

**Keck School of Medicine, Department of Preventive Medicine
University of Southern California
MPH Program**

PM 508: Health Service Delivery in the United States

SUMMER 2011

TUESDAYS AND THURSDAYS: 2:00 PM to 5:30 PM

Class Location: Alhambra Building A7, Basement Level, Room 7059

Instructor: Dylan H. Roby, PhD
Assistant Professor & Associate Director of the MPH Program
Department of Health Services, UCLA School of Public Health
Research Scientist, UCLA Center for Health Policy Research

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Blackboard: <http://blackboard.usc.edu>

OVERVIEW

The U.S. Health Care System operates in an intense, dynamic, and complex environment. Today's health care professionals are expected to understand the key components of the health care system, including its environment, and emerging trends. This course covers such topics as an overview of the health care system and health reform, components of the system, how we pay for health care, how health care is delivered, health care from the consumer and provider perspectives, and emerging health care issues in the 21st century (quality measurement, patient safety, and technology). Students are expected to be able to analyze the impact of events and political decisions on the health care system from a provider, payer and consumer point of view.

COURSE OBJECTIVES

Upon completing the course, the student will be able to:

1. Understand major trends in the history of medicine and public health and relate them to current events.
2. Identify the determinants of health, including both major protective and major risk factors, and the effects of health care services.
3. Describe the components of the health care delivery system and how they work together, or fail to work together, to address health problems.

4. Understand the functioning of major institutions and the roles of provider groups.
5. Understand the components of health care financing including insurance coverage, major public programs, and economic incentives in health care.
6. Understand where to get information and data about health and health care.
7. Understand the core elements of health policy-making including the roles of government and major stakeholders, major statutes affecting health care, and difficulties in passing health care reform.
8. Describe contemporary policy issues in health care delivery including the role of managed care, quality of care, privacy and consumer protections.
9. Understand and weigh ethical considerations in the health care field.
10. Analyze, evaluate, and design options for reform of the health care system.

REQUIRED TEXTBOOK

Thomas S. Bodenheimer and Kevin Grumbach (Editors). Understanding Health Policy: A Clinical Approach, 5th Ed. McGraw-Hill LANGE Medical, 2008.

WEEKLY READINGS

Readings will be listed on the blackboard system. Links to the readings will be provided. These links will be accessible from a USC computer or remote access to the USC server.

GRADING SCALE

A = 93-100%
A- = 90-92%
B+ = 87-89%
B = 83-86%
B- = 80-82%
C+ = 77-79%
C = 73-76%
C- = 70-72%
D+ = 67-69%
D = 63-66%
D- = 60-62%
F = 59% or less

Course grades will be based upon total points, points higher than 0.5 will be rounded up to the next non-decimal point total to calculate the total points. For example, if you score 92.5 points in the course, you will earn an A (rounded to 93). If you earn 89.3 points in the course, it will remain a B+ (rounded to 89).

DISABILITY SERVICES AND PROGRAMS

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure that the letter is delivered as early in the semester as possible. DSP is located in STU 301 (213-740-0776).

INTEGRITY

As everyone was informed in your initial orientation to USC, academic integrity is of paramount importance. Please take this responsibility seriously. Cheating or plagiarism will not be tolerated. Do not simply cut and paste information from the web, but rather use information from online sources as you would information from published materials.

This website will be very helpful in understanding how to avoid plagiarism and appropriately cite published works when you directly quote, paraphrase, or otherwise use ideas presented by other authors:

<http://owl.english.purdue.edu/owl/resource/589/01/>

You may consult with other students in completing take home assignments but do not copy or use anything from another student's assignment. Papers will be carefully read and verified. The instructor reserves the right to use outside vendors to screen and verify the originality of submissions. In-class exams will be monitored. When someone cheats, that person is damaging the credibility of each student's achievements and the reputation of the University. For further information, such as the precise definition of plagiarism, please read the Student Conduct Code material reprinted each year in SCAMPUS or the MPH student handbook. Please contact the instructor if you have any questions.

REQUIREMENTS OF THE COURSE

The success of the course depends greatly upon student preparation and involvement in all aspects of the class. Students are expected to complete all assigned readings, attend lectures and participate in discussions.

Familiarity with Health Data Sources: Students should become familiar with the major sources of health data at the national and state levels. The National Center for Health Statistics is an invaluable source of data on health and health care at the national level, and the California Health Interview Survey site provides easy access to state health and health care access, and insurance data.

- National Center for Health Statistics: www.cdc.gov/nchs
- California Health Interview Survey: www.chis.ucla.edu

Familiarity with Health Policy Issues: It is recommended that students sign-up for a daily or weekly email newsletter on state and national health policy activities to be conversant on health policy issues. One excellent California e-newsletter is *California Healthline*, which covers local, state, and national issues. Perhaps the best national e-newsletter is from the Kaiser Family Foundation.

- California Healthline: www.californiahealthline.org

- Kaiser Family Foundation: www.kff.org/profile/subscriptions.cfm

COURSE ASSIGNMENTS

Assignment 1: Individual Policy Memorandum

Each student will complete an individual policy memo on a topic of choice. The purpose of the policy memo is for the student to identify a current major health care policy issue, examine the competing policy perspectives, explore and weigh the evidence available in support of the perspectives, and make a policy recommendation. There are two steps to completing the assignment:

A. Topic Selection (recommended, no grade)—Due May 27th at 5:00pm.

The first step in the completion of this assignment is the selection of the topic. The submission should include the proposed policy question and a description of why the topic is important and interesting to you. List 2-3 policy options and the option that you think you will be recommending. Include a brief list of possible sources or references. List any areas where you think you might need help. The assignment should be submitted using blackboard. The Professor will provide feedback on the appropriateness of the topic and policy options.

B. Completed Policy Memo (25% of course grade)—Due June 10th at 5:00pm

Each student will complete an individual policy memorandum on a topic of choice. The purpose of the policy memo is to concisely provide advice to a policy-maker on a current major health care policy issue or debate in the United States. Students must identify a main policy question and then offer 2-3 policy options and compare them. Evidence from the peer-reviewed literature must be used to support the selection of one option as the policy recommendation.

The memo should be concisely written (3-4 pages maximum, single-spaced, 12-point font, with one-inch margins). References should be “endnotes” numbered in the memo and listed at the bottom of the final page. The endnotes are not included in the total page count. The memo is to be submitted using the blackboard system. A well-reasoned argument, a rational consideration of the options, and clear recommendation will be essential. Memos will be evaluated on the following:

- Description of the policy question and background
- Description and reasonableness of the policy options
- Review of empirical evidence regarding the policy options
- Reasoning, argument, and rationale for the recommended policy
- Grammar, spelling, clarity, use of references and overall readability

Assignment 2: Group Policy Project

Students will work in teams of 4-5 to examine provisions of the PPACA that impact their assigned topic of interest (Cost, Access, Quality, and Wellness/Prevention). Groups will select their own teams, but will be assigned a health reform topic based on

their interest area. The purpose of the assignment is to collectively assess the way in which the health care reform law passed in 2010 deals with the problems in our health care system and provide a critique of each of the major policies that impact your area of interest. At the end of these presentations, the entire class should be well informed on a variety of provisions of the health care reform package. There are two components of your grade on the Group Policy Project:

A. Completed Presentation (25% of course grade)—Due June 28th

The first step is to prepare and deliver a 45 minute presentation to help inform the class about the health care reform area, the details of the law, the limitations of the law, and implications for California and the U.S. The presentation should be engaging for the class (e.g., discussion, class involvement, group activity, etc.) rather than a simple lecture, and the 45 minute time limit includes any activities, questions and answers, etc.

B. Peer Evaluation from Group Members (10% of course grade)—Due June 29th

Each member of each team will fill out a grade sheet for their each of their group members to assess their performance on the group project. Each person will assign a score from 1 to 10 for their colleagues, which will be used to calculate this portion of the course grade.

Assignment 3: Final Exam (40% of the course grade)—Take Home, Due July 1st

There will be a take-home, open book and open note, final examination covering the course topics from all lectures (including guest lectures) and readings. The exam will consist of about 10-15 short answer questions and one short essay (1-page) testing knowledge and application of the course content.

BASIS FOR GRADING

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|-------------------------------------|-----|
| • Completed individual policy paper | 25% |
| • Completed group presentation | 25% |
| • Group Peer Evaluation | 10% |
| • Final Examination | 40% |

Assignments that are turned in late are subject to an automatic 10% reduction in grade.

University policy allows professors to grant an incomplete only in cases of emergency or serious illness. Plan your work throughout the entire 6 weeks so that job and family pressures can be accommodated should they occur at the end of the course.

SCHEDULE, LECTURE TOPICS, AND READINGS

May 19, 2011 - Session 1: Introduction to the Course and the Structure of the U.S. Health Care System

May 24, 2011 - Session 2: Structure of the Health Care System, Continued. (B&G Ch. 1 to 3, 5 to 6, 14, 15)

How Private Health Coverage Works: A Primer – 2008 Update. Kaiser Family Foundation, 2008.

Ayanian, J.Z., J.S. Weissman, E.C. Schneider, et al. *Unmet Health Needs of Uninsured Adults in the United States.* Journal of the American Medical Association, 284(15): 2061–69, 2000.

May 26, 2011 - Session 3: Health Insurance Markets and their Impact on Health Care Access and Delivery

Doty MM, et al. *Failure to Protect: Why the Individual Insurance Market is Not A Viable Option for Most U.S. Families,* Commonwealth Fund, July 2009.

Wilson KB. *Check the Label: Helping Consumers Shop for Individual Health Coverage.* California HealthCare Foundation, June 2008.

Kelch DR, *Insurance Markets: Rules Governing California's Individual Health Insurance Market.* California HealthCare Foundation, April 2005.

May 31, 2011 - Session 4: Financing of the Health Care System (B&G Ch 4)

Dobson A, DaVanzo J, and Sen N. *The Cost Shift Payment 'Hydraulic': Foundation, History, and Implications.* Health Affairs, 25(1):22-33, January/February 2006.

Anderson GF. *From 'Soak the Rich' to 'Soak the Poor': Recent Trends in Hospital Pricing,* Health Affairs, 26(3): 780-789, May/June 2007.

Fisher ES, Wennberg DE, Stukel TA, Gottlieb DJ, Lucas FI, and Pinder EL. *The Implications of Regional Variations in Medicare Spending, Part 1: The Content, Quality, and Accessibility of Care.* Annals of Internal Medicine, 138:273-287.

Anderson GF, et al. *It's the prices, stupid: why the United States is so different from other countries.* Health Aff. 2003;22(3):89-105.

June 2, 2011 - Session 5: Delivering Care (B&G Ch. 7, 12)

Kuehn BM. *No End in Sight to Nursing Shortage.* Journal of the American Medical Association, 298(14): 1623-24, 2007.

Bodenheimer T, Berenson RA, Rudolf P. *The primary care-specialty income gap: why it matters.* *Ann Intern Med.* 2007; 19;146(12): 895-6.

Starfield B, Fryer GE Jr. *The primary care physician workforce: ethical and policy implications.* *Ann Family Med.* 2007 Nov-Dec; 5(6): 486-91.

Harrington C, and O'Meara J. *Snapshot: The Changing Face of California's Nursing Home Industry.* Oakland, CA: California HealthCare Foundation. March 2007.

June 7, 2011 - Session 6: The Safety Net and the Underserved

Roby DH, Kominski GF, and Cameron ME. *Improving Access Through Health Insurance Coverage and Safety Net Expansion: A Review of the Literature.* Los Angeles: UCLA Center for Health Policy Research. August 2007.

Regenstein M and Huang J. *Stresses to the Safety Net: The Public Hospital Perspective.* Washington, DC: The Kaiser Commission on Medicaid and the Uninsured. June 2005.

June 9, 2011 - Session 7: Health Care Policy and Reform (B&G Ch. 16)

Oliver TR. *The Politics of Public Health Policy.* *Annual Review of Public Health.* 27:195-233. 2006.

Hacker JS. *Putting Politics First.* *Health Affairs,* 27(3): 718-723. May/June 2008.

The New Republic's Account of Health Care Reform (posted to Blackboard as PDF)

June 14, 2011 - Session 8: Patient Safety and Quality (B&G Ch. 10)

Institute of Medicine. *Crossing the Quality Chasm (Brief),* 2001.

Institute of Medicine. *To Err is Human: Building a Safer Health System,* 2000.

Leape LL, Berwick DM. *Five Years After to Err is Human.* *JAMA,* 2005.293:2384-2390.

Guest Speaker: Neil Sehgal, MPH – David Geffen UCLA School of Medicine
Center for Advanced Surgical and Interventional Technology (CASIT)

June 16, 2011 - Session 9: Health Information Technology and the Potential Impact on Quality and Cost

Crosson JC, et al. *Electronic Medical Records and Diabetes Quality of Care: Results from a Sample of Family Medicine Practices.* *Annals of Family Medicine,* 2007. 5(3):209-215.

Hanlon JT. *The electronic medical record: Diving into a shallow pool?* Cleveland Clinic Journal of Medicine, 2010. 77(7):408-411.

Rumberger JS and Dansky K. *Is There a Business Case for Telehealth in Home Health Agencies.* Telemedicine and e-Health, 2006. 12(2):122-127.

June 21, 2011 - Session 10: Cost Containment and Managed Care, will it be back? (B&G Ch. 8, 9)

Robinson J. *The End of Managed Care*, JAMA, 285:20, 2001.

Pati S, Shea S, Rabinowitz D, and Carrasquillo O. *Health Expenditures for Privately Insured Adults Enrolled in Managed Care Gatekeeping vs Indemnity Plans.* American Journal of Public Health. 95(2): 286-291. February 2005.

Fisher ES, Staiger DO, Bynum JPW, and Gottlieb DJ. *Creating Accountable Care Organizations: The Extended Hospital Medical Staff.* Health Affairs, 26(1):w44, 2007.

June 23, 2011 - Session 11: System Redesign and Bending the Cost Curve: Coordinated Care and Disease Management, the Chronic Care Model, and the Patient-Centered Medical Home (B&G Ch. 11, 17)

Mattke S. *Is there a Disease Management Backlash?* American Journal of Managed Care, 14(6): 349- 350, 2008.

Mattke S, Seid M, Ma S. *Evidence for the effect of disease management: is \$1 billion a year a good investment?* American Journal of Managed Care, 13(12): 670-676, 2007.

Joint Principles of the Patient Centered Medical Home

<http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home>

Rittenhouse DR and Shortell SM. *The Patient-Centered Medical Home: Will It Stand the Test of Health Reform?* JAMA, 301(19): 2038-2040, 2009.

June 28, 2011 – Group Led Discussions of Health Reform

45 minute presentations on Cost, Access, Quality, and Wellness/Prevention