

HS 200B
Assessing the Key Problems and Efforts to Reform the
Health Services System

Monday, Wednesday & Friday
2:00 PM – 3:50 PM
Room 53-105 CHS

Instructor

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Readers

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INTRODUCTION

This course is the second of a two course sequence required of all students in the Department of Health Services. The sequence is structured as follows:

- HS 200A: Understanding the Organization and Financing of the Health Services System
- HS 200B: Assessing the Key Problems and Efforts to Reform the Health Services System.

In HS 200B, faculty from the Department of Health Services and select health policy makers and administrators will discuss applied health services topics that are central to their teaching, research, or managerial interests. Students are expected to gain basic competencies in the topics covered and to use the required sequence of courses as a basis to select additional courses which emphasize topics and skills they wish to study in greater depth.

KNOWLEDGE AND SKILL OBJECTIVES

HS200B is intended to focus on major problems facing the health care system and possible solutions to these problems. The course will emphasize how problems come to be recognized and defined, their characteristics and magnitude, and plans and programs to alleviate them.

Upon completion of the course students should:

- (1) understand central objectives of the health care system to increase access, achieve greater efficiencies, and improve quality and the interactions and trade-offs involved in striving to attain these objectives;

- (2) be able to define vulnerable subgroups or target groups for the health care system, and their specific characteristics and the most pressing needs and demands, and potential strategies and challenges in improving their care; and
- (3) recognize some generic approaches to system reform and reflect on useful frameworks, towards a more ideal health care system, that can be used to assess progress of ongoing system, institutional, and professional reforms.

COURSE REQUIREMENTS

- (1) A written paper showing understanding and ability to write a concise policy analysis memo;
- (2) A take-home midterm including a subset of questions selected from study questions;
- (3) An individual final paper; and
- (4) Class participation.

STUDENT EVALUATION

Course requirements will be weighted according to the following:

<u>Requirement</u>	<u>Weight</u>
First written paper	25
Midterm	25
Final paper	40
Class participation	10
TOTAL	100 POINTS

CLASS PROCEDURES

Lecture sessions will generally be conducted on Mondays and Wednesdays. Due to scheduling of guest speakers, lectures will occasionally take place on Fridays.

READINGS

- 1. The **textbooks** for the class will be the same as last quarter (Introduction to Health Services by Stephen Williams and Paul Torrens, and Changing the U.S. Health Care System: Key Issues in Health Services Policy and Management by Ronald M. Andersen, Thomas H. Rice and Gerald F. Kominski).
- 2. A course **reader** includes additional readings on lecture topics. It is available from Westwood Copies at 1001 Gayley Ave (310) 208-3233.
- 3. Students will be expected to continue using the **California Healthline** and the **Kaiser Health Policy Report** as a daily news digest.

LECTURE SCHEDULE

Date	Module	Session	Presenter	Due
1/9 Mon	Introduction	Introduction to 200B	Inkelas	
1/11 Wed		No class		
1/13 Fri	Part VI Policy Analysis and Public Health Planning	Introduction to Policy Analysis	Needleman	
1/16 Mon		NO CLASS (MLK Day)		
1/18 Wed		Population Based Planning	Kominski	
1/20 Fri		No class		
1/23 Mon		The 3 rd Era of Public Health: Implications for Public Health Practice	Breslow	
1/25 Wed	Part VII Health Care Quality	Measuring Quality – Issues and Concerns	Inkelas	
1/27 Fri		Lab: Discussion of policy memo	TAs	
1/30 Mon		Quality Improvement	Inkelas	
2/1 Wed		No class		
2/3 Fri	Part VIII Applications of Health Services	Policy Analysis: Perspective of a Local Health Department	Simon	
2/6 Mon		Culture and Linguistics: Disparities and Measurement	Ortega Morales	
2/8 Wed		Children	Inkelas	Policy memo due
2/10 Fri		No class		
2/13 Mon		Culture and Linguistics: Applications for Health Services	Batchlor Cho	
2/15 Wed		Chronic Care	Inkelas	
2/17 Fri		Lab: Discussion of final paper		

2/20 Mon		NO CLASS (President's Day)		
2/22 Wed		Mental Health Policy	Ettner	Receive midterm
2/24 Fri		No class		
2/27 Mon		Psychopathology and Asthma	Ortega	
3/1 Wed		HIV/AIDS	Cunningham	Midterm due
3/3 Fri		No class		
3/6 Mon		Homeless	Gelberg	
3/8 Wed		No class		
3/10 Fri		Veterans	Yano	
3/13 Mon	Part IX International Comparisons	Comparison and determinants of international health systems	Laugesen	
3/15 Wed		International health systems	TBD	

READING ASSIGNMENTS

SESSION	TEXTBOOKS	READER
1/13 Needleman		<ul style="list-style-type: none"> • Weimber DL, Vining AR. 2005. Chapter 2, What is policy analysis. In <i>Policy Analysis: Concepts and Practice</i>, 4th edition. Upper Saddle River, NJ: Pearson Education, Inc. • Stokey E and Zeckhauser R. 1978. Chapter 15, Putting analysis to work. In <i>A Primer for Policy Analysis</i>. New York: WW Norton. • Schick A. 1991. Informed legislation: Policy research versus ordinary knowledge. In <i>Knowledge, Power and the Congress</i>. (William H. Robinson and Clay H. Wellborn, eds.) <i>Congressional Quarterly</i>. Not in reader, to be provided. • Nancy Shulock, “ The Paradox of Policy Analysis: If It Is Not Used, Why Do We Produce So Much ...” <i>Journal of Policy Analysis and Management</i>, 18:2 (1999) p. 226. (Please read pages 226-229). • (Example of policy analysis: Not in reader. Please scan report.) Congressional Budget Office. January 2000. Increasing small-firm health insurance coverage through association health plans and HealthMarts. Congressional Budget Office. http://www.cbo.gov/ftpdocs/18xx/doc1815/healthins.pdf
1/18 Kominski		<ul style="list-style-type: none"> • MC Wolfson (1994). POHEM--a framework for understanding and modelling the health of human populations. <i>World Health Stat Q.</i> 47, 157-76. • NP Roos, C Black, LL Roos, N Frohlich, C DeCoster, C Mustard, MD Brownell, M Shanahan, P Fergusson, F Toll, KC Carriere, C Burchill, R Fransoo, L MacWilliam, B Bogdanovic and D Friesen (1999). Managing health services: how the Population Health Information System (POPULIS) works for policymakers. <i>Med Care.</i> 37, JS27-41. • MM Cohen and L MacWilliam (1995). Measuring the health of the population. <i>Med Care.</i> 33, DS21-42.
1/23 Breslow	WT Ch 8 ARK Ch 18	<ul style="list-style-type: none"> • EL Baker, Jr. and JP Koplan (2002). Strengthening the nation's public health infrastructure: historic challenge, unprecedented opportunity. <i>Health Aff (Millwood).</i> 21, 15-27. • E Fee and TM Brown (2002). The unfulfilled promise of public health: deja vu all over again. <i>Health Aff (Millwood).</i> 21, 31-43. • Breslow (1999). From disease prevention to health promotion. <i>JAMA.</i> 281(11):1030-3. • Breslow (2006). Health measurement in the third era of health. <i>American Journal of Public Health.</i> 96(1):17-19.
1/25 Inkelas	WT Ch 16	<ul style="list-style-type: none"> • JP Newhouse (2002). Why is there a quality chasm? <i>Health Aff (Millwood).</i> 21, 13-25. • J Wennberg and A Gittelsohn (1982). Variations in medical care among small areas. <i>Sci Am.</i> 246, 120-34.

SESSION	TEXTBOOKS	READER
		<ul style="list-style-type: none"> DB Reuben, PG Shekelle and NS Wenger (2003). Quality of care for older persons at the dawn of the third millennium. <i>J Am Geriatr Soc.</i> 51, S346-50.
1/30 Inkelas	ARK Ch 6, 7	<ul style="list-style-type: none"> DM Berwick (2003). Disseminating innovations in health care. <i>JAMA.</i> 289(15):1969-1975. Leatherman S, Berwick D, Iles D et al (2003). The business case for quality: Case studies and an analysis. <i>Health Affairs.</i> 22(2):17-30. Murray M, Berwick DM (2003). Advanced access: Reducing waiting and delays in primary care. <i>JAMA.</i> 289(8):1035-1040.
2/6 Ortega, Morales		<ul style="list-style-type: none"> Weech-Maldonado R, Morales LS, Elliott M, Spritzer K, Marshall G, Hays RD. Race/ethnicity, language, and patients' assessments of care in Medicaid managed care. <i>Health Services Research.</i> 38(3):789-808. Abel EK. (2004). Only the best class of immigration: Public health policy toward Mexicans and Filipinos in Los Angeles, 1910-1940. <i>AJPH.</i> 94(6):932-939. Falcon A, Aguirre-Molina M, Molina CW. (2001). Latino health policy: Beyond demographic determinism. In <u>Health Issues in the Latino Community</u> (Aguirre-Molina, Molina, Zambrana, eds). 3-22. Carrillo JE, Trevino FM, Betancourt JR, Coustasse A. Latino access to health care: The role of insurance, managed care, and institutional barriers. In <u>Health Issues in the Latino Community</u> (Aguirre-Molina, Molina, Zambrana, eds). 55-73.
2/8 Inkelas	ARK Ch 11	
2/13 Batchlor		Betancourt JR, Green AR, Carrillo EJ, Park ER. Cultural competence and health care disparities: Key perspectives and trends. <i>Health Affairs.</i> 24(2):499-505. (Optional; not in reader)
2/15 Inkelas		<ul style="list-style-type: none"> Bodenheimer T, Wagner EH, Grumbach K. 2002. Improving primary care for patients with chronic illness. <i>JAMA.</i> 288 (15), 1909-1914. Berenson RA, Horvath J. 2003. Confronting the barriers to chronic care management in Medicare. <i>Health Affairs.</i> W 3:37-53.
2/22 Ettner	ARK Ch 12 WT Ch 12	<ul style="list-style-type: none"> Barry CL, JR Gabel, RG Frank, S Hawkins, HH Whitmore and JD Pickreign (2003). Design of mental health benefits: still unequal after all these years. <i>Health Aff (Millwood).</i> 22, 127-37. Mechanic D (2003). Is the prevalence of mental disorders a good measure of the need for services? <i>Health Aff (Millwood).</i> 22, 8-20. Zuvekas SH, DA Regier, DS Rae, A Rupp and WE Narrow (2002). The impacts of mental health parity and managed care in one large employer group. <i>Health Aff (Millwood).</i> 21, 148-59.
2/27 Ortega		<ul style="list-style-type: none"> Ortega AN, Huertas SE, Canino G, Ramirez R, Rubio-Stipec M. (2002). Childhood asthma, chronic illness, and psychiatric

SESSION	TEXTBOOKS	READER
		<p>disorders. <i>Journal of Nervous and Mental Disease</i>. 190(5):275-281.</p> <ul style="list-style-type: none"> • Ortega AN, Goodwin RD, McQuaid EL, Canino G. (2004). Parental mental health, childhood psychiatric disorders, and asthma attacks in island Puerto Rican youth. <i>Ambulatory Pediatrics</i>. 4:308-315. • Ortega AN, Alegria M. (2005). Denial and its association with mental health care use. <i>Journal of Behavioral Health Services and Research</i>. 32(3):320-331.
3/1 Cunningham		<ul style="list-style-type: none"> • Cunningham WE, Hays RD, Duan N, Andersen RM, Nakazono TT, Bozzette SA, Shapiro MF. (2005). The effect of socioeconomic status on the survival of persons receiving care for HIV infection in the United States. <i>Journal of Health Care for the Poor and Underserved</i>. 16:655-676.
3/6 Gelberg	ARK Ch 14	
3/10 Yano		<ul style="list-style-type: none"> • Ashton CM, J Soucek, NJ Petersen, TJ Menke, TC Collins, KW Kizer, SM Wright and NP Wray (2003). Hospital use and survival among Veterans Affairs beneficiaries. <i>N Engl J Med</i>. 349, 1637-46. • Fisher ES. (2003). Medical care--is more always better? <i>N Engl J Med</i>. 349, 1665-7. • Jha AK, JB Perlin, KW Kizer and RA Dudley (2003). Effect of the transformation of the Veterans Affairs Health Care System on the quality of care. <i>N Engl J Med</i>. 348, 2218-27. • Yano EM, DL Washington, C Goldzweig, C Caffrey and C Turner (2003). The organization and delivery of women's health care in Department of Veterans Affairs Medical Center. <i>Womens Health Issues</i>. 13, 55-61. • Lomas J (2003). Health services research. <i>BMJ</i>. 327, 1301-2.
3/13, 3/15		<ul style="list-style-type: none"> • Davis, K. 1999. International health policy: common problems, alternative strategies. <i>Health Aff (Millwood)</i> 18 (3):135-43. • Light, D. W. 2003. "Universal Health Care: Lessons From the British Experience." <i>American Journal of Public Health</i> 93: 25-30. http://www.ajph.org/content/vol93/issue1/ • Rodwin, V.G. .2003. "The Health Care System Under French National Health Insurance: Lessons for Health Reform in the United States." <i>American Journal of Public Health</i> 93: 31-37. http://www.ajph.org/content/vol93/issue1/ • AS Detsky and CD Naylor (2003). Canada's health care system--reform delayed. <i>N Engl J Med</i>. 349, 804-10. • Altenstetter, Christa 2003 "Insights From Health Care in Germany" <i>American Journal of Public Health</i> 93 : 38-44. http://www.ajph.org/content/vol93/issue1/ • Vladeck, Bruce. 2003. "Universal Health Insurance in the United

SESSION	TEXTBOOKS	READER
		<p>States: Reflections on the Past, the Present, and the Future” American Journal of Public Health 93: 16-19 http://www.ajph.org/content/vol93/issue1/</p> <ul style="list-style-type: none"> • Macinko J, Starfield B, Shi L. (2003). The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) Countries, 1970-1998. <i>Health Services Research</i>. 38(3):831-864. • Hussey, P., and G. F. Anderson. 2003. A comparison of single- and multi-payer health insurance systems and options for reform. <i>Health Policy</i> 66 (3):215-28. http://www.sciencedirect.com/science/journal/01688510 (Optional; not in reader)

PRESENTERS LIST

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POLICY ANALYSIS MEMO

This policy analysis allows you to apply class material to a practical problem while synthesizing ideas and thoughts into cogent written arguments.

A health plan CEO is thinking of paying primary care physicians an annual bonus of 10% that is tied to the quality care they provide. You may suggest an incentive that applies to all primary care providers or to those caring for a target population (e.g., elderly, children, plan members with a disability).

Unsure of how to proceed, the health plan has hired you as a consultant for advice. As the deliverable for this project, you have been asked to write a memo that the senior health plan management will use to decide how to implement this bonus. Your memo will help them to understand what consequences they should anticipate, what information they will need to make the best implementation decisions and to monitor the impact of the policy, and what strategies they should consider in communicating the objectives of this program to their provider network, with the goal of achieving the underlying goal of the policy.

In this memo, please provide detail on the measures you think the health plan should use to monitor impact, discuss the pros and cons of this incentive approach, outline the consequences the senior managers should anticipate, and how the health plan should monitor and respond to these consequences. You may recommend some conditions for moving forward based on information limitations or other criteria. The senior managers of the health plan are sensitive to the needs and concerns of its provider network, which includes but is not limited to safety net providers, including public clinics. They would prefer not to be surprised by any opposition and as a result want to understand the potential barriers to achieving their goal within the current system. As a result it will be important to think of multiple perspectives on this issue. In addition, the health plan management is concerned about the implications of any changes for existing disparities, and is wary of an incentive scheme that will not both (1) improve the average level of care (and outcomes) and (2) reduce variation in care (and outcomes).

Remember that the goal of this memo is to communicate key information to the senior managers of a health plan. They have decided on a course of action but want a succinct and realistic analysis of the issues they should consider and anticipate.

The memo is due in class on Wednesday, February 8. It should be:

- no longer than 10 pages (double spaced, 1" margins, 12 point font);
- turned in with student ID numbers and NOT your name.

FINAL PAPER

A Pragmatic Vision for an Improved Health Care System

The final course paper on a pragmatic vision for an improved health care system is an opportunity to integrate information from class sessions and readings. This paper will be due on **Wednesday, March 22, 2006.**

An unannounced presidential candidate and vice-presidential candidate are planning ahead for the 2008 election. This pairing of a Republican and Democrat is seeking to develop a pragmatic health reform plan that is ambitious and visionary but has a good chance of being accepted by their respective parties. This is a good opportunity to reflect on your own priorities for the nation's health system so you have decided to help them with a position paper on a reform package.

This pair pays attention to health reform issues and is aware of the outcome of the Clinton reform plan and is closely watching reaction to (and fiscal impact of) the Medicare Prescription Drug benefit bill. They are looking for several important health issues where they can get some traction. They have contacted several health care policy experts (including yourself) across the country to get ideas on what their plan should include. They want to understand your vision for improvement and are interested in the ideas as well knowing that there are some pragmatic strategies associated with your ideas. They are leaving it up to you to recommend the community/marketplace, a particular population group or subgroup. You may also target your recommendations towards the U.S. population as a whole if you would prefer not to deal with one specific group or areas, or several specific areas.

Fortunately they are both charismatic and well-connected within their parties but need advice on framing as well as the vision and strategies. You should ground your recommendations in the current literature and are welcome to cite the ideas of others and evidence from studies that were influential in your decisions. Remember that they are primarily interested in your ideas and how you structure them.

Your position paper should include an assessment of the likelihood of your vision and specific recommendations being implemented in light of the current political or economic forces. You should spell out your assumptions at the beginning of the paper regarding feasibility using the tools of effective policy analysis.

Several elements to include in your plan are as follows:

1. Methods of priority-setting, planning, evaluating, and system control:
 - What is the rationale for proposing the health problem(s) that need attention from the proposed health care system reforms? How can programs be developed to meet these high priority needs? How will there be continuous reviews of information about population needs, program quality, and program effectiveness? How can the recommendations be implemented with some flexibility to make adjustments to policy based on evaluation of outcomes?
2. Methods of financing the system :

- This pair would like to know how will funds be collected from the population to pay for the system (e.g. taxes, insurance premiums, direct payments by patients, etc.) In addition, please outline the funding and compensation plans regarding providers of services.
3. Methods of providing services:
- How will personal services be delivered to people under your proposed ideas? What kinds of services will be included? How will they be organized? How will individual people go about getting access to these services? What types of organizations will be necessary to provide/coordinate/integrate whatever personal health care services are included in the plan?

Your papers should be succinct enough for this pair to read and digest. Please ensure that the paper is 15-20 double spaced pages in length with 1" margins and a 12 point font. Any tables, appendices, references, etc. are not included in this total.