

PUBH 600
Introduction to the U.S. Health System

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1305 McGavran-Greenberg

Fall 2011
24 August – 7 December
Wednesdays, 3:00pm – 5:50pm

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Mobile: 919-360-3882 (but email is always the best way to reach me)
Office: 039 MacNider; I am also in the TraCS Institute, 218 Brinkhous Bullitt, on Mondays and Tuesdays. I am always delighted to schedule an appointment with you.

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 shaped by and dependent on 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, especially current reform efforts. 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 unique critique of the health system.

I. Required Texts, Monographs and Other Readings:

Birkland, Thomas A. 2010. *An Introduction to the Policy Process*, 3rd Ed. Armonk, NY: M.E. Sharpe.
World Health Organization. 2000. *World Health Report 2000 – Health Systems: Improving Performance*. Geneva and New York: World Health Organization. Download report and other materials from the 4 August page in the course BlackBoard site
Skocpol, Theda. 1997. *Boomerang: Health Care Reform and The Turn Against Government (with a new Afterword)*. New York: W.W. Norton.

Other required readings and resources are available on the course's Blackboard site.

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 and the style of doing our work 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 you may 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; and
- an ability to put all this to work to create a better understanding of health reform.

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 and faithful 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); the Honor Code website is <http://honor.unc.edu>,

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 11 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 course, 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 expected to help shape the discussion on the days one of your topics will be discussed. I will penalize late essays 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.

Please note: **ONE of your three essays needs to consider the policy leadership required to effect change.** In this essay, you must explicitly consider the politics of changing health policy and practice; given any particular reform you wish to see adopted, what would the policy entrepreneur leading the change effort need to consider, and to do, to make change happen?

In your OTHER TWO ESSAYS, even though you are not explicitly trying to consider leadership, you may still find it helpful, as have so many past students, to pretend you are the Chief White House Health Advisor; your essays need to illuminate the issue for the President him- (or her)self. They need to be at a fairly high level – a good analytical overview -- but they must also be detailed enough that they can serve as the President's guide to the issue.

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 and well-constructed 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* of *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.

First, on writing: 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 alledged words od Justice Brandeis, "there is no good writing, only good rewriting."

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 emphasize the the tools in the "Writing Resources" section of the course's Blackboard site.

Second, on timely planning: 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 comments as soon as possible.

You may also find past examples of very successful student essays, published with the students' permission, on the course's Blackboard site, in the "Writing Resources" section. Please do review these essays as examples of what your own essays might look like! Students tell me that these are of great help. Please also pay careful attention to ALL the documents in the "Writing Resources" section of the course's Blackboard site – I will be evaluating the essays on the assumption that you are using these writing tools.

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

V. Schedule of class meetings:

W 8/24 Introduction: High-level overview and path dependence

Readings:

Synthesis of Jervis, Robert. 1997. *System Effects: Complexity in Political and Social Life*. Princeton: Princeton University Press. Chapters 1-2. Precis prepared by STR and made available on course blackboard site

Sisko AM, Truffer CJ, Keehan SP, Poisal JA, Clemens MK, Madison AJ and the health expenditures projections team. 2010. National health spending projections: the estimated impact of reform through 2019. *Health Affairs* 29(10): 1933-41.

Pubmed location: <http://www.ncbi.nlm.nih.gov/pubmed/20829295>

Correction: <http://content.healthaffairs.org.libproxy.lib.unc.edu/content/29/11/2128.2.full>

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.

Jacobs, Lawrence R. 1993. *The Health of Nations: Public Opinion and the Making of American and British Health Care Policy*. Chapter 3, pp39-56.

Suggested additional readings:

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

Chassin, Mark R. 1998. Is Health Care Ready for Six Sigma Quality? *The Milbank Quarterly* 76(4): 565-59

W 8/31 NO CLASS TODAY: I am at a meeting in Seattle

W 9/7 Describing the evolution of the US system

NB: PAPER SUBMISSION DATES DUE TODAY!

Readings:

Hacker, Jacob S. 1998. The historical logic of national health insurance: structure and sequence in the development of British, Canadian, and U.S. medical policy. *Studies in American Political Development* 12(Spring): 57-130.

Maioni, Antonia. 1995. Nothing succeeds like the right kind of failure: postwar National Health Insurance in Canada and the United States. *JHPPL* 20(1): 5-30.

Immergut E. 1990. Institutions, veto points, and policy results: a comparative analysis of health care. *Journal of Public Policy* 10(4): 391-416.

HANDOUT on history and structural elements in the system, posted on Blackboard by STR.

W 9/14 The history of the paradigms of quality, safety and access

Readings:

- Donabedian, Avedis. 1966. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly* 44 (July supplement, Part 2): 166-206.
- 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.
- 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, Free [downloadable] Executive Summary available on the course BlackBoard site.
- Institute of Medicine. 2001. *Envisioning the National Health Care Quality Report*. Committee on the national Health Care Quality Report. Washington: National Academy Press. Executive Summary, pp1-18, Free [downloadable] Executive Summary available on the course BlackBoard site.
- Institute of Medicine. 1999. *To Err is Human: Building a Safer Health System*. Washington: National Academy of Sciences. Executive Summary, pp1-14, Free [downloadable] Executive Summary available on the course BlackBoard site.
- 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. Executive Summary, pp 1-22, Free [downloadable] Executive Summary available on the course BlackBoard site.

W 9/21 Make-up for 12 July: What is public opinion anyway? An introduction to attitudes, opinions, their measurement, and their influence on policy in democracies

Blendon, Robert J. and John M, Benson. 2001. Americans' views on health policy: a fifty-year historical perspective. *Health Affairs* 20(2): 33-46.

Handouts on theories and measurement of public opinion prepared by STR and posted on BlackBoard site

**Ws 9/28 – 10/5 Introduction to Public Policy, I and II
TWO classes on this subject**

Readings (start with Birkland, then move to Heaney, Peterson, and Stone):

Birkland, Thomas A. 2010. *An Introduction to the Policy Process*, 3rd Edition. Armonk NY: M.E. Sharpe. I require the first three and last two chapters, but I urge you to read much more if you can!

Heaney, Michael T. 2006. Brokering health policy: coalitions, parties, and interest group influence. *Journal of Health Politics, Policy, and Law* 31(5): 887-944.

Peterson, Mark A. 2001. From trust to political power: interest groups, public choice, and health care. *Journal of Health Politics, Policy and Law* 26(5):1145–1164.

Stone, Deborah. 1999. Managed care and the second great transformation. *Journal of Health Politics, Policy and Law* 24(5):1213–1218.

other resources on the course BlackBoard site.

Very strongly suggested additional reading:

Stone, Deborah A. 2001. *Policy Paradox: The Art of Political Decision-making*, 3rd Edition. New York: W. W. Norton.

W 10/12 The “Failed” Clinton Reform

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.**

**W 10/19 What Might be Unfolding Now: Introduction to the Affordable Care Act
CLASS ENDS AT 5:00PM today for Fall Break**

See various news items and resources on the course BlackBoard site.

Reading:

Tolleson-Rinehart S and Peterson MA. 2011. Introduction: The Contemporary Politics of Health System Reform. In Tolleson-Rinehart, S. and M.A. Peterson, eds. 2011. *Health Politics and Policy: SAGE Library of Political Science Four-volume master work*. London and Beverly Hills: Sage, *Volume Four: The Contemporary Politics of Health System Reform..* Pp vii-xiv.

W 10/26 Managing care and delivering quality: 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.

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.

Landon BE, Reschovsky JD, Pham HH, Kitsantas P, Wojtuskiak J, Hadley J. Creating a parsimonious typology of physician financial incentives. *Health Serv Outcomes Res Methodol.* 2009;9(4):213-233

Suggested Additional Reading:

- Bodenheimer Thomas. 2005a. High and rising health care costs. Part 1: seeking an explanation. *Ann Intern Med.* May 17;142(10):847-54.
- Bodenheimer Thomas. 2005b. High and rising health care costs. Part 2: technologic innovation. *Ann Intern Med.* Jun 7;142(11):932-7.
- Bodenheimer Thomas. 2005c. High and rising health care costs. Part 3: the role of health care providers. *Ann Intern Med.* Jun 21;142(12 Pt 1):996-1002
- Bodenheimer Thomas and Alicia Fernandez. 2005. High and rising health care costs. Part 4: can costs be controlled while preserving quality? *Ann Intern Med.* Jul 5;143(1):26-31

W 11/2 The U.S. in a global perspective

Readings:

- World Health Organization. 2000. *World Health 2000 Health Systems: Improving Performance.* Geneva: World Health Organization – electronic version available on BlackBoard site (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.
- Tolleson-Rinehart S and Peterson MA. 2011. Introduction: Health Systems in International Perspective. In Tolleson-Rinehart, S. and M.A. Peterson, eds. 2011. *Health Politics and Policy: SAGE Library of Political Science Four-volume master work.* London and Beverly Hills: Sage, *Volume Three: Health Systems in Comparative Perspective.* Pp vii-xv.

**Ws 11/9 – 11/16 Medicare I and II
TWO classes on this topic**

Start with the establishment of the system, then go to recent changes and prospects for reform.

Readings:

- Vladeck, Bruce C. 1999. The political economy of Medicare. *Health Affairs* 18(1): 22-36.
- Oliver, Thomas R, Philip R. Lee and HL Lipton. 2004. A political history of Medicare and prescription drug coverage. *The Milbank Quarterly* 82(2): 283-354.
- Blumenthal D, Morone J.. The lessons of success--revisiting the Medicare story. *N Engl J Med.* 2008 Nov 27;359(22):2384-9

See a wide variety of tools, reports, and descriptions on the course BlackBoard site.

W 11/23 THANKSGIVING HOLIDAY

W 11/30 Medicaid, SCHIP...the Safety Net

Readings:

Spivey, Michael and Kellermann Arthur L. 2009. Rescuing the safety net.. *The New England Journal of Medicine* 360(25): 2598-2601.

And see a wide variety of resources on the course BlackBoard site.

W 12/7 Reform redux: ACOs, other system changes, and what the future might be.

See all the recent resources on ACOs, and return to the text of the Affordable Care Act.

Last day of class! We will have home-baked treats.