

Papers On Health Care

Second in a series of publications from the Institute of Medicine's Quality of Health Care in America project Today's health care providers have more research findings and more technology available to them than ever before. Yet recent reports have raised serious doubts about the quality of health care in America. Crossing the Quality Chasm makes an urgent call for fundamental change to close the quality gap. This book recommends a sweeping redesign of the American health care system and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. In this comprehensive volume the committee offers: A set of performance expectations for the 21st century health care system. A set of 10 new rules to guide patient-clinician relationships. A suggested organizing framework to better align the incentives inherent in payment and accountability with improvements in quality. Key steps to promote evidence-based practice and strengthen clinical information systems. Analyzing health care organizations as complex systems, Crossing the Quality Chasm also documents the causes of the quality gap, identifies current practices that impede quality care, and explores how systems approaches can be used to implement change.

Consumer health websites have garnered considerable media attention, but only begin to scratch the surface of the more pervasive transformations the Internet could bring to health and health care. Networking Health examines ways in which the Internet may become a routine part of health care delivery and payment, public health, health education, and biomedical research. Building upon a series of site visits, this book: Weighs the role of the Internet versus private networks in uses ranging from the transfer of medical images to providing video-based medical consultations at a distance. Reviews technical challenges in the areas of quality of service, security, reliability, and access, and looks at the potential utility of the next generation of online technologies. Discusses ways health care organizations can use the Internet to support their strategic interests and explores barriers to a broader deployment of the Internet. Recommends steps that private and public sector entities can take to enhance the capabilities of the Internet for health purposes and to prepare health care organizations to adopt new Internet-based applications.

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 Agency for Healthcare Research Quality commissioned the Institute of Medicine establish a committee to provide guidance on the National Healthcare Disparities Report is of access to health care, utilization of services, and the services received. The committee was asked to con population characteristics as race and ethnicity, society status, and geographic location. It was also asked to examine factors that included possible data sources and types of measures for the report.

Essays discuss the cost-effectiveness of hospices, hospice patients, the design of the national study, and the medical and social aspects of hospice care

Suresh, Abraham Verghese, Otis Warren, Leana S. Wen, Charlotte Yeh

World Bank Technical Paper No. 258. Quality of health care is a complex concept interwoven with value judgments about what constitutes good quality. This lack of linearity partly explains the large number of definitions of the concept of quality an

This concise reference provides a one-stop point of research that examines major aspects of health care systems for over 190 countries worldwide. In a consistent format, ten major health care categories are systematically examined for each country: 1. Emergency Health Services; 2. Costs of Hospitalization; 3. Costs of Drugs; 4. Major Health Issues; 5. Government Role in Health Care; 6. Insurance; 7. Access to Health Care; 8. Health Care Facilities; 9. Health Care Personnel (doctor level of training, etc.); and 10. Public Health Programs. The volume is organized in alphabetical order of country names. Each country is presented on a two- or three-page spread with the same descriptive and statistical content, allowing readers to compare health care systems from country to country. For example, a reader may compare costs of drugs in France versus the United States versus Canada. Each country spread will feature short entries on the ten health care categories accompanied by charts, table, and photos as appropriate. The work culminates as a unique and essential resource for pre-med and medical students, as well as researchers in sociology, economics, and the health management fields.

Consists of abstracts of papers from the 97th- annual meeting of the Medical Care Section, American Public Health Association.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (with CD) National Academies Press

In the realm of health care, privacy protections are needed to preserve patients' dignity and prevent possible harms. Ten years ago, to address these concerns as well as set guidelines for ethical health research, Congress called for a set of federal standards now known as the HIPAA Privacy Rule. In its 2009 report, Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health Through Research, the Institute of Medicine's Committee on Health Research and the Privacy of Health Information concludes that the HIPAA Privacy Rule does not protect privacy as well as it should, and that it impedes important health research.

Smoking Geographies provides a research-led assessment of the impact of geographical factors on smoking. The contributors uncover how geography can show us not only why people smoke but also broader issues of tobacco control, providing deeper clarity on how smoking and tobacco is 'governed'. The text centres on one of the most important public health issues worldwide, and a major determinant of preventable mortality and morbidity in developed and developing countries Records the outcomes of a long-term research collaboration that brings a geographical lens to smoking behaviour Uncovers how geography can play a part in understanding not only why people smoke but also broader issues of tobacco control Provides a deeper understanding of how smoking and tobacco is 'governed', regarding where people may smoke, but also more subtle governance as a climate is produced in which smoking becomes 'denormalised' Brings both quantitative and qualitative perspectives to bear on this major source of mortality

and morbidity

This book constitutes the refereed proceedings of the 17th Conference on Artificial Intelligence in Medicine, AIME 2019, held in Poznan, Poland, in June 2019. The 22 revised full and 31 short papers presented were carefully reviewed and selected from 134 submissions. The papers are organized in the following topical sections: deep learning; simulation; knowledge representation; probabilistic models; behavior monitoring; clustering, natural language processing, and decision support; feature selection; image processing; general machine learning; and unsupervised learning.

During the recent few decades, global economic growth has been driven largely by developing world economies. The ones with the most intensive pace of development were marked as “emerging” markets led by so called BRICS and N-11 countries. Such changes inevitably reflected the global health arena. A number of issues previously limited to established high-income economies became popularly discussed topics on the agendas of public health policy makers across these regions. Major challenges remain population aging, rising incidence of prosperity diseases, lack of universal insurance coverage and particularly provision of just and equitable access to medical care among the poor both in urban and rural communities. A significant part of the difficulties faced by these societies are attributed to inefficient resource allocation strategies in health care and unsatisfactory funding strategies. This Research Topic was created in order to address the core challenges of medical care financing and its affordability across the emerging global markets. Contributions of both undergoing or finished original research as well as review style papers are welcomed. All submitted manuscripts should deal with issues relevant to health care economics and policy in recognized global emerging markets. Outside the aforementioned key markets (BRICS- Brazil, Russia, India, China, South Africa; Next 11- Bangladesh, Egypt, Indonesia, Iran, South Korea, Mexico, Nigeria, Pakistan, the Philippines, Turkey and Vietnam) submissions referring to any of the dynamically developing Asian, Latin America, Eastern Europe or MENA countries are encouraged. In addition to a variety of health-economic evaluations and health policy analysis, methodological and resource use studies are within the Topic scope. Health policy considerations should be primarily focused on financing mechanisms and affordability of health care although other surrounding issues such as health insurance, reimbursement and cost-containment strategies will be considered.

Containing papers carefully compiled for both their historical importance and contemporary relevance, *Family Medicine: The Classic Papers* brings together a team of experts, led by global family medicine leaders Michael Kidd, Iona Heath and Amanda Howe, who explain the importance of each selected paper and how it contributes to international health care, current practice and research. The papers demonstrate the broad scope of primary health care delivered by family doctors around the world, showcasing some of the most important research ever carried out in family medicine and primary care. This unique volume will serve as an inspiration to current family doctors and family medicine researchers and educators, as well as to doctors in training, medical students and emerging researchers in family medicine.

Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? *Unequal Treatment* offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. *Unequal Treatment* will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

The National Roundtable on Health Care Quality was established in 1995 by the Institute of Medicine. The Roundtable consists of experts formally appointed through procedures of the National Research Council (NRC) who represent both public and private-sector perspectives and appropriate areas of substantive expertise (not organizations). From the public sector, heads of appropriate Federal agencies serve. It offers a unique, nonadversarial environment to explore ongoing rapid changes in the medical marketplace and the implications of these changes for the quality of health and health care in this nation. The Roundtable has a liaison panel focused on quality of care in managed care organizations. The Roundtable convenes nationally prominent representatives of the private and public sector (regional, state and federal), academia, patients, and the health media to analyze unfolding issues concerning quality, to hold workshops and commission papers on significant topics, and when appropriate, to produce periodic statements for the nation on quality of care matters. By providing a structured opportunity for regular communication and interaction, the Roundtable fosters candid discussion among individuals who represent various sides of a given issue.

Individuals with disabilities, chronic conditions, and functional impairments need a range of services and supports to keep living independently. However, there often is not a strong link between medical care provided in the home and the necessary social services and supports for independent living. Home health agencies and others are rising to the challenges of meeting the needs and demands of these populations to stay at home by exploring alternative models of care and payment approaches, the best use of their workforces, and technologies that can enhance independent living. All of these challenges and opportunities lead to the consideration of how home health care fits into the future health care system overall. On September 30 and October 1, 2014, the Institute of Medicine and the National Research Council convened a public workshop on the future of

home health care. The workshop brought together a spectrum of public and private stakeholders and thought leaders to improve understanding of the current role of Medicare home health care in supporting aging in place and in helping high-risk, chronically ill, and disabled Americans receive health care in their communities. Through presentations and discussion, participants explored the evolving role of Medicare home health care in caring for Americans in the future, including how to integrate Medicare home health care into new models for the delivery of care and the future health care marketplace. The workshop also considered the key policy reforms and investments in workforces, technologies, and research needed to leverage the value of home health care to support older Americans, and research priorities that can help clarify the value of home health care. This summary captures important points raised by the individual speakers and workshop participants.

A Brookings Institution Press and the National University of Singapore Press publication This is the story of the Singapore healthcare system: how it works, how it is financed, its history, where it is going, and what lessons it may hold for national health systems around the world. Singapore ranks sixth in the world in healthcare outcomes, yet spends proportionally less on healthcare than any other high-income country. This is the first book to set out a comprehensive system-level description of healthcare in Singapore, with a view to understanding what can be learned from its unique system design and development path. The lessons from Singapore will be of interest to those currently planning the future of healthcare in emerging economies, as well as those engaged in the urgent debates on healthcare in the wealthier countries faced with serious long-term challenges in healthcare financing. Policymakers, legislators, public health officials responsible for healthcare systems planning, finance and operations, as well as those working on healthcare issues in universities and think tanks should understand how the Singapore system works to achieve affordable excellence.

Institute of the History of Medicine

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

Our market-based, profit-driven health care system in the United States has put necessary care increasingly beyond the reach of ordinary Americans. Primary health care, the fundamental foundation of all high-performing health care systems in the world, is a critical but ignored casualty of the current system. Unfortunately, primary care is often poorly understood, even within the health professions. This book describes what has become a crisis in primary care, defines its central role, analyzes the reasons for its decline, and assesses its impacts on patients and families. A constructive approach is presented to rebuild and transform U.S. primary care with the urgent goal to address the nation's problems of access, cost, quality and equity of health care for all Americans.

The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles -- including limits on nurses' scope of practice -- should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

In the United States, health care devices, technologies, and practices are rapidly moving into the home. The factors driving this migration include the costs of health care, the growing numbers of older adults, the increasing prevalence of chronic conditions and diseases and improved survival rates for people with those conditions and diseases, and a wide range of technological innovations. The health care that results varies considerably in its safety, effectiveness, and efficiency, as well as in its quality and cost. Health Care Comes Home reviews the state of current knowledge and practice about many aspects of health care in residential settings and explores the short- and long-term effects of emerging trends and technologies. By evaluating existing systems, the book identifies design problems and imbalances between technological system demands and the capabilities of users. Health Care Comes Home recommends critical steps to improve health care in the home. The book's recommendations cover the regulation of health care technologies, proper training and preparation for people who provide in-home care, and how existing housing can be modified and new accessible housing can be better

designed for residential health care. The book also identifies knowledge gaps in the field and how these can be addressed through research and development initiatives. Health Care Comes Home lays the foundation for the integration of human health factors with the design and implementation of home health care devices, technologies, and practices. The book describes ways in which the Agency for Healthcare Research and Quality (AHRQ), the U.S. Food and Drug Administration (FDA), and federal housing agencies can collaborate to improve the quality of health care at home. It is also a valuable resource for residential health care providers and caregivers.

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).

This unique and engaging open access title provides a compelling and ground-breaking account of the patient safety movement in the United States, told from the perspective of one of its most prominent leaders, and arguably the movement's founder, Lucian L. Leape, MD. Covering the growth of the field from the late 1980s to 2015, Dr. Leape details the developments, actors, organizations, research, and policy-making activities that marked the evolution and major advances of patient safety in this time span. In addition, and perhaps most importantly, this book not only comprehensively details how and why human and systems errors too often occur in the process of providing health care, it also promotes an in-depth understanding of the principles and practices of patient safety, including how they were influenced by today's modern safety sciences and systems theory and design. Indeed, the book emphasizes how the growing awareness of systems-design thinking and the self-education and commitment to improving patient safety, by not only Dr. Leape but a wide range of other clinicians and health executives from both the private and public sectors, all converged to drive forward the patient safety movement in the US. Making Healthcare Safe is divided into four parts: I. In the Beginning describes the research and theory that defined patient safety and the early initiatives to enhance it. II. Institutional Responses tells the stories of the efforts of the major organizations that began to apply the new concepts and make patient safety a reality. Most of these stories have not been previously told, so this account becomes their histories as well. III. Getting to Work provides in-depth analyses of four key issues that cut across disciplinary lines impacting patient safety which required special attention. IV. Creating a Culture of Safety looks to the future, marshalling the best thinking about what it will take to achieve the safe care we all deserve. Captivatingly written with an "insider's" tone and a major contribution to the clinical literature, this title will be of immense value to health care professionals, to students in a range of academic disciplines, to medical trainees, to health administrators, to policymakers and even to lay readers with an interest in patient safety and in the critical quest to create safe care.

Multiple Criteria Decision Making (MCDM) is the study of methods and procedures by which concerns about multiple conflicting criteria can be formally incorporated into the management planning process. A key area of research in OR/MS, MCDM is now being applied in many new areas, including GIS systems, AI, and group decision making. This volume is in effect the third in a series of Springer books by these editors (all in the ISOR series), and it brings all the latest developments in MCDM into focus. Looking at developments in the applications, methodologies and foundations of MCDM, it presents research from leaders in the field on such topics as Problem Structuring Methodologies; Measurement Theory and MCDA; Recent Developments in Evolutionary Multiobjective Optimization; Habitual Domains and Dynamic MCDM in Changeable Spaces; Stochastic Multicriteria Acceptability Analysis; and many more chapters.

The rapid growth of home health care has raised many unsolved issues and will have consequences that are far too broad for any one group to analyze in their entirety. Yet a major influence on the safety, quality, and effectiveness of home health care will be the set of issues encompassed by the field of human factors research--the discipline of applying what is known about human capabilities and limitations to the design of products, processes, systems, and work environments. To address these challenges, the National Research Council began a multidisciplinary study to examine a diverse range of behavioral and human factors issues resulting from the increasing migration of medical devices, technologies, and care practices into the home. Its goal is to lay the groundwork for a thorough integration of human factors research with the design and implementation of home health care devices, technologies, and practices. On October 1 and 2, 2009, a group of human factors and other experts met to consider a diverse range of behavioral and human factors issues associated with the increasing migration of medical devices, technologies, and care practices into the home. This book is a summary of that workshop, representing the culmination of the first phase of the study.

Spanish edition. World Bank Technical Paper No. 345S. This report examines specific policies for achieving sustainable development of the mining industry in the countries of Latin America and the Caribbean. The report highlights the importance of the mining sector to national economies of the region and discusses World Bank assistance in formulating policy. Also available in English: (ISBN 0-8213-3816-1) Stock no. 13816.

Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too

often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

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