# **NYU Wagner logo**

# **MHA-GP-1823**

# **Health Policy and the Health System**

# **Summer Session 2021**

## Course Information

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* Office Hours: Friday 8:00-10:00 AM EST
* Meeting Times: Wednesdays, 7:00-8:00 PM EST

## Course Description

This course is an introduction to major health policy issues and examines the role of federal and state governments 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. The course will include a detailed review of the economics of health care with special focus on payment policy. 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.

## Course Objectives

Students who successfully complete this course will be able to:

* Explain the role of government at all levels in healthcare, and its limitations.
* Describe how the healthcare “system” is organized (or not) and the implications for health policy.
* Explain how healthcare is financed (where the money comes from) and the implications for health policy.
* Describe how health providers are paid and the implications for controlling costs and managing care.
* Describe types of medical practice variation, the causes of variation, and the implications for payment policy and cost issues.
* Explain how the Medicare and Medicaid programs work and describe issues for reform.
* Analyze challenges of disparities in healthcare, their causes, and opportunities for reform.
* Analyze the challenges of rising healthcare costs and opportunities for reform.
* Assess issues related to the uninsured and describe implications at the federal, state, and local level, including the Affordable Care Act.
* Analyze policy issues concerning the pharmaceutical industry.
* Analyze the impact of medical errors and malpractice and the opportunities for reform.
* Propose ways to involve patients in medical decision-making, including end-of-life care and choice of treatment alternatives.
* Demonstrate how to present data to policy makers and managers to effectively inform policy decisions.

## Assessment Assignments and Evaluation

The course requires active participation in class discussion as well as the submission of a paper, a PowerPoint slide deck, and a final exam. Details are described below. For this course, all assignments are due the Monday **before** the lecture. Here are the grading requirements for the course:

**Personal Resume (Pass/Fail):**

Provide a brief resume/vita that describes who you are, employment experience (if any), career goals (if any), and attach a recent photo of yourself.

**Email to me before the first class on May 26.**

### **Class Participation (10%) and Discussion Group Assignments (20%):**

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 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, and your general knowledge of the policy environment. All group members should contribute to the group discussion post and discussion in lecture, 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 private discussion forum for the module **and** the "Weekly Group Report Outs for Class" forum.

**Due dates for discussion group assignments: Weekly (before class)**

### **Dartmouth Atlas Memo (25%) – 6 to 8 pages**

Go to the Dartmouth Atlas website which has sets of Excel files documenting variation in healthcare 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 of utilization rates on the site include:

* Care of chronically ill patients during the last two years of life [Care of Chronically Ill Patients](http://www.dartmouthatlas.org/tools/downloads.aspx?tab=40) (http://archive.dartmouthatlas.org/tools/downloads.aspx?tab=40)
* Selected medical and surgical discharge rates [Hospital Discharges and Post-Acute Care](https://atlasdata.dartmouth.edu/static/research_data_archive?tab=41#surgical) (http://archive.dartmouthatlas.org/tools/downloads.aspx?tab=41#surgical)
* A broad range of various utilization rates, including:
  + Children's healthcare 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 of 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 holds the potential for implementation) and make some suggestions about what might be done to reduce variation. Be specific and detailed in your suggestions. 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 please 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).

### **PowerPoint Slide Assignment (20%):**

Create a slide deck from your Dartmouth Atlas paper. As with the paper, make clear recommendations on what might be done about the healthcare delivery problem. **While substantive content matters, you will be graded primarily on how clearly and effectively the material is presented**. Look and feel matter. Don’t make slides too busy or have too much text on a slide, and avoid cute graphics. You will not actually have to present the slides but keep the length to a presentation that would take no more than 10 minutes. I would highly suggest no more than 8-10 slides.

### **Exam (25%):**

For your final assignment, you will complete an essay exam. You will be asked to answer two of the five questions provided. Where relevant, cite assigned readings and session notes.

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.”

See instructions on NYU Classes site for due date (90 minutes after you download the exam).

## 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 objectivesbut 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.

## Course Overview

### 1: Health Policy as a Government Project

Learning Objectives

* Determine the range of roles government can take that can affect health policy issues.
* Articulate the politics of government involvement.
* Analyze the limits of government involvement.
* 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.

### 2: Health Care as System

Learning Objectives

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

### 3: Paying for Care

Learning Objectives

* Deconstruct the dynamic between healthcare financing and how providers are paid.
* Determine the relationship between healthcare organizations and providers and the challenges this can expose.

Resources

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

### 4: Medical Practice

Learning Objectives

* Describe the type/extent of variation in healthcare utilization.
* Analyze the possible causes/explanations for the variation.
* 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.
* Gawande, A. *The Cost Conundrum*. The New Yorker, June 1, 2009.

### 5: Medicare—An Overview

Learning Objectives

* Summarize the structure of the Medicare program, including who and what it covers.
* Evaluate the source of financing and analyze the implications on stability of the program.
* Distinguish between the strengths and weaknesses of the Medicare program.
* 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.

### 6: Medicare Part D and Medicaid

Learning Objectives

* Reflect on how Medicare Part D works and provide insight on issues associated with its reform.
* Articulate the structure of the Medicaid program, where its funding comes from, where the money is going, and how healthcare is paid for.
* 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.

### 7: Medicaid: Politics and the States

Learning Objectives

* Analyze how CHIP works.
* Summarize the politics of efforts to periodically reauthorize the program.
* 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.

### 8: Social Determinants of Health

Learning Objectives

* Summarize the extent of the disparities problem.
* Analyze the factors contributing to the problem.
* Analyze the options for addressing the problem.
* 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.

### 9: The Problem of Cost

Learning Objectives

* Summarize the extent of the cost problem.
* Distinguish the factors contributing to the problem.
* Summarize options for addressing the problem.
* Predict the challenges inherent in implementing any “solutions.”

Resources

* T. Bodenheimer and K. Grumbach, *Understanding Health Policy, 7th ed,* Chapters 8-9. New York: McGraw Hill, 2016.
* Shrank, W. et al. (2019). Waste in the US Health Care System. *JAMA*, 322(15), 1501-1509.
* Dunn, A., Liebman, E., and Shapiro, A. (February, 2017). Decomposing Medical-Care Expenditure Growth. Working Paper 23117.

### 10: A Nation of Uninsured and the ACA

Learning Objectives

* Explain the characteristics for the uninsured pre-ACA.
* Explain the state and local responses pre-ACA.
* Evaluate the implications of these characteristics on the design of the ACA or any intervention.
* Evaluate the key elements of the ACA.
* 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)

### 11: Innovators and their Challenges

Learning Objectives

* Discern the major policy issues related to the pharmaceutical industry.
* Predict opportunities for potential reform.
* Determine areas where significant challenges remain.

Resources

* 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.

### 12: Medical Malpractice

Learning Objectives

* 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.
* Evaluate the extent of medical error in the healthcare “system.”
* Analyze how the legal system handles claims of malpractice and determine how well it is performing.
* 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*.
* 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.

### 13: A Story of Patients and Care

### Learning Objectives

* Identify the importance and challenges of involving patients and their families in end-of-life care decisions.
* Describe the importance and challenges related to advance directives.
* Analyze the importance and challenges of involving patients and their families in more routine treatment decisions.

Resources

* Cruzan v. Director, Missouri Department of Health – 497 U.S. 261 (1990).
* Lee, E. O., Emanuel, E. J. (2013). Shared Decision Making to Improve Care and Reduce Costs. *NEJM,* 368(1), 6-8.

## NYU Classes

All announcements, resources, and assignments will be delivered through the NYU Classes site and/or email to the Professor. Professor Barnhill 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.