

## Health Economics Jeremiah Hurley

Health Economics The Economic Institute Guide to Graduate Study in Economics and Agricultural Economics in the United States of America and Canada Health, Health Care and Health Economics Contents of Recent Economics Journals Journal of Economic Literature The American Economic Review Modern Labor Economics The Economics of Health Reconsidered The Economics of Health and Health Care OECD Economic Surveys Money, Trade and Economic Growth Index of Economic Articles in Journals and Collective Volumes A Health Economics Primer Social Sciences Index The Journal of Legal Studies Short-run Labor Supply of Registered Nurses Amartya Sen Medical Care Price Indices OR/MS Today Physician Financial Incentives and Cesarean Section Delivery Jeremiah E. Hurley Morris L. Barer Ronald Gordon Ehrenberg Thomas H. Rice Sherman Folland Harry Gordon Johnson American Economic Association Shirley Johnson-Lans Sothitorn Mallikamas Amartya Kumar Sen Joseph P. Newhouse Jonathan Gruber

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*Gordon Ehrenberg Thomas H. Rice Sherman Folland Harry Gordon Johnson American Economic Association Shirley Johnson-Lans  
Sothitorn Mallikamas Amartya Kumar Sen Joseph P. Newhouse Jonathan Gruber*

hurley health economics first edition is unique in its focus and will provide the market with the only available canadian book of its kind to date the text is written with no economics prerequisites reviewing each of the appropriate economic models as it is required the text places strong emphasis on policy issues relating to public and private health care the purpose of this text is to make sense of the health sector to be able to critically analyze from an economic perspective commonly debated health issues in modern societies its strong policy orientation emphasizes the application of economic concepts and methods to analyze policy problems in the health sector because health economics is an applied field one must have some understanding of how the health system works consequently although it draws examples from countries around the world it emphasizes the design and institutional features of the canadian health system in this respect it fills an important gap in the resources available to canadian students and professors author jeremiah e hurley is very well known both in canada and internationally in 1999 he lead a team that produced a special program for the world bank institute washington d c thousands of individuals from around the world have followed this evidence based and case oriented program either at washington offices or at regional partnerships around the globe jeremiah hurley is also a contributor to the prestigious handbook of health economics edited by culyer and newhouse

this book focuses on fundamental issues of equity or distribution in health care and health it will be an indispensable sourcebook for all health economists as well as health care policy makers and managers

provides the core of economic theory demand issues followed by supply issues and then analyzes special topics such as

compensations unions discrimination and unemployment the text's public policy orientation is supported by policy applications

this book reconsiders the field of health economics as it is traditionally taught and practiced it critically examines economic theory as applied to the health sector and questions the prevailing belief that a competitive healthcare marketplace results in the best outcomes new information including an overview of standard microeconomic theory makes this new edition an ideal stand alone text for health economics and health policy courses expanded and thoroughly updated this edition features a new chapter on traditional microeconomic theory that includes an overview of demand supply competition monopoly and social welfare an expanded overview of the role of government added information about market competition and the implications for health policy expanded information about the demand for health insurance and health services a new chapter discussing for profit versus nonprofit organizations in healthcare including specialty hospitals and the nursing home and pharmaceutical industries a new chapter on healthcare workforce issues including the markets for physicians and nurses an update on the different ways developed countries can and have organized their healthcare systems

the fourth edition includes a brand new chapter 23 epidemiology and economics aids in africa which looks at the economic consequences of epidemics with particular interest in the worldwide aids epidemic back cover

a health economics primer covers the key areas of health care economics the supply and demand for health care and health insurance the impact of technological innovation and the role of institutions and public policy in a brief flexible format that enables instructors to adapt the course as quickly as this dynamic field is evolving instructors will find suggestions for ways to use this text along with essential readings covering recent research and policy debates and companion sections of the handbook of health economics

these chung hua lectures given at the academia sinica in taiwan in december 2000 summarize work that has been done by myself and others on biases in medical care price indices i begin by reviewing various uses of price indices and therefore why biases in the overall indices and changes in those biases matter i then describe briefly the assumptions and theory underlying the official price indices i next turn to the problems of measuring medical prices assuming the basic applicability of the theory upon which the official indices are based finally i take up the potential inapplicability of the assumptions made by that theory and the resulting issues for measuring medical price changes i describe an alternative theory and its implications for the measurement of medical prices i conclude that the biases in the official medical care index while substantially reduced by recent improvements likely remain substantial enough to affect the overall official indices in the united states especially the gdp deflator where the weight of medical care is around 13 percent

the induced demand model states that in the face of negative income shocks physicians may exploit their agency relationship with patients by providing excessive care in order to maintain their incomes we test this model by exploiting an exogenous change in the financial environment facing obstetrician gynecologists during the 1970s declining fertility in the u s we argue that the 13.5 fall in fertility over the 1970-1982 period increased the income pressure on ob gyns and led them to substitute from normal childbirth towards a more highly reimbursed alternative cesarean delivery using a nationally representative micro data set for this period we show that there is a strong correlation between within state declines in fertility and within state increases in cesarean utilization this correlation is robust to consideration of a variety of alternative hypotheses and appears to be symmetric with respect to periods of fertility decline and fertility increase

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