

SECOND EDITION

HEALTH POLICY ANALYSIS

AN INTERDISCIPLINARY APPROACH

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Printing and Binding: Edwards Brothers Malloy
Cover Printing: Edwards Brothers Malloy

To order this product, use ISBN: 978-1-284-03777-7

Library of Congress Cataloging-in-Publication Data

McLaughlin, Curtis P., author.
Health policy analysis : an interdisciplinary approach / Curtis P. McLaughlin, Craig D. McLaughlin. -- Second edition.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-284-05818-5 (pbk. : alk. paper)
I. McLaughlin, Craig, author. II. Title.
[DNLM: 1. Health Policy—United States. 2. Health Planning—United States. WA 540 AA1]
RA395.A3 23
362.1—dc23

2014015113

6048

Printed in the United States of America
18 17 16 15 14 10 9 8 7 6 5 4 3 2 1

Dedication

To our talented wives, Barbara Nettles-Carlson and Karen Janowitz, and to the three generations of health professionals in our extended family who patiently share so much with us.



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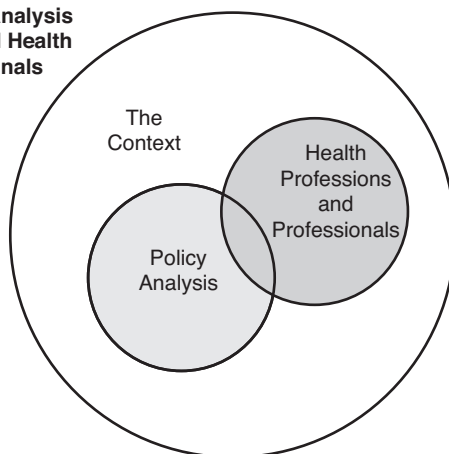
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Preface

The Policy Analysis Process and Health Professionals



This text is about the process of developing health policy relevant to the United States. We have included the perspectives of a number of disciplines and professions. Because our country has many actors but no coherent, integrated, systematic health policy at the federal level, even after the passage of the Patient Protection and Affordable Care Act (ACA), we have drawn heavily on our personal experiences and backgrounds, which include economics, political science, management, communications, and public health. We have also drawn on the experiences of other countries. Although the federal government has taken on a greater role with the passage of the ACA, states and even smaller jurisdictions will continue to play a major role in health planning. Values, economics, and health risks may vary among them, which suggests a need for independence in planning and execution. Canada's experience with a broad policy and specific health systems for each province has seemed to work as well, or better than, a centralized bureaucracy might have. Even the health services of a number

of European countries have tended toward more decentralization as time has passed.

This text is organized into three parts: “The Context,” “The Policy Analysis Process,” and “The Professional as a Participant.” We have anticipated that this text will be used to review health system issues and policy planning for health in a variety of graduate professional programs. We have not assumed zero knowledge of the U.S. health system, but we have not anticipated that the reader will have a great deal of background about how and why the U.S. health system developed as it did, nor about the efforts that took place in the past to reform it. Therefore, Part I, “The Context,” explores current issues with the system (Chapters 1 and 2) and the history of how that system has evolved (Chapter 3). Chapter 4 challenges readers to ask about where we want to be, and Chapters 5 and 6 review policy alternatives that seem to have strong support for getting from where we are to where we might want to be. Some of these are reflected in the ACA, while others are not. These chapters do not purport to be “value free,” but this text is different from most books on health policy because it does not attempt to push a single solution set. Studying the present is important for research and understanding, but the educational purpose of this book, and presumably of any course in which it is assigned, is to prepare students to meet whatever new, and perhaps unforeseen, challenges that develop in the future.

Part II, “The Policy Analysis Process,” develops a set of tools for use in the future. Chapter 7 deals with identification and definition of the issues to be studied. Chapter 8 introduces some of the concepts of technology assessment applicable to health care. Chapter 9 adds more concepts of technology assessment related to evidence-based clinical innovation and management. Chapter 10 reviews the political processes that influence planning in various settings, especially the public-sector health arena. Chapter 11 presents the accepted methods of economic and financial analysis that determine the economic viability of health care plans. Chapter 12 addresses the ethical and other value considerations that must enter into the health policy process. In our deeply divided country, value issues are important. They crop up in just about every context and influence the outcome of most analyses. We have put this chapter after the other three process chapters to try to offset the tendency of many less sophisticated students to start with the qualitative and never get to the rewarding, but demanding, work of including the quantitative. Part II ends with Chapter 13, which focuses on implementation. Policies and plans must take into account the capacities of organizations and societies to implement them. At the same time, how

the policy-making process proceeds becomes a part of the context within which the implementation will take place. Yes, there is a problem of circularity here, but that is real life.

Part III, “The Professional as a Participant,” deals with the roles, skills, and leadership that health professionals can bring to the policy-making process in their local and national communities. It also acknowledges that one has to act out of a personal set of values and point of view, while at the same time preserving one’s flexibility to make incremental progress if that is all that can be achieved. Chapter 14 reviews the overall planning processes in our society and suggests some things that professionals might strive for in the short and long run. The emphasis in that chapter is on what is likely to work, rather than the ideal. Chapter 15 suggests that there are important roles for health care professionals in the change process. It also discusses the skills that health professionals need to acquire if they are going to be accepted into the process and work effectively on its tasks, either from the inside or the outside. Chapter 16 provides summary and concluding material for the text.



Acknowledgments

Curtis McLaughlin would like to recognize a number of individuals who helped steer him in the direction of health policy and administration and supported him to continue in it for more than 40 years. They include Roy Penchansky and the late John Dunlop while at Harvard, and Sagar Jain, Arnold Kaluzny, and the late Maurice Lee at UNC-Chapel Hill.

Craig McLaughlin would like to extend his appreciation to the members and staff of the Washington State Board of Health during his tenure there, as well as the many other talented leaders in state and local public health in Washington State, for their tutelage. In particular, he would like to recognize his former supervisors for their patient mentoring—chairs Linda Lake, Dr. Thomas Locke, Dr. Kim Marie Thorburn, and Treuman Katz, and former executive director Don Sloma.



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He received his BA with honors in chemistry from Wesleyan University and his MBA with distinction and his DBA from Harvard Business School. While there, he studied and then taught in the Harvard interdisciplinary program in health care economics and management. At the Business School in Chapel Hill, he developed management programs for health professionals and directed the Operations Management Area and the Doctoral Program. He has served as a consultant to the World Health Organization and a number of businesses and organizations.

Craig D. McLaughlin, MJ, is a public health policy consultant as well as a freelance journalist and motivational speaker. He was executive director of the Washington State Board of Health when he coauthored the first edition of this text. He joined the board as senior health policy manager in 2001 and served as executive director from 2004 to 2011. Immediately prior, he served as director of college relations and adjunct faculty for The Evergreen State College. As a newspaper editor and freelance journalist for more than a decade, Mr. McLaughlin wrote and edited articles on a broad

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