#### NYU Wagner logo

# **UPADM-GP 236Topics in Health Policy: Policy, Politics, and Power – Fall 2024**

## Instructor Information

* Professor John Billings
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* Phone: 212-998-7455
* Office Address: 105 East 17th Street, 3rd floor
* Office Hours: By appointment

## Course Information

* Class Meeting Times: Mondays and Wednesdays, 12:30-1:45pm
* Class Location: Global Center for Academic and Spiritual Life – Room 279

## 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 and PowerPoint Notes

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. “Handout” versions of PowerPoint slides used in class will be posted on the Brightspace site at least 24 hours in advance of the class, with full versions posted following completion of the class.

## Assessment, Exams, and Assignments

### **Individual Assessment**

* Class participation and discussion, 10%
	+ Attendance will be monitored and taken into account in class participation grade
* Second assignment, 30%
* Midterm exam, 20%
* Third assignment, 20%
* End-of-term exam 20%

### **Assignment 1 – Personal Resume/Bio**

(Pass/Fail) – Provide a very brief resume/bio/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:** 9/9/24 – 11:59pm (submit via Brightspace)

**Note on Assignments 2 and 3:**

You may work in teams of up to 3 students on assignments 2 and 3. Teams must have a member from at least two different majors – if any member is “pre-med”, at least one other team member most 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.

### **Assignment 2 – The Dartmouth Atlas Memo**

(30% of final grade) - ≤ 8 pages – See the PowerPoint presentation in “Background on Assignments” section of Brightspace that describes the assignment in detail. From the Excel files on Brightspace (which were drawn from the Dartmouth Atlas of Health Care – <https://www.dartmouthatlas.org/>), pick an example of variation in end-of-life care that you believe is unwarranted, describe the range of factors that are likely to contribute to the differences, and 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). Please no Apple or PDF files,

#### **Due Date:** Submit via Brightspace by 10/9/24 – 11:59PM.

### **Mid-Term Exam – Session 15 (10/28/24)**

The Mid-Term Exam (20% of final grade) will be posted electronically on the Mid-Term Exam tab on the Brightspace site at 12:30 during the regular class period for Session 15 on 10/28/24 and must be completed and uploaded via Brightspace by 1:45 on 10/28/24. 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. Please no Apple or PDF files

### **Assignment 3 – Dartmouth Atlas PowerPoint Slides**

(20% of final grade) - Take your Dartmouth Atlas memo and make it into a PowerPoint presentation. As with the memo, describe the “unwarranted” variation, discuss the potential causes of the variation, and make recommendations on what might be done about it. Incorporate or address any suggestions that I made in grading the memoi. 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 not more than 15 minutes. If you worked on team on the memo, you may submit as a team or individually. Please no Apple or PDF files

**Due Date:** Submit via Brightspace by 11/13/24 – 11:59pm

### **End-of-Term Exam – Session 28 (12/09/24)**

The End-of-Term Exam (20% of final grade) will be posted electronically on the End-of-Term Exam tab on the Brightsapce site at 12:30 during the regular class period for Session 28 on 12/11/24 and must be completed and uploaded via Brightspace by 3:45 on 12/11/24. 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. Please no Apple or PDF files

**NOTE: THERE ARE NO “DO-OVERS” ON ASSIGNMENTS OR EXAMS – IF YOU HAVE QUESTIONS OR CONCERNS ABOUT WHAT IS REQUIRED/EXPECTED, PLEASE MAKE AN APPOINTMENT (IN-PERSON OR VIA ZOOM) IN ADVANCE OF THE DUE/EXAM DATE.**

**Overview of the Semester**

* Session 1
	+ Date: September 4
	+ Topic: Course introduction + Discussion of role of government in health care
* Sessions 2-3
	+ Dates: September 9 and September 11
	+ Topic: How health care is organized, financed, and paid for in the U.S.
	+ *Assignment 1: Personal resume/bio due via Brightspace by 11:59 pm 10/9/24*
* Sessions 4-5
	+ Dates: September 16 and September 18
	+ Topic: Medical practice and health policy
* Sessions 6-7
	+ Dates: September 23 and September 25
	+ Topic: Medicare: The basics and issues for reform
* Sessions 7-8
	+ Dates: September 25 and September 30
	+ Topic: Medicaid: The basics and issues for reform
* Session 9
	+ Date: October 2
	+ Topic: The major challenges confronting the health “system”: Part 1 - Racial/ethnic/socio-economic disparities
* Session 10
	+ Date: October 7
	+ Topic: The major challenges confronting the health “system”: Part 2 – The Uninsured
* Sessions 11-12
	+ Date: October 9 and October 16
	+ Topic: The major challenges confronting the health “system”: Part 3 – Controlling health care costs
	+ *Assignment 2: Dartmouth Atlas Memo due via Brightspace by 11:59 pm 10/9/24*
* October 14 and 15 – FALL BREAK/”Legislative Monday” – NO CLASS
* Session 13
	+ Date: October 21
	+ Topic: Prior efforts to respond to these challenges: The role of the states, the Clinton Health Plan, and other federal initiatives
* Session 14
	+ Date: October 23
	+ Topic: Affordable Care Act: Health Reform 2009/10 + Efforts to Repeal and Replace the ACA
* Session 15
	+ Date: October 28
	+ *Mid-Term Exam – [Posted on Brightspace at 12:30pm, submit electronically via Brightspace by 1:45pm]*
* Session 16
	+ Date: October 30
	+ Topic: More policy issues concerning the pharmaceutical industry – Part I
* Session 17
	+ Licy Date: November 4
	+ Topic: Addiction Treatment Research and Policy
* Sessions 18
	+ Date: November 6
	+ Topic: More policy issues concerning the pharmaceutical industry – Part II
* Sessions 19
	+ Date: November 11
	+ Topic: Obesity and public policy
* Session 20
	+ Date: November 13
	+ Topic: Management Matters
	+ *Assignment 3: Dartmouth Atlas PowerPoint Slides – Submit via Brightspace 11:59pm 11/13/24*
* Session 21
	+ Date: November 18
	+ Topic: The ACA’s community benefit requirements
* Session 22
	+ Date: November 20
	+ Topic: Global food policy
* Session 23
	+ Date: November 25
	+ Topic: Impact of non-health policies on health
* Session 24
	+ Date: November 27
	+ Topic: Medical errors – Medical malpractice – Part I
* Session 25
	+ Date: December 2
	+ Topic: Medical errors – Medical malpractice – Part II + Role of patients – Making informed health care decisions - Part I
* Sessions 26
	+ Date: December 4
	+ Topic: Role of patients – Making informed health care decisions - Part II
* Session 27
	+ Date: December 9
	+ Deliverable: End-of-Term Exam – [Posted on Brightspace at 12:30pm, submit electronically via Brightspace by 1:45pm]
* December 11 – “Legislative Friday” – Classes meet on Friday schedule – No Topics in

Health Policy Class

## Grading

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 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.

## Detailed Course Schedule

### **Session 1 - 9/4/24**

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 - 9/9/24 and 9/11/24**

### 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 – 9/16/24 and 9/18/24**

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 - 9/23/24 and 9/25/24**

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:

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.

CMS – *Medicare and You: 2024* - https://www.medicare.gov/publications/10050-Medicare-and-You.pdf

### **Sessions 7-8 - 9/25/24 and 9/30/24**

### 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 Manged 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.

### **Session 9 - 10/2/24**

### 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 - 10/7/24**

### 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 – 10/9/24 and 10/16/24**

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,” Working Paper 23117](http://www.nber.org/papers/w23117), (http://www.nber.org/papers/w23117) - February, 2017.

### **FALL BREAK/”Legislative Monday” – NO CLASS –10/14 and 15/25**

### **Session 13 - 10/21/24**

### 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.

### **Session 14 – 10/23/24**

### 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 – 10/28/24**

### Mid-Term Exam

[Posted on Brightspace at 12:30, submit electronically via Brightspace by 1:45\*]

**\*** Alternative arrangements can be made if you have a conflicting class immediately before or

after Topics in Health Policy class

### **Session 16 – 10/30/24**

### More policy issues concerning the pharmaceutical industry – Part I

* 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.

### **Session 17 - 11/4/24**

Addiction Treatment Research and Policy

 Guest Lecturer: Charles Neighbors – NYU Wagner, NYU Langone School of Medicine

Required Reading: TBA

### **Session 18 – 11/6/24**

### More policy issues concerning the pharmaceutical industry – Part II

See Session 17 for details

### **Session 19 – 11/11/24**

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 20 – 11/13/24**

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

### **Session 21 – 11/18/24**

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.

### **Session 22 - 11/20/24**

Global food policy

Guest lecturer: John Gershman

* 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: TBA

### **Session 23 - 11/25/24**

### The impact of non-health policies on health

Guest lecturer: Kacie Dragan, Dartmouth University

* Background and history of the intersection of social policies and health policies
* Why is it hard to study?
* Some applied examples
* What should the role of the health system be in financing or providing non-health social services that have an effect on health

Required Reading:

TBA

**Session 24 - 11/27/24**

Medical errors – Medical malpractice – Part I

* 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 mergency 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 25 – 12/2/24**

### Medical errors – Medical malpractice – Part II +

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

* End of life decisions
* Patient’s rights to refuse/withdraw treatment
* Advanced directives/proxies
* Physician assisted suicide
* Choice of treatment
* Choice of provider
* Choice o1 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) (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 26 - 12/4/24**

Role of patients – Making informed health care decisions – Part II

* See Session 26 for details

### **Session 27 - 12/9/24**

### End-of-Term Exam

[Posted on Brightspace at 12:30pm, submit electronically via Brightspace by 1:45pm\*]

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

### **December 11** – “Legislative Friday” – Classes meet on Friday schedule –

### No 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](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) 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](https://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/university-calendar-policy-on-religious-holidays.html) 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.