

Health Care for All Book Reference List

1. Alan Derickson: *Health Care Security for All: Dreams of Universal Health Care in America*. Johns Hopkins University Press, 2005;
2. I. Kooijman: ... *And the Pursuit of National Health. The Incremental Strategy Towards National Health Insurance in the United States of America*. Rodopi Bv Editions, 1999;
3. Michael E. Porter, Elizabeth Olmsted Teisbert: *Redefining Health Care: Creating Value-Based Competition on Results*. Harvard Business School Press, 2006;
4. Regina E. Herzlinger: *Consumer-Driven Health Care: Implications for Providers, Payers, and Policy-Makers*. Jossey-Bass, 2004;
Abstract: "No other author in the health field could write a book like *Consumer-Driven Health Care*, or make the kind of impact that Regina Herzlinger can make on America's \$1.5 trillion health care industry. As one of the health field's most respected economists and business strategists, Professor Herzlinger can persuade corporate CEOs, Washington policymakers, benefits administrators, and hospital executives to reshape their strategy based on a market run by consumers. Remarkably, for an academic, she can write. This book translates health economics into simple English, reducing the "mystery-inside-a-conundrum" field into everyday transactions like selecting a health plan that any health care consumer can recognize. *Consumer-Driven Health Care* will be a top candidate for health care's 'book of the year.'"
—Russell C. Coile, Jr., consultant, editor, *Russ Coile's Health Trends*, and author, *Competing On Excellence*
5. Henry J. Aaron, William B. Schwartz, Mellisa Cox: *Can We Say No? The Challenge of Rationing Health Care*. Brooking Institution, 2005;
6. Julius B. Richmond, Rashi Fein: *The Health Care Mess: How We Got into It and What It Will Take to Get Out*. Harvard University Press, 2005;
Abstract: **From Publishers Weekly**
As Americans become healthier and live longer, we increasingly concentrate on preventing illness or injury from making some of those extra years an agony. We spend far more than any industrialized country on health care—and get far less for it. How did we get here? Former surgeon general Richmond and medical economist Fein offer a judicious, account making it blindingly clear that any decentralized system with multiple centers of influence (HMOs, employer-sponsored insurance plans, etc.) will force each segment of the health-care world to act in its own interest: the young and healthy opt out of mass coverage plans, which prevents their contributions from being spent on the aged and infirm; companies pass costs on to government or its own employees. In such a climate, what starts as rational self-interest inevitably morphs into a never-ending "quest for profits," which is where we are today. Bringing to this dry yet important subject authoritative knowledge and insight, the authors slice through the intricacies like an experienced surgeon. Their proposed solution is government-financed universal health insurance, though they admit our legislators have not had the stomach for it in the past. (*Sept.*)
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7. John F. Cogan , R. Glenn Hubbard, Daniel P. Kessler: *Health, Wealthy, and Wise: Five Steps to a Better Health Care System*. AEI Press, 2005;
Abstract: **Book Description**
This book explains how several much-decried problems in the U.S. health system--glaring gaps in the quality and efficiency of care, high rates of uninsurance, and out-of-control costs--can be resolved by empowering patients.

8. David Mechanic, Lynn B. Rogut, and David C. Colby. *Policy Challenges in Modern Health Care Policy*. 2005. Rutgers University Press.
 Notes: David Mechanic is the director of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University and the national program director of The Robert Wood Johnson Foundation Investigator Awards in Health Policy Research. Lynn B. Rogut is deputy director of the Investigator Awards in Health Policy Research. At The Robert Wood Johnson Foundation, David C. Colby is deputy director of the Health Care Group and senior program officer, and James R. Knickman is vice president of Research and Evaluation
 Abstract: **Book Description**
 "A marvelous collection of ideas and insights by first-rate scholars. This book lays a foundation for more creative and effective policymaking."—Stephen M. Shortell, Dean, School of Public Health and Blue Cross of California Distinguished Professor of Health Policy and Management, University of California, Berkeley
 Health care delivery in the United States is an enormously complex and expensive enterprise that involves a host of competing interests. While arguably the nation offers the most technologically advanced medical care in the world, the American system consistently underperforms relative to its resources. Gaps in financing and service delivery pose major barriers to improving health, reducing disparities, achieving universal insurance coverage, enhancing quality, controlling costs, and meeting the needs of patients and families.
 Bringing together twenty-five of the nation's leading experts in health care policy and public health, this book provides a much-needed perspective on how our health care system evolved, why we face the challenges that we do, and why reform is so difficult to achieve. The essays tackle tough issues including: socioeconomic disadvantage, obesity, tobacco policy, gun violence, insurance gaps, the rationing of services, medical errors, the nursing shortage, and the pervasive influence of special interests.
 Linking the nation's health problems to larger political, cultural, and philosophical contexts, *Policy Challenges in Modern Health Care* offers a compelling look at where we stand and where we need to be headed.
9. Pat Armstrong, Hugh Armstrong, and Claudia Fegan. *Universal Health Care: What the United States Can Learn from the Canadian Experience*. New Press, 1999;
 Abstract: **From Library Journal**
 Although healthcare reform failed in the United States, many people here continue to look with interest at our northern neighbor's system. The Armstrongs, two Canadian academics, team up with Fegan, an American doctor, to extol the virtues of Canada's universal health coverage. Pertinent anecdotes spice up the plentiful statistics documented in an extensive list of references. The text includes a history of the Canada Health Act and explanation of its benefits: accessibility, comprehensiveness, portability, and public administration cost savings. Negative aspects of the Canadian system such as the lack of drug coverage and lengthy waits for non-emergency treatment are acknowledged but given less attention. Overall, the Armstrongs present a readable and convincing case for universal healthcare. For a more objective though much less readable source, also consider *How To Choose?: A Comparison of the U.S. and Canadian Health Care Systems* (Baywood, 1998).?Dixie Jones, Louisiana State Univ, Medical Ctr. Lib., Shreveport
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10. Rich Mayes. *Universal Coverage: The Elusive Quest for National Health Insurance*. University of Michigan Press, 2005;
 Abstract: **Book Description**
 Why is the United States the only major industrialized nation without universal health insurance coverage? Why have so many efforts to pass a national health insurance plan failed? Many observers argue that this glaring peculiarity of American social policy is due to the superior lobbying efforts of the American Medical Association, a general weakness on the part of the federal government, or, more generally, America's cultural sense of rugged individualism. This book argues that there is actually no one politics of health care or single explanation for the lack of universal coverage; there are, instead, different patterns of politics at different stages of policy development. Throughout these stages, however, a unique and critical relationship has existed between Social Security and the

development of health insurance. In *Universal Coverage*, Rick Mayes analyzes how the fate of Social Security and Medicare became commingled and how myriad elected leaders, interest groups, and organizations invested in the existing arrangements have effectively prohibited comprehensive change to America's medical industrial complex.

11. David M. Cutler: *Your Money or Your Life: Strong Medicine for America's Health Care System*. Oxford University Press, USA, 2005;

Abstract: **From the New England Journal of Medicine, July 22, 2004**

The rising cost of health care -- and what to do about this problem -- is perhaps our nation's most pressing health policy issue. The recent spike in private-insurance premiums has alarmed both employers and employees. More telling is the lack of clear policy options designed to discourage the introduction and use of high-cost, low-benefit medical care. As if the problem were not bad enough, other research findings tell us that evidence-based medical care is dramatically underused. David Cutler makes an important contribution to our thinking on this important issue in *Your Money or Your Life*. The book provides a nice forum for Cutler to present much of his research that has framed how we should think about rising health care costs and whether the additional spending is worth it. Most of the popular discussion concerning rising health care spending neglects the obvious questions -- what we are buying with the additional spending and whether we are producing commensurate increases in health benefits. Cutler's conclusion is a clear "yes": the incremental health care benefits that patients receive exceed their costs. However, he provides the important caveat that we could produce the same level of health care benefits at even lower costs. The book is a good introduction to the policy debate over health care spending. It starts by appropriately framing the issue that we cannot look at the rise in spending without first measuring and comparing the benefits purchased. Chapters 3 through 5 methodically track the growth in spending to treat low-birth-weight infants, patients with depression, and those who have had heart attacks. These initial chapters contain compelling information and should be read by all who are interested in health care policy. Underlying the growth in spending is the persistent march of science. The introduction of new forms of technology allows us to treat more patients with particular medical conditions, though generally at a high price per case. The heart of the book examines these trends and, in the three case studies that it follows, compares the added spending to the change in health benefits. In each case, total spending per case has risen, driven largely by the introduction of new medical technology. In some cases, the medical returns have been impressive. In the treatment of low-birth-weight newborns, medical advances (e.g., incubator design, new drugs), although expensive, have produced a dramatic reduction in mortality rates. As discussed in chapter 3, each additional \$1 spent on treating low-birth-weight babies has produced \$5 of additional health benefits -- an expensive, though worthwhile, investment. Chapters 4 and 5 present the same evidence for treatment, respectively, of depression (a seven-to-one return on investment) and heart attacks (a four-to-one return on each dollar spent). Chapter 6 attempts a broader extrapolation of the medical value of health care spending -- a somewhat tougher sell. Some of the later chapters, such as chapter 8, which examines what went wrong with managed care, seem to wander slightly off target. If the health care we are purchasing is worth it, why the general malaise? Some of it is clearly traced to the perceptions of purchasers and consumers that we spend too much, that we could buy the same benefits for far less money, and that the system is hopelessly complicated. Along these lines, chapters 9 and 10 attempt to address the issue of providing better care more efficiently. One suggestion is to give physicians bonus payments for providing high-quality, evidence-based medical care. Though controversial, the idea is a good one that should be debated seriously. The final chapter wanders into the hornet's nest of universal health insurance coverage. Cutler proposes an expansion of the Federal Employees Health Benefits Program to those who want to join. This chapter is too short for such a complex topic, and it meanders slightly from the compelling story and analyses presented in the first five chapters. Who should read this book? Health policymakers and people who are troubled with the rise in health care spending and are perplexed about what to do about it. *Your Money or Your Life* makes an important contribution to this debate, and I highly recommend it.

Kenneth E. Thorpe, Ph.D.

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12. Joseph P. Newhouse: *Pricing the Priceless: A Health Care Conundrum (Walras-Pareto Lectures)*. MIT Press, 2004;
 Abstract: **Book Description**
 The health care industry differs from most other industries in that medical pricing is primarily administered by the government and private insurers and in that it uses several types of contracts. Providers may receive a fixed sum for all necessary services within a given period of time, for the necessary services to treat a given condition, or for each specific service. The industry is changing dramatically, offering many natural experiments to aid understanding of the economics of pricing for health care.
- In *Pricing the Priceless*, Joseph Newhouse explains the different pricing systems and how they affect resource allocation and efficiency, focusing on the efficiency of pricing. He also discusses larger issues of equity, fair distribution of burden, and social justice. Although most of the examples are American-based, the same issues arise in all medical care financing and delivery systems, and the theories and models are general enough to apply to many institutional contexts. The topics include Medicare, managed care, the contemporary integration of health insurance and medical care, the management of moral hazard and stinting, uncertainty and risk aversion, the demand for health insurance, agency relationships, information disparities, regulation, and supply-side and demand-side selection.
13. Michael F. Cannon: *Health Competition: What's Holding Back Health Care and How to Free It*. Cato Institute, 2005;
 Abstract: **Book Description**
 America's healthcare system is at a crossroads, faced with rising costs, quality concerns, and a lack of patient control. Some blame market forces. Yet many troubles can be traced directly to pervasive government influence: entitlements, tax laws, and costly regulations. Consumer choice and competition deliver higher quality and lower prices in other areas of the economy. The authors conclude that removing restrictions can do the same for health care.
14. Arnold Kling : *Crisis of Abundance: Rethinking How We Pay for Health Care*. Cato Institute, 2006;
 Abstract: **Book Description**
 America's health care troubles largely stem from a great success: modern medicine can do much more today than in the past. So what's the trouble? How to pay for it. In easily comprehensible prose, MIT-trained economist Arnold Kling explains better ways of financing health care for the poor, workers, the disabled, and the elderly. Kling predicts relying less on government and more on private savings would improve health outcomes. A must-read for health care reformers.
15. Christine Cassel: *Medicare Matters: What Geriatric Medicine can Teach American Health Care*. University of California Press, 2005;
 Abstract: **Book Description**
 Savvy, comprehensive, and authoritative, this book, written by a physician with more than thirty years' experience caring for elderly patients, assesses the current state and the future prospects of Medicare, perhaps the most influential health care program of our time. Christine K. Cassel draws upon the latest developments in science and medicine in a sweeping analysis of Medicare's social, demographic, institutional, political, and policy contexts. Writing in accessible language, using case studies to illustrate how policies translate to everyday lives, and applying lessons from the practice of geriatric medicine, Cassel makes a powerful argument for reforming and modernizing Medicare. She offers a new vision of what healthy aging could be and delineates what is needed to reach this vision, including changes in the medical sector, in the policy arena, and in our cultural beliefs about aging.
- Cassel sheds light on a wide range of issues pertaining to Medicare, including debates about coverage and the looming deficit in the Medicare Trust Fund. Perhaps the most controversial issue she addresses is the challenge of rationing some kinds of care. Anchoring her discussion of Medicare in the idea that care for the elderly represents a social contract between government and its citizens, Cassel describes both the principles and potential of a progressive approach to geriatric medicine. She further argues that with this approach, we can also address the chronic problems of our larger

health care system and provide all Americans, no matter what their age, with high-quality and affordable medical care.

16. Mark Pauly, Roger Feldman, Roger D. Feldman: *American Health Care: Government, Market Processes, and the Public Interest*. Transaction Publishers, 2000;

Abstract: **Book Description**

President Clinton's health-care reform proposals of 1993 represented the most far-reaching social engineering attempted in the United States since the passage of Medicare and Medicaid in 1965. The Clinton plan would have herded almost all Americans under age sixty-five into large, government-sponsored health insurance purchasing alliances that would have offered standard benefits at regulated prices.

Despite the recent resurgence in proposals for such shunned policies, the critical literature has failed to offer a cogent analysis of why government control of health care does not work. *American Health Care* delivers that analysis. This powerful volume brings together fourteen leading experts in economics, law, history, and medicine to examine why untoward consequences usually follow when government sets out to do good things.

The book demonstrates, for example, how hospital-rate regulation raises hospital prices, that "no-fault" medical malpractice increases the occurrence of faulty medicine and that FDA regulation is a major cause for the escalating cost and long delays for new drugs. Part I, "Health Insurance and Finance," traces the genesis and development of Medicare and argues the consumer advantages of medical savings accounts and written health contracts. Part II, "Health-care Services," explores the fallacies of antitrust policies and attacks community rating for making health insurance unaffordable to young workers. Part III, "Drugs, Devices and Medication," contains a powerful critique of how FDA restrictions increase health risks, and critiques health-care regulations. The concluding part, "Health-care Personnel" explores improvements in private-sector regulation of fees and the supply and quality of health professionals. *American Health Care* proposes reasonable balances between government and market options to supply health services, showing how the market can go further in performing critical functions for the health-care industry. This volume will be essential reading for health policy-makers, economists, historians, and health-care professionals.

17. Jan Gregoire Coombs: *Rise and Fall of HMOs*. University of Wisconsin Press, 2005;

Abstract: **From Publishers Weekly**

Alternating a broad historical overview of HMOs with a close analysis of one institution, the Marshfield Clinic in northern Wisconsin, medical historian Coombs (*You Can Help: Living with the Disabled*) paints a sobering portrait of American health care. A rural multispecialty clinic long admired for its quality of care, Marshfield is, for Coombs, "emblematic" of the failure caused by federal legislation that began in the early 1970s and continued through the end of the century.

Coombs marshals an array of statistics, anecdotes and extended narratives that point to the detrimental effects HMOs have had on both patients and the providers. With a gift for deciphering and articulating complex scenarios, Coombs provides readers with the necessary historical background to understand HMOs. For instance, her deft treatment of the history of health-care economics and the political motivations behind the 1973 Health Maintenance Organization Act allows the reader to better grasp how employer-based systems, in her assessment, have led to care that is inequitable, wasteful and financially woeful when the benefits are evaluated against the costs. Coombs also offers prescriptions. Health-care policy makers and administrators will appreciate Coombs's thoroughness, and while the lay reader may struggle with pages devoted to arcane health-care legislation, this book makes a critical contribution to medicine and its literature. (*Mar.*) Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved.

Review

"An authoritative account of HMO policy in the later twentieth century." —Edward Berkowitz, author of *Robert Ball and the Politics of Social Security*

"HMOs once embodied the hopes of many health care reformers. Today they represent the limitations of American medicine. In this engaging and remarkably balanced book, Jan Coombs traces the revolution unleashed in the early 1970s. *The Rise and Fall of HMOs* should be required reading for anyone interested in understanding the continuing problems of health care in

America.”—Ronald L. Numbers, coeditor of *Sickness and Health in America*
“Jan Coombs has an encyclopedic knowledge of broad health care trends in the United States since 1970. She has written an original, well-documented, thorough, and very readable book. The personalized story of the Marshfield Clinic, with often-anguished statements from participants, brings national trends to life and gives this book urgency and freshness.”—Rosemary Stevens, author of *American Medicine and the Public Interest*

18. Anonymous Handbook of International Health Care Systems. NEED MORE INFO:

19. Grant Savage, Jon A. Chilingirian, Michael Powell: *International Health Care Management, Volume 5*. JAI Press, 2005;

Abstract: **Book Description**

This fifth volume of *Advances in Health Care Management* examines international health care management. It consists of 12 papers, one of which serves as an introduction, with the other papers arranged into three sections. The first section on patients and providers focuses on such issues as how socio-cultural forces affect the health care experience; how hospital providers function differently under various governance structures; how global strategies affect providers and patients; and why and how provider organizations should consider integrating within a health delivery system. The second section on policy and management addresses such dilemmas as whether some health care issues are impossible to solve through traditional policy reforms; how international refugees should receive health care; and whether policy reform lessons from other countries can be adapted and applied to transform another country's health system. The third and final section on performance and management addresses issues such as whether the quality of care can be managed at the hospital level, how human resource management can be benchmarked within and across health care organizations, how health care informatics and telemedicine can improve the continuity of care, and whether different ways of accessing care within health systems can be systemically compared and improved.

Authors from Australia, Chile, Finland, France, Germany, Greece, South Africa, Taiwan, the United Kingdom, and the United States of America contributed to this volume. They explore the delivery and organization of care in health systems from Africa, Asia, Australia, Europe, North America, and South America, encompassing more than 20 countries in their comparisons. The papers included in this volume were only accepted following a rigorous peer review process. Each paper, whether solicited or responding to our open call, went through a double-blind review and revision process. The result is a select collection of outstanding papers.