

**HPAM-GP 2836**

**Current Issues in Health Policy: Spring 2021**

# Instructor Information

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* Office Hours: By appointment

# Course Information

* Live Session Meeting Times: Tuesdays, 4:55 PM- 6:35 PM
* Live Session Location: Zoom Meetings (Online Only)

# Course Description

This course is an introduction to major health policy issues in the United States. This course will examine the changing relationships between patients, physicians, hospitals, insurers, employers, communities, and government. Through a combination of in-person and virtual sessions, students will learn the history of the health care delivery system; the relationship between health care costs, quality, and access; the passage of the Affordable Care Act (ACA) and influence on public health; and the impact of recent health reforms. Interrelated topics will include: Medicare and Medicaid policy, the social determinants of health, COVID-19 deep dive and emerging trends in health care. Proposals for health policy reform at the national, state and local level will also be examined throughout the course.

# Course Objectives

Students who successfully complete this course will be able to:

* **CO 1:** Explain the role of government at all levels in healthcare, and its limitations.​
* **CO 2:** Describe how the healthcare “system” is organized and the implications​ for health policy.
* **CO 3:** Explain how healthcare is financed (where the money comes from) and the​ implications for health policy.
* **CO 4:** Describe how health providers are paid and the implications for controlling costs​ and managing care.
* **CO 5:** Describe types of medical practice variation, the causes of variation, and the​ implications for payment policy and cost issues.
* **CO 6:** Explain how the Medicare and Medicaid programs work and describe issues for​ its reform.
* **CO 7:** Analyze challenges of disparities in healthcare, their causes, and opportunities for​ reform.
* **CO 8:** Analyze the challenges of rising healthcare costs and opportunities for reform.
* **CO 9**:​ Assess issues related to the uninsured and describe implications at the federal, state, and local level, including the Affordable Care Act.
* **CO 10:** Assess emerging trends and health care policy “hot topics.”
* **CO 11:** Analyze policy​ issues concerning the pharmaceutical industry.
* **CO 12:** Demonstrate how to​present data to policymakers and managers to effectively inform policy decisions.

# Methods of Instruction:

* Lectures
* Case Studies
* Recommended/Supplemental Readings
* Class and Small Group Discussions
* Student Presentations
* Other [Guest Lectures]

# Learning Assessment

Assignments, exams, and class participation in the course will assess progress against these competencies, and no student will receive a B or higher without demonstration of satisfactory progress toward mastery of each competency. Expected levels of competency are denoted below:

## Level of Competency

In addition, the level of competency expected to be achieved should be denoted, according to the following key:

1. = Basic:​ Foundational understanding of knowledge/skill/competency
2. = Intermediate​:​ Student demonstrates greater depth of understanding of this knowledge/skill/competency and can use this ability to analyze a problem
3. = ​Advanced​: Student demonstrates expertise in this knowledge/skill/competency and can use this ability to evaluate, judge, and synthesize information

### Learning Assessment Table

| **Program Competency**  | **Corresponding Course** **Objectives**  | **Corresponding** **Assignments**  | **Expected** **Level of** **Competency**  |
| --- | --- | --- | --- |
| **PC 06:** Influence and respond​ to policies that promote the performance of the U.S. healthcare system and healthcare organizations, based on understanding and analysis of the system’s history, organization, and financing.  | **CO 01:** Explain the role of​ government at all levels in healthcare, and its limitations. **CO 02:** Describe how the​ healthcare “system” is organized (or not) and the implications for health policy. **CO 03:** Explain how​ healthcare is financed (where the money comes from) and the implications for health policy. **CO 04:** Describe how health​ providers are paid and the implications for controlling costs and managing care. **CO 10:** Assess emerging trends and health care policy “hot topics.”  | Current Health Policy Topics Memo and PowerPointClass discussion Final exam  | 3  |
| **PC 03:** Apply knowledge​ about the social determinants of health and work collaboratively with leaders across sectors—including housing, education, transportation, and others—to reduce disparities and inequities and to promote population and community health.  | **CO 07:** Analyze challenges​ of disparities in healthcare, their causes, and opportunities for reform. **CO 09:** Assess issues​ related to the uninsured and describe implications at the federal, state, and local level, including the Affordable Care Act.  | Class discussion  | 3  |
| **PC 08:** Develop and manage​ innovations to improve organizational performance and population health.  | **CO 12:** Demonstrate how to​present data to policymakers and managers to effectively inform policy decisions. **CO 05:** Describe types of medical practice variation, the causes of variation, and the implications for payment policy and cost issues.**CO 06:** Explain how the​ Medicare and Medicaid programs work and describe issues for its reform.  | Current Health Policy Topics Memo and PowerPoint | 2  |
| **PC 04:** Use data and​ evidence-based management practices to improve managerial decision-making and organizational performance, including efficiency, quality of care, patient engagement, and equitable access to services.  | **CO 08:** Analyze the​ challenges of rising healthcare costs and opportunities for reform. **CO 09:** Assess issues​ related to the uninsured and describe implications at the federal, state, and local level, including the Affordable Care Act. **CO 11:** Analyze policy​ issues concerning the pharmaceutical industry.   | Current Health Policy Topics Memo and PowerPointClass discussion and group work | 2  |
| **PC 07:** Communicate​ effectively with diverse stakeholders using a variety of communication approaches.  | **CO 10:** Assess emerging trends and health care policy “hot topics.” | Class discussion and group work  | 2  |

Students are expected to be prepared for class discussions and participate fully. They will be encouraged to share their own experiences relevant to the topics and cases being explored.

# Assessment Assignments and Evaluation

## Personal Resumé (No grade — Pass/Fail)**:**​

Provide a very brief resume/vita/something that describes who you are, employment experience, and career goals.

**Due date: Week of Module 2, Monday, 11:55pm, prior to the live session**

Live Session Participation (20%):

Students are expected to attend and participate in Live Sessions by interacting with the instructor and classmates.

## Discussion Group Participation (20%)**:**​

Students are expected to participate in Discussion Groups by answering questions and responding to classmates. More details regarding discussion participation requirements specific to this course can be found below in the Assignment Instructions.

## Current Health Policy Topics Memo (20%):​

Students are expected to complete and submit a memo fewer than 5-7 pages long. Details can be found below under Assignment Instructions.

## Current Health Policy Topics PowerPoint Slide Assignment (20%):​

Students are expected to create a 10-slide PowerPoint presentation, record and post their presentation using the information from the Current Health Policy Topics Memo. Directions can be found below under Assignment Instructions.

## Final Essay Exam (20%):​

Students are expected to answer two of the essay questions provided as the final exam for the course. Additional details can be found below under Assignment Instructions.

# Assignment Instructions

## Discussion Group Participation:

Class participation and discussion group activity are integral to the course. Students in the course bring diverse backgrounds and experience, which can be important in considering the broad range of policy issues which will be examined.

Your active participation in discussion groups is also critical. Each student will be assigned to one of three discussion groups, and, in each Module, discussion groups i) will be asked to take on the specific assigned issue, ii) contribute to a group discussion post (500-600 words) on the issue, and iii) then be prepared to report back briefly during the live session. These discussion group assignments **do not require additional research or reading**​, but responses should be​ informed by the readings from the course, background slides for the module on the NYU Classes site, your experience in the workplace, and your general knowledge of the health care policy landscape. All group members should contribute to the group discussion post and “report-backs” in Live Session, but group members should rotate taking the lead roles.

A designated group member must post the group's discussion entry to the group's designated discussion forum under the NYU Classes site.​ Instructor feedback will be provided on the group's designated private discussion forum.

A grading rubric will be posted in NYU Classes.

Due dates for discussion group assignments: Mondays each week, 11:55pm, prior to the live session.

**Current Health Policy Topics Memo:**

Students will be split into four groups (pending final class roster). Each group will be assigned to assess one of the following proposed or final rules *(which can be found at* [*Federal Register*](https://www.federalregister.gov/)*):*

* Group 1: The Coronavirus Aid, Relief, and Economic Security Act (CARES ACT), (released 2020)
* Group 2: Medicare Physician Fee Schedule Proposed Rule (released 2020)
* Group 3: Nondiscrimination in Health and Health Education Programs or Activities (released 2019)
* Group 4: Hospital Price Transparency Rule (released 2019)

Students must put together a 5-7 page issue brief (1.5 spaced, Chicago citation style) that addresses the following:

* Identify target or intended audience.
* Define the problem/program the rule is seeking to address (you may choose a specific policy/issue area embedded within the rule).
* Identify 1-3 specific policy actions that will address the program/issue.
* Display and describe relevant data using 1-2 figures or tables; declare potential bias based on the data sources, refer to other related programs/policies that are not discussed and redirect to other programs/policy references when possible or appropriate.
* Discuss the implications of both action and inaction; analyze estimates; pros and cons of the policy action; consider intended and unintended consequences; address opposing arguments, etc.
* Provide recommendations and solutions for reform or further enhancement.
* Conclude with a restatement of how this rule specifically addresses (or does not address) the program/issue.

Also include, to the extent it may apply *(non-exhaustive)*:

* Which communities/populations does the rule impact?
* What are the short-term and long-term goal(s) of your proposed recommendations/ suggested solution?
* What do patients, providers, or other stakeholders think of the rule?
* How might this rule impact different provider and/or payer (e.g., Medicare, Medicaid, commercial) stakeholder groups?

A grading rubric for the Memo will be posted in NYU Classes.

Due date: Week of Module 7, Monday, 11:55pm, prior to the live session

**Current Health Policy Topics PowerPoint Slide Assignment:​** For this assignment, you will convert your Current Health Policy Topics group paper into a 10-slide PowerPoint presentation (one presentation/ per individual). While substantive content matters, you will be graded primarily on how clearly and effectively the material is presented. Look and feel matter. Please do not make slides too busy or have too much text on a slide, etc. You will prerecord your presentations and post via NYU Classes. Additional details for posting recordings are available via NYU Classes site.

All presentations should not exceed 15-minutes. The viewpoint you take should be tailored to your identified audience or target stakeholder group, as you outlined in your Memo Assignment. In other words, if your Memo Assignment was from the viewpoint of an advocacy organization, clinical, hospital system, etc., you should state upfront and your corresponding analysis and recommendations should be consistent with your respective viewpoint.

Please note, even if you worked as a team on the paper, everyone must submit their own​ PowerPoint presentation.

A grading rubric for the PowerPoint Assignment is available via NYU Classes.

Due date: Week of Module 13, Monday, 11:55pm, prior to the live session

## **Final Essay Exam:​**

For your final assignment, you will complete an essay “exam”. You will be asked to answer two of the six questions provided. Where relevant, cite assigned readings and session notes. Organization and writing style are a component of the grade, so it will be important for you to think through your answer before you begin.

Upload your exam as directed on the NYU Classes site. Give the following title to your exam: “End of Term Exam from [Your Full Name].doc.” Please make sure to put your name on the first line of the document text itself.

You will have 90 minutes after you download the exam to complete your work. A grading rubric for the Final Essay Exam will be posted in NYU Classes.

Due date: See instructions on NYU Classes for the due date.

# Letter Grades

Letter grades for all assignments, including discussion group submissions, will be as follows:

| **Letter Grade**  | **Points**  |
| --- | --- |
| **A**  | 4.0 points  |
| **A-**  | 3.7 points  |
| **B+**  | 3.3 points  |
| **B**  | 3.0 points  |
| **B-**  | 2.7 points  |
| **C+**  | 2.3 points  |
| **C**  | 2.0 points  |
| **C-**  | 1.7 points  |
| **F**  | 0.0 points  |

Student grades will be assigned according to the following criteria:

* (A) Excellent: Exceptional work for a graduate student. Work at this level is unusually thorough, well-reasoned, creative, methodologically sophisticated, and well written. Work is of exceptional, professional quality.
* (A-) Very good: Very strong work for a graduate student. Work at this level shows signs of creativity, is thorough and well-reasoned, indicates strong understanding of appropriate methodological or analytical approaches, and meets professional standards.
* (B+) Good: Sound work for a graduate student; well-reasoned and thorough, methodologically sound. This is the graduate student grade that indicates the student has fully accomplished the basic objectives of the course.
* (B) Adequate: Competent work for a graduate student even though some weaknesses are evident. Demonstrates competency in the key course objectives​ but shows some​ indication that understanding of some important issues is less than complete. Methodological or analytical approaches used are adequate but student has not been thorough or has shown other weaknesses or limitations.
* (B-) Borderline: Weak work for a graduate student; meets the minimal expectations for a graduate student in the course. Understanding of salient issues is somewhat incomplete. Methodological or analytical work performed in the course is minimally adequate. Overall performance, if consistent in graduate courses, would not suffice to sustain graduate status in “good standing.”
* (C/-/+) Deficient: Inadequate work for a graduate student; does not meet the minimal expectations for a graduate student in the course. Work is inadequately developed or flawed by numerous errors and misunderstanding of important issues. Methodological or analytical work performed is weak and fails to demonstrate knowledge or technical competence expected of graduate students.
* (F) Fail: Work fails to meet even minimal expectations for course credit for a graduate student. Performance has been consistently weak in methodology and understanding, with serious limits in many areas. Weaknesses or limits are pervasive.

# Detailed Course Overview

## MODULE 1: COURSE WELCOME AND THE ROLE OF GOVERNMENT IN HEALTH: February 2, 2021

### Learning Objectives

* **LO 01**:​ Determine the broad range of roles government can take that can affect important health policy issues.
* **LO 02**:​ Articulate the politics of government involvement.
* **LO 03**:​ Analyze the limits of government involvement.
* **LO 04**:​ Predict the level of government (federal, state, or local) that might be involved in health policy and the associated implications.

### Resources

* Schoenbaum, S., Audet, A., and Davis, K. (2003). Obtaining Greater Value from Health Care: The Roles of the U.S. Government. *Health Affairs*​, 22(6), 183-190.
* Tang, N., Eisenberg, J., and Meyer, G. (2004). The Roles of Government in Improving Health Care Quality and Safety. *The Joint Commission Journal on Quality and Patient*​  *Safety*​, 30(1), 47-55.

## **MODULE 2: HOW THE HEALTHCARE “SYSTEM” IS ORGANIZED:** February 9, 2021

### Learning Objectives

* **LO 01**:​ Describe how ownership type, structural organization, and hierarchical relationships differ among providers and across jurisdictions.
* **LO 02**:​ Discuss why these issues matter and the difference it makes.
* **LO 03**:​ Describe the challenges created by the current “mess” of our healthcare system.

**LO 04**:​ Develop a foundation for thinking about the policy issues being discussed throughout the course.

### Resources

● T. Bodenheimer and K. Grumbach, *Understanding Health Policy: A Clinical Approach,*​  *7th ed.*​ (New York: McGraw Hill, 2016) – Chapters 5 and 6.

## **MODULE 3: HOW HEALTHCARE IS FINANCED AND PAID FOR:** February 16, 2021

### Learning Objectives

* **LO 01**:​ Deconstruct the dynamic between healthcare financing and how providers are paid.
* **LO 02**:​ Determine the relationship between healthcare organizations and providers and the challenges this can expose.
* **LO 03**:​ Assemble a foundation for thinking about policy issues for the rest of the course.

### Resources

● T. Bodenheimer and K. Grumbach, *Understanding Health Policy: A Clinical Approach,*​  *7th ed.* ​(New York: McGraw Hill, 2016) – Chapters 2 and 4.

## **MODULE 4: MEDICAL PRACTICE AND HEALTH POLICY:** February 23, 2021

### Learning Objectives

* **LO 01**:​ Describe the type/extent of variation in healthcare utilization.
* **LO 02**:​ Analyze the possible causes/explanations for the variation.
* **LO 03**:​ Outline the implications for healthcare utilization variation as it relates to payment policy and efforts to reduce disparities and control health costs.

### Resources

* Fisher, E., Wennberg, D., Stukel, T., et al. (2003). The Implications of Regional Variations in Medicare Spending - Part 2: Health Outcomes and Satisfaction with Care. *Annals of Internal Medicine*​, 138(4), 288-298.
* Wennberg, J., Fisher, E., Stukel, T., et al. (2004). Use of Hospitals, Physician Visits, and Hospice During the Last Six Months of Life among Cohorts Loyal to Highly Respected Hospitals in the United States. *British Medical Journal*​​, 328(7440): 607-610.
* Kozhimannil, K., Law, M., and Virnig, B. (2013). Cesarean Delivery Rates Vary Tenfold Among US Hospitals; Reducing Variation May Address Quality and Cost Issues. *Health*​  *Affairs*​, 32(3), 527-535.
* Gawande, A. *The Cost Conundrum*​. The New Yorker, June 1, 2009.

## **MODULE 5: MEDICARE: THE BASICS OF PARTS A, B, AND C:** March 2, 2021

### Learning Objectives

* **LO 01**:​ Summarize the structure of the Medicare program, including who and what it covers.

**LO 02**​: Evaluate the source of financing and analyze the implications on stability of the program.

* **LO 03**​: Distinguish between the strengths and weaknesses of the Medicare program.
* **LO 04**​: Evaluate how Medicare Part C (enrollment in private plans) works and the implications for policy.

### Resources

* Centers for Medicare & Medicaid Services. ​*Medicare and You: 2020*​, https://www.medicare.gov/pubs/pdf/10050-medicare-and-you.pdf
* Henry J. Kaiser Family Foundation, ​*An Overview of Medicare*​, February, 2019.
* Henry J. Kaiser Family Foundation, The *Facts on Medicare Spending and Financing*​, August, 2019.

**MODULE 6: MEDICARE PART D: ISSUES FOR REFORM & MEDICAID: THE BASICS:**

March 9, 2021

### Learning Objectives

* **LO 01**​: Reflect on how Medicare Part D works and provide insight on issues associated with its reform.
* **LO 02**​: Articulate the structure of the Medicaid program, where its funding comes from, where the money is going, and how healthcare is paid for.
* **LO 03**​: Determine who and what is covered by Medicaid and identify any gaps in that coverage.

### Resources

* Henry J. Kaiser Family Foundation, ​*An*​ ​*Overview of the Medicare Part D Prescription Drug Benefit*​, November, 2019.
* Henry J. Kaiser Family Foundation, ​*Medicaid Financing: The Basics*​, March, 2019.
* Henry J. Kaiser Family Foundation, ​*10 Things to Know About Medicaid: Setting the Facts Straight*​, March, 2019.
* Henry J. Kaiser Family Foundation, ​*Medicaid and Long-Term Services and Supports: A Primer*​, December, 2015.

## **MODULE 7: MEDICAID: IMPACT ON ACCESS AND ISSUES FOR REFORM:** March 16, 2021

### Learning Objectives

* **LO 01**​: Analyze how CHIP works.
* **LO 02**​: Summarize the politics that were engendered by efforts to periodically reauthorize the program.
* **LO 03**​: Analyze some of the challenges/weaknesses of the Medicaid program and what has been done or proposed to improve it.

Resources

Billings, J., Mijanovich, T. (2007). Improving the Management of Care for High-Cost Medicaid Patients. *Health Affairs*​ ​, 26(6), 1643-1655.

## **MODULE 8: MAJOR CHALLENGES CONFRONTING THE HEALTHCARE SYSTEM: DISPARITIES:** March 23, 2021

### Learning Objectives

* **LO 01**:​ Summarize the extent of the disparities problem.
* **LO 02**:​ Analyze the factors contributing to the problem.
* **LO 03**:​ Analyze the options for addressing the problem.
* **LO 04**:​ Predict the challenges inherent in implementing any “solutions.”

### Resources

* Billings, J., Zeitel, L., Lukomnik, J., et al. (1993). Impact of Socioeconomic Status on Hospital Use in New York City. *Health Affairs*​ ​, 12(1), 162-173.
* Billings, J. (2003). Management Matters: Strengthening the Research Base to Help Improve Performance of Safety Net Providers. *Health Care Management Review*​ ​, 28(4), 323-334.
* Jha, A. K., Orav, E. J., and Epstein, A. M. (2011). Low-Quality, High-Cost Hospitals, Mainly in South, Care for Sharply Higher Shares of Elderly Black, Hispanic, and Medicaid Patients. *Health Affairs*​​, 30(10), 1904-1911.
* Kaiser Family Foundation, *The Uninsured: A Primer — Key Facts about Health*​  *Insurance and the Uninsured in the Era of Health Reform*​, November, 2015.

## **MODULE 9: UNINSURANCE: STATE/LOCAL AND FEDERAL EFFORTS TO EXPAND COVERAGE:** March 30, 2021

### Learning Objectives

* **LO 01**:​ Evaluate the implications of these characteristics on the design of the ACA or any intervention.
* **LO 02**:​ Evaluate the key elements of the ACA.
* **LO 03**:​ Determine the legal challenges and administrative efforts to limit the ACA.

### Resources

* Holahan, J., Blumberg, L., Weil, A., et al. “Roadmap to Coverage – Report for the Blue Cross/Blue Shield of Massachusetts Foundation,” October, 2005.
* Yankelovich, D. (1995). The Debate That Wasn’t: The Public and the Clinton Health Plan. *Health Affairs*​ ​, 14(1), 7-23.
* Liu, J., et al., *An Assessment of the New York Health Act: A Single-Payer Option for*​  *New York State*​, RAND Corporation, August, 2018.
* *Summary of the Affordable Care*​ *Act* (http://files.kff.org/attachment/Summary-of-the-Affordable-Care-Act) *Compare Proposals to Replace the Affordable Care Act*

(http://www.kff.org/interactive/proposals-to-replace-the-affordable-care-act)

## **MODULE 10: FEDERALLY-QUALIFIED HEALTH CENTERS AND THE SAFETY NET:**

## April 6, 2021

Guest Speaker: Hector Velez, MPA, Senior Advisor, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS)

Learning Objectives

* **LO 01:** Discuss the role of federally-qualified health centers (FQHCs) and “look-alikes” in medically underserved areas.
* **LO 02:** Review prospective payment system reimbursement and sliding fee scale methodology.
* **LO 03:** Review regulatory requirements, benefits of FQHC status and suite of services.
* **LO 04:** Assess role of FQHCs amongst broader provider stakeholder community.

Resources

* Rosenbaum, S., Sharac, J., Shin, P., et. Al. (2019). [Community Health Center Financing: the Role of Medicaid and Section 330 Grant Funding Explained:](http://files.kff.org/attachment/Issue-Brief-Community-Health-Center-Financing-The-Role-of-Medicaid-and-Section-330-Grant-Funding-Explained)
* National Association of Community Health Centers. [The Facts About Medicaid’s FQHC Prospective Payment System (PPS)](https://www.nachc.org/wp-content/uploads/2018/06/PPS-One-Pager-Update.pdf).
* National Association of Community Health Centers. [Federal Grant Funding](https://www.nachc.org/focus-areas/policy-matters/health-center-funding/federal-grant-funding/).
* Parekh, Anand. Community Health [Centers Are Invaluable In The Fight Against The Coronavirus Pandemic.](https://www.forbes.com/sites/coronavirusfrontlines/2020/08/12/community-health-centers-are-invaluable-in-the-fight-against-the-coronavirus-pandemic/#2fbe18c01f06) Forbes. August 12, 2020.

## **MODULE 11: PHARMACEUTICAL DRUG POLICY:** April 13, 2021

## Guest Speaker: TBD

### Learning Objectives

* **LO 01**:​ Discern the major policy issues related to the pharmaceutical industry.
* **LO 02**:​ Predict opportunities for potential reform.
* **LO 03**:​ Determine areas where significant challenges remain.

###  Resources

* AHIP. (2018). [Why Prescription Drug Price Transparency Matters](https://www.ahip.org/wp-content/uploads/2018/06/AHIP_IssueBrief_RxTransparency_62018FINAL.pdf). Issue Brief.
* Ryan. M., Sood., N. (2019[). State Drug Pricing Transparency Laws: Numerous Efforts, Most Fall Short](https://healthpolicy.usc.edu/research/state-drug-pricing-transparency-laws-numerous-efforts-most-fall-short/). USC Schaeffer Leonard D. Schaeffer Center for Health Policy and Economics.
* Weissman, J., Blumenthal, D., Silk, A. et al. (2003). Consumers’ Reports on the Health Effects of Direct-to-Consumer Drug Advertising. *Health Affairs - Web Exclusive*​ (February 26, 2003): W3 82-95.
* Califf, R., et al. (2019). Seven Former FDA Commissioners: The FDA Should Be An Independent Federal Agency. *Health Affairs,* ​​38(1), 84-86.
* Parekh, N., et al. (2018). Dangers and Opportunities of Direct-to-Consumer Advertising.

*J Gen Internal Med*​, 33(5), 586-587.

**MODULE 12: COVID-19 CASE STUDY:** April 20, 2021

Learning Objectives

* **LO 01:** Overarching framework of COVID-19 responses at each level of government.
* **LO 02:** Discuss various ethical controversies related to COVID-19, and apply ethical frameworks to examine the impacts of personal, medical, and governmental decisions related to the pandemic (e.g., test availability and distribution and future administration of vaccine).
* **LO 03:** Assess the impact of COVID-19 on the provider community including reimbursement policy, procurement, use of telemedicine and risk mitigation strategies.

Resources

* Alliance for Connected Care (2020). [Taskforce on Telehealth Policy (TTP) Findings and Recommendations](http://connectwithcare.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf). (Pages 1-6 and 31-34).
* American Hospital Association (2020). [Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19](https://www.aha.org/system/files/media/file/2020/06/aha-covid19-financial-impact-report.pdf).
* Snell. K. (2020). [What’s Inside the Senate’s $2 Trillion Coronavirus Aid Package](https://www.npr.org/2020/03/26/821457551/whats-inside-the-senate-s-2-trillion-coronavirus-aid-package). NPR.
* Aspen Ideas Health. (2020). [COVID-19 Vaccines & Treatments: An Inside Look at What Lies Ahead](https://www.aspenideashealth.org/post/covid-19-vaccines-treatments-an-inside-look-at-what-lies-ahead).
* Wadhera RK, Wadhera P, Gaba P, et al. [Variation in COVID-19 Hospitalizations and Deaths Across New York City Boroughs](https://jamanetwork.com/journals/jama/fullarticle/2765524). JAMA. 2020;323(21):2192–2195. doi:10.1001/jama.2020.7197
* American Medical Association. (2020). [Physician Practice Financial Relief Guide](https://www.ama-assn.org/system/files/2020-08/physician-practice-financial-relief-guide.pdf).
* Jha. A. (2020). One Virus, Two Americas[. How Federalism Both Saved and Doomed the United States](https://www.foreignaffairs.com/articles/united-states/coronavirus-one-virus-two-americas).

**MODULE** **13: MEDICAL ERRORS AND MEDICAL MALPRACTICE:** April 27, 2021

### Learning Objectives

* **LO 01**:​ Explain the nature of the malpractice “problem” and identify trends in costs related to malpractice and the level of burden on providers and the healthcare company.
* **LO 02**:​ Evaluate the extent of medical error in the healthcare “system.”
* **LO 03**:​ Analyze how the legal system handles claims of malpractice and determine how well it is performing.
* **LO 04**:​ Predict the opportunities for reform in this area.

Resources

* Institute of Medicine (November, 1999). *Report Brief - To Err is Human: Building a Safer*​  *Health System*​.
* Mello, M., et al. (2010). National Costs of the Medical Liability System. *Health Affairs,*​ 29(9), 1569-1577.
* Waxman, D., Greenberg, M., Ridgely, M., et al. (2014). The Effect of Malpractice Reform on Emergency Department Care. *NEJM*​ ​, 371(16), 1518-1525.
* Starmer, A. J., Spector, N. D., Srivastava, R., et al. (2014). Change in Medical Errors after Implementation of a Handoff Program. *NEJM*​ ​, 371(19), 1803-12.
* NYU Classes

**MODULE 14: MARKETPLACE DISRUPTORS AND EMERGING TRENDS IN HEALTHCARE:** May 4, 2021

## Guest Speaker: Vanessa Guzman, CEO, SmartRise Health

Learning Objectives

* **LO 01:** Explore the drivers of change shaping the future of heath care
* **LO 02:** Revisit horizontal and vertical integration concepts and its effect on the health care marketplace
* **LO 03:** Understand how COVID-19 may impact health care costs and disruption in future years

Resources

* The Advisory Board. [What 'Amazon Health Care' Could Look Like in 5 Years](https://www.advisory.com/blog/2018/11/amazon-health.). November 14, 2018.
* Healthcare Innovation. [The Future of Healthcare: The Disrupted or the Disruptors](https://www.hcinnovationgroup.com/analytics-ai/article/21076946/the-future-of-healthcare-the-disrupted-or-the-disruptors).
* Deloitte. [Harnessing Opportunities and Managing Risk in the Future of Health](https://www2.deloitte.com/content/dam/Deloitte/us/Documents/risk/us-advisory-opportunities-risks-in-the-future-of-health.pdf).
* Dyrda, L. [Healthcare Transactions in the Era of Megamergers and Vertical Integration: Q&A with Jeff Swearingen](https://www.beckershospitalreview.com/hospital-transactions-and-valuation/healthcare-transactions-in-the-era-of-megamergers-and-vertical-integration-q-a-with-jeff-swearingen.html). February 12, 2018.
* McKinsey & Company[. A Rolling Disruption: COVID-19’s Implications for Private Equity and Portfolio Companies](https://www.mckinsey.com/industries/private-equity-and-principal-investors/our-insights/a-rolling-disruption-covid-19s-implications-for-private-equity-and-portfolio-companies). September 16, 2020.

All announcements, resources, and assignments will be delivered through the NYU Classes site. The instructor may modify assignments, due dates, or other aspects of the course throughout the term. Notification of such modifications will be provided as soon as possible through the Announcements tool on the course website.

# Academic Integrity

Academic integrity is a vital component of New York University and New York University's Robert F. Wagner Graduate School of Public Service. All students enrolled in this class are required to read and abide by ​*NYU Wagner’s Academic Code*​. All Wagner students have already read and signed the ​*NYU Wagner Academic Oath*​. ​Plagiarism of any form will not be tolerated, and students in this class are expected to report violations to the instructor. ​Any student in this class who is unsure about course expectations or how to abide by the academic code should immediately consult the instructor.

# Henry and Lucy Moses Center for Students with Disabilities at NYU

Academic accommodations are available for students with disabilities. Please visit the ​*Moses*

*Center for Students with Disabilities*​ (CSD) website and click on the *Reasonable*​  *Accommodations and How to Register*​ tab or call or email CSD (212-998-4980 or mosescsd@nyu.edu) for information. Students who are requesting academic accommodations are strongly advised to reach out to the Moses Center as early as possible in the semester for assistance.

# NYU’s Calendar Policy on Religious Holidays

*NYU’s Calendar Policy on Religious Holidays*​ states that members of any religious group may, without penalty, absent themselves from classes when required in compliance with their religious obligations. Please notify your instructor in advance of religious holidays that coincide with assignment due dates or exams to arrange mutually acceptable alternatives.

# Class Policies

## Attendance

You are required to attend all live sessions. Any absence must be explained and justified beforehand, or your participation grade will be lowered.

## Late assignments

Extensions will be granted only in case of an emergency, out of respect for those who abide by deadlines despite hectic schedules. Late submissions without prior permission will be penalized by ½ a letter grade per day (e.g., B+ to B).