
This paperbound book is a condensation of the new regulations for the Medicare prospective payment system that was enacted into law in April 1983. The new law represents the most significant change in Medicare since its inception; it changes the payment system for inpatient hospital costs from a retrospective one to a prospective system based on a single preset rate of payment per discharge.

The major areas covered in the book are the determination of case mix; the diagnosis related group (DRG) assignment process; the calculation of payment rates; utilization and quality review of the program; and a brief description of studies, reports, and demonstration projects that will be directed by the Secretary of Health and Human Services, which may result in the modification and expansion of Medicare’s prospective payment system.

The authors, who both had experience working in the New Jersey DRG cost containment system, make the complicated components of the new Medicare system easily understandable to the reader. Flow charts, tables, and diagrams that are easy to interpret illustrate the various functions of the program. A decision tree that is used for determining specific DRGs according to medical diagnostic category is included. Flow charts are used to explain the calculation of case mix and the DRG price index. The chapter on payment rates is particularly useful in explaining this very complicated part of the system.

Chapter 4, “Utilization and Quality Review,” explains the role of the Peer Review Organizations (PROs) in conducting medical reviews that will replace the Professional Standards Review Organizations (PSROs). Quality review is not covered in-depth since guidelines were not issued by the Health Care Financing Administration (HCFA) at the time of the publication of this book. Adequate references are given for more in-depth study of particular areas of the system. The book concludes with a listing of the 470 DRGs, their relative cost weight, average length of stay, and outlier thresholds.

The authors give a straightforward approach to the Medicare prospective payment system from the HCFA prospective. They do not discuss any potential problems with the system or analyze the system itself, nor do they discuss system’s impact on health care management and health practicing behavior. For a discussion of these two areas, one would have to refer to their previous book, DRGs: A Practitioner’s Guide. The authors do briefly discuss possible future changes in the system and possible effects on physician’s fees, quality, and return in equity.

It is important for health professionals to have an understanding of the Medicare prospective payment system because of the system’s potential impact on health management and health practicing behavior. This book is a useful reference for those who want a clear understanding of the HCFA regulations written for the Medicare prospective payment system.

Pamela Mittelstadt, MPH, RN


This volume collects manuscripts addressing the application of the rehabilitation philosophy and process to the geriatric population. Contributors primarily include physicians, although an occupational therapist does serve as a co-author of the book’s final chapter.

The book is divided into four main sections. The first section presents aspects of health and diseases in the aging that influence rehabilitation. Subjects discussed include cardiovascular and pulmonary function, along with sexuality in the aging. Little of the information presented in this first quarter of the book, however, has clinical application to the occupational therapist, although an abundance of factual information is provided.

The second section discusses approaches to rehabilitation in the aging with an emphasis on functional assessment, an area that would seem especially geared toward the occupational therapist. Nevertheless, no mention of occupational therapy is made in this chapter. Specific assessment tools are used, yet their prognostic reliability from an occupational therapy perspective is questionable. One evaluation device, for example, places insufficient stress on cognitive skills, which is of primary importance when dealing with a geriatric population. Subsequent mention of the
occupational therapist in this section, however, is appropriately made with a brief but concise description of the therapist's skills and responsibilities.

The third and largest section of the book deals with rehabilitation in specific disease processes commonly found in the elderly, ranging from cerebral vascular accident to urologic disorders. Much of the information is a reiteration of previously learned material for the practicing therapist, although practical information is provided for family members.

The fourth and final section of the book, "Specific Rehabilitative Therapies," discusses assistive and self-help devices. This closing portion is the most relevant for the occupational therapist, although once again, comparatively little new subject matter is presented for the experienced practitioner.

According to the editor, the book is geared toward physicians and other health personnel who care for the elderly, yet throughout the book the question, "Who is this for?" arose repeatedly in this reviewer's mind. Some chapters appear directed toward uninformed family members, while other sections are much more technical and seem to assist the physician.

This book may be of interest to therapists and students who are new to the field of gerontology, especially due to its organizational qualities. Its appeal to experienced clinicians, however, is confined to a review or refresher function.

Monica H. Magid, OTR


This volume, which is the second in a series, is published by the National Center for Clinical Infant Programs, an agency that specializes in infant mental health and development. In this text, seven detailed case studies illustrate how psychologists, psychiatrists, physicians, and social workers developed intervention programs for troubled infants and their families. Included in the list of noteworthy authors are T. Berry Brazelton, MD, and E. Kirsten Dahl, PhD.

Some of the problems presented by the clients pertain to behavior problems, sleeping and eating disorders, and bonding and attachment difficulties. A variety of different intervention strategies are presented. One author describes clinical assessment procedures and services offered by an infant mental health day care center designed to meet the needs of the severely disadvantaged. Another contributor illustrates the epitome of "preventive intervention" by depicting infant-parent psychotherapy during pregnancy to alleviate the fears and ambivalence associated with becoming a mother. Several of the case studies follow their families for a period of more than 2 to 3 years, and not all of the stories have a happy ending.

Although the presenting problems and treatment approaches vary, certain themes are common throughout the book. The family is viewed as a holistic unit and is treated as such. A great effort is made to create an alliance with the parents based on trust and respect and to deal with the complex interpersonal relationships, rather than focusing all the efforts on the child. The thrust of the programs presented is to help the parents and children work actively to foster growth and change on their own behalf.

One chapter of particular interest, written by Dahl, describes the role of the child therapist in acting as an interpreter or decoder of the confused emotions and thinking processes of the toddler, and in facilitating conflict solutions with young preverbal children.

Although many books have been written on the subject of bonding and attachment, few have included such detailed case studies and concrete examples of intervention strategies in action. The subject matter is represented in an understandable and realistic fashion, although at times the reading becomes a little redundant and lengthy. The primary frame of reference throughout the text is that of a psychoanalytical-humanistic nature, with an emphasis on developmental stages of ego development.

One disappointing feature of this work is that not one occupational therapist was mentioned in any of the case studies presented as part of the interdisciplinary treatment team, although references were made to nurses, teachers, and speech therapists.

For occupational therapists working in early intervention programs, this book may provide some valuable insights into the conflicts that can develop within the family unit that can eventually affect the child's development. On the other hand, it may