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Nota di contenuto	Collaboration Among Competing Managed Care Organizations for Quality Improvement -- Copyright -- PREFACE AND ACKNOWLEDGMENTS -- Contents -- SUMMARY -- Why Do Organizations Collaborate? -- Antitrust Issues -- Standard Setting -- Information Collection and Exchange -- Selecting High-Quality Providers -- Lobbying and Working with Government -- Conclusion -- SESSION 1: CONCEPTUAL ISSUES IN COLLABORATION -- INTRODUCTION TO COLLABORATION -- Potential Areas for Collaboration -- Issues for the Conference -- LEGAL ISSUES IN COLLABORATION -- Some Rudiments of Antitrust Law -- Specific Pitfalls to Be Avoided -- Group Boycotts. -- Other Naked Restraints. -- Standard Setting -- Information Collection and Exchange -- Selecting High-Quality Providers -- Lobbying and Working with Government -- Conclusion --

COLLABORATION FOR QUALITY IMPROVEMENT AMONG MANAGED HEALTH CARE ORGANIZATIONS: WHAT CAN BE LEARNED F ... -- Why Do Organizations Collaborate? -- Why Do Organizations Refuse to Collaborate? -- How Are These Examples Relevant to Health Care? -- SESSION 2: PANEL PRESENTATIONS -- LESSONS FROM THE ELECTRONICS INDUSTRY -- ANTITRUST REGULATION -- THE LIMITS OF COMPETITION -- THE MEDICAL DIRECTOR'S PERSPECTIVE -- SESSION 3: EXAMPLES OF COLLABORATION -- HEALTH CARE EDUCATION RESEARCH FOUNDATION -- THE EMPLOYERS' MANAGED HEALTH CARE ASSOCIATION -- PACIFIC BUSINESS GROUP ON HEALTH -- THE FOUNDATION FOR HEALTHY COMMUNITIES -- THE NATIONAL RURAL HEALTH ASSOCIATION -- Barriers to Collaboration -- BIOGRAPHIES OF SPEAKERS -- CONFERENCE AGENDA.

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Sommario/riassunto

In November, 1997, The Institute of Medicine convened a one-day conference to explore areas for potential collaboration to improve quality among competing health plans consistent with antitrust and other legal requirements. The conference was convened to clarify the limits of such potential activities and to explore ways to stimulate collaboration; in short, to explore permissible and promising areas for collaboration for competing health plans. Competition has existed at the provider level in the pre-managed care era and continues among physicians, physician groups and hospitals today. What is new is the extent of competition at the managed care organization level in individual regional markets. As large numbers of individuals are enrolled in health plans, the potential for new forms of cooperation for improving quality of care becomes possible. Along with these new possibilities, however, come questions about whether they bring the potential for antitrust violation.

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