At its best, health services research (HSR) has the capacity to inform health policy, practice, and promotion. In the developed world, the provision of health care is changing rapidly due to a myriad of factors, from longer life spans to new technologies to changing financing mechanisms. Specifically, in the United States, implementation of the Affordable Care Act has the potential to shift the way in which patients and providers interact with one another, because newly insured patients will be able to access services that were previously unobtainable due to cost. In the short term, patients may access more preventive services, driving up costs for providers, but in the long term, numbers of emergency health-care visits should decrease, driving down costs overall. The best way to test this hypothesis is through HSR. This type of research is thus essential not only for the national economy, as Americans spend about $1.3 trillion on health care annually (1), but also for public health. Public health researchers, including epidemiologists, are likely to find common ground with health services researchers because many of the same methods are employed for studies of disease etiology and health-care delivery and because the ultimate goal for both fields is improving patient outcomes.

Improving Health Services: Background, Method and Applications sets out to describe the development of HSR in the United Kingdom and to show “how it can illuminate and improve health service policy and practice” (2, p. vi). While the book succeeds in providing significant detail about the history of HSR in the United Kingdom and the author’s personal experiences in HSR, it only skims the surface of emerging HSR issues and lacks broad applicability, particularly to the United States. The first 5 chapters include 1) a very basic overview of some tenets of HSR, 2) an extensive literature review of HSR in the United States, 3) brief descriptions of key figures in early 20th century HSR, 4) an account of the author’s personal career development, and 5) information on HSR work performed during the 1960s at St. Thomas’ Hospital Medical Unit (London, United Kingdom).

Chapter 6 describes several studies carried out by Holland and his colleagues (3–6), including a few of potential interest to both epidemiologists and health service researchers. For example, in 1969, Adler et al. (6) conducted a randomized controlled trial examining whether patients needed to stay for 7–10 days in the hospital following a hernia or varicose vein operation or whether 1–2 days would be an adequate stay. The study found that the change in pattern of care did not harm the patients but did have an unanticipated financial impact on the hospital. Because of limited staff capacity, the hospital did not turn over the unused beds for other patients, thereby keeping patient capacity static, and the patients who had previously stayed for 7–10 days often assisted with tasks generally performed by hospital staff, such as distributing tea to other patients; thus, staff capacity remained static as well (2, p. 120). Because the study demonstrated no definitive financial advantage for shorter stays (at no harm to the patient), the hospital did not change the length of patient stay for the specified procedures until many years later. While this study did not have an immediate impact on policy or practice, it helps illustrate some of the challenges faced by health services researchers in the late 1960s in the United Kingdom.

A key feature of HSR is that the issues addressed vary from country to country, because of differences in the designs of health systems. However, translating research into policy and/or practice may be a common challenge, no matter the setting. While this book centers on the United Kingdom experience, some of the conclusions drawn by the author can be applied in the United States and other countries. For example, in chapter 9, Holland describes a study designed to estimate the ideal number of intensive care beds required for a renovated area of the hospital in which he was working. By the time the data had been analyzed, the decision on the number of beds had already been made by the architect and builders according to their own timetable (2, pp. 223–224). The author concludes that “it is important to be aware of the timescale in which decisions will have to be made and to recognise that ‘perfect’ epidemiological studies are not necessarily the only way to tackle a particular problem” (2, p. 224). Although the book does not include a significant amount of detail related to epidemiology, many of the lessons learned (such as attention to relevant timelines) will be relevant to all types of researchers.

Readers seeking more contemporary examples of HSR or case studies suited to the United States will probably need to consult other books or sources of information beyond Improving Health Services. Both in the United States and internationally, rapid changes in the health-care landscape make the present a crucial time for us to understand how health services are provided and how they can be improved. Several recent studies in HSR have examined a wide range of the issues that make up this diverse field. For example, Massachusetts represents a natural experiment in terms of measuring health outcomes before and after insurance reform in the United States (7); physicians themselves do not always know whether they receive pay-for-performance incentives (8); and new models for continuity of care may decrease the likelihood
of adverse patient outcomes (9). These studies and others can paint a picture of modern HSR, while Improving Health Services offers insight into the background, context, and history of the development of this research.

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REFERENCES


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