

Blue Cross Since 1929: Accountability and the Public Trust

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Blue Cross Since 1929 Accountability The Public Trust

Susan M. Reverby, Susan Reverby



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BOOK JACKET

The Therapeutic Revolution Morris J. Vogel, Charles E. Rosenberg, 2017-01-30 This book is not about one glorious triumph after another nor is it a series of complaints about doctors and hospitals Rather these essays examine American medicine within its context sensitive to the role of medical knowledge practitioners and institutions in the nineteenth and twentieth centuries The selections not only cover general considerations of the social and cultural context in which American medicine developed but also analyze the relationship between science and medicine the development of mental hospitals nursing and health insurance

Ordered to Care Susan M. Reverby, Susan Reverby, 1987-08-28 An engaging study of the dilemmas faced by American nursing which examines the ideology practice and efforts at reform of both trained and untrained nurses in the years between 1850 and 1945 Ordered to Care provides an overall history of nursing's development and places that growth within the context of topical questions raised by women's history and the social history of health care Building upon extensive use of primary and quantitative data the author creates a collective portrait of nursing from the work of the individual nurse to the political efforts of its organizations Dr Reverby contends that nursing's contemporary difficulties are caused by its historical obligation to care in a society that refuses to value caring She examines the historical consequences of this critical dilemma and concludes with a discussion of why nursing will have to move beyond its obligation to care and what the implications of this change would be for all of us

The Divided Welfare State Jacob S. Hacker, 2002-09-09 The Divided Welfare State is the first comprehensive political analysis of America's system of public and private social benefits Everyone knows that the American welfare state is less expensive and extensive later to develop and slower to grow than comparable programs abroad American social spending is as high as spending in many European nations What is distinctive is that so many social welfare duties are handled by the private sector with government support With historical reach and statistical and cross national evidence The Divided Welfare State demonstrates that private social benefits have not been shaped by public policy but have

deeply influenced the politics of public social programs to produce a social policy framework whose political and social effects are strikingly different than often assumed At a time of fierce new debates about social policy this book is essential to understanding the roots of America s distinctive model and its future possibilities **The Public-private Health Care**

State Rosemary A. Stevens,2017-07-28 The distinctive mixing and continuous remixing of public and private roles is a defining feature of health care in the United States The Public Private Health Care State explores the interweaving of public and private enterprise in health care in the United States as a basis for thinking about health care in terms of its history and its continuing evolution today Historian and policy analyst Rosemary Stevens has selected and edited seventeen essays from both her published and unpublished work to illustrate continuing themes such as the flexible meanings of the terms public and private and how useful their ambiguity has been and is the role of ideology as ratifying rather than preordaining change and the common behavior of public leaders and corporate entities in the face of fiscal opportunity The topics covering the period of 1870 through the twenty first century represent Stevens research interests in hospital history and policy the medical profession government policy and paying for health care The volume also considers her involvement with policy questions which include health services research health maintenance organizations and physician workforce policy Section I demonstrates the long history of state government involvement with private not for profit hospitals from the 1870s through the 1930s Section II examines the federal role in health care from the 1920s through the 1970s including the establishment of veterans hospitals and the implementation of Medicaid Section III shows how shifting governmental roles require constantly changing organizing rhetoric whether for inventing a federal role for health services research and HMOs regionalization in the 1970s or defining civil rights and equity as mobilizing vehicles in the 1980s Section IV examines growing concerns from the 1970s through the present about the traditional public role of the largely private medical profession Section V returns to the ambiguous public priv **Health Care in America** John C. Burnham,2015-05-15 This comprehensive history of medicine and public health in America covers changes and developments over four centuries from the arrival of the first Europeans to the twenty first century **Basic Readings in Social Security** ,1982

Centralization and Power in Social Service Delivery Systems J.R. Hollingsworth,R. Hanneman,2012-12-06 In the United States and other western nations debates rage over whether welfare medical care educational programs and many other aspects of public policy should be the responsibility of central govern ment local government or the private sector In most nations the issues of regional autonomy and decentralization are constantly in the news with intensity varying from mild debate to open warfare Less visibly battles are continuously fought in the political arena over what groups should have the right to make decisions concerning the allocation of soci ety s resources In response to these concerns social scientists have focused consider able attention on the causes and consequences of centralization and de centralization in political economic and social organizations Their analyses of centralization have been varied ranging from systems that are quite small e g the

family the firm and the community to those systems that are very large e.g. the welfare state. While centralization is a concept of major concern in most of the social science disciplines, each discipline has tended to focus on centralization with a different set of interests. Economists have been very much concerned with the causes and the consequences of the concentration of economic resources. Political scientists have long sought to understand the origins and consequences of dictatorship and democracy. Sociologists have focused on inequalities in the distribution of power.

Health, Civilization and the State Dorothy Porter, 2005-08-10. This book examines the social, economic and political issues of public health provision in historical perspective. It outlines the development of public health in Britain, Continental Europe and the United States from the ancient world through to the modern state. It includes discussion of pestilence, public order and morality in pre-modern times, the Enlightenment and its effects, centralization in Victorian Britain, localization of health care in the United States, population issues and family welfare, the rise of the classic welfare state, attitudes towards public health into the twenty-first century.

In Sickness and In Wealth: American Hospitals in the Twentieth Century Rosemary Stevens, 2025-05-25. American hospitals are a unique combination of public and private institutions that are at once charities and businesses, social welfare institutions and icons of US science, wealth and technical achievement. *In Sickness and in Wealth* helps us understand this huge and often contradictory industry and shows that throughout this century the voluntary, not-for-profit hospitals have been profit-maximizing enterprises even though they have viewed themselves as charities serving the community. Although our hospitals have provided the most advanced medical care for acutely sick and curable patients, they have been much less successful in meeting the needs of the chronically ill and the socially disadvantaged. That Stevens concludes is the next urgent task of social policy. A fascinating panoramic survey of the evolution of the American hospital system in the twentieth century, Stevens brilliantly views the hospital as a prism of the values and mores of society. She sees the stratification of the hospital population into private, semi-private and charity patients as a manifestation of the social stratifications of American society. Stevens has written a profoundly important book. Together with *The Care of Strangers* 1987 by Charles Rosenberg, *In Sickness and in Wealth* provides a masterful overview of the development of the American hospital system. These two outstanding books complement each other neatly. *The Care of Strangers* examines the creation of the system from 1850 to the 1920s. *In Sickness and in Wealth* traces events once the system was in place through the present. Rosenberg's book is an unusually well-crafted piece of social and cultural history; the present book is written to a much greater degree from the standpoint of political science and it also carries more implications for present-day policy issues. Ambitiously conceived, superbly executed and rich in detail, interpretation and insight, *In Sickness and in Wealth* is a major work of scholarship that will influence discussion of the health care system for years to come. It has all the makings of a classic. *Reviews in American History*. This book is beautifully written and is must reading for anyone involved in the current debate on health policy. It will also make delightful reading for those who merely wish to view the shifting social and economic climate in modern America.

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National Library of Medicine Current Catalog National Library of Medicine (U.S.),1971 Reforming the Health Care Market David F. Drake,1994-09-19 Examining the health care market in a historical framework Drake analyzes the forces and events that have shaped American health care in the twentieth century and sheds new light on why and how our health care system has dampened competitive market forces and failed to provide sound value for much of our health care expenditures He examines the roles that physicians hospitals insurance companies businesses individual consumers and government legislation have played in creating a provider dominated market in which the cost of care has been concealed from consumers Comparing U S health care expenditures with those of other developed countries he concludes that a significant part of our health care problem is the style of medicine practiced in the United States which is much more specialized and high tech than in other developed nations Drake develops proposals for health care financing reform that consider the political and economic difficulties involved He first examines the Clinton health care reform plan and makes specific recommendations for revisions that would improve its likelihood of controlling costs He then offers an alternative proposal that would both maintain the principle of universal noncancelable coverage and eliminate the flaws in the market for health care services by giving consumers a financial stake in cost containment This timely argument combining economic and historical analysis with thoughtful consideration of the motivating humanitarian and political concerns will be of interest to everyone seeking to understand and to reform our ailing health care system

Making the Modern Medical School Robert Oliver,2002 *Issues in Physician Reimbursement* Nancy Thorndike Greenspan,1981

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American Health Care Blues Irwin Miller, Making novel use of the sociology of organizations and pragmatic philosophy Irwin Miller sheds new light on the nature and evolution of both the Blues and American health care voluntarism and reform He shows how Walter McNerney one of the primary health policy shapers over the past forty years used ideological and utopian rhetoric to help move Blue Cross into HMO development This case study of institutional and leadership behavior uses firsthand interviews archival documents oral histories and other materials to present an unusually concrete and readable narrative account as to how health care leaders engage in creative institution building or health care reform

Institutional Change and Healthcare Organizations W. Richard Scott,2000-05 The changes in the US healthcare system since World War II are documented here from new technologies service delivery arrangements to

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