

aetna chronic care management

Aetna Chronic Care Management: Navigating the Complexities of Long-Term Illness

Author: Dr. Sarah Chen, MD, MPH – Board-certified Internist with 15 years of experience in managing chronic conditions and a Master's in Public Health specializing in healthcare policy.

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Editor: Emily Carter, RN, BSN – Registered Nurse with 10 years of experience in healthcare journalism and a Bachelor of Science in Nursing. Emily has a proven track record of producing accurate and engaging content on healthcare topics.

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1. Understanding Aetna Chronic Care Management Programs

Aetna chronic care management (CCM) programs are designed to provide comprehensive support and care coordination for individuals with multiple chronic conditions. These programs are particularly relevant for those enrolled in Medicare Advantage plans offered by Aetna, although some similar services may be available through other Aetna health plans. The core principle behind Aetna chronic care management is proactive and preventative care, aiming to improve patient outcomes, reduce hospitalizations, and enhance the overall quality of life for individuals living with chronic illnesses. Effective Aetna chronic care management necessitates a multidisciplinary approach, often involving physicians, nurses, care coordinators, and other healthcare professionals.

2. Eligibility and Enrollment in Aetna Chronic Care Management

Eligibility for Aetna chronic care management programs typically involves having two or more chronic conditions that require ongoing medical management. These conditions might include, but aren't limited to, diabetes, heart failure, chronic obstructive pulmonary disease (COPD), hypertension, and depression. The specific criteria for enrollment can vary depending on the specific Aetna plan and the individual's circumstances. Often, a patient's physician will initiate the referral process, ensuring that the individual meets the necessary requirements. The enrollment process itself is generally straightforward, but potential enrollees should consult with their primary care physician or Aetna customer service for detailed information and clarification regarding eligibility and enrollment procedures.

3. The Components of Aetna Chronic Care Management Programs

A well-structured Aetna chronic care management program comprises several key components:

Care Coordination: A dedicated care coordinator works closely with the patient and their physician to develop a personalized care plan, addressing the individual's specific needs and goals. This involves regular communication, medication management support, and coordination of appointments and tests.

Remote Patient Monitoring (RPM): Many Aetna CCM programs incorporate RPM, utilizing technology to remotely track vital signs and other health data. This allows for early detection of potential problems and proactive interventions, reducing the need for urgent care visits or hospitalizations. This is particularly beneficial in managing chronic conditions where early detection of changes is crucial. For example, in Aetna chronic care management for heart failure, RPM can monitor weight fluctuations, a key indicator of fluid retention.

Telehealth Services: Telehealth plays an increasingly important role in Aetna chronic care management, allowing for virtual consultations with healthcare professionals, reducing the need for in-person visits. This is particularly beneficial for individuals with limited mobility or those living in remote areas. Telehealth consultations can be used for medication review, progress assessment, and addressing any concerns.

Education and Support: Aetna chronic care management programs typically include educational resources and support services to help patients better understand their conditions and manage their health effectively. This might involve educational materials, workshops, or access to support groups. Empowering patients with knowledge is fundamental to successful chronic disease management.

4. Benefits of Aetna Chronic Care Management

The benefits of participating in Aetna chronic care management programs are numerous and significant:

Improved Health Outcomes: Proactive care and regular monitoring can lead to better management of chronic conditions, resulting in improved overall health and quality of life.

Reduced Hospitalizations: Early detection of potential problems and timely interventions can significantly reduce the risk of hospitalizations.

Enhanced Patient Engagement: The personalized care and support provided by Aetna CCM programs encourage greater patient engagement in their own healthcare.

Cost Savings: While there might be some initial costs associated with the program, the overall reduction in hospitalizations and other healthcare utilization can lead to significant cost savings in the long term. This aspect of Aetna chronic care management is crucial both for the patient and the healthcare system as a whole.

5. Addressing Challenges in Aetna Chronic Care Management

Despite its numerous benefits, Aetna chronic care management faces several challenges:

Data Integration: Integrating data from various sources (e.g., wearable devices, electronic health records) can be technically challenging.

Patient Engagement: Ensuring patient engagement and adherence to the program requires effective communication and motivational strategies.

Reimbursement Models: The reimbursement models for CCM services can be complex, impacting the sustainability and accessibility of these programs.

Accessibility and Equity: Ensuring equitable access to CCM programs, particularly for underserved populations, remains a crucial challenge.

6. The Future of Aetna Chronic Care Management

The future of Aetna chronic care management is likely to involve increased use of technology, including artificial intelligence and machine learning, to personalize care and improve efficiency. The integration of wearable technology and other remote monitoring devices will likely continue to expand. Furthermore, there will be a continued focus on improving patient engagement and addressing health equity concerns. Aetna and other healthcare providers will increasingly focus on value-based care models, rewarding providers for improved patient outcomes rather than simply the volume of services provided.

7. Conclusion

Aetna chronic care management programs offer a valuable approach to supporting individuals with multiple chronic conditions. By providing comprehensive care coordination, remote patient monitoring, telehealth services, and education and support, these programs aim to improve health outcomes, reduce hospitalizations, and enhance the overall quality of life for patients. While challenges remain, the future of Aetna CCM is bright, with technology and innovative care models paving the way for even more effective and personalized care. Understanding the complexities and benefits of Aetna chronic care management is crucial for patients, providers, and policymakers alike.

FAQs

1. What chronic conditions are covered under Aetna chronic care management? Aetna CCM covers a wide range of chronic conditions, including diabetes, heart failure, COPD, hypertension, and others. Specific conditions covered may vary depending on the plan and individual needs.
1. How do I enroll in an Aetna chronic care management program? Enrollment typically starts with a referral from your primary care physician. Contact your doctor or Aetna customer service for detailed information.
1. What is the cost of Aetna chronic care management? The cost depends on your specific Aetna plan. Some plans cover CCM services with minimal or no out-of-pocket expenses.
1. What technology is used in Aetna's remote patient monitoring? A variety of devices can be used, including blood pressure monitors, weight scales, and glucose meters, often connected to a central platform for data monitoring.
1. What if I don't have access to technology for remote monitoring? Aetna works with patients to find alternative solutions, ensuring that everyone has access to the necessary care.

1. How often will I have contact with my care coordinator? The frequency of contact varies depending on your individual needs. Expect regular communication and support.
1. What kind of education and support is provided? Education may include materials, workshops, or access to online resources and support groups.
1. Is my privacy protected with remote patient monitoring? Aetna adheres to strict privacy regulations to protect patient data.
1. Can I switch chronic care management programs? You may be able to switch programs, but it's best to consult with your doctor and Aetna to explore your options.

Related Articles:

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1. The Role of Remote Patient Monitoring in Aetna Chronic Care Management: This article dives deeper into the technological aspects of RPM,

explaining different devices and data analysis techniques.

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1. Comparing Aetna Chronic Care Management to Other Providers: This article offers a comparison of Aetna's CCM program with those offered by other health insurance providers.

aetna chronic care management: The Medicare Handbook , 1988

aetna chronic care management: The Role of Purchasers and Payers in the Clinical Research Enterprise Institute of Medicine, Board on Health Sciences Policy, Clinical Research Roundtable, 2002-06-14 In a workshop organized by the Clinical Research roundtable, representatives from purchaser organizations (employers), payer organizations (health plans and insurance companies), and other stakeholder organizations (voluntary health associations, clinical researchers, research organizations, and the technology community) came together to explore: What do purchasers and payers need from the Clinical Research Enterprise? How have current efforts in clinical research met their needs? What are purchasers, payers, and other stakeholders willing to contribute to the enterprise? This book documents these discussions and summarizes what employers and insurers need from and are willing to contribute to clinical research from both a business and a national health care perspective.

aetna chronic care management: Comprehensive Care Coordination for Chronically Ill Adults Cheryl Schraeder, Paul S. Shelton, 2011-10-11 Breakthroughs in medical science and technology, combined with shifts in lifestyle and demographics, have resulted in a rapid rise in the number of individuals living with one or more chronic illnesses. Comprehensive Care Coordination for Chronically Ill Adults presents thorough demographics on this growing sector, describes models for change, reviews current literature and examines various outcomes. Comprehensive Care Coordination for Chronically Ill Adults is divided into two parts. The first provides thorough discussion and background on theoretical concepts of care, including a complete profile of current demographics and chapters on current models of care, intervention components, evaluation methods, health information technology, financing, and educating an interdisciplinary team. The second part of the book uses multiple case studies from various settings to illustrate successful comprehensive care coordination in practice. Nurse, physician and social work leaders in community health, primary care, education and research, and health policy makers will find this book essential among resources to improve care for the chronically ill.

aetna chronic care management: Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care, a continuation of the landmark Institute of Medicine reports To Err Is Human (2000) and Crossing the Quality Chasm (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors-has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety.

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aetna chronic care management: Integration of Medical and Dental Care and Patient Data Valerie Powell, Franklin M. Din, Amit Acharya, Miguel Humberto Torres-Urquidy, 2012-01-18 This book informs readers of the needs and rationale for the integration of medical and dental care and information with an international perspective as to how and where medical and dental care separated into specific domains. It provide high level guidance on issues involved with care and data

integration and how to achieve an integrated model of health care supported by integrated HIT. A patient typically expects that a visit to a dentist can usually be resolved immediately. This expectation places a premium on instant, accurate, thorough, and current information. The state-of-the-art of fully integrated (dental-medical) electronic health record (EHR) is covered and this is contrasted with the current state of dental-medical software. While dentists in the US Veterans Health Administration (VHA), the US Indian Health Service (IHS), or the US military, for example, have access to fully integrated health records, most US clinicians still gather information from separate sources via fax or phone calls. The authors provide an in-depth discussion of the role of informatics and information science in the articulation of medical and dental practices and clinical data with the focus on applied clinical informatics to improve quality of care, practice efficiency, coordination and continuity of care, communication between physicians and dentists and to provide a more comprehensive care for the patients. Lastly, the book examines advances in medical and dental research and how these may affect dentistry in the future. Most new advances in healthcare research are information-intensive.

aetna chronic care management: Oral Health Literacy Institute of Medicine, Board on Population Health and Public Health Practice, Roundtable on Health Literacy, 2013-02-19 The Institute of Medicine (IOM) Roundtable on Health Literacy focuses on bringing together leaders from the federal government, foundations, health plans, associations, and private companies to address challenges facing health literacy practice and research and to identify approaches to promote health literacy in both the public and private sectors. The roundtable serves to educate the public, press, and policy makers regarding the issues of health literacy, sponsoring workshops to discuss approaches to resolve health literacy challenges. It also builds partnerships to move the field of health literacy forward by translating research findings into practical strategies for implementation. The Roundtable held a workshop March 29, 2012, to explore the field of oral health literacy. The workshop was organized by an independent planning committee in accordance with the procedures of the National Academy of Sciences. The planning group was composed of Sharon Barrett, Benard P. Dreyer, Alice M. Horowitz, Clarence Pearson, and Rima Rudd. The role of the workshop planning committee was limited to planning the workshop. Unlike a consensus committee report, a workshop summary may not contain conclusions and recommendations, except as expressed by and attributed to individual presenters and participants. Therefore, the summary has been prepared by the workshop rapporteur as a factual summary of what occurred at the workshop.

aetna chronic care management: Handbook of Home Health Standards Tina M. Marrelli, 2011-06-30

aetna chronic care management: The Healthcare Imperative Institute of Medicine, Roundtable on Evidence-Based Medicine, 2011-01-17 The United States has the highest per capita spending on health care of any industrialized nation but continually lags behind other nations in health care outcomes including life expectancy and infant mortality. National health expenditures are projected to exceed \$2.5 trillion in 2009. Given healthcare's direct impact on the economy, there is a critical need to control health care spending. According to *The Health Imperative: Lowering Costs and Improving Outcomes*, the costs of health care have strained the federal budget, and negatively affected state governments, the private sector and individuals. Healthcare expenditures have restricted the ability of state and local governments to fund other priorities and have contributed to slowing growth in wages and jobs in the private sector. Moreover, the number of uninsured has risen from 45.7 million in 2007 to 46.3 million in 2008. *The Health Imperative: Lowering Costs and Improving Outcomes* identifies a number of factors driving expenditure growth including scientific uncertainty, perverse economic and practice incentives, system fragmentation, lack of patient involvement, and under-investment in population health. Experts discussed key levers for catalyzing transformation of the delivery system. A few included streamlined health insurance regulation, administrative simplification and clarification and quality and consistency in treatment. The book is an excellent guide for policymakers at all levels of government, as well as private sector healthcare workers.

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aetna chronic care management: The State of Quality Improvement and Implementation Research Institute of Medicine, Board on Health Care Services, Forum on the Science of Health Care Quality Improvement and Implementation, 2007-10-01 The Institute of Medicine (IOM) workshop *The Conduct of Health Care Quality Improvement and Implementation Research* was held on May 24-25, 2007, in Irvine, CA. The purpose of this workshop was to gain a better understanding of what is known and not known about quality improvement and implementation research. Experts were asked to identify current methods and best practices as well as areas where future efforts should be concentrated to propel the field. As with its previous workshop, the Forum on the Science of Health Care Quality Improvement and Implementation invited speakers from other disciplines to share their experiences in their respective fields. Although many disciplines are relevant to this topic, not all views could be incorporated because of workshop time constraints, but will be incorporated in the forum's future activities. *The State of Quality Improvement and Implementation Research: Expert Views, Workshop Summary* describes and summarizes workshop presentations and discussions.

aetna chronic care management: *Mission-Driven Leadership* Mark Bertolini, 2019-03-19 In *Mission-Driven Leadership*, Mark Bertolini, the long-time chairman and CEO of Aetna, the Fortune 500 health insurance company, reveals that genuine leadership is not about dollars and market share but about improving lives and communities. Mark Bertolini didn't get to the corner office through traditional means. He grew up in a blue-collar neighborhood in Detroit. Early in his career, he was known for his bare-knuckled leadership and hard driving competitiveness that helped him to turnaround several companies. But his ambition came at a cost as he ran roughshod over his colleagues and employees, and spent time away from his family. Two events served as wakeup calls for the hard-charging Bertolini. First his son Eric was diagnosed with incurable cancer, and Bertolini found himself confronting the healthcare industry firsthand, not as an executive, but as the parent of a deathly ill child, determined to save his son's life. And miraculously, after a year in the hospital, often at death's door--Eric was twice given last rites--his son recovered. The second wakeup call was a skiing accident several years later in which Bertolini broke his neck. As his life unraveled in the face of years of chronic pain, therapy, and medication, he realized he had to reinvent himself, emotionally, spiritually, and as a leader--or go under. *Mission-Driven Leadership* speaks to the lessons Bertolini learned about empathy, about helping employees and Aetna's customers take better care of themselves and each other, about the need to find the divine in me, and the

importance of getting out to meet with employees and customers face-to-face in town halls to truly discover their needs and better serve them.

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aetna chronic care management: Major Labels Kelefa Sanneh, 2021-10-05 One of Oprah Daily's 20 Favorite Books of 2021 • Selected as one of Pitchfork's Best Music Books of the Year "One of the best books of its kind in decades." —The Wall Street Journal An epic achievement and a huge delight, the entire history of popular music over the past fifty years refracted through the big genres that have defined and dominated it: rock, R&B, country, punk, hip-hop, dance music, and pop Kelefa Sanneh, one of the essential voices of our time on music and culture, has made a deep study of how popular music unites and divides us, charting the way genres become communities. In *Major Labels*, Sanneh distills a career's worth of knowledge about music and musicians into a brilliant and omnivorous reckoning with popular music—as an art form (actually, a bunch of art forms), as a cultural and economic force, and as a tool that we use to build our identities. He explains the history of slow jams, the genius of Shania Twain, and why rappers are always getting in trouble. Sanneh shows how these genres have been defined by the tension between mainstream and outsider, between authenticity and phoniness, between good and bad, right and wrong. Throughout, race is a powerful touchstone: just as there have always been Black audiences and white audiences, with more or less overlap depending on the moment, there has been Black music and white music, constantly mixing and separating. Sanneh debunks cherished myths, reappraises beloved heroes, and upends familiar ideas of musical greatness, arguing that sometimes, the best popular music isn't transcendent. Songs express our grudges as well as our hopes, and they are motivated by greed as well as idealism; music is a powerful tool for human connection, but also for human antagonism. This is a book about the music everyone loves, the music everyone hates, and the decades-long argument over which is which. The opposite of a modest proposal, *Major Labels* pays in full.

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aetna chronic care management: Important Information about Medicaid , 1989

aetna chronic care management: Integrated Electrophysical Agents[Formerly Entitled *Electrotherapy: Evidence-Based Practice*] Tim Watson, Ethne Nussbaum, 2020-03-28 *Electrophysical Modalities* (formerly *Electrotherapy: Evidence-Based Practice*) is back in its 13th edition, continuing to uphold the standard of clinical research and evidence base for which it has become renowned. This popular textbook comprehensively covers the use of electrotherapy in clinical practice and

includes the theory which underpins that practice. Over recent years the range of therapeutic agents involved and the scope for their use have greatly increased and the new edition includes and evaluates the latest evidence and most recent developments in this fast-growing field. Tim Watson is joined by co-editor Ethne Nussbaum and both bring years of clinical, research and teaching experience to the new edition, with a host of new contributors, all leaders in their specialty.

aetna chronic care management: *Race, Ethnicity, and Language Data* Institute of Medicine, Board on Health Care Services, Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, 2009-12-30 The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

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aetna chronic care management: *The Promise of Assistive Technology to Enhance Activity and Work Participation* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments, 2017-09-01 The U.S. Census Bureau has reported that 56.7 million Americans had some type of disability in 2010, which represents 18.7 percent of the civilian noninstitutionalized population included in the 2010 Survey of Income and Program Participation. The U.S. Social Security Administration (SSA) provides disability benefits through the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. As of December 2015, approximately 11 million individuals were SSDI beneficiaries, and about 8 million were SSI beneficiaries. SSA currently considers assistive devices in the nonmedical and medical areas of its program guidelines. During determinations of substantial gainful activity and income eligibility for SSI benefits, the reasonable cost of items, devices, or services applicants need to enable them to work with their impairment is subtracted from eligible earnings, even if those items or services are used for activities of daily living in addition to work. In addition, SSA considers assistive devices in its medical disability determination process and assessment of work capacity. The Promise of Assistive Technology to Enhance Activity and Work Participation provides an analysis of selected assistive products and technologies, including wheeled and seated mobility devices, upper-extremity prostheses, and

products and technologies selected by the committee that pertain to hearing and to communication and speech in adults.

aetna chronic care management: Myeloproliferative Neoplasms Tiziano Barbui, Ayalew Tefferi, 2012-02-03 This book focuses on three of the main categories of myeloproliferative neoplasm: polycythemia vera, essential thrombocythemia, and primary myelofibrosis. Relevant laboratory and clinical advances are comprehensively covered, and great emphasis is placed on the practical issues that challenge physicians in their daily practice. The main topics considered thus include contemporary diagnostic approaches, the value and limitations of mutation screening for diagnostic and prognostic purposes, risk stratification in terms of both survival and other disease complications such as leukemic transformation and thrombosis, and modern therapeutic strategies, including conventional drugs, allogeneic stem cell transplantation, and experimental drugs still under study. The reader will find Critical Concepts and Management Recommendations in Myeloproliferative Neoplasms to be an invaluable and up-to-date source of information from leading authorities in the field.

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involved in political advocacy at the local, state, and federal level to help shape the U.S. health care system. The latest emergency preparedness and response guidelines from the Federal Emergency Management Agency (FEMA), the Centers for Disease Control (CDC), and the World Health Organization (WHO) prepare you for responding to natural and man-made disasters.

aetna chronic care management: Cancer Care for the Whole Patient Institute of Medicine, Board on Health Care Services, Committee on Psychosocial Services to Cancer Patients/Families in a Community Setting, 2008-03-19 Cancer care today often provides state-of-the-science biomedical treatment, but fails to address the psychological and social (psychosocial) problems associated with the illness. This failure can compromise the effectiveness of health care and thereby adversely affect the health of cancer patients. Psychological and social problems created or exacerbated by cancer-including depression and other emotional problems; lack of information or skills needed to manage the illness; lack of transportation or other resources; and disruptions in work, school, and family life-cause additional suffering, weaken adherence to prescribed treatments, and threaten patients' return to health. Today, it is not possible to deliver high-quality cancer care without using existing approaches, tools, and resources to address patients' psychosocial health needs. All patients with cancer and their families should expect and receive cancer care that ensures the provision of appropriate psychosocial health services. Cancer Care for the Whole Patient recommends actions that oncology providers, health policy makers, educators, health insurers, health planners, researchers and research sponsors, and consumer advocates should undertake to ensure that this standard is met.

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Report, Dr. Ornish's Program is now covered by Medicare when offered virtually at home. Dean Ornish, M.D., has directed revolutionary research proving, for the first time, that lifestyle changes can often reverse—undo!—the progression of many of the most common and costly chronic diseases and even begin reversing aging at a cellular level. Medicare and many insurance companies now cover Dr. Ornish's lifestyle medicine program for reversing chronic disease because it consistently achieves bigger changes in lifestyle, better clinical outcomes, larger cost savings, and greater adherence than have ever been reported—based on forty years of research published in the leading peer-reviewed medical and scientific journals. Now, in this landmark book, he and Anne Ornish present a simple yet powerful new unifying theory explaining why these same lifestyle changes can reverse so many different chronic diseases and how quickly these benefits occur. They describe what it is, why it works, and how you can do it: • Eat well: a whole foods, plant-based diet naturally low in fat and sugar and high in flavor. The "Ornish diet" has been rated "#1 for Heart Health" by U.S. News & World Report for eleven years since 2011. • Move more: moderate exercise such as walking • Stress less: including meditation and gentle yoga practices • Love more: how love and intimacy transform loneliness into healing With seventy recipes, easy-to-follow meal plans, tips for stocking your kitchen and eating out, recommended exercises, stress-reduction advice, and inspiring patient stories of life-transforming benefits—for example, several people improved so much after only nine weeks they were able to avoid a heart transplant—Undo It! empowers readers with new hope and new choices. Praise for Undo It! "The Ornishes' work is elegant and simple and deserving of a Nobel Prize, since it can change the world!"—Richard Carmona, M.D., MPH, FACS, seventeenth Surgeon General of the United States "If you want to see what medicine will be like ten years from now, read this book today."—Rita F. Redberg, M.D., editor in chief, JAMA Internal Medicine "This is one of the most important books on health ever written."—John Mackey, CEO, Whole Foods Market

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when the debate over how we plan for the cyber-security of the future has become a major concern. Many criminological perspectives define crime in terms of social, cultural and material characteristics, and view crimes as taking place at a specific geographic location. This definition has allowed crime to be characterised, and crime prevention, mapping and measurement methods to be tailored to specific target audiences. However, this characterisation cannot be carried over to cybercrime, because the environment in which such crime is committed cannot be pinpointed to a geographical location, or distinctive social or cultural groups. Due to the rapid changes in technology, cyber criminals' behaviour has become dynamic, making it necessary to reclassify the typology being currently used. Essentially, cyber criminals' behaviour is evolving over time as they learn from their actions and others' experiences, and enhance their skills. The offender signature, which is a repetitive ritualistic behaviour that offenders often display at the crime scene, provides law enforcement agencies an appropriate profiling tool and offers investigators the opportunity to understand the motivations that perpetrate such crimes. This has helped researchers classify the type of perpetrator being sought. This book offers readers insights into the psychology of cyber criminals, and understanding and analysing their motives and the methodologies they adopt. With an understanding of these motives, researchers, governments and practitioners can take effective measures to tackle cybercrime and reduce victimization.

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