Professor John Billings  
Room: LC11 Tisch Hall

Course Description

This course is an introduction to major health policy issues 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 and local health policy. Because much of government health policy relates to or is implemented through payment systems, several sessions involve some discussion of the policy implications of how government pays for care, with a more detailed review of the economics of payment systems available in Health Economics and Payment Systems (P11.1832). 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, as well as Medicare and Medicaid reforms currently being implemented or considered.

In an effort to accommodate a subset of students with scheduling challenges, this class will be held in four all-day marathons on Friday/Saturday January 21st and 22nd and Friday/Saturday February 25th and 26th. There will be a morning and afternoon session on each of these days, with a lunch break between sessions and a brief break during the morning and afternoon sessions. This is an experiment, and I have attempted to adapt the content of course to make these sessions less gruelling, but expect we may make some changes along the way.

Course Requirements/Grading

Two papers are required for the course (both ≤ 8 pages), each accounting for 40% of the final grade. Class discussion and debate are integral to the course and will account for 20% of the final grade. Papers can be submitted in my mailbox or via email. There is no midterm or final exam.

Students are expected to have studied the assigned readings. The readings for the course are primarily journal articles that will be posted in the Assigned Readings section of Blackboard. There is no textbook for the course (although some alternative texts are suggested in the readings for the AM Session of Day 1 for students with no prior health experience). The books required for the second paper are readily available at area bookstores or on the web (e.g., amazon.com, barnesandnoble.com, etc.). Copies of PowerPoint materials used in class will be posted in the Session Notes section on the Blackboard site at least 24 hours in advance of the class.

If you have questions about the reading materials or you need other help, please contact my administrative assistant, Iveliz Vazquez [295 Lafayette Street - 3rd Floor - 212-998-7402 - iveliz.vazquez@nyu.edu].

Office Hours

By appointment (212-998-7455) - john.billings@nyu.edu
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Day 1 –1/21/11 – AM Session – 9:00-12:15

Introduction – Description of course content, goals, and requirements

Square One: The role of government in health/health care

- 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, discussion of limitations of government, and some examples
- Discussion of implications for policy

Required reading:


Square Two: How health care is organized, financed, and paid for

- Brief overview of how health care is organized, where the money comes from, and how care is paid for
- A little bit about insurance and “managed” care

Required reading:

Buff-up on your basic micro-economics by reviewing this:
http://william-king.www.drexel.edu/top/prin/txt/SDch/Ch3ToC.html

Suggested reading on how the health care delivery system is organized:

Problems for discussion in Day 1 PM Session – Each student will be assigned to one of four “discussion groups” and each group will be asked to review one of the two problems outlined below (two groups per problem). The discussion groups can meet during the lunch break and/or during the first 30 minutes of the Day 1 PM Session to discuss the issues related to
the problem, and then each discussion group will report back to the full group. The problems are:

- **Problem A** – More than half of emergency department use is for non-emergent conditions or for conditions that could be treated safely and effectively in a primary care setting. Many emergency rooms suffer from serious overcrowding, often resulting in long waits for care or diversion of ambulances. What can government do promote/encourage/require more optimal emergency room use?

- **Problem B** – The Center for Medicare and Medicaid Services (CMS) requires hospitals to report results for patients for a set of “core performance measures” related to quality of care [such as percent of heart attack patients given aspirin at admission, fibrinolytic medication within 30 minutes, percutaneous coronary intervention (PCI) with 90 minutes, smoking cessation advice during the stay, beta blocker prescription at discharge, etc]. These process performance measures are reported publicly on the CMS website. Why does CMS believe it to be necessary to implement this reporting system for these very fundamental and widely accepted processes of care? What are the barriers to a hospital for actually improving results on these measures?

**Day 1 – 1/21/11 – PM Session –1:30-4:45**

*Discussion group meetings and report back from groups on Problems A and B*

**Square 2 (continued): How health care is organized, financed, and paid for**

- Finishing-up of how money changes hands
- Discussion of the implications for policy
- Quick look at English National Health Services (by way of comparison) and current proposals for reform

**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:**


D. Jones, “Visions of a Cure,” *Isis* (September 2000):91:504-541 – [http://www.jstor.org/browse/00211753/ap010310?frame=noframe&userID=807af334@nyu.edu/01cc99333c3e2f10d557f64a8&dpi=3&config=jstor](http://www.jstor.org/browse/00211753/ap010310?frame=noframe&userID=807af334@nyu.edu/01cc99333c3e2f10d557f64a8&dpi=3&config=jstor)

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

**Day 2 –1/22/11 – AM Session – 9:00-12:00**

**Medicare: The basics and Issues for reform**

- A discussion of the role and objectives of government in health
- 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:**


Also take a look at:


Medicare: A Primer 2010 - [http://www.kff.org/medicare/upload/7615-03.pdf](http://www.kff.org/medicare/upload/7615-03.pdf)

**Issue for discussion groups** - Should federal policy promote participation of Medicare recipients in private plans (managed care and/or fee for service)? If yes, how should such participation be promoted? Discussion groups will be assigned one of the following roles:
- Lefty – government can/should solve most of society’s problems types
- Tea party members
- Health care providers
- Health insurance industry

**Medicaid: The basics**
- History and financing of Medicaid
- Description of who and what is covered by Medicaid

**Required reading:**


See also: Medicaid: A Primer 2010 - http://www.kff.org/medicaid/upload/7334-04.pdf

**Issue for discussion groups** - It’s 1965 and Congress is designing a health coverage program for low income populations. What are your views on:
- Who should be covered?
- What should be covered?
- Federal/state/local?
- Role of private plans

Discussion group roles same as Medicare session

**Day 2 – 1/22/11 – PM Session –1:15-4:15**

**Medicaid: Issues for reform**
- What needs to be fixed/Issues for reform
- Responding to the needs of high cost/high risk patients

**Required reading:**

Problems for discussion in Day 2 PM Session – Each “discussion group” (same group as Day 1) to review one of the two problems outlined below. The discussion groups can meet during the afternoon break and/or during the first 30 minutes of the post break session and report back to the full group. The problems are:

- **Problem A** – A large number of uninsured children and adults are eligible but not enrolled in Medicaid. Why? What can government/not-for-profit groups do to get more eligibles enrolled? What are the barriers? Who should do what?

- **Problem B** – It is possible to identify Medicaid patients from claims data who are at very high risk of future hospital admissions. These patients have high rates of chronic disease, mental health conditions, and substance abuse problems, and these patients are often homeless or precariously housed and socially isolated. What are the critical components of a program to respond the needs of these patients (reducing future hospital admissions), how can it be implemented (assuming there is no new money and the initiative would have to break even with savings from reduced hospital admissions covering the costs of the intervention), and what are the barriers to implementation?

Discussion group meetings and report back from groups on Problems A and B

**Day 3 – 2/25/11 – AM Session – 9:00-12:15**

The major challenges confronting the health “system”: Disparities, Uninsurance, and Costs

- Overview of disparities in health services, utilization, and outcomes
- Discussion of the factors that are contributing to these disparities
- Description of the size and characteristics of the uninsured population
- Review of the causes of uninsurance
- Description of the dynamics of current cost increases
- Review of the causes and implications of cost increase
- Discussion of the implications of these challenges for policy makers and providers and for the current health reform initiative

**Required Reading:**


The Uninsured – A Primer - http://www.kff.org/uninsured/upload/7451-05.pdf


**Problem for discussion in Day 3 PM Session** – Each “discussion group” (same group as Day 1) will consider how a state can respond to the challenges of disparities, uninsurance, and costs from perspective of one of four interest groups (recognizing that for some of these groups there could be within groups differences). The discussion groups can meet during the lunch break and/or during the first 30 minutes of the Day 3 PM Session to discuss the issues related to the problem, and then each discussion group will report back to the full group. The interest groups to be assigned are:

- Health care providers
- Employers
- Low income advocacy groups
- Tea Party members

**Day 3 – 2/25/11 – PM Session – 1:30-4:30**

**Discussion group meetings and report back on recommended state actions**

**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:

Roles for discussion of national level health reform – In discussing health reform in the session below, each discussion group will be asked to comment/respond from the perspective on one of four interest groups. The discussion groups can meet during the afternoon break and/or the first 15 minutes of the post break session to develop their perspectives. At various points in the presentation on the health reform legislation that passed Congress last year, these perspectives will be elicited. The four interest groups are:

- Health insurers
- Health care providers
- Lefty – reform didn’t go far enoughers
- Tea Party members

National Health Reform 2010

- Overview of Patient Protection and Affordable Care Act (PPACA)
- Discussion policy, politics, and power

Required Reading:


**Day 4 – 2/26/11 – AM Session – 9:00-12:15**

**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 emerging issues now
- Discussion of the role of government with respect to the pharmaceutical industry

**Required Reading:**


**Optional reading:**


**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
Required reading:

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


Proposals for malpractice reform/reducing medical errors – In discussing malpractice reform (and efforts to reduce medical errors) in the session below, each discussion group will be asked to make recommendations for government and/or private action from the perspective of one of four interest groups. The discussion groups can meet during the afternoon break and/or the first 15 minutes of the post break session to develop their perspectives. The four interest groups are:

- Health care providers
- Legal profession
- Lefty – government can/should solve most society’s problems types
- Tea Party members

Day 4 – 2/26/11 – PM Session – 1:30-4:15

Discussion group meetings and report back on proposals for malpractice reform

Role of Patients – Making informed decisions

- Patient’s rights to refuse/withdraw treatment
- What information do patients need to make health care decisions (choice of treatment, doctor/hospital, health plan, etc.)
- What’s the best way to get information to patients

Required reading:
M. Morgan, R Deber, H. Llewellyn-Thomas, “Randomized Controlled Trial of an Interactive Videodisc Decision Aid for Patients with Ischemic Heart Disease,” *Journal of General Internal Medicine* 15 No. 10 (2000): 685-693


REQUIRED PAPERS

**Paper 0.5 – 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:** Day 2 – 1/22/11

**Paper 2 – The Dartmouth Atlas Memo** (40% of final grade) - ≤ 8 pages – Take a look at the website for the *Dartmouth Atlas of Healthcare*. There is an interactive site, where you can pick out specific utilization or resource use measures for specific areas or hospitals ([http://www.dartmouthatlas.org/](http://www.dartmouthatlas.org/)) and there is also an area of the site where you can download Excel or pdf files with the data ([http://www.dartmouthatlas.org/downloads.aspx](http://www.dartmouthatlas.org/downloads.aspx)) – this latter site can be a little easier to navigate. 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). Then 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).

**Due Date:** 2/4/11 – 11:59pm (submit electronically or drop off in my mail box)

**Paper 3 – Book Memo** (40% of final grade) - ≤ 8 pages – You are a newly hired policy staff person for some senator, the governor of any state, a 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 it and tell her/him i) what it says, ii) why it is 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 7-8 pages). 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*.
- Laurie Kaye Abraham – *Mama Might Be Better Off Dead: The Failure of Health Care in Urban America*. 
- Sheldon Krimsky – Science in the Private Interest: Has the Lure of Profits Corrupted Biomedical Research.
- Tracy Kidder – Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World.
- 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
- Julie Salamon – Hospital: Man, Woman, Birth, Death, Infinity, Plus Red Tape, Bad Behavior, Money, God and Diversity on Steroids
- Rebecca Skloot – The Immortal Life of Henrietta Lacks
- David Kessler – The End of Overeating: Taking Control of the Insatiable American Appetite

**Due Date:** 3/11/11 – 11:59pm (submit electronically or drop off in my mail box)