



**NYU**

**ROBERT F. WAGNER GRADUATE  
SCHOOL OF PUBLIC SERVICE**

## **UPADM-GP 236**

# **Topics in Health Policy: Policy, Politics, and Power – Spring 2022**

### **Instructor Information**

- Professor John Billings
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### **Course Information**

- Class Meeting Times: Mondays and Wednesdays, 3:30-4:45pm
- Class Location: GCASL (238 Thompson Street) – Room 288

### **Course Prerequisites**

- Restricted to undergraduate students

### **Course Description**

This course is an introduction for undergraduate students to the major policy issues affecting health and health care and examines the role of government in the health care system. An important focus of the course is an assessment of the role of policy analysis in the formation and implementation of national, state, and local health policy. Because much of government health policy relates to or is implemented through payment systems, there is substantial discussion of the policy implications of how government finances and pays for health care. The role of the legal system with respect to adverse medical outcomes, economic rights, and individual rights is also discussed. Proposals for health policy reform at the national and local level are examined throughout the course, with an emphasis on Medicare and Medicaid reforms currently being implemented or considered, as well efforts to respond to disparities in health outcomes for vulnerable populations.

## Course and Learning Objectives

Students completing this course should have an understanding of:

- The role of government at all levels in health care and its limitations;
- How health care “system” is organized (or not) and the implications for health policy;
- How health care is financed (where the money comes from) and the implication for health policy;
- How health providers are paid and the implications for controlling costs and managing care;
- Variation in medical practice, its causes, and the implications for payment policy and cost issues;
- How the Medicare and Medicaid programs work and issues for reform;
- The challenges of disparities in health care, their causes, and opportunities for reform;
- The challenges of rising health care costs and opportunities for reform;
- Issues related to the uninsured and responses at the federal, state, and local level including the Affordable Care Act;
- Policy issues concerning the pharmaceutical industry;
- Medical errors and malpractice and opportunities for reform; and
- How to involve patients in medical decision-making, including end-of-life care and choice of treatment alternatives;

## Required Readings

Students are expected to have studied assigned readings and be prepared to discuss them in class. The readings for the course are primarily journal articles that will be posted in the Assigned Readings section of Brightspace and are also available directly from the Bobst Library ejournal site. The book chapters are on the Brightspace site and readily available from the NYU library online site (<https://accessmedicine.mhmedical.com/book.aspx?bookid=2853>). Some readings from guest lecturers that are not copyright protected will be handed out in class or will be posted on Brightspace site. Copies of PowerPoint/overhead materials used in class will be posted on the Brightspace site at least 24 hours in advance of the class.

## Assessment Assignments and Evaluation

### Individual Assessment

- Class participation and debate, 10%
  - Attendance will be monitored and taken into account in class participation grade
- First paper, 30%
- Midterm exam, 20%
- Second paper, 20%
- End-of-term exam 20%

## Assignment 1 –Personal Resume

(Pass/Fail) – Provide a very brief resume/vita/something that describes who you are, employment experience (if any), and career goals (if any) and attach a recent photo of yourself (try Xeroxing you ID if you can't do any better)

**Due Date:** 1/26/22 – 11:59pm (submit in Session 2 class or use Brightspace)

### Note:

You may work in teams of up to 3 students on papers 1 and 2. Teams must have a member from at least two different majors – if any member is “pre-med”, at least one other team member must be non-pre-med.. There is no requirement that you work on a team. Submit one paper per team and list all of the members on the team.

## Paper 1 –The Dartmouth Atlas Memo

(30% of final grade) - ≤ 8 pages – Go to the Dartmouth Atlas website that has sets of Excel files documenting variation in health care utilization

(<http://archive.dartmouthatlas.org/tools/downloads.aspx>). Pick an example of variation in utilization that you believe is unwarranted and describe the range of factors that are likely to contribute to the differences among areas (or hospitals). Examples utilization rates on the site include:

- Care of chronically ill patients during the last two years of life Care of Chronically Ill Patients (<http://archive.dartmouthatlas.org/tools/downloads.aspx?tab=40>)
- Selected medical and surgical discharge rates Hospital Discharges and Post-Acute Care (<http://archive.dartmouthatlas.org/tools/downloads.aspx?tab=41>)
- A broad range of various utilization rates including:
  - Children's health care in Northern New England, 2007-10
  - Prescription drug use, 2010
  - A range of specific surgical procedures and diagnostic tests

Please look at utilization levels, not variation in mortality, costs/spending/reimbursement or resource inputs that are reported in some files or tables. While you can write about some of the “quality” measures (primary care access and quality or post discharge events) if you have an abiding interest in these topics, I would much prefer you to focus on variation in rates of utilization – also please note that these “quality” measures will be more difficult to tie into the discussions we had in class.

After discussing the range of factors that affect variation in rates, pick one contributing factor that you think is important (or that you think something can be done about it) and make some suggestions about what might be done to reduce variation. Be specific and detailed in your suggestions, including who ought to do what to whom. Be realistic, don't make suggestions that cannot be implemented because of technical, financial, or political considerations. This is a conceptual piece and not a research paper, but footnote sources of ideas from others that you use for the causes of variation (or the suggested solutions if the ideas come from a specific

source). **Please see even more detailed instructions/suggestions in the PowerPoint presentation located in the Other Material tab of Brightspace.**

**Due Date:** Session 8 or via Brightspace by 2/16/22 – 11:59PM.

### **Mid-Term Exam –Session 15 (3/23/22)**

The Mid-Term Exam (20% of final grade) will be posted electronically on the Mid-Term Exam tab on the Brightspace site at 3:30 during the regular class period for Session 15 on 3/23/22 and must be completed and uploaded via Brightspace by 4:45 on 3/23/23. You may take the exam at any location. The exam is open book, and you may use readings, slides from class, or any other material. On the exam you will be asked to answer two of four essay questions. A more detailed description of the exam will be posted in the Other Material tab on Brightspace in March. Note that slides shown in class often go beyond required readings, so class attendance is likely to be critical for performing well on the exam. If you have a conflict (e.g., class immediately before or after), contact Professor Billings in advance and other arrangements can be made

### **Paper 2 –Book Memo**

(20% of final grade) - ≤ 5 pages – You are a newly hired policy staff person for some senator, the governor of any state, a state legislator, a state/city health commissioner, the President of the National Association of Community Health Centers, CEO of a large health insurance plan/managed care plan, or some other health organization of your choice (domestic or international). Your boss walks by your cubicle and plops down one of the books listed below and asks you to read/see it and tell her/him i) what it's about, ii) why it's important, and iii) what it means to your organization/constituency. Select a book from the list below and write a brief memo (remembering your boss has a very short attention span and will stop reading if it goes beyond 5 pages). Some of these books are "classics" (written several year ago) or describe events that took place many years ago, in which case it is essential that you address whether/how you think circumstances may have changed (or not). Oh, and make sure you identify your hypothetical employer.

- Adrian Nicole LeBlanc – *Random Family: Love, Drugs, Trouble, and Coming of Age in the Bronx.*
- Anne Fadiman – *The Spirit Catches You and You Fall Down.*
- Sherwin Nuland – *How We Die.*
- Arthur Kleinman – *The Soul of Care.*
- Katie Englehart – *The Inevitable: Dispatches on the Right to Die*
- Eric Klineberg – *Heat Wave: A Social Autopsy of Disaster in Chicago; Going Solo: The Extraordinary Rise and Surprising Appeal of Living Alone*
- Laurie Kaye Abraham – *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America.*
- Sydney Halpern – *The Story Behind Human Experiments with Hepatitis.*

- Jerry Avorn – *Powerful Medicines : The Benefits, Risks, and Costs of Prescription Drugs*.
- Andrew Solomon – *The Noonday Demon*.
- Richard Deyo and Donald Patrick – *Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises*.
- Shannon Brownlee - *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*
- Jerome Groopman – *How Doctors Think*
- John Abramson - *Overdosed America : The Broken Promise of American Medicine*
- Ray Moynihan/Alan Cassels – *Selling Sickness*
- Atul Gawande – *Being Mortal: Medicine and What Matters in the End* or *The Checklist Manifesto: How to Get Things Right*
- Rebecca Skloot – *The Immortal Life of Henrietta Lacks*
- David Kessler – *The End of Overeating: Taking Control of the Insatiable American Appetite*
- John Wennberg – *Tracking Medicine*
- Otis Brawley – *How We Do Harm: A Doctor Breaks Ranks*
- David Shinsky – *Bellevue: Three Centuries of Medicine and Mayhem at America's Most Storied Hospital*
- Angela Coulter – *Engaging Patients in Healthcare*
- Nina Teicholz – *The Big Fat Surprise*
- Elizabeth Bradley/Lauren Taylor – *The American Health Care Paradox: Why Spending More Is Getting Us Less*
- Sanjeep Jauhar – *Doctored: The Disillusionment of an American Physician*
- Sherri Fink – *Five Days at Memorial*

**Due Date:** Session 21 or submit via Brightspace by 4/13/22 – 11:59pm

### **End-of-Term Exam –Session 28 (5/09/22)**

The End-of-Term Exam (20% of final grade) will be posted electronically on the End-of-Term Exam tab on the Brightspace site at 3:30 during the regular class period for Session 28 on 5/09/22 and must be completed and uploaded via Brightspace by 4:45 on 5/09/22. You may take the exam at any location. The exam is open book, and you may use readings, slides, or any other material. On the exam you will be asked to answer two of four essay questions. A more detailed description of the exam will be posted in the Other Material tab on Brightspace in April. Note that slides shown in class often go beyond required readings, so class attendance is likely to be critical for performing well on the exam. If you have a conflict (e.g., class immediately before or after), contact Professor Billings in advance and other arrangements can be made.

## Overview of the Semester

- Session 1
  - Date: January 24
  - Topic: Course introduction + Discussion of role of government in health care
- Sessions 2-3
  - Dates: January 26 and January 31
  - Topic: How health care is organized, financed, and paid for in the U.S.
- Sessions 4-5
  - Dates: February 2 and February 7
  - Topic: Medical practice and health policy
- Sessions 6-7
  - Dates: February 9 and February 14
  - Topic: Medicare: The basics
- Sessions 7-8
  - Dates: February 14 and February 16
  - Topic: Medicare: Part D and Issues for reform – Medicaid: The basics and issues for reform
  - Dartmouth Atlas Memo due Session 8 or via Brightspace by 11:59 pm 2/16/22
- February 21 – PRESIDENTS' DAY – NO CLASS
- Session 9
  - Date: February 23
  - Topic: The major challenges confronting the health “system”: Part 1 - Racial/ethnic/socio-economic disparities
- Session 10
  - Date: February 28
  - Topic: The major challenges confronting the health “system”: Part 2 – The Uninsured
- Sessions 11-12
  - Date: March 2 and March 7
  - Topic: The major challenges confronting the health “system”: Part 3 – Controlling health care costs
- Session 13
  - Date: March 9
  - Topic: Prior efforts to respond to these challenges: The role of the states, the Clinton Health Plan, and other federal initiatives
- March 14 - SPRING BREAK – NO CLASS
- March 16 - SPRING BREAK – NO CLASS
- Session 14
  - Date: March 21
  - Topic: Affordable Care Act: Health Reform 2009/10 + Efforts to Repeal and Replace the ACA
- Session 15

- Date: March 23
  - Deliverable: Mid-Term Exam – [Posted on Brightspace at 3:30, submit electronically via Brightspace by 4:45]
- Session 16
  - Date: March 28
  - Topic: The ACA's community benefit requirements
- Sessions 17-18
  - Date: March 30 and April 4
  - Topic: More policy issues concerning the pharmaceutical industry
- Sessions 18-19
  - Date: April 4 and April 6
  - Topic: Medical errors – Medical malpractice
- Session 20
  - Date: April 11
  - Topic: Obesity and Public Policy
- Session 21
  - Date: April 13
  - Topic: Maintaining integrity in the face insanity
  - Deliverable: Paper 2
- Session 22
  - Date: April 18
  - Topic: Global food policy
- Session 23
  - Date: April 20
  - Topic: TBA
- Session 24
  - Date: April 25
  - Topic: TBA
- Session 25
  - Date: April 27
  - Topic: Management matters
- Sessions 26-27
  - Date: May 2 and May 4
  - Topic: Role of patients – Making informed health care decisions
- Session 28
  - Date: May 9
  - Deliverable: End-of-Term Exam – [Posted on Brightspace at 3:30, submit electronically via Brightspace by 4:45]

## Letter Grades

Letter grades for the entire course will be assigned as follows:

<b>Letter Grade</b>	<b>Points</b>
<b>A</b>	4.0 points
<b>A-</b>	3.7 points
<b>B+</b>	3.3 points
<b>B</b>	3.0 points
<b>B-</b>	2.7 points
<b>C+</b>	2.3 points
<b>C</b>	2.0 points
<b>C-</b>	1.7 points
<b>F</b>	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

### Session 1 - 1/24/22

#### Course introduction + Discussion of role of government in health care

- Description of course content, goals, and requirements
- A discussion of the role of policy analysis in public policy formation and the impact of public policy on the health system
- Objectives of government in health and health care
- Brief history of federal government role in health

#### Required reading:

S. Schoenbaum S, A. Audet, and K. Davis, “Obtaining Greater Value from Health Care: The Roles of the U.S. Government,” *Health Affairs* (November/December 2003): 183-190.

G Anderson, P Hussey, B Frogner, et al., “Health Spending in the United States and the Rest of the World,” *Health Affairs* (July/August, 2005): 903-914.

T. Bodenheimer and K. Grumbach, *Understanding Health Policy - Eighth Edition* (New York: McGraw Hill, 2020) – Chapter 1.

## Sessions 2-3 - 1/26/22 and 1/31/22

How health care is organized, financed, and paid for in the U.S.

- Brief overview of how health care is organized
- Brief overview of how health care financed, and paid for
- Insurance and “managed” care
- Discussion of the implications for policy

### Required reading:

T. Bodenheimer and K. Grumbach, *Understanding Health Policy – Eighth Edition* (New York: McGraw Hill, 2020) – Chapters 5-6

T. Bodenheimer and K. Grumbach, *Understanding Health Policy – Eighth Edition* (New York: McGraw Hill, 2020) – Chapters 2 and 4.

## Sessions 4-5 – 2/02/22 and 2/07/22

Medical practice and health policy

- Review of the enormous variation in medical practice
- Discussion of causes of variation
- Discussion of the implications for policy

### Required reading:

E. Fisher, D. Wennberg, T. Stukel, et al., “The Implications of Regional Variation in Medicare Spending - Part 2: Health Outcomes and Satisfaction with Care,” *Annals of Internal Medicine* 138, No. 4 (2003): 288-299

J. Wennberg, E. Fisher, T. Stukel, et al., “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, No. 7440 (March 13, 2004): 607-610.

K. Kozhimannil, M. Law, and B. Virnig, “Cesarean Delivery Rates Vary Tenfold Among US Hospitals; Reducing Variation May Address Quality and Cost Issues,” *Health Affairs* (March, 2013): 527-535

A. Gawande, “The Cost Conundrum,” *New Yorker*, June 1, 2009

K Bronner, et al., “The Dartmouth Atlas of Health Care” 2018 Data Update”, August, 2021.

Suggested reading:

D. Goodman, et al., “The Dartmouth Atlas of Neonatal Intensive Care”, Fall, 2019

## Sessions 6-7 - 2/09/22 and 2/14/22

### Medicare: The basics and issues for reform

- Description of who and what is covered by Medicare
- Review of how Medicare pays for health care
- Description of the recent expansion Medicare to provide coverage for prescription drugs
- Issues for Reform

#### Required reading:

CMS – *Medicare and You: 2022* - <https://www.medicare.gov/pubs/media/10991>

Henry J. Kaiser Family Foundation, *Overview of Medicare*, February, 2019.

Henry J. Kaiser Family Foundation, *The Facts on Medicare Spending and Financing*, August. 2019.

Henry J. Kaiser Family Foundation, *An Overview of Medicare Part D Prescription Drug Benefit*, October, 2021.

#### Optional reading:

T. Oliver, P. Lee, and H. Lipton, "A Political History of Medicare and Prescription Drug Coverage," *The Milbank Quarterly* 82, No. 2 (2004): 283-354.

## Sessions 7-8 - 2/14/22 and 2/16/22

### Medicaid: the basics and issues for reform

- History and financing of Medicaid
- Description of who and what is covered by Medicaid
- Discussion of recent reforms/Issues for reform/Role of managed care

#### Required reading:

Henry J. Kaiser Family Foundation, *Medicaid Financing: The Basics*, May, 2021

Henry J. Kaiser Family Foundation, *10 Things to Know About Medicaid*, March, 2019

Henry J. Kaiser Family Foundation, *10 Things to Know About Medicaid Managed Care*, October, 2020

Henry J. Kaiser Family Foundation, *Medicaid and Long-Term Services and Supports: A Primer*, December, 2016.

J. Billings, T. Mijanovich, "Improving The Management of Care for High-Cost Medicaid Patients" *Health Affairs* no 6 (2007) 1643-1655.

## **[Presidents Day - 2/21/22 – No Class]**

### Session 9 - 2/23/22

The major challenges confronting the health “system”: Part 1 – Racial/ethnic/socio-economic disparities

- Overview of disparities in health services, utilization, and outcomes
- Discussion of the factors that are contributing to these disparities
- Discussion of the implications for policy makers and providers

#### Required Reading:

J. Billings, L. Zeitel, J. Lukomnik, et al., “Impact of Socioeconomic Status on Hospital Use in New York City” *Health Affairs* (Spring 1993): 162-173.

J. Billings “Management Matters: Strengthening the Research Base to Help Improve Performance of Safety Net Providers,” *Health Care Management Review* 28, No 4 (2003): 323-334.

### Session 10 - 2/28/22

The major challenges confronting the health “system”: Part 2 – The Uninsured

- Description of the size and characteristics of the uninsured population
- Review of the causes of uninsurance
- Discussion of the implications for health care and health care policy

#### Required reading:

Kaiser Family Foundation – *What Does the CPS Tell Us about Health Insurance Coverage in 2020* – September, 2021

Kaiser Family Foundation – *A Closer Look at the Remaining Uninsured Population Eligible for Medicaid and CHIP* – November, 2021

Kaiser Family Foundation – *The Uninsured and the ACA: A Primer* – January, 2019.

### Sessions 11-12 – 3/02/22, 3/07/22

The major challenges confronting the health “system”: Part 3 – Controlling health care costs

- Description of the dynamics of current cost increases
- Review of the causes and implications of cost increase
- Discussion of policy options and current politics in Presidential campaigns

#### Required reading:

T. Bodenheimer and K. Grumbach, *Understanding Health Policy - Eighth Edition* (New York: McGraw Hill, 2020) – Chapters 8-9.

Shrank, W. et al., Waste in the U.S. Health Care System – *JAMA* (October 7, 2019), 1501-1509.

Dunn A, Liebman E, and Shapiro A, "[Decomposing Medical-Care Expenditure Growth.](http://www.nber.org/papers/w23117)" [Working Paper 23117](http://www.nber.org/papers/w23117), (<http://www.nber.org/papers/w23117>) - February, 2017.

## Session 13 - 3/09/22

Prior efforts to respond to these challenges: The role of the states, the Clinton Health Plan, and other federal initiatives

- Overview of policies/programs at the federal, state, and local level to reduce disparities, expand coverage, and control costs
- Discussion of the strengths and limits of state/local initiatives
- Discussion of the Clinton health plan, what problems it might have solved or created, and why it failed
- Implications for current reform initiatives

### Required Reading:

J. Holahan, L. Blumberg, A. Weil, et al, "Roadmap to Coverage – Report for the Blue Cross Blue Shield of Massachusetts Foundation," October, 2005

D. Yankelovich, "The Debate That Wasn't: The Public and the Clinton Health Plan," *Health Affairs* (Spring 1995): 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.

## Spring Break – 3/14/22 and 3/16/22

## Session 14 – 3/21/22

Affordable Care Act + Efforts to Repeal and Replace the ACA

- Overview of health reform initiatives from Obama and Congress + repeal and replace from Trump and Congress
- Discussion of policy, politics, and power

### Required Reading:

Kaiser Family Foundation: *Summary of New Health Reform Law* - <http://www.kff.org/healthreform/upload/8061.pdf>

Kaiser Family Foundation: *Health Reform Implementation Timeline* – <http://kff.org/interactive/implementation-timeline/>

J Oberlander, "Long Time Coming: Why Health Reform Finally Passed," *Health Affairs* (June 2010): 1112-1116.

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 - Proposals to Replace ACA (<http://www.kff.org/interactive/proposals-to-replace-the-affordable-care-act/>) [Note: These documents are also available on Brightspace Assigned Readings tab.

## Session 15 – 3/23/22

### Mid-Term Exam

[Posted on Brightspace at 3:30, submit electronically via Brightspace by 4:45\*]

\* Alternative arrangements can be made if you have a conflicting class immediately before or after Topics in Health Policy class

## Session 16 – 3/28/30

A bit more about the ACA – The ACA's community benefit requirements – Conducting community needs assessment

Guest lecturer: Sue Kaplan, JD, Director NYU Langone's Community Service Plan

- Requirements of Affordable Care Act
- State requirements
- NYU Langone community needs assessment

### Required reading:

Corrigan J, et al., "Hospital Community Benefit Programs," *JAMA* (March 24/31, 2015, Vol 313, No12), 1211-12.

Young G, et al., "Provision of Community Benefits by Tax-Exempt U.S. Hospitals," *NEJM* (April 18, 2013, 368;16), 1519-1527.

## Sessions 17-18 – 3/30/22 and 4/04/22

More policy issues concerning the pharmaceutical industry

- Overview of the major policy issues concerning the pharmaceutical industry
- Discussion of the factors that are contributing to these emergence of these issues now
- Discussion of the role of government with respect to the pharmaceutical industry

### Required Reading:

J. Weisman, D. Blumenthal, A Silk, et al., "Consumers' Reports on the Health Effects of Direct-to-Consumer Drug Advertising," *Health Affairs - Web Exclusive* (26 February 2003): W3 82-95.

R. Califf et al., "Seven Former FDA Commissioners: The FDA Should Be An Independent Federal Agency," *Health Affairs* (January, 2019): 84-86.

N. Parekh et al., "Dangers and Opportunities of Direct-to-Consumer Advertising," *J Gen Internal Med* (February, 2018): 586-7.

## Sessions 18-19 - 4/04/22 and 4/06/22

### Medical errors – Medical malpractice

- Brief overview of current malpractice law
- Description of what is known about medical errors
- Analysis of the effectiveness of the legal system and malpractice law in assuring quality and compensating victims of harm
- Discussion of current "crisis" and proposals for reform

#### Required reading:

Institute of Medicine, *Report Brief - To Err is Human: Building a Safer Health System* - <http://www.nap.edu/catalog/9728.html>

M. Mello, et al., "National Costs of the Medical Liability System," *Health Affairs* (September, 2010): 1569-1577.

D. Waxman, M. Greenberg, M. Ridgely, et al., "The Effect of Malpractice Reform on Emergency Department Care," *NEJM* (October 16, 2014) 371;16: 1518-1525

A.J. Starmer, N.D Spector, R. Srivastave, et al., "Change in Medical Errors after Implementation of a Handoff Program," *NEJM* (November 6, 2014) 371;19: 1803-12.

M. Mello et al., "Malpractice Liability and Health Care Quality." *JAMA* (January 28, 2020) 323:4: 352-366.

## Session 20 - 4/11/22

### Obesity and Public Policy

Guest lecturer: Brian Elbel – NYU Wagner School and NYU School of Medicine

- Recent policy initiative to combat obesity
- What is working and not working?

#### Required Reading:

B. Elbel, R. Kersh, V. Brescoll, et al., "Calorie Labeling and Food Choices: A First Look at the Effects on Low-Income People in New York City," *Health Affairs*, 28(6): w1110 – 21.

T. Frieden, W. Dietz, and J. Collins, "Reducing Childhood Obesity through Policy Change: Acting Now to Prevent Obesity," *Health Affairs*, (March, 2010), 357-363

## Session 21 - 4/13/22

My life and times in health care – Maintaining integrity in the face of insanity

Guest lecturer: Neil Calman MD, Institute for Family Health

- Career paths and decisions points
- Challenges of directing federally qualified health centers

Required Reading: TBA

## Session 22 - 4/18/22

Global food policy

Guest lecturer: John Gershman – NYU Wagner School

- The global crisis of food security is a complex crisis of hunger amidst plenty
- The world needs to be able to waste less, and produce more
- How to increase food production without increasing land in cultivation and water use while navigating climatological stress
- The importance of sanitation in reducing undernutrition

Required Reading:

Cohen – A Big Fat Crisis – Chapters 1 and 5

Global Nutrition Report – Executive Summary

See links to other readings for the Session 22 assigned readings tab

## Session 23 - 4/20/22

TBA

Required Reading: TBA

## Session 24 - 4/25/22

TBA

Required Reading: TBA

## Session 25 – 4/27/22

### Management Matters

Guest Lecturer: Tom D'Aunno – NYU Wagner

- Defining management and why it matters
- Identifying management's contribution to organizational performance and distinguish the contribution of management from that of policy and clinical work
- Understanding evidence-based management, why it matters, why it is difficult to practice, and how to overcome obstacles to evidence-based decision-making

Required reading:

Case Study: Children's Hospital and Clinics (A) A.C. Edmondson, M.A. Roberto & A. Tucker. Harvard Business Publishing, 2001 (revised 2007); case number 302050

## Sessions 26/27 - 5/02/22 and 5/04/22

### Role of patients – Making informed health care decisions

- End of life decisions
- Patient's rights to refuse/withdraw treatment
- Advanced directives/proxies
- Physician assisted suicide
- Choice of treatment
- Choice of provider
- Choice of health plan

Required reading:

Cruzan v. Director, Missouri Department of Health – 497 U.S. 261 (1990) Case Law (<http://caselaw.lp.findlaw.com/scripts/getcase.pl?court=us&vol=497&invol=261>)

D. Arterburn, R Wellman, E Westbrook, et al., "Introducing Decision Aids at Group Health Was Linked to Sharply Lower Hip and Knee Surgery Rates and Costs," *Health Affairs* (September, 2012): 2094-2104.

E.O. Lee, E.J. Emanuel, "Shared Decision Making to Improve Care and Reduce Costs," *NEJM* (January 3, 2013) 368;1: 6-8.

New York State Department of Health, *Acute Cardiac Surgery in New York State: 2014-2016* (April, 2019).

Session 28 - 5/09/22

End-of-Term Exam

[Posted on Brightspace at 3:30, submit electronically via Brightspace by 4:45\*]

\* Alternative arrangements can be made if you have a conflicting class immediately before or after Topics in Health Policy class

## **Academic Integrity**

Academic integrity is a vital component of Wagner and NYU. All students enrolled in this class are required to read and abide by [Wagner's Academic Code](#). All Wagner students have already read and signed the [Wagner Academic Oath](#). Plagiarism of any form will not be tolerated and students in this class are expected to report violations to me. If any student in this class is unsure about what is expected of you and how to abide by the academic code, you should consult with me.

## **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 at (212-998-4980 or [mosescsd@nyu.edu](mailto: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 me in advance of religious holidays that might coincide with exams to schedule mutually acceptable alternatives.