PUBH 7556, SECTION 320

Health and Health Systems
Spring Semester Term A 2019

COURSE & CONTACT INFORMATION

Credits: 2
Meeting Day(s): January 5 and January 22-March 11, 2019

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COURSE DESCRIPTION

The course provides an overview of the U.S. health care system and current health policy issues. Topics are addressed from a health care management perspective.

COURSE PREREQUISITES

Students must be admitted to the University of Minnesota's Master in Healthcare Administration Program or have consent of the instructor.

COURSE GOALS & OBJECTIVES

Specific goals and learning objectives are listed below for each class session.

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

This course consists of an in-person introduction and 7 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 seven weekly written assignments consisting of four individual and three group assignments.
- Complete one synthesis pertaining to the session designated for your group.
- Work with the same group members throughout the course.
- Work with your group in a private forum to complete group assignments and synthesis.
  - 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 synthesis 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 Synthesis

Your group is expected to provide a synthesis for one of the lessons as assigned. You will post your synthesis for that lesson for the other groups to read and discuss. I will read each synthesis and occasionally comment after a synthesis is posted. Use the private group forum to collaborate and communicate with your group.

The synthesis contributes up to 40 points (out of 200) towards your final grade. Your synthesis 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 synthesis assigned to your group:

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 synthesis. If there are fewer than four subheadings under a given topic, organize your synthesis around the headings that are available.

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

    a. For example, if your group is assigned Lesson 2, it might select “Physician Education” as one of the four subheadings to address. 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 synthesis 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 a 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 synthesis, 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 syntheses 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.

COURSE TEXT & READINGS

1. All suggested readings have links to the article following the cite. Please make sure you are logged in to the University using your x500 ID and password particularly when using the link for journal articles. Click on the link to access the reading. If you have any problems accessing assigned readings online, contact Jim Harpole at harpo002@umn.edu. If you do not have a University of Minnesota Internet ID and password, call 301-HELP and support staff will help you set up an account (or set up your own account at www.umn.edu/initiate and follow the directions.)
2. The readings for each class session are divided into two parts: Suggested readings and Further readings. The Suggested readings are organized by subtopic. For some sessions, the list of suggested readings is long, but many individual readings are quite brief. Starred readings should receive first priority. There are no Required readings. The more of the Suggested readings that you are able to complete, the better prepared you will be for your quizzes, assignments, and class discussion; and, the better prepared you will be for your career. In sessions where there are a large number of Suggested readings, you may want to divide responsibility among study group members, with each member summarizing a subset of readings. The Further readings provide additional information on the topics covered in each session. They are intended to be useful in clarifying areas that you feel are not covered adequately in the Suggested readings, or in providing additional information on topics of particular interest to you. The following sources of information are useful in keeping up-to-date on current developments in the health care system and in health policy.

Newspapers:	New York Times (liberal perspective)
	Wall Street Journal (conservative perspective)
	Washington Post (political issues)
Daily Feeds (all free):	Kaiser Daily Health Policy Report/Kaiser Health News
	AHIP Solutions Smart Brief
	The Hill
Websites with short Research Briefs on Various Health Care Topics:	
	Urban Institute
	AcademyHealth
	The Robert Wood Johnson Foundation
	The Commonwealth Fund
	Health Affairs

COURSE OUTLINE/WEEKLY SCHEDULE

Week	Topic	Readings	Activities/Assignments
January 5 (in person)	• **Health System Performance: From Iron Triangle to Three-Legged Stool to the Triple Aim – Cost and Population Health** • **Health System Performance: From Iron Triangle to Three-legged Stool to the Triple Aim – Patient Experience**	• **Readings** • **Readings**	
Week 1 – January 21 – 28	• **The Physician Workforce: Does Physician Training Need to Change? How Do Physicians Practice? Will There be a Physician Shortage?**	• **Readings**	• **Group Synthesis 1, January 21**
	• **Rethinking Primary Care: From Marcus Welby to Team-based Care?**	• **Readings**	• **Group Assignment 1, January 28**
Week 2 – January 28 – February 4	• **The Nurse Workforce: Is There a Nurse in the House?**	• **Readings**	• **Group Synthesis 2, January 28**
	• **Long-term Care: Can This Rubik's Cube be Solved?**	•	• **Individual Assignment 1, February 4**
Weeks 3 – February 4 – 11	• **The Hospital: From Doctors' Workshop to Big Med?**	• **Readings**	• **Group Synthesis 3, February 4** • **Group Assignment 2, February 11**
Week 4 – February 11 – 18	• **Medical Technology and Devices: At the Cutting Edge?**	• **Readings**	• **Group Synthesis 4, February 11**
	• **Pharmaceuticals: What Price Progress**	• **Readings**	• **Group Synthesis 5, February 11** • **Individual Assignment 2, February 18**
Week 5 – February 18 – 25	• **Health Insurance and the Private Health Insurance Market: What Works, What Doesn't and How Might Health Reform Change It?**	• **Readings**	• **Group Synthesis 6, February 18** • **Individual Assignment 3, February 25**
Week 6 – February 25 – March 4	• **Medicaid: How Can This Vast Public Enterprise Be Sustained?**	• **Readings**	• **Group Synthesis 7, February 25** • **Group Assignment 3, March 4**
Week 7 – March 4 – 11	• **Paying for Care for Seniors: Why is Medicaid Complicated?**	• **Readings**	• **Group Synthesis 8, March 4**
	• **Medicare: A Program at the Brink?**	• **Readings**	• **Individual Assignment 4, March 11**

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/. 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

[Enter a detailed statement of the basis for grading here. Include a breakdown of course components and a point system for achieving a particular grade. Include expected turnaround time for grading/feedback. Please refer to the University's Uniform Grading Policy and Grading Rubric Resource at https://z.umn.edu/gradingpolicy]

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%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	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 Policy	Evaluation/Grading Policy Description
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 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. 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).
Late Assignments	[Instructor to set policy]
Attendance Requirements	[Instructor to set policy]
Extra Credit	[Instructor to set policy]
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

Knowledge Domain	Course Learning Objectives	Assessment Strategies
Inform, educate and empower people about health issues.	To understand the different components of the United States health care system, how they relate to each other, the challenges health care managers face working within this system, and the impact of governmental policies at the state and federal level on system functioning and health care management.	Quizzes, group assignments (oral and written) and individual assignments.
Enforce laws and regulations to protect health and safety	To understand how the design and enforcement of government laws and regulations influences the functioning of the U.S. health care system	Quizzes, group assignments (oral and written) and individual assignments.

NCHL HEALTHCARE LEADERSHIP COMPETENCIES FOR CAHME ACCREDITATION PURPOSES

Competency	Course Learning Objectives	Assessment Strategies
Knowledge of population health, health care delivery and financing.	Demonstrate a comprehensive understanding of the U.S. health care delivery and financing system and the role of public policy in shaping the system.	Quizzes, group assignments (oral and written) and individual assignments.
Managing and leading in complex organizations and environments.	Develop skills in participating in group projects.	Group assignments (oral and written)
Professionalism	Increase ability to use written and oral communications in an effective way.	Individual assignments.

January 5 (in person)

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

The U.S. health care system is incredibly complex (some would call it a non-system), characterized by a variety of d financing mechanisms and delivery systems. Before exploring that system in greater detail, the first two sessions of provide an overview of how the U.S. health care system performs relative to components of the Triple Aim: per capit patient experience, and population health. The performance of the U.S. health care system also is compared to tha countries.

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 rel
   - 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 expenc 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 h

Suggested Readings

The Triple Aim

1.* Berwick DM, Nolan TW, Whittington J. The triple aim: care, health and cost. *Health Aff.* 2008;27(3):759-76 http://content.healthaffairs.org/content/27/3/759.full.pdf+html
2.* Moses, III H, Matheson DHM, Dorsey ER, George BP, Sadoff D, Yoshimura Y. The anatomy of health care United States. *JAMA.* 2013;310(18):1947-1963. http://jama.jamanetwork.com/issue.aspx?journalid=67&issueid=928805&direction=P
3. Manchester J. Health care tops list of Americans' worries: poll. The Hill, March 26, 2018. http://thehill.com/policy/healthcare/380249-healthcare-tops-list-of-americans-worries-poll
4. Cutler DM. What is the US health spending problem? *Health Aff.* 2018;37(3):493-497. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1626
5. Thompson D. Health care just became the U.S.'s largest employer. *The Atlantic*, January 9, 2018. https://www.theatlantic.com/business/archive/2018/01/health-care-america-jobs/550079/

Spending on Health Care

Trends

1. Dranove D, Garthwaite C, Ody C. Health spending slowdown is mostly due to economic factors, not structu in the health care sector. *Health Aff.* 2014;33(8):1399-1406. http://content.healthaffairs.org/content/33/8/1399.full.pdf+html
2. Snell K. Booming health care costs and growing deficits create budget headache for Republicans. *The Wa Post,* January 25, 2016. https://www.washingtonpost.com/news/powerpost/wp/2016/01/25/booming-health costs-and-growing-deficits-create-budget-headache-for-republicans/
3. Sussman AL. 5 Things to Know About Health-Care Spending in the U.S. *The Wall Street Journal*, August http://blogs.wsj.com/economics/2016/08/25/5-things-to-know-about-health-care-spending-in-the-u-s/
4. Hartman M, Martin AB, Espinosa N, Catlin A, The National Health Expenditure Accounts Team. National h spending in 2016: Spending and enrollment growth slow after initial coverage expansions. *Health Aff.* 2018;37(1):150-160. https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2017.1299
5. Antos J, Capretta J. National health expenditure report shows we have not solved the cost problem. *Heali* Blog, December 2017. https://www.healthaffairs.org/do/10.1377/hblog20171205.607294/full/
6. Milliman, Inc. Milliman Medical Index: Typical American family faces $26,944 in annual healthcare costs. PRNewswire, May 16, 2017. https://www.prnewswire.com/news-releases/milliman-medical-index-typical-a family-faces-26944-in-annual-healthcare-costs-300458524.html
7. Weiner J, Marks C, Pauly M. Effects of the ACA on health care cost containment. Penn LDI Issue Brief 2017;21(1):1-7. https://ldi.upenn.edu/brief/effects-aca-health-care-cost-containment
8. Johnson CY. The U.S. spends more on health care than any other country. Here's what we're buying. *Th Washington Post,* December 27, 2017. https://www.washingtonpost.com/news/wonk/wp/2016/12/27/the-u more-on-health-care-than-any-other-country-heres-what-were-buying/?utm_term=.2208df4feec5
9. Keehan SP, Stone DA, Poisal JA, et al. National health expenditure projections, 2016-25: Price increases, push sector to 20 percent of economy. *Health Aff.* 2017;36(3):553-563. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.1627
10. Thorpe KE. Accounting for health spending growth: Observations from the past several years. *Health Aff.* March 26, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180321.489080/full/

Variation in Health Spending

1.* Rau J. Medicare spending variations mostly due to health differences, study concludes. Kaiser Health New 2013. http://www.kaiserhealthnews.org/Stories/2013/May/28/medicare-state-geographic-variation-costs.asp

2. Skinner J, Goodman D, Fisher E. Making sense of price and quantity variations in U.S. health care. *Health Aff.* Blog, December 30, 2015. http://healthaffairs.org/blog/2015/12/30/making-sense-of-price-and-quantity-variations-in-u-s-health-care/
3. Tsugawa Y, Jha AK, Newhouse JP, Zaslavsky AM, Jena AB. Variation in physician spending and association with patient outcomes. *JAMA Intern Med*. 2017;177(5):675-682. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2608538
4. White C. Health status and hospital prices key to regional variation in private health care spending. National Institute for Health Care Reform Research Brief, No. 7, February 2012. http://nihcr.org/analysis/improving-care-delivery/prevention-improving-health/spending-variation/
5. Greenwald L, Graff J, Wamble D, Dubois R. International health care spending data: What they can tell us, and what they can't. *Health Aff.* Blog, May 7, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180430.6731/full/

Drivers of Spending

1.* O'Neill DP, Scheinker D. Wasted health spending: Who's picking up the tab? *Health Aff.* Blog, May 31, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180530.245587/full/
2.* Appleby J. Higher prices charged by hospitals, other providers, drove health spending during downturn. Kaiser Health News, May 21, 2012. http://www.kaiserhealthnews.org/Stories/2012/May/21/higher-health-care-prices-hospitals.aspx
3.* Kliff S. Over next two decades, obesity could cost us $550 billion. *The Washington Post*, September 18, 2012. http://www.washingtonpost.com/blogs/wonkblog/wp/2012/09/18/over-next-two-decades-obesity-could-cost-us-550-billion/
4.* Cuckler GA, Sisko AM, Poisal JA, et al. National health expenditure projections, 2017-26: Despite uncertainty, fundamentals primarily drive spending growth. *Health Aff.* 2018;37(3):482-492. https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1655
5. Zylke JW, Bauchner H. The unrelenting challenge of obesity. *JAMA.* 2016;315(21):2277-2278. http://jama.jamanetwork.com/issue.aspx?journalid=67&issueid=935332&direction=P
6. Chernew ME, Barbey C. In spite of slow spending growth, continued action on cost containment is necessary. *Health Aff.* Blog, May 29, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180523.149129/full/
7. Schauffer AC, Jena AB, Seabury SA, Singh H, Chalasani V, Kachalia A. Rates and characteristics of paid malpractice claims among US physicians by specialty, 1992-2014. *JAMA Intern Med.* 2017;177(5):710-718. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2612118
8. Dieleman JL, Squires E, Bui AL, et al. Factors associated with increases in US health care spending, 1996-2013. *JAMA* 2017;318(17):1668-1678. https://jamanetwork.com/journals/jama/fullarticle/2661579
9. Hellmann J. Study: Americans using less health care, but paying more for it. The Hill, January 23, 2018. http://thehill.com/policy/healthcare/370336-study-americans-using-less-health-care-but-paying-more-for-it
10. Artiga S, Hinton E. Beyond health care: The role of social determinants in promoting health and health equity. Henry J. Kaiser Family Foundation Issue Brief, May 2018. https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/
11. Khullar D, Frakt A. Can low-intensity care solve high health care costs? *The New York Times*, June 11, 2018. https://search.proquest.com/docview/2054136185/fulltext/5533E4ACAADA45D7PQ/1?accountid=14586
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13. Jacobs C. The problem with health care costs: third-party payment. *The Wall Street Journal*, May 13, 2016. http://blogs.wsj.com/washwire/2016/05/13/the-problem-with-health-care-costs-third-party-payment/
14. Hiltzik M. A warning on hospital mergers: After California allowed big chains to grow, prices soared. *The Los Angeles Times,* June 13, 2016. http://www.latimes.com/business/hiltzik/la-fi-hiltzik-california-hospitals-20160613-snap-story.html
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17. Acaramenico. Poll of emergency physicians shows more than half order tests as protection against being sued. May 26, 2011 http://californiaprevailingwage.wordpress.com/2011/05/26/poll-of-emergency-physicians-shows-more-than-half-order-tests-as-protection-against-being-sued/

Population Health

Trends

1.* Gillespie L. Baby boomers set another trend: more golden years in poorer health. Kaiser Health News, December 17, 2015. http://khn.org/news/baby-boomers-set-another-trend-more-golden-years-in-poorer-health/
2.* Christianson J. The income-health conundrum: something old, something new. Medica Research Institute Blog, April 4, 2016. http://www.ajmc.com/contributor/medica-research-institute/2016/12/the-income-health-conundrum-something-old-something-new
3.* Christianson J. Population health, the triple aim, and the health effects of social services: from concept to data to policy. Medica Research Institute Blog, August 8, 2016. http://www.medicaresearchinstitute.org/news-and-events/blog/2016/08/population-health-triple-aim-and-health-effects-social-services-concept-data-policy/
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crisis-us-life-expectancy-declines-for-a-second-straight-year/2017/12/20/2e3f8dea-e596-11e7-ab50-621fe0588340_story.html?utm_term=.cce7a1e24e58
5.* The US Burden of Disease Collaborators. The State of US Health, 1990-2016. *JAMA*. 2018;319(14):1444-1472. https://jamanetwork.com/journals/jama/fullarticle/2678018
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7. McGinley L. Cancer death rate has dropped again. But it's still higher for men than women. *The Washington Post*, January 5, 2018. https://www.washingtonpost.com/
8. Bernstein L. U.S. life expectancy will soon be on par with Mexico's and the Czech Republic's. *The Washington Post*, February 21, 2018. https://www.washingtonpost.com/
9. Healy M. What ails America? The answer varies from state to state. *The Los Angeles Times*, April 10, 2018. http://www.latimes.com/science/sciencenow/la-sci-sn-united-states-health-20180410-story.html
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12. Brazier Y. Life expectancy depends on wealth and where you live. Medical News Today, April 11, 2016. http://www.medicalnewstoday.com/articles/308904.php
13. Tavernise S. Life expectancy for white Americans drops slightly; analysts cite drug overdoses. *The New York Times,* April 20, 2016. http://nyti.ms/20VVlxk
14. Sunstein C. Money doesn't buy as long a life as it used to. BloombergView, May 20, 2016. https://www.bloomberg.com/view/articles/2016-05-20/money-doesn-t-buy-as-long-a-life-as-it-used-to
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20. Roston E. America is not the Greatest Country on Earth. It's No. 28. Bloomberg, September 22, 2016. http://www.bloomberg.com/news/articles/2016-09-22/america-is-not-the-greatest-country-on-earth-it-s-no-28

Illness-specific Measures

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Health System Performance: From Iron Triangle to Three-Legged Stool to the Triple Aim – Patient Experience
There is widespread concern across political boundaries that patients' experiences in the U.S. health care system leave much to be desired. Critics cite under-use, over-use, and inappropriate use of health services. Access to services is a major issue for population subgroups, and medical care costs continue to be a contributing factor to personal bankruptcies. And, for the last 16 years, the public spotlight has focused on preventable medical errors. Historically, medical errors were attributed to the failures of individuals, but the literature on patient safety also focuses on creating medical care delivery systems that limit the potential for human error. Nevertheless, estimates are that well over 100,000 people die each year from avoidable errors. There is also a growing body of evidence that poor communication between providers and patients, along with inadequate coordination of care, contribute to poor quality care, medical errors, and patient frustrations with the health care system.

Learning Objectives
Students should be able to:
1. Discuss issues and evidence relating to access to care and deficiencies in 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 medical errors, quality of care and patient outcomes.

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Care Delivery

Week 1: January 21-28
The Physician Workforce: Does Physician Training Need to Change? Will There be a Physician Shortage?
People are the critical element in any health care delivery system. In this session, we will focus on physicians, particularly on physician education, changes in the ways that physicians have historically organized and practiced medicine, and concerns about the aggregate level of physician supply. There is now disagreement about whether there will be a major physician shortage in the future and, if so, how to address it. This session presents opposing perspectives on these issues and discusses the likelihood of a public policy response. Subsequent courses in the MHA program will cover material relating to physician payment and management of physician practices.

Learning Objectives
Students should be able to:
1. Explain the limitations of the present medical education system in meeting future demands for physician services.
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.

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

Improving the delivery of primary care is a growing challenge for policymakers, clinicians, and health care managers. The flaws in the present system are painfully evident, with various alternatives now being adopted in hopes of correcting, or at least mitigating, them. In this session, we describe the challenges currently facing primary care, with particular focus on new models for organizing the delivery of care, and the potential expanded role for advanced practice nurses in rethinking primary care.

Learning Objectives

Students should be able to:

1. Explain the reasons for the current focus on changing 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.

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Week 2: January 28 – February 4
The Nurse Workforce: Is There a Nurse in the House?
Nurses have been called the backbone of the U.S. health care system. They work in all health care settings and organizations, including hospitals, clinics, long-term care facilities and insurance plans. Historically, at the aggregate level, maintaining an adequate supply of nurses has been a perplexing issue. At the micro-level, scope-of-practice and work environment have been particularly important questions for the nursing profession. This session provides an overview of the nurse workforce, addressing specifically the topics of nurse supply, scope of practice, and work environment, and public policies towards nursing.

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 work force issues from the points of view of nurses and health care managers.
3. Discuss recent state and federal policy initiatives directed at nursing.

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Long-Term Care: Can This Rubik's Cube be Solved?

Quiz 1: Material from Sessions 1-8

Demands on our present system for delivering long-term care are expected to intensify as the baby boom generation ages. Traditional financing models are being challenged, as are existing models for delivering long-term care. At the same time, improving quality and reducing fraud and abuse continue to be thorny issues, provisions included in the federal health reform legislation relating to long-term care have been abandoned, and changes in Medicaid funding under proposed revisions of the ACA promise to have major financial implications for long-term care.

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.

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Week 3: February 4-11

The Hospital: From Doctors' Workshop to Big Med?

Health care can be delivered in a variety of settings, but the relatively expensive care delivered in hospitals (inpatient care) has long been the focus of special attention from policy makers and health care payers. More recently, hospitals have expanded the outpatient care they provide. We discuss trends in hospital use and in the configuration of the hospital industry. We also address financial, care delivery, competitive and health policy challenges facing hospitals in the present environment. Material relating to the structure, management, and economics of hospitals will be covered in other courses in the MHA Program, as will issues relating to hospital finance.

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.

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Week 4: February 11-18
Medical Technology and Devices: At the Cutting Edge?
Some policy analysts emphasize the contribution of medical technology to increases in medical care costs, while others argue that, from a long run perspective, new technologies can save costs and/or improve quality of care and patient quality of life. This is often a front page debate, stimulated by rapid advances in surgical and diagnostic techniques, but also by questions about conflicts of interest between physicians and medical device companies as well as questionable marketing practices and disputes related to the regulation of the medical device companies by the FDA. Issues relating to medical technology are of critical importance to Minnesota because this state long has been an incubator for new technologies, and medical device companies are major employers in the state. In this class session, we discuss how medical technology fits in the current health care system and describe regulatory and market issues relating to medical devices.

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.

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Pharmaceuticals: What Price Progress?

Pharmaceuticals and medical devices are similar in the ways they are developed, brought to market, and regulated. However, there are important differences as well. In monetary terms, the pharmaceutical market is much larger than the medical device market, and pharmaceutical firms pursue different marketing approaches. Over the past several years, pricing strategies pursued by pharmaceutical manufacturers have been highly controversial. Managing pharmaceutical costs poses significant issues for health care payers, as does the regulation of pharmaceuticals by the Food and Drug Administration (FDA).

Learning Objectives

Students should be able to:

1. Describe the pharmaceutical supply chain and pricing issues relating to the marketing of pharmaceuticals.
2. Discuss contrasting views pertaining to the proliferation of prescription drugs and the growth in spending on pharmaceuticals.
3. Explain what a pharmacy benefit management company is and describe the services it provides.
4. Compare and contrast the nature and significance of different regulatory issues relating to pharmaceuticals.

Suggested Readings

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Financing

Week 5: February 18-25

Health Insurance and the Private Health Insurance Market: What Works, What Doesn't and How Might Health Reform Change It?

The private market for health insurance is under enormous stress. Medical care costs typically increase each year at a faster rate than employee income or overall GDP resulting in a growing share of employee compensation going for medical care. Employers, who are major actors in this market, continue to re-examine their traditional roles. One result is that an increasing number of people who purchase insurance through their employers are receiving more limited coverage than in the past. In this session we describe the nature of health insurance, how the health insurance market has evolved over time, the design of different health insurance products and the strengths and weaknesses of the current private health insurance system especially for the self-employed and employees of small firms. The efforts of health plans to control costs and improve quality, as well as the theoretical aspects of health insurance, are addressed in subsequent MHA courses.

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.

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Week 6: February 25 – March 4
Medicaid: How Can This Vast Public Enterprise Be Sustained?

The Medicaid program was essentially an after-thought in the passage of legislation creating Medicare. It has grown steadily over the years to become the largest state-federal collaborative program and one of the top two expenditure categories in state budgets. When the economy weakens and state tax revenues decline, the number of individuals eligible for Medicaid typically increases, creating financial challenges for states. Health reform promises to place substantial new strains on state Medicaid programs while a Supreme Court decision and recent CMS waiver guidance offers states options. In this class session we discuss the status of Medicaid and related programs designed to serve the poor and uninsured, Medicaid contracts with managed care plans, modifications to traditional Medicaid that have been introduced, or are being considered, by states and the future of Medicaid under health reform and federal budget-balancing efforts.

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 has affected Medicaid programs, along with changes that have been made in Medicaid through use of executive orders, CMS rule making, and use of CMS waiver authority.

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Week 7: March 4-11
Paying for Care for Seniors: Why Is Medicare Complicated?
Assignment 3 Due

Medicare is one of the largest single items in the federal budget. Changes in Medicare expenditures and payment regulations have ripple effects on other government programs and major impacts on the health care delivery system overall. The alleged cost-shifting to private payers that occurs due to Medicare underpayments is only one of many ongoing policy issues. In this session we describe the structure of the Medicare program, some of the challenges it has faced since its inception, and how Medicare has affected, and been affected by, changes in the greater health care system.

Learning Objectives

Students should be able to:

1. Compare Medicare Parts 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

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Medicare: A Program at the Brink?

The rising national debt, Congressional "borrowing" from Medicare, changing population demographics, the growing divergence of Medicare and private sector hospital payments, and growing pharmaceutical use and expenditures all pose formidable challenges for Medicare going forward. Both political parties have plans for the Medicare program. Medicare reform was an important topic in the past presidential election and seems likely to remain a contentious issue in upcoming national elections as well.

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. Discuss why the growing divergence between Medicare and private sector payments to providers has important implications for Medicare.
4. Discuss how the growth of specialty drugs will affect Medicare.
5. Describe proposals for Medicare reform and their political prospects.

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