Fifth Edition

JONAS'S HEALTH CARE DELIVERY IN THE UNITED STATES

Anthony R. Kovner

with contributors

SPRINGER PUBLISHING COMPANY

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Jonas's Health Care Delivery in the United States

Anthony R. Kovner, PhD
with Contributors

with a Foreword by
Founding Editor **Steven Jonas**, MD, MPH

Springer Publishing Company
New York

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Springer Publishing Company, Inc.
536 Broadway
New York, NY 10012

First edition published, 1977
Second edition published, 1981
Third edition published, 1986
Fourth edition published, 1990
Fifth edition: 1st printing, December 1994
2nd printing, March 1995
3rd printing, August 1995
4th printing, January 1996
5th printing, February 1996
6th printing, June 1996
Cover design by Tom Yabut
Production Editor: Pamela Lankas

96 97 98 99 / 10 9 8 7 6

Library of Congress Cataloging in Publication Data

Jonas's Health care delivery in the U.S. / Anthony R. Kovner, editor.
—5th ed.
p. cm.
Fourth ed. published and cataloged under the title: Health care delivery in the United States.
Includes bibliographical references and index.
ISBN 0-8261-2078-4 (softcover); 0-8261-2079-2 (hardcover)
1. Medical care—United States. I. Kovner, Anthony R.
II. Health care delivery in the United States. III. Title.
RA395.A3H395 1994
362.1'0973—dc20 94-31916
CIP

Printed in the United States of America

Foreword

This fifth edition of *Health Care Delivery in the United States* is the second to appear under the leadership of my friend and professional colleague, Dr. Anthony Kovner. When preparing for the fourth edition Dr. Ursula Springer (President of Springer Publishing Company) and I decided that the time had come to name a successor to me as the book's Editor, Dr. Kovner was my first choice for the post. Dr. Kovner has a thorough knowledge of health care delivery in the United States and a fine record of teaching, service, research, and publication in the field. He pledged at that time that he would continue the most important traditions of the book: comprehensiveness, an emphasis on description of things as they are, objectivity with a measured allowance for presentation of the authors' viewpoints, and readability. At the same time, he promised to bring in new blood and a fresh approach to the subject matter.

Dr. Kovner has succeeded admirably. His work has led to the results I had hoped for. The book has been freshened and refreshed, and of course appropriately updated. The quality has been maintained at a level with which I am proud to be associated. The annual sales rate has increased under his editorship. Thus it appears that our readers, who have purchased in excess of 150,000 copies of this book in the first 18 years of its existence have agreed with my assessment of Dr. Kovner's work.

An Old Chapter in Health Care Delivery

Having been associated with this book since its conception, I am impressed with how much things change in the health care delivery system (HCDS), yet how much they stay the same. There are many subjects covered in this Fifth Edition that were either nonexistent or not considered important enough for inclusion in the First Edition, published in 1977. These new subjects reflect both new problems and proposed solutions for them, and proposed new solutions to old problems. How-

ever, analysis reveals that most apparently new problems are but offspring of the major issues that the U.S. HCDS has faced for quite some time. In fact, the major issues have changed little if at all since at least 1932, if not earlier.

Dr. Kovner begins Chapter One of the Fifth Edition with the same quote from the *Final Report of the Committee on the Costs of Medical Care* (published in 1932) with which I began Chapter One of each of the first three editions of this book. Reading it is both instructive and depressing. It could have been written yesterday. Perhaps of most concern is the fact that in 1994 we are spending over 300 times what we spent in 1932, a multiplier that far exceeds the results of inflation during the period. But still, as the *Final Report* concluded, "many persons do not receive service which is adequate either in quantity or quality." (In 1989, when I wrote the Foreword to the Fourth Edition of this book, we were spending "only" 200 times what we spent in 1932.)

Now as then "the problem of providing satisfactory medical service to all the people of the United States at costs which they can meet is a pressing one." And, for all of the HCDS's achievements, there is still "a tremendous amount of preventable physical pain and mental anguish, needless deaths, economic inefficiency, and social waste." It is striking that these sentences from that 60-year-old report encapsulate the three principal problems upon which meaningful health care reform efforts of the 1990s focus: cost-containment; guaranteeing for all access to comprehensive health services; improving the content of the services that people do receive, with a special emphasis on prevention.

There have been enormous advances in both biomedical and epidemiological knowledge since 1932. Hundreds of billions of dollars of capital have been invested in biomedical research, the construction of hospitals and other health care facilities, and the training and education of millions of physicians, nurses, and other health care professionals. More than one *trillion* dollars are now spent every year *using* that capital base.

Much that is beneficial for the population is done. Yet, to repeat, the major problems remain. A significant minority of the population does not receive "medical service . . . which is adequate either in quantity or quality"; costs are ever more out of control; and there still is a tremendous amount of "preventable . . . pain . . . anguish . . . death . . . and . . . waste."

The New Chapter

The opening paragraph of the *Final Report* concludes that: "[T]hese conditions are . . . largely unnecessary. The United States has the economic resources, the organizing ability and the technical expertise to solve this problem." One must agree with that sentence. The experience with national health care reform that we shall have during the life of the Fifth Edition of this text will tell us if the second is in fact true.

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We certainly have the economic resources. But do we have the organizing ability and the technical expertise? In the abstract, yes. Our nation is the only one to have put men on the moon. We created the most powerful military force the world has ever known. We developed marvelous systems for growing food and creating an abundance of consumer goods that benefit many, though certainly not all, of our people. The question still remains. Can we solve the listed health and health care problems?

In my view, the answer will be found in the political, not the policy, arena. We do have the organizing ability and the technical expertise to solve the problems we face. Our achievements in other realms prove it. But to bring our organizational abilities to bear in solving our long-standing health and health care problems requires major, wrenching changes in how the U.S. HCDS goes about its business. And many players in the HCDS simply don't want to change.

Persuading those players to change, using the force of law and regulation where necessary, is a political, not a policy, matter. Thus the central obstacles to be overcome if effective change is to be successfully made lie in the political, not the programmatic, realm. Making change in the end will require as much political will and muscle, accompanied by an effective sales and marketing plan for the product, as it will require a workable program that has the potential to actually solve the problems.

Will a national health care reform plan that will really lead to other than cosmetic change come out of the political cauldron in Washington? Will those same self-interested forces that opposed the conclusions of the *Final Report*, labeled them a "communist plot," and stopped the types of reform that virtually every other leading industrialized country was in the process of making at the time dead in its tracks, be successful once again? Will party political interests that have nothing to do *per se* with national health reform lead the nation into a functional dead-end on this issue? The answers to these questions will, primarily, determine what will happen to the structure and functions of the U.S. HCDS during the publishing term of this edition of *Health Care Delivery in the United States*.

All this being said, however, please note that this book is primarily descriptive, not prescriptive. Thus it serves the needs of readers both who simply want to know what the U.S. HCDS is like and how it works as of 1994, and who would use the descriptions provided to develop their own prescriptions for change. Before one can usefully say what might be or what ought to be, one must know what *is*. That is the need this book is intended to meet. The rest, dear reader, is up to you.

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Health Care Delivery in the United States

Preface

Health Care Delivery in the United States is intended as an introduction for those studying to be clinicians or managers and for those who wish to know more about health care and how it is delivered in this country.

Deuschle noted in his preface to the first edition:

> The book is basically descriptive in nature, examining the various elements in the delivery system and elucidating their interactions; it succeeds in describing this labyrinthine system lucidly and comprehensively. It does not neglect the economic ramifications . . . nor the political controversies. . . . The book is up to date in terminology and thus will help meet the urgent need of health workers to communicate with one another and with the public at large.

The mission of this fifth edition is identical to that of the preceding four; we hope we have achieved a similar measure of success.

Since publication of the first edition in 1977, the book's contributors have tried to reflect the changing health care delivery system. Although some of the nomenclature has varied, all five editions have had chapters on the concept of health care, data, manpower, nursing, ambulatory care, hospitals, mental health, financing, government, planning, and control of quality. Long-term care has merited its own chapter since the second edition in 1981. Technology assessment and futures were first presented in the third edition and are in the fifth as well.

Included in the fourth edition for the first time were chapter-length discussions of governance and management, comparative health systems, and ethics. These are all major topics that are continued in the fifth edition.

This book is going to press in Autumn 1994, four years subsequent to the last edition. Despite the possibility of significant change coming out of Washington this year (probably more change has come from states, regions, and localities in adaptation to the Clinton initiatives) we decided to stick to a four-year cycle: be-

cause so much has changed since Spring 1990, and because it is impossible to predict now what will pass Congress and be signed by the President during 1994–1995. In any event, given historical patterns, change in the American health care delivery system over the next few years is likely to be more incremental than discontinuous.

As with earlier editions, we hope this book continues to add value for students and practitioners.

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Acknowledgments

The editor wishes to acknowledge the prompt and effective effort of all chapter authors and the research assistance of Jacqueline Karali.

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Steven Jonas is Professor of Community and Preventive Medicine, School of Medicine, State University of New York at Stony Brook. The Founding Editor of *Health Care Delivery in the United States*, and author of Springer Publishing's short text, *An Introduction to the U.S. Health Care System*, he has authored/coauthored 5 books and more than 100 professional articles and book reviews on health policy, medical education reform, and the role and function of health-promotion/disease-prevention services in the health care delivery system. For the general public he has authored/coauthored four books and numerous articles on

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