# PUBH 6724 SECTION 001

The Health Care System and Public Health Fall 2018

## COURSE & CONTACT INFORMATION

Credits: 3 Meeting Day(s): Tuesday and Thursday Meeting Time: 11:15am-12:30pm Meeting Place: Mayo C231

Instructor: Ezra Golberstein, Ph.D. Email: egolber@umn.edu Office Phone: (612) 626-2572 Fax: (612) 624-2196 Office Hours: Wednesday 10-11am, or by appointment Office Location: PWB 15-213

## COURSE DESCRIPTION

The purpose of this course is to provide students with an overview of the U.S. health care finance and delivery systems within a public health context. In order to be effective practitioners, public health professionals must be able to link the theory of individual and external determinants of health status with the changing structures and organization of the U.S. health care system. This course will teach the basic components of the health care system including financing; the role of public programs, insurers, and employers; the health care delivery system; managed care; and an overview of current health system reforms.

## COURSE PREREQUISITES

None.

## COURSE GOALS & OBJECTIVES

Upon completing this course, students should be able to meet the following objectives:

-Understand the role that the health care system plays in improving health status

-Identify the key components of the health care delivery system

-Identify funding sources and their relative contributions to health expenditures

-Identify major gaps in access to care and reasons for those gaps

-Identify recent trends and key components of the Affordable Care Act

-Understand the basic elements of managed care, medical homes, and ACOs

# METHODS OF INSTRUCTION AND WORK EXPECTATIONS

### **Class Participation**

You are expected to attend all class sessions, be attentive during class, ask questions if you do not understand something, and participate in class discussions and group exercises. You are also expected to listen respectfully to other students, to the instructor, and to guest speakers. Your active participation makes the class more interactive and engaging for you as students and also for me. The quality of your participation is more important than the quantity. Please feel free to experiment and take risks. "Wrong" answers can be just as instructive as "right" answers, and respectful debate is often a good way to develop familiarity with the material. There are many differences of opinion on how the U.S. health care delivery system should be structured and financed. It is critical that all views be respected.

#### Attendance

Attendance is required as active participation of students is a key component of this class and contributes to the learning process. We will take attendance every class. Please e-mail me and the TA by 10am prior to the class you will be missing if there is a medical emergency or other unavoidable circumstance that prevents you from attending class. Barring truly extenuating circumstances, if prior notice is not received this will be counted as an unexcused absence. You will be allowed 1 unexcused class with no penalty. I will deduct 1 point off the final grade for each additional unexcused absence.

#### Use of Electronic Devices in the Classroom

I <u>strongly</u> encourage you to not use laptops, as personal experience and research evidence suggests they detract from learning. If you must use laptops and/or tablets, they are permitted for looking at course materials and taking notes only. Using these or other devices (i.e. smartphones) for other activities such as email or the internet is prohibited. Those activities prevent you from fully focusing on the lecture, but they are also a disrespectful distraction to your classmates. We reserve the right to prohibit all electronic devices from the lectures if this is being abused. Please set your phones to silent or vibrate prior to each session.

Like other work in the course, all student to student communication is covered by the Student Conduct Code (<u>https://z.umn.edu/studentconduct</u>).

## COURSE TEXT & READINGS

The required readings for this course will come from three types of sources:

- 1. Hard-copy Course Pack: This includes excerpts from several textbooks. It is available for purchase at the UMN bookstore
- 2. Journal Articles: A number of articles are included as required reading. You can find all these articles either on the course e-reserves page, or via the UMN library.
- 3. Publicly-available reports: A number of reports and briefs are included in the required readings, and will also be on the e-reserves page. These are all freely-available.

#### Good Summary Documents on Health Reform

Summary of New Health Reform Law. Kaiser Family Foundation. <u>http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/</u>

Timeline for Health Care Reform Implementation: Health Insurance Provisions, The Commonwealth Fund. <u>http://www.commonwealthfund.org/interactives-and-data/health-reform-resource-center</u> Good Resources for Staying Current on Health Policy (these are not endorsements, just suggestions!)

Kaiser Daily Health Policy Report (don't miss the health policy haikus!) <u>http://www.kaiserhealthnews.org/daily-report.aspx</u>

The Incidental Economist Blog (covers health issues from an easy-to-understand economics perspective) <a href="http://theincidentaleconomist.com/">http://theincidentaleconomist.com/</a>

Health Journalists (and their Twitter handles): Jonathan Cohn (@CitizenCohn), Sarah Kliff (@sarahkliff), Dan Diamond (@ddiamond), Margot Sanger-Katz (@sangerkatz), Dylan Scott (@dylanlscott)

Our own PubH 6724 Twitter account for posting and discussing timely articles and news! @PUBH6724

COURSE OUTLINE/WEEKLY SCHEDULE

| Class Outline  | Тор   | Readings  |
|--|---|---|
| Class 1 09/04/18   | Introduction  | <ul> <li>Shi &amp; Singh <u>Delivering Health Care In America: A Systems Approach</u>, 5<sup>th</sup> edition (henceforth: "Shi &amp; Singh"): Chapter 2: Beliefs, Values and Health (read only pp. 55-63)</li> <li>Jonas &amp; Kovner <u>Health Care Delivery in the United States</u>, 10<sup>th</sup> edition: Chapter 1. The Current US Healthcare System (read only pp. 4-8)</li> </ul>  |
| Class 2 09/06/18   | Health, Public<br>Health, and<br>Health Care                                      | <ul> <li>Shi &amp; Singh: Chapter 2: Beliefs, Values and Health (read only pp. 68-74)</li> <li>Jonas &amp; Kovner <u>Health Care Delivery in the United States</u>, 10<sup>th</sup> edition: Chapter 5. Population Health</li> <li>Health Affairs (2013). Disparities Health Policy Brief - Health<br/>Gaps. <u>http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_98.pdf</u></li> <li>Minnesota Department of Health (2014). Advancing Health Equity in Minnesota: Report to the Legislature<br/>(pp. 5-8 required, but worth skimming the rest)</li> <li><u>http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf</u></li> <li>Optional Additional Readings:</li> <li>US Burden of Disease Collaborators (2013). The State of U.S. Health, 1990-2010. JAMA310(6)591-<br/>608. <u>http://jama.jamanetwork.com/article.aspx?articleid=1710486</u> [Nice summary of trends in health<br/>and illness, and risk factors, in the US.]</li> </ul> |
| Class 3 09/11/18<br>NOTE: WE WON'T<br>MEET IN-PERSON<br>THIS CLASS, DUE TO<br>THE JEWISH<br>HOLIDAY OF ROSH<br>HASHANAH.<br>INSTEAD, WATCH<br>THE RECORDED<br>SLIDES DO NOT<br>SHOW UP, NO ONE<br>WILL BE HERE!! | <ul> <li>The American<br/>Health Care<br/>System -<br/>Overview Part 1</li> </ul> | <ul> <li>Feldstein Chapter 20: Has Competition Been Tried - And has it Failed - To Improve the US Healthcare System? pp. 325-342 [Don't worry about not understanding all of the details in here - some of what is covered here we will cover in detail later in the semester. But read the whole thing, and be ready to discuss!]</li> <li>Berwick DM, Nolan TW, Whittington J. (2008). The Triple Aim: Care, Health, and Cost. <i>Health Affairs</i> 27(3):759-769. <u>http://content.healthaffairs.org/content/27/3/759.short</u></li> <li>Optional Additional Readings:</li> <li>Paul Levy. "The Triple Aimers Have Missed the Mark" <u>http://runningahospital.blogspot.co.uk/2015/05/the-triple-aimers-have-missed-mark.html</u></li> </ul>   |
| Class 4 09/13/18   | <ul> <li>The American<br/>Health Care<br/>System -<br/>Overview Part 2</li> </ul> | <ul> <li>Bodenheimer &amp; Grumbach. <u>Understanding Health Policy: A Clinical Approach</u>. Chapter 13. Medical Ethics and Rationing of Health Care (read only pp. 157-68)</li> <li>Shi &amp; Singh: Chapter 12: Cost, Access, and Quality (read only pp. 493-499)</li> <li>Optional Additional Readings:         <ul> <li>Cutler, DM (2013). "JAMA Forum: For Physicians, a Choice Between Health Care Rationing or Delivering Health Care More Rationally." <u>http://scholar.harvard.edu/files/cutler/files/jama_forum_for_physicians_a_choice_between n_health_care_rationing_or_delivering_health_care_more_rationallyjama.pdf?m=1373646783</u></li> </ul> </li> </ul>   |

| Class 5 09/18/18 | • Health Care<br>Spending                   | <ul> <li>Goodell S &amp; Ginsburg PB (2008). "High and rising health care costs: Demystifying U.S. health care spending." The Synthesis Project, The Robert Wood Johnson Foundation. <u>http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2008/rwjf32704</u></li> <li>Health Affairs Health Policy Brief: Geographic Variation in Medicare Spending (2014). <u>http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=109</u></li> <li>Gawande, Atul. "The Cost Conundrum." (2009). New Yorker, June 1, 2009. <u>http://www.newyorker.com/magazine/2009/06/01/the-cost-conundrum</u></li> <li>Chernew ME, Baicker K, Hsu J. (2010). "The Specter of Financial Armageddon." <i>NEJM</i> 326(13):1166-1168. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1002873</u></li> <li>Diamond, Dan. (2016). "Obamacare, the Secret Jobs Program." <u>http://www.politico.com/agenda/story/2016/07/what-is-the-effect-of-obamacare-economy-000164</u>;</li> <li><i>Optional Additional Readings:</i></li> <li>Sutherland, J. M., Fisher, E. S., &amp; Skinner, J. S. (2009). Getting past denial—the high cost of health care in the United States. <i>NEJM</i> 361(13):1227-1230. <u>http://www.nejm.org/doi/full/10.1056/NEJMp0907172</u></li> <li>Quealy, K. &amp; Sanger-Katz, M. (2015). "The Experts Were Wrong About the Best Places for Better and Cheaper Health Care." New York Times, December 15, 2015. <u>http://www.nytimes.com/interactive/2015/12/15/upshot/the-best-places-for-better-cheaper-health-care-arent-what-experts-thought.html</u></li> </ul>  |
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| Class 6 09/20/18 | • Types of Health<br>Care & Primary<br>Care | <ul> <li>Papanicolas, I., Jha, A.K. (2017). Challenges in International Comparison of Health Care Systems. JAMA 318(6):515-516. http://jamanetwork.com/journals/jama/fullarticle/2646461</li> <li>Bodenheimer &amp; Grumbach. <u>Understanding Health Policy: A Clinical Approach</u>. Chapter 5. How Health Care is Organized.</li> <li>Shi &amp; Singh: Chapter 4. Health Services Professionals (read only pp. 122-130)</li> <li>Bodenheimer T and Pham HH (2010). "Primary Care: Current Problems and Proposed Solutions." <i>Health Affairs</i>29(5):799-805. http://content.healthaffairs.org/content/29/5/799.abstract</li> <li>MedPAC (2015). "Medicare Payment Basics: Physician and Other Health Professionals Payment System." <u>http://www.medpac.gov/docs/default-source/payment-basics/physician-and-other-health-professional-payment-system-15.pdf?sfvrsn=0</u></li> <li>Health Affairs Health Policy Brief: Graduate Medical Education: <u>http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_75.pdf</u></li> <li>Optional Additional Readings:         <ul> <li>Okie, S (2008). Innovation in Primary Care - Staying One Step Ahead of Burnout. <i>NEJM</i> 359 (22):2305-2309. <u>http://www.nejm.org/doi/full/10.1056/NEJMp0805759</u></li> <li>Pear, R. (2015). Federal Investigators Fault Medicare's Reliance on Doctors for Pay Standards. <i>New York Times</i> May 31, 2015. <u>http://www.ntgim.com/2015/06/01/us/federal-investigators-fault-medicares-reliance-on-doctors-for-pay-standards.html?_r=0</u></li> </ul> </li></ul> |

| Class 7 09/25/18  | <ul> <li>Delivery System<br/>Physicians</li> <li>IN-CLASS QUIZ</li> </ul> | Goodman DC, Fisher ES (2008). "Physician Workforce Crisis? Wrong Diagnosis, Wrong   |  |
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| Class 8 09/27/18  | Delivery System<br>Other Providen   |   |  |
| Class 9 10/02/18  | <ul> <li>Delivery System<br/>Hospitals</li> </ul>                         | <ul> <li>Barton Chapter 9: Hospitals, pp. 251-278</li> <li>Reinhardt, Uwe E, "The Pricing Of U.S. Hospital Services: Chaos Behind A Veil Of Secrecy," <i>Health Affairs</i> 25(1) (2006), pp. 57-69. <u>http://content.healthaffairs.org/content/25/1/57.short</u></li> <li>Cutler, DM, Morton, FS (2013). "Hospitals, Market Share, and Consolidation." <i>JAMA</i> 310(18): 1964-1970 <u>http://scholar.harvard.edu/files/cutler/files/jsc130008_hospitals_market_share_and_consolidationpdf</u></li> </ul> |  |
|                   |   | <ul> <li>Optional Additional Reading:</li> <li>Dafny, LS, Lee, TH (2015). "The Good Merger." NEJM 372:2077-2079. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1502338</u></li> </ul>  |  |
| Class 10 10/04/18 | Other Facilitie   | <ul> <li>Kaiser Family Foundation (2018). "Issue Paper: Community Health Centers in an Era of Health<br/>Reform." <u>https://www.kff.org/report-section/community-health-centers-growing-importance-in-a-<br/>changing-health-care-system-issue-brief/</u></li> <li>Gazelle G (2007). "Understanding Hospice - An Underutilized Option for Life's Final<br/>Chapter." NEJM 357(4):321-324. <u>http://www.nejm.org/doi/pdf/10.1056/NEJMp078067</u></li> </ul>  |  |

| Class 11 10/09/18 | • Long-          | -Term Care •<br>•      | Kaye SH, Harrington C, LaPlante MP (2010). "Long-Term Care: Who Gets It, Who Provides It, Who Pays, and How Much?" <i>Health Affairs</i> 29(1):11-21. <u>http://content.healthaffairs.org/content/29/1/11.short</u><br>Feder J, Komisar HL, Niefeld M (2010). "Long-Term Care in the United States: An Overview," <i>Health Affairs</i> , 19(3): 40-56. <u>http://content.healthaffairs.org/content/19/3/40.full.pdf+html</u><br>Kane, RL "Reimagining Nursing Homes: The Art of the Possible," Journal of Aging and Social Policy, v. 22, n. 4 (October-December, 2010), pp. 321-<br>333. <u>http://www.tandfonline.com/doi/pdf/10.1080/08959420.2010.507509</u>   |
|-------------------|------------------|------------------------|---|
|                   |                  | Ор<br>•                | tional Additional Reading:<br>Kaiser Family Foundation (2009). "Closing the Long-Term Care Funding Gap: The Challenge of Private<br>Long-Term Care Insurance. <u>http://kff.org/health-costs/issue-brief/closing-the-long-term-care-funding-gap/</u>  |
| Class 12 10/11/18 | • Other<br>Servi | r Health •<br>ces<br>• | Kaiser Family Foundation (2012). Access to Affordable Dental Care: Gaps for Low-Income<br>Adults. <u>http://kff.org/medicaid/issue-brief/access-to-affordable-dental-care-gaps-for/</u><br>Kaiser Family Foundation (2011). "Mental Health Financing in the US: A<br>primer." <u>http://kff.org/medicaid/report/mental-health-financing-in-the-united-states/</u><br>Glied SA, & Frank RG (2009). "Better but not best: recent trends in the well-being of the mentally<br>ill." <i>Health Affairs</i> 28(3), 637-648. <u>http://content.healthaffairs.org/content/28/3/637.short</u>   |
| Class 13 10/16/18 | • Pharı<br>& Dev | •                      | Kaiser Family Foundation (2010). "Prescription Drug Trends Fact Sheet." <u>http://kff.org/health-<br/>costs/fact-sheet/prescription-drug-trends-fact-sheet-may-2010/</u><br>Frosch D, D Grande, D Tarn, & R Kravitz. 2010. A Decade of Controversy: Balancing Policy with Evidence<br>in the Regulation of Prescription Drug Advertising. <i>American Journal of Public Health</i> 100(1): 24-<br>32. <u>http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2008.153767</u><br>Belluz, J. (2015). "Why Medicine Costs so much in<br>America." <u>http://www.vox.com/2015/12/18/10581682/drug-cost-prices-set-us</u><br><i>tional Additional Reading:</i><br>Health Affairs Health Policy Brief. (2014). Drug<br>Shortages: <u>http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=126</u> |
| Class 14 10/18/18 | • IN- C<br>#1    | LASS EXAM              |   |

| Class 15 10/23/18 | Fi | itroduction to<br>inancing and<br>isurance | •   | Barton Chapter 6 "Health Insurance: The Major Financing Mechanism for the U.S. Health Services<br>System," pp. 109-130<br>Baicker K, Chandra A (2008). "Myths and misconceptions about U.S. health insurance."<br><i>Health Affairs</i> 27(6):w533-43. <u>http://content.healthaffairs.org/content/27/6/w533.short</u><br>Sarah Kliff (2013). "Do you understand health insurance? Most people don't."<br><u>http://www.washingtonpost.com/blogs/wonkblog/wp/2013/08/08/do-you-understand-health-insurance-<br/>most-people-dont/</u><br>Sommers, B.D., Gawande, A.A. Baicker, K. (2017). "Health Insurance Coverage and Health - What the<br>Recent Evidence Tells Us." <i>NEJM</i> 377: 586-<br>593. <u>http://www.nejm.org/doi/full/10.1056/NEJMsb1706645#t=article</u><br>Kaiser Family Foundation. ACA Fact Sheet. <u>http://files.kff.org/attachment/fact-sheet-summary-of-the-<br/>affordable-care-act</u> |  |
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| Class 16 10/25/18 |    | anaged Care - •<br>art 1                   | •   | Barton Chapter 19: The Health Services Delivery System: How Managed Care has Influenced Delivery, pp. 415-444.  |  |
| Class 17 10/30/18 |    | art 2                                      | <ul> <li>Blumenthal, D., and Squires, D. (2015). Redefining and Reaffirming Managed Care for the 21<sup>st</sup> Century. <u>https://www.ajmc.com/journals/issue/2015/2015-vol21-n4/redefining-and-reaffirming-managed-care-for-the-21st-century</u></li> <li>Blendon RJ, et al. (1998). "Understanding the managed care backlash." <i>Health Affairs</i>17(4):80-94. <u>http://content.healthaffairs.org/content/17/4/80.short</u> [An old paper, but one that remains relevant!]</li> <li>Anna Wilde Mathews (2012). "Remember Managed Care? It's quietly coming back." Wall St. Journal, Aug 2, 2012. <u>http://online.wsj.com/article/SB10000872396390444840104577552823507551472.html</u></li> </ul> |   |  |
| Class 18 11/01/18 | In | surance - Part 1                           | •   | Kaiser Family Foundation (2008). "How Private Insurance Works: A<br>Primer." <u>http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7766.pdf</u><br>Blumenthal D. (2006). "Employer-Sponsored Health Insurance in the United States - Origins and<br>Implications." <i>NEJM</i> 355(1):82-88. <u>http://www.nejm.org/doi/full/10.1056/NEJMhpr060703</u>   |  |

| Class 19 11/06/18 • | Private Health<br>Insurance - Part 2 | <ul> <li>Affairs. <u>http://content.healthaffairs.org/content/early/2015/09/16/hlthaff.2015.0885</u></li> <li>Health Affairs Health Policy Brief. (2013). "Excise Tax on 'Cadillac<br/>Plans.'" <u>http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_99.pdf</u></li> <li>Kingsdale, J. (2014). "After False Start What can we Expect from the New Health Insurance<br/>Marketplaces?" NEJM 370:393-396. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1315956</u></li> <li>Collins, SR, et al. (2015). "To Enroll or Not Enroll? Why Many Americans have Gained Insurance Under the<br/>Affordable Care Act While Others Have Not." Commonwealth Fund Issue<br/>Brief. <u>http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/sep/1837_collins_to_enroll_not_enroll_tb.pdf</u></li> </ul>   |
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|                     |                                      | <ul> <li>Optional Additional Reading:</li> <li>Health Affairs Blog. "From the Archives: Deductibles and Out-of-Pocket<br/>Costs." <u>http://healthaffairs.org/blog/2015/09/29/from-the-archives-deductibles-and-out-of-pocket-costs/</u></li> <li>James C. Robinson and Paul B. Ginsburg. "Consumer-Driven Health Care: Promise And<br/>Performance" Health Affairs, March/April 2009; 28(2): w272-<br/>w281. <u>http://content.healthaffairs.org/content/28/2/w272.short</u></li> </ul>  |
| Class 20 11/08/18 • | Medicaid - Part 1                    | <ul> <li>Kaiser Family Foundation (2013). "Medicaid: A<br/>Primer." <u>http://kaiserfamilyfoundation.files.wordpress.com/2010/06/7334-05.pdf</u></li> <li>Kaiser Family Foundation (2018). "Issue Brief: The Effects of Medicaid Expansion under the ACA: Updated<br/>Findings from a Literature Review" <u>https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018/</u></li> <li>Health Affairs Health Policy Brief: The Oregon Health Insurance<br/>Experiment. <u>http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_141.pdf</u></li> <li>Optional Additional Readings:</li> <li>Kaiser Family Foundation. (2010). "Explaining Health Reform. Eligibility and Enrollment Processes For<br/>Medicaid, CHIP, and Subsidies in the Exchanges." <u>http://kff.org/health-costs/issue-brief/explaining-health-reform-eligibility-and-enrollment-processes/</u></li> <li>Rosenbaum S (2011). "Medicaid and Access to Health Care - A Proposal for Continued<br/>Inaction?" <i>NEJM</i> 365(2):102-104. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1106046</u></li> <li>Iglehart JK, Sommers BD (2015). "Medicaid at 50 - From Welfare Program to Nation's Largest Health<br/>Insurer." NEJM 32(22):2152-2159. <u>http://www.nejm.org/doi/pdf/10.1056/NEJMp1500791</u></li> </ul> |

| Class 21 11/13/18 | • Medicaid - Part 2 | <ul> <li>Kaiser Family Foundation (2018). "Medicaid Managed Care Plans and Access to Care: Results from the Kaiser Family Foundation 2017 Survey of Managed Care Plans" https://www.kff.org/medicaid/report/medicaid-managed-care-plans-and-access-to-care-results-from-the-kaiser-family-foundation-2017-survey-of-medicaid-managed-care-plans/</li> <li>Kaiser Family Foundation (2012). "Health Care Coverage of Children: The Role of Medicaid and CHIP." <u>https://www.kff.org/report-section/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/</u></li> <li>Kaiser Family Foundation (2003). "Medicaid's Role for People with Disabilities." <u>http://kff.org/medicaid/report/medicaids-role-for-people-with-disabilities/</u> [Skim]</li> </ul>          |
|-------------------|---------------------|--|
|                   |                     | <ul> <li>Optional Additional Readings:</li> <li>Iglehart JK (2007). "Medicaid Revisited - Skirmishes Over a Vast Public Enterprise," NEJM356(7):734-740. <u>http://www.nejm.org/doi/pdf/10.1056/NEJMhpr066650</u></li> <li>Kaiser Family Foundation (2009). "Children's Health Insurance Program Reauthorization Act (CHIPRA)." <u>http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7863.pdf</u></li> </ul>   |
| Class 22 11/15/18 | • Medicare - Part 1 | <ul> <li>Kaiser Family Foundation (2015). "A Primer on Medicare: Key Facts About the Medicare Program and Who it Covers." <u>http://files.kff.org/attachment/report-a-primer-on-medicare-key-facts-about-the-medicare-program-and-the-people-it-covers</u></li> <li>Baicker K, &amp; Chernew ME (2011). "The Economics of Financing Medicare." <i>NEJM</i>365:e71-3. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1107671</u></li> <li>Kaiser Family Foundation (2013). Policy Options to Sustain Medicare for the Future. [Read only the Preface and Introduction.] <u>http://kaiserfamilyfoundation.files.wordpress.com/2013/02/8402.pdf</u></li> <li>Health Affairs Health Policy Brief. "Care for Dual Eligibles." <u>http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=70</u></li> </ul> |
|                   |                     | <ul> <li>Optional Additional Readings:</li> <li>Blumenthal, David, and Morone, James, "The Lessons of Success - Revisiting the Medicare Story," The New England Journal of Medicine, v. 359, n. 22 (November 27, 2008), pp. 2384-2389. <u>http://www.nejm.org/doi/full/10.1056/NEJMhpr0806879</u></li> <li>Summary of Key Changes to Medicare in 2010 Health Reform Law. Kaiser Family Foundation. Focus on Health Care Reform. 2010. <u>http://www.kff.org/healthreform/upload/7948-02.pdf</u></li> </ul>   |

| Class 23 11/20/18      | • | Medicare - Part 2                               | <ul> <li>Kaiser Family Foundation (2017). "Medicare Advantage" <u>https://www.kff.org/medicare/fact-sheet/medicare-advantage/</u></li> <li>"The Medicare Prescription Drug Benefit," Kaiser Family Foundation, February, 2008. <u>http://kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/</u></li> <li>Anderson GF, Davis K, Guterman S. (2015). "Medicare Payment Reform: Aligning Incentives for Better Care." Commonwealth Fund Issue Brief. <u>http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/jun/1826andersonmedicarepaymentreformaligningincentivesmcare50ibv3.pdf</u></li> <li>Oberlander J, Laugensen MJ (2015). "Leap of Faith - Medicare's New Physician Payment System." NEJM 373:1185-1187. <u>http://www.nejm.org/doi/full/10.1056/NEJMp1509154</u></li> </ul> |
|------------------------|---|---|--|
|                        |   |   | <ul> <li>Optional Additional Readings:</li> <li>Frank RG, Newhouse JP (2008). "Should Drug Prices be Negotiated under Part D of Medicare? And if so, how?" Health Affairs 27(1):33-43.<u>http://content.healthaffairs.org/content/27/1/33.short</u></li> <li>Jacobson G, Neuman T, Rice T, Desmond K, Huang J. (2011). "Medigap reform: setting the context." <u>http://www.kff.org/medicare/upload/8235-2.pdf</u></li> <li>Fronstin P, and Adams N (2012). "Employment-Based Retiree Health Benefits: Trends in Access and Coverage." EBRI Issue Brief No. 377. <u>http://www.ebri.org/pdf/briefspdf/EBRI_IB_10-2012_No377_RetHlth.pdf</u></li> </ul>   |
| THANKSGIVING<br>BREAK! | • |   |  |
| Class 24 11/27/18      |   | Quality of Care -<br>Part 1                     | <ul> <li>Shi &amp; Singh: Chapter 12. Cost, Access and Quality (read only pp. 499-511)</li> <li>Online:</li> <li>Berwick DM (2002). "A User's Manual for the IOM's 'Quality Chasm' Report." Health Affairs21(3):80-90. <u>http://content.healthaffairs.org/content/21/3/80.long</u></li> <li>Optional Additional Readings:</li> </ul>  |
|                        |   |   | <ul> <li>Bodenheimer T (2008). "Coordinating Care - A Perilous Journey through the Health Care<br/>System." NEJM 358(10):1064-1071. <u>http://www.nejm.org/doi/full/10.1056/NEJMhpr0706165</u></li> <li>Skinner J, et al. (2009). "The Elusive Connection between Health Care Spending and Quality," Health<br/>Affairs 28(1):w119-w123. <u>http://content.healthaffairs.org/content/28/1/w119.short</u></li> </ul>  |
| Class 25 11/29/18      |   | Quality of Care -<br>Part 2<br>IN-CLASS QUIZ #3 | <ul> <li>Epstein, AM, Lee, TH, Hammel, MB. "Paying Physicians for High-Quality Care," New England Journal of Medicine 350(4), 2004: 406-410. <u>http://www.nejm.org/doi/pdf/10.1056/NEJMsb035374</u></li> <li>Robert Wood Johnson Foundation (2011). "How does the Affordable Care Act address racial and ethnic disparities in health care?" <u>http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf71997</u></li> <li>Agency for Healthcare Research and Quality (2015). "2014 National Healthcare Disparities Report." [Focus on Quality &amp; Quality Disparities, pp. 13-22] <u>http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr14/2014nhqdr.pd f</u></li> </ul>   |

| Class 26 12/04/18                   | • The ACA &<br>Forward - Part 1                             | <ul> <li>Sarah Kliff. "The tax bill is the start of Obamacare collapse." <u>https://www.vox.com/policy-and-politics/2017/12/2/16720032/senate-tax-bill-obamacare-collapse</u></li> <li>Kaiser Family Foundation, Summary of the ACA. <u>https://www.kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/</u></li> <li>Oberlander J (2010). "Long time coming: why health reform finally passed." <i>Health Affairs</i>29(6):1112-6. <u>http://content.healthaffairs.org/content/29/6/1112.long</u></li> </ul>  |
|-------------------------------------|---|--|
| Class 27 12/06/18                   | <ul> <li>Case Study:<br/>Hennepin Health<br/>ACO</li> </ul> | <ul> <li>Sandberg, SF, Erikson, C., Owen, R., et al. (2014). "Hennepin Health: A Safety-Net Accountable Care Organization for the Expanded Medicaid Population." Health Affairs 33(11):1975-1984. <u>http://content.healthaffairs.org/content/33/11/1975.full.pdf+html</u></li> <li>McGinnis, T, Crawford, M, Somers, SA (2014). "A State Policy Framework for Integrating Health and Social Services." Commonwealth Fund Publication 1757, Vol. 14. <u>http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/jul/1757_mcginnis_state_policy_framework_ib.pdf</u></li> </ul> |
| Class 28 12/11/18                   | • The ACA &<br>Forward - Part 2                             | TO BE DETERMINED   |
| EXAM #2: DURING<br>EXAM PERIOD, TBA | •   |  |

# 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 <a href="http://www.sph.umn.edu/student-policies/">www.sph.umn.edu/student-policies/</a>. 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**

#### Grade Disputes

If you wish to dispute the grade assigned to a paper, or a question on an exam, you must do so in writing. You must include a specific rationale for why your answer is correct, or why the paper deserves a higher grade.

#### **Course Evaluation**

The SPH will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks 14 after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

#### **Incomplete Contracts**

A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades. University of Minnesota Uniform Grading and Transcript Policy A link to the policy can be found at onestop.umn.edu.

| ITEM    | PERCENT OF<br>GRADE | COMMENTS  |
|---------|---------------------|---|
| Exam #1 | 30%                 | This is an examination that will occur roughly half way through the course (see the detailed schedule). The mid-term examination will be made up of essay questions and possibly some true/false and multiple-choice questions. |
| Exam #2 | 30%                 | This is an examination that will occur during the final examination period. The examination will be made up of essay questions and possibly some true/false and multiple-choice questions. Focus will be on material            |

|                     |     | covered after Exam #1, although questions may still involve material from the first half of the course.  |  |
|---------------------|-----|--|--|
| Group Policy        | 25% | See description and grading criteria on the Moodle site under  |  |
| Exercise            |     | "Assignments".   |  |
| Quizzes             | 15% | There will be three short quizzes through the semester. True/False,<br>multiple-choice, and/or very-short answer questions will constitute each<br>quiz. There will be no more than 10 questions per quiz. |  |
| Class Participation |     | *See Syllabus  |  |

## 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:

| % In Class | Grade | GPA   |
|------------|-------|-------|
| 93 - 100%  | А     | 4.000 |
| 90 - 92%   | A-    | 3.667 |
| 87 - 89%   | B+    | 3.333 |
| 83 - 86%   | В     | 3.000 |
| 80 - 82%   | В-    | 2.667 |
| 77 - 79%   | C+    | 2.333 |
| 73 - 76%   | С     | 2.000 |
| 70 - 72%   | C-    | 1.667 |
| 67 - 69%   | D+    | 1.333 |
| 63 - 66%   | D     | 1.000 |
| < 62%      | F     |       |

- 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).

| Evaluation/Grading<br>Policy                            | Evaluation/Grading Policy Description  |
|---|--|
| Scholastic Dishonesty,<br>Plagiarism, Cheating,<br>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 <a href="https://z.umn.edu/dishonesty">https://z.umn.edu/dishonesty</a> |
|   | The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: <a href="https://z.umn.edu/integrity">https://z.umn.edu/integrity</a> .  |
|   | 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 ( <u>http://z.umn.edu/iuplagiarism</u> ).   |
| Late Assignments  | All assignments must be submitted to me or the TA by MIDNIGHT on the stated due date.<br>Late work will be penalized one grade notch (e.g., B to B-) for each day it is late. The<br>weekend (Saturday and Sunday) counts as one day. If you anticipate having difficulty<br>meeting due date deadline(s), you must make <b>prior</b> arrangements with the professor to<br>be eligible for receiving full credit on your work.  |

## OTHER COURSE INFORMATION

#### Grade Option Change (if applicable)

For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu. Course Withdrawal Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw. Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

#### Student Conduct Code:

The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community. As a student at the University you are expected adhere to Board of Regents Policy: Student Conduct Code. To review the Student Conduct Code, please see:

http://regents.umn.edu/sites/default/files/policies/Student\_Conduct\_Code.pdf. Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

#### Makeup Work for Legitimate Absences:

Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see:

http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html.

#### Appropriate Student Use of Class Notes and Course Materials:

Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: <a href="http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html">http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html</a>.

#### Sexual Harassment:

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy:

http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf

#### Equity, Diversity, Equal Opportunity, and Affirmative Action:

The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: http://regents.umn.edu/sites/default/files/policies/Equity\_Diversity\_EO\_AA.pdf.

#### **Disability Accommodations:**

The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DS at 612-626-1333 or ds@umn.edu to arrange a confidential discussion regarding equitable access and reasonable accommodations. 16 If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course. For more information, please see the DS website, https://diversity.umn.edu/disability/.

#### Mental Health and Stress Management:

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: <a href="http://www.mentalhealth.umn.edu">http://www.mentalhealth.umn.edu</a>.

#### The Office of Student Affairs at the University of Minnesota:

The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community. Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service. For more information, please see the Office of Student Affairs at <a href="http://www.osa.umn.edu/index.html">http://www.osa.umn.edu/index.html</a>.

#### Academic Freedom and Responsibility:

For courses that do not involve students in research: Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.\* Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost.

\* Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students