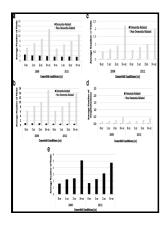
Impacts of comorbidity on health outcomes and health care utilization in the Canadian population

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 This edition was published in 1999



Filesize: 26.102 MB

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Estimated effects of potential interventions to prevent declines in self

Typically, setting priorities among preventive services has been challenging because of the lack of comparative data, which our population intervention approach was able to provide in terms of absolute and relative reductions in fair-poor SRH incidence.

Health Plan Enrollment and Disenrollment of Individuals With and Without Established Chronic Disease in a U.S. Commercially Insured and Medicare Advantage Population: Journal of Managed Care & Specialty Pharmacy: Vol 25, No 5

Physician cultural competency training was included as part of a multitarget intervention, and as such the independent effects of this training component could not be ascertained. Online self-management coaching, peer support, and computer-based education modules produced negative or negligible results. By segmenting a provincial population into clinically meaningful sub-populations and demonstrating a link between socioeconomic status and high-cost health care use in the majority of health profile groups, but not all, we feel this study adds to the body of evidence aimed at understanding the complexity of high-cost health care use.

Impact of Mental Health Comorbidities on Health Care Utilization and Expenditure in a Large US Managed Care Adult Population with ADHD

Finally, we examined the effect of potential selection bias due to loss to follow-up for each of the predictors of SRH decline ,. Population-level effect The reduction in incidence of fair-poor SRH would be slightly higher for preventing surgical side effects compared to reducing physical inactivity and prevalence of comorbid conditions in the multivariable-adjusted models.

Diabetes Health Disparities

Racial and Ethnic Approaches to Community Health REACH Detroit partnership: Improving diabetes-related outcomes among African American and Latino adults. Ward BW, Schiller JS, Goodman RA. Effective development and implementation of health care management and clinical

ntervention programs require an understanding of health plan member enrollment and disenrollment behavior.	

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