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## Assessing Health Care Reform

The definitive story of American health care today—its causes, consequences, and confusions In March 2010, the Affordable Care Act was signed into law. It was the most extensive reform of America's health care system since at least the creation of Medicare in 1965, and maybe ever. The ACA was controversial and highly political, and the law faced legal challenges reaching all the way to the Supreme Court; it even precipitated a government shutdown. It was a signature piece of legislation for President Obama's first term, and also a ball and chain for his second. Ezekiel J. Emanuel, a professor of medical ethics and health policy at the University of Pennsylvania who also served as a special adviser to the White House on health care reform, has written a brilliant diagnostic explanation of why health care in America has become such a divisive social issue, how money and medicine have their own—quite distinct—American story, and why reform has bedeviled presidents of the left and right for more than one hundred years. Emanuel also explains exactly how the ACA reforms are reshaping the health care system now. He forecasts the future, identifying six mega trends in health that will determine the market for health care to 2020 and beyond. His predictions are bold, provocative, and uniquely well-informed. Health care—one of America's largest employment sectors, with an economy the size of the GDP of France—has never had a more comprehensive or authoritative interpreter.

## Variation in Health Care Spending

## Remedy and Reaction

The Affordable Care Act's impact on coverage, access to care, and systematic exclusion in our health care system. The Affordable Care Act set off an unprecedented wave of health insurance enrollment as the most sweeping overhaul of the U.S. health insurance system since 1965. In the years since its enactment, some 20 million uninsured Americans gained access to coverage. And yet, the law remained unpopular and politically vulnerable. While the ACA extended social protections to some groups, its implementation was troubled and the act itself created new forms of exclusion. Access to affordable coverage options were highly segmented by state of residence, income, and citizenship status. *Unequal Coverage* documents the everyday experiences of individuals and families across the U.S. as they attempted to access coverage and care in the five years following the passage of the ACA. It argues that while the Affordable Care Act succeeded in expanding access to care, it did so unevenly, ultimately also generating inequality and stratification. The volume investigates the outcomes of the ACA in communities throughout the country and provides up-close, intimate portraits of individuals and groups trying to access and provide health care for both the newly insured and those who remain uncovered. The contributors use the ACA as a lens to examine more broadly how social welfare policies in a multiracial and multiethnic democracy purport to be inclusive while simultaneously embracing certain kinds of exclusions. *Unequal Coverage* concludes with an examination of the Affordable Care Act's uncertain legacy under the new Presidential administration and considers what the future may hold for the American health care system. The book illustrates lessons learned and reveals how the law became a flashpoint for battles over inequality, fairness, and the role of government. More books on the health care debate

### **Reinventing American Health Care**

The U.S. health care system is in crisis. At stake are the quality of care for millions of Americans and the financial well-being of individuals and employers squeezed by skyrocketing premiums—not to mention the stability of state and federal government budgets. In *Redefining Health Care*, internationally renowned strategy expert Michael Porter and innovation expert Elizabeth Teisberg reveal the underlying—and largely overlooked—causes of the problem, and provide a powerful prescription for change. The authors argue that competition currently takes place at the wrong level—among health plans, networks, and hospitals—rather than where it matters most, in the diagnosis, treatment, and prevention of specific health conditions. Participants in the system accumulate bargaining power and shift costs in a zero-sum competition, rather than creating value for patients. Based on an exhaustive study of the U.S. health care system, *Redefining Health Care* lays out a breakthrough framework for redefining the way competition in health care delivery takes place—and unleashing stunning improvements in quality and efficiency. With specific recommendations for hospitals, doctors, health plans, employers, and policy makers, this book shows how to move health care toward positive-sum competition that delivers lasting benefits for all.

### **Health Literacy Implications for Health Care Reform**

The United States is rapidly transforming into one of the most racially and

ethnically diverse nations in the world. Groups commonly referred to as minorities--including Asian Americans, Pacific Islanders, African Americans, Hispanics, American Indians, and Alaska Natives--are the fastest growing segments of the population and emerging as the nation's majority. Despite the rapid growth of racial and ethnic minority groups, their representation among the nation's health professionals has grown only modestly in the past 25 years. This alarming disparity has prompted the recent creation of initiatives to increase diversity in health professions. In the Nation's Compelling Interest considers the benefits of greater racial and ethnic diversity, and identifies institutional and policy-level mechanisms to garner broad support among health professions leaders, community members, and other key stakeholders to implement these strategies. Assessing the potential benefits of greater racial and ethnic diversity among health professionals will improve the access to and quality of healthcare for all Americans.

### **Monitoring HIV Care in the United States**

In *Restoring Quality Health Care*, Dr. Scott Atlas examines the status of US health care, particularly in light of the Affordable Care Act, and presents a series of key reforms to meet the significant health care challenges facing the nation. Atlas proposes a six-point, strategic, incentive-based reform plan for US health care. The plan aims to instill market-based competition, empower consumers, and reduce the federal government's authority over health care.

### **Crossing the Quality Chasm**

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.

### **Side Effects and Complications**

Examines the divisive issue of universal health care in the United States and offers an explanation as to why health care is not considered a right in America, as it is in most other nations.

## **Health Care Reform**

Ensuring equity in healthcare is the main concern of health policymakers in order to provide a sustainable health system. This concern is more prominent in developing countries due to the scarcity of resources. This book provides a comprehensive analysis and discussion on the distributive pattern of out-of-pocket pharmaceutical expenditures under the health reforms in Turkey and makes comparisons with pharmerging countries. Turkey's health reforms began in 2003 to address shortcomings related to financial protection and to improve health outcomes and the quality of healthcare services. The primary motivation was to ensure equity in the distribution of health resources, and this transformation process led to profound changes in how these resources were used, and in health financing in general. However, there is a lack of knowledge regarding the long-term effect of health reforms on the distribution patterns of health expenditures and health service use. This book offers a thorough equity analysis of the health financing system, affected by this health transformation program. Index and curve approaches are used in the equity analysis of pharmaceutical expenditures. The book examines the long-term effects of health system regulations on the health spending characteristics of households and improves the current understanding of equity in this context. It includes extensive international comparisons of healthcare services across a range of developing countries and highlights the significance of ensuring equity for emerging economies. The author explores the existing evidence as well as future research directions and provides policy and planning advice for health policymakers to contribute to establishing a more equal health system design. Additionally, the book will be of interest to scholars and professionals in the fields of health economics, public health management and health financing.

## **Poverty and the Myths of Health Care Reform**

Skocpol (government and sociology, Harvard U.) explores the changing currents of domestic U.S. politics through the prism of the defeat of President Clinton's comprehensive health care plan. She argues that the defeat reflected the success of Reaganite conservative tactics which switched from direct attacks on social programs to a fiscal starvation in the name of lower taxes. Annotation copyrighted by Book News, Inc., Portland, OR

## **Health Care Reform Tracking Project: 1999 Impact Analysis**

Mark V. Pauly offers a detailed look at the individual insurance market in the United States. He explains how it works, suggests approaches to improvement that build on what currently works well, and provides a realistic assessment of how much improvement we can demand and expect. He concludes that, although there are some serious deficiencies in today's individual insurance market, there are also some important advantages in this market that should be preserved.

## **Redefining Health Care**

After nearly a year of debate, in March 2010, Congress passed and the president

signed the Patient Protection and Affordable Care Act to reform the U.S. health care system. The most significant social legislation since the civil rights legislation and the creation of Medicare and Medicaid, the bill's passage has been met with great controversy. Political pundits, politicians, health care economists, and policy analysts have filled the airwaves and the lay press with their opinions, but little has been heard from those who have the most invested in health care delivery reform—patients and their doctors. *Understanding Health Care Reform: Bridging the Gap Between Myth and Reality* provides readers with the information to make informed decisions and to help counter the bias of political pundits and the influence of the for-profit health care industry. The author introduces readers to a group of dedicated doctors, administrators, and patients whose experiences illustrate the strengths and weaknesses of the health care reform legislation. He also shares his own experiences as both a physician and a patient. The book puts the health care reform legislation in perspective by exploring ten critical areas: The private insurance industry Medicare and Medicaid The elimination of waste caused by overutilization, high administrative fees, and fraud Disease prevention and wellness programs Care for the underserved—the health care "safety net" Quality of care The impending workforce shortage Comparative-effectiveness research to compare treatments Changes in the way medicine is practiced Tort reform Describing the reform act as the foundation and framing of a house, it outlines what doctors, patients, and families must focus on as states, the federal government, and the courts craft this legislation over time. The author cuts through the political rhetoric to address the core question: how do we preserve our ability to provide the best possible care for patients and fulfill our societal mission of providing care for our citizens independent of their financial means? Focusing on strengths and weaknesses, rather than what is right or wrong, he encourages readers to think creatively about their role in establishing a better system of health care in America.

### **Health Care for Some**

In no other country has health care served as such a volatile flashpoint of ideological conflict. America has endured a century of rancorous debate on health insurance, and despite the passage of legislation in 2010, the battle is not yet over. This book is a history of how and why the United States became so stubbornly different in health care, presented by an expert with unsurpassed knowledge of the issues. Tracing health-care reform from its beginnings to its current uncertain prospects, Paul Starr argues that the United States ensnared itself in a trap through policies that satisfied enough of the public and so enriched the health-care industry as to make the system difficult to change. He reveals the inside story of the rise and fall of the Clinton health plan in the early 1990s and of the Gingrich counterrevolution that followed. And he explains the curious tale of how Mitt Romney's reforms in Massachusetts became a model for Democrats and then follows both the passage of those reforms under Obama and the explosive reaction they elicited from conservatives. Writing concisely and with an even hand, the author offers exactly what is needed as the debate continues—a penetrating account of how health care became such treacherous terrain in American politics.

### **Inside National Health Reform**

## **Introduction to U.S. Health Policy**

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.

## **Health Reform without Side Effects**

After nearly a year of debate, in March 2010, Congress passed and the president signed the Patient Protection and Affordable Care Act to reform the U.S. health care system. The most significant social legislation since the civil rights legislation and the creation of Medicare and Medicaid, the bill's passage has been met with great controversy. Pol

## **Single Payer Healthcare Reform**

The recent rise of "Medicare for All" in American political discourse was many years in the making. Behind this rise is a movement composed of grassroots activists and organizations that have been working for more than three decades to achieve the goal of establishing a single-payer healthcare system in the United States. In the past decade, the Single Payer Movement has grown and garnered more public and political support than ever before. This relative success cannot be attributed to any one political figure or political era. The story of how this happened, and how it is tied to a turn against establishment politics on both the left and right, as well as the rise of outsider politicians such as Senator Bernie Sanders, takes place during the Clinton, G.W. Bush, Obama, and Trump

administrations. During each of these eras, activists experienced shifting opportunities that they interpreted through the telling of stories. These narratives of opportunity encouraged participation in particular forms of grassroots mobilization, which then affected the outcome of each era. This has had lasting effects on the development of healthcare policy in the United States. In this book, Hern conducts a political ethnographic analysis in which she uses historical records, interviews, and participant observation to tell the story of the Single Payer Movement, establish the lessons that can be learned from this history, and develop a framework—the Environment of Opportunity Model—that involves a holistic understanding of social movement activity through the analysis of narrative practice.

### **China's Healthcare System and Reform**

The first book to address the fundamental nexus that binds poverty and income inequality to soaring health care utilization and spending, *Poverty and the Myths of Health Care Reform* is a must-read for medical professionals, public health scholars, politicians, and anyone concerned with the heavy burden of inequality on the health of Americans.

### **Boomerang**

The number of people living with HIV/AIDS (PLWHA) in the United States is growing each year largely due both to advances in treatment that allow HIV-infected individuals to live longer and healthier lives and due to a steady number of new HIV infections each year. The U.S. Centers for Disease Control and Prevention (CDC) estimates that there were 1.2 million people living with HIV infection in the United States at the end of 2008, the most recent year for which national prevalence data are available. Each year, approximately 16,000 individuals die from AIDS despite overall improvements in survival, and 50,000 individuals become newly infected with HIV. In 2011, the CDC estimated that about three in four people living with diagnosed HIV infection are linked to care within 3 to 4 months of diagnosis and that only half are retained in ongoing care. In the context of the continuing challenges posed by HIV, the White House Office of National AIDS Policy (ONAP) released a National HIV/AIDS Strategy (NHAS) for the United States in July 2010. The primary goals of the NHAS are to: reduce HIV incidence; increase access to care and optimize health outcomes; and reduce HIV-related health disparities. *Monitoring HIV Care in the United States* addresses existing gaps in the collection, analysis, and integration of data on the care and treatment experiences of PLWHA. This report identifies critical data and indicators related to continuous HIV care and access to supportive services, assesses the impact of the NHAS and the ACA on improvements in HIV care, and identifies public and private data systems that capture the data needed to estimate these indicators. In addition, this report addresses a series of specific questions related to the collection, analysis, and dissemination of such data. *Monitoring HIV Care in the United States* is the first of two reports to be prepared by this study. In a forthcoming report, also requested by ONAP, the committee will address the broad question of how to obtain national estimates that characterize the health care of people living with HIV in the United States. The second report will include discussion of challenges and best practices from previous large scale and nationally representative studies

of PLWHA as well as other populations.

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

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.

## **America's Bitter Pill**

The Patient Protection and Affordable Care Act, which was passed in March 2010, includes provisions to expand the scope of mental health care available to most Americans. What do psychiatrists need to know about the provisions of the health reform law to practice most effectively and best serve their patients? Health Care Reform: A Primer for Psychiatrists is a compilation of resources designed to educate psychiatrists and other mental health professionals about key elements of the reform law. At its core are three articles from a special section on health reform that appeared in the November 2010 issue of Psychiatric Services. Each article addresses a key question for the organization and financing of mental health and substance abuse care under health care reform: How should states set up their health exchanges to ensure that the needs of people with mental illness are addressed? Will coverage of mental health services be adequate under the law's provisions? Can integration of mental and physical health care -- a particular focus of health reform -- improve the quality and efficiency of care for people with mental illness? This book also provides a list of additional readings, with links to the source documents. These include "backgrounder" articles published in Psychiatric News, analyses and commentaries from the American Journal of Psychiatry and Psychiatric Services, and white papers and other useful documents compiled by staff of the APA Department of Government Relations.

## **The Healthcare Imperative**

Health care in the United States is more expensive than in other developed

countries, costing \$2.7 trillion in 2011, or 17.9 percent of the national gross domestic product. Increasing costs strain budgets at all levels of government and threaten the solvency of Medicare, the nation's largest health insurer. At the same time, despite advances in biomedical science, medicine, and public health, health care quality remains inconsistent. In fact, underuse, misuse, and overuse of various services often put patients in danger. Many efforts to improve this situation are focused on Medicare, which mainly pays practitioners on a fee-for-service basis and hospitals on a diagnoses-related group basis, which is a fee for a group of services related to a particular diagnosis. Research has long shown that Medicare spending varies greatly in different regions of the country even when expenditures are adjusted for variation in the costs of doing business, meaning that certain regions have much higher volume and/or intensity of services than others. Further, regions that deliver more services do not appear to achieve better health outcomes than those that deliver less. Variation in Health Care Spending investigates geographic variation in health care spending and quality for Medicare beneficiaries as well as other populations, and analyzes Medicare payment policies that could encourage high-value care. This report concludes that regional differences in Medicare and commercial health care spending and use are real and persist over time. Furthermore, there is much variation within geographic areas, no matter how broadly or narrowly these areas are defined. The report recommends against adoption of a geographically based value index for Medicare payments, because the majority of health care decisions are made at the provider or health care organization level, not by geographic units. Rather, to promote high value services from all providers, Medicare and Medicaid Services should continue to test payment reforms that offer incentives to providers to share clinical data, coordinate patient care, and assume some financial risk for the care of their patients. Medicare covers more than 47 million Americans, including 39 million people age 65 and older and 8 million people with disabilities. Medicare payment reform has the potential to improve health, promote efficiency in the U.S. health care system, and reorient competition in the health care market around the value of services rather than the volume of services provided. The recommendations of Variation in Health Care Spending are designed to help Medicare and Medicaid Services encourage providers to efficiently manage the full range of care for their patients, thereby increasing the value of health care in the United States.

### **An Analysis of the National Health Care Reform Act of 1981 (H.R. 850)**

This book establishes a framework for assessing health care reform proposals and their implementation. It helps clarify objectives, identifies issues to be addressed in proposals, distinguishes between short- and long-term expectations and achievements, and directs attention to important but sometimes neglected questions about the organization and provision of health care services. In addition, the volume presents a discussion and analysis of issues essential to achieving fundamental goals of health care reform: to maintain and improve health and well-being, to make basic health coverage universal, and to encourage the efficient use of limited resources. The book is a useful resource for anyone developing or assessing options for reform.

## **Equity and Healthcare Reform in Developing Economies**

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.

## **Restoring Quality Health Care**

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.

## **Getting Health Reform Right**

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

## **The Healing of America**

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.

## **Congressional Budget Office's Analysis of the President's Health Care Reform Proposal**

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

## **The Social Transformation of American Medicine**

This volume provides a comprehensive review of China's healthcare system and policy reforms in the context of the global economy. Following a value-chain framework, the 16 chapters cover the payers, the providers, and the producers (manufacturers) in China's system. It also provides a detailed analysis of the historical development of China's healthcare system, the current state of its broad reforms, and the uneasy balance between China's market-driven approach and governmental regulation. Most importantly, it devotes considerable attention to the major problems confronting China, including chronic illness, public health, and long-term care and economic security for the elderly. Burns and Liu have assembled the latest research from leading health economists and political scientists, as well as senior public health officials and corporate executives, making this book an essential read for industry professionals, policymakers, researchers, and students studying comparative health systems across the world.

## **Health Care Reform and American Politics**

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.

## **Unequal Coverage**

A best-selling author guides a whirlwind tour of successful health-care systems

worldwide, disproving American myths of "socialized medicine" to find possible paths toward reform. Reprint.

## **Unequal Treatment:**

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.

## **Understanding Health Care Reform**

The Health Care Reform Tracking Project (TP) was initiated in 1995 to track and analyze state and local managed care initiatives as they affect children and adolescents with emotional and substance abuse disorders and their families. This report is organized around a number of hypotheses that were drawn from the earlier work of the TP as to the effects of public sector managed care reforms on this population of children, youth and their families. Throughout the report, promising features of states' managed care systems are highlighted. It also includes supplemental special analyses on child welfare population issues; adolescent substance abuse issues; maturational analysis findings; and family reflections.

## **The Future of Nursing**

NEW YORK TIMES BESTSELLER • A NEW YORK TIMES NOTABLE BOOK • America's Bitter Pill is Steven Brill's acclaimed book on how the Affordable Care Act, or Obamacare, was written, how it is being implemented, and, most important, how it is changing—and failing to change—the rampant abuses in the healthcare industry. It's a fly-on-the-wall account of the titanic fight to pass a 961-page law aimed at fixing America's largest, most dysfunctional industry. It's a penetrating chronicle of how the profiteering that Brill first identified in his trailblazing Time magazine cover story continues, despite Obamacare. And it is the first complete, inside account of how President Obama persevered to push through the law, but then failed to deal with the staff incompetence and turf wars that crippled its

implementation. But by chance America's Bitter Pill ends up being much more—because as Brill was completing this book, he had to undergo urgent open-heart surgery. Thus, this also becomes the story of how one patient who thinks he knows everything about healthcare “policy” rethinks it from a hospital gurney—and combines that insight with his brilliant reporting. The result: a surprising new vision of how we can fix American healthcare so that it stops draining the bank accounts of our families and our businesses, and the federal treasury. Praise for America's Bitter Pill “A tour de force . . . a comprehensive and suitably furious guide to the political landscape of American healthcare . . . persuasive, shocking.”—The New York Times “An energetic, picaresque, narrative explanation of much of what has happened in the last seven years of health policy . . . [Brill] has pulled off something extraordinary.”—The New York Times Book Review “A thunderous indictment of what Brill refers to as the ‘toxicity of our profiteer-dominated healthcare system.’ ”—Los Angeles Times “A sweeping and spirited new book [that] chronicles the surprisingly juicy tale of reform.”—The Daily Beast “One of the most important books of our time.”—Walter Isaacson “Superb . . . Brill has achieved the seemingly impossible—written an exciting book about the American health system.”—The New York Review of Books From the Hardcover edition.

### **In the Nation's Compelling Interest**

The Affordable Care Act will have a dangerous effect on the American economy. That may sound like a political stance, but it's a conclusion directly borne out by economic forecasts. In *Side Effects and Complications*, preeminent labor economist Casey B. Mulligan brings to light the dire economic realities that have been lost in the ideological debate over the ACA, and he offers an eye-opening, accessible look at the price American citizens will pay because of it. Looking specifically at the labor market, Mulligan reveals how the costs of health care under the ACA actually create implicit taxes on individuals, and how increased costs to employers will be passed on to their employees. Mulligan shows how, as a result, millions of workers will find themselves in a situation in which full-time work, adjusted for the expense of health care, will actually pay less than part-time work or even not working at all. Analyzing the incentives—or lack thereof—for people to earn more by working more, Mulligan offers projections on how many hours people will work and how productively they will work, as well as how much they will spend in general. Using the powerful tools of economics, he then illustrates the detrimental consequences on overall employment in the near future. Drawing on extensive knowledge of the labor market and the economic theories at its foundation, *Side Effects and Complications* offers a crucial wake-up call about the risks the ACA poses for the economy. Plainly laying out the true costs of the ACA, Mulligan's grounded and thorough predictions are something that workers and policy makers cannot afford to ignore.

### **The Future of Healthcare Reform in the United States**

This book provides a multi-disciplinary framework for developing and analyzing health sector reforms, based on the authors' extensive international experience. It offers practical guidance - useful to policymakers, consultants, academics, and students alike - and stresses the need to take account of each country's economic, administrative, and political circumstances. The authors explain how to design

effective government interventions in five areas - financing, payment, organization, regulation, and behavior - to improve the performance and equity of health systems around the world.

### **Understanding Health Care Reform**

Health literacy is the degree to which one can understand and make decisions based on health information. Nearly 90 million adults in the United States have limited health literacy. While poor health literacy spans all demographics, rates of low health literacy are disproportionately higher among those with lower socioeconomic status, limited education, or limited English proficiency, as well as among the elderly and individuals with mental or physical disabilities. Studies have shown that there is a correlation between low health literacy and poor health outcomes. In 2010, President Obama signed the Affordable Care Act designed to extend access to health care coverage to millions of Americans who have been previously uninsured. Many of the newly eligible individuals who should benefit most from the ACA, however, are least prepared to realize those benefits as a result of low health literacy. They will face significant challenges understanding what coverage they are eligible for under the ACA, making informed choices about the best options for themselves and their families, and completing the enrollment process. Health Literacy Implications for Health Care Reform explores opportunities to advance health literacy in association with the implementation of health care reform. The report focuses on building partnerships to advance the field of health literacy by translating research findings into practical strategies for implementation, and on educating the public, press, and policymakers regarding issues of health literacy.

### **Health Care Reform**

Winner of the 1983 Pulitzer Prize and the Bancroft Prize in American History, this is a landmark history of how the entire American health care system of doctors, hospitals, health plans, and government programs has evolved over the last two centuries. "The definitive social history of the medical profession in America. A monumental achievement."—H. Jack Geiger, M.D., New York Times Book Review

### **Healthcare Reform, Quality and Safety**

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.

### **Health Care Reform and American Politics**

When the Supreme Court's majority ruling in *NFIB v. Sebelius* upheld the Patient Protection and Affordable Care Act (the PPACA, or Obamacare), it was clear that this major shift in American health care provision was here to stay. For better or worse, the PPACA is now both a target for, and a constraint on, the next wave of reformist ideas. Driven by curiosity about how the American health care regime will continue to evolve in the near and medium term, Dean Michael Schill and Professor Anup Malani of the University of Chicago Law School commissioned fourteen essays from leading scholars of law, economics, medicine, and public health that offer predictions for the most important issues and debates in health-care reform over the next five to seven years. Essays are arranged in five sections. Part I, *ACA and the Law*, sets the stage with three essays on legal challenges and justifications for the Act. Part II, *ACA and the Federal Budget*, explores the variety of potential fiscal consequences resulting from Obamacare. Part III, *ACA and Health Care Delivery*, offers competing viewpoints on what the Act will ultimately mean for consumers of health care. Part IV, *Health Care Costs, Innovation, and the ACA* speculates about what the altered financial structure of health care will mean for the pace of development of new medical technologies. Part V, *ACA and Health Insurance Markets*, concludes the volume with a pair of contrasting assessments of the prospects for the new insurance exchange" markets.

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