

编号: YY003-20210705001

**标题: Uncertain Telehealth Laws Keep Substance Abuse Care Providers on Their Toes**

简介: Telehealth adoption has surged during the coronavirus pandemic, particularly in treatments for people dealing with substance abuse issues. And that trend will likely continue, as providers look for more and better ways to manage care for a fast-growing population. Much of that growth in connected health services was driven by state and federal waivers issued over the past year and a half to boost telehealth access and coverage to address COVID-19. But with the pandemic winding down, several states are ending their public health emergencies, leaving providers scrambling to figure out what they can and can't do any more.

全文链接: <https://mhealthintelligence.com/news/uncertain-telehealth-laws-keep-substance-abuse-care-providers-on-their-toes>

编号: YY003-20210705002

**标题: Patients' socioeconomic status can influence the medical assistance in dying**

简介: In Canada, low-income hospital patients under palliative care are less likely to receive medical assistance in dying compared to those who are high income, according to a study published in British Medical Journal Open (BMJ Open).

全文链接: <https://www.news-medical.net/news/20210701/Patients-socioeconomic-status-can-influence-the-medical-assistance-in-dying.aspx>

编号: YY003-20210705003

**标题: Changes in midlife wealth influence cardiovascular health**

简介: A relative decline in wealth during midlife increases the likelihood of a cardiac event or heart disease after age 65 while an increase in wealth between ages 50 and 64 is associated with lower cardiovascular risk, according to a new study in JAMA Cardiology.

全文链接: <https://www.news-medical.net/news/20210701/Changes-in-midlife-wealth-influence-cardiovascular-health.aspx>

编号: YY003-20210705004

**标题: Public health insurance and the labor market: Evidence from China's Urban Resident Basic Medical Insurance**

简介: This study provides empirical evidence on the labor market effects of public health insurance using evidence from China. In 2007, China launched a national public health insurance program, Urban Resident Basic Medical Insurance (URBMI), targeting residents in urban areas who were not insured by employment-based health insurance. Using panel data from the China Health and Nutrition Survey, I identify the impacts of the program based on its staggered implementation across cities. I find that URBMI did not have a significant average causal effect on labor force participation. However, it did increase employment mobility, as evidenced by the decrease in long-term employment and expansion of fixed-term contract jobs and self-employment. After the program was implemented, job lock declined and job flexibility increased, especially among women, the less educated, and individuals with good health status. The results also suggest increased employment for unhealthy workers, indicating a direct health improvement effect.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=80491](http://pan.ckcest.cn/rcservice//doc?doc_id=80491)

编号: YY003-20210705005

**标题: LGBT individuals' opinions about their health care experiences: A qualitative research study**

简介: Aim To determine the health problems of LGBT individuals and the conditions of their utilization of health care services from their own perspectives.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=80492](http://pan.ckcest.cn/rcservice//doc?doc_id=80492)

编号: YY003-20210705006

**标题: Creation of an Interactive Virtual Surgical Rotation for Undergraduate Medical Education During the COVID-19 Pandemic**

简介: OBJECTIVE: During the coronavirus 2019 pandemic, medical student involvement in direct patient care has been severely limited. Rotations mandatory not only for core curricula but also for informing decisions regarding specialty choice have been postponed during a critical window in the application cycle. Existing virtual rotations are largely observational or lack patient-facing components.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=80493](http://pan.ckcest.cn/rcservice//doc?doc_id=80493)

编号: YY003-20210705007

**标题: The Novel Coronavirus (COVID-19) Pandemic and the Response in Low-to-Middle Income Countries**

简介: Purpose of Review The COVID-19 pandemic has posed an unprecedented challenge to healthcare, particularly in resource-constrained low and middle-income countries (LMICs). We aim to summarize the challenges faced by LMICs in providing breast cancer care during the pandemic and their response during this crisis. Recent Findings Conversion of oncology centers into COVID-19 isolation centers and lack of LMIC applicable guidelines for breast cancer treatment worsened the challenge for providers. Few LMICs changed their management framework, taking steps like triaging patients, prioritizing care, therapeutic spacing, and a shift to telehealth. Modified protocols where available have served LMICs well for resource allocation; however, effectiveness of these cannot be determined due to lack of outcomes reporting. This pandemic has underscored the importance of flexibility, prompt intervention, good communication, and reassessment to address unexpected healthcare challenges and has been a learning lesson to help tailor guidelines early in the future.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=80494](http://pan.ckcest.cn/rcservice//doc?doc_id=80494)

编号: YY003-20210705008

**标题: Effect of air pollution on health care expenditure: Evidence from respiratory diseases**

简介: Recent reports show that at least 95% of the world's population is breathing polluted air. However, the impact of air quality on air pollution-related medical expenditure and utilization is sparse. This study estimates the short-term health care cost impacts of air pollution using a meteorological phenomenon-thermal inversion-as an instrumental variable for air quality. Using information on outpatient care for respiratory diseases from universal health insurance claim data in Taiwan during 2006-2012, our estimates suggest that a one-unit reduction in the air quality index (AQI) leads to NT\$2.3 billion (nearly US\$74 million) of savings in respiratory-related

outpatient expenditure per year. Given that the average AQI is equal to 32 during our study period, completely removing air pollution would reduce the national health expenditure by approximately 8% annually. Our results provide the important implication that the cost of controlling air pollutant emissions can be offset by curtailing health care expenditure.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=80495](http://pan.ckcest.cn/rcservice//doc?doc_id=80495)