

Catastrophic Care How American Health Care Killed My Father And How We Can Fix It

Provides a detailed look at how war affects human life and health far beyond the battlefield Since 2010, a team of activists, social scientists, and physicians have monitored the lives lost as a result of the US wars in Iraq, Afghanistan, and Pakistan through an initiative called the Costs of War Project. Unlike most studies of war casualties, this research looks beyond lives lost in violence to consider those who have died as a result of illness, injuries, and malnutrition that would not have occurred had the war not taken place. Incredibly, the Cost of War Project has found that, of the more than 1,000,000 lives lost in the recent US wars, a minimum of 800,000 died not from violence, but from indirect causes. War and Health offers a critical examination of these indirect casualties, examining health outcomes on the battlefield and elsewhere—in hospitals, homes, and refugee camps—both during combat and in the years following, as communities struggle to live normal lives despite decimated social services, lack of access to medical care, ongoing illness and disability, malnutrition, loss of infrastructure, and increased substance abuse. The volume considers the effect of the war on both civilians and on US service members, in war zones—where healthcare systems have been destroyed by long-term conflict—and in the United States, where healthcare is highly developed. Ultimately, it draws much-needed attention to the far-reaching health consequences of the recent US wars, and argues that we cannot go to war—and remain at war—without understanding the catastrophic effect war has on the entire ecosystem of human health.

A look at how civil upheaval in foreign nations is becoming a greater threat to the United States than international warfare, and what must be done. Civil war and other types of radical domestic upheaval are replacing international war as the preeminent threat to American security and economic well-being, according to Steven R. David. Catastrophic Consequences argues that civil conflicts are of even greater importance than deliberate efforts to harm the United States because the damage they inflict is unintended and therefore impossible to deter. David examines the prospects for and potential aftereffects of instability in four nations vital to U.S. national interests: Saudi Arabia, Pakistan, China, and Mexico. It is not a rising China that threatens America, but one that is falling apart. Likewise, the United States should not worry over a hostile Pakistani regime, but rather one that cannot keep the country together. Similarly, a conflict-torn Mexico or Saudi Arabia poses a far greater danger to America than does either of those states growing stronger. In assessing these threats, David contends that the United States's only viable option is to view other-state civil upheaval similarly to natural disasters and to develop a coherent, effective emergency response mechanism, which does not exist today in any systemic, nationwide form. "David is not a doomsayer or an advocate of liberal interventionism. He does not argue that the United States can or should mediate in civil wars. Instead, he calls for a cold-hearted examination of countries suffering collapse, with disciplined attention to the potential damage to American interests . . . David's book offers a promising new beginning for a difficult and pressing set of issues." —Jeremi Suri, Political Science Quarterly

Over the past twenty years, many low- and middle-income countries have experimented with health insurance options. While their plans have varied widely in scale and ambition, their goals are the same: to make health services more affordable through the use of public subsidies while also moving care providers partially or fully into competitive markets. Colombia embarked in 1993 on a fifteen-year effort to cover its entire population with insurance, in combination with greater freedom to choose among providers. A decade later Mexico followed suit with a program tailored to its federal system. Several African nations have introduced new programs in the past decade, and many are testing options for reform. For the past twenty years, Eastern Europe has been shifting from government-run care to insurance-based competitive systems, and both China and India have experimental programs to expand coverage. These nations are betting that insurance-based health care financing can increase the accessibility of services, increase providers' productivity, and change the population's health care use patterns, mirroring the development of health systems in most OECD countries. Until now, however, we have known little about the actual effects of these dramatic policy changes. Understanding the impact of health insurance–based care is key to the public policy debate of whether to extend insurance to low-income populations—and if so, how to do it—or to serve them through other means. Using recent household data, this book presents evidence of the impact of insurance programs in China, Colombia, Costa Rica, Ghana, Indonesia, Namibia, and Peru. The contributors also discuss potential design improvements that could increase impact. They provide innovative insights on improving the evaluation of health insurance reforms and on building a robust knowledge base to guide policy as other countries tackle the health insurance challenge.

The Patient Protection and Affordable Care Act (ACA) was designed to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of healthcare overall. Along with sweeping change came sweeping criticisms and issues. This book explores the pros and cons of the Affordable Care Act, and explains who benefits from the ACA. Readers will learn how the economy is affected by the ACA, and the impact of the ACA rollout.

The Public Creation of the Corporate Health Care System

How Healthcare Became Big Business and How You Can Take It Back

The Medical Consequences of the Wars in Iraq and Afghanistan

Medicare Prospective Payment and the American Health Care System

Best. Movie. Year. Ever.

How 1999 Blew Up the Big Screen

Sick

The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

With 150 original color charts and graphs, The Illustrated Guide to the American Health Care Economy is an attractive, user-friendly, one-of-a-kind resource on the economics of health care in the United States. Covering topics such as 'How Is Each Health Care Dollar Spent?' and 'Who Pays for Health Services?,' this comprehensive, accessible guide will be of interest to everyone concerned about the future of health care in America.

Upon its enactment in July 1988, the Medicare Catastrophic Coverage Act (MCCA) was hailed as the first major expansion of government health care since the creation of Medicare in 1965. Supported by President Reagan, majorities in both houses of Congress, and the nation's largest senior-citizen interest group, the American Association of Retired Persons (AARP), the legislation effectively plugged many of the holes in the existing Medicare system by providing protection against some but not all catastrophic health care expenses.

Additionally, the consensus behind the MCCA appeared to establish a precedent for expanding social insurance in an era of high federal deficits. However, less than eighteen months later, the House and the Senate, responding to a tidal wave of criticism, would vote to repeal virtually all of the legislation. Utilizing varied source materials, including interviews with policy makers and surveys of senior-citizen opinion gathered by the AARP, Richard Himelfarb undertakes a comprehensive analysis of how and why this unprecedented series of events transpired. In the process, he also examines the politics of federal entitlement programs in an era of high deficits and senior citizens' political influence, topics that are of particular interest in light of recent federal attempts to tackle health care reform.

In 2015, building on the advances of the Millennium Development Goals, the United Nations adopted Sustainable Development Goals that include an explicit commitment to achieve universal health coverage by 2030. However, enormous gaps remain between what is achievable in human health and where global health stands today, and progress has been both incomplete and unevenly distributed. In order to meet this goal, a deliberate and comprehensive effort is needed to improve the quality of health care services globally. Crossing the Global Quality Chasm: Improving Health Care Worldwide focuses on one particular shortfall in health care affecting global populations: defects in the quality of care. This study reviews the available evidence on the quality of care worldwide and makes recommendations to improve health care quality globally while expanding access to preventive and therapeutic services, with a focus in low-resource areas. Crossing the Global Quality Chasm emphasizes the organization and delivery of safe and effective care at the patient/provider interface. This study explores issues of access to services and commodities, effectiveness, safety, efficiency, and equity. Focusing on front line service delivery that can directly impact health outcomes for individuals and populations, this book will be an essential guide for key stakeholders, governments, donors, health systems, and others involved in health care.

Crisis Standards of Care

Hearing Before the Subcommittee on Retirement Income and Employment of the Select Committee on Aging, House of Representatives, One Hundred First Congress, First Session, March 6, 1989, Cedar Rapids, IA.

Improving Health Care Worldwide

An Incomplete Compendium of Mostly Interesting Things

Catastrophic Care

Ensuring America's Health

Inside National Health Reform

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

Why is America's health care system so expensive? Why do hospitalized patients receive bills laden with inflated charges that com out of the blue from out-of-network providers or demands for services that weren't delivered? Why do we pay \$600 for EpiPens that contain a dollar's worth of medicine? Why is more than \$1 trillion - one out of every three dollars that passes through the system - lost to fraud, wasted on services that don't help patients, or otherwise misspent? Overcharged answers these questions. It shows that America's health care system, which replaces consumer choice with government control and third-party payment, is effectively designed to make health care as expensive as possible. Prices will fall, quality will improve, and medicine will become more patient-friendly only when consumers take charge and exert pressure from below. For this to happen, consumers must control the money. As Overcharged explains, when health care providers are subjected to the same competitive forces that shape other industries, they will either deliver better services more cheaply or risk being replaced by someone who will.

We are surrounded by medical miracles: polio has been eradicated; childhood leukemia is now treatable; death by cardiovascular disease has declined by two-thirds in the last fifty years. Yet while American medicine has never been better, angst ove...

This book provides an in-depth evaluation of the U.S. health care system's development in the twentieth century. It shows how a unique economic design - the insurance company model - came to dominate health care, bringing with it high costs; corporate medicine; and fragmented, poorly distributed care.

Lowering Costs and Improving Outcomes: Workshop Series Summary

Catastrophic Consequences

Why We Think We're Getting Good Health Care-and Why We're Usually Wrong

Why Americans Pay Too Much for Health Care

The Impact of Health Insurance in Low- and Middle-Income Countries

Mistreated

The Rise and Fall of the Medicare Catastrophic Coverage Act of 1988

The influenza pandemic caused by the 2009 H1N1 virus underscores the immediate and critical need to prepare for a public health emergency in which thousands, tens of thousands, or even hundreds of thousands of people suddenly seek and require medical care in communities across the United States. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations draws from a broad spectrum of expertise—including state and local public health, emergency medicine and response, primary care, nursing, palliative care, ethics, the law, behavioral health, and risk communication—to offer guidance toward establishing standards of care that should apply to disaster situations, both naturally occurring and man-made, under conditions in which resources are scarce. This book explores two case studies that illustrate the application of the guidance and principles laid out in the report. One scenario focuses on a gradual-onset pandemic flu. The other scenario focuses on an earthquake and the particular issues that would arise during a no-notice event.

Outlining current concepts and offering guidance, this book will prove an asset to state and local public health officials, health care facilities, and professionals in the development of systematic and comprehensive policies and protocols for standards of care in disasters when resources are scarce. In addition, the extensive operations section of the book provides guidance to clinicians, health care institutions, and state and local public health officials for how crisis standards of care should be implemented in a disaster situation.

A WASHINGTON POST BESTSELLER The biggest problem in American health care is us Do you know how to tell good health care from bad health care? Guess again. As patients, we wrongly assume the "best" care is dependent mainly on the newest medications, the most complex treatments, and the smartest doctors. But Americans look for health-care solutions in the wrong places. For example, hundreds of thousands of lives could be saved each year if doctors reduced common errors and maximized preventive medicine. For Dr. Robert Pearl, these kinds of mistakes are a matter of professional importance, but also personal significance: he lost his own father due in part to poor communication and treatment planning by doctors. And consumers make costly mistakes too: we demand modern information technology from our banks, airlines, and retailers, but we passively accept last century's technology in our health care. Solving the challenges of health care starts with understanding these problems. Mistreated explains why subconscious misperceptions are so common in medicine, and shows how modifying the structure, technology, financing, and leadership of American health care could radically improve quality outcomes. This important book proves we can overcome our fears and faulty assumptions, and provides a roadmap for a better, healthier future.

"A graphic explanation of the PPACA act" --Provided by publisher.

A New York Times bestseller/Washington Post Notable Book of 2017/NPR Best Books of 2017/Wall Street Journal Best Books of 2017 "This book will serve as the definitive guide to the past and future of health care in America."—Siddhartha Mukherjee, Pulitzer Prize-winning author of The Emperor of All Maladies and The Gene At a moment of drastic political upheaval, An American Sickness is a shocking investigation into our dysfunctional healthcare system - and offers practical solutions to its myriad problems. In these troubled times, perhaps no institution has unraveled more quickly and more completely than American medicine. In only a few decades, the medical system has been overrun by organizations seeking to exploit for profit the trust that vulnerable and sick Americans place in their healthcare. Our politicians have proven themselves either unwilling or incapable of reining in the increasingly outrageous costs faced by patients, and market-based solutions only seem to funnel larger and larger sums of our money into the hands of corporations. Impossibly high insurance premiums and inexplicably large bills have become facts of life; fatalism has set in. Very quickly Americans have been made to accept paying more for less. How did things get so bad so fast? Breaking down this monolithic business into the individual industries—the hospitals, doctors, insurance companies, and drug manufacturers—that together constitute our healthcare system, Rosenthal exposes the recent evolution of American medicine as never before. How did healthcare, the caring endeavor, become healthcare, the highly profitable industry? Hospital systems, which are managed by business executives, behave like predatory lenders, hounding patients and seizing their homes. Research charities are in bed with big pharmaceutical companies, which surreptitiously profit from the donations made by working people. Patients receive bills in code, from entrepreneurial doctors they never even saw. The system is in tatters, but we can fight back. Dr. Elisabeth Rosenthal doesn't just explain the symptoms, she diagnoses and treats the disease itself. In clear and practical terms, she spells out exactly how to decode medical doublespeak, avoid the pitfalls of the pharmaceuticals racket, and get the care you and your family deserve. She takes you inside the doctor-patient relationship and to hospital C-suites, explaining step-by-step the workings of a system badly lacking transparency. This is about what we can do, as individual patients, both to navigate the maze that is American healthcare and also to demand far-reaching reform. An American Sickness is the frontline defense against a healthcare system that no longer has our well-being at heart.

Who Killed HealthCare?: America's \$2 Trillion Medical Problem - and the Consumer-Driven Cure

America's \$1.5 Trillion Dollar Medical Problem--and the Consumer-Driven Cure

How We Do Harm

An American Sickness

What It Is, Why It's Necessary, How It Works

Report to the Congress

A Letter Report

A visionary investigation that will change the way we think about health care: how and why it is failing, why expanding coverage will actually make things worse, and how our health care can be transformed into a transparent, affordable, successful system. In 2007, David Goldhill’s father died from infections acquired in a hospital, one of more than two hundred thousand avoidable deaths per year caused by medical error. The bill was enormous—and Medicare paid it. These circumstances left Goldhill angry and determined to understand how world-class technology and personnel could coexist with such carelessness—and how a business that failed so miserably could be paid in full. Catastrophic Care is the eye-opening result. Blending personal anecdotes and extensive research, Goldhill presents us with cogent, biting analysis that challenges the basic preconceptions that have shaped our thinking for decades. Contrasting the Island of health care with the Mainland of our economy, he demonstrates that high costs, excess medicine, terrible service, and medical error are the inevitable consequences of our insurance-based system. He explains why policy efforts to fix these problems have invariably produced perverse results, and how the new Affordable Care Act is more likely to deepen than to solve these issues. Goldhill steps outside the incremental and wonkish debates to question the conventional wisdom blinding us to more fundamental issues. He proposes a comprehensive new way, where the customer (the patient) is first—a system focused on health and maintaining it, a system strong and vibrant enough for our future. If you think health care is interesting only to institutes and politicians, think again: Catastrophic Care is surprising, engaging, and brimming with insights born of questions nobody has thought to ask. Above all it is a book of new ideas that can transform the way we understand a subject we often take for granted.

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.

The failure of America’s medical system, as seen through the stories of the people who engineered the current health care revolution and those who have suffered from it. Every day, millions of Americans find themselves struggling to find affordable medica

Young adulthood - ages approximately 18 to 26 - is a critical period of development with long-lasting implications for a person’s economic security, health and well-being. Young adults are key contributors to the nation’s workforce and military services and, since many are parents, to the healthy development of the next generation. Although 'millennials' have received attention in the popular media in recent years, young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the nation is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today’s young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large. Investing in The Health and Well-Being of Young Adults describes what is meant by the term young adulthood, who young adults are, what they are doing, and what they need. This study recommends actions that nonprofit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults. Investing in The Health and Well-Being of Young Adults makes the case that increased efforts to improve high school and college graduate rates and education and workforce development systems that are more closely tied to high-demand economic sectors will help this age group achieve greater opportunity and success. The report also discusses the health status of young adults and makes recommendations to develop evidence-based practices for young adults for medical and behavioral health, including preventions. What happens during the young adult years has profound implications for the rest of the life course, and the stability and progress of society at large depends on how any cohort of young adults fares as a whole. Investing in The Health and Well-Being of Young Adults will provide a roadmap to improving outcomes for this age group as they transition from adolescence to adulthood.

Health Care Reform

And Other Ways to Fight the Health Care System and Win

Analyzing Health Equity Using Household Survey Data

A Bridge to Quality

Medicare Catastrophic Coverage Act

How Capitalism Can Save American Health Care

Catastrophic Politics

A New York Times Bestseller

From award-winning ProPublica reporter Marshall Allen, a primer for anyone who wants to fight the predatory health care system--and win. Every year, millions of Americans are overcharged and underserved while the health care industry makes record profits. We know something is wrong, but the layers of bureaucracy designed to discourage complaints make pushing back seem impossible. At the power players want you to think. Never Pay the First Bill is the guerilla guide to health care the American people and employers need. Drawing on 15 years of investigating the health care industry, reporter Marshall Allen shows how companies and individuals have managed to force medical providers to play fair, and shows how you can, too. He reveals the industry’s pressure points and how you can overbill, price gouging, insurance denials, and more to get the care they deserve. Laying out a practical plan for protecting yourself against the system’s predatory practices, Allen offers the inspiration you need and tried-and-true strategies such as: Analyze and contest your medical bills, so you don’t pay more than you should Obtain the billing codes for a procedure in advance Write in an appropriate signing financial documents Get your way by suing in small claims court Few politicians and CEOs have been willing to stand up to the medical industry. It is up to the American people to equip ourselves to fight back for the sake of our families--and everyone else.

How We Do Harm exposes the underbelly of healthcare today—the overtreatment of the rich, the under treatment of the poor, the financial conflicts of interest that determine the care that physicians’ provide, insurance companies that don’t demand the best (or even the least expensive) care, and pharmaceutical companies concerned with selling drugs, regardless of whether they improve health. Chief medical and scientific officer of The American Cancer Society, an oncologist with a dazzling clinical, research, and policy career. How We Do Harm pulls back the curtain on how medicine is really practiced in America. Brawley tells of doctors who select treatment based on payment they will receive, rather than on demonstrated scientific results; hospitals and pharmaceutical companies that they are not actually ill (but as long as their insurance will pay); a public primed to swallow the latest pill, no matter the cost; and rising healthcare costs for unnecessary—and often unproven—treatments that we all pay for. Brawley calls for rational healthcare, healthcare drawn from results-based, scientifically justifiable treatments, and not just the peddling of hot new drugs. Brawley’s personal ritten streets of black Detroit, to the green hallways of Grady Memorial Hospital, the largest public hospital in the U.S., to the boardrooms of The American Cancer Society—results in a passionate view of medicine and the politics of illness in America - and a deep understanding of healthcare today. How We Do Harm is his well-reasoned manifesto for change.

From the duo behind the massively successful and award-winning podcast Stuff You Should Know comes an unexpected look at things you thought you knew. Josh Clark and Chuck Bryant started the podcast Stuff You Should Know back in 2008 because they were curious—curious about the world around them, curious about what they might have missed in their formal educations, and curious about the things they understood. As it turns out, they aren’t the only curious ones. They’ve since amassed a rabid fan base, making Stuff You Should Know one of the most popular podcasts in the world. Armed with their inquisitive natures and a passion for sharing, they uncover the weird, fascinating, delightful, or unexpected elements of a wide variety of topics. The pair have now taken their near-boundless “curiosity” to the pages of a book for the first time—featuring a completely new array of subjects that they’ve long wondered about and wanted to explore. Each chapter is further embellished with snappy visual material to allow for rabbit-hole tangents and digressions—including charts, illustrations, sidebars, and footnotes. Follow along as the two dig into the underlying stories of everything from the origins of hair, to the psychology of being lost. Have you ever wondered about the world around you, and wished to see the magic in everyday things? Come get curious with Stuff You Should Know. With Josh and Chuck as your guide, there’s something interesting about everything (...except maybe jackhammers).

A Global Quest for Better, Cheaper, and Fairer Health Care

A System of Health Accounts

Never Pay the First Bill

Fevers, Feuds, and Diamonds

Overcharged

Stuff You Should Know

Why Everything We Think We Know about Health Care Is Wrong

Essential reading for every American who must navigate the US health care system. Why was the Obama health plan so controversial and difficult to understand? In this readable, entertaining, and substantive book, Stuart Altman—internationally recognized expert in health policy and adviser to five US presidents—and fellow health care specialist David Shactman explain not only the Obama health plan but also many of the intriguing stories in the hundred-year saga leading up to the landmark 2010 legislation. Blending political intrigue, policy substance, and good old-fashioned storytelling, this is the first book to place the Obama health plan within a historical perspective. The authors describe the sometimes haphazard, piece-by-piece construction of the nation’s health care system, from the early efforts of Franklin Roosevelt and Harry Truman to the later additions of Ronald Reagan and George W. Bush. In each case, they examine the factors that led to success or failure, often by illuminating little-known political maneuvers that brought about immense shifts in policy or thwarted herculean efforts at reform. The authors look at key moments in health care history: the Hill–Burton Act in 1946, in which one determined poverty lawyer secured the rights of the uninsured poor to get hospital care; the "three-layer cake" strategy of powerful House Ways and Means Committee Chairman Wilbur Mills to enact Medicare and Medicaid under Lyndon Johnson in 1965; the odd story of how Medicare catastrophic insurance was passed by Ronald Reagan in 1988 and then repealed because of public anger in 1989; and the fact that the largest and most expensive expansion of Medicare was enacted by George W. Bush in 2003. President Barack Obama is the protagonist in the climactic chapter, learning from the successes and failures chronicled throughout the narrative. The authors relate how, in the midst of a worldwide financial meltdown, Obama overcame seemingly impossible obstacles to accomplish what other presidents had tried and failed to achieve for nearly one hundred years.

An investigation into America's failing health-care industry shares the story of the author's tragic experience of losing his father to hospital-acquired infections, arguing against the expansion of insurance coverage while recommending a comprehensive, patient-empowering approach that renders health care transparent, affordable and effective.

This manual provides a set of comprehensive, consistent and flexible accounts to meet the needs of government and private-sector analysts and policy-makers. These accounts constitute a common framework for enhancing the comparability of data over time and across countries.

Have gaps in health outcomes between the poor and better off grown? Are they larger in one country than another? Are health sector subsidies more equally distributed in some countries than others? Are health care payments more progressive in one health care financing system than another? What are catastrophic payments and how can they be measured? How far do health care payments impoverish households? Answering questions such as these requires quantitative analysis. This in turn depends on a clear understanding of how to measure key variables in the analysis, such as health outcomes, health expenditures, need, and living standards. It also requires set quantitative methods for measuring inequality and inequity, progressivity, catastrophic expenditures, poverty impact, and so on. This book provides an overview of the key issues that arise in the measurement of health variables and living standards, outlines and explains essential tools and methods for distributional analysis, and, using worked examples, shows how these tools and methods can be applied in the health sector. The book seeks to provide the reader with both a solid grasp of the principles underpinning distributional analysis, while at the same time offering hands-on guidance on how to move from principles to practice.

Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations

How American Health Care Killed My Father--and How We Can Fix It

Too Little, Too Late

Health Professions Education

Moral Hazard in Health Insurance

The Affordable Care Act

A renowned authority from Harvard Business School confronts America's health care crisis-and how consumer control can fix it PRAISE FOR WHO KILLED HEALTHCARE? “A brilliant analysis... A must-read.” - Bill George, Professor, Harvard Business School and Former CEO of Medtronic “As it becomes more and more obvious to everyone that our current health care system is unsustainable, this is the book that had to be written.” - Daniel H. Johnson, Jr. MD, former president of the American Medical Association “Regina Herzlinger’s ideas to tackle the crisis of the U.S. health care system are based on keen knowledge of the system’s existing difficulties along with insights that introduce the reader to new streamlined choices that have the potential of getting both quantity and cost under control.” - Joseph Kennedy, founder, chairman, and president, Citizens Energy Corporation, CEO, Citizens Health Care, former representative (D-Mass) “Regina Herzlinger... offers a vision of the way things can be, should be, and will be sooner or later. The only question is: how long do we have to wait?” - Greg Scandlen, founder, Consumers for Health Choices “Regi Herzlinger has brilliantly articulated a better way - embracing the principles of competition and innovation that cause every other sector of our economy to thrive. Discharging American health care from the ICU can only happen by putting individual Americans - not politicians and bureaucrats - back in charge of their health care decisions.” - U.S. Senator Tom Coburn (R-Okla), M.D. “Following on the heels of her landmark Market-Driven Health Care, Herzlinger lays it on the line with her expose of what many who work in the health care industry have felt in their gut. Now it is articulated in an entertaining and must-read portrayal, with you and me as the only way out.” - Dennis White, executive vice president for strategic development, National Business Coalition on Health “A wonderful Orwellian romp through issues which carry a deadly irony. The killers of health care are, of course, the third parties, each of which has an itchy palm and a commitment to profit or power which exceeds the commitment to service, with each engaging the others within a politically shaped box. Rarely has the case for the public been made with so much force, foresight, and wit, and a better way forward shown so clearly.” - James F. Fries, MD, Professor of Medicine, Stanford University School of Medicine “You can practically hear the war chants as Professor Herzlinger sets out her view of what’s wrong with the health care system and how to fix it. You’d best read it so you can decide which side you will be on when the battle is joined.” - Paul Levy, CEO, Beth Israel Hospital, Boston, MA “Regina Herzlinger, the nation’s leading expert on consumer-driven health care, has given us a brilliant analysis of the flaws in our health care system and what it will take to get it back on track. Her latest book is a must-read.” - Bill George, Professor of Management Practice, Harvard Business School, Former CEO, Medtronic, and author of Authentic Leadership “You don’t have to agree with her diagnosis and prescription for the U.S. health care system, but you do have to read her book. Once again, Professor Herzlinger has put together a well researched, well written, and very provocative blueprint for the future of health care.” Peter L. Slavin, MD, President, Massachusetts General Hospital

The objectives of this study are to describe experiences in price setting and how pricing has been used to attain better coverage, quality, financial protection, and health outcomes. It builds on newly commissioned case studies and lessons learned in calculating prices, negotiating with providers, and monitoring changes. Recognising that no single model is applicable to all settings, the study aimed to generate best practices and identify areas for future research, particularly in low- and middle-income settings. The report and the case studies were jointly developed by the OECD and the WHO Centre for Health Development in Kobe (Japan).

Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital--based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million -- one in seven--working-age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

"A visionary investigation that will change the way we think about health care- how and why it is failing, why expanding coverage will actually make things worse, and how our health care can be transformed into a transparent, affordable, successful system. n 2007, David Goldhill’s father died from infections acquired in a hospital, one of more than two hundred thousand avoidable deaths per year caused by medical error. The bill was enormous and Medicare paid it. These circumstances left Goldhill angry and determined to understand how world-class technology and personnel could coexist with such carelessness and how a business that failed so miserably could be paid in full. Catastrophic Care is the eye-opening result. Blending personal anecdotes and extensive research, Goldhill presents us with cogent, biting analysis that challenges the basic preconceptions that have shaped our thinking for decades. Contrasting the Island of health care with the Mainland of our economy, he demonstrates that high costs, excess medicine, terrible service, and medical error are the inevitable consequences of our insurance-based system. He explains why policy efforts to fix these problems have

Civil Wars and American Interests

A Guide to Techniques and their Implementation

The Cure

A Toolkit for Indicators and Triggers

Price Setting and Price Regulation in Health Care

Ebola and the Ravages of History

War and Health

A guide to the Affordable Care Act, our new national health care law.

From a veteran culture writer and modern movie expert, a celebration and analysis of the movies of 1999—"a terrifically fun snapshot of American film culture on the brink of the Millennium...An absolute must for any movie-lover or pop-culture nut" (Gillian Flynn). In 1999, Hollywood as we know it exploded: Fight Club. The Matrix. Office Space. Election. The Blair Witch Project. The Sixth Sense. Being John Malkovich. Star Wars: The Phantom Menace. American Beauty. The Virgin Suicides. Boys Don't Cry. The Best Man. Three Kings. Magnolia. Those are just some of the landmark titles released in a dizzying movie year, one in which a group of daring filmmakers and performers pushed cinema to new limits—and took audiences along for the ride. Freed from the restraints of budget, technology, or even taste, they produced a slew of classics that took on every topic imaginable, from sex to violence to the end of the world. The result was a highly unruly, deeply influential set of films that would not only change filmmaking, but also give us our first glimpse of the coming twenty-first century. It was a watershed moment that also produced The Sopranos; Apple's AirPort; Wi-Fi; and Netflix's unlimited DVD rentals. "A spirited celebration of the year's movies" (Kirkus Reviews), Best. Movie. Year. Ever. is the story of not just how these movies were made, but how they re-made our own vision of the world. It features more than 130 new and exclusive interviews with such directors and actors as Reese Witherspoon, Edward Norton, Steven Soderbergh, Sofia Coppola, David Fincher, Nia Long, Matthew Broderick, Taye Diggs, M. Night Shyamalan, David O. Russell, James Van Der Beek, Kirsten Dunst, the Blair Witch kids, the Office Space dudes, the guy who played Jar-Jar Binks, and dozens more. It's "the complete portrait of what it was like to spend a year inside a movie theater at the best possible moment in time" (Chuck Klosterman).

A New York Times Bestseller, with an updated explanation of the 2010 Health Reform Bill "Important and powerful . . . a rich tour of health care around the world." —Nicholas Kristof, The New York Times Bringing to bear his talent for explaining complex issues in a clear, engaging way, New York Times bestselling author T. R. Reid visits industrialized democracies around the world—France, Britain, Germany, Japan, and beyond—to provide a revelatory tour of successful, affordable universal health care systems. Now updated with new statistics and a plain-English explanation of the 2010 health care reform bill, The Healing of America is required reading for all those hoping to understand the state of health care in our country, and around the world. T. R. Reid's latest book, A Fine Mess: A Global Quest for a Simpler, Fairer, and More Efficient Tax System, is also available from Penguin Press.

"Paul Farmer brings his considerable intellect, empathy, and expertise to bear in this powerful and deeply researched account of the Ebola outbreak that struck West Africa in 2014. It is hard to imagine a more timely or important book." —Bill and Melinda Gates "[The] history is as powerfully conveyed as it is tragic . . . Illuminating . . . Invaluable." —Steven Johnson, The New York Times Book Review In 2014, Sierra Leone, Liberia, and Guinea suffered the worst epidemic of Ebola in history. The brutal virus spread rapidly through a clinical desert where basic health-care facilities were few and far between. Causing severe loss of life and economic disruption, the Ebola crisis was a major tragedy of modern medicine. But why did it happen, and what can we learn from it? Paul Farmer, the internationally renowned doctor and anthropologist, experienced the Ebola outbreak firsthand—Partners in Health, the organization he founded, was among the international responders. In Fevers, Feuds, and Diamonds, he offers the first substantive account of this frightening, fast-moving episode and its implications. In vibrant prose, Farmer tells the harrowing stories of Ebola victims while showing why the medical response was slow and insufficient. Rebutting misleading claims about the origins of Ebola and why it spread so rapidly, he traces West Africa's chronic health failures back to centuries of exploitation and injustice. Under formal colonial rule, disease containment was a priority but care was not – and the region's health care woes worsened, with devastating consequences that Farmer traces up to the present. This thorough and hopeful narrative is a definitive work of reportage, history, and advocacy, and a crucial intervention in public-health discussions around the world.

The Healthcare Imperative

Power, Politics, and Universal Health Care

The Inside Story of a Century-Long Battle

The American Health Economy Illustrated

What Hospitals Won't Tell You and How Transparency Can Revolutionize Health Care

The Healing of America

The Future of the Public's Health in the 21st Century

Catastrophic CareHow American Health Care Killed My Father—and How We Can Fix ItVintage

Disasters and public health emergencies can stress health care systems to the breaking point and disrupt delivery of vital medical services. During such crises, hospitals and long-term care facilities may be without power; trained staff, ambulances, medical supplies and beds could be in short supply; and alternate care facilities may need to be used. Planning for these situations is necessary to provide the best possible health care during a crisis and, if needed, equitably allocate scarce resources. Crisis Standards of Care: A Toolkit for Indicators and Triggers examines indicators and triggers that guide the implementation of crisis standards of care and provides a discussion toolkit to help stakeholders establish indicators and triggers for their own communities. Together, indicators and triggers help guide operational decision making about providing care during public health and medical emergencies and disasters. Indicators and triggers represent the information and actions taken at specific thresholds that guide incident recognition, response, and recovery. This report discusses indicators and triggers for both a slow onset scenario, such as pandemic influenza, and a no-notice scenario, such as an earthquake. Crisis Standards of Care features discussion toolkits customized to help various stakeholders develop indicators and triggers for their own organizations, agencies, and jurisdictions. The toolkit contains scenarios, key questions, and examples of indicators, triggers, and tactics to help promote discussion. In addition to common elements designed to facilitate integrated planning, the toolkit contains chapters specifically customized for emergency management, public health, emergency medical services, hospital and acute care, and out-of-hospital care.

Addressing the challenge of covering health care expenses—while minimizing economic risks. Moral hazard—the tendency to change behavior when the cost of that behavior will be borne by others—is a particularly tricky question when considering health care. Kenneth J. Arrow's seminal 1963 paper on this topic (included in this volume) was one of the first to explore the implication of moral hazard for health care, and Amy Finkelstein—recognized as one of the world's foremost experts on the topic—here examines this issue in the context of contemporary American health care policy. Drawing on research from both the original RAND Health Insurance Experiment and her own research, including a 2008 Health Insurance Experiment in Oregon, Finkelstein presents compelling evidence that health insurance does indeed affect medical spending and encourages policy solutions that acknowledge and account for this. The volume also features commentaries and insights from other renowned economists, including an introduction by Joseph P. Newhouse that provides context for the discussion, a commentary from Jonathan Gruber that considers provider-side moral hazard, and reflections from Joseph E. Stiglitz and Kenneth J. Arrow. "Reads like a fireside chat among a group of distinguished, articulate health economists." —Choice

Care Without Coverage

A Doctor Breaks Ranks About Being Sick in America

The Untold Story of America's Health Care Crisis—and the People Who Pay the Price

Investing in the Health and Well-Being of Young Adults

Unaccountable

Crossing the Global Quality Chasm