

PEARSON

高等院校双语教材 · 经济系列

THE ECONOMICS OF HEALTH AND HEALTH CARE (Sixth Edition)

卫生经济学

(第六版)

舍曼·富兰德 (Sherman Folland)
艾伦·C·古德曼 (Allen C. Goodman) 著
迈伦·斯坦诺 (Miron Stano)

中国人民大学出版社

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出 版 说 明

中国的入世，使其真正融入到经济全球化的浪潮中。中国政府“引进来，走出去”战略，使得中国经济的发展需要大量的“国际化”人才储备。这就对我国一般本科院校多年来所采取的单一语言（母语）教学提出严峻挑战，财经院校涉外经济类专业实行双语教学改革迫在眉睫。

顺应这一潮流，中国人民大学出版社携手众多国际知名的大出版公司，如麦格劳-希尔、培生教育出版公司等，面向大学本科层次，遴选了一批国外最优秀的经济类原版教材，包括宏观经济学、微观经济学、计量经济学、金融学等经济类专业课程。

我们在引进出版过程中，注重把好质量关，每一本书都经过该学科领域的专家审核选题和内容，争取做到把国外真正高水平的适合国内实际的优秀教材引进来。本套教材主要有以下特点：

第一，体系设计完整。本套教材精选了一批国外著名出版公司的优秀教材，基本上涵盖了经济学专业的核心课程。

第二，保持英文原版教材的特色。本套教材根据国内教学需要，部分图书进行了一定的改编，主要删减了一些不适合和不符合我国国情的内容，但体系结构和内容方面都保持原版教材的特色。

第三，内容紧扣学科前沿。本套教材在原著选择上紧扣国外教学的前沿，基本上都选择国外最流行教材的最新版本，有利于老师和学生掌握国外教学研究的最新发展趋势。

第四，篇幅合理，价格适中。为适应国内双语教学内容和课时上的实际需要，本套教材在篇幅上更为合理。同时，考虑到学生实际的购买能力，我们采取低定价策略，这样，读者既能领略原版图书的风貌，又避免了高额的购买费用。

第五，提供强大的教学支持。依托国外大出版公司的力量，本套教材为教师提供了配套的教辅资料，如教师手册、PPT课堂演示文稿、试题库等，并配套有内容丰富的网络资源，从而使教学更为便利。

本套教材既适合高等院校经济类专业的本科教学使用，也适合从事经济类工作和研究的人员阅读和培训使用。我们在选书、改编过程中虽然全面听取了专家的意见，做到尽可能满足读者的需求，但由于各教材的作者所处的政治、经济和文化背景不同，书中内容仍可能有不妥之处，我们真诚希望广大读者提出宝贵意见和建议，以便我们在以后的版本中不断改进和完善。

PREFACE

This is the sixth edition of a book conceived in 1990 and first published in 1993. The world of health economics has changed since 1990. Our first edition made but a single reference to “managed care.”

From the beginning, we have sought to assist instructors in conveying a clear, step-by-step understanding of health economics to their students. We have also believed it important for instructors to demonstrate what health economics researchers are doing in theory and in empirical work. The book synthesizes contemporary developments around a set of economic principles including maximization of consumer utility and economic profit, and it makes these principles accessible to undergraduate as well as to graduate students. Rather than focusing on institutions specific to the health care economy, we have chosen to emphasize core economics themes as basic as supply and demand, as venerable as technology or labor issues, and as modern as the economics of information. We have constantly tried to improve accessibility to the book for the wide range of health services students and practitioners.

Students must have a working knowledge of the analytical tools of economics and econometrics to appreciate the field of health economics. Some students may be ready to plunge directly into Chapter 5, “The Production of Health” upon completion of the introductory Chapter 1. However, Chapters 2 through 4 allow the students and their instructors to develop or to review needed analytical concepts before tackling the core subject matter. In Chapter 2, students with as little as one semester of microeconomics may review and study how economists analyze problems, using examples that are relevant to health economics. Chapter 3 provides a review of core statistical tools that characterize modern economic and health services analyses. Chapter 4 completes the core economic concepts by reviewing the concept of economic efficiency, and showing how cost-benefit and cost-effectiveness analyses fit into the general economic framework.

Consistent with an emphasis on clear exposition, the book makes extensive use of graphs, tables, and charts. As in all previous editions, we require no calculus. Discussion questions and exercises help students master the basics and prompt them to think about the issues. We also include features on up-to-date applications of theory and policy developments, as well as occasional tidbits containing purely background information.

We caution that some chapters, such as those on insurance, although developed without advanced mathematics, are logically complex and will require considerable effort. No painless way is available to appreciate the scope of the contributions that scholars have made in recent years. More advanced students of the health care economy who seek further challenges can utilize a comprehensive references section, with over 1,000 sources, so that their (and our) work can be enriched through referral to the original sources.

WHAT’S CHANGED IN THE SIXTH EDITION?

Major changes in this edition have focused on the health policy arena.

Chapter 1 adds a section on what health economists do, and it updates the immediacy of health care costs and health insurance coverage in 2009!

Chapter 8 presents John Nyman’s path-breaking health insurance analysis. Nyman argues that we should view insurance payoffs as income transfers from those who remain healthy to those who become ill. Rather than producing welfare-reducing moral hazard, these income transfers generate additional consumption of medical care and potential increases in economic well-being. What healthy consumer, asks Nyman, would purchase a coronary bypass procedure just because insurance is available and the price has dropped to zero? Prices to consumers may fall for all who buy insurance, but only those who are ill will respond to the reduction. Because only the ill are responsive, price reduction is the vehicle by which income is transferred from the healthy to the ill.

Chapter 21 (Social Insurance) presents the most up-to-date evaluations of the Medicare Part D drug benefit. It also introduces a graphical analysis of the Medicaid program. Further, it discusses

work on the inherent conflicting incentives between the Medicare and Medicaid programs that may jointly lead to inefficiencies in the provision of health services for the elderly and/or poor.

Chapter 22 presents new and exciting work by Dave and June O'Neill that compares the U.S. and Canadian health care systems. This research concludes that the two systems provide similar patient results. U.S. respondents ages 18 to 64 were more fully satisfied (51.5 percent versus 41.3 percent) with health service and were more likely to rank quality of care as excellent (40.4 percent versus 37.7 percent). The authors note, however, that satisfaction and quality of care may relate to *expectations* as well as to objective measures.

Chapter 23, new to this edition, carefully analyzes the process of health system reform. It notes that the most serious obstacle to reform (using the United States as a prime example) is the fundamental divide in philosophy. Should policies expand the government's role through mandates, additional regulations, and tax subsidies or should they rely increasingly on markets through deregulation and tax changes that neutralize the current bias toward subsidized, employer-based insurance?

Finally, Chapter 25, "Epidemiology and Economics: HIV/AIDS in Africa" updates a popular chapter that we introduced in the fourth edition and revised in the fifth edition. The constant revision shows the enormous changes in treatment cost and delivery that have occurred since the initial presentation in 2003.

ADDITIONAL SOURCES

The Internet now contains tables and charts that were once available only in book form, and then only after several years. We have chosen to focus on those sites that we believe to be both long lasting and reliable.

Bureau of the Census, for health insurance, (www.census.gov/hhes/www/hlthins/hlthins.html)

Centers for Disease Control and Prevention (www.cdc.gov)

Centers for Medicare and Medicaid Services, for research, statistics, data, and systems (www.cms.hhs.gov/home/rsds.asp)

Kaiser Family Foundation (www.kff.org), specializing in studies of health insurance

National Institutes of Health (www.nih.gov)

Organization for Economic Cooperation and Development, for international data (www.oecd.org)

Social Security Administration, for research and analysis (www.ssa.gov/policy/research_subject.html)

Health-related journals are increasingly accessible both in print and on the Internet. Most health economists make a point of browsing *Health Affairs*, an up-to-date policy journal. *Health Economics* and *The Journal of Health Economics* have emerged as the leading technical journals that specialize in health economics. As one can see from our reference section, there are also many other specialized journals to address readers' needs. University-affiliated professionals and their students will often discover that their libraries have extensive electronic access to a wide range of journals. In the popular press, the *New York Times* and the *Wall Street Journal* also provide excellent health economics coverage.

The Handbook of Health Economics, a two-volume set published in 2000, emerged as an invaluable source for specific topics, with more detail and more mathematic rigor than any text, including this one. The *Elgar Companion to Health Economics*, published in 2006, provides both useful updates and important new topics. We believe that our text provides a valuable supplement to both *Handbook* and *Companion* offerings.

ALTERNATIVE COURSE DESIGNS

The economics of health and health care encompasses an evolving literature, and there is no single "correct" order for the course design. U.S. economists typically organize topics through markets, with government roles coming much later. International health economists and public health

students and scholars often assign the governmental sector far more importance; it is “public” health, after all. No matter how it is put together, a text is necessarily linear in that one chapter must follow another.

The *Economics of Health and Health Care* offers instructors considerable flexibility. We have divided the 25 chapters into six parts:

- I. Basic Economics Tools (Chapters 1–4)
- II. Supply and Demand (Chapters 5–9)
- III. Information and Insurance Markets (Chapters 10–13)
- IV. Key Players in the Health Care Sector (Chapters 14–17)
- V. Social Insurance (Chapters 18–23)
- VI. Special Topics (Chapters 24–25)

The categories are not entirely exclusive. Chapter 8, looking at the demand and supply of insurance, is as important to Part III on insurance as it is to Part II on demand and supply of goods.

From front to back, we follow an “economics” model in which we first examine consumers and firms in a world without government and governmental policies. As a result, explicit discussions of government policies do not come until Chapter 19, although regulation, licensing, and mandates are discussed in reference to other topics much earlier. Many economics instructors may wish to follow the chapters in the book’s order.

Instructors with public health or policy interests may wish to “tool up” on some of the earlier analyses and then skip directly to Part V, in which we look at social insurance, health care regulation, and health care reform. After that, they may wish to browse selected topics. Although some analyses build on one another within chapters, we seek to minimize cross-referencing among chapters.

Instructor Resource Center

The Economics of Health and Health Care is connected to the Instructor Resource Center available at www.pearsonhighered.com/folland. Registration is simple and gives you immediate access to new titles and new editions. As a registered faculty member, you can download resource files. The following supplements are available to adopting instructors:

- Instructor’s Manual with Test Item File
- Power Point Slides

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P A R T

I

Basic Economics Tools

Introduction

- What Is Health Economics?
- The Relevance of Health Economics
- Economic Methods and Examples of Analysis
- Does Economics Apply to Health and Health Care?
- Is Health Care Different?
- Conclusions

Hhealth care accounts for one-sixth of the U.S. economy! Forty-six million Americans at any moment in time lack health insurance! Health, health care, and health insurance dominate the economic and political landscape in the United States and many other countries. Health economics studies the allocation of resources to and within the health economy. Because the health care sector has become the largest sector of the U.S. economy, and its share of gross domestic product (GDP) is expected to grow well into the twenty-first century, we should not be surprised that health economics has emerged as a distinct specialty within economics.

Our table of contents provides an overview of the scope of health economics and the emphasis of this text. Demand and supply of specific health services are prominent. Private health insurance markets critically define the U.S. workplace, so we carefully examine insurance markets. Government, through its social programs and power to regulate, receives close attention. Because a hospitalization is in many ways different from a trip to a supermarket, we also concentrate on issues such as information, quality of care, and equity of access. Finally, we look to the health care systems of other countries for information on their practices and for potential insights on the policy issues that dominate the political landscape.

In this first chapter, we provide further background information on health economics and health economists. We follow with a broad overview of the magnitude and importance of the health care sector and with an introduction to some major policy concerns. As our final goal, we seek to promote the theme that economics helps explain how health care markets function. We focus on methods used in economic analyses and address two recurring questions: Is health care different and does economics apply? Despite stressing the distinctive features of health care services and markets, we answer both in the affirmative. With appropriate modifications to conventional analytical tools, economics is relevant and useful. As we shall see throughout the book, while there is continuing controversy on many major issues, health economists have provided insight and solutions to many problems of academic and policy interest.