

This PDF is a selection from an out-of-print volume from the National Bureau of Economic Research

Volume Title: The Role of Health Insurance in the Health Services Sector

Volume Author/Editor: Richard N. Rosett

Volume Publisher: NBER

Volume ISBN: 0-87014-272-0

Volume URL: <http://www.nber.org/books/rose76-1>

Publication Date: 1976

Chapter Title: Index

Chapter Author: Richard N. Rosett

Chapter URL: <http://www.nber.org/chapters/c4500>

Chapter pages in book: (p. 542 - 548)

# Index

- Active fee-practice physicians: average gross receipts per (table), 474; number of (table), 475
- Actual death rates, percentage deviation between predicted and (1967-69; table), 390
- Adverse selection in Tiebout-type model, 78-79
- Age: health care demand among the urban poor by, 175-176, 187; logarithm of mortality by (figure), 373; mortality by age group (65 to 69; figure), 372; office visits by, 393 (table), 396 (table); ordinary least squares estimates of office visits by age group (table), 418-19; in price elasticities estimates model, 267
- Aggregate mortality, Medicare and, 370, 371-376 (tables), 377
- Ambulatory care, travel time-price elasticities for (table), 183
- Anticipated illness levels, coverage and, 138
- Attribute production functions of health (table), 228
- Average revenue of physicians, usual fees vs., 330-331
- Bedford-Crown population, selected characteristics of, 172
- Beds-population ratio, 267
- Binary variables: of fringe benefit plan (table), 99; SIC code (table), 99-100
- Canadian national health insurance, 437-500; comments on, 493-95, 496 (table), 497 (table), 498-503; data sources for text tables, 480-87; historical patterns of health care expenditures and, 447, 448-450 (tables), 451; inflationary policy of hospitals as response to, 451, 452 (table), 453-456, 457 (table), 458-462; medical expenditures in, 468, 469-471 (tables), 472, 473-475 (tables), 476-477, 478 (tables), 479-480; organization of, 437-442, 433 (table), 444-447; policy responses to hospital inflation, 463-468
- Children's health, 215-259; comments on, 254-259; definitions of study variables for, 245-248; model estimation for, 227, 228 (table), 229-230, 231 (table), 232-233, 234-235 (table), 236-237 (table), 239-240; model specification for, 219, 220 (table), 221-227; public policy for, 241, 242 (table), 243-244; uncertain demand outcomes in, 216-219
- Clinics, health care for urban poor and location of, 191-192
- Coinsurance: price elasticities estimates and (table), 282; reimbursement, 126-131
- Coinsurance rates: observed, in reimbursement insurance, 145, 146-147 (table), 148-149, 150-152 (tables), 153; welfare analysis of changes in. *See* Welfare analysis
- Consumption: health prospect affected by, 51-57; of health services, disability and, 377, 378 (figure), 379-381; model based on overconsumption, 27
- Consumption elasticities in children's health care (table), 240
- Consumption model of health care among the urban poor, 167-171
- Contributory plans in imperfect mobility model of group health insurance, 88, 89 (figure)
- Contributory union group health insurance, 91, 105 (table), 106-107 (table)
- Costs, transaction, in welfare analysis, 29-30. *See also* Expenditures; Fees; Medical prices; Prices
- Coverage: anticipated illness levels and, 138; demand for, 133, 134-135 (table), 136-137; under supplementary medical insurance by health status, welfare status, region and race (table), 434
- Cross-price: in price elasticities estimates model, 265; price elasticities estimates for family unit heads and (table), 302

- Death rates: predicted, percentage deviation between actual and (1967-69; table), 390. *See also* White females; White males
- Demand. *See* specific types of health insurance
- Disability: Medicare and, 377, 378 (figure), 379-381; in price elasticities estimates model, 267. *See also* Hospital days
- Distortion, risk and, in welfare analysis, 27
- Education: in price elasticities estimates model, 266; as variable in health care demand among the poor, 177, 188
- Elasticities: in children's health care demand (table), 242; consumption, in children's health care (table), 240; of expected value of dependent variables (table), 182; perfectly elastic supply of medical services, 13; of physician utilization by the elderly, by region (table), 415; of supply, welfare analysis of changes in coinsurance rates and, 3-4; wage income (table), 277. *See also* Price elasticities estimates
- Elderly, the. *See* Medicare
- Employed individuals, price elasticities estimates and medical care demands of, 280
- Employee equilibrium in Tiebout-type model, 76
- Employee share, optimal, in imperfect mobility model, 89-91
- Employer-choice equilibrium in Tiebout-type model, 76-77
- Employers, choice of group health insurance by, 92-93
- ENT diseases, prevalence of, in children (table), 220
- Equilibrium: conditions of, in preventive medicine-health insurance joint demand model, 46-47; displacements of, 47-51; employee, in Tiebout-type model, 76; employer-choice, in Tiebout-type model, 76-77; general, in imperfect mobility model, 91; supply response model and equilibrium solution, 511, 512 (figure), 513 (figure), 514-515. *See also* General equilibrium
- Equilibrium prices, 4
- Error structure, in children's health demand system, 226-27
- Estimation: children's health model, 227, 228 (table), 229-30, 231 (table), 232-233, 234-235 (table), 236-237 (table), 238-240; estimating equation for medical price variables (table), 152; of health care demand among the urban poor, 178-179, 180-183 (tables), 184-189; ordinary least squares, of health care demand among urban poor (table), 196; ordinary least squares, of office visits by age groups (table), 418-419; reimbursement insurance, 132-133. *See also* Price elasticities estimates
- Expected utility: criterion of welfare as, 7; evaluating change in, 4
- Expenditures: Canadian health care, 447, 448-450 (tables), 451; Canadian medical, 468, 469 (table), 470-471 (table), 472, 473-475 (tables), 476-477, 478 (table), 479-480
- Family size in price elasticities estimates model, 266
- Family unit heads, recalculating price elasticities estimates for, 298, 299, 300, 301-304 (tables), 305, 306-307 (table), 308-309
- Fees, fee-setting dynamics, 337-338. *See also* Loading fees; Physician-fee inflation
- Feldstein-Friedman (FF) microsimulation model, 505-510, 534, 535 (table), 536-538
- Females. *See* White females; Working mothers
- Financing of health insurance, welfare analysis of changes in coinsurance rates and, 3
- Fixed levels of medical services, 15
- Fringe benefit plan: binary variables of (table), 99; of group health insurance, 74-75
- General equilibrium: in imperfect mobility model of group health insurance, 91; model of, net welfare changes expressed by means of, 3
- Gross receipts, indexes of average, per active fee-practice physicians (table), 474
- Group health insurance, 73-114; comments on, 110-114; data on, 93-94; difference between union and employer choice in, 92-93; empirical variables in, 94-97; as fringe benefit, 74-75; fringe benefit plan binary variables (table), 99; illustrative calculation of price and income elasticity

of demand for, 97-98; imperfect mobility model of, 79-80, 81 (figure), 82-85, 86 (figure), 87 (figure), 88, 89 (figure), 90-92; noncontributory union (tables), 104-106; for nonunionized groups (table), 103; SIC code binary variables for (table), 99-100; Tiebout-type model of, 75-79; for unionized groups (table), 101-102  
Group practice, physician-fee inflation model and, 328-329  
Group size, as variable, in Tiebout-type model, 78

**Health:** attribute production functions of (table), 228; covariance of marginal utility of income and, 20-21; covariance of marginal utility of income and medical services and, 16; marginal rate of substitution for fixed state of, 15; prospects of, affected by consumption, 51-57. *See also* Children's health

**Health care:** employed individuals' demand for, 280; historical patterns of health care expenditures in Canada, 447, 448-450 (tables), 451; for the urban poor, *see* Urban-poor health care

**Health care services:** ambulatory (table), 183; clinics, 191-192; disability and consumption of, 377, 378 (figure), 379-381; prices of, *see* Prices. *See also* Medical services

**Health care technology,** 225

**Health status:** of children, 225-226 (table), 242; coverage under supplementary insurance program by (table), 434; health care demand of urban poor and, 176-177; hospital utilization by the elderly by (table), 414; office visits by the elderly by (table), 413; office visits per person for various levels of (table), 281; predicted Medicaid distribution by (table), 404; as random variable, 4; self-perceived, in price elasticities estimates model, 267; use of medical services and, 395, 396 (table), 397

**Heterogeneous labor groups in imperfect mobility model of group health insurance,** 80, 81 (figure), 82-83

**Homogeneous labor groups in imperfect mobility model of group health insurance,** 83-85, 86 (figure), 87 (figure), 88

**Hospital admissions:** in estimation of health care demand among urban poor, 177, 188; price elasticities estimates and, 270-273, 274 (table); price elasticities estimates for family unit heads and, 298, 299 (table), 300, 301 (table)

**Hospital days:** maximum number of, 139-140 (table); maximum payment per, 134-135 (table); price elasticities estimates and length of stay, 277-278, 301-303 (tables), 303-304 (table), 306-307 (table), 308

**Hospitals:** beds-population ratio in, 267; Canadian policy response to inflation in, 463-468; inflation as response to Canadian national health insurance, 451, 452 (table), 453-456, 457 (table), 458-62; utilization of, by the elderly, by health status and income (table), 414

**Household size,** as variable in health care demand among the poor, 178, 189

**Illness levels,** coverage and anticipated, 138

**Income:** in children's health model specification of family provision for children's health, 223-224; and health care demand among urban poor, 175, 185-187; health status and, use of medical services and, 395, 396 (table), 397; hospital utilization by the elderly by (table), 414; marginal utility of, *see* Marginal utility of income; nonwage, 266; office visits by the elderly by (table), 413; office visits per person by (table), 281; office visits by welfare status, age and (1969; table), 396; per capita office visits by age and (table), 393; percentage of office visits by (1969; table), 398; personal health care expenditures in Canada as percentage of (table), 450; physician expenditures in Canada as percentage of (table), 469; as static in reimbursement insurance, 120-122. *See also* Wage income

**Income changes:** as equilibrium displacements, 47-48; effects of, on consumption model of health care demand among the urban poor, 169-170; in formal model of health care demand among the poor, 201-202

**Income elasticities of demand,** illustrative calculations of, 97-98

- Income elasticities estimates. *See* Price elasticities estimates
- Income supplements for urban poor, tradeoffs of, 192-93
- Inflation, as response of hospital to Canadian national health insurance, 451, 452 (table), 453-456, 457 (table), 458-462. *See also* Physician-fee inflation
- Insurance policy regressions (table), 150
- Insurance status of urban poor, 176, 187
- Labor groups: heterogeneous, 80, 81 (figure), 82-83; homogeneous, 83-85, 86 (figure), 87 (figure), 88
- Loading, income elasticities of demand and, 98
- Loading fees: as statics in reimbursement insurance, 123-125; as statics in reimbursement coinsurance demand, 129-31
- Logistic regressions (table), 146-147
- Logit technology (table), 231
- Major medical maximum payment, 143-144 (table)
- Males. *See* White males
- Marginal prices, price elasticities estimates and (table), 282
- Marginal rate of substitution for fixed state of health and fixed level of medical services, 15
- Marginal utility of income, 7, 8, 15-23; health and, 20-21; medical services and, 15-18
- Marginal welfare changes, risk adjustment to, 17
- Maximum coverage: demand for, 137-138, 139-140 (table), 141-142 (table), 143-144 (table), 145; statics of reimbursement insurance and, 120-125
- Maximum payment, 141-144; major medical, 143-144 (table); surgical, 141-142 (table)
- Medicaid: comments on impact of, 426-433, 434 (table), 435; definitions of variables used in study of, 417-418; distribution of 399-402, 403 (table), 404 (table), 405-406, 407 (table), 408; ordinary least squares estimates of office visits by age group and, 418-419 (table); Tobit regression analysis of, *see* Tobit regression analysis. *See also* Medicare
- Medical expenditures, Canadian, 468, 469 (table), 470-471 (table), 472, 473-475 (tables), 476-477, 478 (table), 479-480
- Medical prices: Canadian (table), 478; Canadian movement of (table), 473; determination of, 4; effects of national health insurance on, *see* National health insurance; equations for, 295-296 (table) 306-307 (table); estimating equations for variables in (table), 152; price elasticities estimates and, 279-280; price elasticities estimates for family unit heads and prices charged, 309; as statics in reimbursement insurance demand, 127-129. *See also* Fees; Loading fees; Physician-fee inflation
- Medical services: amount of being demanded conditional on some being demanded, 276, 277 (table), 278-280, 281 (table); covariance between marginal utility of income and, 15-18, 21-23; estimates of price and income elasticities of, *see* Price elasticities estimates; impact of Medicare and Medicaid on use of, 391-392, 393 (table), 394-395, 396 (table), 397, 398 (table), 399; marginal rate of substitution for fixed level of, 15; perfectly elastic supply of, 13; prices of, *see* Prices; transformation between nonmedical and, 5; *see also* Health care services; Hospitals; Office visits; Physicians
- Medicare, 365-436; abstract on, 365; aggregate mortality and, 370, 371 (table), 372 (figure), 373 (figure), 374 (figure), 375 (table), 376 (table), 377; comments on, 385-388, 389 (table), 390 (table); disability and, 377, 378 (figure), 379-381; distribution of, 408-411, 412-415 (tables), 514; impact of, on use of medical services, 391-392, 393 (table), 394-395, 396 (table), 397, 398 (table), 399; implications of, for national health insurance, 416-417; normative model for qualitative assessment of, 367-370; physician-fee inflation and, 344, 346-347
- Microsimulation models, 505-510, 533-538
- Moral hazard, 42-43, 44 (figure)
- Mortality: Medicare and, 370, 371 (table), 372 (figure), 373 (figure), 374 (figure), 375 (table), 376 (table), 377; percentage deviation between actual and predicted death rates (1967-69; table), 390

- Mothers, children's health care and non-working, 236-237 (table)
- National health insurance, 505-540; analyzing two plans of, 515-516, 517 (table), 518, 519 (table), 520, 521 (table), 522; comments on, 529-534, 535 (table), 536-540; implications of Medicaid and Medicare for, 416-417 (*see also* Medicaid; Medicare); microsimulation model of, 505-510, 533-538; price response model of, 523-526, 527 (table); supply response model of, 511, 512 (figure), 513 (figure), 514-515, 521 (table), 527 (table). *See also* Canadian national health insurance
- Noncontributory union group health insurance, 104 (table), 105-106 (table)
- Nonunionized groups, group health insurance for (table), 103
- Nonworking mothers, children's health care and, 236-237 (table)
- Nonwage income in price elasticities estimates model, 266
- Normative model for Medicare assessment, 367-370
- Office visits: by age, 393 (table), 396 (table); by the elderly, by health status and income (table), 413; equations of, 292-294 (table); by income, welfare status and age (1969; table), 396; ordinary least squares estimates of, by age group, 418-419 (table); per capita, by age and income (table), 393; percentage of, by income (table), 398; per person for various levels of income, insurance and health status (table), 281; price elasticities estimates and, 275, 276 (table); in price elasticities estimates for family unit heads, 308-309; price and income elasticities and, 279
- Optimal employee share in imperfect mobility model, 89-91
- Output and price equations, in physician-fee inflation model, 327-328
- Overconsumption, model based on, 27
- Own-price: in price elasticities estimates model, 264-265; price elasticities estimates for family unit heads and (table), 302
- Parents: children's health and preferences and health attitudes of, 226; working mothers' demand for children's health care, 234-235 (table)
- Payoffs, altering, of random experiments, 36
- Physician-fee inflation, 321-362; comments on, 354-362; cost equations in model of, 325-327; demand equations in model of, 323-325; empirical results of study, 331, 332-333 (table), 334 (table), 335-338; implications of, for policies, 338-341; model and variable specifications of, 323-331; reimbursement and wage variables in, 341-344, 345 (table), 346-347
- Physician-population ratio, 267
- Physicians: Canadian, expenditures for, 468, 469 (table), 470-471 (table), 472, 473-475 (tables), 476-477, 478 (table), 479-480; use of, by the elderly, by region (table), 415; use or nonuse of, price elasticities estimates and, 270-273, 274 (table)
- Poor, the. *See* Medicare; Urban poor
- Population-beds ratio, 267
- Population-physician ratio, 267
- Predictions: of health care demand among the urban poor, 170-171; percentage deviation between actual and predicted death rates (1967-69; table), 390
- Preventive-medicine health-insurance demand, 35-71; basic model for, 45-51; comments on, 66-71; concepts relevant to, 38-39, 40 (figure), 41 (figure), 42-43, 44 (figure); model of, with consumption affecting health prospects, 51-57
- Price changes: effects of, on consumption model of health care among the poor, 168-169; in formal model of health care demand among the poor, 198-201; insurance, as equilibrium displacements, 49-50
- Price elasticities: of demand, illustrative calculations of, 97-98; travel time, for ambulatory care (table), 183
- Price elasticities estimates, 261-320; amount of medical services demanded conditional on some being demanded, 276, 277 (table), 278-280, 281 (table); comments on, 313-320; data statistics on, 286-287 (table); demand for care from unemployed individuals and, 268-270; hospital admissions and, 270-273, 274

- (table); model of, 262-268; office-visit equations with interactions in, 292-294 (table); overall, 281, 282 (table), 283 (table), 284-285; price equations and, 295-296 (table); recalculating, for family unit heads, 298, 299, 300, 301-304 (tables), 305, 306-307 (table), 308-309; summary estimates, values used for, 283; time equations used for, 287-288 (table); utilization equations used for, 289-290 (table)
- Price equations: effects of proportion covered by third parties on (table), 334; in physician-fee inflation study, general specifications of, 332-333 (table); in physician-fee inflation model, output and, 327-328
- Price response model of national health insurance, 523-526, 527 (table)
- Prices: equilibrium, 4; estimating equations for variables in (table), 152; in health care demand among the urban poor, 173-175; income elasticity of demand and, in group health insurance, 97-98; marginal, price elasticities estimates and (table), 282; in model specification of children's health, 223-224. *See also* Cross-price; Fees; Medical prices; Own-price
- Public policy: children's health and, 241, 242 (table), 243-244. *See also* National health insurance
- Quality of medical services, Medicare and, 397, 398 (table), 399
- Race: coverage under supplementary insurance program by (table), 434; health care among urban poor and, 178, 188-189; predicted Medicaid distribution by (table), 407; in price elasticities estimates model, 267. *See also* White females; White males
- Random factors: in demand, 3; health data as, 4
- Red Hook population, selected characteristics of, 171-172
- Region: coverage under supplementary insurance program by (table), 434; elasticities of physician utilization by the elderly by (table), 415; in price elasticities estimates model, 268
- Reimbursement insurance, 115-162; comments on, 156-162; comparative statics for coinsurance, 126-131; comparative statics of, for maximum coverage, 120-125; demand for coverage in, 133, 134-135 (table), 136-137; demand for maximum coverage in, 137-138, 139-140 (table), 141-142 (table), 143-144 (table), 145; estimation of, 132-133; observed coinsurance rates for, 145, 146-147 (table), 148-149, 150 (table), 151 (table), 152 (table), 153; physician-fee inflation and, 341-344, 345 (table), 346-347
- Revenue: indexes of average gross receipts per active fee-practice physicians (table), 474; of physicians, usual fees vs. average, 330-331. *See also* Fees; Medical prices; Prices
- Risk: changes in, as equilibrium displacement, 50-51; distortion and, in welfare analysis, 27; risk adjustment to marginal welfare change, 17
- Risk aversion, 41-42
- Room and board prices: price elasticities estimates and, 278-279; in price elasticities estimates for family unit heads, 308
- Selection, adverse, in Tiebout-type model, 78-79
- Self-perceived health status, 267
- Sex: health care demand among urban poor by, 178, 189; in price elasticities estimates model, 267
- SIC code binary variables (table), 99-100
- Statics: in reimbursement coinsurance demand, 126-131; in reimbursement insurance, for maximum coverage, 120-125
- Stochastic dominance, 38, 39, 40 (figure), 41 (figure)
- Subsidized health care for urban poor, tradeoffs of, 192-193
- Supplementary medical insurance, coverage services under, by health, welfare status, region and race (table), 434
- Supply: general formula for welfare effects taking explicit account of, 13-15; inelasticity of, in welfare analysis, 6, 18-19. *See also* Medical services
- Supply response model, 511, 512 (figure), 513 (figure), 514-515, 521 (table), 527 (table)

- Tiebout-type model of group health insurance, 75-79
- Time factor in health care among the urban poor, 179, 180-183 (tables), 184-185
- Time equations, value of, in price elasticities estimates, 287-288 (table)
- Tobit regression analysis, 419-420 (table), 420-422 (table), 422 (table), 423 (table); of Medicaid distribution, 402, 403 (table), 404 (table), 405-406, 407 (table), 408; of Medicare distribution, 411, 412-415 (tables), 416
- Tradeoffs of income supplements, for urban poor, 192-193
- Transaction costs in welfare analysis, 29-30
- Travel time-price elasticities for ambulatory care (table), 183
- Unemployed individuals, demand for care by, price elasticities estimates and, 268-270, 280
- Unions: contributory, 91, 105 (table), 106-107 (table); noncontributory, 104 (table), 105-106 (table); role of, in Tiebout-type model, 77-78
- Urban-poor health care, 165-214; comments on, 208-214; consumption model of, 167-171; data base on, 171-178; definitions of variables used in study, 193-195; details of formal model of, 198-202; estimation techniques for, 178-179, 180-183 (table), 184-189; policy selection, 189-193; results of ordinary least squares estimation (table), 196
- Utilization equations used in price elasticities estimates, 289-290 (table)
- Wage income, 265-266; price elasticities and elasticities of (table), 277; price elasticities estimates and, 287-289 (table); price elasticities estimates for family unit heads and (table), 302; regressions with time weighted by (table), 180; as variable in physician-fee inflation, 341-344, 345 (table), 346-347
- Wealth redistribution, market insurance and, 36
- Welfare analysis, 3-34; comments on, 25 (figure), 26 (figure), 29-30, 31 (figure), 32-34; covariance of marginal utility of income and health and, 20-21; covariance of marginal utility of income and medical services in, 15-18, 21-23; expectations of changes in coinsurance rates in, 10; explicit formulation of model, 5-7; general formula for welfare effects, first form of, 7-12; general formula for welfare effects taking explicit account of supply, 13-15; inelasticity of supply in, 6, 18-19
- Welfare status: coverage under supplementary insurance program by (table), 434; predicted Medicaid distribution by, 404 (table), 406 (table); use of medical services and, 395, 396 (table)
- White females: actual and predicted mortality rates for (table), 376; cohort mortality of, (figure), 374
- White males: actual and predicted mortality rates for (table), 376; relative deviation between actual and predicted mortality rates for (table), 389
- Working mothers, demands of, for children's health care, 234-235 (table)
- Yett-Drabek-Intriligator-Kimbell (HRR) microeconomic model, 534, 535 (table), 536-538