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## SEEMED LIKE A GOOD IDEA

Consumers, public officials, and even managers of health care and insurance are unhappy about care quality, access, and costs. This book shows that is because efforts to do something about these problems often rely on hope or conjecture, not rigorous evidence of effectiveness. In this book, experts in the field separate the speculative from the proven with regard to how care is rendered, how patients can be in control, how providers should be paid, and how disparities can be reduced – and they also identify the issues for which evidence is currently missing. It provides an antidote to frustration and a clear-eyed guide for forward progress, helping health care and insurance innovators make better decisions on deciding whether to go ahead now based on current evidence, to seek and wait for additional evidence, or to move on to different ideas. It will be useful to practitioners in hospital systems, medical groups, and insurance organizations and can also be used in executive and MBA teaching.

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# Seemed Like a Good Idea

Alchemy versus Evidence-Based Approaches to Health Care Management Innovation

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# Preface

This book grew out of conversation among senior faculty and administrators from the University of Pennsylvania (Penn)'s Wharton School, School of Nursing, and Perelman School of Medicine and Health System, as well as the Children's Hospital of Philadelphia, all part of the Leonard Davis Institute of Health Economics at Penn, which transformed into an informal seminar - in person at first and then virtual due to the pandemic. The subject was our disappointment at the relative neglect by real-world decision-makers in health systems and health insurers of our major product - rigorous research findings on the effectiveness (or lack thereof) of managerial and financial interventions in health care. There was also an acute awareness among the group of experts that clinical research results were required for the approval and use of drugs and devices and were disseminated widely, while equally consequential interventions in management - whether published in peer-reviewed journals or developed in the health system's innovation center - were not required and were less well disseminated.

In the course of writing these chapters, we found evidence of innovations for many of the problems identified, but more commonly we found a lack of evidence. We also found, however, reasons why the need for evidence should be less compelling when the production of evidence is costly or time consuming. We hope we have provided a comprehensive picture of what evidence there is on some crucial issues in health care and insurance management, as well as how it is or is not used. Current focus on implementation of effective interventions adds to our hope that this story will matter for the US health care system going forward, as will our own observations on managerial decision-making and the determination of when evidence is enough for good choices.

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#### Preface

In this effort we were greatly assisted by many people, and enumerating everyone who helped make this book a reality would be too enormous a task. However, we would like to call out a few individuals who went above and beyond to help turn a few good ideas into a fully-fledged book. Tina Horowitz of the Wharton School Department of Health Care Management provided invaluable guidance, sifted through literally hundreds of references, and looked at drafts at various stages of writing. Chris Tachibana and Peter Stokes provided thoughtful, critical, and timely editorial feedback. University of Pennsylvania students Harriet Jeon, Sasmira Matta, and Brianna Carvalho provided comments as well. Doctoral student Ben Chartock helped to marshal the whole operation, coordinating among many authors and navigating the process of weaving together experts of various backgrounds and areas of knowledge. Finally, we thank Valerie Appleby of Cambridge University Press, without whom this book would not have come into existence.

We hope that readers find enjoyment and insight in the accompanying pages. If we have moved the needle at all, it is only by standing on the shoulders of those who provided the evidence we summarize and whose use we encourage. And the usual caveat applies: all errors are our own.