



years, and the recent passage of the Affordable Care Act, rather than quell the rhetoric, has sparked even more debate. Donald A. Barr reviews the current structure of the American health care system, describing the historical and political contexts in which it developed and the core policy issues that continue to confront us today. This comprehensive analysis introduces the various organizations and institutions that make the U.S. health care system work—or fail to work, as the case may be. A principal message of the book is the seeming paradox of the quality of health care in this country—on the one hand it is the best medical care system in the world, on the other it is one of the worst among developed countries because of how it is organized. Barr introduces readers to broad cultural issues surrounding health care policy, such as access, affordability, and quality. He discusses specific elements of U.S. health care, including insurance, especially Medicare and Medicaid, the shift to for-profit managed care, the pharmaceutical industry, issues of long-term care, the plight of the uninsured, medical errors, and nursing shortages. The latest edition of this widely adopted text updates the description and discussion of key sectors of America's health care system in light of the Affordable Care Act.

**Social Work and Integrated Health Care** Victoria Stanhope 2018 With nearly 40% of social workers working in the health and behavioral health care sectors, Social Work and Integrated Health Care is designed to help social workers understand the policies that shape the current discussion regarding integrated primary care and behavioral health care and their application to practice. While the future of Patient Protection and Affordable Care Act of 2010 (PPACA) is uncertain at this time, the potential for integrated health care to simultaneously improve health outcomes while reducing costs means that despite the constantly changing health policy landscape, the movement towards an integrated health care system will continue in the future. As these changes occur, there is a great need in the social work field for resources that will give both the context for these changes and translate the policies to day-to-day social work practice. This book provides essential information about the important shifts in the health care field with a focus on health care for vulnerable populations, with a special emphasis on adults with severe mental illnesses and substance abuse disorders. As the title indicates, the book provides a comprehensive discussion not only of critical policy issues, but also their specific implications to evidence-based clinical practice. It covers such areas as background on public funding for health care, the development of behavioral health services in the community, and the passage of mental health parity legislation. The text also includes an overview of integrated health care settings and describes evidence practices that are central to integrated health care such as screening, person-centered care planning, motivational interviewing, and wellness self-management. It is a must-have text for all social work students in MSW programs.

**The Affordable Care Act** Tamara Thompson 2014-12-02 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. **Health Care Reform and American Politics** Lawrence R. Jacobs 2012-09-04 The Patient Protection and Affordable Care Act signed by President Obama in March 2010 is a landmark in U.S. social legislation, and the Supreme Court's recent decision upholding the Act has ensured that it will remain the law of the land. The new law extends health insurance to nearly all Americans, fulfilling a century-long quest and bringing the United States to parity with other industrial nations. Affordable Care aims to control rapidly rising health care costs and promises to make the United States more equal, reversing four decades of rising disparities between the very rich and everyone else. Millions of people of modest means will gain new benefits and protections from insurance company abuses - and the tab will be paid by privileged corporations and the very rich. How did such a bold reform effort pass in a polity wracked by partisan divisions and intense lobbying by special interests? What does Affordable Care mean-and what comes next? In this updated edition of Health Care Reform and American Politics: What Everyone Needs to Know®, Lawrence R. Jacobs and Theda Skocpol-two of the nation's leading experts on politics and health care policy-provide a concise and accessible overview. They explain the political battles of 2009 and 2010, highlighting White House strategies, the deals Democrats cut with interest groups, and the impact of agitation by Tea Partiers and progressives. Jacobs and Skocpol spell out what the new law can do for everyday Americans, what it will cost, and who will pay. In a new section, they also analyze the impact the Supreme Court ruling that upheld the law. Above all, they explain what comes next, as critical yet often behind-the-scenes battles rage over implementing reform nationally and in the fifty states. Affordable Care still faces challenges at the state level despite the Court ruling. But, like Social Security and Medicare, it could also gain strength and popularity as the majority of Americans learn what it can do for them. What Everyone Needs to Know® is a registered trademark of Oxford University Press.

**The Impact of Health Insurance in Low- and Middle-Income Countries** Maria-Luisa Escobar 2011-01-01 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.

**Health-Care Utilization as a Proxy in Disability Determination** National Academies of Sciences, Engineering, and Medicine 2018-04-02 The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

*Forging a New Plan for Health Care* Douglas Holtz-Eakin 2009

**Securing Access to Health Care: Report** United States. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research 1983

**The Truth About Health Care** David Mechanic 2006-08-04 The United States spends greatly more per person on health care than any other country but the evidence shows that care is often poor and inappropriate. Despite expenditures of 1.7 trillion dollars in 2003, and

growing substantially each year, services remain fragmented and poorly coordinated, and more than 46 million people are uninsured. Why can't America, with its vast array of resources, sophisticated technologies, superior medical research and educational institutions, and talented health care professionals, produce higher quality care and better outcomes? In *The Truth about Health Care*, David Mechanic explains how health care in America has evolved in ways that favor a myriad of economic, professional, and political interests over those of patients. While money has always had a place in medical care, "big money" and the quest for profits has become dominant, making meaningful reforms difficult to achieve. Mechanic acknowledges that railing against these influences, which are here to stay, can achieve only so much. Instead, he asks whether it is possible to convert what is best about health care in America into a well functioning system that better serves the entire population. Bringing decades of experience as an active health policy participant, researcher, teacher, and consultant to the public and private sectors, Mechanic examines the strengths and weaknesses of our system and how it has evolved. He pays special attention to areas often neglected in policy discussions, such as the loss of public trust in medicine, the tragic state of long-term care, and the relationship of mental health to health care. For anyone who has been frustrated by uncoordinated health networks, insurance denials, and other obstacles to obtaining appropriate care, this book will provide a refreshing and frank look at the system's current and future dilemmas. Mechanic's thoughtful roadmap describes how health plans, healthcare professionals, policymakers, and consumer groups can work together to improve access, quality, fairness, and health outcomes in America. About the Author:

**Medicare for All** Abdul El-Sayed 2021 A citizen's guide to America's most debated policy-in-waitingAfter languishing for decades on the fringes of political discussion, Medicare-for-All has quickly entered the mainstream debate over what to do about America's persistent healthcare problems. But for most informed Americans, this surge of public and political interest in Medicare-for-All has outpaced a strong understanding of the issues involved. This book seeks to fill this gap in our national discourse, offering an expert analysis of the policy and politics behind Medicare-for-All for theinformed American.

**Health Care Reform Around the World** Andrew Twaddle 2002-06-30 Health care reforms around the world—from Europe and North America to Africa, Latin America and Asia—seem to all be market-oriented reforms driven by international business interests and right wing political parties. There seems to be a sudden and broad concern with the efficiency of medical care, with the assertion that democratically or professionally run systems are inherently inefficient. Far less concern is evident for the more traditional values held regarding medical care, effectiveness (or quality) and equity. The fact is that we have little good cross-national research that systematically addresses the reform issue. This book addresses that problem, and attempts to look at health care reforms in a number of countries, representing as wide a spectrum as possible, and using a common conceptual framework that allows for comparable information to be gathered and presented on each, despite differing levels of socio-economic development. The authors agreed on a set of models that were thought to provide reasonable guidance in answering the questions of the source of pressures for reform, the alternative modes of organization that have been found in the world in recent years, and the direction of change among those alternatives.

*Crossing the Global Quality Chasm* National Academies of Sciences, Engineering, and Medicine 2019-01-27 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.

**Twenty Years of Health System Reform in Brazil** Michele Ragnolati 2013-07-18 It has been over twenty years since the Brazilian Sistema Único de Saúde (Unified Health System or SUS) was formally established by the 1988 Constitution. The impetus for the SUS came in part from rising costs and a crisis in the social security system that preceded the reforms, but also from a broad-based political movement calling for democratization and improved social rights. Building on reforms that started in the 1980s, the SUS was based on three overarching principles: (i) universal access to health services, with health defined as a citizen's right and an obligation of the state; (ii) equality of access to health care; and (iii) integrality (comprehensiveness) and continuity of care; along with several other guiding ideas, including decentralization, increased participation, and evidence-based prioritization. The SUS reform established health a fundamental right and duty of the state, and started a process of fundamentally transforming Brazil's health system to achieve this goal. So, what has been achieved since the SUS was established? And what challenges remain in achieving the goals that were established in 1988? These questions are the focus of this report. Specifically, it seeks to assess whether the SUS reforms have managed to transform the health system as envisaged more than 20 years ago, and whether the reforms have led to improved outcomes in terms of access to services, financial protection, and health status. Any effort to assess the performance of a health system runs into a host of challenges concerning the definition of boundaries of the "health system", the outcomes that the assessment should focus on, data sources and quality, and the role of policies and reforms in understanding how the performance of the health system has changed over time. Building on an extensive literature on health system assessment, this report is based on a simple framework that specifies a set of health system "building blocks", which affect a number of intermediate outcomes such as access, quality and efficiency, which, in turn, contribute to final outcomes, including health status, financial protection, and satisfaction. Based on this framework, the report starts by looking at how key building blocks of Brazil's health system have changed over time and then moves on to review performance in terms of intermediate and final outcomes.

*Healthcare Reform, Quality and Safety* Jeffrey Braithwaite 2015-03-28 This book offers a global perspective on healthcare reform and its relationship with efforts to improve quality and safety. It looks at the ways reforms have developed in 30 countries, and specifically the impact national reform initiatives have had on the quality and safety of care. It explores how reforms drive quality and safety improvement, and equally how they act to negate such goals. Every country included in this book is involved in a reform and improvement process, but each takes place in a particular social, cultural, economic and developmental context, leading to differing emphases and varied progress. Methods for tackling common problems - financing, efficiencies, effectiveness, evidence-based practice, institutional reforms, quality improvement, and patient safety initiatives - also differ. Representatives from each nation provide a chapter to convey their own situation. The editors draw a conclusion from these numerous contributions and synthesize the themes emerging into a coherent 'lessons learned' summary that delivers value to the numerous stakeholders. Healthcare Reform, Quality and Safety forms a compendium of the current 'state of the art' in global healthcare reform. This is the first book of its type, and offers a unique opportunity for cross-fertilization of ideas to the mutual benefit of countries involved in the project. The content will be of interest to governments, policymakers, managers and leaders, clinicians, teaching academics, researchers and students.