personal stories, validated studies, and neglected history, the author develops a series of metaphors to explore a doctor's role in different healthcare reform scenarios: scientist, technician, author, gardener, teacher, servant, and witness. Each role shapes what physicians see when they encounter a patient. Dr. Nussbaum cautions that true healthcare reform can happen only when those who practice medicine can see, and be seen by, their patients as fellow creatures. His memoir makes a hopeful appeal for change, and his insights reveal the direction that change must take."--Jacket flap.

The Advocate is a lesbian, gay, bisexual, transgender (LGBT) monthly newsmagazine. Established in 1967, it is the oldest continuing LGBT publication in the United States.

This pioneering textbook is the first one ever on diabetic foot problems. With contributions from a multidisciplinary panel of experts, it presents a comprehensive curriculum on the topic. This includes global and socio-economic aspects of diabetes; a team approach; basic science of the foot (anatomy and biomechanics); clinical assessment and classification systems for diabetic foot problems; endocrine aspects; diabetic foot infections (clinical presentation and management); amputations in diabetic foot surgery (predictive factors, major and distal amputations, rehabilitation and phantom pain

management); care of diabetic wounds (including the role of the latest technologically advanced dressings, vacuum dressings, anodyne therapy, ultrasonic debridement and extracorporeal shockwave therapy); and diabetic footcare and diabetic footwear.

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

Our health care is staggeringly expensive, yet one in six Americans has no health insurance. We have some of the most skilled physicians in the world, yet one hundred thousand patients die each year from medical errors. In this gripping, eye-opening book, award-winning journalist Shannon Brownlee takes readers inside the hospital to dismantle some of our most venerated myths about American medicine. Brownlee dissects what she calls "the medical-industrial complex" and lays bare the backward economic incentives embedded in our system, revealing a stunning portrait of the care we now receive. Nevertheless, *Overtreated* ultimately conveys a message of hope by reframing the debate over health care reform. It offers a way to control costs and cover the uninsured, while simultaneously

improving the quality of American medicine.

Shannon Brownlee's humane, intelligent, and penetrating analysis empowers readers to avoid the perils of overtreatment, as well as pointing the way to better health care for everyone.

The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the

health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

In 1996, the Institute of Medicine (IOM) released its report *Telemedicine: A Guide to Assessing Telecommunications for Health Care*. In that report, the IOM Committee on Evaluating Clinical Applications of Telemedicine found telemedicine is similar in most respects to other technologies for which better evidence of effectiveness is also being demanded. Telemedicine, however, has some special characteristics-shared with information technologies generally-that warrant particular notice from evaluators and decision makers. Since that time, attention to telehealth has continued to grow in both the public and private sectors. Peer-reviewed journals and professional societies are devoted to telehealth, the federal government provides grant funding to promote the use of telehealth, and the private technology industry continues to develop new applications for telehealth. However, barriers remain to the use of telehealth modalities, including issues related to reimbursement, licensure, workforce, and costs. Also, some areas of telehealth have developed a stronger evidence base than others. The Health Resources and Service Administration (HRSA) sponsored the IOM in holding a workshop in

Washington, DC, on August 8-9 2012, to examine how the use of telehealth technology can fit into the U.S. health care system. HRSA asked the IOM to focus on the potential for telehealth to serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing the quality and value in the delivery of health care services. This workshop summary discusses the evolution of telehealth since 1996, including the increasing role of the private sector, policies that have promoted or delayed the use of telehealth, and consumer acceptance of telehealth. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary* discusses the current evidence base for telehealth, including available data and gaps in data; discuss how technological developments, including mobile telehealth, electronic intensive care units, remote monitoring, social networking, and wearable devices, in conjunction with the push for electronic health records, is changing the delivery of health care in rural and urban environments. This report also summarizes actions that the U.S. Department of Health and Human Services (HHS) can undertake to further the use of telehealth to improve health care outcomes while controlling costs in the current health care environment.

A poignant and funny exploration of authenticity in work and life by a woman doctor. In 2017, Dr. Suzanne Koven

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published an essay describing the challenges faced by female physicians, including her own personal struggle with "imposter syndrome"—a long-held secret belief that she was not smart enough or good enough to be a “real” doctor. Accessed by thousands of readers around the world, Koven’s “Letter to a Young Female Physician” has evolved into a deeply felt reflection on her career in medicine. Koven tells candid and illuminating stories about her pregnancy during a grueling residency in the AIDS era; the illnesses of her child and aging parents during which her roles as a doctor, mother, and daughter converged, and sometimes collided; the sexism, pay inequity, and harassment that women in medicine encounter; and the twilight of her career during the COVID-19 pandemic. As she traces the arc of her life, Koven finds inspiration in literature and faces the near-universal challenges of burnout, body image, and balancing work with marriage and parenthood. Shining with warmth, clarity, and wisdom, Letter to a Young Female Physician reveals a woman forging her authentic identity in a modern landscape that is as overwhelming and confusing as it is exhilarating in its possibilities. Koven offers an indelible account, by turns humorous and profound, from a doctor, mother, wife, daughter, teacher, and writer who sheds light on our desire to find meaning, and on a way to be our own imperfect selves in the world.

Primary care medicine is the new frontier in medicine. Every nation in the world has recognized the necessity to deliver personal and primary care to its people. This includes first-contact care, care based in a positive and caring personal relationship, care by a single healthcare provider for the majority of the patient's problems, coordination of all care by the patient's personal provider, advocacy for the patient by the provider, the provision of preventive care and psychosocial care, as well as care for episodes of acute and

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chronic illness. These facets of care work most effectively when they are embedded in a coherent integrated approach. The support for primary care derives from several significant trends. First, technologically based care costs have rocketed beyond reason or availability, occurring in the face of exploding populations and diminishing real resources in many parts of the world, even in the wealthier nations. Simultaneously, the primary care disciplines-general internal medicine and pediatrics and family medicine-have matured significantly.

After heart disease and cancer, the third leading cause of death in the United States is iatrogenic injury (avoidable injury or infection caused by a healer). Research suggests that avoidable errors claim several hundred thousand lives every year. The principal economic counterforce to such errors, malpractice litigation, has never been a particularly effective deterrent for a host of reasons, with fewer than 3% of negligently injured patients (or their families) receiving any compensation from a doctor or hospital's insurer. Closing Death's Door brings the psychology of decision making together with the law to explore ways to improve patient safety and reduce iatrogenic injury, when neither the healthcare industry itself nor the legal system has made a substantial dent in the problem. Beginning with an unflinching introduction to the problem of patient safety, the authors go on to define iatrogenic injury and its scope, shedding light on the culture and structure of a healthcare industry that has failed to effectively address the problem-and indeed that has influenced legislation to weaken existing legal protections and impede the adoption of potentially promising reforms.

Examining the weak points in existing systems with an eye to using law to more effectively bring about improvement, the authors conclude by offering a set of ideas intended to start a conversation that will lead to new legal policies that lower the

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risk of harm to patients. Closing Death's Door is brought to vivid life by the stories of individuals and groups that have played leading roles in the nation's struggle with iatrogenic injury, and is essential reading for medical and legal professionals, as well as lawmakers and laypeople with an interest in healthcare policy.

Finalist for the Pulitzer Prize in General Nonfiction A New York Times Bestseller Longlisted for the Andrew Carnegie Medal for Excellence in Nonfiction Winner of the WSU AOS Bonner Book Award As revelatory as Atul Gawande's Being Mortal, physician and award-winning author Louise Aronson's Elderhood is an essential, empathetic look at a vital but often disparaged stage of life. For more than 5,000 years, "old" has been defined as beginning between the ages of 60 and 70. That means most people alive today will spend more years in elderhood than in childhood, and many will be elders for 40 years or more. Yet at the very moment that humans are living longer than ever before, we've made old age into a disease, a condition to be dreaded, denigrated, neglected, and denied. Reminiscent of Oliver Sacks, noted Harvard-trained geriatrician Louise Aronson uses stories from her quarter century of caring for patients, and draws from history, science, literature, popular culture, and her own life to weave a vision of old age that's neither nightmare nor utopian fantasy--a vision full of joy, wonder, frustration, outrage, and hope about aging, medicine, and humanity itself. Elderhood is for anyone who is, in the author's own words, "an aging, i.e., still-breathing human being."

The New York Times Science Bestseller from Robert Wachter, Modern Healthcare's #1 Most Influential Physician-Executive in the US While modern medicine produces miracles, it also delivers care that is too often unsafe, unreliable, unsatisfying, and impossibly expensive. For the past few decades, technology has been touted as the cure for

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all of healthcare's ills. But medicine stubbornly resisted computerization – until now. Over the past five years, thanks largely to billions of dollars in federal incentives, healthcare has finally gone digital. Yet once clinicians started using computers to actually deliver care, it dawned on them that something was deeply wrong. Why were doctors no longer making eye contact with their patients? How could one of America's leading hospitals give a teenager a 39-fold overdose of a common antibiotic, despite a state-of-the-art computerized prescribing system? How could a recruiting ad for physicians tout the absence of an electronic medical record as a major selling point? Logically enough, we've pinned the problems on clunky software, flawed implementations, absurd regulations, and bad karma. It was all of those things, but it was also something far more complicated. And far more interesting . . . Written with a rare combination of compelling stories and hard-hitting analysis by one of the nation's most thoughtful physicians, *The Digital Doctor* examines healthcare at the dawn of its computer age. It tackles the hard questions, from how technology is changing care at the bedside to whether government intervention has been useful or destructive. And it does so with clarity, insight, humor, and compassion. Ultimately, it is a hopeful story. "We need to recognize that computers in healthcare don't simply replace my doctor's scrawl with Helvetica 12," writes the author Dr. Robert Wachter. "Instead, they transform the work, the people who do it, and their relationships with each other and with patients. . . . Sure, we should have thought of this sooner. But it's not too late to get it right." This riveting book offers the prescription for getting it right, making it essential reading for everyone – patient and provider alike – who cares about our healthcare system. Collaborations of physicians and researchers with

industry can provide valuable benefits to society, particularly in the translation of basic scientific discoveries to new therapies and products. Recent reports and news stories have, however, documented disturbing examples of relationships and practices that put at risk the integrity of medical research, the objectivity of professional education, the quality of patient care, the soundness of clinical practice guidelines, and the public's trust in medicine. *Conflict of Interest in Medical Research, Education, and Practice* provides a comprehensive look at conflict of interest in medicine. It offers principles to inform the design of policies to identify, limit, and manage conflicts of interest without damaging constructive collaboration with industry. It calls for both short-term actions and long-term commitments by institutions and individuals, including leaders of academic medical centers, professional societies, patient advocacy groups, government agencies, and drug, device, and pharmaceutical companies. Failure of the medical community to take convincing action on conflicts of interest invites additional legislative or regulatory measures that may be overly broad or unduly burdensome. *Conflict of Interest in Medical Research, Education, and Practice* makes several recommendations for strengthening conflict of interest policies and curbing relationships that create risks with little benefit. The book will serve as an invaluable resource for individuals and organizations committed to high ethical standards in all realms of medicine.

'Successful medical leaders are usually, but not always, experienced and credible clinicians with good people

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skills, who look beyond the boundaries of their own specialty or institution, who are positive and perseverant and who are prepared to take reasonable risks to achieve their goals. Most importantly they know how to engage their colleagues and effect change. They understand the principles of organisational performance and the balance between professional autonomy and corporate behaviour - ' Sir Bruce Keogh, in the Foreword This book is a comprehensive account of the key aspects of medical leadership. Easy to read and highly accessible, it explores how the medical profession has evolved in tandem with administrative and structural aspects of the NHS: previously reluctant leaders, doctors are increasingly positive about adopting management and organisational responsibility. Assuming leadership roles at all stages of their training and career is a progressively vital component of the definition of a 'good doctor'. Completely up-to-date, this book features exciting and critical developments such as the embedding of the Medical Leadership Competency Framework as a statutory element of the training and development of all doctors, and the establishment of a new Faculty of Medical Leadership and Management. It is highly recommended, inspiring reading for all medical professionals taking on formal leadership roles. Junior doctors, too, will find much of interest.

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st

Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

The Institute of Medicine study *Crossing the Quality Chasm* (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. *Health Professions Education: A Bridge to Quality* is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality

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improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

America's health care system has become too complex and costly to continue business as usual. Best Care at Lower Cost explains that inefficiencies, an overwhelming amount of data, and other economic and quality barriers hinder progress in improving health and threaten the nation's economic stability and global competitiveness. According to this report, the knowledge and tools exist to put the health system on the right course to achieve continuous improvement and better quality care at a lower cost. The costs of the system's current inefficiency underscore the urgent need for a systemwide transformation. About 30 percent of health spending in 2009--roughly \$750 billion--was wasted on unnecessary services, excessive administrative costs, fraud, and other problems. Moreover, inefficiencies cause needless suffering. By one estimate, roughly 75,000 deaths might have been averted in 2005 if every state had delivered care at the quality level of the best performing state. This report states that the way health care providers currently train, practice, and learn new information cannot keep pace with the flood of research discoveries and technological advances. About 75 million Americans

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have more than one chronic condition, requiring coordination among multiple specialists and therapies, which can increase the potential for miscommunication, misdiagnosis, potentially conflicting interventions, and dangerous drug interactions. Best Care at Lower Cost emphasizes that a better use of data is a critical element of a continuously improving health system, such as mobile technologies and electronic health records that offer significant potential to capture and share health data better. In order for this to occur, the National Coordinator for Health Information Technology, IT developers, and standard-setting organizations should ensure that these systems are robust and interoperable. Clinicians and care organizations should fully adopt these technologies, and patients should be encouraged to use tools, such as personal health information portals, to actively engage in their care. This book is a call to action that will guide health care providers; administrators; caregivers; policy makers; health professionals; federal, state, and local government agencies; private and public health organizations; and educational institutions.

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