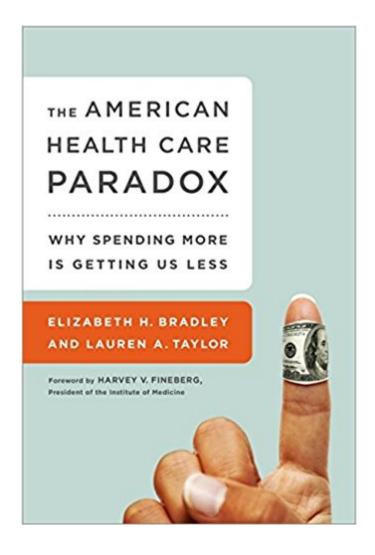


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The American Health Care Paradox: Why Spending More Is Getting Us Less





Synopsis

Foreword by Harvey V. Fineberg, President of the Institute of MedicineFor decades, experts have puzzled over why the US spends more on health care but suffers poorer outcomes than other industrialized nations. Now Elizabeth H. Bradley and Lauren A. Taylor marshal extensive research, including a comparative study of health care data from thirty countries, and get to the root of this paradox: We've left out of our tally the most impactful expenditures countries make to improve the health of their populations—investments in social services. In The American Health Care Paradox, Bradley and Taylor illuminate how narrow definitions of "health care,â⠬• archaic divisions in the distribution of health and social services, and our allergy to government programs combine to create needless suffering in individual lives, even as health care spending continues to soar. They show us how and why the US health care "systemâ⠬• developed as it did; examine the constraints on, and possibilities for, reform; and profile inspiring new initiatives from around the world. Offering a unique and clarifying perspective on the problems the Affordable Care Act won't solve, this book also points a new way forward.

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Customer Reviews

Public-health experts Bradley and Taylor argue that, despite numerous and widespread efforts to rein in health-care costs, America is still paying more and getting less when the overall health of the country is contrasted with those of its international peers, even accounting for differences in national policy. The authors $\tilde{A}\phi\hat{a} - \hat{a}_{,,\phi}$ iteration of the fundamental cause of the system $\tilde{A}\phi\hat{a} - \hat{a}_{,,\phi}$ root

paradoxâ⠬⠕it rewards a person who waits until theyââ ¬â,,¢re so sick they require expensive care while at the same time shaming the expensive-care provider for, well, charging for the expensive careâ⠬⠕is not new. What is new here is their call for a holistic approach, integrating social and medical services into a cohesive cross-disciplinary system with the goal of supporting good health. Health-care systems fail because they donââ ¬â,,¢t address the life circumstances (education, housing, employment) required to sustain wellness. To be clear, the authors donââ ¬â,,¢t endorse a nanny state that becomes all things to all people but, rather, a government that is a catalyst for holistic innovation, nurturing good health at all socioeconomic levels. --Donna Chavez

"The American Health Care Paradoxâ⠬• has enough intellectual heft to bring an opera house to its feet. Drawing on data from dozens of international and domestic site visits, wide-ranging scholarly studies and in-depth interviews with patients, practitioners, health care administrators and social service staff from all over the world, the authors tackle the unenviable task of explaining why we think of health care the way we do— to the near total exclusion of social services. And they manage to do it with astonishing clarity, conciseness and narrative ease.â⠬•—Pauline Chen, the New York Times"An important attempt to shift the discussion on health in the United States $\tilde{A}\phi \hat{a} - \hat{A} \cdot \hat{a} + 151$; Kirkus $\hat{a} + 147$; Their argument has intuitive appeal…[and] is made more attractive by their clear prose and by their many helpful descriptions and historical explanations of US health care policy. â⠬•— Arnold Relman, New York Review of Books"Admirably presented as an apolitical examination of an urgent situation, Bradley and Taylor's carefully researched and lucidly reported findings…offer what appears to be an easily rendered fix, but their equally striking depiction of uniquely American hostility to government involvement in private matters, exposes a daunting uphill battle. â⠬• —Publishers Weekly"If we $\tilde{A}\phi\hat{a} - \hat{a}_{,\phi}\phi$ re so rich, why aren $\tilde{A}\phi\hat{a} - \hat{a}_{,\phi}\phi$ t we healthier? I $\tilde{A}\phi\hat{a} - \hat{a}_{,\phi}\phi$ d wondered about that for years, always assuming it was a medical question with a medical answer. I now know the answer lies not in what happens in our hospitals but what happens (or fails to happen) in our social services. This compelling, groundbreaking, and utterly persuasive book has opened my eyes." — Anne Fadiman, author of The Spirit Catches You And You Fall Down "This book provides new insight on why it is the United States' is spending so much on medicine without seeing commensurate health outcomes. Bradley and Taylor provide a clear account of life in the chasm between health and social services, where so much of our health care investment is lost, and put forth concrete ideas on how we can do better."—Dr. Paul Farmer, MD, PhD, Harvard

Medical School, Brigham and Womenââ ¬â,,¢s Hospital, Partners In Health, and author of To Repair the World and Haiti After the Earthquake"Bradley and Taylor have identified social services as the unnamed culprit behind high health care costs and poor outcomes. Highlighting the non-medical determinants of patients $\tilde{A}\phi\hat{a}$ $\neg \hat{a},\phi$ health may not only make physicians $\tilde{A}\phi\hat{a}$ $\neg \hat{a},\phi$ jobs easier but also prove to be a prudent strategy for payers. This book offers an important reality check about what actually creates health in the United States."— William Gillespie, MD, Chief Medical Officer of Emblem Health, and president of AdvantageCare Physicians"It seems like there are daily stories of skyrocketing medical costs here in the US coupled with our bad health outcomes compared with other developed countries. This book argues compellingly that we may have been looking for solutions in the wrong places. We won $\tilde{A}\phi \hat{a} - \hat{a}, \phi t$ find the answers by changing medical payments or improving quality of care as important, as those are. But rather that health begins, is nurtured, protected and preserved in our families and neighborhoods— where people live, learn, work and play. The authors find that supporting families and children in ways that make their houses, neighborhoods and schools secure and enjoyable pays off in health in concrete and measurable ways. It is time we started to get serious about building a culture of health and making it easier for people to live that kind of life than merely paying the costs to repair the damages from injury and disease." — James S. Marks, MD, MPH, president and director of Health Group at the Robert Wood Johnson Foundation"The challenge of addressing social as well as health needs is daunting. One could become "paralyzed by the complexity inherent in the relationships among health, social services, and health outcomes, and \$\pi\$133;consider strategic action all but impossible. â⠬• The book provides a counterweight to such pessimism. The authors examine four case studies of successful "home grown innovationsâ⠬• that provide evidence that it is, in fact, feasible to integrate social and medical services."— Health Affairs" These authors offer us a comprehensive view of our healthcare system. I enthusiastically recommend this book for all nurses. â⠬• — American Holistic Nurses Association "The U.S. has worse health outcomes than other wealthy countries not only because of a deeply flawed insurance system, but also because it spends less than other countries on the fundamentals of life that affect peopleââ ¬â,,¢s health, including education, housing, good jobs, nutrition, and environmental protection."—World Wide Work bulletin

The premise is correct even the outline is but the devil is in the details and fail a bit here.

Scandinavia is shoe horned into things to fit the argument. Complex Systems and feedback terms are tossed in at the end in a very buzz word rather than meaningful way. Still a worthwhile read for

anyone trying to understand why health costs so much, it doesnt if you stop equating medicine and health

This is a must read for any scholar or practitioner of public health. By far the best book that has articulated the history of how our social service infrastructure was bifurcated from healthcare and relegated to an underfunded and discretionary industry. Meanwhile, healthcare became dominant via a powerful medical lobby that thrived on an entitlement program for the middle class with substantial inefficiency and minimal accountability for improved health and community well-being. The book makes a great case that our ability to improve health is not simply through the traditional approaches of managed care, tort reform, and insurance regulations; rather, it's through a concerted effort to invest in social supports to enhance social determinants

This book takes no shortcuts, and directly addresses the heart of an enormous issue in contemporary America. The American Health Care Paradox analyzes the wide range of graphs and statistics, as well as past strategies and interventions, that evidence America's commitment to creating a healthy population. However, when presented with the evident subpar health outcomes, Bradley and Taylor do not--unlike most others--insist that we throw more money at the issue. Instead, the authors dig deeper to discover the earliest roots of negative health outcomes, and specifically discusses how we can adjust our spending to better solve the problems we are faced with. Using research from countless other countries--especially Scandinavian ones, which consistently produce some of the best healthcare outcomes--Dr. Bradley and Ms. Taylor present convincing evidence that we can improve healthcare outcomes by (paradoxically) shifting spending away from health services, and instead towards sectors that function as highly efficient interventions: employment and housing programs; disability, sickness, and unemployment benefits; family and housing support; pensions, and perhaps most importantly, education. This book teaches the critical message that with a problem as complex as healthcare, there will be no easy solutions or shortcuts. We need to take a step back to acknowledge and address the societal factors that burden our healthcare system, because they are at the heart of our stunted healthcare outcomes.

The timing of this important research could not be better given the hysteria surrounding Obamacare, which focuses only on access to basic, technical medical care. Lost in those discussions is any appreciation of what truly makes us healthy. This work valiantly attempts to refocus the discourse on more than insurance or modern technology, and demonstrates how other developed countries do a

much better job of balancing the other critical factors to healthy living . The data is persuasive, and needs to be shared.

Insightful reasoning into the US health care disaster. Illustrates the need for increased social services to mitigate medicalization. If include social services in the definition of health care the US and other developed countries spend the same but the US as poorer results.

This well-written, insightful book helps refine our understanding of the disappointing performance of the American healthcare system. More importantly, it points us toward solutions. Better coordination between healthcare and social service sectors is a must; otherwise more money in an already expensive system is unlikely to improve the health of our population, and any cost savings derived from the many initiatives spawned by the Affordable Care Act is likely to be at the expense of outcomes.

Bradley does a masterful job of highlighting that low spending in social services in the US is one of the reasons that we have high spending on health care. She clearly lays out how the US social services and medical systems have evolved side by side with little interaction. However, if we look at health, a comprehensive model is George Engel's biopsychosocial model, and Bradley gets the bio and the social but forgets the psychological, the behavioral aspects of health. Indeed in one of her case examples she highlights a man who was quite wealthy who then makes a number of impulsive rash decisions and winds up uninsured and in poverty with a family member who has a chronic illness. Mental health services may have helped this individual before he bottomed out. We know that behavior accounts for at least half of the variance in health. Bradley does not address this at all in her book. From her point of view if all families had their basic needs met they would be much healthier, and she is right to a point. But there are still families who would be even healthier if they worked with a skilled mental health professional to address behaviors that are detrimental to health.

Interesting insights into the current health care system in America and why it emphasizes medicine over health in a broader sense. Very enlightening and well written.

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