

Health Economics Jeremiah Hurley

Discussing international issues of health care financing, this is the first volume in a completely new public health book series, edited by the Institute of Health Economics (IHE) in Edmonton, Canada. Starting with various funding methods, the reference also features sections on different health care payment and purchasing mechanisms, as well as equity issues. Of interest to medical and allied health professionals, and those working in health care industries, insurance, and economics.

Democratic government is about making choices. Sometimes those choices involve the distribution of benefits. At other times they involve the imposition of some type of loss—a program cut, increased taxes, or new regulatory standards. Citizens will resist such impositions if they can, or will try to punish governments at election time. The dynamics of loss imposition are therefore a universal—if unpleasant—element of democratic governance. The *Government Taketh Away* examines the repercussions of unpopular government decisions in Canada and the United States, the two great democratic nations of North America. Pal, Weaver, and their contributors compare the capacities of the U.S. presidential system and the Canadian Westminster system to impose different types of losses: symbolic losses (gun control and abortion), geographically concentrated losses (military base closings and nuclear waste disposal), geographically dispersed losses (cuts to pensions and to health care), and losses imposed on business (telecommunications deregulation and tobacco control). Theory holds that Westminster-style systems should, all things being equal, have a comparative advantage in loss imposition because they concentrate power and authority, though this can make it easier to pin blame on politicians too. The empirical findings of the cases in this book paint a more complex picture. Westminster systems do appear to have some robust abilities to impose losses, and US institutions provide more opportunities for loss-avoiders to resist government policy in some sectors. But in most sectors, outcomes in the two countries are strikingly similar. The *Government Taketh Away* is essential for the scholar and students of public policy or comparative policy. It is also an important book for the average citizen who wants to know more about the complexities of living in a democratic society where the government can give—but how it can also, sometimes painfully, "taketh away."

Health Economics

Decentralization is an emerging theme within the health sector. It is suggested by many advocates that providing greater authority to local decision-making bodies can improve both the technical and allocative efficiency with which health care systems operate. In this paper we focus on the informational problems that must be overcome to allocate resources efficiently and analyze the potential for decentralized planning and management structures to do so. We conclude that while decentralized structures offer the potential for improved technical and allocative efficiency, there are a number of significant obstacles that must be overcome, particularly those relating to the design of decision-making structures that are capable of integrating expert knowledge and information on values and preferences. Health-related external benefits are of potentially large importance for public policy. This paper investigates health-related external benefits using a stated-preference discrete-choice experiment framed in a health care context and including choice scenarios defined by six attributes related to a recipient and the recipient's condition: communicability, severity, medical necessity, relationship to respondent, location, and contribution requested. Subjects also completed a set of own-treatment scenarios and a values-orientation instrument. We find evidence of substantial health-related external benefits that vary as expected with the scenario attributes and subjects' value orientations. The results are consistent with a number of hypotheses offered by the general theoretical analysis of health-related externalities and the analysis of externalities specific to health care.

Health Economics combines current economic theory, recent research, and health policy problems into a comprehensive overview of the field. This thorough update of a classic and widely used text follows author Charles E. Phelps' thirteen years of service as Provost of the University of Rochester. Accessible and intuitive, early chapters use recent empirical studies to develop essential methodological foundations. Later chapters build on these core concepts to focus on key policy areas, such as the structure and effects of Medicare reform, insurance plans, and new technologies in the health care community. This edition contains revised and updated data tables and contains information throughout the text on the latest changes that were made to the Patient Protection and Affordable Care Act (PPACA).

Hurley, Health Economics, First Edition, is unique in its focus and will provide the market with the only available Canadian book of its kind to date. The text is written with no economics prerequisites, reviewing each of the appropriate economic models as it is required. The text places strong emphasis on policy issues relating to public and private health care. The purpose of this text is to make sense of the health sector, to be able to critically analyze, from an economic perspective, commonly debated health issues in modern societies. Its strong policy orientation emphasizes the application of economic concepts and methods to analyze policy problems in the health sector. Because health economics is an applied field, one must have some understanding of how the health system works. Consequently, although it draws examples from countries around the world, it emphasizes the design and institutional features of the Canadian health system. In this respect, it fills an important gap in the resources available to Canadian students and professors. Author Jeremiah E. Hurley, is very well known, both in Canada and internationally. In 1999 he led a team that produced a special program for the World Bank Institute, Washington D.C. Thousands of individuals from around the world have followed this evidence-based and case-oriented program either at Washington offices or at regional partnerships around the globe. Jeremiah Hurley is also a contributor to the prestigious Handbook of Health Economics edited by Culyer and Newhouse.

A collection of comparative case studies analysing the history, politics and performance of private health insurance globally and its implications for universal health coverage. This is essential reading for graduate students, scholars and policy makers working on health systems financing worldwide.

For courses in Health Economics, U.S. Health Policy/Systems, or Public Health, taken by health services students or practitioners, the text makes economic concepts the backbone of its health care coverage. Folland, Goodman and Stano's book is the bestselling Health Care Economics text that teaches through core economic themes, rather than concepts unique to the health care economy. This edition contains revised and updated data tables, where applicable. The advent of the Patient Protection and Affordable Care Act (PPACA) in 2010 has also led to

changes in many chapters , most notably in the organization and focus of Chapter 16.

The Handbook of Health Economics provide an up-to-date survey of the burgeoning literature in health economics. As a relatively recent subdiscipline of economics, health economics has been remarkably successful. It has made or stimulated numerous contributions to various areas of the main discipline: the theory of human capital; the economics of insurance; principal-agent theory; asymmetric information; econometrics; the theory of incomplete markets; and the foundations of welfare economics, among others. Perhaps it has had an even greater effect outside the field of economics, introducing terms such as opportunity cost, elasticity, the margin, and the production function into medical parlance. Indeed, health economists are likely to be as heavily cited in the clinical as in the economics literature. Partly because of the large share of public resources that health care commands in almost every developed country, health policy is often a contentious and visible issue; elections have sometimes turned on issues of health policy. Showing the versatility of economic theory, health economics and health economists have usually been part of policy debates, despite the vast differences in medical care institutions across countries. The publication of the first Handbook of Health Economics marks another step in the evolution of health economics.

What is a just way of spending public resources for health and health care? Several significant answers to this question are under debate. Public spending could aim to promote greater equality in health, for example, or maximize the health of the population, or provide the worst off with the best possible health. Another approach is to aim for each person to have "enough" so that her health or access to health care does not fall under a critical level. This latter approach is called sufficientarian. Sufficientarian approaches to distributive justice are intuitively appealing, but require further analysis and assessment. What exactly is sufficiency? Why do we need it? What does it imply for the just distribution of health or healthcare? This volume offers fresh perspectives on these critical questions. Philosophers, bioethicists, health policy-makers, and health economists investigate sufficiency and its application to health and health care in fifteen original contributions.

Social justice has always been a core value driving public health. Today, much of the etiology of avoidable disease is rooted in inequitable social conditions brought on by disparities in wealth and power and reproduced through ongoing forms of oppression, exploitation, and marginalization. Tackling Health Inequities Through Public Practice raises questions and provides a starting point for health practitioners ready to reorient public health practice to address the fundamental causes of health inequities. This reorientation involves restructuring the organization, culture and daily work of public health. Tackling Health Inequities is meant to inspire readers to imagine or envision public health practice and their role in ways that question contemporary thinking and assumptions, as emerging trends, social conditions, and policies generate increasing inequities in health.

[Copyright: 6c414b017b9f5beb793031dfcfe72872](https://www.industrydocuments.ucsf.edu/docs/6c414b017b9f5beb793031dfcfe72872)