

PREFACE

The U.S. health services system is constantly changing. The notion that its dynamic nature can be captured in a static freeze-frame provokes a range of reactions—from amusement to skepticism to curiosity.

This third edition of *Understanding the U.S. Health Services System* captures this moving target at one moment in time to provide the most up-to-date snapshot possible. At the same time, this edition offers a policy context that identifies change agents and issues to help the reader assess this dynamic system.

Capturing a Moving Target

Our changing world continues to shape the U.S. health services system. The economic downturn that followed the strong economy of the late 1990s is unquestionably changing the financing of health services. An employer's ability to offer health insurance will be affected by increases in insurance premiums. An employee's ability to influence greater provider or other choices in employer-sponsored health insurance is strong in a tight labor market, but weak to nonexistent in a labor market with higher unemployment rates. Retiree health benefits may be eroded or even terminated if a company goes bankrupt. The proportion of the population without private or public health insurance may climb. Safety-net programs, ever more needed in constrained economic circumstances, not only experience resource losses but also face pressures to provide services to more people. We can conclude that change will continue as uncertainty abounds. The directions and magnitude of change are less well known.

Obtaining Timely and Consistent Data

In addition to the uncertainties facing the U.S. health services system, obtaining consistent data and information about it, in a timely manner, remains a challenge. No central repository of health services data exists.

Data on health services expenditures are centralized in the National Health Accounts maintained by the Centers for Medicare and Medicaid Services. These data are collected from multiple sources, have to be reconciled for reportage in a uniform time period, and currently require at least a two-year lag period for processing, reconciliation, and reporting. Various governmental units collect other types of data, including utilization data from the National Health Interview Survey and nursing home and other long-term care data from several sources. Some of these data collection and reporting activities occur at regular intervals; others are unevenly spaced, often directly related to the lack of resources to maintain their currency. This text also relies on data from scientific studies reported in the juried literature. In many instances, the study is a one-time project and will not be updated or replicated. Thus, one has to decide for how long a one-time data point maintains its relevance.

All of these data challenges add to the difficulty in pinpointing the beginning of a trend or the end of an era. From today's vantage point, we can more fully consider the "backlash" against managed care that was first reported in the late 1990s; we cannot, however, say that this trend began, for example, in June 1997, or at any other specific point in time.

Accounting for Multiple Perspectives and Identifying Emerging Topics

The pluralistic and complex U.S. health services system is the result of many viewpoints and perspectives. It could be argued that the social model of care, as well as the medical model, merits consideration in a systems text. The greater openness with which complementary and alternative medicine providers are being viewed calls for examination and analysis. Other issues currently below the health services radar will rise to detection before the next edition is released. How to strike the right balance in coverage of key issues remains a challenge.

New Emphases in the Third Edition

Chapter 1 provides an in-depth overview of how this book is organized, what is new in this edition, and how best to use this book. Data on health services financing, services utilization, health insurance coverage (including changes in the uninsured population), trends in morbidity and mortality, and other aspects of the U.S. system have been updated and, where possible, displayed graphically. In addition, this third edition features up-to-date coverage in the following areas:

- known and anticipated change agents, and the policy issues deriving from them;
- changes in access to services, costs of and expenditures for services, and the resulting quality of care received;
- the changing role of managed care and the apparent movement away from some of its more restrictive tenets; and
- challenges facing the system as the baby boom population reaches the age of Medicare eligibility.

Aids to the Reader

An end-of-book Glossary of Key Terms provides current definitions of health services terms. Another reader aid is the helpful, quick-to-consult alphabetical List of Acronyms on page xv. Lists of key words at the end of each chapter help the reader to identify the chapter's important concepts, and numerous tables and graphs illustrate and clarify key features of the U.S. health services system.

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