

Book Reviews

An Unfinished Revolution: Women and Health Care in America

Emily Friedman, editor

United Hospital Fund of New York, New York City, 1994, 304 pp., \$20 (paperback)

IN 1990 THE UNITED HOSPITAL FUND of New York, the century-old research and philanthropic organization dedicated to improving healthcare in New York City and across the nation, believed it

impossible to understand the future of healthcare without considering questions of gender. In response, the fund sponsored a one-day conference, "Taking Care: The Impact of Women on Health Care." So enthusiastic was the response to the conference that the organization undertook to publish a book that draws on and develops the ideas presented at the conference.

The book's strongest draw is its editor, health policy writer and analyst Emily Friedman. Friedman is an exceptionally insightful observer of all aspects of our nation's healthcare system and an even better writer when it comes to

explaining complex realities. I have read and relished everything she has written. I would have been delighted if Friedman had been the author of the entire book rather than editor for 19 other authors. She wrote the introductory article and, as is her style, completely summed up the entire book. When she finished, there was little left to say other than the statistics to back up the conclusions.

Three to six writers cover each of the book's four sections:

- "Women as Users of Health Services"
- "Women and Informal Caregiving"
- "Women as Health Care Providers"

BOOK BRIEFS

Health Industry QuickSource: A Complete Descriptive Reference to Health Care Information Resources

QuickSource Press, Nanuet, NY, 1995, 1,112 pp., \$225

This reference book provides descriptive listings of compact discs, online data bases, and periodicals, covering subjects important to all aspects of healthcare. Product information includes publisher, vendor contact, and publication frequency. *Health Industry QuickSource* is indexed by subject area and by type of media. The more than 70 subject areas covered include home care, hospitals and hospital management, managed care and outcomes research, and regulatory and legal affairs.

The Briles Report on Women in Healthcare: Changing Conflict to Collaboration in a Toxic Workplace

Judith Briles, Jossey-Bass, San Francisco, 1994, 261 pp., \$25

Instead of finding "sisters" in the struggle to achieve positions of authority and

pay equity with men, many women encounter women employees, bosses, and co-workers who engage in backstabbing, undermining, and manipulation. Through examples of experiences in healthcare settings, Judith Briles describes workplace sabotage (e.g., the withholding of critical information and demeaning a co-worker) and the damage it creates. Briles provides a detailed guide to awareness, prevention, resolution of sabotage, and the empowerment of all women to ensure supportive and productive workplaces.

Managed Service Restructuring in Health Care: A Strategic Approach in a Competitive Environment

Robert L. Goldman and Sanjib K. Mukherjee, Haworth Press, Binghamton, NY, 1995, 104 pp., \$24.95

Through *Managed Service Restructuring in Health Care*, Robert L. Goldman and Sanjib K. Mukherjee help healthcare managers deal with healthcare services that appear to no longer be productive. Case studies describe how managed service restructuring tech-

niques have been applied successfully. Goldman and Mukherjee list warning signals that alert healthcare professionals to the need to review the services and products their organizations offer. The authors also discuss topics such as the product life cycle, product development, product planning, centers of excellence, service diversification and consolidation, and marketing in a competitive health services environment.

Inside Teams: How 20 World-Class Organizations Are Winning through Teamwork

Richard S. Wellins, William C. Byham, and George R. Dixon, Jossey-Bass, San Francisco, 1994, 390 pp., \$25

Many companies have used teams to achieve quality, productivity, and cost-effectiveness goals. The authors describe the experiences of 20 team-based companies. Healthcare professionals may find the case of a hospital in Cape Coral, FL, particularly interesting. In all the cases, readers will learn why teams were chosen as a competitive strategy, how the teams started, problems encoun-

• "Women as Health Care Leaders"

In "Women as Users of Health Services," the authors express a clear prejudice that a woman should have full autonomy over her body and that abortion should be safe and legal. Some Catholic readers will find such a view offensive, and some will not read beyond this section.

In the book's other sections, the information presented is pretty predictable but there are a lot of statistics to back up the claims. Most people in healthcare know that women do more care giving than men; that women have dominated nursing but have had a lesser

role in medicine and administration; and that women will have a more active future role as healthcare leaders.

The overall message of the book is best captured in a quote from Friedman's introductory article (p. 11):

Women and health care are inextricably intertwined, like a bramble and a rose. The good and the bad come with the territory. Health care has both used women and benefitted them. It has largely excluded them from professions where they could do much good, yet it gave them, in nursing, one

of the most beloved professions in American society. It has often been paternalistic toward their diseases and concerns, yet it has also largely eliminated some of the horrible scourges that claimed the lives of women over the centuries. It has been extraordinarily dependent on women workers, and has succeeded because of them, but has often relegated them to positions of powerlessness.

An Unfinished Revolution: Women and Health Care in America is intended for a wide readership—presumably any woman and man in healthcare. I doubt the readership will be that broad. I believe policymakers and academicians are going to be most interested in the statistics and technical information presented here. They will benefit most from the material presented.

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tered, lessons learned, and the effect teams have had on the bottom line. Organizations in the midst of reengineering, downsizing, or other strategies to sharpen the competitive edge may find *Inside Teams* of interest.

Physicians also discusses the reassessment of how training for internal medicine should be funded and the redefinition and expansion of the role of the internist.

Training Physicians: The Case of Internal Medicine

Claire H. Kohnman, Ronald M. Andersen, and Mary Margaret Clements, Jossey-Bass, San Francisco, 1994, 466 pp., \$48.95

Scientific, economic, and social factors have influenced and altered the training of internal medicine physicians. Hospital stays are shorter and care is shifting to the ambulatory care environment. Hospitals no longer have the range of patients with the healthcare problems needed for medical residents to observe the variety and evolution of diseases. Recognizing the growing commitment to meet this challenge, the authors describe plans and methods for teaching in ambulatory care settings that incorporate practicing physicians and community hospitals. *Training*

BOOKS RECEIVED

Health Policy Issues: An Economic Perspective on Health Reform, Paul J. Feldstein, AUPHA Press/Health Administration Press, Ann Arbor, MI, 1994

How to Learn and Teach in Medical School: A Learner-Centered Approach, Mark E. Quirk, Charles C Thomas, Publisher, Springfield, IL, 1994

Measurement and Evaluation of Health Education, 3d ed., Mark B. Dignan, Charles C Thomas, Publisher, Springfield, IL, 1995

The Medical Care System: A Conceptual Model, Michael J. Long, AUPHA Press/Health Administration Press, Ann Arbor, MI, 1994

Evaluating the Medical Care System: Effectiveness, Efficiency, and Equity

Lu Ann Aday, Charles E. Begley, David R. Larson, and Carl H. Slater

Health Administration Press, Ann Arbor, MI, 1993, 222 pp., \$32 (paperback)

AFTER THE MELTDOWN OF THE CLINTON administration health plan but before the 104th Congress started debate on welfare reform, I found it an appropriate time to read *Evaluating the Medical Care System: Effectiveness, Efficiency,*

and Equity. This well-organized and clearly written book offers an exquisite historical perspective on many health services research concepts and methods. In addition, the authors explain how to use the social sciences "to illustrate the measurement and relevance of effectiveness, efficiency, and equity as criteria for evaluating health care system performance" (p. xi).

The text focuses on the tools (data and methodology) that academicians often use to determine how we Americans might reform our health and welfare systems. One of the many virtues of this book is that Lu Ann Aday and her colleagues first clearly set out the concepts of effectiveness, efficiency, and equity of access and then provide "evidence and an application"—how these concepts can be used.

The book's background sources and analyses are primarily pre-1992. It therefore overlooks the current importance of such procompetitive themes as managed care, capitated payment, and networking. This comment may be immaterial to some potential readers as Chapters 2 and 3, which center on effectiveness, respond to far broader conceptual questions such as: What contribution do medical care services make to the health of a population? How do medical services improve the health status of patients who enter the system? These discussions can be particularly beneficial when reviewing the options to appropriately measure health effectiveness or to compare the health status of various populations.

I was intrigued with the authors' conclusion in Chapter 3, which states that outcomes assessment and management can significantly improve the quality of patient care and reduce health costs. There could be more fiction than substance to their argument that some of the best academic minds can definitely solve the problem of improving quality while lowering costs.

This book is more valuable from a

theoretical than a pragmatic point of view. It is well known, for example, that each year Boston hospitals have twice the number of patient days per 1,000 persons than New Haven, CT. Both of these cities are internationally renowned as referral centers. The most plausible explanations of these differences are that physicians in the two cities have different practice patterns, and that Boston has more doctors and acute care beds per 1,000 persons than New Haven. How is it possible to arrive at valid national effectiveness, efficiency, and equity standards from such findings?

Chapters 4 and 5 focus on the efficiency of our delivery system. The authors argue that the American health system does not achieve maximum value from its allocated resources because of "our peculiar mix of open-ended pluralistic financing" (p. 108) and the lack of planning and effective regulation. Most of our nation's healthcare leaders would also disagree with the authors' conclusion that "micro incentives [managed care] have yet to demonstrate the ability to control cost, making allocative efficiency unlikely" (p. 112). These arguments could be more compelling if Aday et al. had considered that the French, German, and Japanese multipayer systems set global budgetary targets on hospital and physician services (with the latter group being paid on a fee-for-service basis) and spend a considerably smaller portion of their gross domestic product for healthcare than the single-payer Canadian system.

Chapters 6 and 7 respond affirmatively to the perennial question of whether equity of access implies a right to medical care; and then summarize "the evidence on the extent to which the goal of equity of access to medical care has been achieved" (p. 17). Their discussions on how universal health insurance might contribute to further equity of access are well balanced, but the three health reform options proposed have limited value today, since they require—at a min-

imum—employer mandates for full-time employees. Aday and colleagues carefully analyze and document the effects of employer mandates, but it is unlikely that this option will gain much attention in Washington, DC. Welfare reform has taken center stage and President Clinton is not likely to sign any measures beyond minor health insurance reform before the 1996 election.

The book's final two chapters examine the relationship between health services research and policy analysis. It is valuable, at least conceptually, to use effectiveness research in any policy analysis, as proposed by Aday et al. in Chapter 8. But, as the authors admit, over the past two decades such endeavors have produced verified data for only a small number of medical conditions and procedures. When states have issued findings for cardiac catheterization and open-heart surgery, for example, these results usually have been out-of-date. In addition, providers often claim that either the data or the analysis is flawed. It seems unlikely that the medical profession and the hospitals in the United States, which have seldom lacked ingenuity in the past, will accept—without significant resistance—any additional clinical and administrative outcome controls.

Evaluating the Medical Care System is a neatly crafted, well-documented book for graduate students in social sciences or health services management and for health services researchers interested in learning how we arrived where we are today in our efforts to study the effectiveness, efficiency, and equity of our delivery system. It is less appropriate for those health services executives who seek pragmatic answers to fairly complicated operational issues within our current procompetitive healthcare environment.

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