NEW YORK UNIVERSITY
Robert F. Wagner School of Public Service

P11.2867 -- HEALTH SYSTEMS AND REFORM:
COMPARATIVE INTERNATIONAL PERSPECTIVES

Spring Semester, 2016
Thursdays: 6:45 pm to 8:25 pm
15 Washington Mews,
Basement Seminar Room
Prof. Victor Rodwin
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COURSE DESCRIPTION

All health systems in the industrialized world are grappling with problems of cost, access, equity and quality of health care and the trade-offs between these objectives. Reforms based on promoting markets, managed competition, public contracting, improved management, and changing financial incentives are some important issues under discussion in most nations.

This seminar relies on public policy analysis and political economy perspectives to compare health systems in wealthy OECD nations and BRIC nations (Brazil, Russia, India and China) to analyze efforts at health care reform. The readings, lectures, and class discussions will make students more knowledgeable about policy options and policy changes in different countries. The instructor will also provide opportunities for students to pursue individual research projects and work with the instructor to submit papers for publication.

The seminar begins with an overview of how forces of “globalization” affect health system reform. Next, we focus on ideas, concepts and theories of health care reform. We then go beyond the OECD and controversial WHO approach to health system performance. We examine the politics of health system reform efforts and present case studies in selected nations depending on students’ specific interests. Finally, we will address the policy question of what the U.S. and BRIC nations may learn from the experience of these nations.

Learning objectives

- Analyze conceptual and methodological issues in the study of health systems and policy
- Identify common problems and differences among diverse health systems
- Highlight key features of health systems in OECD nations and other countries.
- Assess the impact of globalization on health system development
- Analyze the U.S. health system from a comparative perspective
- Examine the uses of comparative analysis in learning from abroad
**Prerequisites**
Community Health and Medical Care (P11.1830), Micro-Economics (P11.1018), Introduction to Public Policy (P11.1022). The seminar assumes that students will be familiar with principles of microeconomics, policy analysis and with our current system of health care organization and financing in the United States.

**Course requirements**
Students must complete all required reading before each class. I will ask individuals and/or groups to make several short (5-10 minute) presentations in the course of the semester, drawing on the readings and additional research. In addition, I will ask each member of the class to make final presentations on some aspect of health care reform in a selected nation, and how that might inform ongoing reform efforts in another nation. For example, one approach would be to make a presentation to a Congressional subcommittee about the experience of one or several wealthy OECD nations that would inform feasible health care reform in the United States. Alternatively, students may choose to draw on the experience of health care system innovations/experiments in the U.S. to assist other nations in reforming their health care systems.

A preliminary proposal (due Feb. 18) and a final proposal, including a progress report, is due on March 3. All students will make final presentations on May 5th and submit final papers (3 pages + back-up materials in a separate Appendix) on May 5. A draft of the final paper and Appendix must be ready in close to final form by April 14 so that I can provide feedback before the final May 5th class devoted to these presentations. All proposals and summary papers must be written with the understanding that the class, as a whole, is the audience. They must be posted on NYU Classes for all seminar participants to read.

**Teaching method**
Classes will consist of short lectures and questions aimed to provoke discussion about the readings and the issues they raise. There will also be special guests and short student presentations and debates.

**Class Calendar**

<table>
<thead>
<tr>
<th>Date</th>
<th>Class</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Jan 28</td>
<td>1</td>
<td>Globalization and Health System Reform</td>
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<tr>
<td>Feb 4</td>
<td>2</td>
<td>Comparative Health Policy: The Case of French NHI and the English NHS</td>
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<td>Feb 11</td>
<td>3</td>
<td>Theory, Concepts and Fads in Health Care Reform</td>
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<td>Feb 18</td>
<td>4</td>
<td>The Netherlands (Preliminary proposal due)</td>
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<td>Feb 25</td>
<td>5</td>
<td>New Zealand</td>
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<td>Mar 3</td>
<td>6</td>
<td>Primary Health Care Reform: A Comparative Survey Approach</td>
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<td>Mar 10</td>
<td>7</td>
<td>Health System Reform in Quebec (Final proposal due)</td>
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<td>Mar 17</td>
<td>8</td>
<td>Spring Recess, no class</td>
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<td>Mar 24</td>
<td>9</td>
<td>Health Care Reform as Rationing: The English NHS and the US</td>
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<td>Mar 31</td>
<td>10</td>
<td>Universal Health Coverage and BRICs</td>
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<td>Apr 7</td>
<td>11</td>
<td>India</td>
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<td>Apr 14</td>
<td>12</td>
<td>Brazil (Submit draft of final paper and appendices)</td>
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<td>Apr 21</td>
<td>13</td>
<td>China</td>
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<td>Apr 28</td>
<td>14</td>
<td>Russian Federation</td>
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<tr>
<td>May 5</td>
<td>15</td>
<td>Final Presentations (Final paper due)</td>
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**REQUIRED READINGS IN SYLLABUS ARE ALL POSTED ON NYU CLASSES**
OUTLINE OF COURSE TOPICS AND READINGS

I. INTRODUCTION

1. Globalization and Health System Reform – Jan. 28
   Required Reading:


   Oliver, A. The folly of cross-country ranking exercises. *JHEPL*. 7(1) 2012. (link)

2. Comparative Health Policy: The Case of French NHI and the English NHS – Feb. 4
   Required Reading:


   Black, N. “Liberating the NHS” – Another attempt to implement market forces in English health care. *NEJM*.363 (12) 2010. (link)

   Klein, R. Does history provide a short cut to futurology? *JHEPL*, 10(1) 2014. (link)

3. Theory, Concepts and Fads in Health Care Reform – Feb. 11
   Required Reading:
   Enthoven, A. The history and principles of managed competition. *Health Affairs* (12), Supplement, 1993. (link)


   Optional Reading:

II. HEALTH SYSTEMS AND REFORM IN EUROPE

4. The Netherlands – Feb. 18. Guest: Christiaan Schakel
   Required Reading:

Optional Reading:

Struijs, J. and Baan, C. Integrating care through bundled payments – Lessons from the Netherlands. NEJM 364 (11), 2011. (link)

Required Reading:


Oberlander, J and Laugesen, M. Leap of Faith – Medicare’s new physician payment system. NEJM 373(13) 2015. (link)

Required Reading:


7. Health System Reform in Quebec – March 10

SPRING RECESS: March 14 - 18, 2016

Required Reading:

Osborn, R. et al. International survey of older adults finds shortcomings in access, coordination, and patient-centered care, Health Affairs (33)12 2014. (link)

Optional Reading:
E. Nolte and M. McKee, Caring for people with chronic conditions: A health system perspective (link). Ch. 1 and 4

C. Schoen et. al. A survey of primary care doctors in ten countries shows progress in use of health information technology, less in other areas. Health Affairs, 31(12) 2012. (link)

III. HEALTH SYSTEMS AND REFORM IN BRAZIL, RUSSIAN FEDERATION, INDIA AND CHINA (BRIC)
9. **Universal Health Coverage and BRICs. Guest: Dr. Alex Preker – March 31**

*Required Readings:*

Martin, et. al. An assessment of progress towards universal health coverage in Brazil Russia India China and South Africa. *The Lancet* 384(9960), 2014. ([link](#))

10. **India – April 7**

*Required Readings:

He, A. Meng, Q. An interim interdisciplinary evaluation of China’s national health care reform: emerging evidence and new perspectives. *Journal of Asian Public Policy*, 8(1, 2015. ([link](#))

11. **Brazil -- April 14**

*Required Readings:


12. **China – April 21**

*Required Readings:

Reddy, K.S. India’s aspirations for universal health coverage. *NEJM* 373(1), 2015. ([link](#))

13. **Russian Federation – April 28**

*Required Readings:

Cook, L. Constraints on universal health care in the Russian Federation: Inequality, informality and the failures of mandatory health insurance reforms. *UN Research Institute for Social Development*, 2015. ([link](#))

14. **Final Presentations – May 5**

**Grading**

The proposals for final presentations will **each** count for 10% of the final grade. The final presentation on May 5 will count for 20% of the grade and will be evaluated by all class members (anonymously) and by the instructor. The class component and instructor’s component will each count for ½ of the presentation grade’s value. The final paper will count for 40 % of the grade. It should consist of a 3-page written summary of the presentation and appendix with back-up materials).

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<thead>
<tr>
<th>Weight</th>
<th>Assignment</th>
<th>Due date</th>
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<tbody>
<tr>
<td>10%</td>
<td>Preliminary Proposal</td>
<td>Feb 18</td>
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<tr>
<td>10%</td>
<td>Final Proposal</td>
<td>Mar 10</td>
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<td>20%</td>
<td>Final Presentation</td>
<td>Apr 14</td>
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<td>40%</td>
<td>Final Paper</td>
<td>May 5</td>
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<tr>
<td>20%</td>
<td>Overall Class Participation</td>
<td>May 5</td>
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