

1. Record Nr.	UNIBAS000026592
Autore	Moroncini, Getulio
Titolo	Il silenzio di Didone nell'Ade / Getulio Moroncini
Pubbl/distr/stampa	Napoli : <<P.>> Federico e <<G.>> Ardia, 1930
Descrizione fisica	32 p. ; 21 cm.
Disciplina	873.01
Soggetti	Didone <nell'Eneide> Virgilio Marone, Publio Eneide
Lingua di pubblicazione	Italiano
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	In testa al frontespizio: 2. millenario della nascita di Virgilio Lire 3,50 Sul frontespizio e sulla copertina: Sergio de Pilato, gennaio '931, IX

2. Record Nr.	UNINA9910346800903321
Autore	Cromwell Jerry
Titolo	Pay for Performance in Health Care : Methods and Approaches
Pubbl/distr/stampa	Research Triangle Park, NC, : RTI Press/RTI International, 2011 Research Triangle Park, NC : , : RTI International / RTI Press, , 2011 ©2011
Descrizione fisica	1 online resource (400 pages)
Collana	RTI Press Publication
Altri autori (Persone)	KautterJohn SmithKevin GreenwaldLeslie M MitchellJanet B PopeGregory C TrisoliniMichael G
Soggetti	BUS069000 MED035000
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Sommario/riassunto	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.
