

PREFACE

This book is a comprehensive introduction to the concepts and principles of epidemiology and an examination of how those principles are applied to healthcare management. The book could be a stand-alone text for (1) a course that introduces students to the field of epidemiology and provides applications to management, (2) a course that seeks to apply epidemiologic principles to management, and (3) a basic “introduction to epidemiology” course.

This second edition of *Managerial Epidemiology: Concepts and Cases* represents a significant departure from the first edition in that it removes the paradigm that was used in the first edition. In the first edition, managerial epidemiology was discussed as the application of epidemiologic principles organized around the functions of a manager. In this new edition, the book is structured more along the lines of basic principles first, then specific applications to management.

A second major change with this second edition is the expansion of the descriptive epidemiology chapter (Chapter 2 in the first edition) into four chapters.

A third major change with this edition is the use of more and longer case studies. These 41 case studies are integrated into the text (though highlighted by shaded boxes) and include detailed answers or solutions. The case studies in this book are not optional exercises at the end of each chapter, but rather important aspects of the teaching methodology.

A fourth change with this second edition is the organization of the methods chapters into Part III: “Evidence-Based Management and Medicine.” These chapters include the statistics chapter, the three study design chapters, and the clinical epidemiology chapter.

A final major change with this edition is the addition of three specific application chapters. The purpose of these chapters is to focus on specific kinds of patients (those with cardiovascular disease, HIV, and dementia), discuss the epidemiology associated with each group of patients, and give case studies that refer back to many of the basic concepts that were discussed in earlier chapters.

Many of us have reviewed or adopted textbooks and asked ourselves, “Why did the authors arrange the chapters in this order?” We designed the syllabus and arranged chapters in what we thought was a logical order. The “pioneer” students of the course on which this book is based complained of too much theory and not enough application. In an effort to face their

honest and reasonable criticism, I have integrated numerous case study applications throughout the text. Beyond that, however, the chapters are arranged in a more integrated order: morbidity; then two application chapters; then mortality and descriptive epidemiology across time, place, and person.

In an effort to encourage the instructor to embrace the case-study approach to teaching, Health Administration Press maintains online Instructor Resources for this textbook. On this website, there are numerous case studies. Some of the cases on this website are cases from the text with changed parameters. Other cases include some written by students in my managerial epidemiology courses. Instructors are encouraged to visit the website and use the case studies either in class, as didactic exercises, or as assigned homework for the students. Also available to instructors who use this book are PowerPoint slides. For access information to the Instructor Resources, write to hapl@ache.org.

I have numerous people to thank for their contributions of time, energy, and enthusiasm. Thank you to Alayne for listening to me babble epidemiology-speak far too often, I'm sure. To my colleagues and friends Tom Tucker and Doug Scutchfield, who coauthored the first edition of this text, thank you for getting me into this business of managerial epidemiology. To my talented contributors, dear colleagues and seasoned experts, thank you for adding depth, breadth, and luster to the text. The staff of Health Administration Press is to be commended for their encouragement and support, particularly Janet Davis, acquisitions editor, with whom I must have exchanged hundreds of e-mails. Eduard Avis, the project manager, provided an unbelievable amount of critical review, not just of spelling and grammar, but also epidemiologic theory and technique. My two student assistants, Tim Crawford and Rachel Hall, edited the text and provided helpful comments from a distinctly student perspective. And finally, as a man of faith, I acknowledge my limitations, confess to errors of commission or omission in the text, and attribute the occasional insight or brilliance to someone other than me.

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