

HS 200B

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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.

HS 200B is coordinated by Dr. Thind. Faculty from the Department of Health Services and elsewhere in the University and select health policy makers and managers will discuss topics which 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, limit costs, 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
- (3) recognize some generic approaches to system reform and formulate their own framework for an "ideal health care system" that can be used to assess ongoing system, institutional, and professional reforms.

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 homework (module) assignments 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 an individual final paper.
- (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 instructors).

STUDENT EVALUATION

Course requirements will be weighted according to the following:

<u>Requirement</u>	<u>Weight</u>
Homework (3 module papers)	45
Final Paper	45
Class Participation	10
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

- 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. This will be supplemented with a **reader** encapsulating the current literature on lecture topics.
3. Students will be expected to continue using the **California Healthline** and the **Kaiser Health Policy Report** as a daily news digest; as well as using the National Center for Health Statistics (NCHS) website as a **reference**.

CLASS PROCEDURES

As far as possible, lecture sessions will be conducted on Mondays and Wednesdays. However, due to scheduling problems, this may not occur and lab sessions may occur on some Mondays and Wednesdays. Please pay attention to the schedule. Students are encouraged to suggest topics for the discussion sections and to use the Teaching Assistants as resources for questions and clarifications on lecture topics; discussion of homework and other assignments; and elaboration of other interesting topics.

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 – 3:50 PM
Room 13-105 CHS

Date	Module	Session	Presenter	Deliverable
1/9 Fri		NO CLASS		
1/12 Mon	Module 6 International Comparisons	Canada	Issa	
1/14 Wed		Germany/UK	Thind	
1/16 Fri		Lab		
1/19 Mon	HOLIDAY			
1/21 Wed	Module 7 Quality	Understanding and Measuring Quality	Farivar	Module 6 due
1/23 Fri		Measuring Quality – Issues and Concerns	Litwin	
1/26 Mon		Lab		
1/28 Wed		Quality from the Business Perspective	Billimoria	
1/30 Fri		Lab		
2/2 Mon	Module 8 Public Health	What is Public Health? What is its Future?	Breslow	Module 7 due
2/4 Wed		Population Based Planning	Kominski	

2/6 Fri		Lab		
2/9 Mon	Module 9 Vulnérable Populations	Introduction	Thind	
2/11 Wed		Homeless	Gelberg	Module 8 due
2/13 Fri		Lab		
2/16 Mon	HOLIDAY			
2/18 Wed		Veterans	Yano	
2/20 Fri		Lab		
2/23 Mon		HIV/AIDS	Cunningham	
2/25 Wed		Children	Inkelas	
2/27 Fri		Lab		
3/1 Mon		Chronically Ill	Pourat	
3/3 Wed		Latinos	Hayes- Bautista	
3/5 Fri	Module 10 Policy Analysis	Policy Analysis	Needleman	
3/8 Mon		Mental Health	Ettner	
3/10 Wed		Lab		Module 9 due
3/12 Fri		Tobacco – 1	Nicholl	
3/15 Mon		Tobacco – 2	Nicholl	

READING ASSIGNMENTS

SESSION	TEXTBOOKS	READER
1/12 Issa		<ul style="list-style-type: none"> • CM Flood and T Archibald (2001). The illegality of private health care in Canada. <i>Cmaj.</i> 164, 825-30. • R Deber, A Gildiner and P Baranek (1999). Why not private health insurance? 1. Insurance made easy. <i>Cmaj.</i> 161, 539-42. • AS Detsky and CD Naylor (2003). Canada's health care system--reform delayed. <i>N Engl J Med.</i> 349, 804-10. • S Woolhandler, T Campbell and DU Himmelstein (2003). Costs of health care administration in the United States and Canada. <i>N Engl J Med.</i> 349, 768-75.
1/14 Thind		<ul style="list-style-type: none"> • V Amelung, S Glied and A Topan (2003). Health care and the labor market: learning from the German experience. <i>J Health Polit Policy Law.</i> 28, 693-714. • J Shapiro and S Smith (2003). Lessons for the NHS from Kaiser Permanente. <i>Bmj.</i> 327, 1241-2. • R Smith (2003). Is the NHS getting better or worse? <i>Bmj.</i> 327, 1239-41. • C Ham, N York, S Sutch and R Shaw (2003). Hospital bed utilisation in the NHS, Kaiser Permanente, and the US Medicare programme: analysis of routine data. <i>Bmj.</i> 327, 1257.
1/21 Farivar	WT Ch 16	<ul style="list-style-type: none"> • D Blumenthal (1996). Part 1: Quality of care--what is it? <i>N Engl J Med.</i> 335, 891-4. • 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.
1/23 Litwin	ARK Ch 6, 7	<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. • JZ Ayanian and JS Weissman (2002). Teaching hospitals and quality of care: a review of the literature. <i>Milbank Q.</i> 80, 569-93, v.
1/28 Billimoria	ARK Ch 8	<ul style="list-style-type: none"> • HT Davies, AE Washington and AB Bindman (2002). Health care report cards: implications for vulnerable patient groups and the organizations providing them care. <i>J Health Polit Policy Law.</i> 27, 379-99. • A Mehrotra, T Bodenheimer and RA Dudley (2003). Employers' efforts to measure and improve hospital quality: determinants of success. <i>Health Aff (Millwood).</i> 22, 60-71. • S Leatherman, D Berwick, D Iles, LS Lewin, F Davidoff, T Nolan and M Bisognano (2003). The business case for

		quality: case studies and an analysis. <i>Health Aff (Millwood)</i> . 22 , 17-30.
2/2 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.
2/4 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.
2/9 Thind		<ul style="list-style-type: none"> • LA Aday (2001). At risk in America : the health and health care needs of vulnerable populations in the United States. <i>Jossey-Bass health series</i>. xxiii, 372. • D Mechanic (2002). Disadvantage, inequality, and social policy. Major initiatives intended to improve population health may also increase health disparities. <i>Health Aff (Millwood)</i>. 21, 48-59.
2/11 Gelberg	ARK Ch 14	
2/18 Yano		<ul style="list-style-type: none"> • CM Ashton, 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. • ES Fisher (2003). Medical care--is more always better? <i>N Engl J Med</i>. 349, 1665-7. • AK Jha, 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. • EM Yano, 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. • J Lomas (2003). Health services research. <i>Bmj</i>. 327, 1301-2.

2/23 Cunningham	ARK Ch 10	
2/25 Inkelas	ARK Ch 11	<ul style="list-style-type: none"> • PJ Cunningham (2002). Targeting communities with high rates of uninsured children. <i>Health Aff (Millwood)</i>. Suppl, W20-9. • J Frates, J Diringer and L Hogan (2003). Models and momentum for insuring low-income, undocumented immigrant children in California. <i>Health Aff (Millwood)</i>. 22, 259-63.
3/1 Pourat	ARK Ch 19 WT Ch 11	<ul style="list-style-type: none"> • (2001). A Portrait of the Chronically Ill in America, 2001.
3/3 Hayes- Bautista		<ul style="list-style-type: none"> •
3/5 Needleman		<ul style="list-style-type: none"> • M Brodie, EC Hamel, DE Altman, RJ Blendon and JM Benson (2003). Health news and the American public, 1996-2002. <i>J Health Polit Policy Law</i>. 28, 927-50. • LE Fishman (2003). Just feed me the sausage: one congressional staffer's view. <i>Milbank Q.</i> 81, 143-6; discussion 165-7. • S Glied, DK Remler and JG Zivin (2002). Inside the sausage factory: improving estimates of the effects of health insurance expansion proposals. <i>Milbank Q.</i> 80, 603-35, iii. • BD Gray (2003). The sausage Factory of Budget Estimation in Health Policy. <i>Milbank Q.</i> 81, 139-141.
3/8 Ettner	ARK Ch 12 WT Ch 12	<ul style="list-style-type: none"> • CL Barry, 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. • D Mechanic (2003). Is the prevalence of mental disorders a good measure of the need for services? <i>Health Aff (Millwood)</i>. 22, 8-20. • SH Zuvekas, 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.
3/12 Nicholl		<ul style="list-style-type: none"> • SA Glantz and ED Balbach (2000). Tobacco war : inside the California battles. xvii, 469. • MP Traynor and SA Glantz (1996). California's tobacco tax initiative: the development and passage of Proposition 99. <i>J Health Polit Policy Law</i>. 21, 543-85.
3/15 Nicholl		<ul style="list-style-type: none"> • MC Farrelly, TF Pechacek and FJ Chaloupka (2003). The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. <i>J Health Econ</i>. 22,

843-59.

- CM Fichtenberg and SA Glantz (2000). Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease. *N Engl J Med.* **343**, 1772-7.

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MODULE QUESTIONS

You will answer three module questions from the four 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 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 instructors).

Module	Due Date	Question
6	1/21	To your mind, what are the 3 most striking differences between the health systems of the US and the countries discussed in this module? Are there any aspects of these countries' health systems that you would like to see adopted in the US? How easy/difficult will this adoption/change be?
7	2/2	Jim Agronick (CEO of Harriman Jones Medical Group) is thinking of paying the primary care physicians in his group an annual bonus of 10% that is tied to the of quality care they provide. Unsure of how to proceed, he has hired you as a consultant for advice. Write a memo detailing the measures you think he should use, and discuss the pros and cons of this approach.
8	2/11	Define public health. In your opinion, what are the 3 public health roles/activities/interventions/challenges that are of key importance in the U.S. What steps would you recommend to strengthen these?
9	3/10	How appropriate (or inappropriate) is the use of health policy as a tool for eliminating/reducing vulnerability? Discuss your answer using two populations discussed in this module.

FINAL PAPER

“Model of an Ideal Health Care System”

(Due on Friday, March 17, 2004)

The primary assignment of the HS 200B course will be the completion of a final course paper, “**Model of an Ideal Health Care System.**” This paper will be due on **March 17, 2004.**

Vermont Gov. Howard Dean is now the Democratic Party’s official nominee for the 2004 Presidential election. He is aware that that President Bush has stolen a march on him in the health care arena with the recent signing of the Medicare Prescription Drug benefit bill; he is now looking for a health care issue that he can adopt to counter the President’s momentum.

One idea that Gov. Dean thinks could be a winner is what he calls an “Ideal U.S. Health Care System” – and he is going to contact a few health policy experts (such as yourself) across the country to get their ideas on what this ideal system should look like. Gov. Dean wants hear about your “ideal” health care system – note that he is primarily interested in ideas, and leaves it up to you to choose the community/marketplace.

He emphasizes that he is not seeking a solution from the “Democratic” or “Republican” perspective. There will obviously be no perfect answer for this endeavor, and you may wish to cite the ideas of others and evidence from studies that were influential in your decisions – remember he is primarily interested in your ideas and how you structure them. On further discussion with him, you learn that he does not have any specific population group in mind. In other words, you have full flexibility to choose a particular population group or subgroup, or a geographic area. (This population group or geographic area can be either large or small, as you prefer, and can be selected in any way that makes sense to you.) However, if you would prefer not to deal with a group/area and talk about the American population as a whole, that is acceptable as well.

Your position paper may include an assessment of the likelihood of your recommendations being implemented in light of the current political or economic forces, or you may choose to propose a truly “ideal” system unencumbered by such realities. In either case, you should spell out your assumptions at the beginning of the paper.

The other guidelines Gov. Dean gives you are that he would like to see at least these three areas addressed in your plan:

1. Methods of priority-setting, planning, evaluating, and system control:
 - For example, how will it be determined what the health problems are that need attention from the model health care system? 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 some form of control be established over systems of care, based on evaluation of outcomes?

2. Methods of financing the system :
 - The Governor 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, how will the money be paid out to providers of services for the care that they have given to patients/consumers?
3. Methods of providing services:
 - How will personal services be delivered to people? 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 Gov. Dean to read and digest. Please ensure that they are 15-20 double spaced pages in length with 1" margins and a 12 point font. (Note: tables, appendices, references, etc. are not included in this total.)