

**UCLA SCHOOL OF PUBLIC HEALTH**  
**Department of Health Services**

HEALTH SERVICES 200A

HEALTH SERVICES ORGANIZATION AND FINANCING

Fall Quarter 2004

**Faculty:**

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# **UCLA SCHOOL OF PUBLIC HEALTH**

## **Department of Health Services**

HEALTH SERVICES 200A

HEALTH SERVICES ORGANIZATION AND FINANCING

Fall Quarter 2004

Monday, Wednesday, Friday  
2.00 PM – 3.50 PM

### **Faculty**

Amardeep Thind, M.D., Ph.D.  
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### **Teaching Assistants**

Randal Henry, MPH  
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Josh Kohrumel  
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## **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.

HS200A 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) 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.
- (4) 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)	45
Group Project	
• Proposal	5
• Written Assignment	25
• Oral Presentation	10
• Peer Evaluation	5
Class Participation	10
TOTAL	100 POINTS

Letter grades for the course will be assigned as follows:

98-100 = A+

93-97 = A

90-92 = A-

88-89 = B+

83-87 = B

80-82 = B-

78-79 = C+

73-77 = C

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](http://www.californiahealthline.org) and click on the 'Login' button at the top of your screen.
  - **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](http://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](http://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

<b>Date</b>	<b>Module</b>	<b>Session</b>	<b>Presenter</b>	<b>Deliverable</b>
10/1 Fri	Module 1 Introduction & Historical Development	Introduction to HS200	Thind	
10/4 Mon		Models of Health care	Thind	
10/6 Wed		History & Development of the Healthcare System	Torrens	
10/8 Fri		Lab	TAs	
10/11 Mon	Module 2 The Social Models	Measuring Need and Access for Health Services	Andersen	
10/13 Wed		Access: Trends and Equity	Andersen	
10/15 Fri		Lab	TAs	Group project teams due
10/18 Mon	Module 3 The Economic Approach	Health Care Expenditures	Thind	Module 1 & 2 due
10/20 Wed		Employer Based Health Insurance	Thind	
10/22 Fri		Lab	TAs	Group project proposal due
10/25 Mon		Medicaid	Thind	
10/27 Wed		Uninsured Californians, Medi- Cal & Healthy Families	Ponce	
10/29 Fri		Lab	TAs	
11/1 Mon		Medicare – 1	Kominski	
11/3 Wed		Medicare – 2	Kominski	
11/5 Fri		Lab	TAs	
11/8 Mon		Approaches to Cost Containment	Rice	

11/10 Wed	Module 4 The Organizational Approach	Managed Care	Torrens	Module 3 due
11/12 Fri		Lab	TAs	
11/15 Mon		Health Plans	Rodgers	
11/17 Wed		Ambulatory Care	Agronick Brown	
11/19 Fri		Lab	TAs	
11/22 Mon		Hospitals	Priselac	
11/24 Wed		Safety Net	Rodgers	Final presentation schedule
11/29 Mon	Module 5 Personnel & Products	Nurses	Needleman	Module 4 due
12/1 Wed		Pharmaceuticals	Schweitzer	
12/3 Fri		Lab	TAs	
12/6 Mon	<b>Group Presentations</b>			Final paper due  Peer evaluation forms due
12/8 Wed	<b>Group Presentations</b>			

## READING ASSIGNMENTS

SESSION	Andersen, Rice & Kominski	Williams & Torrens	Reader
10/1 Thind	-	-	-
10/4 Thind		Chap 2	
10/6 Torrens		Chap 1 Chap 15	
10/11 Andersen	Chap 1		
10/13 Andersen	-	-	-
10/18 Thind	Chap 3	Chap 5, pp. 92 - 100	<ul style="list-style-type: none"> <li>• K Levit, C Smith, C Cowan, A Sensenig and A Catlin (2004). Health spending rebound continues in 2002. <i>Health Aff (Millwood)</i>. <b>23</b>, 147-59.</li> <li>• S Heffler, S Smith, S Keehan, M Clemens, M Zezza and C Truffer (2004). Health Spending Projections Through 2013. <i>Health Aff (Millwood)</i>. <b>W4</b>, 79-93.</li> </ul>
10/20 Thind		Chap 7	<ul style="list-style-type: none"> <li>• J Sheils and R Haught (2004). The Cost of Tax-Exempt Health Benefits in 2004. <i>Health Aff (Millwood)</i>. <b>W4</b>, 106-112.</li> <li>• J Gabel, G Claxton, E Holve, J Pickreign, H Whitmore, K Dhont, S Hawkins and D Rowland (2003). Health benefits in 2003: premiums reach thirteen-year high as employers adopt new forms of cost sharing. <i>Health Aff (Millwood)</i>. <b>22</b>, 117-26.</li> </ul>
10/25 Thind		Chap 5, pp. 104-108	<ul style="list-style-type: none"> <li>• JF Hoadley, P Cunningham and M McHugh (2004). Popular Medicaid programs do battle with state budget pressures: perspectives from twelve states. <i>Health Aff (Millwood)</i>. <b>23</b>, 143-54.</li> <li>• C Grogan and E Patashnik (2003). Between welfare medicine and mainstream entitlement: Medicaid at the political crossroads. <i>J Health Polit Policy Law</i>. <b>28</b>, 821-58.</li> </ul>
10/27 Ponce	Chap 2		<ul style="list-style-type: none"> <li>• ER Brown, N Ponce, T Rice and S Lavarreda (2003). The State of Health Insurance in California: Long Term and Intermittent Lack of Coverage. Executive Summary.</li> </ul>
11/1 Kominski		Chap 5, pp.100-104; 110 - 121	<ul style="list-style-type: none"> <li>• The Henry J. Kaiser Family Foundation (March 2004). Medicare At A Glance.</li> <li>• The Henry J. Kaiser Family Foundation (March 2004). Medicare Advantage.</li> <li>• The Henry J. Kaiser Family Foundation (March</li> </ul>

			2004). Medicare Prescription Drug Law.
11/3 Kominski	Chap 16		<ul style="list-style-type: none"> <li>• TR Oliver, PR Lee and HL Lipton (2004). A political history of medicare and prescription drug coverage. <i>Milbank Q.</i> <b>82</b>, 283-354.</li> </ul>
11/8 Rice	Chap 4		
11/10 Torrens	Chap 15	Chap 6	<ul style="list-style-type: none"> <li>• DP Gitterman, BJ Weiner, ME Domino, AN McKethan and AC Enthoven (2003). The rise and fall of a Kaiser Permanente expansion region. <i>Milbank Q.</i> <b>81</b>, 567-601.</li> <li>• RE Hurley, BC Strunk and JS White (2004). The puzzling popularity of the PPO. <i>Health Aff (Millwood)</i>. <b>23</b>, 56-68.</li> <li>• JC Robinson (2004). From managed care to consumer health insurance: the fall and rise of Aetna. <i>Health Aff (Millwood)</i>. <b>23</b>, 43-55.</li> </ul>
11/15 Rodgers	-	-	-
11/17 Agronick Brown		Chap 9	<ul style="list-style-type: none"> <li>• R Gillies, S Shortell, L Casalino, J Robinson and T Rundall (2003). How Different is California? A Comparison of US Physician Organizations. <i>Health Aff (Millwood)</i>. <b>W3</b>, 492-502.</li> <li>• HH Pham, KJ Devers, JH May and R Berenson (2004). Financial pressures spur physician entrepreneurialism. <i>Health Aff (Millwood)</i>. <b>23</b>, 70-81.</li> </ul>
11/22 Priselac		Chap 10	<ul style="list-style-type: none"> <li>• AE Cuellar and PJ Gertler (2003). Trends in hospital consolidation: the formation of local systems. <i>Health Aff (Millwood)</i>. <b>22</b>, 77-87.</li> <li>• PJ Hammer and WM Sage (2003). Critical issues in hospital antitrust law. <i>Health Aff (Millwood)</i>. <b>22</b>, 88-100.</li> <li>• D Shactman, SH Altman, E Eilat, KE Thorpe and M Doonan (2003). The outlook for hospital spending. <i>Health Aff (Millwood)</i>. <b>22</b>, 12-26.</li> </ul>
11/24 Rodgers			<ul style="list-style-type: none"> <li>• CG McLaughlin and K Mortensen (2003). Who walks through the door? The effect of the uninsured on hospital use. <i>Health Aff (Millwood)</i>. <b>22</b>, 143-55.</li> <li>• JS Weissman, E Moy, EG Campbell, M Gokhale, R Yucel, N Causino and D Blumenthal (2003). Limits to the safety net: teaching hospital faculty report on their patients' access to care. <i>Health Aff (Millwood)</i>. <b>22</b>, 156-66.</li> </ul>
11/29 Needleman		Chap 14, pp. 341 – 344.	<ul style="list-style-type: none"> <li>• BL Brush, J Sochalski and AM Berger (2004). Imported care: recruiting foreign nurses to U.S. health care facilities. <i>Health Aff (Millwood)</i>. <b>23</b>, 78-87.</li> <li>• PI Buerhaus, DO Staiger and DI Auerbach (2003). Is the current shortage of hospital nurses</li> </ul>

			<p>ending? <i>Health Aff (Millwood)</i>. <b>22</b>, 191-8.</p> <ul style="list-style-type: none"> <li>• J Spetz and R Given (2003). The future of the nurse shortage: will wage increases close the gap? <i>Health Aff (Millwood)</i>. <b>22</b>, 199-206.</li> </ul>
12/1 Schweitzer	Chap 5	Chap 13	<ul style="list-style-type: none"> <li>• DP Carpenter (2004). The political economy of FDA drug review: processing, politics, and lessons for policy. <i>Health Aff (Millwood)</i>. <b>23</b>, 52-63.</li> <li>• IM Cockburn (2004). The changing structure of the pharmaceutical industry. <i>Health Aff (Millwood)</i>. <b>23</b>, 10-22. (2004).</li> <li>• Europe's Pharmaceutical Free Ride Might Not Be So Free After All. <i>New York Times</i>. (2004).</li> <li>• The trouble with cheap drugs. <i>The Economist</i>.</li> </ul>

## PRESENTERS LIST

<p>James Agronick, MPH  CEO  Harriman Jones Medical Group  2600 Redondo Avenue, CA 90806</p>	<p>Ronald Andersen, PhD  Professor  Department of Health Services  31-293C CHS  CAMPUS</p>
<p>Jim Brown, MPH  CEO  La Vida Medical Group  Los Angeles, CA</p>	<p>Gerald Kominski, PhD  Professor  Department of Health Services</p>
<p>Jack Needleman, PhD  Associate Professor  Department of Health Services  UCLA School of Public Health</p>	<p>Ninez Ponce, PhD  Assistant Professor  Department of Health Services  UCLA School of Public Health</p>
<p>Tom Priselac  Chief Executive Officer  Cedars – Sinai Medical Center</p>	<p>Tom Rice, PhD  Professor  Department of Health Services  31-293 CHS  CAMPUS</p>
<p>Anthony Rodgers, MBA  Director,  Arizona Health Care Cost Containment  System (AHCCS)  Adjunct Assistant Professor  UCLA School of Public Health</p>	<p>Stuart Schweitzer, PhD  Professor  Department of Health Services  UCLA School of Public Health</p>
<p>Amardeep Thind, MD, PhD  Adjunct Associate 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>

## MODULE QUESTIONS

You will answer the 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 15 points;
- should be succinct with excellent grammar and syntax.

**Remember:**

- Papers longer than 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	10/18	<p>Select a population group of interest to you.</p> <ol style="list-style-type: none"> <li>1. From the social models (refer to Oct 4 lecture) discuss the model(s) which you think best describes the health care system for this population group.</li> <li>2. Does this social model help you to evaluate equity of access to this group? Discuss three variables from the Andersen Model that you could use to evaluate equity of access to health care for this group.</li> </ol>
3	11/10	<p>For the population group you selected in the previous module:</p> <ol style="list-style-type: none"> <li>1. Summarize the health care expenditures and system of financing. (The system of financing may well be a combination of the systems discussed in this module)</li> <li>2. Describe the key policy issue(s) facing the health system(s) providing care to your population group.</li> </ol>
4	11/29	<p>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 summarize the recent (in the past decade) developments in that sector. What has been the impact of these developments/changes in terms of access to care? (Hint: frame the discussion in terms of potential, realized, equitable, efficient and effective access.)</p>

## **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 15, 2004**. 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 **Friday, October 22, 2004**.

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 **Monday, December 6, 2004**. The peer evaluation forms must be completed and submitted in an envelope to the TA no later than **Monday, December 6, 2004**.

**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.

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**

Each task associated with the group project will be evaluated as follows:

Project proposal	5 points
Written report	25 points
Oral presentation	10 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 **Monday, December 6, 2004.**

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.

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Group Identification

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(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 \*\*

