

University of Southern California—Sacramento Center
School of Policy, Planning, and Development
PPD 509 Problems and Issues in the Health Field

Fall, 2007

September 6-9; October 4-7,2007

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Office Hours:

Tuesday 2:00-4:00 p.m.

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Course Description

Problems and Issues in the Health Field is the foundation course in the Graduate Program in Health Administration. The health care delivery system will be examined in order to understand contemporary issues affecting the health of the American public. The course will include the historical development of the American health care system, the role of health care providers, determinants of health and health care utilization, health policy and politics, health care financing, and the interactions of various components of the system.

Course Objectives

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

- 1) Understand the major trends of the history of medicine and health care and be able to relate them to current events.
- 2) Describe the major differences in health risks of populations as determined by age, gender, socio-economic status, race and ethnicity.
- 3) Describe the roles of various levels of government in health care delivery and relate those roles to current issues in health care.
- 4) Describe the basic elements of the health care delivery system and use that information appropriately in evaluating and solving problems in health care.
- 5) Understand the basic issues in health care financing
- 6) Describe the major elements of the health care systems of other countries and compare and contrast them to the U.S. health care system.
- 7) Describe current changes occurring in the U.S. health care system and understand the principal motivating factors influencing such change.
- 8) Understand the elements of quality assessment in health care.
- 9) Understand the principle elements that determine ethical choices in health care and recognize the presence of ethical considerations in the health care field.
- 10) Apply all of the above to the analysis and development of options to basic problems in health care.

Texts

Barton, Phoebe. 2006. "Understanding the U.S. Health Services System.3rd Edition" AUPHA Press/Health Administration Press: Chicago, IL.

Committee on Quality Health Care in America, Institute of Medicine. 2001. "Crossing the Quality Chasm: A New Health System for the 21st Century." National Academy Press: Washington, DC.

Journal Articles: Posted on Blackboard: <https://blackboard.usc.edu/>

Billier, Bob, Juliet Musso, and Bob Myrtle. 1999. *Tradecraft: Writing and Analysis for Public Policy and Management*. Also posted on Blackboard

Course Requirements

Academic Responsibility and Dishonesty

The attachments, "Academic Responsibility" and "Academic Dishonesty Sanction Guidelines," are taken from *SCAMPUS* and provide the University's statement of academic responsibility and dishonesty and a description of academic violations and their recommended sanctions.

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 the letter is delivered to me (or to TA) as early in the semester as possible. DSP is located in STU 301 and is open early 8:30 a.m. – 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

Career Objectives

Write a 3-5 page paper on your career objectives and how you plan to implement them. It should be a personal guide for your professional development. Discuss the following:

1. Current experience in terms of managerial roles, skills, and values. (Include an assessment of your strengths and weaknesses.)
2. Desired job within 3 – 5 years and specify the skills and experience that you believe that you will need to obtain in the job you desire.
3. Specific plan to address the weaknesses that you have identified and describe the steps that you plan to take to achieve your desired 3 – 5 year goal.

This paper accounts for 10% of your grade and will be due on *October 7*.

Midterm Exam

There will be one midterm examination consisting of short answer and essay questions. Make-up exams will only be given if you notify the instructor before the time of the exam and you have a **reasonable** excuse. Your midterm exam will be on *September 9* and will account for *20%* of your final grade.

Case Studies

Students are expected to write up a 3 to 4 page response to *two* of the cases that are listed on the syllabus. Solutions or responses to the cases will be integrated into class discussions. Your response to the case should include the following:

- ❖ Discuss the facts of the case.
- ❖ Identify the specific problem(s) you are being asked to address.
- ❖ Offer up specific proposals/solutions/recommendations to address the problem.
- ❖ Justify the solution you recommend, using the material covered in the reading or in lecture.

Each case study analysis accounts for *10%* of your final grade.

Health Management (or Policy) Memo

Each student will develop a 15-20 page memo around a health management issue or policy problem. While this paper should include references to the relevant literature, it is **not** to be a literature review paper alone. It is to focus on a concrete and specific problem, and address how that problem might realistically be addressed. You are to write your paper from the point of view of an actor for whom the issue is relevant. The paper is used to help you learn and practice the kind of professional and action oriented writing that is done in this field.

The paper is to diagnose the problem; discuss the potentially relevant set of players given the definition of the problem; outline potential solutions; and finally, defend what you believe to be the best solution. You are required to turn in **both** an initial draft and final version of this policy issue paper. A draft of your policy issue paper is due on *September 17* and the final paper is due on *October 15*. The draft accounts for *10%* of your grade and the final paper is *20%* of your grade.

Group Presentation

Depending on the size of the class, the class will be organized into 2 or more groups. In addition to informal group work (see the following section) each group will have a formal group presentation. The group presentation is designed to examine a particular topic in greater depth. The strategy for the presentation is left to the group's discretion. For example, you may choose to bring in outside experts; outside readings; a case that amplifies the topic in greater detail; or a

combination of all three. This is *not* an exhaustive list of options, just a set of ideas to get you thinking about how you might want to structure your presentation.

The group is wholly responsible for the development of the topic and design of the presentation. However, by ***September 9***, all groups are to submit the following: topic, organization or individuals to be contacted regarding the topic, and a work plan (who is going to do what). The schedule for group presentations is listed in the syllabus and accounts for *10%* of your final grade.

Individual and Group Participation

The class will involve a mixture of lecture, class discussions, group presentations, informal group work and case studies. Students are expected to have done the appropriate readings and assignments before class and to participate fully in all class activities and discussions. Attendance **will** be taken throughout the semester and *10%* of your course grade is linked to these 2 types of in-class participation.

Course Requirements and Final Grade Determination

Assignment	Due Dates	Weight
Midterm Exam	9 September 2007	20%
Career Objectives	7 October 2007	10%
Case Studies (2)	As listed below	20%
Health Management (or Policy) Paper		30%
Draft Copy	16 September 2007	10
Final Copy	7 October 2007	20
Group Presentations	15 October 2007	10%
Class Participation		5%
Group Participation		5%

Course Outline

Date	Topic
6 September am	Course Overview and Introduction History and Health <i>Barton—Chapters 1, 2, and 11</i> <i>Blackboard Journal (BJ): Haddock et al—A Brief History of Healthcare Management. 2001</i> <i>BJ: Mokdad et al: Actual Causes of Death, 2000, JAMA. 2004</i>
6 September pm	Health Care System Organization and Management <i>Barton—Chapters 4 and 5</i> <i>BJ: National Coalition on Health Care—Medical Errors and Patient Safety. 2000</i> <i>BJ: Walsh and Shortell—When Things Go Wrong How Health Care Organizations Deal with Major Failures, Health Affairs. 2004</i> Case 1 Due
7 September am	Understanding Health Policy and Politics <i>BJ: Biller et al—Tradecraft (For information purposes only--detailed information on how to write policy paper)</i> <i>BJ: Gostin et al—The Future of the Public's Health Vision, Values, and Strategies, Health Affairs. 2004</i> <i>BJ: Sorian and Baugh—Power of Information: Closing the Gap Between Research and Policy. Health Affairs 2002</i> <i>BJ: Blendon and Benson—Americans' View on Health Policy: A Fifty-Year Historical Perspective. Health Affairs 2001</i>
7 September pm	Ethics and Health Care <i>BJ: Priester—A Values Framework for Health System Reform, Health Affairs. 1992</i> <i>EJ: Brennan et al—Health Industry Practices that Create Conflicts of Interest, JAMA 2006</i> <i>BJ: ACHE Code of Ethics</i> <i>BJ: ACHE Ethical Decision Process</i> Case 2 Due
8 September am	Access to Health Care <i>Barton—Chapter 3</i> <i>BJ: Hadley and Cunningham—Availability of Safety Net Providers and Access to Care of Uninsured Persons, Health Services Research. 2004</i> <i>BJ: Barton Smith—Race and Ethnic Health Disparities and the Unfinished Civil Rights Agenda, Health Affairs. 2005</i> <i>BJ: Kawachi et al—Health Disparities by Race and Class Why Both Matter, Health Affairs. 2005</i> <i>BJ: Garcia—No Come Nada, Health Affairs. 2004</i>

BJ: Malebranche—Learning About Medicine and Race, Health Affairs. 2004

8 September pm

Health Care Financing

Barton—Chapters 6-7

BJ: California Healthcare Foundation: Health Care Costs 101. 2005

BJ: National Coalition on Health Care—Impacts of Health Care Reform Projections of Costs and Savings. 2005

BJ: Chernew et al—Increasing Health Insurance Costs and the Decline in Insurance Coverage, Health Services Research. 2004

9 September am

Quality of Care

Barton—Chapter 20

BJ: Mullan—A Founder of Quality Assessment Encounters A Troubled System Firsthand, Health Affairs. 2001

BJ: McGlynn et al—The Quality of Health Care Delivered to Adults in the United States, New England Journal of Medicine. 2003

BJ: Shojani and Grimshaw—Evidence Based Quality Improvement The State of the Science, Health Affairs. 2005

9 September pm

Midterm Exam

4 October am **Managed Care**

Barton—Chapter 19

BJ: Federman—The Challenge of Studying the Effects of Managed Care as Managed Care Evolves, Health Services Research. 2004

BJ: Randel et al—How Can Managed Care Be Ethical? Health Affairs. 2001

BJ: Newhouse—Consumer Directed Health Plans and the RAND Health Insurance Experiment, Health Affairs. 2004

4 October pm **Health Care Resources**

Barton—Chapters 8-10 (personnel, hospitals, research and technology)

BJ: Buerhaus et al—Is the Current Shortage of Hospital Nurses Ending?” Health Affairs. 2003

BJ: Miller and Sim—Physicians Use of Electronic Medical Records Barriers and Solutions, Health Affairs. 2004

BJ: Pham et al—Financial Pressures Spur Physician Entrepreneurialism, Health Affairs. 2004

BJ: Cuellar and Gertler—How the Expansion of Hospital Systems Has Affected Consumers, Health Affairs. 2005

Case 3 Due

- 5 October am **Health Care Delivery—Part 1 Health Promotion and Prevention**
Barton—Chapters 12-14 (health promotion, primary care, secondary care)
BJ: McGinnis et al—The Case For More Active Policy Attention to Health Promotion, Health Affairs. 2002
BJ: Leichter—Evil Habits and Personal Choices Assigning Responsibility for Health in the 20th Century, Milbank Quarterly. 2004
BJ: Lewis et al--African Americans' Access to Healthy Food Options in South Los Angeles Restaurants, American Journal of Public Health. 2005
- 5 October pm **Health Care Delivery—Part 2 Disease Management and Long Term Care**
Barton—Chapters 15-17 (long term care, tertiary care, palliative care)
BJ: Mor et al—Driven to Tiers Socioeconomic Status and Racial Disparities in the Quality of Nursing Home Care, Milbank Quarterly. 2004
BJ: Mokdad et al—The Spread of the Obesity Epidemic in the United States 1991-1998, JAMA. 1999
BJ: Goetzel et al—Return on Investment in Disease Management, Healthcare Financing Review. 2005
- 6 October am **Health Care Delivery—Part 3 Special Populations and Mental Health**
Barton—Chapter 18
BJ: Wise—The Transformation of Child Health In the United States, Health Affairs. 2004
BJ: Mechanic and Bilder—Treatment of People With Mental Illness—A Decade Long Perspective, Health Affairs. 2004
Case 4 Due
- 6 October pm **Health Care System Reform**
Barton—Chapter 21
IOM Report—Total
- 7 October am **Group Presentations**

ACADEMIC RESPONSIBILITY

"Students, faculty, and administrative officials at the University of Southern California, as members of the academic community fulfill a purpose and a responsibility.

The University must, therefore, provide an optimal learning environment, and all members of the University community have a responsibility to provide and maintain an atmosphere of free inquiry and expression. The relationship of the individual to this community involves these principles: Each member has an obligation to respect:

1. THE FUNDAMENTAL HUMAN RIGHTS OF OTHERS
2. THE RIGHTS OF OTHERS BASED UPON THE NATURE OF THE EDUCATIONAL PROCESS
3. THE RIGHTS OF THE INSTITUTION

ACADEMIC DISHONESTY

The following statements and examples explain specific acts of academic dishonesty.

1. Examination Behavior: Any use of external assistance during an exam is considered academically dishonest unless expressly permitted.
 - a. Communicating in any way with another student during the examination.
 - b. Copying material from another student's exam.
 - c. Using unauthorized notes, calculators or other devices.
2. Fabrication: Any intentional falsification or invention of data or citation in an academic exercise will be considered a violation of academic integrity.
 - a. Inventing or altering data for a laboratory experiment or field project.
 - b. Resubmitting returned and corrected academic work under the pretense of grader evaluation error, when, in fact, the work has been altered from its original state.
3. Plagiarism: Plagiarism is the theft and subsequent passing off of another's ideas or words as one's own. If the words or ideas of another are used, acknowledgement of the original source must be made through recognized referencing practice.
 - a. Direct Quotation: Any use of a direct quotation should be acknowledged by footnote citation and by either quotation marks or appropriate indentation and spacing.
 - b. Paraphrase: If another's ideas are borrowed in whole or in part and are merely recast in the student's own words, proper acknowledgement must, nonetheless, be made. A footnote or proper internal citation must follow the paraphrase material.
4. Other Types of Academic Dishonesty:
 - a. Submitting a paper written by another;
 - b. Using a paper or essay in more than one class without the instructor's express permission;
 - c. Obtaining an advance exam copy without the knowledge or consent of the instructor;
 - d. Changing academic records outside of normal procedures;
 - d. Using another person to complete homework assignment or take-home exam without the knowledge and consent of the instructor.

The above information is taken directly from the SCampus and the Academic Affairs Unit of the Student Senate in conjunction with the Academic Standards Committee.

APPENDIX A: ACADEMIC DISHONESTY SANCTION GUIDELINES

VIOLATION	RECOMMENDED SANCTION (assuming first offense)
Copying answers from other students on exam.	F for course.
One person allowing another to cheat from his/her exam or assignment.	F for course for both persons.
Possessing or using extra material during exam (crib sheets, notes, books, etc.)	F for course.
Continuing to write after exam has ended.	F or zero on exam.
Taking exam from room and later claiming that the instructor lost it.	F for course and recommendation for further disciplinary action (possible suspension).
Changing answers after exam has been returned.	F for course and recommendation for disciplinary action (possible suspension).
Fraudulent possession of exam prior administration.	F for course and recommendation for suspension.
Obtaining a copy of an exam or answer key prior to administration.	Suspension or expulsion from the University; F for course.
Having someone else take an exam for oneself.	Suspension or expulsion from the University for both students; F for course.
Plagiarism.	F for the course.
Submission of purchased term papers or papers done by others.	F for the course and recommendation for further disciplinary action. (possible suspension)
Submission of the same term papers to more than one instructor where no previous approval has been given.	F for both course.
Unauthorized collaboration on an assignment.	F for the course for both students.
Falsification of information in admission application (including supporting documentation).	Revocation of university admission without opportunity to apply.
Documentary falsification (e.g., petitions and supporting materials medical documentation).	Suspension or expulsion from the university; F for course when related to a specific course.
Plagiarism in a graduate thesis or dissertation.	Expulsion from the university when discovered prior to graduation; revocation of degree when discovered subsequent to graduation.

Please refer to *Trojan Integrity: A Faculty Desk Reference*, for more information on assessing sanctions. You may also consult with members of the Office of Student Judicial Affairs and Community Standards at any point in the process, (213) 740-6666

Note: The Student Conduct Code provides that graduate students who are found responsible for academic integrity violations may be sanctioned more severely than Appendix A suggests.

**Case Study Analysis:
Putting Together Theory and Application**

1. Discuss the facts of the case.
2. Identify the specific problem(s) you are being asked to address.
3. Offer up specific proposals/solutions/recommendations to address the problem.
4. Justify the solution you recommend, using the material covered in the reading or in lecture.

**Learning by Leading:
Your Role as Formal Presenter**

The presentation should be presented in three parts:

1. *Introduction:* Present the issue or topic to be discussed. State why it is important to you and to your audience. Summarize your presentation. “*Tell them what you are going to tell them.*”
2. *Body:* Present the main points of your presentation. Again, the discussion should relate to the topic of the class for your particular week. “*Tell them.*”
3. *Conclusion:* Summarize your presentation and present any conclusion. “*Tell them what you told them.*”

Your presentations are to be no more than 45 minutes. Your presentation will be followed by a question and answer session—be prepared.

Writing a Policy Paper

* *Writing a policy paper is different from writing a research paper—basically the opposite:*

- write early and revise frequently for content, rather than late and revise for polish;
- write to discover rather than report;
- write for a real client whose values calibrate how you proceed (concentrate on doing it from one perspective well);
- write on a specific, rather than a general issue;
- write backwards (write what you know at the beginning when you know least as a way of discovering what you must find out), rather than gathering all your material and writing at the end (when you know what you have discovered);
- define a precise series of implementation steps for what you recommend;
- write/revise to be as short as you possibly can, rather than as full as you can achieve.

* *Characteristic features of a policy paper:*

- memo format (to/from/date/subject)
- lock and key test
 - the *subject* is a precis of the recommended answer;
 - the *problem statement* frames the question the subject answers;
 - the *context/background* section allows you to understand the problem framed;
 - the *alternatives* allow the choice among credible options for dealing with the problem specified;
 - pros and cons* reveals the strengths/benefits and weaknesses/costs of the alternatives presented;
 - the *recommendation* reviews why other options are not chosen and one is chosen;
 - implementation* steps allow the client to understand what the recommended alternative actually is, by showing what would need to be done to achieve it in reality;
 - appendices* allow selected information that is important backup to understanding the problem and the solution, but that does not belong in the main analysis.
- when you finish each of these sections must agree with and finally be internally a consistent with each other.