

## **PADM 561 Health Policy and Management**

Fall semester, 2013

Classroom: Dane Smith Hall 132

Home phone: 505.796.4892 (before 8pm)

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Instructor: Kun Huang, Ph.D.

Wednesday 4 pm-6:30 pm

Office phone: 505.277.7757

Office hours: Wednesday 1-3pm or by appointment

### Course Description

This course will examine many of the critical issues currently facing health care managers and policy makers. Key areas of discussion for this course will be: a) structure, financing and delivery of health services in the US, b) how health care organizations and systems have been organized and managed and how they might be organized and managed more effectively in terms of better quality and reduced medical errors, c) social determinants of health, d) safety net providers, e) rural health, f) vulnerable populations and minority health, g) health information technology, and h) health reform and change management. Most of the material covered is drawn from recent journal articles in health policy, medicine, public health, and management. The course will involve lectures, readings, guest speakers, student presentations, and discussion. Videos will be extensively used in relevant classes to stimulate discussion.

### Course Objectives

By the end of this course, the successful student will be able to:

1. develop a solid understanding of the primary characteristics of the US health care system
2. understand the complex challenges faced by major public health program (Medicaid and Medicare) and different options to address those challenges.
3. understand the relationship between social determinants of health and vulnerable population.
4. understand the complex relationship between cost, access, and quality and how to effectively balance the three outcomes in health care
5. understand how health disparities disproportionately affect minority and rural population and be able to generate policy recommendations based on sound analysis.
6. understand the change that will be entailed by the recently passed Affordable Care Act and use proper leadership skills to lead change.
7. work effectively in a group

### Assignments and Grading

There are several mechanisms for determining student performance. First, you will be required to write 2 short papers (2-3 pages, double spaced using 12 pitch type and one-inch margins). These papers will be short “think pieces,” pulling together the main ideas put forth by the authors of the readings assigned for that week’s session and developing your own insights and commentary. In the papers, you must explicitly draw on and

reference most, but not necessarily all the readings assigned for that session (you do have to read everything, however). I have placed asterisks in front of the readings I definitely want you to refer to in your papers – the others are up to you, but you must refer to at least one of them if two or more have no asterisks. The papers are not supposed to be a mere summary of the readings. Your grade will be based on your capacity to integrate the ideas of others and to put forth your own thinking on the general topic for that week. **One way to do that is to briefly summarize a point expressed in an article or articles and state “ I do not agree with the authors’ point because...” or “ There are things that the article fails to account for. For example, ...”** Since the papers are so short, you will need to be sure your words are carefully chosen and edited. I do not need to see a list of references/bibliography, but you will need to cite each author(s) you refer to in the text of your paper using the last name of the author(s) and date published. Where there are more than two authors for a particular reading, cite the reading as follows: (Provan et al., 1995).

There will be 3 sessions for which a short paper can be turned in (noted on the schedule of assignments). You must turn in 2 of these papers, and the paper will be due on the class session covering that topic area. You can choose which 2 out of 3 sessions you want to write about. If you turn in more than 2 papers, I will count only the 2 papers with the highest grades.

**The second assignment will be UNM reading discussion postings.** This assignment is designed to provide structure and discipline to your interactions with readings assigned for the course. You will get more out of the process by taking notes while reading and by reflecting on the core message(s) of each reading afterward. You will also be better prepared to contribute to class discussions through clarifying and probing questions and sharing your interpretation of readings.

Prepare 2-3 paragraphs considering issues, factors and/or questions raised by 1-2 of the assigned readings for **4 of the 6 weeks a reflection is assigned** (see weekly assignments in the syllabus for dates and topics). You should give careful attention to all of the readings, but this assignment only requires you to address 1-2 readings. **DO NOT USE** Newspaper articles as your seed reading, only use Academic Journal articles. **Reflect on major themes of the readings, note points that you do not understand, and consider what the reading means for New Mexico health care managers and/or policymakers.**

Post your reflection to the corresponding [UNM Learn](#) discussion string by midnight the Tuesday before the class meeting for which it was assigned. Reflection posts will earn full credit, no credit or partial credit depending upon the extent to which requirements are met. You are encouraged but not required to further online discussion by commenting upon your colleague’s postings.

The third assignment will be a team research presentation (powerpoint, 10-20 minutes). You will partner with another student in working on this presentation. You will conduct research in your choice of a specific area of health policy and management (which should

be relevant to the weekly themes of the class) and present your research to the class. The research presentation should include, but not limited to: the problem/situation, your recommendations, analysis that show support for your recommendation, other options not recommended and why not, and costs/risks associated with your recommendations. At least 8 outside refereed journal/newspaper articles should be cited in the presentation. You will need instructor approval on the topic before you do your research.

The last assignment will be to write a somewhat longer paper (5 or 6 pages) on your vision of what the relatively near-term future (5 years or so) holds and what you recommend, regarding some aspect of health care organization, management, or policy covered in the course. This paper is due on **Dec 12th 5pm (for distance site students, turn them in on UNM Learn)**. As usual, you must integrate the ideas of others (from the readings) with your own ideas. This time, however, in addition to the readings assigned for the class, you should also draw on outside materials to build support for your analysis. You are required to cite at least seven other outside articles in your analysis. Five of these readings should be a scholarly source (published in or after 2005 in leading healthcare journals, such as Health Affairs, The New England Journal of Medicine, Lancet, American Journal of Public Health, Social Science and Medicine, Journal of the American Medical Association, and Health Care Management Review). You may also select one reading from a practitioner-oriented journal (Harvard Business Review, the McKinsey Quarterly, Governing magazine, et al). It is important that you do not simply speculate about the future, but instead, ground your thinking in what you have learned from the course.

Participation of students in class discussions is strongly encouraged, and will count toward 15% of the final grade. Thoughtful comments based on the readings assigned for that day are especially welcome. Since so much of the course is based on the lectures and discussion, all students are expected to attend class regularly. Attendance will be taken and the final course grade will be lowered in proportion to classes missed (2 points off your participation grade per missed class, starting with the second missed class).

### Grading Summary

1. Short “think piece” papers (2 papers at 10% each)	20%
2. UNM Learn discussion posting (5 posting, 4% each)	20%
3. Paper on issues for the future of health care	30%
4. Team Research presentation	15%
5. Class participation	<u>15%</u>
	100%

**All main campus students should turn in hard copies of their course assignments in class. Distance site students will turn in electronic copies of their course assignments before class.**

I will assign grades for points earned during the class according to the following scale:

A+ 97 and above A 93-96 A- 90-92

B+ 87-89, B 83-86, B- 80-82

C+ 77-79, C 73-76, C- 70-72  
D+ 67-69, D 63-66, D- 60-62  
F 59 points and below

\* Your class participation grade will be based on my opinion of the quality and quantity of your participation in class discussions concerning the lecture material, the readings, and online(when I set up the discussion questions on UNM Learn). Attendance obviously matters in this regard (if you aren't here, you certainly can't participate), but mere attendance does not substitute for lack of participation in discussions.

### Aug 21 **Course Introduction**

#### Aug 28 **Overview of US Health System**

1. B.G. , Laboissiere, M., & Mendonca, L. 2009. How health care costs contribute to income disparity in the US. McKinsey Global Institute. March.
2. Fuchs, V.R. 2012. Major trends in the U.S. health economy since 1950. The New England Journal of Medicine. March 15 366(11), 973-977.
3. Jones, D.S. et al. 2012. The burden of disease and the changing role of medicine. The New England Journal of Medicine. June 21 366(25), 2333-2338.
4. Kovner, A.R. & Knickman, J. 2011. The Current U.S. Health Care System. Chapters 1 , 2, 3 in Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States. pp. 3-23. New York: Springer Publishing Company.
5. Annas, G.J. 2012. Doctors, patients, and lawyers—two centuries of health law. The New England Journal of Medicine. 367(5): 445-450.
6. Video: 2009 PBS Frontline Sick Around America.

#### 9/4 **The Profit Motive and the Corporation of Health Care**

1. \* Angell, M. 2011. The illusions of psychiatry. The New York Review of Books. July 14.
2. \*Goldstein L., and Nelson, J. 2012. New forces driving rise in not-for-profit hospital consolidation. Moody's Investors Service. March 8.
3. \*Himmelstein, D. et al. 2009. Medical bankruptcy in the United States, 2007: results of a national study. The American Journal of Medicine, 122(8), 741-746.
4. Mathews A.W., & Miller, J.M. 2012. Healthcare rivals battle for patients in Pittsburgh. The Wall Street Journal. Mar 27.
5. Sack, K. 2011. Nuns, a dying breed, fade from leadership roles at Catholic hospitals. The New York Times, Aug 20<sup>th</sup>.
6. \* Chapters 9 and 10 in Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States. pp. 3-23. New York: Springer Publishing Company.\*Young, G.J. et al. 2013. Provision of community benefits by tax-exempt US hospitals. The New England Journal of Medicine. 368(16): 1519-1527. Video: 2009 PBS Frontline Sick Around the World.  
**UNM Learn Discussion Posting due.**

#### 09/11 **Social Determinants of Health**

1. \* Epstein, H. 2003. Ghetto miasma: Enough to make you sick? The New York Times, Oct 12.
  2. \*Guorais, E. 2010. Networked. Harvard Magazine. May/June, 44-50.
  3. \* Lustig, R.H. et al. 2012. The toxic truth about sugar. Nature, Feb 2, 482, 27-29.
  4. \*Mechanic D. & Tanner, J. 2007. Vulnerable people, groups and populations: Societal view. Health Affairs, (Sep/Oct) 26(5), 1220-1230.
  5. \*Lantz, P. M. Lichtenstein, R.L. & Pollack, H.A. 2007. Health policy approaches to population health: The limits of medicalization. Health Affairs, (Sep/Oct) 26(5), 1253-1257
  6. Orleans, C. T. & Cassidy, E.F. 2011. Health and behavior. Chapter 7, pp. 125-147. In Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States.
  7. \*Rydin, Y. et al. (2012). Shaping cities for health: complexity and the planning of urban environments in the 21<sup>st</sup> century. The Lancet. 379: 2079-2108.
  8. Video: Unnatural Causes: In Sickness and In Wealth. California Newsreel. 2008. HBO and Institute of Medicine: The weight of the nation: Challenges. 2012.
- Short paper due.**

#### 9/18 Costs and Value

1. Avorn, J. 2012. Two centuries of assessing drug risks. The New England Journal of Medicine. July 19 367(3), 193-197.
2. \*Bohmer, R.M. 2010. Fixing health care on the frontlines. Harvard Business Review. April, 63-69.
3. Dartmouth Atlas of Healthcare ([www.dartmouthatlas.org](http://www.dartmouthatlas.org)). Explore Key Issues on the website (<http://www.dartmouthatlas.org/keyissues/>) .
4. \*White, H.P. 2011. Health care costs and value. Chapter 12 in Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States. Pp.257-275.
5. \*Morden, N.E. et al. 2012. End-of-life care for Medicare beneficiaries with cancer is highly intensive overall and varies widely. Health Affairs, 31(4), 786-796.
6. \* Onie, R. et al. 2012. Realigning health with care: lessons in delivering more with less. Stanford Social Innovation Review. Summer, 28-35.
7. \*Porter ME. 2010. What is value in health care. New England Journal of Medicine, 363:2477-81.
8. Video: PBS Frontline. Remaking American Medicine.  
Guest speaker: TBA: Presbyterian Health Services, its road to become a pioneer Accountable Care Organization.

#### **UNM Learn Discussion Posting due**

#### 9/25 Medicaid & Medicare: Critical Issues and Reform

1. \* Berenson, R.A. 2010. Implementing health care reform—why Medicare matters. The New England Journal of Medicine, 363(2),101-103.
2. \* Guterman, S. et al. 2010. Innovation in Medicare and Medicaid will be central to health reform's success. Health Affairs, 29(6), 1188-1193.
3. \*Rosenbaum S. and Westmoreland, T.M. 2012. The Supreme Court's surprising decision on the Medicaid expansion. Health Affairs, 31(8), 1663-1672.

4. PricewaterhouseCooper Health Research Institute. 2011. Medicare ACOs and shared savings models. November.
5. \* Sparer, M.S. 2011. Health policy and health reform. Chapter 2 in Joans & Kovner's Health Care Delivery in the United States. pp.25-43.
6. Stecker, E.C. The Oregon ACO Experiment—bold design, challenging execution. The New England Journal of Medicine, 368(11): 982-985.

**UNM Learn Discussion Posting due**

**10/01 Strategic Management and Governance.**

1. Berry., L.L. & Seltman, K.D. 2008. Management lessons from Mayo Clinic. Chapter 5: Partnering for leadership. Pp.93-130. New York: McGraw Hill.
2. \*Berenson, R., Ginsburg, P.B. & May, J.H. 2007. Hospital-physician relations: cooperation, competition, or separation? Health Affairs, (Jan/Feb) 26(1), w31-w43.
3. \* Clark, J. et al. 2012. From striving to thriving: systems thinking, strategy, and the performance of safety net hospitals. Health Care Management Review. Advance Access.
4. Gabow, P.A. 2011. A Broad And Structured Approach To Improving Patient Safety And Quality: Lessons from Denver Health. Health Affairs, 30 (4), 612-618.
5. Kovner, A. 2011. Governance, management, and accountability. Chapter 14 in Jonas & Kovner's Health Care Delivery in the United States. Pp. 299-312.
6. \* Rao H. & Sutton R. 2008. The ergonomics of innovation. The McKinsey Quarterly. 4,131-141.

**UNM Learn Discussion Posting due**

**10/8. Health Information Technology.**

1. Bustin, M.B., Jain, S.H. & Blumenthal, D. 2010. Health information technology: laying the infrastructure for national health reform. Health Affairs, 29(6), 1214-1219.
  2. Byrne,C.M. et al. 2010. The value from investments in health IT at the U.S. Department of Veteran Affairs. Health Affairs, 29(4), 629-638.
  3. Chen, A. H. 2013. eReferral—a new model for integrated care. The New England Journal of Medicine. 368(26): 2450-2453.
  4. Kropf, R. 2011. Health information technology. Chapter 16, pp. 331-347. In Jonas & Kovner's Health Care Delivery in the United States.
  5. Jones, S.S. et al. 2012. Unraveling the IT productivity paradox—Lessons for health care. The New England Journal of Medicine. 366(24): 2243-2245.
  6. Pawar, M. & Pietraszek, W.E. 2010. The new IT landscape for health insurers. The McKinsey Quarterly, Summer, 20, 19-26.
  7. Schiff, G.D. & Bates, D. 2010. Can electronic clinical documentation help prevent diagnostic errors? The New England Journal of Medicine. 362(12), 1066-1069.
- Guest speaker: TBA.

### 10/15 **Quality Control and Assessment**

1. \*Chassin, M.A. and Loeb, J.M. 2011. The ongoing quality improvement journey: next stop, high reliability. Health Affairs, 30(4), 559-568.
2. \*Clancy, C. 2011. High quality health care. Chapter 11 in Jonas & Kovner's Health Care Delivery in the United States.
3. \* Grady, D. 2011. Study of breast biopsies finds surgery used too extensively. The New York Times, Feb 18.
4. \* Rawlings, M.D. 2013. NICE: moving forward. The New England Journal of Medicine, 369(1): 3-5.
5. Naik, G. 2006. A hospital races to learn lessons of Ferrari pit stop. The Wall Street Journal. Nov 14, Page A1.
6. Nigam, A. 2012. Changing health care quality paradigms: the rise of clinical guidelines and quality measures in American medicine. Social Science and Medicine, article in press.
7. \*Timmermans, S. & Mauck, A. 2005. The promises and pitfalls of evidence-based medicine. Health Affairs, 24(1):18-28.
8. Guest speaker: TBA.

**Short paper due.**

### 10/22 **Access to Care: The Problem of Rural Health.**

1. \* Abzug, R. and Sabrin, M. 2011. Social justice through health care financing: the birth and signaling of a new nonprofit field. Nonprofit and Voluntary Sector Quarterly, 40(2), 377-388.
2. \* Belluck, P. 2009. New hopes on health care for American Indians. The New York Times. Dec 2, Page A1.
3. Billings, J. & Cantor, J.C. 2011. Access to Care. Chapter 8 in Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States. pp. 151-175.
4. \* Kellermann, A.L. et al. 2012. Emergency departments, Medicaid costs and access to primary care—understanding the link. The New England Journal of Medicine, 366(23), 2141-2143.
5. \* Radley, D.C. & Schoen, C. 2012. Geographic variation in access to care—the relationship with quality. The New England Journal of Medicine, 367(1), 3-6.
6. \* Sarche, M. & Spicer, P. 2008. Poverty and health disparities for American Indian and Alaska Native children. New York Academy of Sciences, 1136,126-136.
7. Video: Place matters. Episode in Unnatural Causes. 2009. California Newsreel.

**UNM Learn Discussion Posting due**

### 10/31 **Vulnerable Populations**

1. \*Gehlert, S. et al. 2008. Targeting Health Disparities: A Model Linking Upstream Determinants to Downstream Interventions. Health Affairs, (Mar/Apr) 27(2), 339-349.
2. \* Furumoto-Dawson,A., Gehlert, S., Sohmer, D., et al. 2007. Early-life conditions and mechanisms of population health vulnerabilities. Health Affairs, Sep/Oct: 1238-1248.

3. \*Lewis, V.A. et al. 2012. The promise and peril of accountable care for vulnerable populations. Health Affairs, 31(8):1777-1885.
  4. \* Sack, K. 2008. The short end of the longer life. The New York Times. Week in Review. April 27,
  5. Spring, J. 2008. Running from despair. The New York Times. Feb 16.
  6. \* Seligman, H.K. & Schillinger, D. 2010. Hunger and socioeconomic disparities in chronic disease. The New England Journal of Medicine. 363(1), 6-9.
  7. Russo, P. 2011. Chapter 5 Population health and Chapter 7 Health and behavior in Jonas A.R. & Kovner, J.R. (Eds) Health Care Delivery in the United States
  8. Parmet, W.E. 2013. Holes in the safety net—legal immigrants’ access to health insurance. The New England Journal of Medicine. 369(7): 596-598.
  9. Video: Unequal Causes: Bad Sugar & Place Matters
  10. Video: HBO and IOM: The weight of the nation: Children in Crisis.
- Short paper due.**

11/6 **No class, individual one-on-one meetings to go over your paper project**

11/13 Global health

1. Chongsuvivatwong, V. et al. 2011. Health and health-care systems in southeast Asia: diversity and transitions. The Lancet, 377:429-437.
  2. Conway, M.D. 2008. A better way to speed the adoption of vaccines. The McKinsey Quarterly, Aug.
  3. Giovino, G. et al. 2012. Tobacco use in 3 billion individuals from 16 countries. The Lancet, 380, 668-679.
  4. Swinburn, B. et al. 2011. The global obesity pandemic: shaped by global drivers and local environments. The Lancet, 378, 804-814.
  5. Jani, L. V. 2013. How point-of-care testing could drive innovation in global health. The New England Journal of Medicine. 368(24): 2319-2324.
  6. Gong, P. et al. 2012. Urbanization and health in China. The Lancet, 379: 843-852.
- UNM Learn Discussion Posting due**

11/20 No class (instructor out of town on a conference trip)

11/27 library research (no class)

**12/4 Health Reform .**

1. Kingsdale, J. & Bertko, J. 2010. Insurance exchanges under health reform: six design issues for the states. Health Affairs. 29(6), 1158-1163.
2. Jennings, C.C. & Hayes, K.J. 2010. Health insurance reform and the tensions of Federalism. The New England Journal of Medicine, 362(24), 2244-2246.
3. Mariner, W.K. et al. 2012. Reframing Federalism—the Affordable Care Act (and Broccoli) in the Supreme Court. The New England Journal of Medicine. Kingsdale.

4. McDonough, J.E. 2012. The road ahead for the Affordable Care Act. The New England Journal of Medicine. 367(3): 199-201.
5. Newhouse, J. 2010. Assessing health reform's impact on four key groups of Americans. Health Affairs, Sep, 29(9),
6. Rosenbaum, S. 2010. A "customary and necessary" program –Medicaid and health care reform. The New England Journal of Medicine. 362(21), 1952-1955.
7. TBA.

#### **UNM Learn Discussion Posting due**

**12/11 Longer paper on Future due by 5pm in my office (for main campus students) and on UNM Learn (for distance site students).**

All readings listed above are required and should be prepared for discussion on the date indicated. All the readings, including cases, will be available on-line through the university's UNM Learn. You should be able to access UNM Learn to download readings and syllabus now.

#### **Non-Discrimination and Services for Students with Disabilities**

Any student who, because of a disability, may require some special arrangements in order to meet course requirements should contact the instructor as soon as possible to make necessary accommodations. It is the responsibility of the student to request accommodation for individual learning needs. UNM will make every attempt to accommodate all qualified students with disabilities. For further information, contact Accessibility Services at (505) 277-3506.

#### **Academic Honesty and Conduct**

I will follow University of New Mexico policy for academic misconduct. Both intentional and unintentional plagiarism is prohibited. University policy states that each student is expected to maintain the highest standards of honesty and integrity in academic and professional matters. Academic dishonesty includes, but is not limited to, dishonesty in quizzes, tests, or assignments as well as claiming credit for work not done or done by others. When a violation of the regulation occurs in connection with a course, the faculty member is authorized to take whatever action is deemed appropriate, but no penalty in excess of an "F" in the course and the involuntary withdrawal of the student from the class may be imposed. Whenever this penalty is imposed; the instructor may report the case in full detail in writing to the Dean of Students, who may impose additional sanctions or refer the matter to the Student Conduct Committee for a determination of whether additional sanctions are warranted.