

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

PM 509: Comparative Health Care Systems

FALL 2011

WEDNESDAYS: 9:00 AM to 12:30 PM

Class Location: TBD

Instructor: Gregory D. Stevens, Ph.D., MHS
Office Hours: Wednesday, 1:00-2:00 PM or by appointment.
Office Location: HSA (Alhambra) Building A7, 4th Floor, Room 7411
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Teaching Associate: TBD
Office Hours: By appointment
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OVERVIEW

This course is a core class for the Global Health Track of the MPH program. The course examines health care delivery systems internationally and explores contemporary issues affecting the institutions that provide health care and the people who seek health services. The course will cover the historical development of international health care systems, the organization and financing of systems of care, and the policy process and priority setting. Finally, the course will cover current efforts at health care reform. The goal of the course is to provide students with the necessary professional skills to be effective participants in efforts to evaluate and improve the delivery of health care nationally and internationally.

COURSE OBJECTIVES

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

1. Understand major trends in the international history of medicine and public health and relate them to current events nationally and internationally.
2. Identify the major determinants of health in developing and developed countries and the relative contributions of various health systems and services.
3. Describe the components of health care delivery systems and how the components

- work together, or fail to work together, to address population health issues.
4. Discuss the similarities and differences across countries in organizing, financing, managing and delivering health services to meet the health needs of their people.
 5. Gather reliable and comparable health and health care quality data at national and international levels.
 6. Understand the core elements of health policy-making including the roles of government and major stakeholders and major statutes affecting health care.
 7. Describe contemporary policy issues in health care delivery including the role of managed care, quality of care, privacy and consumer protections.
 8. Understand and weigh ethical considerations in the health care field.
 9. Analyze, evaluate, and design options for reform of health care systems.

PUBLIC HEALTH COMPETENCIES

The course addresses the following general public health competencies:

1. Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature – both quantitative and qualitative sources
2. Function as collaborators on public health projects with the ability to assume leadership roles in the development, implementation, and/or evaluation of programs
3. In planning community-based programs and/or program changes, demonstrate an appreciation of the interactive nature of the political, organizational and economic context of public health programs; of funding patterns and priorities; and the possibility of multiple agendas and conflicting goals
4. Articulate the relationship between health care delivery and financing, public health systems and public policy

The course also addresses the following global health leadership track competencies:

1. Explain the global context in which public health problems occur and the need to respond to the health consequences of international emergencies
2. Describe how globalization, rising infectious and chronic diseases, and natural and manmade disasters make the health and wellbeing of people of the world increasingly interdependent
3. Appreciate the increasing influence of determinants arising in foreign countries to any country's health and safety
4. Apply scientific knowledge and leadership tools and resources to promote health, prevent illness and fight disease around the world
5. Utilize lessons learned and best practices to play leadership roles in promoting global health through improved research, practice and policy-making

6. Advocate for multi-dimensional, multi-sectoral and multi-national disease prevention and control initiatives to improve the health of the people around the world
7. Promote the mutual benefits of improving the health status and wellbeing of other countries
8. Describe the advantages of information sharing and expertise exchange among countries and international partners
9. Promote health system development and reform worldwide through the engagement of world-wide networks, partnership and public and private health institutions

The course also addresses the following public health policy track competencies:

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Discuss the policy process for improving the health status of populations.
4. Apply "systems thinking" for resolving
5. Communicate health policy and management issues using appropriate channels and technologies.
6. Demonstrate skills in policy analysis

REQUIRED TEXTBOOK

Robert H. Blank and Viola Burau. 2007. *Comparative Health Policy 2nd Edition*. Palgrave McMillan, New York, NY. (\$38 on Amazon)

WEEKLY READINGS

Readings will be listed on the blackboard system or will be distributed.

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

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. 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. Clarity in exposition is essential.

Familiarity with International Health Data Sources: Students should become familiar with the major sources of health data at the national and international level. The National Center for Health Statistics is an invaluable source of data on health and health care at the national level, and the World Health Organization provides excellent public health data at the international level.

- National Center for Health Statistics: www.cdc.gov/nchs
- World Health Organization: www.who.int/en

Familiarity with National 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: Participation in Online Discussion Board (5% of course grade)

After each lecture, a question will be posted on the course's Blog page relating to the next lecture. Students are expected to contribute a short, thoughtful response. Alternately, students may propose their own questions or begin a dialogue with students on a related topic. Responses must be posted before the start of the next lecture. If the blogging system is not accessible, students may submit a response to the professor in hardcopy at the beginning of class.

- You will receive an email every week after lecture inviting you to participate in the course's blog.
- Be creative, you can post pictures and videos if you'd like
- All posts are time stamped, late postings (after 9 am) will not be accepted

Assignment 2: Policy Memo (30% of course grade)—Due Fri. Dec. 9th 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 any country. Students must identify 2-3 policy options (at least one of which must be informed from experiences of another nation) 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, single-spaced, 12-point font, with one-inch margins). Longer memos will have points deducted. References should be "endnotes" (maximum of fifteen) numbered in the memo and listed at the bottom of the final page. The endnotes are included in the total page count. The memo is to be submitted to the T.A. by email. Memos will be evaluated on the clarity and quality of the topic, perspectives and recommendations made, as well as readability and formatting. A well-reasoned argument, a rational consideration of the options, and clear writing will be essential. Memos will be evaluated on the following:

- Description of the health care policy question and background
- Description and reasonableness of the policy options
- Review of empirical evidence regarding the policy options
- Rationale for the recommended policy decision
- Appropriateness of the references
- Grammar, spelling, clarity, and overall readability

Assignment 3: Midterm (30% of the course grade)—In-Class on Oct. 19 at 9:00am

There will be a two-hour, in-class mid-term examination covering the course topics from each of the lectures and readings. The exam will be comprised of about 15-short answer questions and one short essay (1-page max) testing knowledge and application of the course content. There will be a review session held in-class on October 7th.

Assignment 4: Group Presentation of Health System

Students will work in teams of 2-3 people to examine the health care system of a country assigned in class. Groups will form their own teams, but will be assigned at random to a country. The purpose of the assignment is to understand current health system issues, the applicability of aspects of the system to the U.S., and enable the class to be well informed of health reform issues. There are four steps:

A. Project Work Plan (No grade, recommended)—Due Fri. Sept. 9th, 5:00pm.

The first step is to develop a short (two-page, single spaced, one-inch margins) work plan outlining necessary steps required to prepare the presentation. Students must include specific plans describing how they will review the literature, plans to contact at least two physicians or public health representatives from the given country. In addition to a general work plan and timeline for the project, students should list the individuals to be contacted, a draft of the questions that will be asked, and a description of the overall division of labor among team members. This should be submitted by email to the T.A. and a time will be scheduled to meet with the T.A. to discuss the plan.

B. Completed Presentation (25% of course grade)—Due as Assigned

The second step is to prepare and deliver a one-hour presentation (45 minutes of presentation, and 15 minutes of prepared group discussion questions) to inform the class of the country's health care system and the implications for the U.S. The presentation should cover the following topics at a minimum. Remember the presentation is an hour long, so feel free to be creative with the presentation to maintain audience interest.

- A description of the country (e.g., geography, population, culture)
- Overview of the health care system and how/why it developed
- How the health care system is financed and who pays how much
- What services are covered and how these decisions are made
- Summary of medical training and licensing requirements
- Supporters and opponents to the system and current ideas for reform
- What can the U.S. system learn and incorporate from this country
- Discussion questions or other way to discuss issues with class

C. Peer-Review of Presentation (5% of course grade)—Due as Assigned

Group presentations will be evaluated by the instructor and T.A, and by the class through a peer-review process. The peer-review reforms will be distributed to students at each presentation and will be used to evaluate the clarity of the presentation, organization of the slides and overheads, thoughtfulness and comprehensiveness of topics presented, division of labor during the presentation, and engagement of the class in discussion. The instructor reserves the option to add or delete points from the grade for an individual who does not carry his or her weight in preparing for or delivering the presentation.

D. Participation in the Peer Reviews (5% of course grade)—Due as Assigned

All students will be asked to provide reviews of the presentations of other teams. The purpose of these reviews is to provide the team with meaningful and useful feedback on their performance and ways to improve. Students who provide full reviews and constructive feedback to their classmates will receive full credit. Students who miss an opportunity to provide a given peer review for any reason may obtain full credit for the review by submitting a three-page, double-spaced review and analysis of the presentation within two weeks of the presentation date.

BASIS FOR GRADING

- Online discussion board 5%
- Completed policy memorandum 30%
- Midterm exam 30%
- Completed group presentation 25%
- Peer-reviews of your presentation 5%
- Participation in the peer reviews 5%

Assignments completed late are subject to an automatic 10% reduction in grade. University policy allows instructors to grant an incomplete only in cases of emergency or serious illness. Plan your work throughout the entire 16 weeks so that job and family pressures can be accommodated should they occur at the end of the course.

PART I. FUNDAMENTAL CONCEPTS IN HEALTH CARE SYSTEMS

1. AUGUST 24: THE DETERMINANTS OF POPULATION HEALTH

Part 1: Course overview, assignments, and expectations

Part 2: Defining health and its determinants internationally

Also: In Class-Assignment of Group Presentations

Reading:

- ❖ Lantz PM, Lichtenstein RL, Pollack HA. Health policy approaches to population health: the limits of medicalization. *Health Aff (Millwood)*. 2007 Sep-Oct;26(5):1253-7.
- ❖ Farmer P, Frenk J, Knaul FM, et al. Expansion of cancer care and control in countries of low and middle income: a call to action. *Lancet* 2010; Aug (ahead of print).

2. AUGUST 31: THE U.S. HEALTH CARE SYSTEM IN CONTEXT

Part 1: Origins and transformation of the U.S. health care system

Part 2: Structure and recent reforms of the current medical system

Reading:

- ❖ Starfield B. Is U.S. health really the best in the world? *JAMA*. 2000 Jul 26;284(4):483-5.
- ❖ Anderson GF, Reinhardt UE, Hussey PS, Petrosyan V. It's the prices, stupid: why the United States is so different from other countries. *Health Aff*. 2003;22(3):89-105.
- ❖ *Comparative Health Policy*. Chapters 1 and 2.

3. SEPTEMBER 7: OPTIONS FOR DESIGNING & FINANCING SYSTEMS

Part 1: Foundations of health care system design

Part 2: Concept of risk, insurance and national expenditures

Due: Recommended Group Presentation Work Plan (5:00pm)

Reading/Viewing:

- ❖ *Front-Line: Health Around the World* (video link to be provided)
- ❖ *Comparative Health Policy*. Chapters 3 and 5

4. SEPTEMBER 14: COMPARING PERFORMANCE OF HEALTH SYSTEMS

Part 1: Models for measuring access, quality and outcomes of health services

Part 2: International comparisons of access, quality, safety, and outcomes

Reading:

- ❖ Schoen C, Osborn R, Doty MM, et al. A survey of primary care physicians in eleven countries, 2009: Perspectives on care, costs and experiences. *Health Aff.* 2009;28(6):w1171-83.
- ❖ Schoen C, Osborn R, How SKH, et al. In chronic condition: experiences of patients with complex health care needs, in eight countries, 2008. *Health Aff.* 2008;28(1):w1-w16.
- ❖ *Comparative Health Policy*. Chapters 4 and 8.

5. SEPTEMBER 21: ECONOMIC DEVELOPMENT, POVERTY AND HEALTH

Part 1: Economic development and health care system responses

Part 2: International income inequality and health

Reading:

- ❖ Marmot M. Epidemiology of socioeconomic status and health: are determinants within countries the same as between countries? *Ann N Y Acad Sci.* 1999;896:16-29.
- ❖ Wilkinson RG. Socioeconomic determinants of health. Health inequalities: relative or absolute material standards? *BMJ.* 1997 Feb 22;314(7080):591-5.

6. SEPTEMBER 28: VULNERABLE POPULATIONS

Part 1: Theories of and consequences for vulnerable populations internationally

Part 2: Designing health programs to address international health disparities

Reading:

- ❖ Tarantola D. A perspective on the history of health and human rights: from the Cold War to the Gold War. *J Public Health Policy.* 2008 Apr;29(1):42-53.
- ❖ Mechanic D, Tanner J. Vulnerable people, groups, and populations: societal view. *Health Aff (Millwood).* 2007 Sep-Oct;26(5):1220-30.
- ❖ *Comparative Health Policy*. Chapter 7.

7. OCTOBER 5: HEALTH CARE SYSTEM EXAMPLE: SOUTH AFRICA

Part 1: Presentation of a health care system as a model for group presentations

Part 2: Review session for midterm exam

Reading:

❖ TBD

8. OCTOBER 12: VIEWING OF SICKO

Reading:

❖ Hacker JS. Healing our *sicko* health care system. N Engl J Med. 2007; 357(8):733-5.

9. OCTOBER 19: MIDTERM EXAM (9:00-11:00AM)

Part 1:

Part 2:

Reading:

❖ TBD

10. OCTOBER 26: GROUP PROJECT MEETINGS WITH T.A.

PART II. DETAILED REVIEW OF HEALTH CARE SYSTEMS ABROAD

11. NOVEMBER 2: STUDENT PRESENTATIONS

Part 1:

Part 2:

Reading:

❖ TBD by presenters

12. NOVEMBER 9: STUDENT PRESENTATIONS

Part 1:

Part 2:

Reading:

❖ TBD by presenters

13. NOVEMBER 16: STUDENT PRESENTATIONS

Part 1:

Part 2:

Reading:

❖ TBD by presenters

14. NOVEMBER 23: STUDENT PRESENTATIONS

Part 1:

Part 2:

Reading:

❖ TBD by presenters

15. NOVEMBER 30: STUDENT PRESENTATIONS

Part 1:

Part 2:

Reading:

❖ TBD by presenters

16. DECEMBER 7: WRAP-UP: INTERNATIONAL POLICY & LEADERSHIP

Due: Policy Memorandum (5:00pm)