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## Contributors

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## Contributors

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**Stephan L. Burton** is an intramural research fellow in the Department of Clinical Bioethics at the National Institutes of Health. He received his Ph.D. in philosophy from the University of Michigan, Ann Arbor, in 1992. He has taught at Indiana University, Bloomington, at the University of Chicago, and at Johns Hopkins University.

**Stephen M. Davidson** is a professor of management policy and health care management at Boston University's School of Management and Director of Research at John Snow, Inc. in Boston. He is an active researcher and consultant, concentrating on the organization and delivery of health care services, as well as related public policy issues. He is coeditor, with Stephen A. Somers, of *Remaking Medicaid: Managed Care for the Public Good* (1998) and coauthor, with Janelle Heineke and Marion McCollom, of *The Physician-Manager Alliance: Building the Healthy Health Care Organization* (1996), as well as the author or coauthor of several other books and many journal articles and monographs.

**Karen Davis** is president of the Commonwealth Fund, a national philanthropy engaged in independent research on health and social policy issues. She has a Ph.D. in economics from Rice University and is the author of numerous books and articles on health care financing and delivery. Davis is a member of the Council of the Institute of Medicine and the Kaiser Commission on Medicaid and the Uninsured.

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**Judith Feder** is dean of policy studies at Georgetown University. In addition to directing and teaching in the Georgetown Public Policy Institute, Feder is conducting policy research with particular attention to health and long-term care financing. From 1993 through 1995, she served in the Department of Health and Human Services (DHHS), leaving as acting assistant secretary for planning and evaluation. At DHHS, she played a key leadership role in formulating the administration's health policy.

**Rashi Fein** is professor of the economics of medicine, emeritus, at the Harvard Medical School. He received his Ph.D. in political economy (and watched JHU lacrosse) at the Johns Hopkins University. While at the University of North Carolina at Chapel Hill he wrote his first book, *The Economics of Mental Illness* (and watched UNC basketball). Subsequently, he served on the staff of President Kennedy's Council of Economic Advisers (where he was too busy to watch anything). Later, at the Brookings Institution, he wrote *The Doctor Shortage* (and watched two Wilburs, Cohen and Mills, bring Medicare and Medicaid into being). At Harvard he has continued writing and, with increasing distress, watching the transformation of our health care system.

**James W. Fossett** is associate professor of public administration and health policy and management at the University of Albany of the State University of New York. He is a Phi Beta Kappa graduate of Vanderbilt University, holds a Ph.D. in political science from the University of Michigan, and is a former staff member at the Brookings Institution. He has published extensively on issues related to Medicaid, managed care, and the health access problems of lower-income groups in inner cities.

**Daniel M. Fox** is president of the Millbank Memorial Fund, an endowed national foundation that works with decision makers in the public and private sectors on issues of policy for health care and public health. His publications include *Power and Illness: The Failure and Future of American Health Policy* (1995).

**David M. Frankford** is a professor of law at the Rutgers University School of Law in Camden and a professor at Rutgers' Institute for Health, Health Care Policy, and Aging Research in New Brunswick; Faculty Director of Rutgers' Center for State Health Policy; and a member of Rutgers' Graduate Department of Public Policy and Administration in Camden. He is also the book review editor of the *Journal of Health Politics, Policy and Law*. His primary current research interest concerns the reconstitution of professionalism as the normative integration of professions and community. In prior work, he has focused on the interactions between health services research, health care politics and policy, and the institutions of professions and professionalism.

**Paul B. Ginsburg** is president of the Center for Studying Health System Change. The center conducts a wide range of research focused on tracking changes in the health care system. Its most significant project is the Community Tracking Study, which gathers and analyzes a wide range of data on a random sample of sixty communities. Ginsburg was the founding executive director of the Physician Payment Review Commission, which developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989. He earned his doctorate in economics from Harvard University. He serves on the board of directors of the Association for Health Services Research and is a founding member of the National Academy of Social Insurance.

**Marsha R. Gold** is a senior fellow at Mathematica Policy Research. She is a nationally known expert on health care issues with an emphasis on managed care and the changing health care marketplace. Her current projects focus on the way managed care structures arrangements with providers, managed care and low-income people, Medicare+Choice, and access to care. Gold holds a Sc.D. degree from the Harvard School of Public Health.

**Mark A. Goldberg** is a distinguished faculty fellow at the Yale School of Management, where he teaches courses on health care policy and business strategy and on the politics of strategic management. He is an adviser to the National Coalition on Health Care and has been a consultant to the Robert Wood Johnson Foundation, the Brookings Institution (where he directed the Business Strategy Institute), the Carnegie Foundation for the Advancement of Teaching, and the Center for Studying Health System Change. His articles have appeared in a variety of publications, including the *Journal of Health Politics, Policy and Law*, *Health Affairs*, the *New England Journal of Medicine*, and the *Yale Law Journal*.

**Jacob S. Hacker** is a fellow with the New America Foundation, a guest scholar in governmental studies at the Brookings Institution, and a Ph.D. candidate in political science at Yale University. He is the author of *The Road to Nowhere: The*

*Genesis of President Clinton's Plan for Health Security* (1997), which won the 1997 Louis Brownlow Book Award sponsored by the National Academy of Public Administration.

**Regina E. Herzlinger** is an expert in both health care and accounting. Her current events best-seller, *Market-Driven Health Care* (1997; paperback edition, 1999), won the 1998 Book of the Year Award from the American College of Healthcare Executives. Her latest accounting book is *The Four by Four Report: A Practical Guide for Effective Oversight of Nonprofit Organizations* (forthcoming).

**David A. Hyman** is a professor at the University of Maryland School of Law. He has a B.A. (1983), a J.D. (1989), and an M.D. (1991) from the University of Chicago. Hyman was a fellow in the Pew Program in Medicine, Arts, and the Social Sciences at the University of Chicago. He has published articles on procedure, narrative, consumer protection and managed care, patient dumping, the nature of professionalism and medical ethics, tax exemption for hospitals, and the legal issues raised by patient referrals. His research interests are principally in the regulatory and financing areas of health policy.

**Lawrence R. Jacobs** is associate professor of political science at the University of Minnesota and **Robert Y. Shapiro** is professor of political science at Columbia University. They have published widely on public opinion and social policy in political science and health policy journals. Their next book, *Politicians Don't Pander: Political Leadership, Public Opinion, and American Democracy*, will be published by Chicago University in spring 2000.

**Richard Kronick** is an associate professor in the Department of Family and Preventive Medicine at the University of California, San Diego. With Alain Enthoven, he contributed to the development of the theory of managed competition—proposing that “public sponsors” were needed to protect consumers from health plans and to structure a market that rewarded low price and high quality, rather than skill at risk selection. In 1993–1994, he was a senior health policy advisor in the Clinton administration, contributing to the health care reform debacle. More recently, he has been working with state Medicaid programs on the development and implementation of risk-adjusted payment systems, analyzing the effectiveness of state programs that provide subsidized insurance to low-income workers, and beginning a project exploring the implications of the “partially managed marketplace.” Kronick received his Ph.D. in political science from the University of Rochester.

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**Cara S. Lesser**, a health researcher at the Center for Studying Health System Change, has responsibility for managing and participating in the center's site visit

research in twelve communities. Her current research projects include assessing how local health systems have changed over the past two years and the impact of hospital mergers on local markets. Prior to joining HSC, Lesser was at the Institute for Health Policy Studies at the University of California, San Francisco, where she conducted research on state health reform initiatives. She has an M.P.P. from the University of California, Berkeley.

**Harold S. Luft** is Caldwell B. Esselstyn Professor of Health Policy and Health Economics and director of the Institute for Health Policy Studies at the University of California, San Francisco. His research and teaching has covered a wide range of areas, including medical care utilization, health maintenance organizations, hospital market competition, quality and outcomes of hospital care, and risk assessment and risk. He chairs the National Advisory Council of the Agency for Health Care Policy and Research and is on the board of the Association for Health Services Research. In addition to numerous articles in scientific journals, he has authored a number of books, including *Health Maintenance Organizations: Dimensions of Performance* (1981) and *Hospital Volume, Physician Volume, and Patient Outcomes: Assessing the Evidence* (1990).

**Catherine McLaughlin** received her Ph.D. in economics from the University of Wisconsin. She is currently an associate professor in the School of Public Health at the University of Michigan. Since 1993 she has been the director of the Robert Wood Johnson Foundation's Scholars in Health Policy Research Program at Michigan. She has published widely on the impact of HMOs on market competition, small area variation in hospital utilization and costs, and the prevalence and characteristics of the working uninsured. Her current research interests focus on health care consumer choice, specifically the determinants of consumer choice of plan and the role of information.

**Theodore R. Marmor**, professor of public policy and political science at Yale University, was the editor of *JHPPL* from 1980 to 1985. He is currently the director of Yale's postdoctoral program in health policy and the social sciences supported by the Robert Wood Johnson Foundation. The author of two books of essays on health politics and policy, Marmor is the coauthor, with Jerry Mashaw and Philip Harvey, of *America's Misunderstood Welfare State* (1992) and the coeditor of *Why Some People Are Healthy and Others Not: The Determinants of Population Health* (1994). His most recent work is the second edition of the *Politics of Medicine* (forthcoming).

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**Robert H. Miller**, a health economist, is associate professor of health economics in residence at the Institute for Health Policy Studies and Institute for Health and

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**James A. Morone** is professor of political science at Brown University. His *Democratic Wish: Popular Participation and the Limits of American Government* (1998 [1991]) won the American Political Science Association's 1991 Gladys M. Kammerer Award for the best book on the United States and was named a "notable book of 1991" by the *New York Times*. Morone coedited *The Politics of Health Care Reform: Lesson from the Past, Prospects for the Future* (1994) and has written more than one hundred articles on American politics, history, and social policy. He is currently president of the Politics and History Section of the American Political Science Association. Morone was editor of *JHPPL* between 1989 and 1993.

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**Uwe E. Reinhardt** is the James Madison Professor of Political Economy at Princeton University. He has spent the past three decades trying to understand the "behavior" of the wondrous American health system. In the process has served on numerous government and private-sector boards, among them the Physician Payment Review Commission and the Health Services Board of the Institute of Med-

icine of the National Academy of Sciences. He has also served on the board, and as president, of the Association of Health Services Research. Although persuaded that other nations organize their health systems more cost effectively than does the United States, he does not advocate such systems for the United States but instead believes that this country simply has no choice but to make “managed competition with managed care” work better than it has so far.

**Thomas Rice** is professor and chair of the Department of Health Services in the UCLA School of Public Health. He received his doctorate in economics at the University of California, Berkeley, in 1982. Prior to joining the faculty at UCLA in 1991, Rice was a faculty member at the University of North Carolina School of Public Health. His areas of interest include health insurance, Medicare, and the role of competition and regulation in health care markets. He is editor of *Medical Care Research and Review*.

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She holds an A.B. in English and European cultural studies from Princeton University and a M.B.A. from Stanford University. As staff director and chairman, respectively, she and Alain Enthoven led the California Managed Health Care Improvement Task Force, which addressed health care issues raised by managed care to aid in policy decisions.

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**Katherine Swartz** is an associate professor in the Department of Health Policy and Management at the Harvard School of Public Health. Her research has focused on the characteristics of people without health insurance, factors that affect the lengths of time that people are uninsured, how access to insurance might be increased through regulations of individual and small group markets, and how health coverage for the uninsured might be financed. She has also been analyzing managed care's financial and nonfinancial incentives for physicians to be cost conscious. She has a Ph.D. in economics from the University of Wisconsin.

**Frank J. Thompson** is interim provost of Rockefeller College of Public Affairs and Policy at the State University of New York at Albany. He has served as a fellow with the U.S. Public Health Service and published extensively on issues of health policy, policy implementation, and administrative politics. His books include *Health Policy and the Bureaucracy* (1981) and, most recently (as coeditor and contributor) *Medicaid and Devolution: A view from the States* (1998). He is a fellow of the National Academy of Public Administration.

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**Gail R. Wilensky** chairs the Medicare Payment Advisory Commission, and serves as the John M. Olin Senior Fellow at Project HOPE, where she analyzes and develops policies relating to health reform and to ongoing changes in the medical marketplace. Previously, she served as deputy assistant to President Bush for policy development, advising him on health and welfare issues. Wilensky is an elected member of the Institute of Medicine, and serves as a trustee of the Combined Benefits Fund of the United Mineworkers of America and the Research Triangle Institute. She is an advisor to the Robert Wood Johnson Foundation and the Commonwealth Fund and is a director on several corporate boards. Wilensky received a bachelor's degree in psychology and a Ph.D. in economics at the University of Michigan.

**Walter A. Zelman** is the president and chief executive officer of the California Association of Health Plans. Before joining CAHP, Zelman served as a professor of health policy and management in Harvard University's School of Public Health. He also worked as special assistant to the administrator of the U.S. Agency for Health Care Policy and Research, studying trends in health care markets and the implications of those trends for public policy. As senior health care advisor to President Clinton from 1993 to 1994, he played an active role in developing the administration's health care reform agenda. Zelman earned his doctorate in American politics and his master's degree in international relations from the University of California, Los Angeles. He holds a B.A. in political science from the University of Michigan, Ann Arbor, and also studied at the London School of Economics.