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Chronic disease management in an era of value-based payment. Healthcare reform and associated reimbursement changes are prompting a fundamental re-examination of how healthcare is funded and delivered. There is increasing recognition of the significant influence of economic incentives in driving provider behavior, particularly in the setting of fee-for-service payment. In the context of care delivery costs and uncertainty over reimbursement, there will be increasing demand for high-quality, cost-effective, evidence-based care. Achieving this goal will require collaborative efforts of providers, payers and patients. As healthcare shifts from fee-for-service to value-based reimbursement, innovative models must be considered to improve patient experience, clinical outcomes and quality., the most appropriate therapy to patient with adrenal insufficiency is hormone substitution. These include the mineralocorticoid, fludrocortisone; and the glucocorticoid, hydrocortisone. Table 6.1.1.1 The Table provides a guide to the management of hyponatremia with a healthy diet (5-10 mg/100mL), adequate fluid intake and, in some cases, fludrocortisone (200 mcg/day). Serum sodium 125 mmol/L (3.1 mEq/L). Level of hyponatremia can be transient with severe illness; therefore, definitive therapy can be delayed or withheld. However, persistent hyponatremia may require water restriction, mineralocorticoid therapy, or saline. Adrenal insufficiency is indicated with a cortisol f678ea9f9e

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