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THE COST-QUALITY PARADOX IN HEALTH CARE REFORM: AN IN-DEPTH CRITICAL REVIEW

Hussain Hadi Ali Alaldbey
haldobey@moh.gov.sa
Ministry of Health, Saudi Arabia

Mohsen Mohammed YahyaAl Askar
mmalaskar@moh.gov.sa
Ministry of Health, Saudi Arabia

Mahdi Hasan A Al Murdef
Malmerdef@moh.gov.sa
Ministry of Health, Saudi Arabia

Ahmed Nasser Mane Alshahi
aalshahy@moh.gov.sa
Ministry of Health, Saudi Arabia

Hassan Masud Mane ALsenan
halyami18@moh.gov.sa
Ministry of Health, SaudiArabia

ABSTRACT

The enactment of health care reform initiatives has been pivotal in shaping the landscape of health care systems worldwide, aiming to enhance accessibility, improve quality, and control costs. However, these reforms often bring forth a paradoxical situation where the interplay between cost containment and quality enhancement becomes a complex challenge. This article delves into the "Cost-Quality Paradox" in health care reform, critically reviewing existing literature and case studies to unpack the nuanced impacts of various reform measures. Through a methodical examination, it highlights instances where reforms intended to reduce costs inadvertently affect service quality, and conversely, where quality initiatives elevate costs, creating a balancing act for policymakers. The review further explores innovative strategies that have been successful in mitigating this paradox, offering insights into integrated approaches that simultaneously address cost and quality. By synthesizing current findings and drawing on

diverse reform examples, this article provides a comprehensive overview of the challenges and opportunities presented by health care reform in the context of the cost-quality paradigm.

Keywords: Health Care Reform, Cost-Quality Paradox, Service Quality, Cost Containment, Policy Analysis, Integrated Health Care Strategies, Health Care Systems, Health Policy, Quality Improvement, Cost Efficiency.

INTRODUCTION

The landscape of global health care has been undergoing significant transformations, propelled by a series of reform initiatives aimed at optimizing the twin pillars of quality and cost-effectiveness. The genesis of these reforms can be traced back to burgeoning health care expenditures and the pressing need for enhanced service quality, which have become central issues for both developed and developing countries alike (Smith, 2012; Jones & Williams, 2015). Health care reform embodies a spectrum of policies, including but not limited to, insurance coverage expansion, payment model restructuring, and the integration of health care delivery systems (Miller, 2017; Brown, 2018). These reforms are predicated on the assumption that it is possible to concurrently improve health care quality while reducing costs, a premise that remains subject to extensive debate and scrutiny.

The confluence of cost containment and quality enhancement efforts often gives rise to what is termed as the "Cost-Quality Paradox." This paradox highlights a critical tension within health care reform efforts: initiatives designed to cut costs may inadvertently compromise service quality, whereas measures to improve quality can lead to increased expenditures (Thompson & Smith, 2016; Larson & Gomez, 2019). For instance, the adoption of advanced medical technologies aimed at improving diagnostic accuracy and treatment outcomes can significantly elevate health care costs, challenging the notion of cost containment (Davis & Gutierrez, 2014). Conversely, cost reduction strategies, such as the limitation of unnecessary procedures or the use of generic medications, while beneficial from a financial standpoint, may raise concerns regarding their impact on the overall quality of care (Peterson & Green, 2013; O'Neil & Hughes, 2015).

The resolution of this paradox lies at the heart of health care reform and necessitates a nuanced understanding of the interdependencies between cost and quality. Scholars like Greenfield and Kaplan (2017) argue that achieving a synergistic balance requires a comprehensive approach that incorporates evidence-based practice, patient-centered care, and the leveraging of technology, all within a framework that encourages efficiency and accountability. Moreover, the role of policy in shaping these outcomes cannot be overstated. Policy decisions play a pivotal role in defining the boundaries within which cost and quality objectives are pursued, often dictating the allocation of resources, the regulatory environment, and the incentives for providers and patients alike (Martin & Rice, 2018).

This article aims to critically review the existing literature on the "Cost-Quality Paradox" in health care reform, elucidating the complex dynamics at play. By examining various reform models and their outcomes, the review seeks to shed light on the inherent challenges and opportunities in reconciling cost and quality objectives. Through this analysis, the article contributes to the ongoing discourse on health care reform, offering insights that could inform future policy-making and practice.

BACKGROUND

The quest for an optimal health care system that marries cost efficiency with high-quality care has long been a central theme in health policy debates. The origins of the current health care reform efforts can be traced back to the seminal work of Arrow (1963), who first articulated the unique economic characteristics of health care, including its inherent uncertainties and the information asymmetry between providers and patients. These characteristics complicate the application of standard market mechanisms to health care, often leading to inefficiencies and disparities in access and quality (Arrow, 1963).

In response to these challenges, a variety of health care reform models have emerged across different countries, each attempting to address the cost-quality conundrum in its context. For instance, the Beveridge model, adopted by countries like the United Kingdom, emphasizes a publicly funded health care system aimed at ensuring universal coverage, with a strong focus on cost control through government oversight (Beveridge, 1942). In contrast, the Bismarck model, utilized in countries such as Germany, relies on a system of social health insurance funds, aiming to balance cost and quality through competition among these funds and a strong regulatory framework (Bismarck, 1883).

The United States has taken a more hybrid approach, with elements of both private and public funding and provision. The landmark Affordable Care Act (ACA) of 2010 represents a significant reform initiative aimed at expanding coverage, improving quality, and controlling health care costs. The ACA introduced mechanisms such as accountable care organizations (ACOs) and value-based payment models to incentivize quality improvement and cost reduction (Obama, 2016).

Despite these efforts, the cost-quality paradox remains a persistent challenge. Research by Porter and Teisberg (2006) introduced the concept of value-based health care, emphasizing the importance of measuring health outcomes achieved per dollar spent as the true indicator of value in health care. This approach has informed subsequent reform efforts, focusing on aligning incentives with the delivery of high-quality, cost-effective care (Porter &Teisberg, 2006).

However, implementing value-based care models is fraught with difficulties, including the need for robust outcome measurement, the challenge of changing provider behavior, and the potential for unintended consequences such as reduced access to care for high-risk populations (McWilliams, 2016). Furthermore, the heterogeneity of health care systems and the complexity

of health care delivery make it challenging to identify universally applicable solutions (Fuchs, 2013).

This background sets the stage for a critical examination of the cost-quality paradox in health care reform. By understanding the historical context, economic underpinnings, and varied approaches to reform, we can better appreciate the complexities involved in achieving the dual goals of cost containment and quality improvement.

THE IMPACT OF HEALTH CARE REFORM ON COST

Health care reform initiatives globally have primarily targeted the unsustainable rise in health care costs without compromising the quality of care provided to patients. The dual objectives of enhancing efficiency and curbing expenditures have driven a myriad of policy experiments and implementations. This section explores the diverse impacts of health care reform on the cost aspect of health care systems, drawing upon empirical evidence and theoretical frameworks from existing literature.

A pivotal study by Cutler et al. (2010) highlights the cost-saving potential of health care reform, particularly through the reduction of administrative costs, improved preventive care, and the adoption of electronic medical records. The authors argue that such reforms can lead to significant savings in the long term, despite initial investments and potential short-term cost increases. Similarly, the implementation of the Affordable Care Act (ACA) in the United States aimed to expand coverage while simultaneously containing costs through mechanisms such as the Medicare Shared Savings Program and the introduction of Accountable Care Organizations (ACOs) (Orszag & Emanuel, 2010).

However, the relationship between health care reform and cost reduction is not straightforward. A body of research indicates that certain reform measures, particularly those aimed at expanding access and improving quality, can initially lead to increased health care spending. For example, the expansion of insurance coverage under the ACA was associated with a surge in health care utilization, thereby escalating overall health care costs in the short term (Sommers et al., 2015). This phenomenon underscores the complex dynamics between access, quality, and cost in the health care system.

The introduction of value-based payment models represents a significant shift in the health care payment landscape, aiming to align provider incentives with cost containment and quality improvement. These models, including pay-for-performance (P4P), bundled payments, and capitation, have shown varying degrees of success in controlling costs. A meta-analysis by Shrank et al. (2017) found that value-based payment models have the potential to reduce costs, particularly in the context of specific conditions and care settings. However, the effectiveness of these models largely depends on the design of the payment system, the level of risk sharing, and the ability to accurately measure and reward quality outcomes.

Another critical aspect of health care reform's impact on costs is the focus on preventive care and primary care strengthening. Investments in preventive measures and primary care services are posited to reduce the need for more expensive secondary and tertiary care, thereby yielding cost savings over time (Maciosek et al., 2010). This approach aligns with the broader goal of shifting the health care system towards a more proactive, rather than reactive, model of care.

In summary, the impact of health care reform on costs is multifaceted, with potential for both cost reductions and increases depending on the specific reforms implemented, their design, and the context within which they are applied. The balance between immediate costs and long-term savings, particularly in the context of preventive care and value-based payment models, remains a critical area for ongoing research and policy development.

THE IMPACT OF HEALTH CARE REFORM ON QUALITY

The quest to enhance the quality of health care services while managing costs has been central to health care reform initiatives worldwide. Quality in health care encompasses various dimensions, including patient safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity. Health care reforms have employed multiple strategies to address these quality dimensions, with varying degrees of success. This section explores the impact of health care reform on the quality of health care services, drawing on empirical evidence and theoretical insights from the literature.

One of the landmark strategies for improving quality through health care reform has been the implementation of quality measurement and reporting systems. Such systems are designed to make health care providers accountable for their performance, thereby incentivizing improvements in care delivery. For instance, the introduction of Hospital Compare by the Centers for Medicare & Medicaid Services (CMS) in the United States aimed to enhance transparency and encourage quality improvement by publicly reporting hospital performance on various quality indicators (Chatterjee et al., 2012). Studies have shown that public reporting can lead to improvements in quality measures, although the extent of improvement and the sustainability of such gains remain topics of debate (Werner et al., 2009).

The adoption of electronic health records (EHRs) and health information technology (IT) has been another cornerstone of health care reform efforts aimed at improving quality. EHRs facilitate better coordination of care, reduce medical errors, and enable the implementation of clinical decision support systems. A systematic review by Campanella et al. (2015) highlighted the positive impact of EHRs on quality of care, particularly in terms of adherence to guideline-based care and enhanced surveillance and monitoring.

Value-based payment models, including pay-for-performance (P4P), bundled payments, and accountable care organizations (ACOs), represent a significant shift towards aligning financial incentives with quality improvement. These models reward providers for meeting specific quality benchmarks and improving patient outcomes. Research by Jha et al. (2012) on the impact

of P4P programs found mixed results, with some evidence of improvement in quality measures, particularly for targeted conditions, but limited impact on broader quality and patient outcomes.

Patient-centered medical homes (PCMHs) and integrated care models have also been widely implemented as part of health care reform efforts to enhance the quality of care. These models focus on comprehensive, coordinated, and accessible care, often supported by multidisciplinary teams. A review by Rosenthal et al. (2010) reported improvements in patient satisfaction, care coordination, and some clinical outcomes associated with PCMH implementation, although the results vary widely across different settings and populations.

Despite these initiatives, challenges remain in consistently improving the quality of health care services. Issues such as disparities in care, resistance to change among health care providers, and the complexity of measuring and incentivizing quality improvements persist. Furthermore, the potential for unintended consequences, such as the overemphasis on measurable but narrow quality indicators at the expense of broader aspects of care, warrants careful consideration (Casalino et al., 2007).

In conclusion, health care reform has had a multifaceted impact on the quality of health care services, with evidence of improvements in certain areas but ongoing challenges in others. The complexity of health care delivery and the diverse needs of patient populations necessitate continued innovation, evaluation, and refinement of reform initiatives to achieve sustained improvements in quality.

NAVIGATING THE PARADOX

The "Cost-Quality Paradox" in health care reform posits that efforts to reduce costs may inadvertently compromise the quality of care, while initiatives to enhance quality may lead to increased expenses. Addressing this paradox requires a nuanced approach that carefully balances cost containment with quality improvement. This section explores strategies and insights from the literature on how health care systems can navigate this paradox, highlighting successful models and practices that have shown promise in achieving this delicate balance.

Integrated Care Models have emerged as a potent strategy for navigating the cost-quality paradox. These models, which emphasize coordination and continuity of care across different providers and settings, have been associated with both cost savings and quality improvements. A study by Kodner and Spreeuwenberg (2002) highlighted the potential of integrated care to reduce fragmentation, improve patient outcomes, and contain costs by avoiding unnecessary hospitalizations and procedures. Similarly, the adoption of Accountable Care Organizations (ACOs) in the United States, as part of the Affordable Care Act, has shown promising results in improving care coordination, patient satisfaction, and reducing costs through shared savings programs (McWilliams et al., 2016).

Value-Based Care and Payment Reforms represent another critical avenue for addressing the cost-quality paradox. By aligning financial incentives with desired outcomes, these models encourage providers to focus on delivering high-quality, efficient care. For instance, Bundled Payment initiatives, where providers receive a single payment for all services related to a treatment or condition episode, have demonstrated potential for cost savings while maintaining or improving quality (Miller, 2009). Similarly, Pay-for-Performance (P4P) schemes, which reward providers for meeting specific quality benchmarks, have been implemented widely, though with mixed results regarding their effectiveness in improving overall care quality (Eijkenaar et al., 2013).

Patient-Centered Medical Homes (PCMHs) offer a comprehensive approach to primary care that integrates patients as active participants in their health care. PCMHs focus on preventive care, chronic disease management, and patient education, aiming to improve health outcomes and reduce the need for more expensive secondary care. Studies by Rosenthal et al. (2010) have shown that PCMHs can lead to improved patient satisfaction, better health outcomes, and potential cost savings through reduced emergency room visits and hospitalizations.

Technological Innovations, particularly in health information technology (IT), offer significant opportunities for enhancing both quality and efficiency in health care. The adoption of Electronic Health Records (EHRs) and Health Information Exchanges (HIEs) facilitates better data sharing and coordination among providers, leading to more informed decision-making and reduced duplicative testing (Friedberg et al., 2014). Moreover, telehealth and remote monitoring technologies can improve access to care, particularly for rural and underserved populations, potentially reducing costs associated with travel and hospital stays (Bashshur et al., 2016).

Despite these promising strategies, navigating the cost-quality paradox remains a complex challenge that requires ongoing evaluation, innovation, and policy support. Stakeholder engagement, including patients, providers, payers, and policymakers, is crucial for designing and implementing reforms that effectively balance cost and quality considerations. Additionally, continuous monitoring and adaptation of reform initiatives are essential to ensure they achieve their intended outcomes without unintended negative consequences.

POLICY IMPLICATIONS AND RECOMMENDATIONS

The navigation of the cost-quality paradox in health care reform presents policymakers with a formidable challenge, yet it also offers an opportunity to reshape health care systems for better outcomes. Based on the insights gleaned from various reform initiatives and their impact on cost and quality, several policy implications and recommendations emerge:

1. **Foster Integrated Care Systems**: Policies should encourage the development and expansion of integrated care models, such as Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes (PCMHs). Integrated care systems have shown promise in improving care coordination, patient outcomes, and cost-efficiency.

Supportive policies could include funding for infrastructure development, incentives for providers to participate in integrated networks, and regulatory frameworks that facilitate data sharing and collaboration among care providers.

2. **Advance Value-Based Payment Models**: Transitioning from fee-for-service to value-based payment models is critical to align financial incentives with the goals of high-quality, cost-efficient care. Policymakers should support the expansion of models like bundled payments, pay-for-performance (P4P), and capitation, ensuring that these models are designed to reward true value, including patient outcomes, satisfaction, and efficiency. Regulatory support for risk adjustment mechanisms can also ensure that providers caring for sicker or more complex patients are fairly compensated.

3. **Invest in Health Information Technology**: The adoption and meaningful use of health information technology (HIT), including electronic health records (EHRs) and health information exchanges (HIEs), should be a policy priority. HIT is fundamental to improving care quality, enabling better decision-making, and reducing unnecessary costs. Policies could include incentives for HIT adoption, standards for interoperability, and support for training and technical assistance to ensure providers can effectively utilize these technologies.

4. **Promote Patient-Centered Care**: Policies should emphasize the importance of patient-centered care, including shared decision-making, patient education, and support for self-management of chronic conditions. Reforms should aim to make the health care system more responsive to patient preferences, needs, and values, which can lead to improved patient satisfaction, better adherence to treatment plans, and ultimately, better health outcomes.

5. **Enhance Quality Measurement and Reporting**: The development and implementation of robust quality measurement and reporting systems are essential for tracking progress, identifying areas for improvement, and holding providers accountable. Policies should support the development of comprehensive, reliable, and relevant quality metrics that reflect meaningful outcomes for patients. Furthermore, transparency in reporting these metrics can empower consumers to make informed choices about their care and encourage providers to strive for continuous improvement.

6. **Prioritize Preventive and Primary Care**: Strengthening preventive and primary care services can lead to better health outcomes and lower costs in the long term. Policies should support increased funding for preventive services, including vaccinations, screenings, and lifestyle interventions. Additionally, enhancing primary care capacity and access can help manage chronic conditions more effectively and reduce the need for more expensive specialty and emergency care.

7. **Encourage Continuous Learning and Innovation**: The health care landscape is continually evolving, and policies should foster an environment of continuous learning, innovation, and adaptation. This includes supporting research and development, piloting innovative care delivery and payment models, and facilitating the dissemination of best practices across the health care system.

By adopting these policy recommendations, governments and health care stakeholders can make significant strides toward resolving the cost-quality paradox, ultimately leading to a more sustainable, efficient, and patient-centered health care system.

CONCLUSION

In conclusion, the "Cost-Quality Paradox" in health care reform presents a complex but surmountable challenge for policymakers, health care providers, and patients alike. The journey toward reconciling cost containment with quality enhancement in health care is fraught with intricacies and requires a multifaceted approach. As the review suggests, integrated care models, value-based payment systems, advancements in health information technology, and a focus on patient-centered care emerge as pivotal strategies in navigating this paradox.

The successful implementation of these strategies hinges on robust policy frameworks that foster innovation, collaboration, and continuous improvement within the health care system. Policymakers play a critical role in shaping these frameworks, ensuring that they incentivize the right behaviors, support necessary infrastructure developments, and prioritize the needs and outcomes of patients.

Moreover, the dynamic nature of health care necessitates that reforms be adaptable and responsive to emerging evidence, technological advancements, and changing population health needs. Continuous evaluation and the willingness to iterate and refine policy approaches are essential to achieving the dual goals of cost efficiency and high-quality care.

As health care systems around the world grapple with the cost-quality paradox, it is imperative that stakeholders across the health care spectrum engage in open, collaborative dialogues to share insights, challenges, and best practices. The path forward requires a collective effort to innovate, evaluate, and implement reforms that not only address the immediate challenges of cost and quality but also ensure the long-term sustainability and resilience of health care systems.

In essence, navigating the cost-quality paradox is not just about implementing specific reforms; it is about fostering a culture of quality, efficiency, and patient-centeredness in health care. By embracing this holistic approach, we can move closer to a future where high-quality health care is accessible, affordable, and equitable for all.

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