Editor's Note

Health Care Outcome Research

Health outcomes research, medical effectiveness appropriateness criteria, and clinical practice guidelines are words and concepts long familiar to the health services research community. They have more recently entered the vocabulary of a wide variety of groups concerned with health care, including members of Congress, health industry officials ranging from the insurance sector to drug and medical device companies, major employers and consumer groups. Outcomes research studies the end results of medical care the effect of the health care process on the health and well-being of patients and populations.

Health Economics & Outcome Research Volume 2, Issue 3, published 34 research and review articles commentary and case reports.

Fahad Saleem, presented an article Promoting Quality Use of Antibiotics in Developing Countries, Irrational antibiotic use and increased resistance is a worldwide catastrophe. However, in comparison to other parts of the world, the phenomenon is recurrently reported from the Asian region. Alone in India and Pakistan only, 95% of adults carry bacteria that are resistant to β-lactam antibiotics including carbapenems [1].

Giorgia Marini, explained the Power of Panel Cointegration Tests - An Application to Health Care Expenditure and GDP, the comparison of power of panel cointegration tests, we show how the choice of most powerful test depends on the values of the sample statistics. Country-by-country and panel stationarity and cointegration tests are performed on a panel of 20 OECD countries over the period 1971-2004. Residual-based tests and a cointegration rank test in the system of health care expenditure and GDP are used to test cointegration. Asymptotic normal distribution of these tests allows a straightforward comparison for some values of the sample statistics, residual-based and rank tests are not directly comparable as the power of the residual-based tests oscillates; for other values of the sample statistics, the rank test is more powerful than the residual-based tests. This suggests that a clear-cut conclusion on the most powerful test cannot be reached a priori [2].

Pinar Karaca Mandic, published a review article New Medical Technology, the geographic and hospital variations of the new medical technologies in Medicare. Even less is known about these variations for the privately insured. To examine geographic and hospital variations in the diffusion of drug eluting stents, comparing Medicare and privately insured populations. Retrospective analyses of discharges from the State Inpatient Databases for 11 states (2004-2005) supplemented with data on hospital characteristics from the American Hospital Association Annual Survey [3].

Author Alain C Enthoven, explain the America’s health care financing and delivery system is in transition from the traditional open-ended uncoordinated solo (or small single specialty group) practice, with a culture of physician autonomy, paid on the basis of fee-for-service (“FFS”), to integrated delivery systems (IDS) characterized by multi-specialty medical groups bearing risk for the cost of care, with a culture of teamwork and coordination of care. This transition is being driven by several factors: first, the burden of the cost of care in the USA has become intolerable. It is straining public finances at every level of government, crowding out spending on other needs such as education and infrastructure, deficit and debt reduction, national security, and it is taking an increasing share of what otherwise would be wages [4].

References

