I. **Course Description**
This two-credit course covers a range of topics designed to provide an overview of the U.S. health care system and the challenges it now faces.

II. **Course Prerequisites**
You must be admitted to the University of Minnesota’s Master in Healthcare Administration Program.

III. **Course Goals and Objectives**
Specific learning objectives are provided for each lesson.

The main goal of the course is to provide students with an overall knowledge of the health care system and a context for subsequent courses in the curriculum of health administration.

IV. **Methods of Instruction and Work Expectations**
This course consists of an in-person introduction and 8 online lessons, with one lesson a week. Lesson activities include lecture, discussion, reading, and writing assignments. You may work ahead if you wish, but note that there are specific due dates throughout the semester.

Each lesson is introduced with narrated presentations, in which the instructor discusses significant issues with reference to the session readings.
For this course, you will:

- Complete a total of eight weekly written assignments consisting of four individual and four group assignments.
- Complete one session summary pertaining to the session designated for your group.
- Work with the same group members throughout the eight-week course.
- Work with your group in a private forum to complete group assignments and summaries of challenges.
  - Note: Although we recognize there are other means of communicating with your group, we ask for evaluation purposes that you make the private group forum your primary means.
  - I have access to the private group forum, and although I will not be an active participant in your private discussions, I may monitor the activity as part of evaluating each person's contributions to group assignments.
- Share with your group members the lead role of coordinating and submitting assignments.
- Share your group work with the class.

If you have any questions about the course, please use the "Course Q&A, Announcements" forum. Email the instructor with private questions that are not relevant to others in the class.

Instructions: Group Summaries

Your group is expected to provide a summary for one of the 8 lessons. You will post your summary for that lesson for the other groups to read and discuss. I will read the summaries and occasionally comment on them after they are posted. Use the private group forum to collaborate and communicate with your group.

The summary contributes up to 40 points (out of 200) towards your final grade. Your summary is intended to be a group effort, with the results reflecting discussion and consensus among group members. Every group member is expected to fully participate and every group member will receive the same grade. The grade will reflect the thoroughness of your work, the quality of your insights based on your reading of the suggested articles, and the quality of the writing.

To complete the group summary assigned to you:

1. There is a list of suggested readings for each week, organized by different subheadings. Focus on 4 different subheadings (your choice) in preparing your summary. If there are fewer than four subheadings under a given topic, organize your summary around the headings that are available.

2. Based on the readings under each subheading, identify and discuss the challenges facing the health care system.

   - For example, if your group is assigned Lesson 2, it might select “Physician Education” as one of the four subheadings it addressed. After reading these articles, identify the challenges facing the health care system relating to implementing successful strategies concerning physician education and briefly describe/discuss them. Do the same for each of the other three subheadings you select under Lesson 2.

3. Your task will be to synthesize the content of the articles under each of the 4 subheadings you choose, drawing out the most important challenges, as your group sees them. Clearly, some articles will be more useful than others in this respect. Do not simply summarize or repeat the content of each individual article.

4. Your summary should be fully referenced and footnoted. If you are quoting a source, put the quotes in quotation marks and include the source in your reference list. If you are citing a source, reference the source in the text and include it in your reference list.

5. Use a 10 point font or larger when drafting your summary, keeping the total length to under 4 pages, double-spaced. You may use headings and subheadings, but provide more than a list of bullet points.

6. Read the summaries posted by other groups and engage in online discussions, especially when you feel there are additional points to be made that would be of interest to classmates.

V. Course Text and Readings

The readings are listed in and available from the weekly lesson plans in the course outline. Some suggested readings are designated by an asterisk, which indicates that the reading has a hot link attached and is a good place to start.
### VI. Course Outline/Weekly Schedule

<table>
<thead>
<tr>
<th>Date Range</th>
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<td>January 10 (in-person)</td>
<td>Health System Performance: From Three-Legged Stool to the Triple Aim</td>
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<tr>
<td></td>
<td>• Cost and Population Health</td>
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<td>• Patient Experience</td>
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<tr>
<td>January 19-25</td>
<td>A Macro View of Physician Supply: Do We Have Enough Physicians Now? Will We Need More in the Future?</td>
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<td>Group Assignment 1 – January 25</td>
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<td>Rethinking Primary Care: From Marcus Welby to Team-based Care?</td>
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<td>Group 1 Summary – January 19</td>
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<td>January 26 – February 1</td>
<td>The Nurse Workforce: “Is There a Nurse in the House?”</td>
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<td>Long-Term Care: Can This Rubik’s Cube Be Solved?</td>
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<td>Group 2 Summary – January 26</td>
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<td>February 2-8</td>
<td>The Hospital: From Doctors’ Workshop to “Big Med”?</td>
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<td>Group Assignment 2 – February 8</td>
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<td>Group 3 Summary – February 2</td>
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<td>February 9-15</td>
<td>Medical Technology and Devices: At the Cutting Edge?</td>
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<td>Individual Assignment 2 – February 15</td>
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<td>Group 4 Summary – February 9</td>
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<td>February 16-22</td>
<td>Pharmaceuticals: What Price Progress?</td>
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<td>Group Assignment 3 – February 22</td>
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<td>Group 5 Summary – February 16</td>
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<tr>
<td>February 23 – March 1</td>
<td>Health Insurance, Uninsurance, and the Private Health Insurance Market: What Works, What Doesn’t and How Might Health Reform Change It?</td>
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<td>Individual Assignment 3 – March 1</td>
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<td>Group 6 Summary – February 23</td>
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<tr>
<td>March 2-8</td>
<td>Medicaid: How Can This “Vast Public Enterprise” Be Sustained?</td>
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<td></td>
<td>Group Assignment 4 – March 8</td>
</tr>
<tr>
<td></td>
<td>Group 7 Summary – March 2</td>
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<tr>
<td>March 9-15</td>
<td>Financing Care for Seniors: Is This Any Way to Run an Insurance Program?</td>
</tr>
<tr>
<td></td>
<td>Individual Assignment 4 – March 15</td>
</tr>
<tr>
<td></td>
<td>Saving Medicare from Itself: Politics, Economics, and Intergenerational Conflict</td>
</tr>
<tr>
<td></td>
<td>Group 8 Summary – March 9</td>
</tr>
</tbody>
</table>

Note: With the exception of the Group Summaries, all assignments are due by midnight of the last day in the session week. For example, your first group assignment is due prior to midnight, January 25.
Health System Performance

Session 1 – Classroom Introduction – January 10, 2015

Health System Performance: From Three-Legged Stool to the Triple Aim – Cost and Population Health

There is no assignment or group summary pertaining to this material.

Learning Objectives

Students should be able to:

1. Discuss the different components of the Triple Aim and the performance of the U.S. health care system relative to:
   - Cost per capita: components of costs, drivers of cost growth, variation in costs
   - Population health
2. Compare and contrast different views regarding whether, or under what circumstances, health care expenditures that grow at a faster rate than the rest of the economy should be regarded with concern.
3. Discuss evidence on geographic variation in health care costs in the United States.
4. Discuss and explain differences between the U.S. and other countries in health care costs and population health

Suggested Readings

The Triple Aim

   http://content.healthaffairs.org/content/27/3/759.full.pdf+html

Spending on Health Care

Trends

   http://www.kff.org/insurance/upload/7670-03.pdf
   http://healthaffairs.org/blog/2013/06/18/behind-the-health-spending-numbers/
   http://altarum.org/health-policy-blog/u-s-health-spending-as-a-share-of-gdp-where-are-we-headed
4. Orszag, P. “Economy can’t be all that’s slowing health costs.” Bloomberg, September 24, 2013.

Geographic Variation in Health Spending


Views Regarding Health Spending

   http://content.healthaffairs.org/content/30/4/574.full.pdf+html
   http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403428


Drivers of Growth in Spending


Population Health

Trends


Illness-specific Measures


Disparities

International Comparisons

Further Readings
http://content.healthaffairs.org/content/31/4/667.full.pdf+

http://www.washingtonpost.com/opinions/cutting-us-health-care-costs-doesnt-have-to-be-painful/2012/07/26/gJQA1ZuJCX_story.html


http://healthaffairs.org/blog/2012/05/07/barking-up-the-wrong-tree-affordability-not-cost-growth-is-the-policy-challenge/


http://content.healthaffairs.org/content/31/5/899.full.pdf+


http://www.internalmedicineonline.com/single-view/uncontrolled-hypertension-deemed-pervasive-in-u-s-adults/e84cc5f65b0596965e8e9b606b653355.html


http://newsatjama.jama.com/2012/10/03/jamaforum-the-iron-triangle-of-health-care-access-cost-and-quality/

http://link.springer.com/content/pdf/10.1007%2Fs11606-012-2119-0.pdf


http://economix.blogs.nytimes.com/2012/01/20/is-u-s-health-spending-finally-under-control/


http://www.npr.org/blogs/health/2012/05/21/153030283/a-dire-sign-of-the-obesity-epidemic-teen-diabetes-soaring-study-finds

http://www.economist.com/node/21563714


http://www.npr.org/blogs/health/2011/05/11/136213104/you-really-are-paying-a-lot-more-for-health-care


http://go.galegroup.com/ps/retronew.do?sc=prodID=PROF&userGroupName=mnaumntwin&tabID=T003&searchId=R1&resultListType=RESULT_LIST&contentSegment=6&searchType=AdvancedSearchForm&currentPosition=1&contentSet=GALE%7CA201451685&docId=GALE%7CA201451685&docType=GALE&role=&docLevel=FULLTEXT


Health System Performance: From Three-Legged Stool to the Triple Aim – Patient Experience

Learning Objectives
Students should be able to:
1. Discuss issues and evidence relating to access to care and deficiencies on the quality of health care in the United States
2. Discuss the evidence regarding prevalence of medical errors in the U.S. health care system and their sources.
3. Use terminology related to “medical errors” appropriately.
4. Discuss basic approaches being used in hospitals and other providers to reduce medical errors.
5. Discuss how poor communication and care coordination can affect patient outcomes.

Suggested Readings
Patient Safety and Medical Errors: Concepts, Terminology, and Impact

Overview

Causes of Medical Errors

**Proposals and Interventions Aimed at Reducing Reduce Medical Errors**


**Care Coordination and Communication Issues**


**How Patients Experience the Health Care System**


**Access to Care**


**Quality of Care**

**Not Enough?**


Too Much Care?


Further Readings

7. Crosby, J. “Getting it right (or left); Wrong-site surgeries continue to plague hospitals, but a new campaign hopes to ensure everyone takes a “timeout” before surgery.” Star Tribune, June 20, 2011, p. D.1. http://www.highbeam.com/doc/1G1-259321876.html
Lesson 2 – January 19-25, 2015
A Macro View of Physician Supply: Do We Have Enough Physicians Now? Will We Need More in the Future?

Group Assignment 1

Learning Objectives
Students should be able to:
1. Explain the limitations of the present medical education system in expanding physician supply.
2. Discuss ongoing changes in the way that physicians organize and practice medicine.
3. Discuss the points of controversy regarding the prediction of future shortages or surpluses in physician supply in America.
4. Discuss the public policy issues regarding expanding physician supply.

Suggested Readings

Physician Education

Care Delivery

Physician Concerns


Challenges to Traditional Physician Practice

Physician Supply Projections

   http://www.wcl.american.edu/sece/materials/Fall_2012/Next_Steps_in_Health_Reform/TAB%2012_Background-Brief.pdf


   http://online.wsj.com/news/articles/SB10001424052702303544604576434470768158908.html


Options for Increasing Physician Supply

   http://online.wsj.com/article/SB10001424052702303544604576434470768158908.html


   http://www.plosone.org/article/info:doi/10.1371/journal.pone.0033076


Public Policy Issues and Concerns About Physician Supply

   http://www.fiscaltimes.com/Articles/2012/05/04/More-Doctors-on-the-Way-Higher-Costs-to-Follow.aspx?page1


Further Readings

http://www.forbes.com/sites/theapotheccary/2013/05/28/are-u-s-doctors-paid-too-much/

http://www.consumerreports.org/cro/magazine/2013/06/what-bugs-you-most-about-your-doctor/index.htm


http://link.springer.com/content/pdf/10.1007%2Fs11606-011-1921-4

http://www.kaiserhealthnews.org/opinion/2012/september/24/ml-sinai-primary-care.aspx

http://www.highbeam.com/doc/1P2-28704120.html


http://link.springer.com/journal/11606/29/7/page/1


http://mobile.philly.com/health/?wss=/philly/health&id=138095/623


http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=3&sid=25083265%40sessionmgr110&hid=122


http://content.healthaffairs.org/content/26/4/1159.full.pdf+html


Rethinking Primary Care: From Marcus Welby to Team-based Care?

Learning Objectives
Students should be able to:
1. Describe the factors leading to current efforts to change primary care delivery in the U.S.
2. Discuss changes in the workplace and work arrangements for primary care physicians.
3. Compare and contrast new models for reforming primary care.
4. Discuss how public policy, and health care reform in particular, is likely to affect primary care.
Suggested Readings

Overview of Primary Care


Challenges to Traditional Models of Primary Care Delivery


Changes in the Workplace for Primary Care Physicians


New Models for Primary Care

Patient Centered Medical Homes (PCMHs) and Team Care


The Influence of Public Policy and Health Reform on Primary Care

1. DoBias, M. “Adapt or else. Whether it wants to or not, the health care system is being forced to reinvent itself.” NationalJournal.com, March 10, 2011. http://www.nationaljournal.com/member/magazine/health-reform-forces-industry-to-reinvent-itself-20110310?mrefid=site_search&page=1

Further Readings


Lesson 3 – January 26 – February 1, 2015

The Nurse Workforce: “Is There a Nurse in the House?”

Individual Assignment 1

Learning Objectives

1. Compare and contrast the various explanations for historical and more recent periods of nursing shortage.
2. Discuss nurse scope of practice and workforce issues from the points of view of nurses and health care managers.
3. Discuss recent state and federal policy initiatives directed at nursing.

Suggested Readings

The Supply of Nurses

Further Readings


**Long-Term Care: Can This Rubik’s Cube Be Solved?**

**Learning Objectives**

Students should be able to:

1. Describe the different types of long-term care and the characteristics of the people who receive this care.
2. Discuss the different mechanisms, public and private, that finance long-term care.
3. Compare and contrast delivery models for long-term care.
4. Discuss factors that affect the quality of long-term care, including the potential for patient abuse in long-term care settings.
5. Understand and compare different approaches to long-term care reform.

**Suggested Readings**

**Overview of Long-Term Care and the Nursing Home Industry**


Long-Term Caregivers


Issues Relating to Fraud, Abuse and Poor Quality


Approaches to Long-Term Care Reform


11. Thomas, K.S., Mor, V. “Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes.” Health Affairs 32(10):1796-1802, 2013. [http://content.healthaffairs.org/content/32/10/toc](http://content.healthaffairs.org/content/32/10/toc)


Further Readings


Lesson 4 – February 2-8, 2015

The Hospital: From Doctors’ Workshop to “Big Med”?

Group Assignment 2

Learning Objectives

Students should be able to:

1. Describe recent changes in the configuration of the U.S. hospital industry and the public policy concerns they raise.
2. Understand the critical role emergency departments play for hospitals, and the ways in which that role is changing.
3. Discuss current changes and challenges in hospital/physician relations.
4. Describe the various financial challenges facing some U.S. hospitals.

Suggested Readings

Overview


**Role of the Emergency Department**


14. *Wilson, M., Cutter, D. “Emergency department profits are likely to continue as the affordable care act expands coverage.”* *Health Affairs* 33(5):792-799, 2014. [http://content.healthaffairs.org/content/33/5/toc](http://content.healthaffairs.org/content/33/5/toc)

Changing Hospital/Physician Relationships


Financial Challenges Facing Some U.S. Hospitals
Controversy Over Hospital Pricing


Changes in Hospital Reimbursement and Their Implications


Hospitals Strategies to Improve Finances

**Patient Safety Issues – See January 10 readings under Patient Experience**

**Potential Impact of Health Reform Legislation on Hospitals**

**Further Readings**
Lesson 5 – February 9-15, 2014
Medical Technology and Devices: At the Cutting Edge?

Individual Assignment 2

Learning Objectives
Students should be able to:
1. Describe the process of new medical technology development in the U.S. from discovery to commercial product.
2. Discuss patient, provider and regulatory issues relating to the introduction of new medical devices and their integration into medical care treatment.
3. Discuss provisions of health care reform that may affect the medical device industry directly and indirectly.

Suggested Readings

Overview of the Medical Device Industry

Concerns About Conflicts of Interest Involving Medical Device Manufacturers and Physicians


Other Controversial Practices in the Medical Device Industry


The Medical Device Industry and the FDA

1.* The Economist. “Left to their own devices.” 400(8750):71-73, 2011. http://go.galegroup.com/ps/retrieve.do?sid=PROF&userGroupName=mnaumtwi&tab=T003&searchId=R2&resultListType=RESULT_LIST&contentSegment=&searchType=AdvancedSearchForm&currentPosition=5&contentType=GALE%7CA266486808&docId=GALEJA266486808&docType=GALE&role=


Health Care Reform and the Medical Device Industry


Further Readings


Lesson 6 – February 16-22, 2014
Pharmaceuticals: What Price Progress?

Group Assignment 3

Learning Objectives
Students should be able to:
1. Describe the pharmaceutical “supply chain” and public policy issues relating to the marketing of pharmaceuticals.
2. Discuss contrasting views pertaining to the proliferation of prescription drugs and the growth in pharmaceutical expenses.
3. Explain what a pharmacy benefit management company is and describe the products and services it provides.
4. Compare and contrast the nature and significance of different regulatory issues relating to pharmaceuticals.
5. Discuss how the pharmaceutical industry may be affected by health reform.

Suggested Readings
Pharmaceutical Industry and the Role of Prescription Drugs in the Health Care System

Overview
   http://content.healthaffairs.org/content/20/5/43.full.pdf+html
   http://www.bloombergview.com/articles/2014-03-03/can-lipitor-save-big-pharma
4. Taylor, L. “US drug spending to rise 3%-5% this year.” PharmaTimes online, March 9, 2014.
   http://www.pharmatimes.com/article/14-03-09/US_drug_spending_to_rise_3_-5_this_year.aspx
   http://www.usatoday.com/story/money/personalfinance/2014/03/03/pharmacy-benefit-managers-healthcare-costs-savings/5495317/
   http://dealbook.nytimes.com/2014/10/03/a-scramble-to-acquire-for-drug-companies/?_php=true&_type=blogs&_r=0


The Specialty Drug Challenge

   http://search.proquest.com/docview/1515833212/fulltext/9E60D9F6DB634F20PQ?accountid=14586
   http://content.healthaffairs.org/content/33/10/1736.full.pdf+html
   http://search.proquest.com/docview/1458839241/fulltextPDF/D05894CF1E60439APQ/1?accountid=14586
   http://www.forbes.com/sites/scottgottlieb/2013/06/10/why-we-should-spend-more-on-pricey-cancer-drugs/
5. Howard, P. “Sure, we’ll (eventually) beat cancer. But can we afford to?” Forbes, May 16, 2014.
   http://www.forbes.com/sites/sites/theapothecary/2014/05/16/sure-well-eventually-beat-cancer-but-can-we-afford-to/
8. Tam, R. “Small group of specialty drugs could make up half of total pharmacy spending by 2018.” PBS Newshour, October 20, 2014.
   http://www.pbs.org/newshour/updates/can-patients-address-rising-cost-specialty-medication/

Drug Shortages

   http://content.healthaffairs.org/content/31/2/263.full.pdf+html
   http://search.proquest.com/docview/1509959775/fulltext/C9E116F795CA4062PQ/1?accountid=14586
   http://bigstory.ap.org/article/hospitals-coping-better-drug-shortages-persist
   http://online.wsj.com/article/SB1000142412788733246980457852362257361332.html
   http://search.proquest.com/docview/1509959775/fulltext/C9E116F795CA4062PQ/1?accountid=14586

Controversial Practices in the Pharmaceutical Industry

   http://search.proquest.com/docview/1461211022/fulltextPDF/D05894CF1E60439APQ/1?accountid=14586
   http://www.reuters.com/article/2014/10/15/healthcare-pharmaceuticals-merck-idUSL2N0SA22920141015
   http://search.proquest.com/docview/1542265235/fulltext/27394E5DDDF74307PQ/2?accountid=14586
   http://www.reuters.com/article/2014/03/18/us-usa-india-genericdrugs-insight-idUSBREA2H06Y20140318
   http://search.proquest.com/docview/1543435502/fulltext/7702FC4B298FA45APQ/1?accountid=14586
   http://www.usatoday.com/money/industries/health/2009-09-02-pfizer-fine_N.htm


Relationship between Pharmaceutical Industry and the FDA


Health Reform and the Pharmaceutical Industry


Further Readings


26. Bate, R. “Beware of risks of generic drugs: Copies aren’t always as good as the original—especially when ingredients are 
sourced in China.” Wall Street Journal (Online), July 6, 2011. 
   http://online.wsj.com/article/SB10001424052702303339004576406163574696214.html
cvs-study-finds
   http://www.reuters.com/article/idUSN2712034820100727
   http://online.wsj.com/article/SB10001424127887323469804578523262257381332.html
pharmaceutical-studies-real-harm.html?_r=2

Financing

Lesson 7 – February 23 - March 1, 2015
Health Insurance, Uninsurance, and the Private Health Insurance Market: What Works, What Doesn’t and 
How Might Health Reform Change It?
Individual Assignment 3

Learning Objectives
Students should be able to:
1. Discuss the logical foundations for health insurance.
2. Describe how the private health insurance market is structured and functions.
3. Contrast the characteristics of different types of health insurance benefit designs.
4. Describe the strengths and weaknesses of the current private health insurance system.

Suggested Readings
History and Current State of Private Health Insurance
   http://www.kff.org/insurance/7766.cfm
   http://healthaffairs.org/blog/2012/06/26/private-insurance-is-bankrupting-americans-is-congress-paying-attention/
   implementing the Affordable Care Act.” Commonwealth Fund, April 2013. 
   http://www.commonwealthfund.org/-/media/Files/Publications/Fund%20Report/2013/Apr/1681_Collins_insuring_future_biennial_
survey_2012_FINAL.pdf


Characteristics of Organizations Providing Private Health Insurance or Administrative Services to Employers, and the Products They Offer


Strengths and Weaknesses of the Current Private Health Insurance Market


Health Reform and the Health Insurance Market


Further Readings

   http://news.prudential.com/article_display.cfm?article_id=6526

Lesson 8 – March 2-8, 2014

Medicaid: How Can This “Vast Public Enterprise” Be Sustained?

Group Assignment 4

Learning Objectives

Students should be able to:
1. Discuss the distribution of funding and administrative responsibilities between the states and the federal government under Medicaid.
2. Describe the relative importance of different categories of expenditures under Medicaid.
3. Describe the experience of Medicaid programs in contracting with managed care organizations.
4. Discuss how economic downturns and state efforts to respond to budget crises have affected Medicaid programs.
5. Discuss how health reform could affect Medicaid programs.

Suggested Readings

How Medicaid Is Structured and Financed


Expenditures Under Medicaid and the Impact of Recessions on Medicaid Programs


Medicaid Contracting with Managed Care Plans


**Policy Proposals for Reforming Medicaid**


**Health Reform and Medicaid**


Further Readings


7. Decker, S.L. “In 2011 nearly one-third of physicians said they would not accept new Medicaid patients, but rising fees may help.” Health Affairs 31(8):1673-1679, 2012. [http://content.healthaffairs.org/content/31/8/1673.full.pdf+html](http://content.healthaffairs.org/content/31/8/1673.full.pdf+html)


Lesson 9 – March 9-15, 2015

Paying for Care for Seniors: Is This Any Way to Run an Insurance Program?

*Individual Assignment 4*

**Learning Objectives**

Students should be able to:

1. Compare the Medicare Trust Funds A and B with respect to the way they are funded and the coverage they provide.
2. Describe the benefit coverage under Medicare and compare it to typical private insurance benefit coverage.
3. Discuss the structure and evolution of Medicaid Part C.
4. Describe how the Medicaid Part D prescription drug benefit is structured.
5. Compare and contrast how hospitals and physicians are paid under Medicare.

**Suggested Readings**

**The Structure of the Medicare Program**


**Issues Facing Medicare**

**Hospitals**


**Physicians**

Further Readings


Health Plans


Saving Medicare from Itself: Politics, Economics, and Intergenerational Conflict

Learning Objectives
Students should be able to:
1. Discuss the challenges that enrollment growth poses for Medicare.
2. Explain how health reform and the growing federal government debt could affect Medicare.
3. Describe proposals for Medicare reform and how recent moderation in Medicare expenditure growth could affect the enactment of reforms.

Suggested Readings
The Medicare Solvency Issue

The Impact of Health Reform on Medicare

Medicare and the Federal Budget
Alternatives for Medicare Reform


Prospects for Near Term Changes in Medicare


Further Readings


VII. Evaluation and Grading

Grades will be determined based on four group assignments (20 points each), four individual assignments (20 points each) and one group summary posted on the course website (40 points). The student will receive a grade of zero on any assignment not submitted as scheduled, unless prior arrangements have been made for late submission.

Grading Scale

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements</td>
<td>4.000</td>
</tr>
<tr>
<td>A-</td>
<td>3.667 - Represents achievement that is significantly above the level necessary to meet course requirements</td>
<td>3.667</td>
</tr>
<tr>
<td>B+</td>
<td>3.333 - Represents achievement that is outstanding relative to the level necessary to meet course requirements</td>
<td>3.333</td>
</tr>
<tr>
<td>B</td>
<td>3.000 - Represents achievement that is significantly above the level necessary to meet course requirements</td>
<td>3.000</td>
</tr>
</tbody>
</table>

VI. Evaluation and Grading

Grades will be determined based on four group assignments (20 points each), four individual assignments (20 points each) and one group summary posted on the course website (40 points). The student will receive a grade of zero on any assignment not submitted as scheduled, unless prior arrangements have been made for late submission.

Grading Scale

The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements</td>
<td>4.000</td>
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<td>B+</td>
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<td>3.333</td>
</tr>
<tr>
<td>B</td>
<td>3.000 - Represents achievement that is significantly above the level necessary to meet course requirements</td>
<td>3.000</td>
</tr>
</tbody>
</table>
In this course, the percentage score on assignments will be converted to a letter grade as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
<td>Represents outstanding achievement relative to the level necessary to meet course requirements</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.99%</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>87-89.99%</td>
<td>Represents achievement that is significantly above the level necessary to meet course requirements</td>
</tr>
<tr>
<td>B</td>
<td>83-86.99%</td>
<td></td>
</tr>
<tr>
<td>B-</td>
<td>80-82.99%</td>
<td></td>
</tr>
<tr>
<td>C+</td>
<td>77-79.99%</td>
<td>Represents achievement that meets the minimum course requirements</td>
</tr>
<tr>
<td>C</td>
<td>73-76.99%</td>
<td></td>
</tr>
<tr>
<td>C-</td>
<td>70-72.99%</td>
<td></td>
</tr>
<tr>
<td>D+</td>
<td>65-69.99%</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>60-64.99%</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>&lt; 59.99%</td>
<td>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.</td>
</tr>
</tbody>
</table>

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.

**Course Evaluation**

The SPH will collect student course evaluations electronically using a software system called CoursEval: [www.sph.umn.edu/courseval](http://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](http://www.sph.umn.edu/grades). All students will have access to their final grades through OneStop two weeks 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

VIII. Other Course Information and Policies

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

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

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.”

Scholastic Dishonesty
Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual
Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will
be penalized, and offenses will be reported to the SPH Associate Dean for Academic Affairs who may file a report with the
University’s Academic Integrity Officer.

The University’s Student Conduct Code defines scholastic dishonesty as “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; or altering, forging, or misusing a University academic
record; or fabricating or falsifying of data, research procedures, or data analysis.”

Reference: “a mention or citation of a source of information in a book or article” (Compact Oxford English Dictionary, 2012)
Citation: “a quotation from or reference to a book, paper, or author, especially in scholarly work” (Compact Oxford English Dictionary, 2012)
Quotation: “a group of words taken from a text or speech and reported by someone other than the original author or speaker”
(Compact Oxford English Dictionary, 2012)
Plagiarism: “the process of taking another person's work, ideas, or words, and using them as if they were your own” (Macmillan
Dictionary, 2012)
You will be asked to review a variety of sources of information when completing assignments for this course. It is important that you acknowledge these sources of information appropriately in your written assignments and verbal presentations. If you are quoting a source directly (using the words in the source, not your words) you must indicate this by using quotation marks, as in the definitions above, and by including a citation to the reference from which the quote was extracted. There is nothing wrong with including quotes in your assignments, but you are expected to put them in quotation marks and cite them appropriately. If you use the words of someone else, but do not put them in quotation marks, this is called plagiarism (even if you include a citation), and it violates the University’s academic code. Essentially, you are saying that you wrote these words, when that isn’t true, so you are lying to your instructor and classmates. In addition to using citations for quotations, you should use citations in the text to indicate instances where you have drawn on specific works of others in framing your answer or arguments. In using citations for this purpose, you acknowledge that the thoughts are not entirely yours, even though you may have expressed them in your own words. You should include a reference list at the end of your assignment. This list should include a complete description of all citations included in the text.

References

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: http://writing.umn.edu/tww/plagiarism/.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to http://tutorial.lib.umn.edu/ and click on “Citing Sources”.

In addition, original work is expected in this course. Unless the instructor has specified otherwise, all assignments, papers, reports, etc. should be the work of the individual student. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable.

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.

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.

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: http://www.mentalhealth.umn.edu.

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 lifelong 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 http://www.osa.umn.edu/index.html.

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. [Customize with names and contact information as appropriate for the course/college/campus.]

OR:

Academic Freedom and Responsibility, for courses that 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 and conduct relevant research. 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.* When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies. 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. [Customize with names and contact information as appropriate for the course/college/campus.]

* Language adapted from the American Association of University Professors “Joint Statement on Rights and Freedoms of Students”.
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