

PADM 561 Health Policy and Management

Fall semester, 2015

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Classroom: Dane Smith Hall 134

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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 policy 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 complex health system changes that result from the ongoing implementation of the 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 Wednesday 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 supplementary 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 articles should be cited in the presentation. You are required to send your presentation slides to the instructor for feedback and approval at least two days in advance of the day of your presentation.

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 3rd 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 (4 posting, 5% 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 through UNM Learn internal messaging.

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 20 Course Introduction

Aug 27 Overview of US Health System

1. Annas, G.J. 2012. Doctors, patients, and lawyers—two centuries of health law. The New England Journal of Medicine. 367(5): 445-450.
2. Blumenthal, D. and Collins, S. 2014. Health care coverage under the Affordable Care Act. The New England Journal of Medicine. 371(3): 275-281.
3. 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.
4. Mechanic, D. 2014. More people than ever before are receiving behavioral health care in the US, but gaps and challenges remain. *Health Affairs*, 33(8): 1416-1424.
5. 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. The New England Journal of Medicine. 372(26): 2558-2563.
6. Ruger, J. P. et al. 2015. The elusive right to health care under U.S. Law. The New England Journal of Medicine.
7. Video: 2009 PBS Frontline Sick Around America.

9/3 Health Reform .

1. Armour, S. 2015. States eye health exchange option. The Wall Street Journal, June 26.
2. Addicott, R. & Shortell, S.M. 2014. How “accountable” are accountable care organizations? Health Care Management Review, advance access.
3. Antos, J. R. 2014. Health care reform after the ACA. The New England Journal of Medicine, 370(24): 2259-2261.
4. Blumenthal, D. et al. 2015. The Affordable Care Act at 5 Years. The New England Journal of Medicine. 372(25): 2451-2458.

5. Bravin, J. And Radnofsky, L. 2015. Supreme Court upholds Obama's health-law subsidies. The Wall Street Journal, June 25.
6. 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.
7. Klein, D.B., Laugesen, M.J., & Liu, N. 2013. The patient-centered medical home: a future standard for American health care? Public Administration Review, 73(S1): S82-S92.
8. Rivlin, A M. 2013. Health reform: What next? Public Administration Review, 73(S1): S15-S20.

UNM Learn Discussion Posting due

09/10 Social Determinants of Health

1. Casselman, B. 2012. Neighborhoods confer health, but not wealth. The Wall Street Journal. Sep 20.
2. * Epstein, H. 2003. Ghetto miasma: Enough to make you sick? The New York Times, Oct 12.
3. *Guorais, E. 2010. Networked. Harvard Magazine. May/June, 44-50.
4. * Lustig, R.H. et al. 2012. The toxic truth about sugar. Nature, Feb 2, 482, 27-29.
5. * Jianhui Hu, et al. 2014. Socioeconomic status and readmissions: evidence from an urban teaching hospital. Health Affairs, 33(5): 778-785.
6. *Mechanic D. & Tanner, J. 2007. Vulnerable people, groups and populations: Societal view. Health Affairs, (Sep/Oct) 26(5), 1220-1230.
7. *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
8. *Rydin, Y. et al. (2012). Shaping cities for health: complexity and the planning of urban environments in the 21st century. The Lancet. 379: 2079-2108.
9. 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.

9/17 Costs and Value

1. *Institute of Medicine. 2014. Dying in America: Improving quality and honoring individual preferences near the end of life.
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). Explore Key Issues on the website (<http://www.dartmouthatlas.org/keyissues/>) .
4. Institute of Medicine, 2012. Better care at lower cost: the path to continuously learning health care in America.
5. Landro, L. 2015. How to make surgery safer. The Wall Street Journal, Feb 16.
6. *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.
7. * Onie, R. et al. 2012. Realigning health with care: lessons in delivering more with less. Stanford Social Innovation Review. Summer, 28-35.

8. *Porter ME. 2010. What is value in health care. New England Journal of Medicine, 363:2477-81.
 9. *Ramsey, S. D. 2015. How state and federal policies as well as advances in genome science contribute to the high cost of cancer drugs. Health Affairs, 34(4): 571-575.
 10. * Video: PBS Frontline. Remaking American Medicine.
- UNM Learn Discussion Posting due**

9/24 Medicaid & Medicare: Critical Issues and Reform

1. Armour, S. 2015. Medicare expanding access to hospice care. The Wall Street Journal. July 20.
 2. * Berenson, R.A. 2010. Implementing health care reform—why Medicare matters. The New England Journal of Medicine, 363(2),101-103.
 3. *Chukmaitov A. et al. 2014. Delivery system characteristics and their association with quality and costs of care. Health Care Management Review. Advance Access.
 4. * Guterman, S. et al. 2010. Innovation in Medicare and Medicaid will be central to health reform’s success. Health Affairs, 29(6), 1188-1193.
 5. * PricewaterhouseCooper Health Research Institute. 2011. Medicare ACOs and shared savings models. November.
 6. * Sparer, M. S. 2015. Medicaid at 50: Remarkable growth fueled by unexpected politics. Health Affairs, 34(7), 1084-1091.
 7. Stecker, E.C. 2013. The Oregon ACO Experiment—bold design, challenging execution. The New England Journal of Medicine, 368(11): 982-985.
- Guest speaker: TBA.
- UNM Learn Discussion Posting due**

10/01 Strategic Management and Governance.

1. Baicker, K. and Levy, H. 2013. Coordination versus competition in health care reform. The New England Journal of Medicine.
2. * Banaszak-Holl J. & Keith, R.E. 2014. Mechanisms for culture change in US health institutions and the example of the nursing home industry. Chapter 5 , in Farnsworth Mick, S.S. and Shany, P.D. Advances in Health Care Organization Theory, pp.99-125. Jossey-Bass.
3. *Berenson, R., Ginsburg, P.B. & May, J.H. 2007. Hospital-physician relations: cooperation, competition, or separation? Health Affairs, (Jan/Feb) 26(1), w31-w43.
4. * Buescher, B. & Viguierie P. 2014. How US Healthcare companies can thrive amid disruption. The McKinsey Quarterly, June.
5. *Meredith, D. & Stern N. 2015. 10 demanding tests for hospital strategy. The McKinsey Quarterly, February.
6. *Mathews, A. W. & Miller, J. W. 2012. Healthcare rivals battle for patients in Pittsburgh. The Wall Street Journal, March, 27. A1.
7. * Rao H. & Sutton R. 2008. The ergonomics of innovation. The McKinsey Quarterly. 4,131-141.

8. Shay, P.D. et al. 2014. Differentiated, integrated and overlooked: Hospital-based clusters. Chapter 8. In Farnsworth Mick, S.S. and Shany, P.D. Advances in Health Care Organization Theory, pp.179-204. Jossey-Bass.

UNM Learn Discussion Posting due

10/8. No class (fall break)

10/15 library research (no class, instructor out of town to attend conference).

10/22 Quality Improvement and Assessment

1. *Beck, M. 2015. Debate heightens over measuring health care quality. The Wall Street Journal, Jan 30.
2. *Institute of Medicine. 2013. Delivering high quality cancer care: charting a new course for a system in crisis.
3. * Grady, D. 2011. Study of breast biopsies finds surgery used too extensively. The New York Times, Feb 18.
4. * Ingrid, M. N. et al. 2015. Breaking the silence: determinants of voice for quality improvement in hospitals. Health Care management Review, 40(3): 225-236.
5. Naik, G. 2006. A hospital races to learn lessons of Ferrari pit stop. The Wall Street Journal. Nov 14, Page A1.
6. * Ong, M and Mandl, K. D. 2015. National expenditures for false-positive mammograms and breast cancer overdiagnoses estimated at \$4 billion a year. Health Affairs, 34(4): 576-583.
7. * Stacy, D. 2015. On Asia's flights, potentially dangerous mistakes go unreported. The Wall Street Journal. July 13.
8. *Timmermans, S. & Mauck, A. 2005. The promises and pitfalls of evidence-based medicine. Health Affairs, 24(1):18-28.

Guest speaker: TBA.

Short paper due.

10/29 Access to Care

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. Dusetzina, S.B. et al. 2015. For uninsured cancer patients, outpatient charges can be costly, putting treatments out of reach. Health Affairs , 34(4): 584-591.
4. * Institute of Medicine. 2015. Transforming health care scheduling and access: getting to now.
5. * 2014. Burton T. M. & Paletta, D. 2014. VA hospitals vary widely in patient care. The Wall Street Journal. June 3.
6. * 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.

7. * Sarche, M. & Spicer, P. 2008. Poverty and health disparities for American Indian and Alaska Native children. New York Academy of Sciences, 1136,126-136.
8. Video: Place matters. Episode in Unnatural Causes. 2009. California Newsreel.
UNM Learn Discussion Posting due

11/5 **Vulnerable Populations**

1. * 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.
2. *Gehlert, S. et al. 2008. Targeting Health Disparities: A Model Linking Upstream Determinants to Downstream Interventions. Health Affairs, (Mar/Apr) 27(2), 339-349.
3. *Lewis, V.A. et al. 2012. The promise and peril of accountable care for vulnerable populations. Health Affairs, 31(8):1777-1885.
4. Mead, H. et al. 2014. Underserved patients' perspectives on patient-centered primary care: Does the patient-centered medical home model meet their needs? Medical Care Research and Review, 71(1): 61-84.
5. * Sack, K. 2008. The short end of the longer life. The New York Times. Week in Review. April 27,
6. Spring, J. 2008. Running from despair. The New York Times. Feb 16.
7. * Seligman, H.K. & Schillinger, D. 2010. Hunger and socioeconomic disparities in chronic disease. The New England Journal of Medicine. 363(1), 6-9.
8. Yonek, J.C. et al. 2014. Why and how six aligning forces for quality communities have focused on reducing disparities. Medicare Care Research Review, Advance Access.
9. Video: Unequal Causes: Bad Sugar & Place Matters
10. Video: HBO and IOM: The weight of the nation: Children in Crisis.
Short paper due.

11/12 **No class, individual one-on-one meetings to go over your paper project**

11/19 **Health Information Technology.**

1. Armour, S. 2015. How identity theft sticks you with hospital bills. The Wall Street Journal. Aug 7.
2. Lowery, C. et al. 2014. Distributing medical expertise: the evolution and impact of telemedicine in Arkansas. Health Affairs. 33(2)L 235-243.
3. Cortez, N. G. et al. 2014. FDA regulation of mobile health technologies. The New England Journal of Medicine. 371(4): 372-378.
4. Chen, A. H. 2013. eReferral—a new model for integrated care. The New England Journal of Medicine. 368(26): 2450-2453.
5. Fairebrother, G. et al. 2014. Cincinnati Beacon Community Program highlights challenges and opportunities on the path to care transformation. Health Affairs, 33(5): 871-877.

6. 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.
7. Nigrin, D. J. 2014. When hacktivists target your hospital. The New England Journal of Medicine. July 31, 393-395.

UNM Learn Discussion Posting due

11/26 No class (Happy Thanksgiving !)

12/3 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.