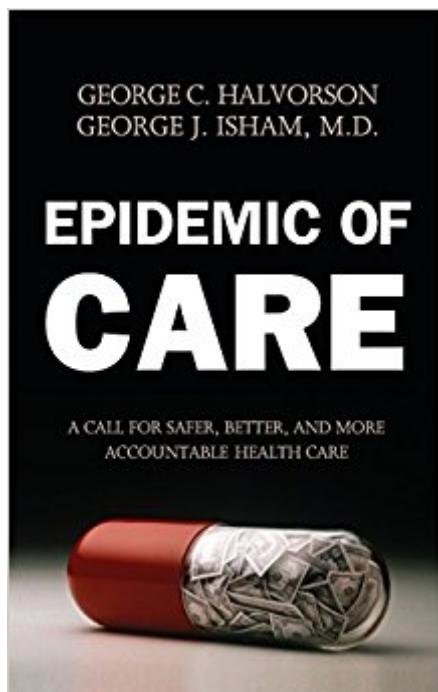


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Epidemic Of Care: A Call For Safer, Better, And More Accountable Health Care



Synopsis

Health care premiums in the U.S. are escalating from twelve to twenty percent a year— with no end in sight. The impact of those cost increases on both employers and employees will be huge. Workers will see a direct cut in their take-home pay. Millions will lose health insurance coverage completely. Senior citizens on fixed incomes will be hit particularly hard, as premiums for their Medicare supplement plans and prescription drug costs climb. Frustrated and angry, people will soon be demanding a solution from their elected officials, and, for the first time in recent memory, the size of our unemployed population will become a real political issue rather than just the subject of energetic rhetoric. It is time to recognize that we are moving into a major health care crisis in this country, a crisis driven by the way we deliver, receive, and pay for care. *Epidemic of Care* offers a comprehensive assessment of the factors behind the cost crisis, how the crisis will escalate, and what can be done to improve the situation. A blueprint for getting to a coherent national health policy, this book calls for a collaboration between different parts of the private sector, state and local governments, and, at times, the federal government—with a formula that can succeed no matter who rules Congress. Authors George C. Halvorson and George J. Isham, M.D.—two individuals who have made an impressive impact on the national health care scene—provide some practical, field-tested, sometimes controversial suggestions about how to make health care in this country more accountable, more efficient, more valuable, and more affordable.

Book Information

Hardcover: 304 pages

Publisher: Jossey-Bass; 1 edition (May 2, 2003)

Language: English

ISBN-10: 0787968889

ISBN-13: 978-0787968885

Product Dimensions: 6.2 x 1.2 x 9.3 inches

Shipping Weight: 1.1 pounds (View shipping rates and policies)

Average Customer Review: 4.4 out of 5 stars 7 customer reviews

Best Sellers Rank: #1,867,987 in Books (See Top 100 in Books) #61 in Books > Textbooks > Medicine & Health Sciences > Administration & Policy > Medicaid & Medicare #172 in Books > Medical Books > Administration & Medicine Economics > Medicaid & Medicare #274 in Books > Medical Books > Dentistry > Preventive

Customer Reviews

Health care costs are out of control, the quality of health care is frightfully low, and far too many people are uninsured. The solution, according to George Halvorson and George Isham, is managed care. This is not your father's managed care. It is the new managed care, in which health plans focus more on improving the quality of care and less on rationing care. Halvorson and Isham worked together doing just that at HealthPartners, a Minnesota-based health plan. Halvorson now heads Kaiser Permanente. After exploring the behaviors of providers, consumers, and health plans that led to the current state of affairs, the authors lay out a seven-point national plan for increasing the value of health care. Not surprisingly, health plans have a large role. Improving the quality of care and patient safety tops the list. Other items include improving the efficiency of health care markets, addressing population health, developing a workable plan for the uninsured, and supporting research. Along the way, Halvorson and Isham correct some misperceptions about health maintenance organizations. The authors' focus on the value of health care is refreshing. Increasing value demands a delicate balance of frugality and innovation. The right mix of these elements is an equation that needs to be solved for each new advance in medicine, with what we gain in health weighed against the opportunities we give up to achieve those gains. Improving health outcomes is the most interesting part of Halvorson and Isham's plan for increasing the value of health care. The authors believe that automated record keeping is a prerequisite for any widespread improvement in quality. Automated medical records make information instantly available to doctors when they need it and provide a platform for real-time education about the latest treatment guidelines, possible drug interactions, and other features that can improve the quality of care in the increasingly complex and harried world that physicians inhabit. The possibilities for innovation seem almost limitless. The idea of automated record keeping, coupled with other strategies, gives a clear direction for improving treatment outcomes. Not so clear is who will pay the cost of these improvements or how they can be implemented nationwide. On the cost side, Halvorson and Isham turn to the strategies economists typically use in failed markets: enforcement of antitrust laws to make markets more competitive, improvement of information on the quality and outcomes of health care, and creation of incentives for patients and employers to shop for the best value. But their assertion that "it generally costs less to do care right," which is a pillar of their plan for increasing value, seems more wish than fact. For example, they cite a newspaper article as evidence that counseling for obesity will reduce the incidence of diabetes and its concomitant costs. A study reported in the Journal by Tuomilehto and colleagues (2001;344:1343-50) showed that counseling-based intervention to help prevent diabetes was neither simple nor inexpensive. Better health care often requires an initial investment, and the promised savings do not always materialize.

There is much to like about this book. Health care providers and those who administer health plans will find many examples of what can be done to improve the quality of care by working together. Employers and others who purchase health insurance can learn how to get more value for their health care dollars. Policymakers may learn a thing or two about how insurers can help solve problems in health care. Everyone can have a role in Halvorson and Isham's plan. Robin E. Clark, Ph.D. Copyright © 2003 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

Ã¢ "This well-written book describesÃ¢ "Ã¢ in great depth the many problems that health care in the United States encounterÃ¢ "Ã¢ (International Journal of Integrated Care, 2 August 2004) "...one of the more lucid explanations of what is going on in US health care...the authors are well qualified to do the explaining..." (British Medical Journal, 12 July 2003) "There is much to like about this book. Everyone can have a role in Halvorson and Isham's plan." (New England Journal of Medicine, August 28, 2003) "The authors don't miss a trick; they have covered all the bases." (Inquiry, Fall 2003) "...the writing style is very accessible, and the discussion includes points that may not be as commonly discussed outside of medical schools." (E-Streams, December 2003)

This is an intellegently written synopsis of the current state of affairs in U.S. healthcare. Halvorson and Isham analyse the strengths and faults of the major attempts to bring the run away cost of health care into some affordable limits. They point out the strengths and weaknesses of each approach. They also have some suggestions for the future so we will not repeat the errors of the past. Being in the Health Insurance business I have heard many alternatives proferred to correct our perceived need for health care reform. Mssrs. Halvorson and Isham have presented the best arguement I have seen so far for a workable solution.

slow but important book about the management of health care. very timely for 2009

'Epidemic of Care was written when George Halvorson became CEO of Kaiser Foundation Health Plan; his coauthor, George Isham, was medical director of HealthPartners in Minnesota. American medicine is capable of miracles, and those miracles are increasingly expensive. Far too often, however, it does not live up to its potential, especially for those who cannot arrange services from the very best providers. We all know that 'we get what we pay for.' The authors then point out that there are over 8,000 billing codes, but not one for a cure, no fees for preventing a disease; worst of

all - reimbursement declines with improved quality. That explains some of our significant problems with American health care. The authors point out that there is no single villain responsible for the problems within our healthcare system - patients, providers, insurers, and purchasers all share blame. They emphasize a need for re-engineering care to make use of best practices - as established via data. Among their other valuable points - highlighting the media's role in heralding effective best practices programs, and improved prevention programs. In Halvorson's later writings we learn of a number of improvements accomplished within Kaiser Permanente. The 'bad news' is that the rest of American medicine has been extremely slow to follow suit - primarily because of a pervasive and inappropriate payment (piecework) structure.

Epidemic of Care provides a succinct overview of what presently ails our nations health care delivery system. It demonstrates how our health care delivery system is really a non-system with millions of independent, uncoordinated, and separately moving parts, priorities and vested interests. The result of this morass, more than forty million uninsured citizens, inconsistent and unaccountable care, and the fastest growing and most wasteful health care delivery economy in the world. The authors argue that it is time for all parties -- payors, providers, consumers and policymakers -- to recognize that the U.S. is approaching a major health care crisis that is driven by the way we deliver, receive, and pay for care. Epidemic of Care offers a convincing portray how this impending crisis will impact nearly every segment of our society, including: >> diminished take-home pay for America's workers >> increases to the rate of uninsured as smaller companies drop health care coverage altogether >> strains to senior's incomes as premiums for Medicare supplement plans and prescription drug costs climb >> diminished quality resulting from inconsistent or uncoordinated care. The cure -- collaboration between payors, providers, consumers and policymakers to achieve a more accountable, efficient and affordable health care delivery system.

We Americans are ambitious, aggressive, and full of self-interest. We want the best and the most, and we strive to achieve it. We are resourceful and clever, and we achieve a lot of what we set out to. Mr. Halvorson and Dr. Isham show how much we have accomplished in clinical science, especially in how doctors and institutions provide health care to individuals. But they also show how little regard we have to the financial cost of providing that care. They describe the fiscal and social trade-offs that occur in our medical economy all the time. Very few of us entrepreneurs, politicians, social leaders or patients are even minimally conscious of these costs. Reading this book will change how you listen to the next story about a premature baby or a liver transplant, and it ought to

change how you think about the health care you consume.

In clear terms, Halvorson and Isham examine why the American health care "non-" system continues to deliver some of the best health care in the world-and some of the worst-at a price fewer and fewer people can afford. The authors do an excellent job of assessing the current health care landscape, how it got that way, and what health care decision-makers and consumers can do about it. In these days of "cost shifting" and "skinny" benefits, their emphasis on health care delivery redesign is a refreshing reminder that measuring and rewarding quality is the only way to truly solve the health care crisis.

This was a highly informative take on a topic that is sure to become even more urgent as time goes on. A must-read for health care workers as well as any citizen interested in understanding how our health care system works and what it will take to improve it.

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