

The Private Regulation Of American Health Care

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Explore the intricate mechanisms of private regulation within the American health care system. This examination delves into the non-governmental oversight and internal policies that govern the US medical private sector, shaping the delivery and standards of care across the United States. Understand the critical role private entities play in healthcare governance.

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The Private Regulation of American Health Care

This work discusses a transformation of health care delivery that was launched by coalitions of business leaders during the early 1970s. It argues for a single-payer system and considers how public regulation offers the possibility of democratic participation in setting health care policies.

Health Care Regulation in America

Regulation shapes all aspects of America's fragmented health care industry. While the health and lives of patients as well as almost one-sixth of the national economy depend on its effectiveness, health care regulation in America is bewilderingly complex. 'Health Care Regulation in America' is a guide to this regulatory maze.

American Health Care

President Clinton's health care reform proposals of 1993 represented the most far-reaching program of social engineering attempted in the United States since the passage of Medicare and Medicaid in 1965. Under the guise of reforming the health care system, the Clinton plan would have herded almost all Americans under age sixty-five into large, government-sponsored health insurance purchasing alliances that would have contracted with insurers to offer a standard set of benefits at regulated prices. The plan came under fire from both Republicans and Democrats, including moderates from both parties, but it soon became apparent that what doomed it was a public unwilling to trust government to manage their health care. The critical literature has failed to offer a cogent analysis of why government control of health care does not work. American Health Care delivers that analysis. This volume examines why untoward consequences usually follow when government sets out to do good things. The contributors demonstrate how hospital rate regulation raises hospital prices, that "no-fault" medical malpractice increases the occurrence of faulty medicine, and that FDA regulation is a major cause for the escalating cost of new drugs. Part 1, trace the genesis of Medicare and its later developments and argue the consumer advantages of medical savings accounts and written health contracts. Part

2, explore the fallacies of antitrust policies that serve the interests of competitors, attack community rating for making health insurance unaffordable to large numbers of young workers. Part 3, contains a powerful critique of the FDA for withholding vital information on the health benefits of aspirin and shows how HMOs and other plans have caused pharmaceutical marketing to shift its focus from medical effectiveness to cost effectiveness. The final section explores how the private sector is improving in the areas of regulating physician and other health professional fees and the supply and quality of health professionals. American Health Care proposes reasonable balances between government and market options for in supply of health services. Without denying the need for some governmental action, the contributors show how far the market can go farther in performing critical functions in the health care industry. This volume will be important reading for health policymakers, economists, and health care professionals. Roger Feldman is professor at the Institute for Health Services Research, University of Minnesota. Mark V. Pauly is professor in the Department of Health Care Systems of the Wharton School, University of Pennsylvania.

To Err Is Human

Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS—three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. *To Err Is Human* breaks the silence that has surrounded medical errors and their consequence—but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda—with state and local implications—for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors—which begs the question, "How can we learn from our mistakes?" Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. *To Err Is Human* asserts that the problem is not bad people in health care—it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates—as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

Mother of Invention

Underlying America's robust private health care industry is an indispensable partner that has guided and supported it for over half a century: the government. This book demonstrates how government initiatives created American health care as we know it today and places the Obama plan in its true historical and political context.

The Economics of US Healthcare: Competition, Innovation, Regulation, and Organizations

This eBook was born out of a general diagnosis that the US healthcare sector is not only one of the most studied industries in economics but also one of the areas where the field can make the most progress. Indeed, the American healthcare industry has many features that are particularly attractive to economists. It is one of (if not the) largest sectors of the US economy, accounting for almost 20% of the national Gross Domestic Product and employing tens of millions of workers. Firms range from large conglomerates to small providers, and there is strong government-private sector interaction, with federal, state, and local governments shaping policy. The industry also has many failures, is undergoing

tremendous change, and produces a wealth of data (even if not always perfectly formatted). The field, however, is far from saturated. Healthcare is such a complex and intricate sector, one where details matter so much that it is almost its own subfield of economics. These high barriers to entry prevent scholars from researching healthcare topics and weaken the cross-pollination of ideas, an increasing hallmark of many other areas. This is problematic, not the least, because any major advances in healthcare economics literally save lives (and billions of dollars). This project aimed to help lower these barriers and kick-start broader collaborations.

The Privatization of Health Care Reform

A remarkable transformation in American health-care delivery and financing is taking place, led by the private sector. This transformation presents myriad new legal and regulatory questions that have received little scholarly attention. These issues receive balanced, critical coverage in this book, which is intended for health-care policymakers, hospital and managed care executives, lawyers, clinical practitioners, students of law, medicine and public health, and academic departments of economics, political science and sociology.

The Accidental System

With the demise of the Clinton health care reform plan, the debate on health care changed but did not subside. From opinion pieces in newspapers to dinner-table conversations, the debate over whether the right to quality health care is a public right, akin to educating our children, or whether it is a private one, akin to life insurance, continues. In *The Accidental System* Michael Reagan shows that in the American political context, health care is neither exclusively a public right nor a private privilege. This insightful policy study provides students with an excellent demonstration of how public policy intersects with private markets.

The Downgrading of American Healthcare

This book exposes how regulatory and cultural changes taking place in our Country over the last forty years have fundamentally changed the delivery of medical care into the more politically appealing yet artificial concept of a healthcare system. This metamorphosis has resulted in lower standards, suboptimal quality and, effectively, a widespread downgrading of what once was an exceptional medical system. The book is written from the perspective of a practicing specialist, whose career has encompassed working for two major universities, the U.S. Army Medical Corp and, more recently, private medical practice. The author, born and raised in Latin America, has had the opportunity to personally experience all of these changes and the resulting healthcare downgrade, and is able to provide an insider's view of the current state of affairs, together with the only potential solution to a process that continues to threaten the quality of american medicine for generations to come.

Guide to U.S. Health and Health Care Policy

Guide to U.S. Health and Health Care Policy provides the analytical connections showing students how issues and actions are translated into public policies and institutions for resolving or managing health care issues and crises, such as the recent attempt to reform the national health care system. The Guide highlights the decision-making cycle that requires the cooperation of government, business, and an informed citizenry in order to achieve a comprehensive approach to advancing the nation's health care policies. Through 30 topical, operational, and relational essays, the book addresses the development of the U.S. health care system and policies, the federal agencies and public and private organizations that frame and administer those policies, and the challenges of balancing the nation's health care needs with the rising costs of medical research, cost-effective treatment, and adequate health insurance. Key Features: The 30 topical essays investigate the fundamental political, social, economic, and procedural initiatives that drive health and health care policy decisions affecting Americans at the local, regional, and national levels Essential themes traced throughout the chapters include providing access to health care, national and international intervention, nutrition and health, human and financial resource allocation, freedom of religion versus public policy, discrimination and health care policy, universal health care coverage, private health care versus publicly funded health care, and the immediate and long-term costs associated with disease prevention, treatment, and health maintenance A Glossary of Key Health Care Policy Terms and Events, a selected Master Bibliography, and a thorough Index are included. This must-have reference for political science and public policy students who seek to

understand the issues affecting health care policy in the U.S. is suitable for academic, public, high school, government, and professional libraries.

American Health Care

In 1993, Clinton proposed that Americans be entitled to a standard level of healthcare at a standard price. This and similar proposals have all been shunned. This report proposes an analysis of why, in the USA, government control of health care does not work.

Curing The Crisis

With private health insurance costs averaging over \$300 per month, per person-and with 36 million Americans lacking coverage of any sort-it is easy to understand why health care has captured the public imagination as the domestic policy issue of the 1990s. Americans spend well over \$800 billion a year on health care, yet we are neglecting ba

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New Rules

Regulating for Improvement tells the story of regulation in the health care world and outlines how to convert regulation from a meaningless waste of resources into a system that truly can help practitioners provide better care. The authors offer 14 "prescriptions" for changes in specific arenas of regulation.

Market Reforms and Regulation

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.

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

"The Nation has lost sight of its public health goals and has allowed the system of public health to fall into 'disarray,'" from The Future of Public Health. This startling book contains proposals for ensuring that public health service programs are efficient and effective enough to deal not only with the topics of today, but also with those of tomorrow. In addition, the authors make recommendations for core functions in public health assessment, policy development, and service assurances, and identify the level of government—"federal, state, and local"—at which these functions would best be handled.

The Future of Public Health

This comparison of the American health care system with that of five other countries offers a valuable learning experience from which to model our own system. Health of Nations examines the relationships between the political, economic, and cultural influences that shaped each system and discusses how certain aspects of foreign systems might conform more easily than others to U.S. political, economic,

and cultural realities. Graig scrutinizes the organization, financing, and implementation of health care systems in the United States, Canada, Germany, Japan, the United Kingdom, and the Netherlands.

Health of Nations

Many Americans believe that people who lack health insurance somehow get the care they really need. Care Without Coverage examines the real consequences for adults who lack health insurance. The study presents findings in the areas of prevention and screening, cancer, chronic illness, hospital-based care, and general health status. The committee looked at the consequences of being uninsured for people suffering from cancer, diabetes, HIV infection and AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. It focused on the roughly 30 million-one in seven-working-age Americans without health insurance. This group does not include the population over 65 that is covered by Medicare or the nearly 10 million children who are uninsured in this country. The main findings of the report are that working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker and die sooner; and receive poorer care when they are in the hospital, even for acute situations like a motor vehicle crash.

Care Without Coverage

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.

Health-Care Utilization as a Proxy in Disability Determination

"Health care costs too much and too many Americans go without it. While every other advanced industrial nation has virtually universal access to decent, affordable medical care, the United States has been stuck in massive conflict over how to provide this service to its citizens. Guaranteeing access to and controlling the costs of health care are extremely difficult and complex, fraught with risks and uncertainties. But can the nation afford not to address health care reform? Most Americans recognize that something must be done, yet agreeing on a cure for the nation's health care woes has proved to be exceedingly difficult." "Competing Solutions assesses the Clinton administration's proposals and several alternative plans. Joseph White examines the medical care systems of Australia, Canada, France, Germany, Japan, and the United Kingdom, revealing both the variety and the fundamental similarities of these systems. He shows how these countries have organized their financing and delivery of health care to achieve universal access and comparable quality care at much lower costs. He uses their experiences to explore the proper direction for American reform and to identify interesting alternatives."--BOOK JACKET.Title Summary field provided by Blackwell North America, Inc. All Rights Reserved

Competing Solutions

This book examines how regulatory and liability mechanisms have impacted upon product safety decisions in the pharmaceutical and medical devices sectors in Europe, the USA and beyond since the 1950s. Thirty-five case studies illustrate the interplay between the regulatory regimes and litigation. Observations from medical practice have been the overwhelming means of identifying post-marketing safety issues. Drug and device safety decisions have increasingly been taken by public regulators and companies within the framework of the comprehensive regulatory structure that has developed since the 1960s. In general, product liability cases have not identified or defined safety issues, and function merely as compensation mechanisms. This is unsurprising as the thresholds for these two systems differ considerably; regulatory action can be triggered by the possibility that a product might be harmful, whereas establishing liability in litigation requires proving that the product was actually harmful. As litigation normally post-dates regulatory implementation, the 'private enforcement' of public law has generally not occurred in these sectors. This has profound implications for the design of sectoral regulatory and liability regimes, including associated features such as extended liability law, class actions and contingency fees. This book forms a major contribution to the academic debate on the

comparative utility of regulatory and liability systems, on public versus private enforcement, and on mechanisms of behaviour control.

Pharmaceutical and Medical Device Safety

The Oxford Handbook of U.S. Health Law covers the breadth and depth of health law, with contributions from the most eminent scholars in the field. The Handbook paints with broad thematic strokes the major features of American healthcare law and policy, its recent reforms including the Affordable Care Act, its relationship to medical ethics and constitutional principles, how it compares to the experience of other countries, and the legal framework for the patient experience. This Handbook provides valuable content, accessible to readers new to the subject, as well as to those who write, teach, practice, or make policy in health law.

The Oxford Handbook of U.S. Health Law

This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

Improving Healthcare Quality in Europe Characteristics, Effectiveness and Implementation of Different Strategies

Despite the attention to the problem of protecting the health care interests of Americans, there is little consensus on what should be done politically or otherwise to address this problem. In *Protecting American Health Care Consumers* Eleanor DeArman Kinney, a nationally regarded expert on health policy and law, tackles the serious and ongoing debate among state and federal policymakers, health care providers, third-party payers, and consumers about how to provide procedural justice to patients in the present health care climate. To promote and ensure consumer protection in an increasingly adversarial and complicated health-care culture, Kinney first analyzes the procedures by which consumer concerns are presently discerned and resolved and then explains why these systems are unsatisfactory. She also discusses problematic procedures for making coverage policy and quality standards and proposes reforms in a variety of processes that would enable all consumers, including the uninsured, to influence key policies and standards and also to raise concerns and obtain appropriate remedies. As the first comprehensive treatment of administrative procedures in American health plans and other such institutions, *Protecting American Health Care Consumers* will be welcomed by state and federal policymakers, managed care executives, and lawyers charged with designing and implementing protections for consumers in public and private health plans.

Protecting American Health Care Consumers

Every industrial nation in the world guarantees its citizens access to essential health care services--every country, that is, except the United States. In fact, one in eight Americans--a shocking 43 million people--do not have any health care insurance at all. *One Nation, Uninsured* offers a vividly written history of America's failed efforts to address the health care needs of its citizens. Covering the entire twentieth century, Jill Quadagno shows how each attempt to enact national health insurance was met with fierce attacks by powerful stakeholders, who mobilized their considerable resources to keep the financing of health care out of the government's hands. Quadagno describes how at first physicians led the anti-reform coalition, fearful that government entry would mean government control of the lucrative private health care market. Doctors lobbied legislators, influenced elections by giving large campaign contributions to sympathetic candidates, and organized "grassroots" protests, conspiring with other like-minded groups to defeat reform efforts. As the success of Medicare and Medicaid in the mid-century led physicians and the AMA to start scaling back their attacks, the insurance industry began assuming a leading role against reform that continues to this day. *One Nation, Uninsured* offers a sweeping history of the battles over health care. It is an invaluable read for anyone who has a stake in the future of America's health care system.

One Nation, Uninsured

The balance between state and federal health care financing for low-income people has been a matter of considerable debate for the last 40 years. Some argue for a greater federal role, others for more devolution of responsibility to the states. Medicaid, the backbone of the system, has been plagued by an array of problems that have made it unpopular and difficult to use to extend health care coverage. In recent years, waivers have given the states the flexibility to change many features of their Medicaid programs; moreover, the states have considerable flexibility in establishing State Children's Health Insurance Programs. This book examines the record on the changing health safety net. How well have states done in providing acute and long-term care services to low-income populations? How have they responded to financial incentives and federal regulatory requirements? How innovative have they been? Contributing authors include Donald J. Boyd, Randall R. Bovbjerg, Teresa A. Coughlin, Ian Hill, Michael Housman, Robert E. Hurley, Marilyn Moon, Mary Beth Pohl, Jane Tilly, and Stephen Zuckerman.

Federalism and Health Policy

"[This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care," says Robert Pear of The New York Times. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics—from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care. "The report makes a lasting contribution to the health policy literature." —Journal of Health Politics, Policy and Law.

For-Profit Enterprise in Health Care

Managing Medical Devices within a Regulatory Framework helps administrators, designers, manufacturers, clinical engineers, and biomedical support staff to navigate worldwide regulation, carefully consider the parameters for medical equipment patient safety, anticipate problems with equipment, and efficiently manage medical device acquisition budgets throughout the total product life cycle. This contributed book contains perspectives from industry professionals and academics providing a comprehensive look at health technology management (HTM) best practices for medical records management, interoperability between and among devices outside of healthcare, and the dynamics of implementation of new devices. Various chapters advise on how to achieve patient confidentiality compliance for medical devices and their software, discuss legal issues surrounding device use in the hospital environment of care, the impact of device failures on patient safety, methods to advance skillsets for HTM professionals, and resources to assess digital technology. The authors bring forth relevant challenges and demonstrate how management can foster increased clinical and non-clinical collaboration to enhance patient outcomes and the bottom line by translating the regulatory impact on operational requirements.

Health Care Financing Review

The federal government operates six major health care programs that serve nearly 100 million Americans. Collectively, these programs significantly influence how health care is provided by the private sector. Leadership by Example explores how the federal government can leverage its unique position as regulator, purchaser, provider, and research sponsor to improve care - not only in these six programs but also throughout the nation's health care system. The book describes the federal programs and the populations they serve: Medicare (elderly), Medicaid (low income), SCHIP (children), VHA (veterans), TRICARE (individuals in the military and their dependents), and IHS (native Americans). It then examines the steps each program takes to assure and improve safety and quality of care. The Institute of Medicine proposes a national quality enhancement strategy focused on performance measurement of clinical quality and patient perceptions of care. The discussion on which this book focuses includes recommendations for developing and pilot-testing performance measures, creating an information infrastructure for comparing performance and disseminating results, and more. Leadership by Example also includes a proposed research agenda to support quality enhancement. The third in the series of books from the Quality of Health Care in America project, this well-targeted volume will be important to all readers of To Err Is Human and Crossing the Quality Chasm - as well as new readers interested in the federal government's role in health care.

Managing Medical Devices within a Regulatory Framework

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).

Leadership by Example

Why is the American health care system so fragmented in the care it gives patients? This title approaches this question and more with a highly interdisciplinary approach. The articles included in the work address legal and regulatory issues, including laws that mandate separate payments for each provider.

Price Setting and Price Regulation in Health Care

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). This brief guide explains Section 1557 in more detail and what your practice needs to do to meet the requirements of this federal law. Includes sample notices of nondiscrimination, as well as taglines translated for the top 15 languages by state.

The Fragmentation of U.S. Health Care

Based on careful analysis of burden of disease and the costs of interventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progress toward providing efficient, equitable care; promotes cost-effective interventions to targeted populations; and encourages integrated efforts to optimize health. Nearly 500 experts - scientists, epidemiologists, health economists, academicians, and public health practitioners - from around the world contributed to the data sources and methodologies, and identified challenges and priorities, resulting in this integrated, comprehensive reference volume on the state of health in developing countries.

Section 1557 of the Affordable Care Act

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.

Disease Control Priorities in Developing Countries

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.

Crossing the Global Quality Chasm

v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

The Affordable Care Act

A citizen's guide to America's most debated policy-in-waiting After 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 the informed American.

Advances in Patient Safety

Breakthroughs in biomedicine often lead to new life-giving treatments but may also raise troubling, even life-and-death, quandaries. Society's Choices discusses ways for people to handle today's bioethics issues in the context of America's unique history and culture—and from the perspectives of various interest groups. The book explores how Americans have grappled with specific aspects of bioethics through commission deliberations, programs by organizations, and other mechanisms and identifies criteria for evaluating the outcomes of these efforts. The committee offers recommendations on the role of government and professional societies, the function of commissions and institutional review boards, and bioethics in health professional education and research. The volume includes a series of 12 superb background papers on public moral discourse, mechanisms for handling social and ethical dilemmas, and other specific areas of controversy by well-known experts Ronald Bayer, Martin Benjamin, Dan W. Brock, Baruch A. Brody, H. Alta Charo, Lawrence Gostin, Bradford H. Gray, Kathi E. Hanna, Elizabeth Heitman, Thomas Nagel, Steven Shapin, and Charles M. Swezey.

Medicare for All

Society's Choices