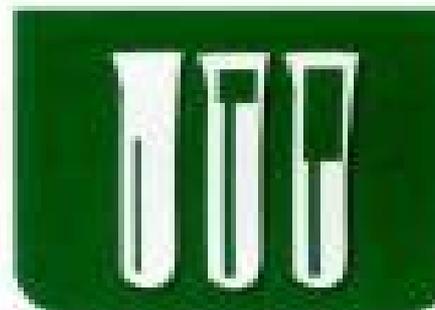


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Geographic Variations in Health Care

WHAT DO WE KNOW AND WHAT CAN BE DONE
TO IMPROVE HEALTH SYSTEM PERFORMANCE?



Geographic Variations In Health

New York (State).



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OECD Health Policy Studies Geographic Variations in Health Care What Do We Know and What Can Be Done to Improve Health System Performance? OECD,2014-09-16 This report helps policy makers better understand the issues and challenges around geographic variations in health care provision and considers the policy options

Variation in Health Care Spending Institute of Medicine,Board on Health Care Services,Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Care,2013-11-01 Health care in the United States is more expensive than in other developed countries costing 2.7 trillion in 2011 or 17.9 percent of the national gross domestic product Increasing costs strain budgets at all levels of government and threaten the solvency of Medicare the nation's largest health insurer At the same time despite advances in biomedical science medicine and public health health care quality remains inconsistent In fact underuse misuse and overuse of various services often put patients in danger Many efforts to improve this situation are focused on Medicare which mainly pays practitioners on a fee for service basis and hospitals on a diagnoses related group basis which is a fee for a group of services related to a particular diagnosis Research has long shown that Medicare spending varies greatly in different regions of the country even when expenditures are adjusted for variation in the costs of doing business meaning that certain regions have much higher volume and or intensity of services than others Further regions that deliver more services do not appear to achieve better health outcomes than those that deliver less Variation in Health Care Spending investigates geographic variation in health care spending and quality for Medicare beneficiaries as well as other populations and analyzes Medicare payment policies that could encourage high value care This report concludes that regional differences in Medicare and commercial health care spending and use are real and persist over time Furthermore there is much variation within geographic areas no matter how broadly or narrowly these areas are defined The report recommends against adoption of a geographically based value index for Medicare payments because the majority of health care decisions are made at the provider or health care organization level not by geographic units Rather to promote high value services from all providers Medicare and Medicaid Services should continue to test payment reforms that offer incentives to providers to share clinical data coordinate patient care and assume some financial risk for the care of their patients Medicare covers more than 47 million Americans including 39 million people age 65 and older and 8 million people with disabilities Medicare payment reform has the potential to improve health promote efficiency in the U S health care system and reorient competition in the health care market around the value of services rather than the volume of services provided The recommendations of Variation in Health Care Spending are designed to help Medicare and Medicaid Services encourage providers to efficiently manage the full range of care for their patients thereby increasing the value of health care in the United States

[Geographic Variations in health care: wat do we know and what can be done to improve health system](#),2014

Geographic Variation in Health Care Jill Bernstein,James D. Reschovsky,Chapin White,2011 Dating back more

than 40 years a large body of research has identified wide geographic variation in fee for service Medicare spending and service utilization A major early conclusion of geographic variation research was that care is provided much more efficiently in some areas of the United States than in others with the implication that geography largely determines the care patients receive As health care spending continues to outpace growth in the nation's economy approaching one fifth of gross domestic product some policy makers have identified reducing unwarranted geographic variation in health care as a way to control spending without compromising access or quality Analysis of Medicare fee for service claims data in particular has contributed to calls for public policies to induce health care providers and patients in high cost areas to adopt what appear to be the markedly more efficient practice patterns of low cost areas

Encyclopedia of Health Services Research Ross M. Mullner, 2009-05-20 Within two volumes more than 400 signed entries and their associated bibliographies and recommended readings authoritatively cover issues in both the historical and contemporary context of health services research

Geographic Variations in Health Clare Griffiths, Justine Fitzpatrick, Great Britain. Office for National Statistics, 2001 The volume considerably extends the coverage and range of analyses available in previous supplements For the first time it takes a broader view of health outcomes than are reflected by mortality alone by including reviews of variations in congenital anomalies cancer incidence infant mortality births conceptions and abortions It makes far more extensive use of maps to illustrate statistically significant variations As in previous supplements there is a strong emphasis on identifying the factors associated with geographic variation in the outcomes studied and to interpret these in terms of demographic patterns and material inequality There are separate chapters summarising demographic and socio economic influences and all analyses draw on the recently revised ONS classification of local authorities Wherever possible the analyses of local variation are for the first time presented on a comparable basis for all parts of the United Kingdom This comprehensive view has made it possible to place the geographic patterns observed in a wider context than was previously possible ONS website

A Test of Supply-side Explanations of Geographic Variation in Health Care Use Kevin Callison, Robert Kaestner, Jason Ward, 2018 Evidence of regional variation in health care utilization has been well documented over the past 40 years Yet uncertainty persists about whether this variation is primarily the result of supply side or demand side forces and the difference matters for both theory and policy In this article we provide new evidence as to the cause of geographic variation in health care utilization We do so by examining changes in health care use by the near elderly as they transition from being uninsured into Medicare Results provide support for a causal supply side explanation of regional variation Estimates indicate that gaining Medicare coverage in above median spending regions increases the probability of at least one hospital visit by 36% and the probability of having more than five doctor visits by 25% relative to similar individuals in below median spending regions

A Test of Supply-side Explanations of Geographic Variation in Health Care Use Kevin Callison, Robert Kaestner, Jason M. Ward, 2018 Evidence of regional variation in health care utilization has been well documented over the

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Interim Report of the Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Care Institute of Medicine, Board on Health Care Services, Committee on Geographic Variation in Health Care Spending and Promotion of High-Value Care, 2013-04-22 Interim Report of the Committee on Geographic Variation in Health Care Spending and Promotion of High Value Health Care Preliminary Committee Observations is designed to provide the committee's preliminary observations for the 113th Congress as it considers further Medicare reform This report contains only key preliminary observations related primarily to the committee's commissioned analyses of Medicare Parts A Hospital Insurance program B Supplementary Medical Insurance program and D outpatient prescription drug benefit complemented by other empirical investigations It does not contain any observations related to the committee's commissioned analyses of the commercial insurer population Medicare Advantage or Medicaid which will be presented in the committee's final report after completion of quality control activities This interim report excludes conclusions or recommendations related to the committee's consideration of the geographic value index or other payment reforms designed to promote highvalue care Additional analyses are forthcoming which will influence the committee's deliberations These analyses include an exploration of how Medicare Part C Medicare Advantage and commercial spending utilization and quality vary compared with and possibly are influenced by Medicare Parts A and B spending utilization and quality The committee also is assessing potential biases that may be inherent to Medicare and commercial claims based measures of health status Based on this new evidence and continued review of the literature the committee will confirm the accuracy of the observations presented in this interim report and develop final conclusions and recommendations which will be published in the committee's final report

Geographic variation of health care use, 1989 **CRWO: personeelsbeleid en onderwijskundige professionalisering bij universiteiten**, 1999 **Transforming Global Healthcare Delivery** Sandeep Reddy, 2026-01-31 Transforming Global Healthcare Delivery Leveraging Technology to Increase Accessibility and Affordability guides readers through the ongoing digital transformation of healthcare The author makes the case for how tools like AI telehealth and data analytics can empower patients connect underserved communities and help health systems achieve the Quadruple Aim Real world examples along with the author's evaluations of digital health interventions showcase promising directions The author argues realizing the full potential of new technologies requires corresponding advancement

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An Analysis of the Geographic Variation of Selected Surgical Procedures Within Los Angeles County David Murray Carlisle,1992

Leading Health Care Transformation Maulik Joshi, Dr.P.H.,Aaron George, DO,2023-10-16 Readers should go broad and go deep with this book Readers who do both will find this book a valuable framework for approaching the complexities of leading health care organizations today it will provide a framework for approaching the work and that framework is one likely to lead to business success and personal satisfaction From the Foreword by Thomas H Lee MD Chief Medical Officer Press Ganey and Senior Physician Brigham and Women s Hospital The U S health care system continues to undergo transformation with a rate of change that has accelerated in recent years This rapidly evolving field requires a new level of astute clinical leadership The bottom line is that physician leadership will be the key ingredient for any dramatic change in our health care system and a fundamental driver of outcomes for patients and communities Leading Heath Care Transformation prepares physician leaders with the evidence tools and ideas to make and lead systemic improvement This second edition provides fresh insights new evidence and modern topics with revised and updated chapters Each chapter is complete with contemporary evidence pragmatic case studies lessons learned and action steps for physician leaders This second edition of Leading Health Care Transformation is a succinct and practical primer on 16 key topics in health care transformation Physician leadership is critical to transform care this book will help guide the way

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basis and hospitals on a diagnoses related group basis which is a fee for a group of services related to a particular diagnosis Research has long shown that Medicare spending varies greatly in different regions of the country even when expenditures are adjusted for variation in the costs of doing business meaning that certain regions have much higher volume and or intensity of services than others Further regions that deliver more services do not appear to achieve better health outcomes than those that deliver less Variation in Health Care Spending investigates geographic variation in health care spending and quality for Medicare beneficiaries as well as other populations and analyzes Medicare payment policies that could encourage high value care This report concludes that regional differences in Medicare and commercial health care spending and use are real and persist over time Furthermore there is much variation within geographic areas no matter how broadly or narrowly these areas are defined The report recommends against adoption of a geographically based value index for Medicare payments because the majority of health care decisions are made at the provider or health care organization level not by geographic units Rather to promote high value services from all providers Medicare and Medicaid Services should continue to test payment reforms that offer incentives to providers to share clinical data coordinate patient care and assume some financial risk for the care of their patients Medicare covers more than 47 million Americans including 39 million people age 65 and older and 8 million people with disabilities Medicare payment reform has the potential to improve health promote efficiency in the U S health care system and reorient competition in the health care market around the value of services rather than the volume of services provided The recommendations of Variation in Health Care Spending are designed to help Medicare and Medicaid Services encourage providers to efficiently manage the full range of care for their patients thereby increasing the value of health care in the United States

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DrPH,Natalie Erb MPH,Sonia Zhang MPH,Rishi Sikka MD,2015-07-06 A succinct and practical primer on healthcare transformation Leading Healthcare Transformation is a key resource for all clinicians in leadership positions It summarizes high profile healthcare topics and includes a synopsis of the evidence examples lessons learned and key action steps for each topic covered Providing cutting edge insights from Causes of Geographical Variations in the Influenza Epidemic of 1918 in the Cities of the United States National Research Council (U.S.). Committee on the Atmosphere and Man, Ellsworth Huntington, 1923 Sources of Geographic Variation in Health Care Amy Finkelstein, Matthew Gentzkow, Heidi L. Williams, National Bureau of Economic Research, 2014 We study the drivers of geographic variation in US health care utilization using an empirical strategy that exploits migration of Medicare patients to separate the role of demand and supply factors Our approach allows us to account for demand differences driven by both observable and unobservable patient characteristics We find that 40-50 percent of geographic variation in utilization is attributable to patient demand with the remainder due to place specific supply factors Demand variation does not appear to result from differences in past experiences and is explained to a significant degree by differences in patient health

New York Court of Appeals.

Records and Briefs. New York (State)., *Geographic Variations in Health* Clare Griffiths,2001

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