



FOCUSING ON HEALTH REFORM

RAND Research on Health Care Organization and Capacity

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RAND research on the organization and capacity of the health care system takes a broad perspective. Our work has examined how organization affects the health system's ability to provide high-quality care and to use resources efficiently and effectively. RAND has conducted hundreds of analyses of how changes in health care markets, delivery systems, and financing mechanisms affect patients, providers, insurers, and medical-product manufacturers. For example, this work has extended into such areas as state health care financing initiatives for the uninsured, the impact of prescription drug benefits on health outcomes and costs, and the effect of managed care on utilization and quality of care. More recently, studies have focused on the link between health system organization and the ability of the public health system to respond to public health emergencies.

Project COMPARE: A Global Positioning System for Health Care Policy

COMPARE (Comprehensive Assessment of Reform Efforts) is a first-of-its kind online resource that provides one-stop shopping for objective analysis of health policy issues. COMPARE provides facts and figures about the current state of the U.S. health care system, focusing on key dimensions of health system performance; a description of policy options for changing the health care system; an inventory and the status of prominent federal, state, and private health care reform proposals; and an interactive tool to provide analyses of the effects of different health care policy options on multiple dimensions of health system performance, including cost, coverage, and outcomes.

<http://www.randcompare.org>

Organizing for Quality: Inside the "Black Box" of Health Care Improvement in Europe and the United States (2008)

This research brief summarizes a book on health care quality improvement efforts, suggesting a focus on the organizational and human dimensions of change and the processes by which these dimensions are set in motion and unfold over time.

http://www.rand.org/pubs/research_briefs/RB9329/

Delivery of Genomic Medicine for Common Chronic Adult Diseases (2008)

This fact sheet summarizes recommendations for health care workers, consumers, and the scientific community to prepare the health care system for genomic medicine for common chronic diseases.

http://www.rand.org/pubs/research_briefs/RB9338/

Scope of Rapid HIV Testing in Private Nonprofit Urban Community Health Settings in the United States

Bogart LM, Howerton D, Lange J, Becker K, Setodji CM, Asch SM. *American Journal of Public Health*, Vol. 98, No. 4, Apr 2008, pp. 736–742

Rapid HIV tests were provided infrequently in private, nonprofit, urban community settings. Policies that encourage greater diffusion of rapid testing are needed, especially in community-based organizations and venues with fewer resources and less access to laboratories.

Spreading Nursing Unit Innovation in Large Hospital Systems

Pearson ML, Upenieks VV, Yee T, Needleman J. *The Journal of Nursing Administration*, Vol. 38, No. 3, March 2008, pp. 146-152

Healthcare administrators increasingly face the challenge of how to spread innovation throughout their organizations. The authors present the results of an evaluation of the efforts of three major hospital systems to internally disseminate nursing unit change among medical-surgical units. The findings show that all three organizations carefully planned, coordinated, and implemented a dissemination process; none left it to chance. Although clear differences were evident in the way they engineered dissemination, many similarities also were found.

Delivery of Genomic Medicine for Common Chronic Adult Diseases: A Systematic Review

Scheuner MT, Sieverding P, Shekelle PG. *Journal of the American Medical Association*, Vol. 299, No. 11, Mar 2008, pp. 1320–1334

Many gaps in knowledge about organization, clinician, and patient needs must be filled to translate basic and clinical science advances in genomics of common chronic diseases into practice.

The Evolution of Changes in Primary Care Delivery Underlying the Veterans Health Administration's Quality Transformation

Yano EM, Simon BF, Lanto AB, Rubenstein LV. *American Journal of Public Health* [Epub Oct 30, 2007], Vol. 97, No. 2, Dec 2007, pp. 2151–2159

Although VA's quality transformation had many underlying causes, investment in primary care development may have served as an essential substrate for many VA quality gains

Estimating the Potential Impact of Regionalizing Health Care Delivery Based on Volume Standards Versus Risk-Adjusted Mortality Rate

Glance LG, Osler TM, Mukamel DB, Dick AW. *International Journal for Quality in Health Care* [Epub June 10, 2007], Vol. 19, No. 4, Aug 2007, pp. 195–202

Efforts to use volume standards as the basis for evidence-based hospital referrals should be re-evaluated by all stake-holders before promoting further efforts to regionalize health care delivery using volume cutoffs.

State Mental Health Policy: States' Early Experience in Improving Systems-Level Care for Persons with Co-occurring Disorders

Dausey DJ, Pincus HA, Herrell JM, Rickards L. *Psychiatric Services*, Vol. 58, No. 7, Jul 2007, pp. 903–905

The column describes the implementation successes and challenges of these states and the lessons learned from these experiences so that states in the planning phases of similar projects or other infrastructure improvement projects may benefit.

Nurse Working Conditions and Patient Safety Outcomes

Stone P, Mooney-Kane C, Larson EL, Horan T, Glance LG, Zwanziger J, Dick AW. *Medical Care*, Vol. 45, No. 6, Jun 2007, pp. 571-578

Nurse working conditions were associated with all outcomes measured. Improving working conditions will most likely promote patient safety. Future researchers and policymakers should consider a broad set of working condition variables.

Organizational Culture and Physician Satisfaction with Dimensions of Group Practice

Zazzali JL, Alexander JA, Shortell SM, Burns LR. *Health Services Research* [Epub Oct 25, 2006], Vol. 42, No. 3 (Part 1), Jun 2007, pp. 1150-1176

Some dimensions of physician organizational culture are significantly associated with various aspects of individual physician satisfaction with group practice.

Integrating Treatment for People with Co-occurring Mental Health and Substance Abuse Disorders in Public Systems of Care (2006)

This fact sheet describes an analysis to review progress in, identify challenges for, and point to promising directions for future integrated financing arrangements and care of people with co-occurring mental health and substance abuse disorders.

http://www.rand.org/pubs/research_briefs/RB9189/

Emergency Preparedness Is Stimulating Changes in Public Health Practice (2006)

This fact sheet summarizes interrelated RAND projects to examine public health infrastructure and how public health preparedness is transforming public health agencies.

http://www.rand.org/pubs/research_briefs/RB9197/

Redesigning Health Systems for Quality: Lessons from Emerging Practices

Wang MC, Hyun JK, Harrison MI, Shortell SM, Fraser I. Joint Commission Journal on Quality and Patient Safety, Vol. 32, No.11, Nov 2006, pp. 599-611

The National Center for Health Statistics, Centers for Disease Control and Prevention, asked RAND Health to assist in the first phase of the redesign effort by developing an approach for redesigning the survey and identifying, through a feasibility study, specific data elements to be included and field procedures to be used in that survey. New data elements recommended add clinical and financial depth and breadth, and the ability to link facility structure to process and outcomes of care. The survey also provides a structure for incorporating modules that can focus in detail on selected issues.

http://www.rand.org/pubs/technical_reports/TR475/

Dimensions of the Local Health Care Environment and Use of Care by Uninsured Children in Rural and Urban Areas

Gresenz CR, Rogowski J, Escarce JJ. Pediatrics, Vol. 117, No. 3, Mar 2006, pp. e509-e517

Uninsured children had low levels of utilization over a range of different health care provider types and settings. The availability of safety net providers in the local area and the safety net's capacity to serve the uninsured influence access to care among children. Possible measures for ensuring access to health care among uninsured children include increasing the density of safety net providers in rural areas, enhancing funding for the safety net, and implementing policies to increase the supply of primary care physicians.

Strategies for Promoting Organizational and Practice Change by Advancing Implementation Research

Rubenstein LV, Pugh J. Journal of General Internal Medicine, Vol. 21, Suppl 2, Feb 2006, pp. S58–S64

The persistence of a large quality gap between what we know about how to produce high quality clinical care and what the public receives has prompted interest in developing more effective methods to get evidence into practice. Implementation research aims to supply such methods. This article proposes a set of recommendations aimed at establishing a common understanding of what implementation research is, and how to foster its development. We developed the recommendations in the context of a translation research conference hosted by the VA for VA and non-VA health services researchers. Health care organizations, journals, researchers and academic institutions can use these recommendations to advance the field of implementation science and thus increase the impact of clinical and health services research on the health and health care of the public.

Substance Abuse with Mental Disorders: Specialized Public Systems and Integrated Care

Burnam MA, Watkins KE. Health Affairs, Vol. 25, No. 3, 2006, pp. 648-658

Separate public financing and regulation of substance abuse treatment distinct from mental health treatment preserves a focus on the special needs of those with substance abuse but creates challenges to providing appropriate care for the large number of people with co-occurring conditions. This paper reviews recent efforts to overcome these challenges through clinical and systems approaches that better integrate care. Although much progress has been made for some subgroups of people with co-occurring disorders, further efforts to develop and sustain clinically integrated service delivery approaches within separate systems, particularly in substance abuse treatment settings, are needed.

The Managed Care Backlash: Did Consumers Vote with Their Feet? (2005)

Overall, for all insured consumers, there was only a 1 percent drop in HMO enrollment during the post-period. There is evidence for two possible explanations: Many consumers were more satisfied with their HMOs than had been thought. Many HMOs relaxed their cost containment restrictions in order to avoid losing market share. Privately insured patients were more likely than others to exit their HMOs. Medicare HMO enrollment remained nearly steady; Medicaid enrollment increased significantly. HMO enrollment grew even among the privately insured in areas with high health care cost increases.

http://www.rand.org/pubs/research_briefs/RB9121/

The Office of Congressional Relations provides any of the listed documents to Congressional offices and U.S. Federal agencies on request, at no charge.

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