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# Read Free Best Care Anywhere Why Va Health Care Would Work Better For Everyone Bk Currents Book

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## KEY=BOOK - KARLEE KIM

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### BEST CARE ANYWHERE

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#### WHY VA HEALTH CARE WOULD WORK BETTER FOR EVERYONE

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*Berrett-Koehler Publishers NEW EDITION, REVISED AND UPDATED A Model for Health-Care Reform Phillip Longman tells the amazing story of the turnaround of the Department of Veterans Affairs health-care system from a dysfunctional, scandal-prone bureaucracy into the benchmark for high-quality medicine in the United States. Best Care Anywhere shows that vast swaths of what we think we know about health, health care, and medical economics are just plain wrong. And the book demonstrates how this extraordinarily cost-effective model, which has proven to be highly popular with veterans, can be made available to everyone. New to this edition is an analysis of how the shortcomings of both so-called Obamacare and Republican plans to privatize Medicare reinforce the need for applying the lessons of the VA. Also included are completely updated statistics and research, as well as examples of how the private sector is already beginning to learn from the VA's example. "This important book describes the turnaround of the VA health-care system—now widely recognized as leading the nation in terms of both quality and costs—and offers insights that will be useful to patients and policymakers alike." —Elliot S. Fisher, MD, Professor of Medicine and Professor of Community and Family Medicine, Dartmouth Medical School "The improvement of the VA health-care system in the past decade is one of the most impressive stories of large-scale change—and the leadership thereof—in modern times. Students of quality improvement will find lesson after lesson in this important case study." —Donald Berwick, MD, MPP, Professor, Harvard Medical School and Harvard School of Public Health, and former administrator of the Centers for Medicare and Medicaid Services "Phillip Longman has uncovered the biggest untold medical story of the last decade." —Paul Glasris, Editor in Chief, Washington Monthly "Longman's book is a beacon of hope." —Theodore Marmor, Professor Emeritus of Public Policy and Management and Professor Emeritus of Political Science, Yale University*

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### BEST CARE ANYWHERE

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#### WHY VA HEALTH CARE IS BETTER THAN YOURS

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*Polipoint Press Draws on the examples of the Veterans Health Administration to present a model for socialized medicine in America, explaining how its system is setting standards for best practices and cost reduction that significantly outperform the private sector. Original. \$25,000 ad/promo.*

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### BEST CARE ANYWHERE

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#### WHY VA HEALTH CARE IS BETTER THAN YOURS

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*Berrett-Koehler Publishers Phil Longman, an award-winning journalist and senior fellow at the New America Foundation, tells the compelling story of how the Veterans Administration, once notorious for dangerous, dirty and scandal-ridden hospitals, transformed itself into what is demonstrably the highest quality health care system in America. By making extensive use of electronic medical records and evidence-based medicine the VA has developed a model of 21st century health care that boosts safety, cost effectiveness, and patient satisfaction, and provides deep lessons for overhauling the U.S. health care system. Drawing on real world examples and the latest scientific research, Best Care Anywhere—now in its second edition—is particularly with the passage of health care reform in America, offering readers powerful new ways of thinking about health care. "Among the most important social policy books published in the last decade." —Ezra Klein, The Washington Post*

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### BEST CARE EVERYWHERE

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*United States Department of Veterans Affairs Best Care Everywhere provides a path to the standardization of best practices that have been developed by the front line of US Department of Veterans Affairs' personnel, serving the U.S. veterans population to improve the quality of healthcare and delivery experience from any of the current 1,700 VA healthcare facilities. This book contains numerous successful stories and innovations that will hopefully build trust in the ill, injured, and aging American veteran. America's veterans, their spouses and families, VA personnel, private and public medical community may be interested in this cutting-edge resource. Additionally, business developers, leaders, and students pursuing coursework in business development may be interested in these innovations that are being developed within an organization to make major strides in the health care populations that they serve. Related collections: Organizational Behavior & Process*

*Improvement: <https://bookstore.gpo.gov/catalog/organizational-behavior-process-improvement> Veterans Benefits and Health*

Issues: <https://bookstore.gpo.gov/catalog/veterans-benefits-health-issues> Mental Health collection Healthcare Teamwork & Patient Safety resources collection Out of the Crucible: How the US Military Transformed Combat Casualty Care in Iraq and Afghanistan Other products produced by the U.S. Department of Veterans Affairs

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### **BEST CARE ANYWHERE, 3RD EDITION**

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Phillip Longman tells the amazing story of the turnaround of the Department of Veterans Affairs health-care system from a dysfunctional, scandal-prone bureaucracy into the benchmark for high-quality medicine in the United States. *Best Care Anywhere* shows that vast swaths of what we think we know about health, health care, and medical economics are just plain wrong. And the book demonstrates how this extraordinarily cost-effective model, which has proven to be highly popular with veterans, can be made available to everyone. New to this edition is an analysis of how the shortcomings of both so-called Obamacare and Republican plans to privatize Medicare reinforce the need for applying the lessons of the VA. Also included are completely updated statistics and research, as well as examples of how the private sector is already beginning to learn from the VA's example.

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### **WOUNDS OF WAR**

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#### **HOW THE VA DELIVERS HEALTH, HEALING, AND HOPE TO THE NATION'S VETERANS**

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Cornell University Press US military conflicts abroad have left nine million Americans dependent on the Veterans Health Administration (VHA) for medical care. Their "wounds of war" are treated by the largest hospital system in the country—one that has come under fire from critics in the White House, on Capitol Hill, and in the nation's media. The resulting public debate about the future of veterans' health care has pitted VHA patients and their care-givers against politicians and policy-makers who believe that former military personnel would be better served by private health care providers. This high stakes controversy led Suzanne Gordon, award-winning health care journalist and author, to seek insight from veterans and their families, VHA staff and administrators, advocates for veterans, and proponents of privatization. Gordon spent five years closely observing the VHA's treatment of patients suffering from service related injuries, physical and mental. In *Wounds of War*, Gordon describes how the VHA—tasked with a challenging patient population—does a better job than private sector institutions offering primary and geriatric care, mental health and home care services, and support for patients nearing the end of life. The VHA, Gordon argues, is an integrated health care system worthy of wider emulation, rather than piece-meal dismantling for the benefit of private contractors. In the unusual culture of solidarity between patients and providers that the VHA has fostered, the author finds a working model for higher quality health care and a much-needed alternative to the practice of for-profit medicine.

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### **THE BATTLE FOR VETERANS' HEALTHCARE**

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#### **DISPATCHES FROM THE FRONT LINES OF POLICY MAKING AND PATIENT CARE**

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Cornell University Press In *The Battle for Veterans' Healthcare*, award-winning author Suzanne Gordon takes us to the front lines of federal policymaking and healthcare delivery, as it affects eight million Americans whose military service makes them eligible for Veterans Health Administration (VHA) coverage. Gordon's collected dispatches provide insight and information too often missing from mainstream media reporting on the VHA and from Capitol Hill debates about its future. Drawing on interviews with veterans and their families, VHA staff and administrators, health care policy experts and Congressional decision makers, Gordon describes a federal agency under siege that nevertheless accomplishes its difficult mission of serving men and women injured, in myriad ways, while on active duty. *The Battle for Veterans' Healthcare* is an essential primer on VHA care and a call to action by veterans, their advocacy organizations, and political allies. Without lobbying efforts and broader public understanding of what's at stake, a system now functioning far better than most private hospital systems may end up looking more like them, to the detriment of patients and providers alike.

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### **BEST CARE ANYWHERE, 2ND EDITION**

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Phil Longman, an award-winning journalist and senior fellow at the New America Foundation, tells the compelling story of how the Veterans Administration, once notorious for dangerous, dirty and scandal-ridden hospitals, transformed itself into what is demonstrably the highest quality health care system in America. By making extensive use of electronic medical records and evidence-based medicine the VA has developed a model of 21st century health care that boosts safety, cost effectiveness, and patient satisfaction, and provides deep lessons for overhauling the U.S. health care system. Drawing on real world examples and the latest scientific research, *Best Care Anywhere*—now in its second edition—is particularly with the passage of health care reform in America, offering readers powerful new ways of thinking about health care. "Among the most important social policy books published in the last decade." -Ezra Klein, *The Washington Post*.

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### **FAILURE MASQUERADING AS SUCCESS**

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#### **THE VETERANS HEALTHCARE SYSTEM: A MICROCOSM OF THE CURRENT FEDERAL GOVERNMENT**

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AuthorHouse President Lincoln in 1865 said: To care for him who shall have borne the battle and for his widow and his orphan. This quote was later adapted as the VAs motto. General Omar N Bradleys VA Mission Statement We are dealing with veterans, not procedures- with their problems, not ours has been quoted repeatedly during the seventy five years since. In 1982 President Reagan approved \$55.6 million in financial aid to Meharry Medical College. An acute care facility was established at Murfreesboro VA for training Meharry students. Bob Stump [Rep, Arizona], the chairman of the House Committee on Veterans Affairs, recently heard that, in some VAs, incompetent managers are not fired on the spot, but instead, reassigned or transferred. The fix was the immediate removal of Konik as the failed director at the Salisbury VA and recycling him as our new director in the summer of 1996. . On Tuesday April 14th, 1998, an E-Mail was disseminated with following quotation: Weak leadership at the York VA Medical Center has prompted changes in

the hospitals administration staff, with hospital Director Gene Konik reportedly asking for reassignment, VA officials said. Mr. Dandridge began to initiate his long-term plan for integrating Murfreesboro and Nashville VA. One of his famous quotations was: Practice, practice makes perfect. Another of his public quotations was: Having the Nashville VA surgical residents perform the surgery would provide world-class surgery to the area veterans. . In the last five years, York has seen four different directors. Gordons office has been bombarded with complaints from ailing veterans and their families about lack luster care. Those who've died as a result of the administrative and service changes cant complain anymore. Current York VA Director David Pennington has never spoken to the press about anything, but did send a memo to the medical staff warning them to get online or get out! Our last crop of veterans is dying because of VA medical mismanagement, and our next batch is being loaded onto airplanes to fly back to an uncertain future. Mr. Sullivan, a gulf War I vet and VA project manager stated: This administration is so absolutely corrupt, incompetent and malevolent; it pales anything that came before it. Why is our economy tanking? The war, the war, the war.

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## **MISSION BETRAYED**

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### **HOW THE VA REALLY FAILS AMERICA'S VETS**

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Encore Press Veterans are among our greatest heroes. After willingly putting their lives on the line, they have been promised access to at least the same quality healthcare of most Americans. The US Department of Veterans Affairs is charged with fulfilling that promise. What happens when a government agency intended to look after its country's former soldiers is rife with dysfunction and indifference? In *Mission Betrayed*, author, surgeon, and former VA doctor Michael J. Mann unabashedly documents the realities of the current Veterans Health Administration. Even worse than inexcusably long wait times are the deceptive statistics that allow VA administrators to conceal mediocrity, abuse and neglect, and that instigate the denial of life-saving surgery to sick veterans. Drawing on both personal experience and real-life stories of vets who have been harmed, at times to the point of death, by the agency meant to protect them, *Mission Betrayed* sheds light on a broken system like nothing before it.

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## **THE ROLE OF TELEHEALTH IN AN EVOLVING HEALTH CARE ENVIRONMENT**

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### **WORKSHOP SUMMARY**

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National Academies Press In 1996, the Institute of Medicine (IOM) released its report *Telemedicine: A Guide to Assessing Telecommunications for Health Care*. In that report, the IOM Committee on Evaluating Clinical Applications of Telemedicine found telemedicine is similar in most respects to other technologies for which better evidence of effectiveness is also being demanded. Telemedicine, however, has some special characteristics-shared with information technologies generally-that warrant particular notice from evaluators and decision makers. Since that time, attention to telehealth has continued to grow in both the public and private sectors. Peer-reviewed journals and professional societies are devoted to telehealth, the federal government provides grant funding to promote the use of telehealth, and the private technology industry continues to develop new applications for telehealth. However, barriers remain to the use of telehealth modalities, including issues related to reimbursement, licensure, workforce, and costs. Also, some areas of telehealth have developed a stronger evidence base than others. The Health Resources and Service Administration (HRSA) sponsored the IOM in holding a workshop in Washington, DC, on August 8-9 2012, to examine how the use of telehealth technology can fit into the U.S. health care system. HRSA asked the IOM to focus on the potential for telehealth to serve geographically isolated individuals and extend the reach of scarce resources while also emphasizing the quality and value in the delivery of health care services. This workshop summary discusses the evolution of telehealth since 1996, including the increasing role of the private sector, policies that have promoted or delayed the use of telehealth, and consumer acceptance of telehealth. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary* discusses the current evidence base for telehealth, including available data and gaps in data; discuss how technological developments, including mobile telehealth, electronic intensive care units, remote monitoring, social networking, and wearable devices, in conjunction with the push for electronic health records, is changing the delivery of health care in rural and urban environments. This report also summarizes actions that the U.S. Department of Health and Human Services (HHS) can undertake to further the use of telehealth to improve health care outcomes while controlling costs in the current health care environment.

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## **PEACE AT LAST**

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### **STORIES OF HOPE AND HEALING FOR VETERANS AND THEIR FAMILIES**

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Vandmere Press For her two-plus decades as a hospice nurse at the Department of Veterans Affairs, Deborah Grassman has often heard the comment, Isn't your work depressing? Like many others, she had begun her hospice career with that same prejudice. She feared death itself, and because of that fear, she was unaware that she could find peace, joy, and fulfillment in caring for people at the end of their lives. She had no special training in caring for veterans, and she had no reason to think that veterans needs were any different from nonveterans. With time and experience, however, she began to realize that these veterans had experiences and training that made them different from other hospice patients. Likewise she began to understand that she could learn lessons about peace from people who were trained for war; that warriors often have wisdom that, paradoxically, shows us how to live in peace with each other and within ourselves. In *Peace at Last*, Deborah Grassman takes the reader on a journey of understanding and growth. While caring for thousands of veterans in a hospice setting over a 25-year career in a VA hospital, she gathered the veterans stories of pain and redemption, personal awakening, and peace. Then she crafted these stories into an unforgettable book. Designed to help caregivers, family members, and veterans themselves understand the impact of war and military culture on lives and emotions, *Peace at Last* contains veterans stories, hospice experiences, and a series of appendices providing sample materials that can assist with healing.

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## **THE FUTURE OF NURSING**

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### **LEADING CHANGE, ADVANCING HEALTH**

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*National Academies Press* *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.

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### **IT SHOULDN'T BE THIS HARD TO SERVE YOUR COUNTRY**

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### **OUR BROKEN GOVERNMENT AND THE PLIGHT OF VETERANS**

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The former VA secretary describes his fight to save health care from politics and money-and how it was ultimately derailed by a small group of unelected officials with influence in the Trump White House. Known in health care circles for his ability to fix ailing hospitals, Dr. David Shulkin was originally brought into government by President Obama, in an attempt to save the broken Department of Veterans Affairs. When President Trump made him VA secretary, Dr. Shulkin was as shocked as anyone. Yet this surprise was trivial compared to what Shulkin encountered as the VA secretary: a team of political appointees devoted to stopping anyone-including the secretary himself-who stood in the way of privatizing the organization and implementing their agenda. In this uninhibited memoir, Shulkin opens up about why the government has long struggled to get good medical care to military veterans and the plan he had for how to address these problems. This is a book about the commitment we make to the people who risk their lives for our country, how and why we've failed to honor it, and why the new administration may be taking us in the wrong direction.

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### **HOWARD DEAN'S PRESCRIPTION FOR REAL HEALTHCARE REFORM**

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### **HOW WE CAN ACHIEVE AFFORDABLE MEDICAL CARE FOR EVERY AMERICAN AND MAKE OUR JOBS SAFER**

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*Chelsea Green Publishing* Examines the current healthcare crisis in the United States and sets forth changes that will reduce spending, eliminate waste, and provide affordable coverage to all Americans.

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### **THE EMPTY CRADLE**

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### **HOW FALLING BIRTHRATES THREATEN WORLD PROSPERITY AND WHAT TO DO ABOUT IT**

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A senior fellow at the New America Foundation makes the controversial argument that low fertility rates and global aging threaten the global economy and make the industrialized nations of the West vulnerable to fundamentalism. 30,000 first printing.

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### **SAFE MANAGEMENT OF WASTES FROM HEALTH-CARE ACTIVITIES**

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*World Health Organization*

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### **HOMELESSNESS, HEALTH, AND HUMAN NEEDS**

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*National Academies Press* There have always been homeless people in the United States, but their plight has only recently stirred widespread public reaction and concern. Part of this new recognition stems from the problem's prevalence: the number of homeless individuals, while hard to pin down exactly, is rising. In light of this, Congress asked the Institute of Medicine to find out whether existing health care programs were ignoring the homeless or delivering care to them inefficiently. This book is the report prepared by a committee of experts who examined these problems through visits to city slums and impoverished rural areas, and through an analysis of papers written by leading scholars in the field.

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### **LISTENING FOR WHAT MATTERS**

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### **AVOIDING CONTEXTUAL ERRORS IN HEALTH CARE**

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*Oxford University Press* Effective health care requires physicians tailor care to patients' individual life contexts, including their financial situation, social support, competing responsibilities, and cognitive abilities. Physicians, however, are poorly prepared to consider patients' lives when planning their care. The result is measurably harmful to individuals and costly to society. *Listening for What Matters: Avoiding Contextual Errors in Health Care* covers ten years of empirical research based on hundreds of recorded doctor visits by patients and undercover actors alike, which revealed a widespread disregard of patients' individual circumstances and needs resulting in inappropriate care. These medical errors have been largely undocumented and unaddressed by the American healthcare system. This book tells the stories of patients whose care was compromised by inattention to individual context, and introduces novel methods for assessing the magnitude of the problem. It describes how these errors, termed "contextual errors," can be minimized through changes in how doctors are trained, how medicine is practiced and quality measured, and in the ways patients assert their needs during visits. The aim of this book is to open a dialog between patients, physicians, policy makers, and medical educators,

about a serious quality problem that has been overlooked and understudied.

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## **THE LEARNING HEALTHCARE SYSTEM**

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### **WORKSHOP SUMMARY**

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*National Academies Press* As our nation enters a new era of medical science that offers the real prospect of personalized health care, we will be confronted by an increasingly complex array of health care options and decisions. The Learning Healthcare System considers how health care is structured to develop and to apply evidence-from health profession training and infrastructure development to advances in research methodology, patient engagement, payment schemes, and measurement-and highlights opportunities for the creation of a sustainable learning health care system that gets the right care to people when they need it and then captures the results for improvement. This book will be of primary interest to hospital and insurance industry administrators, health care providers, those who train and educate health workers, researchers, and policymakers. The Learning Healthcare System is the first in a series that will focus on issues important to improving the development and application of evidence in health care decision making. The Roundtable on Evidence-Based Medicine serves as a neutral venue for cooperative work among key stakeholders on several dimensions: to help transform the availability and use of the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and, ultimately, to ensure innovation, quality, safety, and value in health care.

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### **AGENT ORANGE REVIEW**

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### **NEPHROLOGY SECRETS**

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*Elsevier Health Sciences Nephrology Secrets, 3rd Edition, by Drs. Edgar V. Lerma and Allen R. Nissenson, gives you the nephrology answers you need to succeed on your rotations and boards.. Its unique, highly practical question-and-answer format, list of the "Top 100 Nephrology Secrets," and user-friendly format make it perfect for quick reference. Get the most return for your study time with the proven Secrets® format -- concise, easy to read, and highly effective. Skim the "Top 100 Secrets" and "Key Points" boxes for a fast overview of the secrets you must know for success on the boards and in practice. Enjoy faster, easier review and master the top issues in nephrology with mnemonics, lists, quick-reference tables, and an informal tone that sets this review book apart from the rest. Carry it with you in your lab coat pocket for quick reference or review anytime, anywhere. Handle each clinical situation with confidence with chapters completely updated to reflect the latest information. Find the answers you need faster thanks to a new, more streamlined and problem-based organization. Get the high-yield answers you need to address top nephrology questions*

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### **LEAN HEALTHCARE SYSTEMS ENGINEERING FOR CLINICAL ENVIRONMENTS**

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### **A STEP-BY-STEP PROCESS FOR MANAGING WORKFLOW AND CARE IMPROVEMENT PROJECTS**

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*Productivity Press* It has been almost 20 years since the Institute of Medicine released the seminal report titled, *Crossing the Quality Chasm*. In it, the IoM identified six domains of care quality (safe, timely, effective, efficient, equitable, and patient-centric) and noted a huge gap between the current state and the desired state. Although this report received a great deal of attention, sadly there has been little progress in these areas. In the U.S., healthcare still has huge disparities, is inefficient, and is fragmented with delays in care that are often unsafe. Most U.S. citizens are expected to suffer from a diagnostic error sometime during their lifetime, not receive a large fraction of recommended care, and pay for one of the most expensive systems in the world. Much has been written about quality improvement over the years but many prominent quality and safety experts. Yet progress has been slow. Some have called on the healthcare professions to look outside of healthcare to other industries using examples in nuclear power and airlines for safety, the hotel and entertainment industry for a 'customer' focus, and the automotive industry, particularly Toyota for efficiency (Lean). This book by Dr. Oppenheim on lean healthcare systems engineering (LHSE) is a fresh approach that brings forth concepts that systems engineers have used in huge national defense projects. What's unique in this book is that these powerful system engineering tools are modified to be able to address smaller sized healthcare problems that still involve similar problems in fragmentation and poor communication and coordination. This book is an invaluable reference for a new powerful process named Lean Healthcare Systems Engineering (LHSE) for managing workflow and care improvement projects in all clinical environments. The book applies to ambulatory clinics and hospitals of all types including operating rooms, emergency departments, and ancillary departments, clinical and imaging laboratories, pharmacies, and population health. The book presents a generic rigorous but not mathematical step-by-step process of integrated healthcare, systems engineering and Lean. The book also contains the first major product created with the LHSE process, namely tabularized summaries of representative projects in healthcare delivery applications, called Lean Enablers for Healthcare Projects. Each full-page enabler table lists the challenges and wastes, powerful improvement goals, risks, and expected benefits, and some useful descriptions of the healthcare system of interest. The book provides user-friendly solutions to major problems in healthcare delivery operations in all clinical environments, addressing fragmentation, wastes, wrong incentives, ad-hoc and stove-piped management, lack of optimized processes, hierarchy gradient, lack of systems thinking, "blaming and shaming culture", burnout of providers and many others.

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### **PRICED OUT**

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*Princeton University Press* "From a giant of health care policy, an engaging and enlightening account of why American health care is so expensive -- and why it doesn't have to be. Uwe Reinhardt was a towering figure and moral conscience of health care policy in the United States and beyond. Famously bipartisan, he advised presidents and Congress on health reform and originated central features of the Affordable Care Act. In *Priced Out*, Reinhardt offers an engaging and enlightening account of today's U.S. health care system, explaining why it costs so much more and delivers so much less than the systems of every other advanced country, why this situation is morally indefensible, and how we might improve it. The problem, Reinhardt says, is not one of economics but of social ethics. There

is no American political consensus on a fundamental question other countries settled long ago: to what extent should we be our brothers' and sisters' keepers when it comes to health care? Drawing on the best evidence, he guides readers through the chaotic, secretive, and inefficient way America finances health care, and he offers a penetrating ethical analysis of recent reform proposals. At this point, he argues, the United States appears to have three stark choices: the government can make the rich help pay for the health care of the poor, ration care by income, or control costs. Reinhardt proposes an alternative path: that by age 26 all Americans must choose either to join an insurance arrangement with community-rated premiums, or take a chance on being uninsured or relying on a health insurance market that charges premiums based on health status. An incisive look at the American health care system, *Priced Out* dispels the confusion, ignorance, myths, and misinformation that hinder effective reform." --

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## **OECD HEALTH POLICY STUDIES WAITING TIMES FOR HEALTH SERVICES NEXT IN LINE**

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### **NEXT IN LINE**

OECD Publishing The report reviews a range of policies that countries have used to tackle waiting times for different services, including elective surgery and primary care consultations, but also cancer care and mental health services, with a focus on identifying the most successful ones.

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### **BEST CARE ANYWHERE**

Updated to reflect recent developments in health care, *Best Care Anywhere, Second Edition*, explains how the quality revolution at the nation's veterans hospitals can help us reform the U.S. health care system as a whole. The book also offers a realistic plan for creating a civilian version of the VA—a truly public option offering high-quality health care and substantial cost savings.

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### **PATIENT SAFETY AND QUALITY**

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### **AN EVIDENCE-BASED HANDBOOK FOR NURSES**

"Nurses play a vital role in improving the safety and quality of patient care -- not only in the hospital or ambulatory treatment facility, but also of community-based care and the care performed by family members. Nurses need to know what proven techniques and interventions they can use to enhance patient outcomes. To address this need, the Agency for Healthcare Research and Quality (AHRQ), with additional funding from the Robert Wood Johnson Foundation, has prepared this comprehensive, 1,400-page, handbook for nurses on patient safety and quality -- *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. (AHRQ Publication No. 08-0043)." --Online AHRQ blurb, <http://www.ahrq.gov/qual/nursesfdbk>.

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### **OVER OUR HEADS**

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### **AN ANALOGY ON HEALTHCARE, GOOD INTENTIONS AND UNFORSEEN CONSEQUENCES**

*Fire Starter Pub Over Our Heads*, a new book by Rulon Stacey, points to good intentions and government interference. Costs continue to soar, and Americans already crippled by a sluggish economy struggle to pay escalating insurance premiums. Politicians, entertainers, and other public figures regularly demonize healthcare professionals as the ones who created this situation through either greed or mismanagement. Meanwhile, it seems as though government "solutions" just make things worse, and the problems keep piling up. This book will be welcomed by healthcare professionals searching for a way to tell their story, political reformers building a case for change, students seeking a defined case study on the healthcare cost crisis, and citizens seeking insights on how we got so far in "over our heads"—and where we're likely to end up.

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### **RETOOLING FOR AN AGING AMERICA**

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### **BUILDING THE HEALTH CARE WORKFORCE**

National Academies Press As the first of the nation's 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce that is too small and woefully unprepared to meet their specific health needs. *Retooling for an Aging America* calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aides. Educators and health professional groups can use *Retooling for an Aging America* to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

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### **ETHICS CONSULTATION**

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### **FROM THEORY TO PRACTICE**

JHU Press In the clinical setting, questions of medical ethics raise a host of perplexing problems, often complicated by conflicting perspectives and the need to make immediate decisions. In this volume, bioethicists and physicians provide a nuanced, in-depth approach to the difficult issues involved in bioethics consultation. Addressing the needs of researchers, clinicians, and other health professionals on the front lines of bioethics practice, the contributors focus primarily on practical concerns—whether ethics consultation is best done by individuals, teams, or committees; how an ethics consult service should be structured; the need for institutional support; and techniques and programs for educating and training staff—without neglecting more theoretical considerations, such as the importance of character or the viability of organizational ethics.

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## MANAGED CARE

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### WHAT IT IS AND HOW IT WORKS

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*Jones & Bartlett Learning* The origins of managed health care -- Types of managed care organizations and integrated health care delivery systems -- Network management and reimbursement -- Management of medical utilization and quality -- Internal operations -- Medicare and Medicaid -- Regulation and accreditation in managed care.

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## OECD HEALTH POLICY STUDIES REALISING THE POTENTIAL OF PRIMARY HEALTH CARE

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*OECD Publishing* This report examines primary health care across OECD countries before the COVID-19 pandemic, and draws attention to how primary health care is not living up to its full potential. Doing things differently - through new models of organising services, better co-ordination among providers, better use of digital technology, and better use of resources and incentives - helps to improve care, reduce the need for hospitalisations, and mitigate health inequalities.

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## ADDRESSING ADVERSITY

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### PRIORITISING ADVERSITY AND TRAUMA-INFORMED CARE FOR CHILDREN AND YOUNG PEOPLE IN ENGLAND.

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*YoungMinds / Health Education England / Human-Experience / An edited collection of papers published by YoungMinds and funded by Health Education England. With 1 in 3 adult mental health conditions related directly to adverse childhood experiences, it is vital that we understand the impact that adversity and trauma can have on the mental health and wellbeing of young people, and how we can strengthen resilience and support recovery. Addressing Adversity presents evidence, insight, direction and case studies for commissioners, providers and practitioners in order to stimulate further growth in adversity and trauma-informed care, and spark innovation and good practice across England. Section 1: Understanding adversity, trauma and resilience includes evidence and analysis of the impact that adverse childhood experiences and trauma have on children and young people's mental health and wider outcomes across the lifecourse. Section 2: Addressing childhood adversity and trauma includes insights from the NHS in England, organisations and clinicians working with children and young people who have experienced forms of adversity and trauma. Section 3: Emerging good practice includes insight, case studies and working examples of adversity and trauma-informed service models being developed across England. The collection ends with an agenda for change, calling on all Directors of Public Health, commissioners and providers to make adversity and trauma-informed care a priority in their locality.*

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## ENGINEERING A LEARNING HEALTHCARE SYSTEM

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### A LOOK AT THE FUTURE: WORKSHOP SUMMARY

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*National Academies Press* Improving our nation's healthcare system is a challenge which, because of its scale and complexity, requires a creative approach and input from many different fields of expertise. Lessons from engineering have the potential to improve both the efficiency and quality of healthcare delivery. The fundamental notion of a high-performing healthcare system--one that increasingly is more effective, more efficient, safer, and higher quality--is rooted in continuous improvement principles that medicine shares with engineering. As part of its Learning Health System series of workshops, the Institute of Medicine's Roundtable on Value and Science-Driven Health Care and the National Academy of Engineering, hosted a workshop on lessons from systems and operations engineering that could be applied to health care. Building on previous work done in this area the workshop convened leading engineering practitioners, health professionals, and scholars to explore how the field might learn from and apply systems engineering principles in the design of a learning healthcare system. *Engineering a Learning Healthcare System: A Look at the Future: Workshop Summary* focuses on current major healthcare system challenges and what the field of engineering has to offer in the redesign of the system toward a learning healthcare system.

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## WHICH COUNTRY HAS THE WORLD'S BEST HEALTH CARE?

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*PublicAffairs* The preeminent doctor and bioethicist Ezekiel Emanuel is repeatedly asked one question: Which country has the best healthcare? He set off to find an answer. The US spends more than any other nation, nearly \$4 trillion, on healthcare. Yet, for all that expense, the US is not ranked #1 -- not even close. In *Which Country Has the World's Best Healthcare?* Ezekiel Emanuel profiles eleven of the world's healthcare systems in pursuit of the best or at least where excellence can be found. Using a unique comparative structure, the book allows healthcare professionals, patients, and policymakers alike to know which systems perform well, and why, and which face endemic problems. From Taiwan to Germany, Australia to Switzerland, the most inventive healthcare providers tackle a global set of challenges -- in pursuit of the best healthcare in the world.

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## BUILDING ON VALUES

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### THE FUTURE OF HEALTH CARE IN CANADA

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*Saskatoon : Commission on the Future of Health Care in Canada* In April 2001, the Prime Minister established the Commission on the Future of Health Care in Canada. Its mandate was to review medicare, engage Canadians in a national dialogue on its future, and make recommendations to enhance the system's quality and sustainability. The 47 recommendations in this report outline actions that must be taken in 10 critical areas, starting by renewing the foundations of medicare and considering Canada's role in improving health around the world.

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## BEYOND THE HIPAA PRIVACY RULE

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## **ENHANCING PRIVACY, IMPROVING HEALTH THROUGH RESEARCH**

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

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## **THE MEDICARE HANDBOOK**

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### **SAFE PATIENT HANDLING AND MOBILITY**

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### **INTERPROFESSIONAL NATIONAL STANDARDS ACROSS THE CARE CONTINUUM**

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*Amer Nurses Assn The Safe Patient Handling and Mobility Standards establish a uniform, national foundation for safe patient handling and mobility to prevent injury to healthcare workers and healthcare recipients across the care continuum. These standards outline the role of both the employer and healthcare workers in safe patient handling and mobility. There are eight overarching standards featured in the book, each one outlined and explained in detail: Culture of Safety, Sustainable SPHM Program, Ergonomic Design Principle, SPHM Technology, Education, Training, and Maintaining Competence, Patient-Centered Assessment, Reasonable Accommodation and Post-Injury Return to Work, Comprehensive Evaluation Systems Nurses and all other healthcare workers can use these standards to improve their safe patient handling and mobility programs and optimize safe, high quality patient care.--Page 4 de la couverture.*

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### **GUIDELINES FOR PREVENTING WORKPLACE VIOLENCE FOR HEALTH CARE & SOCIAL SERVICE WORKERS**

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