This course will examine a variety of policy issues in the organization and financing of health care. We will be spending a fair amount of time on the conceptual underpinnings of national health reform and trying to see if we think it has a chance of working.

Prerequisites

This course assumes an introductory course in microeconomics, such as PAD 503 or HPM 511, and an introductory course in statistics, such as PAD 505. It is also assumed that students are generally familiar with the organization and financing of the health care system and the basics of Medicaid, Medicare, and managed care, roughly equivalent to HPM 500, either through coursework or work experience.

Requirements and Format

I intend this course to be a collegial exercise in which you talk at least as much as I do. To this end, I would like to more or less dispense with lectures, save for the more technically complex topics where there may be some disparity in backgrounds that needs redressing, and run things as a seminar. To aid in this objective, each student will prepare a one-page paper every other week which identifies and critiques one important substantive issue in the reading for the week. These papers, which will be used to structure class discussion, will be due by noon on Tuesdays before class as e-mail attachments. There will be a penalty for late papers. You should feel free to challenge the arguments made by authors, identify areas where you think their evidence is weak or their reasoning nonsensical, outline an alternative perspective, or indicate who you think has the better of a particular exchange and why. These papers will be graded on a plus/check/minus basis.

In addition to these exercises, there will be a take home final exam and a group presentation on a major aspect of the national health reform plan and related reform. These presentations will require you to describe the problem your particular feature was
intended to solve, assess the likelihood that it will in fact have the intended effect, and examine the issues that are likely to arise in implementation. I will be discussing these presentations in more detail in an early class. The last class period will be reserved for these presentations. Grades will be assigned on the basis of forty percent for weekly papers and participation and thirty percent each for the final and presentations.

Books, etc.
There are no assigned texts. In the interests of trying to keep your textbook costs down, I have decided to assign things that are readily available online, either through electronic subscription at the University Library or on the Web sites of the publishing institutions. In addition, I will distribute interesting things via e-mail from such sources as The Wall Street Journal and The New York Times as they cross my desk. Another good source of media coverage on health care is The Kaiser Health News “Morning Briefing”, which I will be forwarding with a recommendation that you sign up. Health care is still a significant political issue, so there should be a fair amount of discussion in the press about a variety of issues that we will be examining over the course of the semester.

While there aren’t any assigned texts, there are several books that I would strongly suggest that you pick up and take a look at. All are well-written, not quantitative, and will give you a good feel for the day-to-day operations of the health care system. They both provide a lot of examples of theories and models that we will be coming back to repeatedly over the course of the semester or get into ethical and programmatic issues in more detail than we can in class. One I would particularly recommend is Hospital, by Julie Salamon, which is a report on Maimonides Hospital in Brooklyn that pays a lot of attention to how the hospital is managed and how executives maneuver in the crowded New York City health care market. The second is Better, by Atul Gawande, which is an review of a number of different quality improvement efforts. A third book is How Doctors Think, by Jerome Groopman, which describes a lot of the huge literature on physician decision making. Fourth is a recent book called The Confessions of a Surgeon by Paul Ruggieri..

Topics and Readings (all required)
August 30--Introduction and Housekeeping

September 6--Is or should health care be a market good? Pt I–Consumers


(If you’re unclear about Arrow after reading, try the explanation by Uwe Reinhardt in “Health Care, Uncertainty and Morality” in the Economix blog on the New York Times website for August 13, 2010.)

Thomas Buchmueller and Paul Feldstein, "Consumers' Sensitivity to Health Plan Premiums" Health Affairs (1996)

Melinda Beeuwkes Buntin, Cheryl Damberg, Amelia Haviland, Kanika Kapur, Nicole Lurie, Roland McDevitt, and M. Susan Marquis "Consumer-Directed Health Care: Early Evidence About Effects On Cost And Quality" Health Affairs, November/December 2006; 25(6): w516-w530

Kristen Carmen et al “Evidence that Customers are Skeptical About Evidence Based Health Care” Health Affairs (June 3, 2010)


Archie Bleyer and Gilbert Welsh, “Effects of Three Decades of Screening Mammography on Breast Cancer Incidence” New England Journal of Medicine (November 22, 2012); OR
Eveline Heijnsdijk et al “Quality of Life Effects of Prostate Specific Antigen Screening” New England Journal of Medicine (August 16, 2012)

Gina Kolata, “Decades of Data Fail to Resolve Debate on Treating Tiny Breast Lesions” New York Times (August 21, 2015)—Find abstract for original article in JAMA Oncology


Recommended: Gayle Salik Pink Ribbon Blues

September 13/20–Is Medical Care a Market Good? Pt. II–Providers

Uwe Reinhardt and Arnold Relman, "Debating For-Profit Health Care and the Ethics of Physicians" Health Affairs (1986)


David Lee and Frank Levy, “The Sharp Slowdown in Growth of Medical Imaging” Health Affairs (July 2012)

Atul Gawande “Cowboys and Pit Crews” New Yorker News Desk Blog (May 26, 2011)

Lena Sun, “Hospitals Courting Primary Care Docs” Washington Post (June 20, 2011)


Recommended: Julie Salamon, Hospital (entire)
Jerome Groopman How Doctors Think
Paul Ruggieri Confessions of a Surgeon --a sample can be found in “Secrets of the Operating Room” Wall Street Journal (December 31, 2011)

September 27 --What Makes Health Care Costs Grow?


Annette Gelijns and Nathan Rosenberg, "The Dynamics of Technological Change in Medicine" Health Affairs (1994)


Michelle Mello and Troyen Brennan “The Controversy Over High Dose
Chemotherapy with Autologous Marrow Transplant for Breast Cancer” Health Affairs (2001)

GF Anderson et al “It’s the Prices, Stupid: Why the United States is so Different From Other Countries” Health Affairs (2003)


Recommended: If you can find one (it’s out of print), pick up a copy of Serious and Unstable Condition by Henry Aaron. It dates from the last time we tried to do health reform, but its diagnosis of why health care costs continue to rise is spot-on. Expect to hear about it in class.

October 4—Health Insurance—What is it, why don’t people have it and will health reform fix it?


Kaiser Commission on Medicaid and Uninsured “The Uninsured: A Primer” (October 2009)


Health Affairs Health Policy Brief, “Examining The Future Direction Of The Pre-Existing Condition Insurance Plan Program” (August 2010)—also on website of Robert Wood Johnson Foundation
Timothy Stotzfus Jost Health Insurance Exchanges and the Affordable Care Act: Key Policy Issues (Commonwealth Fund, 2010)

Margot Sanger Katz “No, Giving More People Health Insurance Doesn’t Save Money” New York Times (August 5, 2015)—Click through to CMS annual report

October 18 –No class; Yom Kippur

Regulation as the Europeans do it (or, do either Michael Moore or Mitch McConnell have a clue?)

Everyone will be assigned to read one of following case studies:

Health Systems in Transitions reports from European Observatory:

--Canada
--United Kingdom--England
--Germany
--France
---Italy

Links to country studies are on-line at http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits/full-list-of-country-hits

October 25/ November 1--Regulation as We Do it: From Rate Setting to Death Panels

Medicare Payment Advisory Commission: Medicare payment basics
  a. in-patient hospital
  b. doctors--


James Robinson "Hospitals Both Cut Costs and Cost Shift in Response to Medicare" Health Affairs (July 2011)


Atul Gawande “Letting Go” New Yorker (August 2, 2010)

Thomas Smith and Bruce Hilner “Bending the Cost Curve in Cancer Care” New England Journal of Medicine (May 26, 2011)


Pam Belluck “Benefit of End-Stage Chemotherapy is Questioned” New York Times (July 23, 2015)—Click through to article in JAMA Oncology

Recommended: Atul Gawande, Being Mortal

Henry Marsh, Do No Harm: Stories of Life, Death, and Brain Surgery

November 8–The Organization of Care – Developments in Technology, Organization and Politics


James C. Robinson and Jill M. Yegian, “Medical Management After Managed Care”, Health Affairs Web Exclusive, May 19, 2004


James Robinson, “Managed Consumerism in Health Care” Health Affairs (November/December 2005)

“Accountable Care Organizations”Health Affairs Health Policy Brief (July 27, 2010)
Also available on Website of Robert Wood Johnson Foundation

Daniel Fields et al “Driving Quality Gains and Cost Savings through Adoption of Medical Homes” Health Affairs, (May 2010)

Lawrence C. Baker et al, “Vertical Integration: Hospital Ownership of Physician Practices is Associated With Higher Prices and Spending” Health Affairs (May 2014)
November 15 - Quality of Care–Is There a Quality Chasm?

Institute of Medicine Crossing the Quality Chasm: A New Health Care System for the 21st Century Executive Summary


Commonwealth Fund “Rising to the Challenge:Results from a Scorecard on Local Health System Performance, 2012—Executive Summary”


“Medicare Star Ratings Allow Nursing Homes to Game the System” New York Times (August 24, 2014)


Gina Kolata “A Sea Change in Treating Heart Attacks” New York Times (June 19, 2015)—click through to papers in New England Journal of Medicine

Recommended: Atul Gawande Better, entire
Atul Gawande, The Checklist Manifesto

November 22—The Future of Health Reform—Reducing Regional Disparities in Spending?

Atul Gawande “The Cost Conundrum” New Yorker June 1, 2009


William Marder, et al, “Geographic Variation in Spending and Utilization among the Commercially Insured” (Thomson Reuters 2011)—should be on-line.

November 29 --Medicaid and State Health Policy

Kaiser Commission on Medicaid and the Uninsured Medicaid: A Primer (2010)

Alan Weil, “There’s Something About Medicaid” Health Affairs (2003)

Todd Gilmer and Richard Kronick “Volume and Prices Drive Big Variations in Medicaid Spending” Health Affairs (July 2011)


Recommended: The National Bureau of Economic Research is sponsoring a wide range of analyses of the Oregon Health Insurance Experiment. The full range of results from these analyses are reported at www.nber.org/oregon/ You might also want to look at an old opinion piece of mine “Medicaid Helps—In Oregon, Anyway” http://www.rockinst.org/observations/fossettj/2011-07-Medicaid_helps_in_Oregon.aspx

December 6 --Long Term and Institutional Care-

Richard Johnson” The Strains and Drains of Long Term Care” (Urban Institute website)

Kenneth Manton, “Recent Declines in Chronic Disability in the Elderly U.S. Population: Risk Factors and Future Dynamics” Annual Review of Public Health (April,
Charles Brecher and James Knickman, "A Reconsideration of Long Term Care Policy" JHPPL (1985)


Brenda Spillman, et al “Beyond Cash and Counseling: The Second Generation of Individual Budget-based Community Long Term Care Programs for the Elderly” (Kaiser Commission on Medicaid and the Uninsured, 2007)


December 13–Reading Day; but would like to schedule presentations; distribute final exam by e-mail.

December 20—Scheduled Final; could also move presentations to this date.