



PROGRAM ON HEALTH OUTCOMES UNC-CHAPEL HILL

HPAA 220 Introduction to the U.S. Health System

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(readily available by appointment)

Summer II, 2004
T, Th 9:00am – noon
1305 McGavran-Greenberg
Tuesday 1 July – Thursday 5 August
...and your presence is requested, if at all possible, at
Summer Outcomes Day on Friday 13 August

The purpose of this course is to introduce you to the fundamental organization, behavior, financing, and challenges of the health system of the United States. The course treats the entire edifice of American health care as "the American health system," and intends to examine it *in toto*, including by comparing it to other national health systems, and in part, by examining critical components of the system.

The course takes a strong perspective that the health system is importantly shaped by the political system. In particular, accepting the definition of politics as *the authoritative allocation of values*, this course approaches the health system by asking how the authoritative allocation of the values associated with health care – paying and managing the **cost** of care, ensuring **access** to care, and creating and sustaining **quality** of care—has occurred over time. What ideologies and technologies have governed the values' allocations, and how have these shifted, if they have? How have their definitions changed? The health system does not exist in a vacuum, but rather shapes and is shaped by the larger political system.

The course flows from a general system overview down to specific aspects of the system and back out to major contemporary system-wide preoccupations. It is intended to provide you with a broad and yet analytically coherent conceptual framework upon which you can continue to build or, alternatively, against which you can construct your own health system critique.

I. Required Texts, Monographs and other readings:

Jervis, Robert. 1997. *System Effects: Complexity in Political and Social Life*. Princeton: Princeton University Press.

World Health Organization. 2000. *World Health Report 2000 – Health Systems: Improving Performance*. Geneva and New York: World Health Organization.

Skocpol, Theda. 1997. *Boomerang: Health Care Reform and The Turn Against Government (with a new Afterword)*. New York: W.W. Norton.

HPAA 220 Coursepack, 2004. *Required Readings*. Available at the Student Stores.

Other required readings are available on line; I include the appropriate hyperlink with the reading citation.

At the beginning of class, I will also distribute additional materials, as little bonuses, including ***Quality of Health Care in the United States: A Chartbook by Sheila Leatherman and Douglas McCarthy*** (2002; The Commonwealth Fund) and a copy of Leatherman S, Berwick DM, Iles D et al. 2003. "The Business Case for Quality: Case Studies and an Analysis." ***Health Affairs* 22(2): 17-30**. The UNC Program on Health Outcomes makes my provision of these materials to you possible.

II. Course objectives:

In this course, I look forward to our creation of what one scholar calls a "natural critical learning environment" – natural because I hope you will be taking on questions about the health system that you find inherently interesting and worthwhile; *critical* because we will be reasoning from the evidence, evaluating the quality of our reasoning, and sharpening our analytical approach (Bain, K, *Chronicle of Higher Education* April 9, 2004: B7-B9.) The topic, the American health care system and its politics and policy, may be new to you, but the lively spirit of critical inquiry will not be! Your completion of this course should confer certain areas of background understanding, knowledge, and analytical skills. The advantages I hope you will take from the course include but are not limited to

- a general understanding of the American political and policy making systems and processes;
- a general understanding of the influence of significant political, economic, contextual and historical influences on the shaping of the American health care system and the making of health policy;
- a general understanding of the broad components of the American health care system;
- an understanding of the meaning of *cost*, *quality* and *access* as organizing concepts for analyses of the health care system;
- a general understanding of the economics of the health care system (although detailed health care finance is beyond the scope of this course);
- a preparation, based on a firm understanding of the system's origins, behavior, and responses to its environment, for understanding future developments in the system of American health care, and a readiness to build on this foundation with more focused, detailed knowledge.

III. Course requirements:

A. Student and Instructor responsibilities

Students' acceptance of this syllabus constitutes an agreement on the part of each student to abide by the requirements described herein for participating in and completing this course. I, the instructor, agree to provide assistance and guidance as you work through the readings; direction and moderation of class discussions; any advice you may require on the completion of your assignments; prompt, thorough, and transparent evaluation of those assignments; and help with synthesizing the course information generally.

Your attendance in class meetings is, of course, required. Class sessions are group discussions; to be good discussions, they require collegiality, and assume a shared conceptual base. In other words, please complete the readings on each topic before that topic's class session occurs, and be prepared to engage in spirited but civil inquiry. The heaviness of the reading load varies somewhat from class to class; plan your time accordingly. I do also appreciate that much of the reading may be unlike the kind of literature you have been used to consulting in the recent past – if you will bear with me, you can expect rather quickly to get used to it – and maybe even to enjoy it!

The principles of academic honesty, integrity, and responsible citizenship govern the performance of all academic work and student conduct at the University as they have during the long life of this institution. Your acceptance of enrollment in the University presupposes a commitment to the principles embodied in the Code of Student Conduct and a respect for this most significant Carolina tradition. Your reward is the practice of these principles.

Your participation in this course comes with the expectation that your work will be completed in full observance of the Honor Code. Academic dishonesty in any form is unacceptable, because any breach in academic integrity,

however small, strikes destructively at the University's life and work. Academic dishonesty includes even unwitting failures to cite the work and/or ideas of others, for the failure to attribute credit to the originator of a piece of work is theft of intellectual property.

If you have any questions about your responsibility or the responsibility of faculty members under the Honor Code, please consult with someone either in the Office of the Student Attorney General (966-4084) or the Office of the Dean of Students (966-4041).

B. Assignments and methods of evaluation

The minimum course requirement for a grade of **PASS** is the completion of **3 (three)** short (5 to 10 pages excluding bibliography in 10-12 point font) critical essays on three course topics of your choice, **AND a revision of one of those essays – that is, you will rewrite and improve one of your 3 original essays, for a total of four submitted papers.** I will ask you to declare your choices at the beginning of the semester, and each of your papers will be due at the beginning of the class meeting DURING WHICH its topic will be discussed. I would advise you to have one copy of your essay to turn in to me, and notes on the topic for yourself, as you will be considered a discussion leader on the day the topic will be discussed. Essays are to be submitted on the day that their subject will be discussed. Late essays will be penalized 10% of the grade they would have earned had they been submitted on time. Should emergency, one's own illness or the illness of a loved one, or some other unforeseen circumstance cause you to be unable to complete your essay on time, you are encouraged to speak to me as soon as possible. I will handle these cases as they arise.

Students wishing to earn a **HIGH PASS** must complete each of the course requirements with distinction.

Simple completion of 3 essays and 1 revised essay **is not, alone, sufficient to guarantee a grade of pass.** Each essay must also be of high enough quality to merit a good evaluation, and students must also make a constructive contribution to class discussion, defined as coming to class prepared by having read that day's material and being capable of discussing and analyzing the material in a collegial spirit. Good essays are well-written expositions, with sophisticated and yet intelligible theoretical frameworks, strong analytical foci, a firm grounding in the literature, and an evident understanding of the context of the problem.

A word about the papers: these essays may be unlike most writing assignments you have had before! I am looking for analytical essays – articles in the journals *Health Affairs*, *Journal of Health Politics, Policy and Law* or *The Milbank Quarterly* may be helpful illustrations of the kinds of essays we write in this class, although you are not, of course, expected to write at such length or to produce original research findings! Do, however, note the approach. **Good writing is always important, but never more so than when one is attempting to convey new knowledge to others.** Good writing is not always highly valued, or perhaps even understood for the craft that it is, in the health sciences, so our unusually strong emphasis on it may be novel in your course experience. My preoccupation – some may say obsession – with good writing means that I will pay more attention to this aspect of your essays than you might have expected. I am an irremediable copy editor to boot.

I care greatly about the clear, correct and concise exposition of ideas and findings. I believe that poor writing hampers the entry of new ideas into the living stream of human knowledge, and makes it very difficult to move those ideas from one subspecialty of knowledge into the wider world. I also understand, though, that no one is born writing well. She becomes a fine writer the same way she gets to Carnegie Hall: practice, practice, practice! Or to put it in the words of one of our legendary Supreme Court Justices, Louis D. Brandeis: there is no good writing, only good rewriting. (Justice Brandeis is also renowned for having said, "The right to be left alone is the most comprehensive of rights." [Olmstead v U.S. (1928)]).

One needs to keep the rules of good writing fresh in one's mind, and one needs to cultivate one's ability to be one's own first and best editor. I invite you to join me in this most valuable enterprise by using your essays as opportunities to enhance your own writing skills. To that end, on the first day of class I will distribute the aforementioned "handy writing tips," an anonymous, humorous, an apt list of writing dos and don'ts, and a guide to writing resources; these are also available on the Program on Health Outcomes website at <http://www.sph.unc.edu/health-outcomes/education/certificate/corecourse/resources.htm>. I cannot urge you strongly enough to pay close attention to them – I frequently return to them myself!

Second, although I appreciate the beauties of procrastination as much as does anyone, I nonetheless strongly urge you to choose an early date for the submission of your first essay. This summer course is a brief but intense experience. I find that students who pace themselves steadily through the essays do better and learn more. Students who get a first essay in early, and then see my comments, can expect improvement in the ease with which they learn to tackle thorny analytical problems in an elegantly small space. I also promise to do everything in my power to return each essay to you during the class period immediately following that during which you submitted it, so that you can have my reactions and comments as soon as possible.

You may also find past examples of very successful student essays, published with the students' permission, at <http://www.sph.unc.edu/health-outcomes/education/certificate/corecourse/resources.htm>, listed under "Sample Student Essays." Please do review these essays as examples of what your own essays might look like!

IV. Grading System

You may earn a possible total of 100 points in this course. These are the course elements and their weights:

Each essay (described above):	0-20 points, depending on quality of essay
Class participation	0-20 points, depending on strength of contribution to discussion

Each of these elements will be summed to provide a final grade according to the following scale:

H:	90-100	P:	80-89
L:	70-79	F:	<69

...with the use of "+" and "-" to indicate gradations within the categories

V. Schedule of class meetings:

Th 7/1 Introduction: High-level Overview of Cost, Quality, and Access

Readings:

- Heffler, Stephen, Sheila Smith, Sean Keehan, M. Kent Clemens, Mark Zezz and Christopher Truffer. 2004. Health Spending Projections Through 2013. *Health Affairs-Web Exclusive 11 February 2004, W4-79 – W4-93*. Available on line at <http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.79v1.pdf> (last visited on 29 April 2004).
- McGlynn, Elizabeth A., Steven M. Asch, John Adams, Joan Keesey, Jennifer Hicks, Alison DeCristofaro and Eve A. Kerr. 2003. The Quality of Health Care Delivered to Adults in the United States. *The New England Journal of Medicine* 348(26): 2635-2645. Available on line at <http://content.nejm.org/cgi/reprint/348/26/2635.pdf> (last visited on 29 April 2004).
- Institute of Medicine. 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Committee on the Quality of Health Care in America. Washington: National Academy Press. Reading: Executive Summary, pp 1-22, available as pdf document at http://books.nap.edu/execsumm_pdf/10027.pdf (last visited on 29 April 2004).
- Institute of Medicine. 1993. *Access to Health Care in America*. Michael Millman, Editor. Committee on Monitoring Access to Personal Health Care Services in America. Reading: Executive Summary, pp 1-18, available as pdf document at http://books.nap.edu/execsumm_pdf/2009.pdf (last visited on 30 April 2004).

Suggested additional readings:

- Chassin, Mark R. 1998. Is Health Care Ready for Six Sigma Quality? *The Milbank Quarterly* 76(4): 565-591
- McGlynn, Elizabeth and Rober H. Brook. 2001. Keeping Quality on the Policy Agenda: How Many More People Have to Die Before We Accept that Quality is Everyone's Problem? *Health Affairs* 20 (May/June): 82-90.

T 7/6 Introduction: Path Dependence, or the Influence of Early Choices on the Health System

Readings:

- Jervis, Robert. 1997. *System Effects: Complexity in Political and Social Life*. Princeton: Princeton University Press. Chapters 1-2.
- Jacobs, Lawrence R. 1993. *The Health of Nations: Public Opinion and the Making of American and British Health Care Policy*. Chapter 3, pp39-56 (in coursepack).
- Hacker, Jacob S. 2002. *The Divided Welfare State: The Battle Over Public and Private Social Benefits in the United States*. Chapter 4, 191-220 (in coursepack).

Suggested additional reading:

- Starr, Paul. 1982. *The Social Transformation of American Medicine*. New York: Basic Books. Book One: Introduction and Chapter 1, pp 3-59 (in coursepack)

Th 7/8 Further Down the Path: the Establishment of Fundamental Pieces of the System

Readings:

- Starr, Book Two, Chapter One, pp 235-289 (in coursepack).
- Hacker, Jacob S. 2002. *The Divided Welfare State: The Battle Over Public and Private Social Benefits in the United States*. Chapter 5, pp 221-269 (in coursepack).
- Jacobs, Lawrence R. 1993. *The Health of Nations: Public Opinion and the Making of American and British Health Care Policy*. Conclusion, pp217-236 (in coursepack).
- HANDOUT on history and structural elements in the system, provided by STR.*

Suggested additional readings:

- Rosner, David and Gerald Markowitz. 2003. The struggle over employee benefits: the role of labor in influencing modern health policy. *The Milbank Quarterly* 81(1): 45-73.

T 7/13 The Shape of the Current System: A Public-Private Hybrid, Measured in Beliefs and Revenue Streams

Readings:

- Blendon, Robert J. and John M. Benson. 2001. Americans' views on health policy: a fifty-year historical perspective. *Health Affairs* 20(2): 33-46 (in coursepack).
- Woolhandler, Steffie and David U. Himmelstein. 2002. Paying for national health Insurance – and not getting it. *Health Affairs* 21(4): 88-98 (in coursepack).
- Bernstein, Amy R, Esther Hing, Catharine W. Burt and Margaret J. Hall. 2001. Trend data on medical encounters: tracking a moving target. *Health Affairs* 20(2): 58-72 (in coursepack).
- Iglehart, John K. 1999. The American health care system-expenditures. *The New England Journal of Medicine* 340(1): 70-76. Available on line at <http://content.nejm.org/cgi/reprint/340/1/70.pdf> (last visited on 3 May 2004). Note CORRECTION published in NEJM 340:576: "On page 71, the sentence that begins on line 2 of the left-hand column should have read, "The question is important because as employers steer their workers into insurance arrangements that employers select, very few *employers that offer insurance to their employees provide a choice of plans* (17 percent of *private employers* in the most recent estimate¹⁰)," not "very few *employees* (17 percent in the most recent estimate¹⁰) *have a choice of plans*," as printed. Also, on page 73, the sentence that begins on the first line of the left-hand column should have read, "By 2007, the agency projected that national health expenditures would total \$2.1 trillion," not "By 2002," as printed."

Iglehart, John K. 2003. The Dilemma of Medicaid. *The New England Journal of Medicine* 348(21):2140-2148. Available at <http://content.nejm.org/cgi/reprint/348/21/2140.pdf> (last visited on 29 April 2004). Note CORRECTION in 349(100), July 3rd, to wit: "On page 2143, line 11 of the left-hand column should have read 'from an estimated \$4.8 billion to \$21.0 billion,' rather than 'to \$210 billion,' as printed."

Rosenbaum, Sara. 2002. Medicaid. *The New England Journal of Medicine* 346(8): 635-640. Available on line at <http://content.nejm.org/cgi/reprint/346/8/635.pdf> (last visited on 30 April 2004).

Newacheck, Paul W, M. Jane Park, Claire D. Brindis, Michael Biehl and Charles E. Irwin. 2004. Trends in Private and Public Health Insurance for Adolescents. *JAMA* 291(10): 1231-1237. Available on line at <http://jama.ama-assn.org/cgi/reprint/291/10/1231.pdf> (last visited on 3 May 2004). (refer also to the handout distributed on 7/8).

Suggested additional readings:

Dubay, Lisa and Genevieve Kenney. 2004. Addressing Coverage Gaps for Low-Income Parents. *Health Affairs* 23(2): 225-234.

Kizer, Kenneth W. 1999. The "new VA": a national laboratory for health care quality management. *American Journal of Medical Quality* 14(1): 3-20.

Th 7/15 Riding the Tiger: Seeking Ways to Measure and Allocate Care

Readings:

Donabedian, Avedis. 1966. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly* 44 (July supplement, Part 2): 166-206 (in coursepack).

Roper, William L., William Winkenwerder, Glenn M. Hackbarth and Henry Krakauer. 1988. Effectiveness in health care: An initiative to evaluate and improve medical practice. *The New England Journal of Medicine* 319(18): 1197-1202 (in coursepack).

Jacobs, Lawrence, Theodore Marmor and Jonathan Oberlander. 1999. The Oregon Health Plan and the political paradox of rationing: what advocates and critics have claimed and what Oregon did. *Journal of Health Politics, Policy & Law* 24(1): 161-180 (in coursepack).

T 7/20 Case Study I: The Attempted Clinton Reforms

Reading:

Skocpol, Theda. 1997. *Boomerang: Health Care Reform and the Turn Against Government (with a new Afterword)*. New York: W.W. Norton & Company. Entire book.

Th 7/22 Contemporary Calls to Improve the System's Quality, Safety and Access

Readings:

Institute of Medicine. 2001. *Envisioning the National Health Care Quality Report*. Committee on the national Health Care Quality Report. Washington: National Academy Press. Reading: Executive Summary, pp1-18, available on line at http://books.nap.edu/execsumm_pdf/10073.pdf (last visited on 29 April 2004).

Institute of Medicine. 1999. *To Err is Human: Building a Safer Health System*. Washington: National Academy of Sciences. Executive Summary, pp1-14, available on line at http://books.nap.edu/execsumm_pdf/9728.pdf (last visited on 3 May 2004).

Leatherman, Sheila, Donald M. Berwick et al. 2003. The Business Case for Quality: Case Studies and an Analysis. *Health Affairs* 22(2): 17-30 (to be handed out) and see the accompanying individual business case companion studies at the Commonwealth Fund web site at <http://www.cmwf.org/publist/publist2.asp?CategoryID=3> (keep scrolling down)

Doty, Michelle M. and Alyssa Holmgren. 2004. Unequal Access: Insurance Instability Among Low—Income Adults and Minorities. Issue Brief #729. New York: The Commonwealth Fund. Available on line at http://www.cmwf.org/programs/minority/doty_unequalaccess_ib_729.pdf (last visited on 3 May 2004).

Suggested additional reading:

Davis, Karen, Cathy Schoen, Stephen C. Schoenbaum, Anne-Marie J. Audet, Michelle M. Doty, and Katie Tenney. 2004. *Mirror, Mirror On The Wall: Looking At The Quality Of American Health Care Through The Patient's Lens*. The Commonwealth Fund, report number 683. Also available on line at http://www.cmwf.org/programs/international/davis_mirrormirror_683.pdf (last visited on 3 May 2004).

Additionally:

Visit the Leapfrog Group's web site and examine its patient safety report at <http://www.leapfroggroup.org/PressEvent/birkmeyer.pdf> – this is a bold attempt by a powerful group of purchasers to compel greater safety – so bold, in fact, that they have recently agreed to weaken their safety standards. This site last visited for this syllabus on 28 April 2003.

T 7/27 *Managing Care: Is It Possible, Given the Difficulty of Understanding Demand, and the Context of Our System's Dynamics?*

Readings:

Berk, Marc L. and Alan C. Monheit. 2001. The concentration of health care expenditures, revisited. *Health Affairs* 20(2): 9-18 (in coursepack).

Robinson James C. 2003. The Curious Conversion of Empire Blue Cross: In New York, It's All Politics, All the Time. *Health Affairs* 22(4): 100-118. (in coursepack).

Robinson James C. 2004. Reinvention of Health Insurance in the Consumer Era. *JAMA* 291(15): 1880-1886. Available on line at <http://jama.ama-assn.org/cgi/reprint/291/15/1880.pdf> (last visited on 29 April 2004).

Kuttner, Robert. 1998. Must good HMOs go bad? First of two parts: the commercialization of prepaid group health care. *New England Journal of Medicine* 338(22): 1558-1563. Available on line at <http://content.nejm.org/cgi/reprint/338/21/1558.pdf> (last visited on 3 May 2004).

Kuttner, Robert. 1998. Must good HMOs go bad? Second of two parts: the search for checks and balances. *New England Journal of Medicine* 338(22): 1635-1639. Available on line at <http://content.nejm.org/cgi/reprint/338/22/1635.pdf> (last visited on 3 May 2004).

Suggested additional readings:

Iglehart, John K. 1999. The American health care system-medicare. *The New England Journal of Medicine* 340(4): 317-332.

Iglehart, John K. 1999. The American health care system-medicaid. *The New England Journal of Medicine* 340(5): 403-408.

Th 7/29 National Systems of Care: The US in Global Perspective

Readings:

- World Health Organization. 2000. *World Health 2000 Health Systems: Improving Performance*. Geneva: World Health Organization (absorb as much as you can; make sure you understand the variables they have developed and their central arguments!)
- Blendon, Robert J., Minah Kim and John M. Benson. 2001. The public versus the World Health Organization on health system performance. *Health Affairs* 20(3): 10-20 (in coursepack).

T 8/3 Case Study II: Medicare Reform

Readings:

- Oberlander, Jonathan. 2003. *The Political Life of Medicare*. Chicago: University of Chicago Press. Readings: Chapter 5, The State Rises: The Politics of Regulation; and Chapter Seven, The New Politics of Medicare (in coursepack).
- Iglehart John K. 2004. The New Medicare Prescription Drug Benefit: A Pure Power Play. *New England Journal of Medicine* 350(8): 826-833. Available at <http://content.nejm.org/cgi/reprint/350/8/826.pdf> (last visited for this syllabus on 29 April 2004).
- Reinhardt, Uwe E. 2003. Does the Aging of the Population Really Drive the Demand for Health Care? *Health Affairs* 22(6): 27-39 (in coursepack).

Additionally:

Handouts on organization of Medicare. Also see <http://www.cms.hhs.gov/medicare/>.

Th 8/5 Conclusion: The Market is in a Political Marketplace

Readings:

- Oberlander, Jonathan. 2003. The Politics of Health Reform: Why Do Bad Things Happen to Good Plans? *Health Affairs Web Exclusives* 27 August 2003, W3-391 – W3-404. Available on line at <http://content.healthaffairs.org/cgi/reprint/hlthaff.w3.391v1.pdf> (last visited for this syllabus on 29 April 2004).
- Nichols Len M, Paul B. Ginsburg, Robert A. Berenson, Jon Christianson and Robert E. Hurley. 2004. Are Market Systems Strong Enough to Deliver Efficient Health Care Systems? Confidence is Waning. *Health Affairs* 23(2): 8-21 (in coursepack).

...and a surprise additional reading handed out in advance...

Suggested additional reading:

- Schlesinger, Mark. 2002. On values and democratic policy making: the deceptively fragile consensus around market-oriented medical care. *Journal of Health Politics, Policy and Law* 27(6): 889-925.

**FRI 8/13 Your Attendance Requested at the Program on Health Outcomes'
Pfizer Summer Outcomes Day:
"Too Much of a Good Thing? Overuse and Outcomes"**

2301 McGavran-Greenberg, 9:00am - 2:00pm, with lunch included. The PHO's Annual Summer Outcomes Day this year takes on the topic of when *overuse* is a problem – and about how we know it is, indeed, "overuse."