

INTRODUCTION

This course is the first 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.

Both classes will be coordinated by Dr. Thind who will teach a number of sessions. In addition, other faculty from the Department of Health Services and elsewhere in the University, as well as select health policy makers and managers from the Southern California community will participate in various sections of the course as appropriate. Students are expected to gain basic competencies in the topics covered. The required sequence of courses will serve as a basis upon which to select additional courses emphasizing topics and skills which the student wishes to study in greater depth.

KNOWLEDGE AND SKILL OBJECTIVES

HS 200A is designed to provide an extensive introduction to health services in the United States. Upon completion of the course the student should:

- (1) Understand the historical development, current structure, and ways of conceptualizing the health care system;
- (2) Understand how the system responds to health care needs of the population and demand for services;
- (3) Grasp the essential ways health services are paid for in the United States; and
- (4) Have considerable familiarity with the major types of health care organizations and personnel delivering health services.

COURSE REQUIREMENTS

- (1) Mastering of course content through reading, attendance and participation at the lecture sessions and Friday discussion sections. Participation will be evaluated based on your attendance and active participation in the lecture and discussion sections.

- (2) Completion of each homework (module) assignment showing understanding and ability to apply principles and skills emphasized in each module of the course. Succinct writing with excellent grammar and syntax is expected in these assignments.
- (3) Successful performance on a final examination based on readings, lectures, and discussions.
- (4) Completion of a group project describing the structure and functions of a series of specific health services organizations within the context of a larger health services system.
- (5) Timely completion of all assignments. Late work will be penalized (one point for every day the paper is late) and assignments will not be accepted if turned in more than a week after the due date (unless prior arrangements have been made with the TAs).

STUDENT EVALUATION

Course requirements will be weighted according to the following:

| <u>Requirement</u> | <u>Weight</u> |
|----------------------------|---------------|
| Homework (3 module papers) | 30 |
| Group Project | |
| • Proposal | 5 |
| • Written Assignment | 20 |
| • Oral Presentation | 5 |
| • Peer Evaluation | 5 |
| Final Examination | 30 |
| Class Participation | 5 |
| TOTAL | 100 POINTS |

Letter grades for the course will be assigned as follows:

| | | |
|-------------|------------|--------------|
| 98-100 = A+ | 88-89 = B+ | 78-79 = C+ |
| 93-97 = A | 83-87 = B | 73-77 = C |
| 90-92 = A- | 80-82 = B- | 70-72 = C- |
| | | Below 70 = F |

You will get out of this course what you put into it. A's mean excellent work; B's are acceptable grades – they mean good work. It is possible to get a C in this course if you do not put in enough effort.

READINGS

1. There are two **textbooks** for the class; these will be used for Health Services 200A and 200B. These are:
 - S. J. Williams and P.R. Torrens (2002). *Introduction to Health Services*. Delmar series in health services administration. Delmar, Albany.
 - R. Andersen, T. Rice and G. Kominski (2001). *Changing the US Healthcare system: Key Issues in health services, policy and management*. Jossey-Bass. San Francisco.
2. This will be supplemented with a **reader** encapsulating current literature on lecture topics.
3. Students are expected to be up to date on health policy issues. While this can be accomplished by the aid of a daily newspaper, it is recommended that students sign up for either of these daily/weekly e-mail services:
 - **California Healthline:** Published by the California Healthcare Foundation, the California Healthline is a free daily e-mail service that provides news of current events within the health care field, focusing primarily on California. To register (registration is free) for this go to www.californiahealthline.org.
 - **Kaiser Health Policy Report:** Published by the Kaiser Family Foundation, this is also a free e-mail service similar to the California Healthline, but with a more national focus. You can register for it at www.kaisernetwork.org. (Click on the 'email-signup' button on the top right hand side of the screen)
4. It is expected that the students will be conversant with the use of National Center for Health Statistics (NCHS) website as a **reference** - this site is an invaluable source of data and statistics (www.cdc.gov/nchs). They should make optimal use of data and statistics from this site in their papers and other written assignments, as this will stand them in good stead during their professional career.

CLASS PROCEDURES

Lecture sessions will be mostly on Monday and Wednesday. The Friday lab session conducted by the Teaching Assistants will serve multiple purposes. Labs sessions will provide opportunities for questions and clarifications on topics covered in the lectures; discussion of homework and other assignments; and elaboration of other interesting topics. Students are encouraged to use the Teaching Assistants as resource persons. The final two sessions will be used for student oral presentations.

Please turn off your cell phones and pagers at the beginning of class. If you miss a class, you should obtain a copy of any handouts from a classmate. If you expect to be late for a lecture due to clinical or work schedule conflict, please notify the TAs in advance.

LECTURE SCHEDULE

Monday, Wednesday & Friday
2.00 PM – 4.00 PM
Room 43-105 CHS

| Date | Module | Session | Presenter | Deliverable |
|--------------|--|---|------------------|-------------------------------|
| 9/27 Fri | Module 1 Introduction & Historical Development | Introduction to HS200 | Thind | |
| 9/30 Mon | | Models of Health Care | Thind | |
| 10/2 Wed | | Lab | TAs | |
| 10/4 Fri | | Development of the Health Care System | Torrens | |
| 10/7 Mon | Module 2 The Social Models | Measuring Need and Access for Health Services | Andersen | |
| 10/9 Wed | | Access: Trends and Equity | Andersen | |
| 10/11 Fri | | Lab | TAs | Group project teams due |
| 10/14 Mon | Module 3 The Economic Approach | Health Care Expenditures | Thind | Module 1 due |
| 10/16 Wed | | Employer Based Health Insurance | Thind | |
| 10/18 Fri | | Lab | TAs | Group project proposal due |
| 10/21 Mon | | Medicaid | Thind | |
| 10/23 Wed | | Uninsured Californians, Medi- Cal & Healthy Families | Brown | |
| 10/25 Fri | | Lab | TAs | |
| 10/28 Mon | | Medicare – 1 | Kominski | |
| 10/30 Wed | | Medicare – 2 | Kominski | |
| 11/1 Fri | | Lab | TAs | |
| 11/4 Mon | | Approaches to Cost Containment | Rice | |

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|--------------|---|------------------------|-----------------------------|--|
| 11/6 Wed | Module 4 The Organizational Approach | Hospitals | Thind Viviano | Module 2 due |
| 11/8 Fri | | Lab | TAs | |
| 11/11 Mon | Veterans Day Holiday | | | |
| 11/13 Wed | | Managed Care | Torrens | |
| 11/15 Fri | | Lab | TAs | |
| 11/18 Mon | | Ambulatory Care | Thind Agronick/ Brown | |
| 11/20 Wed | | Health Plans | Rodgers | Final presentation schedule |
| 11/22 Fri | | Lab | TAs | |
| 11/25 Mon | | The Safety Net | Rodgers | |
| 11/27 Wed | | Introduction to HS200B | Thind | Module 3 due |
| 11/29 Fri | Thanksgiving Holiday | | | |
| 12/2 Mon | Group Presentations | | | |
| 12/4 Wed | Group Presentations | | | |
| 12/6 Fri | | Lab | TAs | Final paper due Peer evaluation forms due (Page 15) |
| 12/9 Mon | Final Exam Room TBA 8.00 AM – 11.00 AM | | | |

READING ASSIGNMENTS

| SESSION | Andersen, Rice & Kominski | Williams & Torrens | Reader |
|-------------------|---------------------------|--------------------------------------|---|
| 9/27 Thind | | | |
| 9/30 Thind | | Chap 1, pp. 19-35 | |
| 10/4 Torrens | | Chap 1, pp 1-19 Chap 3 Chap 15 | <ul style="list-style-type: none"> P Starr (1982). The social transformation of American medicine. pp. 420- 450. |
| 10/7 Andersen | Chap 1 | | |
| 10/9 Andersen | | | |
| 10/14 Thind | Chap 3 | Chap 5, pp. 114-118 | <ul style="list-style-type: none"> S Heffler, S Smith, G Won, MK Clemens, S Keehan and M Zezza (2002). Health spending projections for 2001-2011: the latest outlook. Faster health spending growth and a slowing economy drive the health spending projection for 2001 up sharply. <i>Health Aff (Millwood)</i>. 21, 207-18. BC Strunk, PB Ginsburg and JR Gabel (2002). Tracking health care costs. <i>Health Aff (Millwood)</i>. Suppl, W39-50. |
| 10/16 Thind | | Chap 5, pp. 118-125 Chap 7 | <ul style="list-style-type: none"> S Trude, JB Christianson, CS Lesser, C Watts and AM Benoit (2002). Employer-sponsored health insurance: pressing problems, incremental changes. <i>Health Aff (Millwood)</i>. 21, 66-75. JB Christianson, ST Parente and R Taylor (2002). Defined-contribution health insurance products: development and prospects. <i>Health Aff (Millwood)</i>. 21, 49-64. VR Fuchs (2002). What's ahead for health insurance in the United States? <i>N Engl J Med</i>. 346, 1822-4. |
| 10/21 Thind | | Chap 5, pp. 128-132 | <ul style="list-style-type: none"> Kaiser Commission on Medicaid (2001). Medicaid: A Primer. Kaiser Commission on Medicaid (2001). Medicaid and Managed Care. S Rosenbaum (2002). Medicaid. <i>N Engl J Med</i>. 346, 635-40. |
| 10/23 Brown | Chap 2 | | |
| 10/28 Kominski | | Chap 5, pp.125-128 | <ul style="list-style-type: none"> M Moon (2001). Medicare. <i>N Engl J Med</i>. 344, 928-31. The Henry J. Kaiser Family Foundation |

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|----------------------------|---------|---------|---|
| | | | (2001). Medicare At A Glance. |
| 10/30 Kominski | Chap 16 | | <ul style="list-style-type: none"> • NA DeParle (2002). As good as it gets? The future of Medicare+Choice. <i>J Health Polit Policy Law</i>. 27, 495-512. • The Henry J. Kaiser Family Foundation (2001). Medicare+Choice. |
| 11/4 Rice | Chap 4 | | |
| 11/6 Thind Viviano | | Chap 10 | <ul style="list-style-type: none"> • MG Harrison and CC Montalvo (2002). The financial health of California hospitals: a looming crisis. <i>Health Aff (Millwood)</i>. 21, 118-26. |
| 11/13 Torrens | Chap 15 | | <ul style="list-style-type: none"> • DA Draper, RE Hurley, CS Lesser and BC Strunk (2002). The changing face of managed care. <i>Health Aff (Millwood)</i>. 21, 11-23. |
| 11/18 Thind Agronick | | Chap 9 | <ul style="list-style-type: none"> • JC Robinson (2001). Physician organization in California: crisis and opportunity. <i>Health Aff (Millwood)</i>. 20, 81-96. • L Casalino (2001). Canaries in a coal mine: California physician groups and competition. <i>Health Aff (Millwood)</i>. 20, 97-108. • JC Robinson and LP Casalino (2002). Reevaluation of capitation contracting in New York and California. <i>Health Aff (Millwood)</i>. Suppl, W11-9. |
| 11/20 Rodgers | | | <ul style="list-style-type: none"> • Managed Care Improvement Task Force. <u>Improving Managed Health Care in California: Executive Summary</u>. California Department of Health Services. 1998. |
| 11/25 Rodgers | | | <ul style="list-style-type: none"> • M. E. Lewin and S. Altman, Eds. <u>America's Health Care Safety Net: Intact but Endangered</u>. National Academy Press, Washington, DC. 2000. Pp. 47-131. |

PRESENTERS LIST

| | |
|---|---|
| <p>James Agronick CEO Harriman Jones Medical Group 2600 Redondo Avenue, CA 90806</p> | <p>Ronald Andersen, PhD Professor & Chair Department of Health Services 31-293C CHS CAMPUS</p> |
| <p>E. Richard Brown, PhD Director UCLA Center for Health Policy Research Professor UCLA School of Public Health 10911 Weyburn Avenue, Suite 300</p> | <p>Jim Brown CEO La Vida Medical Group Los Angeles, CA</p> |
| <p>Gerald Kominski, PhD Professor Department of Health Services</p> | <p>Tom Rice, PhD Professor Department of Health Services 31-293 CHS CAMPUS</p> |
| <p>Anthony Rodgers, MBA Adjunct Assistant Professor UCLA School of Public Health</p> | <p>Amardeep Thind, MD, PhD Adjunct Assistant Professor Department of Health Services 61-253B CHS CAMPUS</p> |
| <p>Paul Torrens, MD, MPH Professor Department of Health Services 31-299C CHS CAMPUS</p> | <p>Paul Viviano, MPH Chief Executive Officer USC University Hospital</p> |

MODULE QUESTIONS

You will answer all three module questions listed below. These questions not only test your grasp of the material presented in the module but also your ability to synthesize ideas and thoughts into cogent written arguments.

Please note that each paper :

- should be no longer than 5 pages (double spaced, 1” margins, 12 point font);
- should be turned in with student ID numbers and NOT your name;
- is worth a maximum of 10 points;
- should be succinct with excellent grammar and syntax.

Remember:

- Papers longer than the requisite 5 pages in length will not be accepted.
- Late work will be penalized (one point for every day the paper is late) and assignments will not be accepted if turned in more than a week after the due date (unless prior arrangements have been made with the TAs).

| Module | Due Date | Question |
|--------|----------|---|
| 1 & 2 | 10/14 | Select a population group of interest to you. 1. Describe the health services system for this group and trace its historical development. 2. Discuss access to health care for this group. Is it equitable? How would you measure change towards improved equity for this group? |
| 3 | 11/6 | For the population group you selected in the previous module: 1. Describe the health care expenditures and system of financing. (The system of financing may well be a combination of the systems discussed in this module) 2. Discuss three ways to contain health care expenditures in the system you have described for your population. What are the pros and cons of each of the three methods you describe? |
| 4 | 11/27 | This module looked at five components (hospitals, ambulatory care, managed care, health plans and the safety net) that comprise the organization of health services. Select one component and describe the recent (in the past decade) developments in that sector. Discuss the impact of these developments/changes in terms of access and costs. |

GROUP PROJECT HEALTH SERVICES EXPLORATORY RESEARCH

Exploratory research is utilized when one is seeking insight into the general nature of some area of interest and there is little or no prior knowledge on which to build. Methods are usually qualitative, unstructured and highly flexible which permits a pursuit of ideas, thoughts and questions about the area of interest.

As a requirement for the fulfillment of HS 200A, you will be asked to complete an exploratory group research project in health services. The primary goal of the project is to provide you with the opportunity to familiarize yourself with financing, policy, management and organizational attributes of health services in both the public and private sectors. This will be accomplished by completing research about direct services and supportive/ancillary health care providers.

This is a team project. Nearly all projects in health services will necessitate working as a member of a team. Thus, it is important for you to learn how to work effectively as part of a team early in your career. The ability to work as part of a team is relevant for careers in health services research, health policy, and health management.

Each team should consist of five members. Your team should be formed by the second week of class. A list of team members will be submitted to the TA no later than **Friday, October 11, 2002**. Each group will be responsible for managing its own division of labor by assigning tasks and responsibilities. Additionally, a 2 page, double-spaced word-processed proposal detailing 1) each team member's responsibilities, 2) which individuals and organizations each member is contacting, and 3) what progress has been made is due to the TA no later than **Wednesday, October 18, 2002**.

You will complete and submit a team written report of no more than 25 word-processed pages and present your findings in a formal presentation of no more than 20 minutes (15 minutes for presentation, 5 minutes for discussion). Late papers will be penalized, as will presentations that exceed the allotted time.

The format for the written report and oral presentation are outlined below. It is imperative that you start your project as early in the quarter as possible as it requires formation of your group as well as coordination of data collection, analysis and report preparation. You may choose to collect data via primary or secondary data sources, e.g., interviews with administrative or managerial personnel working at the selected organizations, annual reports, marketing materials, program narratives, etc. All of these activities take time, so plan carefully.

Written Assignment

Each team will select a **topic** or **population** and five different organizations that provide services to the population selected. For example, AIDS, elderly, children and long-term care are all areas that encompass different types of service organizations such as nursing homes, hospices, home health agencies or acute rehabilitation facilities. Identify five organizations that address the needs of your specified population or area.

The five organizations must be selected to reflect the following functions and categories. Two (2) organizations must be direct service (Categories One and Two) and the remaining three (3) organizations can be selected from various supportive and ancillary services (Categories Three - Eight). A further definition of the functions listed below is attached ("Trends in Organization of Health Services" by Andersen and Mullner, Handbook of Medical Sociology by Howard Freeman and Sol Levine - which is also included in the reader).

| FUNCTION | DEFINITION | CATEGORIES |
|----------------------------|---|---|
| I. Direct service | Directly treating populations to maintain or improve health | 1. Individual patient-based 2. Community based |
| II. Supportive & ancillary | Supply or maintain service organizations | 3. Finance 4 Suppliers 5. Regulation 6. Representation 7. Research 8. Consulting |

Each team will be expected to collect data and answer the following questions for each organization, as relevant for each organization. You can refer to the operational indicators of the Expanded Behavioral Model in Williams and Torrens for further description of Numbers 3-5 listed below.

1. What are the purpose, mission and goals of each organization?
2. What are the characteristics of the organization?
3. What are the characteristics of the consumer?
4. What are the characteristics of utilization of the organization's services?
5. An assessment and summary of the organization's strengths and weaknesses.
6. Methods of data collection (primary, secondary, problems).

7. How do all the organizations fit together within the general framework of a health services system and its functions?

Remember, you must contain your report to no more than 25, double-spaced pages plus appendices. Please review your final report for grammar and spelling, as these will be considered in the grading process. Introductory and concluding sections should integrate the reports covering each organization and illustrate how these organizations represent the various functions of the health services system. The due date for the written report will be **Friday, December 6, 2002**. The peer evaluation forms must be completed and submitted in an envelope to the TA no later than **Friday, December 6, 2002**.

Oral Presentation:

Each team will select either one of the organizations or a general presentation of all areas as it relates to the topic investigated for this project and present the findings to the rest of the class. The presentations will be scheduled to occur during the last two sessions of class at the end of the quarter. Each team will receive its assigned day and time by the 6th week of class from the TAs. It is not required that all team members present but at least two of the team members must participate in the oral presentation. The oral presentation must cover the following:

1. Overview of the organization(s) (purpose, mission, & goals)
2. How does this organization fit into the overall team project and relate to other organizations surveyed for the project?
3. Strengths and weaknesses of the organization, future outlook and level of integration with health services in general.
4. What possible research questions, hypotheses, policy concerns and potential problems are evidences through exploratory observations of the selected organization?
5. Anything especially surprising or interesting that your team would like to share with the class.

It is recommended, but not mandatory, that you use overhead transparencies or slides as a method of structuring your presentation. You are free to be as creative as you like with the presentation but make certain you communicate the basic objectives listed above, and adhere to the time limitations.

Grading

The group project will account for 35% of your overall grade. Each task associated with the group project will be evaluated as follows:

| | |
|-------------------|-----------|
| Project proposal | 5 points |
| Written report | 20 points |
| Oral presentation | 5 points |
| Peer evaluation | 5 points |

GROUP PROJECT PEER EVALUATION FORM

Peer Rating

Each team member is required to submit a peer rating form. This form provides an evaluation of each team member and will be kept in strict confidence. In the space provided below, please fill in the names of your team members and record your peer rating for each. The form must be signed and submitted to your T.A. on **Friday, December 6, 2002.**

Grade each group member, excluding yourself, on a scale of 0-5, with 5 being the highest score and 0 being the lowest score. Consider in your assessment:

1. Willingness of the individual to complete assigned tasks and responsibilities.
2. Ability of the individual to meet deadlines.
3. Cooperation with other team members.
4. Quality of the individual's work.
5. Individual's overall contribution to the discussion and completion of the group project.

Group Identification

(Group # and Project Title)

| TEAM MEMBER | POINTS AWARDED |
|-------------|----------------|
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| | |

Signature (write legibly)

** Please make any additional comments on the reverse side if necessary **