## NYU Wagner logo

# HPAM-1830

# Introduction to Health Policy and Management

**Spring 2023, Section 01**

## Instructor Information

* Alexander Niyazov PharmD., RPh, MPH
* Email: [an4027@nyu.edu](mailto:an4027@nyu.edu)
* Office Hours: By appointment and immediately before each class

## Course Information

* Class Meeting Times: Mondays 6:45 PM - 8:25 PM
* Class Location: 60 Fifth Avenue, Room C04 Loc: Washington Square

## Course Description

This course provides a broad overview of the US healthcare system and focuses on key issues and challenges in the field of health policy and management (HPAM). The course is broken into 3 parts.

In the first part of the course, we will focus on the origins of our healthcare system and discuss how healthcare is financed in the United States. We will identify relevant catalysts that spurred the current US healthcare system. We will also discuss the government’s role in financing healthcare services. In doing so, we will also identify current challenges and limitations with our current healthcare system. We will conclude part I by comparing our healthcare system with the healthcare systems in place in other industrialized nations.

In part 2 we will focus on constructs of health policy and health promotion. We will identify different theories of behavioral economics and look at ways to maximize health promotion. Additionally, we will be discussing social determinants of health and its impact on health outcomes. Lastly, we will explore the intersection between the government’s role in health promotion and individual civil rights and liberties.

In part 3, we will focus on contemporary public health issues effecting the United States. We will also be discussing the government’s role in addressing these issues.

## Course and Learning Objectives

At the conclusion of this course, students will be prepared to:

1. Describe the organization, financing and performance of the U.S. health care delivery system
2. Define the roles of key stakeholders – providers, government and private payers, employers, regulators, patients – and describe their incentives and behavior
3. Compare the U.S. health care system to the organization and financing models abroad
4. Articulate ways that health policies can and do change at various levels of governance
5. Articulate alternative ways to influence behavior in addition to, or instead of, formal policies
6. Identify determinants of health and explain the impact on the distribution of health and disease
7. Analyze strengths, weaknesses and feasibility of policy and management approaches that aim to promote health, prevent disease and improve health services delivery and assess the impact of these approaches on quality, access, cost and equity goals

## COURSE OVERVIEW

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| --- | --- | --- |
| **Session Number** | **Topic** | **Date** |
| Session 1 | Employer Sponsored Health Insurance | January 23 |
| Session 2 | Role of Government in Health Insurance: Medicare, & Medicaid | January 30 |
| Session 3 | Role of Government in Health Insurance: Patient Protection and Affordable Care Act, & The Inflation Reduction Act | February 6 |
| Session 4 | Rise of Managed Care in the United States | February 13 |
| No Class | President Day | February 20 |
| Session 5 | Physician Induced Demand | February 27 |
| Session 6 | Comparison of the US Health Care System to Other Industrialized Nations | March 6 |
| No class | Spring Break ENJOY! | March 13 |
| Session 7 | Behavioral Economics – Policy Considerations | March 20 |
| Session 8 | Promoting Healthy Behaviors | March 27 |
| Session 9 | Paternalism and Civil Rights –Focus on COVID-19 | April 3 |
| Session 10 | Social Determinants of Health – Health Inequities and Access to Care | April 10 |
| Session 11 | Opioid Epidemic | April 17 |
| Session 12 | Obesity Epidemic | April 24 |
| Session 13 | Class Presentations | May 1 |
| Session 14 | Final Exam | May 8 |

## Course Readings

In every session, I expect students to complete all the required readings specified in the syllabus prior to class. The class discussions will be based on the assigned readings for that class.

## Grading:

Students will be evaluated based on the following criteria:

1. Class participation (20%).
   1. Attendance
   2. Participation in class discussions
2. Writing assignments (40%)
   1. 5-page policy memo (15%)
      1. Students are to write a policy memo on a current issue in health policy and management. In the memo, the students should include a policy proposal and discuss (1) how the policy will be implemented; and (2) implications of the proposed proposal. All writings should be appropriately cited.
   2. 10-page policy memo (25%)
      1. Students are to write a policy memo on a current issue in health policy and management. In the memo, the students should include a policy proposal and discuss (1) how the policy will be implemented; and (2) implications of the proposed proposal. All writings should be appropriately cited.
3. Class presentation (20%)
   1. Students are expected to identify a current health policy and management issue and develop a presentation on this topic. The presentation should include (1) background on the health policy and management issue; (2) current or proposed polices; (3) implications of current policies; (4) student’s recommendations. You will work in small groups throughout the course in preparing for your short class presentations.
4. Final Exam (20%)

**Detailed Course Overview**

### Session 1: Employer Sponsored Health Insurance

**Required Readings:**

* Blumenthal D. Employer-Sponsored Health Insurance in the United States – Origins and Implications. *NEJM.* 2006;355(1):82-88.
* Institute of Medicine (US) Committee on Employment-Based Health Benefits. Employment and Health Benefits: A Connection at Risk. Field MJ, Shapiro HT, editors. Washington (DC): National Academies Press (US); 1993. PMID: 25144049. (Read pages 49-77).

### Session 2: Role of Government in Health Insurance: Medicare, & Medicaid

**Required Readings:**

* Published: Feb 13, 2019. (2019, February 13). *An overview of Medicare*. KFF. Retrieved December 27, 2022, from <https://www.kff.org/medicare/issue-brief/an-overview-of-medicare/>
* Julia Paradise, B. L. (2015, May). *Medicaid at 50*. KFF. Retrieved December 27, 2022, from <https://www.kff.org/medicaid/report/medicaid-at-50/>
* DeWalt DA, Oberlander J, Carey TS, Roper WL. Significance of Medicare and Medicaid programs for the practice of medicine. Health Care Financ Rev. 2005-2006 Winter;27(2):79-90. PMID: 17290639; PMCID: PMC4194929.

**Session 3: Role of Government in Health Insurance: Patient Protection and Affordable Care Act, & The Inflation Reduction Act**

* Published: Apr 23, 2013. *Summary of the affordable care act*. KFF. Retrieved December 27, 2022, from <https://www.kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>
* Juliette Cubanski, Tricia Neuman, Meredith Freed. (2022, September 22). *Explaining the prescription drug provisions in the Inflation Reduction Act*. KFF. Retrieved December 27, 2022, from https://www.kff.org/medicare/issue-brief/explaining-the-prescription-drug-provisions-in-the-inflation-reduction-act/
* Blumenthal D, Collins SR, Fowler EJ. The Affordable Care Act at 10 Years - Its Coverage and Access Provisions. N Engl J Med. 2020 Mar 5;382(10):963-969. doi: 10.1056/NEJMhpr1916091. Epub 2020 Feb 26. PMID: 32101659.

**Session 4: Rise of Managed Care in the United States**

**Required Reading**

* Gale A. John Wennberg, MD: The Influential Doctor Who Blames Physicians and Fee-For-Service Medicine for the High Cost of Health Care. Obama Care is Based on His Research. Mo Med. 2016 May-Jun;113(3):156-8. PMID: 27443035; PMCID: PMC6140041.
* Fairfield G, Hunter DJ, Mechanic D, Rosleff F. Managed care. Origins, principles, and evolution. BMJ. 1997 Jun 21;314(7097):1823-6. doi: 10.1136/bmj.314.7097.1823. PMID: 9224090; PMCID: PMC2126918.
* Lendner, P. (2021, April 22). *An interview with Paul Ellwood Jr., M.D.* Managedcaremag.com. Retrieved December 27, 2022, from <https://www.managedcaremag.com/archives/9711/9711-qnaellwood/>

**Session 5: Physician Induced Demand**

**Required Reading**

* Johnson EM, Rehavi MM. Physicians Treating Physicians: Information and Incentives in Childbirth. American Economic Journal: Economic Policy. 2016:8(1)115-141.
* Baker LC. Acquisition of MRI equipment by doctors drives up imaging use and spending. Health Aff (Millwood). 2010 Dec;29(12):2252-9. doi: 10.1377/hlthaff.2009.1099. PMID: 21134927.
* Mitchell JM, Scott E. Physician ownership of physical therapy services. Effects on charges, utilization, profits, and service characteristics. JAMA. 1992 Oct 21;268(15):2055-9. PMID: 1404742.
* Nguyen NX, Derrick FW. Physician behavioral response to a Medicare price reduction. Health Serv Res. 1997 Aug;32(3):283-98. PMID: 9240281; PMCID: PMC1070191.

### Session 6: Comparison of the US Health Care System to Other Industrialized Nations

**Required Reading**

* Papanicolas I, Woskie LR, Jha AK. Health Care Spending in the United States and Other High-Income Countries. JAMA. 2018 Mar 13;319(10):1024-1039. doi: 10.1001/jama.2018.1150. Erratum in: JAMA. 2018 May 1;319(17 ):1824. PMID: 29536101.
* *ISPOR - US Healthcare System Overview*. (n.d.). Retrieved December 28, 2022, from <https://staging.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview>
* Lakdawalla DN, Goldman DP, Michaud PC, Sood N, Lempert R, Cong Z, de Vries H, Gutierrez I. U.S. pharmaceutical policy in a global marketplace. Health Aff (Millwood). 2009 Jan-Feb;28(1):w138-50. doi: 10.1377/hlthaff.28.1.w138. Epub 2008 Dec 16. PMID: 19088101; PMCID: PMC3804349.
* *U.S. health care from a global perspective, 2019: Higher spending, Worse Outcomes?* (n.d.). Retrieved December 29, 2022, from https://www.commonwealthfund.org/sites/default/files/2020-01/Tikkanen\_US\_hlt\_care\_global\_perspective\_2019\_OECD\_db\_v2.pdf

**Session 7: Behavioral Economics – Policy Considerations**

**Required Reading**

* Cotti, Chad, Erik Nesson, and Nathan Tefft. 2016. "The Effects of Tobacco Control Policies on Tobacco Products, Tar, and Nicotine Purchases among Adults: Evidence from Household Panel Data." *American Economic Journal: Economic Policy*, 8 (4): 103-23.DOI: 10.1257/pol.20150268
* Cicero TJ, Ellis MS, Surratt HL. Effect of abuse-deterrent formulation of OxyContin. N Engl J Med. 2012 Jul 12;367(2):187-9. doi: 10.1056/NEJMc1204141. PMID: 22784140.
* Iyengar KP, Ish P, Botchu R*, et al.* Influence of the Peltzman effect on the recurrent COVID-19 waves in Europe *Postgraduate Medical Journal*2022;**98:**e110-e111.
* Peltzman, S. (1975). The Effects of Automobile Safety Regulation. *Journal of Political Economy*, *83*(4), 677–725. <http://www.jstor.org/stable/1830396>

### Session 8: Promoting Health Behaviors

**Required reading**

* Madrian, B. C., & Shea, D. F. (2001). The Power of Suggestion: Inertia in 401(k) Participation and Savings Behavior. *The Quarterly Journal of Economics*, *116*(4), 1149–1187. http://www.jstor.org/stable/2696456
* Rummo PE, Moran AJ, Musicus AA, Roberto CA, Bragg MA. An online randomized trial of healthy default beverages and unhealthy beverage restrictions on children's menus. Prev Med Rep. 2020 Dec 4;20:101279. doi: 10.1016/j.pmedr.2020.101279. PMID: 33318891; PMCID: PMC7726712.
* Coffino JA, Han GT, Evans EW, Luba R, Hormes JM. A Default Option to Improve Nutrition for Adults With Low Income Using a Prefilled Online Grocery Shopping Cart. J Nutr Educ Behav. 2021 Sep;53(9):759-769. doi: 10.1016/j.jneb.2021.06.011. PMID: 34509276.
* Fernández-Ballesteros R, Sánchez-Izquierdo M, Olmos R, Huici C, Ribera Casado JM, Cruz Jentoft A. Paternalism vs. Autonomy: Are They Alternative Types of Formal Care? Front Psychol. 2019 Jun 28;10:1460. doi: 10.3389/fpsyg.2019.01460. PMID: 31316428; PMCID: PMC6611139.

### Session 9: Paternalism and Civil Rights –Focus on COVID-19

Required Readings

* [Jacobson v. Massachusetts, 197 U.S. 11, 25 S. Ct. 358, (1905)](https://plus.lexis.com/api/document/collection/cases/id/3S4X-BNS0-003B-H3JF-00000-00?cite=197%20U.S.%2011&context=1530671)

### [Calvary Chapel Dayton Valley v. Sisolak, 140 S. Ct. 2603, 207 L. Ed. 2d 1129, (2020)](https://plus.lexis.com/api/document/collection/cases/id/60F2-YYM1-JNCK-22KY-00000-00?cite=140%20S.%20Ct.%202603&context=1530671)

### [Roman Catholic Diocese v. Cuomo, 141 S. Ct. 63, 208 L. Ed. 2d 206, (2020)](https://plus.lexis.com/api/document/collection/cases/id/61CM-8YB1-F7ND-G2RW-00000-00?cite=141%20S.%20Ct.%2063&context=1530671)

### Session 10: Social Determinants of Health – Health Inequities and Access to Care

**Required Reading**

* Centers for Disease Control and Prevention. (2022, December 5). *Tuskegee Study - Timeline - cdc - os*. Centers for Disease Control and Prevention. Retrieved January 1, 2023, from https://www.cdc.gov/tuskegee/timeline.htm#print
* Centers for Disease Control and Prevention. (2022, December 8). *Social Determinants of Health at CDC*. Centers for Disease Control and Prevention. Retrieved January 1, 2023, from https://www.cdc.gov/about/sdoh/index.html#print
* Tucker-Seeley RD. Social Determinants of Health and Disparities in Cancer Care for Black People in the United States. JCO Oncol Pract. 2021 May;17(5):261-263. doi: 10.1200/OP.21.00229. PMID: 33974819.

### Session 11. Opioid Epidemic

**Required Reading**

* U.S. Department of Health and Human Services. (2022, December 19). *Overdose death rates*. National Institutes of Health. Retrieved January 1, 2023, from https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates
* Jones MR, Viswanath O, Peck J, Kaye AD, Gill JS, Simopoulos TT. A Brief History of the Opioid Epidemic and Strategies for Pain Medicine. Pain Ther. 2018 Jun;7(1):13-21. doi: 10.1007/s40122-018-0097-6. Epub 2018 Apr 24. PMID: 29691801; PMCID: PMC5993682.
* Adams J, Bledsoe GH, Armstrong JH. Are Pain Management Questions in Patient Satisfaction Surveys Driving the Opioid Epidemic? Am J Public Health. 2016 Jun;106(6):985-6. doi: 10.2105/AJPH.2016.303228. PMID: 27153016; PMCID: PMC4880256.
* Hirsch R. The Opioid Epidemic: It's Time to Place Blame Where It Belongs. Mo Med. 2017 Mar-Apr;114(2):82-90. PMID: 30228543; PMCID: PMC6140023.

### Session 12: Obesity Epidemic

**Required Reading**

* Centers for Disease Control and Prevention. (2022, May 17). *Adult obesity facts*. Centers for Disease Control and Prevention. Retrieved January 2, 2023, from https://www.cdc.gov/obesity/data/adult.html#print
* *Rising obesity in the United States is a public health crisis*. Home. (2018, April 24). Retrieved January 2, 2023, from https://www.commonwealthfund.org/blog/2018/rising-obesity-united-states-public-health-crisis
* Falbe J, Thompson HR, Becker CM, Rojas N, McCulloch CE, Madsen KA. Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption. Am J Public Health. 2016 Oct;106(10):1865-71. doi: 10.2105/AJPH.2016.303362. Epub 2016 Aug 23. PMID: 27552267; PMCID: PMC5024386.
* Mulugeta W, Desalegn H, Solomon S. Impact of the COVID-19 pandemic lockdown on weight status and factors associated with weight gain among adults in Massachusetts. Clin Obes. 2021 Aug;11(4):e12453. doi: 10.1111/cob.12453. Epub 2021 Apr 14. PMID: 33855789; PMCID: PMC8250379.

### Session 13: Class Presentations

### Session 14: Final Exam

## Class Policies

## Attendance

You should attend all live sessions.

### 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).

## Grades

Final grades will be calculated according to the percentages noted on pages 2-3 of the syllabus. These assignments are designed to assess understanding of course readings and progress against the course competencies noted in the syllabus, and no student will receive a B or higher without demonstration of satisfactory progress toward the mastery of each competency. Letter grades for the entire course will be assigned 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.

## NYU Classes

All announcements, resources, and assignments will be delivered through the NYU Classes site. I may modify assignments, due dates, and other aspects of the course as we go through the term with advance notice provided as soon as possible through the course website.

## 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](https://wagner.nyu.edu/portal/students/policies/code). All Wagner students have already read and signed the [Wagner Academic Oath](https://wagner.nyu.edu/portal/students/policies/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](https://www.nyu.edu/students/communities-and-groups/students-with-disabilities.html) 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 coinciding with assignment due dates and exams to schedule mutually acceptable alternatives.