Preface

Healthcare is an important industry that touches most, if not all of us at some time in our lives. Healthcare is noted for using leading edge technologies and embracing new scientific discoveries to enable better cures for diseases and better means to enable early detection of most life threatening diseases. However, the healthcare industry globally has been extremely slow to adopt policies which focus on better practice management and administrative needs. Presently, healthcare is grappling with many challenges both nationally and globally, including escalating costs, a move to a preventative care environment and a technology savvy patient with high expectations. Hence, it is useful to think of the major challenges facing today’s healthcare organizations in terms of the categories of demographics, technology, and finance. Healthcare organizations can respond to these challenges by focusing on three key solution strategies; namely: 1. Access - caring for anyone, anytime, anywhere; 2. Quality – offering world class care and establishing integrated information repositories; and 3. Value – providing effective and efficient healthcare delivery. These three components are interconnected such that they continually impact on the other and all are necessary to meet the key challenges facing healthcare organizations today.

This book will provide an extensive and rich compilation of various policies and the role that public policy making plays and will play in the future of healthcare administration, delivery and management. International experts will address one or more of the areas of access quality and value and thereby represent ways in which healthcare delivery can be made superior and the healthcare industry can begin to address the major challenges it faces in the 21st century so that ultimately the most important person in the web of healthcare players, the patient, can be confident of receiving high quality, cost effective healthcare anytime, anywhere.

The purpose of the proposed encyclopedia is to bring together articles by international experts pertaining to critical concepts about the use, adoption, design and diffusion of policy making in healthcare. Ultimately the role of new theories, frameworks and methodologies in healthcare will address the challenges faced by today’s healthcare environment. These challenges can be best examined under the
categories of access, quality and value and the management of medical technologies and health policies must relate to addressing one or more of these challenges.

There is every reason to expect that this book will be used by all leading healthcare organizations throughout the US and globally as well as be a vital part of any universities’ reference collection in the area of policy making, health policies in healthcare sector. Given that we extensively teach, research, and present in the area of management of medical technology and healthcare sector throughout the world, we are in no doubt as to the potential extent of the audience at a global scale.

This book is a compilation of 12 chapters – contributions discussing the approaches and processes for managing healthcare. These 12 chapters are written by 17 authors from all over the world, including many internationally renowned and experienced researchers and specialists in several disciplines and integrate contributions from academe, research institutions, and industry.

Chapter 1, “Policy Making: A New Method to Manage Public Issues” by Rahmatollah Gholipour, introduces the book with an overview of the fact that policy making is a tool for modern societies to manage public issues including health. At the beginning of this chapter, the science of policy making and its history and objectives are expressed and it concludes that this field as a branch of political and administrative sciences considers the study of policies and certain functions of government in different fields. Then the concept of policy making and public policy are discussed. After that a variety of public policy, qualities of a good policy and rationality in policy making is reviewed.

Chapter 2, “EMS Denied 15 Minutes of Fame: Newspaper Coverage of Pre-Hospital Healthcare Related to Policy Change” by Bradley Wilson, deals with analysis of hundreds of news articles over a 10-year period in dozens of cities .This research reveals that only about 1 percent of community newspaper coverage was devoted to pre-hospital healthcare — EMS. Subsequent qualitative investigation, which included interviews with EMS officials and newspaper reporters in cities identified with both high levels of coverage and low levels of coverage, found five potential reasons for the minimal coverage including that reporters simply were more interested in police/fire coverage and EMS simply was not on the radar screen of the citizens.

Chapter 3, “Health Policy Implementation and Its Barriers: The Case Study of US Health System” by Augustine Nduka Eneanya, offers a discussion to the problem of policy implementation components of a health system in United States of America and explains how they affect health outcomes (service delivery). It argues that implemented policies affect various components of a health system in terms of service delivery, workforce, information, financing, medical products, technologies, leadership and governance. Using health system as framework of analysis, the
paper explains that the outcome of health policy implementation determines the availability, quality and equitability of program service delivery. The paper goes on to argue that policy implementation barriers, such as demand-and supply-side barriers, market, insufficient resources, cultural barriers, imperfect communication, information, education, coordination, leadership and governance affect the poor and vulnerable groups in developed and developing countries from benefitting from public spending on public health policies and programs.

Chapter 4, “The Political Economy of Infectious Diseases in Africa: Ebola Virus Disease (EVD) as a Case in Point” by Titilola T. Obilade, presents the issue of many deaths which occur in Africa due to infectious diseases. African countries are predominantly low-income. A third of all deaths in low-income countries are caused by lower respiratory infections, HIV/AIDS, diarrheal diseases, malaria and tuberculosis. These preventable diseases continue to kill millions of Africans each year. More recently, Ebola Virus Disease (EVD) has killed thousands in Africa but even with the number of deaths attributable to EVD, it is still a fraction of the deaths caused by any one of the top five causes of deaths in low-income countries. This chapter examines the political economies that have enabled infectious diseases to thrive in Africa. The numerous conflicts, barriers to education, high fertility rates in the poorest countries and the privatization-tied conditions of loans were some of the factors identified.

Chapter 5, “The States as Generators of Incremental Change in American Health Care Policy: 1935 to 1965” by Robert A. Peters and Minerva Cruz, comes to the issue of that literature does not acknowledge the impact of Congressional casework or the initial Social Security (OASI) eligibility criteria. There is, as a result, an inadequate appreciation for (1) the extent to which the initial development of federal policy was a function of Congressional delegations pursuing initiatives that would increase the flow of federal dollars their states could use to expand health services or (2) the way in which the regional cleavages created OASI eligibility criteria combined with the South’s control of Congressional leadership positions to yield an expansion of health care for indigent people while intentionally delaying the creation of Medicare. This chapter addresses these gaps and provides a more complete picture of the way in which the incremental, unplanned evolution of federal health care policy was the product of using federal resources to diminish the states’ fiscal needs and the south’s capacity to temporarily control the health care agenda.

Chapter 6, “The Study of Public Reporting in Healthcare” by Ubaldo Comite exploits that public reporting, intended as the public disclosure of information on healthcare performance, is linked to the improvement of the quality of care through the incentives of selection and change, which are in turn determined by the availability of comparative information that is used by those outside the system (citizens)
and those from within (organizations and professionals). The aim of this paper is to highlight how public reporting systems have the potential to not only support healthcare users in making informed choices, but to also foster healthcare structures in the improvement of their services.

Chapter 7, “A Revolutionary Look at Health Policy Analysis in Developing Countries” by Khadijeh Rouzbehani and Goltan Fakhteh Yavari, aims to focus on developing and poor countries. This study begins by looking at the health policy environment, and some of the challenges to researching this highly complex phenomenon. It focuses on research in middle and low income countries. Attention is drawn to the roles of the policy researcher and the importance of reflexivity and researcher’s position in the research process and finally ways of advancing the field of health policy analysis is discussed.

Chapter 8, “Stakeholders Engagement and Agenda Setting in a Developing Context: The Case of the Bangladesh Health Policy” by Golam Rabbani, continues the discussion of developing countries. This paper explores this issue in the case of the development of the Bangladesh Health Policy 2011. It has discovered that the policy making process has many well-organized actors with very clear and efficient roles in generating policy outputs. This study indicates that the distinctions between policy making in western and eastern countries, at least in some countries, may be breaking down.

Chapter 9, “A Systematic Approach to Typology of Functions of National Health System” by Mostafa Zamanian and Zohreh Karimmian talks about the attempts which have been made for offering a comprehensive model in describing the functions. The OECD determined principles needed to offer an appropriate typology that should be independent of the names of health programs in different countries. In this chapter, an overview of the proposed models for structures and functions of the health system has been provided in order to propose a comprehensive health model with an emphasis on theoretical aspects of public policy-making and binding functions in any national development system.

Chapter 10, “On-Site Clinics: A New Model of Health Coverage in Local Government” by Robert Yehl, aims at health care costs. With the continued rising cost of health insurance and the fiscal constraints as a result of the 2007-09 economic recession requiring local governments in the U.S. to make cuts in employees, services, and benefits, it appears that on-site health clinics are one method of reducing, or at least, slowing health care costs. This chapter analyzes the use and benefits of such clinics for local government managers which is a new, but potentially effective method of both controlling costs and improving employee health.

Chapter 11, “Bridging the Gaps with Nonprofits: The Intersection of Institutions, Interests, and the Health Policy Process” by Laura Caccioppoli, investigates how nonprofits are both bridging the gaps left behind from health policy, and are
at the intersection of institutions, interests, and the policy process. Using cultural
competency as a theoretical lens, the chapter will make use of the current literature,
demographic trends, and other qualitative and quantitative data to situate three case
studies. Finally, the chapter offers an overview and evaluation of these policies as
well as an explanation of the role nonprofits have in filling necessary service de-
livery and advocacy.

Chapter 12, “Redesigning the Organizational Structure to Reach Efficiency: The
Case of Ministry of Health and Medical Education of Iran” by Mohammad Arabi,
gives insights of the structure of an organization requires partial modification or
even total redesigning due to the changes in missions, strategies, policies and objec-
tives once environmental and technological changes take place. This evolutionary
redesign and implementation of its plan can have the maximum effectiveness and
efficiency when all aspects and components of a coherent structure are considered
carefully. This research has considered redesigning the structure of the Ministry and
outlines the methodology and undertaken activities in order to evolve the structure
of the central department of Ministry to prove how a re-design in organizational
structure followed by policy coherence can maximize the output in healthcare sector.

Throughout these 12 chapters, the reader of this book is confronted with the eco-
nomics of information systems, the players and the market in information systems,
and the global information infrastructure.

It presents the various aspects of both theoretical and empirical approaches in
economic of information systems, the management of information systems, and
digital business/markets. We are grateful to all authors for their efforts as the whole
process of writing, reviewing, rewriting, editing, and proofreading needs a lot of time.