
Weekly Hot Articles

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편집·배포: 학술정보팀

Care Management Processes Used Less Often For Depression Than For Other Chronic Conditions In US Primary Care Practices

Tara F. Bishop, Patricia P. Ramsay, Lawrence P. Casalino, Yuhua Bao, Harold A. Pincus and Stephen M. Shortell

Abstract

Primary care physicians play an important role in the diagnosis and management of depression. Yet little is known about their use of care management processes for depression. Using national survey data for the period 2006-13, we assessed the use of five care management processes for depression and other chronic illnesses among primary care practices in the United States. We found significantly less use for depression than for asthma, congestive heart failure, or diabetes in 2012-13. On average, practices used fewer than one care management process for depression, and this level of use has not changed since 2006-07, regardless of practice size. In contrast, use of diabetes care management processes has increased significantly among larger practices. These findings may indicate that US primary care practices are not well equipped to manage depression as a chronic illness, despite the high proportion of depression care they provide. Policies that incentivize depression care management, including additional quality metrics, should be considered.

Keywords Primary Care, Mental Health/Substance Abuse

Full Text: <http://content.healthaffairs.org/content/35/3/394.abstract>

Understanding What Makes Americans Dissatisfied With Their Health Care System: An International Comparison

Joachim O. Hero, Robert J. Blendon, Alan M. Zaslavsky and Andrea L. Campbell

Abstract

For decades, public satisfaction with the health care system has been lower in the United States than in other high-income countries. To better understand the distinctive nature of US health system satisfaction, we compared the determinants of satisfaction with the health system in the United States to those in seventeen

other high-income countries by applying regression decomposition methods to survey data collected in the period 2011–13. We found that concerns related to “accessing most-preferred care” (the extent to which people feel that they can access their top preferences at a time of need) were more important to satisfaction in the United States than in other high-income countries, while the reverse was true for satisfaction with recent interactions with the health system. Differences among US socioeconomic groups in survey responses regarding access to most-preferred care suggest that wide variation in insurance coverage and generosity may play a role in these differences. While reductions in the uninsured population and the movement toward minimum health plan standards could help address some concerns about access to preferred care, our results raise the possibility of public backlash as market forces push plans toward more restricted access and higher cost sharing.

Keywords Public Opinion, Insurance Coverage < Insurance Satisfaction, Access To Care

Full Text: <http://content.healthaffairs.org/content/35/3/502.abstract>

Journal of Health Economics. 2016 Jan v. 45 pp. 149–160

Does home care for dependent elderly people improve their mental health?

Thomas Barnay, Sandrine Juin

A b s t r a c t

While theoretical models on long-term care decisions assume that the health production function of dependent elderly depends positively on the care received, it has not received much attention in the empirical literature. We estimate the effects of both informal and formal home care on the mental health of elderly individuals in France needing help with daily activities. We adjust for the endogeneity of care with instrumental variables, using characteristics of adult children and geographical disparities in access to public long-term care coverage. The results show that informal care reduces the risk of depression of dependent elderly and that formal care increases their general mental health.

Keywords Long-term care, Health production, Informal care, Formal care, Mental health

Full Text: <http://www.sciencedirect.com/science/article/pii/S0167629615001204>

Future Time Perspective and End-of-Life Planning in Older Adults

Elizabeth A. Luth

A b s t r a c t

This study explores the extent to which cognitive processes, specifically perceptions of one's distance to death, are associated with informal and formal advance care planning (ACP) in a sample of older adults. Data come from the New Jersey End-of-Life (EOL) study, a survey of 305 adults aged 55-91. Binary logistic regression models evaluate the odds that someone conducted ACP. Persons who perceive remaining life span to be expansive or limited have significantly lower odds of formally planning for the EOL, relative to those in the middle category. Death anxiety and having a family confidante partially explain these associations. The association between future time perspective (FTP) and discussions is not statistically significant. Practitioners may consider individuals' FTPs when discussing preferences for EOL medical care.

Keywords end of life, advance care planning, future time perspective

Full Text: <http://roa.sagepub.com/content/38/2/178.abstract>

'Best of Both Worlds'? A Comparison of Third Sector Providers in Health Care and Welfare-to-Work Markets in Britain

Elke Heins and Hayley Bennett

A b s t r a c t

This article compares the welfare markets in primary health care and 'welfare-to-work' in the UK since the late 1990s. A longitudinal comparison of two different policy areas enables us to study the context in which marketization and the resulting shift of welfare provision takes place. We outline the general background of the market-based reforms and highlight in what way policymakers have ascribed third sector organizations (TSOs) a number of positive characteristics, particularly the ability to address concerns about well-known market failures. While

consecutive governments promoted these organizations as welfare providers, case studies of two illustrative provider organizations in each policy area reveal a number of problems regarding their distinctiveness in increasingly competitive welfare markets.

We conclude that the crisp distinction made by policymakers between the third and other sectors as well as the alleged advantages of the former present a rather naïve picture of a complex reality and argue for a more critical view of third sector characteristics and performance. The third sector is not only characterized by a high degree of fuzziness at the boundaries to other sectors, but even within single organizations, which often undergo significant transformations over time. As a result, policy intentions and practical outcomes are contradictory with TSOs losing their alleged distinctiveness as players in increasingly competitive markets. Furthermore, we contend that detailed longitudinal studies of organizations are essential in the advancement of the discussion of the third sector concept as they provide conceptual insights into organizational change and behaviour.

Keywords: Third sector, Welfare markets, Hybridization, Public sector reform, Primary care, Welfare-to-work

Full Text: <http://onlinelibrary.wiley.com/doi/10.1111/spol.12126/abstract>
