PUBH 6555, Section 002
Topics in Health Economics
Fall 2018

COURSE & CONTACT INFORMATION
Credits: 2
Meeting Day(s): Tuesdays, September 4 - December 11, 2018
Meeting Time: 9:05-11am
Meeting Place: Mayo D325

Instructor: Peter Huckfeldt
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Office Phone: (612) 301-1320
Fax: (612) 624-2196
Office Hours: Wednesday 10:45-12 and by appointment.
Office Location: 15-226 Phillips-Wangensteen Building

Teaching Assistant: Zhiyou (Austin) Yang
T.A. Email: yang4594@umn.edu
T.A. Office Hours: By appointment

COURSE DESCRIPTION
This course applies the basic principles of microeconomics and industrial organization to the health care sector with special emphasis on issues relevant to managers of health care delivery organizations.

COURSE PREREQUISITES
You must be admitted to the University of Minnesota’s Master in Healthcare Administration Program or have consent of the instructor.

There are no formal prerequisites; however, an understanding of economics principles and econometrics or statistics will be valuable in order to perform well in this course.

COURSE GOALS & OBJECTIVES
At the end of the course, students should achieve the following capabilities:

• Ability to use economic reasoning to analyze problems in health economics and policy;
• Familiarity with main research themes in health economics and methods used by health economists to answer research questions;
• Ability to evaluate and draw conclusions from empirical work in health economics.

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

• **Weekly readings**
  Students should complete the “required” readings on the syllabus each week.

• **In-class presentations of papers**
  During each week’s lecture (during Weeks 2-13), students will present selected articles (noted as “Discussion Readings” in the syllabus) either individually or in pairs. Students will select one discussion article to present prior to the second week of the class
(i.e., prior to September 11). For each presentation, the team will generate a PowerPoint slide deck of up to 15 slides (but could be less) that summarizes and critiques the article(s). In the presentation, the team should address the following:

1. What is the research question or objective being considered?
2. What is the underlying economic model or framework motivating the question or issue being investigated?
3. What data and methods are used to analyze the question or issue?
4. What are the key findings or take-away points of the analysis?
5. What are the implications of this study for healthcare delivery organizations?

The student team will have 15 minutes to make their presentation to the class. The quality of slide content and presentation will be the primary criteria for evaluation. This will count towards 15 points (i.e., 15%) toward the final grade. Student teams should submit their slides to the instructor and TA prior to each class.

**Written homework assignments (4)**

There will be three written homework assignments during the course. These assignments should be completed individually (not as a group), but you may refer to the readings and lectures when completing the assignments.

Homework 1 (covers Weeks 1-4): **Due October 5**

Homework 2 (covers Weeks 5-7): **Due October 26**

Homework 3 (covers Weeks 8-10): **Due November 16**

Homework 4 (covers Weeks 11-13): **Due December 7**

Please complete the assignments as word documents and submit them to the course website (or email them to the TA). Each assignment is worth 15 points (i.e., 15%) towards your final grade.

**Final research project**

The final research project is a PowerPoint presentation describing how one or more of the concepts we cover in the course is relevant and important to the institution where you completed your residency (or a prior workplace).

Your project should include the following:

**Section 1:** An overview of the topic, with a conceptual economic framework

- For example, there should be some discussion of the incentives facing consumers, physicians, or health care institutions

**Section 2:** How was this topic relevant to your residency (or past workplace), and specifically, how do these incentives lead to a suboptimal outcome?

**Section 3:** Outline a solution to the problem, with a focus on how it changes the incentives facing consumers/providers/ institutions.

You may work in groups (up to 4 or 5) or individually, and you may either pick experiences from each individual in your group (for example, contrasting differing experiences across workplaces pertaining to a single concept) or alternatively you could focus on one concept and workplace.

Please send a “project proposal” to the professor and TA by the end of Week 5 (i.e., **Friday, October 5**) that includes: (1) the members of your group, (2) the course topic, and (3) a description of how you will address each of the three Sections described above.

You will present your project to the class on **one of the last two sessions of the class**.

The final project counts towards 25% of the final grade.

**COURSE TEXT & READINGS**

**Text**

| Lecture 1  
| September 4 |
| Week 1. Introduction to health economics and overview |
| Topics: |
| - Course overview |
| - Health care spending and health in the U.S. and other high-income countries |
| - Economic theory for production of health |
| - Social determinants of health and health disparities |
| Learning objectives: |
| - How do health care spending and health outcomes in the U.S. compare to other high-income countries? |
| - What is the relationship between socio-economic status and health in the United States? |
| - What are economic theories for health disparities? |
| - To what extent are health disparities driven by access to health care versus other factors? |
| Required readings: |
| Textbook chapters: |
| Bhattacharya, Hyde, and Tu: Chapter 3 (Demand for health: the Grossman Model), Chapter 4 (Socioeconomic Disparities in Health) |
| Other readings: |

| Lecture 2  
| September 11 |
| Week 2. Economics of health behaviors |
| Topics: |
| - Economic explanations for unhealthy behaviors |
| - Empirical examples: obesity, smoking, and chronic diseases |
| - Opioid crisis: trends, causes, and interventions |
| - Workplace wellness and other disease management interventions |
| Learning objectives: |
| - What are theories from economics for why individuals engage in unhealthy behaviors? |
| - What are factors leading to the rise in chronic, non-communicable diseases in lower and middle-income countries? |
• What are potential explanations for the opioid epidemic in the US?
• How effective are interventions, such as workplace wellness programs, at improving behaviors and risk factors?

Required readings:


Textbook chapters:

Bhattacharya, Hyde, and Tu: Chapter 22 (obesity). Further reading: Chapter 24 (Time inconsistency and health), and Chapter 23 (Prospect Theory)

Discussion readings:

Discussion 1: Opioid use for long-term pain


Discussion 2: Workplace wellness programs


Other readings:

(Economics of health behaviors)


(Chronic diseases)


(Opioid crisis)


(Workplace wellness)


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**Week 3. Demand for medical care**

**Topics:**
- Economic theory on demand for medical care
- Empirical evidence on demand for medical care
- High deductible health plans
- Price transparency in health care

**On economic theory of demand for medical care**
- What does the “law of demand” predict is the relationship between the quantity of medical care demanded and price?
- What does the “own price elasticity of demand” measure?
- What is “moral hazard”, particularly as it relates to health insurance?
- How does economic theory predict that moral hazard will vary across medical services with differing price elasticities of demand?

**On empirical studies of demand for health care**
- What is especially unique about the RAND Health Insurance Experiment?
- What were the key empirical findings of the RAND Health Insurance Experiment?
- To what extent does the RAND Health Insurance Experiment support theoretical predictions on cost sharing and health care utilization?
- What has empirical research shown regarding potential adverse health effects of cost sharing, and what are implications for total health care costs?
- How do high deductible health plans affect health care spending?
- How do high deductible plans affect consumer debt?

(On price transparency)
- How “transparent” are health care prices for consumers?
- How effective are price transparency initiatives for health care services?

**Required readings:**

RAND Health Issue Brief: “A Health Insurance Experiment”
http://www.rand.org/pubs/research_briefs/RB9174.html


**Textbook chapters:**

Bhattacharya, Hyde, and Tu: Chapter 11 (Moral Hazard), Chapter 2 (Demand for Health Care)

**Discussion readings:**

**Discussion 3**


**Discussion 4**


**Other readings:**


Whaley, C. et al. 2014. “Association Between Availability of Health Service Prices and Payments for These
Lecture 4  
September 25

**Week 4. Demand and supply of health insurance**

**Week Overview:**
- Economic theory: demand for health insurance
- Adverse selection in health insurance (consumer side)
- Favorable selection (insurer side)
- How do consumers choose health insurance plans?

**Learning objectives:**
- What are the conditions necessary for adverse selection to occur?
- Why might adverse selection occur under community rating?
- What is a “death spiral” in health insurance?
- Is there evidence of adverse selection in the Affordable Care Act health insurance marketplaces?
- How did the individual mandate mitigate adverse selection?
- How do health insurance subsidies mitigate adverse selection?
- What are health plan attributes that consumers use to choose between health plans?
- What are the effects of “narrow” provider networks on premiums and access to services?

**Required readings:**


**Textbook chapters:**

Bhattacharya, Hyde, and Tu: Chapter 10 (Adverse selection in real markets), Chapter 7 (Demand for Insurance),

**Discussion readings:**

**Discussion 5**


https://www.urban.org/sites/default/files/publication/96781/2001727_updated_finalized.pdf

**Discussion 6**


**Other readings:**

Lecture 5  
October 2  

Week 5. The effects of health insurance

Week overview

- The effects of health insurance on health
- The effects of health insurance on financial risk
- Long-term effects of health insurance on outcomes

Learning objectives

- How does health insurance manage financial risk?
- In what contexts have researchers studied health insurance expansions?
- How does health insurance affect access to health care and utilization?
- How does health insurance affect health and wellbeing?
- How does health insurance affect financial security?

Required readings:


Discussion readings:

Discussion 7


Discussion 8

### Lecture 6

**October 9**

#### Week 6. Economics of innovation

**Week overview**
- The lifecycle for new drug development
- Intellectual property rights and incentives for innovation
- Trends in pharmaceutical pricing
- Policies to reduce prescription drug costs

**Learning objectives**
- What is the trade-off between monopoly pricing and innovation in new drug development.
- What are the drivers of rising prescription drug costs?
- What are potential policy solutions to reduce prescription drug spending?

#### Required readings:

- Bhattacharya, Hyde, and Tu: Chapter 12 (Pharmaceuticals and the economics of innovation)
  

#### Discussion readings:

**Discussion 9**

  
  

**Discussion 10**

Lecture 7
October 16

Week 7. Economic evaluation of health technologies

Week overview:
- Rising health care costs and technological change
- Approaches for evaluating the benefits and costs of new technologies
- Empirical examples of evaluation of new technologies and treatments

Learning objectives:
- To what extent has new technology increased health care spending?
- Understand the difference between cost-benefit analysis, cost effectiveness analysis, and comparative effectiveness research
- What is a “treatment substitution” effect?
- What is a “treatment expansion” effect?
- How can the chosen methodology for economic evaluation of new treatments influence the resulting findings?

Required readings:

Bhattacharya, Hyde, and Tu: 14 (Health technology assessment).


Discussion readings:

Discussion 11


Discussion 12

Goldman D, Nussbaum S, and Linthicum S (2016). "Rapid Biomedical Innovation Calls For Similar Innovation In Pricing And Value Measurement,” Health Affairs Blog, September 15,
Week 8. Health care workforce

Week overview:
- Changes in primary care and primary care shortage
- Mode of physician payment and effects on practice
- Medicare payment reforms for physicians
- Medical malpractice

Learning objectives:

(on primary care shortage)
- What are potential reasons for the primary care shortage?
- What are potential strategies for addressing the primary care shortage?

(on physician reimbursement)
- What is the principal agent problem under fee-for-service physician payment, and how does this lead to supplier-induced demand?
- What evidence does the Baker (2010) paper on MRI machines imply about supplier-induced demand under fee-for-service reimbursement?
- What are new modes of physician reimbursement, and how do they affect physician incentives?

(on medical malpractice)
- What are the intended and unintended effects of medical malpractice?
- Which specialties of physicians are the most likely to be sued?
- What is the most frequent outcome of malpractice claims?
- What is defensive medicine, and is there evidence that it occurs?

(on behavioral economics interventions)
- How can behavioral interventions be used to improve physician practices?

Required readings:


Care Practices: A Randomized Clinical Trial.” *JAMA* 315(6), 562-570. doi:10.1001/jama.2016.0275

**Textbook chapter:**

Bhattacharya, Hyde, and Tu: Chapter 5 (The labor market for physicians).

**Discussion readings:**

**Discussion 13** (MedPAC + Liao et al or Wilensky)


**Discussion 14**


**Other readings:**


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**Lecture 9  
October 30**

**Week 9. Hospitals and post-acute care**

**Week overview:**

- Nonprofit versus for-profit ownership of hospitals
- Increasing use of outpatient services in hospitals
- Hospital cost-shifting
- Hospital payment reform and the rise of post-acute care
- Post-acute care spending and coordination
- Hospital and post-acute care payment reforms

**Learning objectives:**
• What are economic theories for how non-profit hospitals provide care?
• What does empirical evidence suggest about how non-profit hospitals provide care?
• How do incentives for providing hospital care vary between the Medicare hospital prospective payment system and cost-based or fee-for-service reimbursement?
• What drivers and consequences of the increasing use of observation status by hospitals?
• How did the Hospital Readmissions Reduction Program affect hospital readmissions and patient outcomes?
• How did the implementation of the Medicare hospital prospective payment system affect the use of post-acute care?
• What were the effects of Medicare’s post-acute prospective payment systems on Medicare spending for post-acute care?
• How do payment incentives affect post-acute care utilization and coordination of post-discharge care?

Required readings:


Frakt A. “The End of Hospital Cost Shifting and the Quest for Hospital Productivity.” *Health Services Research* 49(1 Part 1): 1-10.


Textbook chapter:

Bhattacharya, Hyde, and Tu: Chapter 6 (The hospital industry).

Discussion readings:

**Discussion 15**


**Discussion 16**


Other readings:


**Week 10. Long-term care and disability**

**Week overview:**
- Overview of long-term care
- The rise of home and community based services
- Overview of Social Security Disability Insurance (SSDI)
- Economic explanations for rising disability insurance rolls
- The effects of SSDI on employment

**Learning objectives:**
- What are different types of long-term care settings?
- Who receives long-term care?
- What is the effect of home and community based services on long term care spending?
- What is driving rising enrollment in SSDI?
- How does SSDI expansions affect labor force participation?

**Required readings:**


**Discussion readings:**

**Discussion 17**


**Discussion 18**

http://healthaffairs.org/blog/2015/06/12/to-increase-value-in-medicare-expand-coverage-to-long-term-care/

http://healthaffairs.org/blog/2017/03/16/in-this-next-phase-of-health-reform-we-cannot-overlook-long-term-care/
Other readings:


Lecture 11
November 13

Week 11. Private provision of public health insurance

Week overview:

- Medicare Advantage
- Medicaid Managed Care
- Medicare Part D

Learning objectives:

- What percentage of Medicare and Medicaid enrollees are covered by private insurers?
- What is the economic rationale for enrollees choosing private plans for health coverage?
- Do private health plans provide lower cost care?
- Do private health plans provide higher quality care?
- To what extent is adverse and favorable selection an issue in private plans?
- Do consumers make cost-minimizing plan choices when deciding between private plans?

Required readings:


Discussion readings:

Discussion 19


Week 12. Competition and consolidation in health care

Week overview:
- Economic theory on competition and consolidation
- Empirical evidence on competition and consolidation: hospitals, insurers, and physicians
- Policy solutions for rising consolidation

Learning objectives:
- Understand the difference between perfect competition, monopolistic competition, oligopoly, and pure monopoly
- How is competition measured?
- What are potential positive and negative aspects of horizontal consolidation in health care?
- What is the current level of horizontal consolidation in hospital, physician, and insurer markets?

Required readings:


Discussion readings:

Discussion 21
Discussion 22

Other readings:

Lecture 13
November 27
Week 13. Vertical integration and health care
Week overview:
- Economic theory for vertical integration
- Empirical evidence on vertical integration
- Vertical integration and provider payment reform

Learning objectives:
- What are potential positive and negative aspects of vertical consolidation in health care?
- What is the current level of vertical integration in hospital and physician markets?
- What are the effects of vertical integration on prices and patient outcomes?
- How might health care reform initiatives affect integration?
- What are policies that may mitigate the anticompetitive aspects of integration?

Required readings:

Discussion readings:
Discussion 23

Discussion 24

Other readings:

<table>
<thead>
<tr>
<th>Lecture 14</th>
<th>Week 14. Presentations: Week 1</th>
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</thead>
<tbody>
<tr>
<td>December 4</td>
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<table>
<thead>
<tr>
<th>Lecture 15</th>
<th>Week 15. Presentations: Week 2</th>
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<tbody>
<tr>
<td>December 11</td>
<td></td>
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<tr>
<td>Week</td>
<td>Topic</td>
</tr>
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<td>----------------------</td>
<td>----------------------------------------------</td>
</tr>
</tbody>
</table>
| Week 1: September 4, 2018 | • Overview of health economics  
|                      | • US health care spending and disparities     |
| Week 2: September 11, 2018 | • Economics of health behaviors               |
| Week 3: September 18, 2018 | • Demand for medical care                     |
| Week 4: September 25, 2018 | • Demand and supply of health insurance        |
| Week 5: October 2, 2018   | • The effects of health insurance              |
| Week 6: October 9, 2018   | • Economics of innovation                      |
| Week 7: October 16, 2018  | • Economic evaluation of health technologies  |
| Week 8: October 23, 2018  | • Health care workforce                        |
| Week 9: October 30, 2018  | • Hospitals and post-acute care               |
| Week 10: November 6, 2018 | • Long-term care and disability                |
| Week 11: November 13, 2018 | • Private provision of public health insurance |
| Week 12: November 20, 2018 | • Competition and consolidation in health care |
| Week 13: November 27, 2018 | • Vertical integration and health care         |
| Week 14: December 4, 2018  | • Final presentations: Week 1                  |
| Week 15: December 11, 2018 | • Final presentations: Week 2                  |
SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at [www.sph.umn.edu/student-policies/](http://www.sph.umn.edu/student-policies/). Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

Grades will be determined based on three individual homework assignments (20 points each, for a total of 60 points), one in-class presentation (15 points), and the final project (25 points).

<table>
<thead>
<tr>
<th>Activity</th>
<th>% Contribution to Total Grade</th>
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<tbody>
<tr>
<td>Written homework assignments (4 x 15%)</td>
<td>60%</td>
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<tr>
<td>In-class presentation</td>
<td>15%</td>
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<tr>
<td>Final group research project</td>
<td>25%</td>
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<tr>
<td>TOTAL</td>
<td>100%</td>
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</tbody>
</table>

In this course, the percentage score on assignments will be converted to a letter grade as follows:

- A=93-100% Represents outstanding achievement relative to the level necessary to meet course requirements
- A- = 90-92.99%
- B+ = 87-89.99%
- B = 83-86.99% Represents achievement that is significantly above the level necessary to meet course requirements
- B- = 80-82.99%
- C+ = 77-79.99%
- C = 73-76.99% Represents achievement that meets the minimum course requirements
- C- = 70-72.99%
- D+ = 65-69.99%
**D = 60-64.99%**
No credit. Signifies work was below level of achievement that represents minimum threshold to obtain credit or work was not completed and there was no agreement between instructor and student that the student would be awarded an I.

**F = < 59.99%**
No credit. Signifies work was below level of achievement that represents minimum threshold to obtain credit or work was not completed and there was no agreement between instructor and student that the student would be awarded an I.

The instructor reserves the right to adjust final grades upward based on the overall distribution of points for the class. That is, students may receive a higher grade than expected based on their overall point total, but **not** a lower grade.

**Grading Scale**
The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

<table>
<thead>
<tr>
<th>% In Class</th>
<th>Grade</th>
<th>GPA</th>
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</thead>
<tbody>
<tr>
<td>93 - 100%</td>
<td>A</td>
<td>4.000</td>
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<tr>
<td>90 - 92%</td>
<td>A-</td>
<td>3.667</td>
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<tr>
<td>87 - 89%</td>
<td>B+</td>
<td>3.333</td>
</tr>
<tr>
<td>83 - 86%</td>
<td>B</td>
<td>3.000</td>
</tr>
<tr>
<td>80 - 82%</td>
<td>B-</td>
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<tr>
<td>77 - 79%</td>
<td>C+</td>
<td>2.333</td>
</tr>
<tr>
<td>73 - 76%</td>
<td>C</td>
<td>2.000</td>
</tr>
<tr>
<td>70 - 72%</td>
<td>C-</td>
<td>1.667</td>
</tr>
<tr>
<td>67 - 69%</td>
<td>D+</td>
<td>1.333</td>
</tr>
<tr>
<td>63 - 66%</td>
<td>D</td>
<td>1.000</td>
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<tr>
<td>&lt; 62%</td>
<td>F</td>
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</tbody>
</table>

- **A** = achievement that is outstanding relative to the level necessary to meet course requirements.
- **B** = achievement that is significantly above the level necessary to meet course requirements.
- **C** = achievement that meets the course requirements in every respect.
- **D** = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- **F** = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- **S** = achievement that is satisfactory, which is equivalent to a C- or better
- **N** = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).
| Scholastic Dishonesty, Plagiarism, Cheating, etc. | You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see [https://z.umn.edu/dishonesty](https://z.umn.edu/dishonesty). The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: [https://z.umn.edu/integrity](https://z.umn.edu/integrity). If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam. Indiana University offers a clear description of plagiarism and an online quiz to check your understanding ([http://z.umn.edu/iuplagiarism](http://z.umn.edu/iuplagiarism)). |
| Late Assignments | Please let me know ahead of time if you need to turn an assignment late. Late work may be reduced by up to 15 percentage points per day late. |
| Attendance Requirements | You are expected to attend each lecture. Please let me know if you are unable to attend a lecture. |
| Extra Credit | There will not be extra credit offered. |
| Intellectual Property of Instructors’ Material | The MHA program prohibits any current student from uploading MHA course content (e.g., lecture notes, assignments, or examinations for any PUBH 65XX or PUBH 75XX courses) created by a University of Minnesota faculty member, lecturer, or instructor to any crowdsourced online learning platform. |
## CEPH KNOWLEDGE DOMAINS

<table>
<thead>
<tr>
<th>Knowledge Domain</th>
<th>Course Learning Objectives</th>
<th>Assessment Strategies</th>
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<tbody>
<tr>
<td>Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health.</td>
<td>Across all of the topics covered by the course, students will learn to interpret quantitative data and empirical approaches, in particular discerning whether a particular relationship is a correlation or causal.</td>
<td>These competencies will be assessed during:</td>
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<tr>
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<td>• In-class article presentations</td>
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<td>• Homework assignments</td>
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<td>• Final project presentations</td>
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<tr>
<td>List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program.</td>
<td>In the &quot;Health Behaviors&quot; section of the course, students will learn about the major causes of death in the United States and other countries, to what extent these are due to health behaviors versus communicable diseases.</td>
<td>These competencies will be assessed during:</td>
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<td>• Final project presentations</td>
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<tr>
<td>Explain the critical importance of evidence in advancing public health knowledge</td>
<td>Across the course topics, students will read empirical papers, and will learn how to critically evaluate the strength of empirical evidence, in particular discerning whether a particular relationship is correlative or causal.</td>
<td>These competencies will be assessed during:</td>
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<td>• In-class article presentations</td>
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<td>• Final project presentations</td>
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<tr>
<td>Explain behavioral and psychological factors that affect a population’s health</td>
<td>In the health behaviors section of the course (Week 2), students will learn about different economic theories for unhealthy behaviors and the extent to which they are consistent with data.</td>
<td>These competencies will be assessed during:</td>
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<tr>
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<td></td>
<td>• In-class article presentations</td>
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<td>• Homework assignments</td>
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<td>• Final project presentations</td>
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<tr>
<td>Explain the social, political and economic determinants of health to population health and health inequities</td>
<td>The first and second week of the course describe economic and social determinants of health, and how these are related to socio-economic disparities in health outcomes.</td>
<td>These competencies will be assessed during:</td>
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<td>• In-class article presentations</td>
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# NCHL Healthcare Leadership Competencies for CAHME Accreditation Purposes

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<th>Competency</th>
<th>Course Learning Objectives</th>
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| Healthcare delivery, financing, and public policy knowledge | Demonstrate comprehensive understanding of the U.S. healthcare delivery and financing system and the role of public policy in shaping the system, with a focus on the role of how economic incentives affect the behavior of providers and institutions. | These competencies will be assessed during:  
- In-class article presentations  
- Homework assignments  
- Final project presentations  |
| Foundations of a value-based healthcare system   | Demonstrate comprehensive understanding of clinical quality, patient experience, and resource use measurement, trends, and drivers. A key focus in this course is on how this pertains to provider payment reform.                                      | These competencies will be assessed during:  
- In-class article presentations  
- Homework assignments  
- Final project presentations  |
| Economic analysis and application                | Ability to apply economic theory to practice (consumer behavior, provider behavior, insurer behavior) in order to support decision-making.                                                                                   | These competencies will be assessed during:  
- In-class article presentations  
- Homework assignments  
- Final project presentations  |
| Innovation                                       | Ability to understand, explore and approach the most challenging problems in healthcare in new and breakthrough ways that include exploring stakeholder views, developing key insights, creating and implementing new solutions or adapting the current state in promising new ways. In particular students will demonstrate knowledge of: (1) how economic incentives may facilitate innovation and (2) methods for evaluating the costs and benefits of new innovations. | These competencies will be assessed during:  
- In-class article presentations  
- Homework assignments  
- Final project presentations  |
| Written communication                            | Writing; The ability to use written communications in formal and informal situations to convey meaning, build shared understanding, and productively move agendas forward.                                           | These competencies will be assessed during:  
- Homework assignments  |
| Public speaking and Facilitation Skills          | Speaking and Facilitating; The ability to use spoken communications in formal and informal situations to convey meaning, build shared understanding, and productively move agendas forward.                      | These competencies will be assessed during:  
- In-class article presentations  
- Final project presentations  |