Course Syllabus

PubH 6556
Health and Health Systems
Fall 2012

Credits: 3
Meeting Days: Tuesdays, September 4 – December 11
Meeting Time: 9:05 – 11:30 am
Meeting Place: 2-110 WDH
Instructor: Jon B. Christianson
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Office Phone: 612-625-3849
Fax: 612-624-2196
E-mail: chris001@umn.edu
Office Hours: By Appointment

I. Course Description
The course provides an overview of the U.S. health care system and current health policy issues. Topics are addressed from a health care management perspective.

II. Course Prerequisites
Students must be admitted to the University of Minnesota’s Master in Healthcare Administration Program or have consent of the instructor.

III. Course Goals and Objectives
Specific goals and learning objectives are listed below for each class session.

IV. Methods of Instruction and Work Expectations
Each topic will be introduced during the assigned class period through a didactic presentation on the part of the instructor. For each class session, PowerPoint slides and related material will be posted on the Moodle website for downloading and viewing. (To learn more about Moodle, watch Moodle: Online Orientation for Students and/or visit the Moodle support website at http://www1.umn.edu/moodle/, which has a link for “Student support” with user guides, help and FAQs.) Significant health care organization and policy issues will be identified and discussed, referencing the readings for the class period. From time to time, the class will be asked to read and discuss a short article distributed during class. In most classes, student teams will present policy “briefs” to the class on pre-assigned topics. Students will be expected to prepare for each class by completing the readings and assignments prior to class and participating in the discussion of those readings during class.

V. Course Text and Readings
1. To access readings go to www.lib.umn.edu. Click on E-JOURNALS. Type in the name of the journal and click on “search”. Click on journal and then click “full text available via”. Follow the prompts to retrieve the article. For newspaper articles, type in the newspaper name and click search. Click on newspaper and then click on “full text available via ProQuest Newstand Complete.” Click on date of publication and search for article title. Wherever you see “Available at” press the control key on your keyboard and bring the cursor over the link. The cursor should turn into a hand with a pointing finger. Click the left mouse key and you will go directly to the cite. (NOTE: If you have any problems accessing assigned readings online, contact Jane Raasch at
If you do not have a University of Minnesota Internet ID and password, call 301-HELP and support staff will help you set up an account (or set up your own account at www.umn.edu/initiate and follow the directions.)

2. The readings for each class session are divided into two parts: “Suggested” readings and “Further” readings. The suggested readings are organized by subtopic. For some sessions, the list of suggested readings is long, but many individual readings are quite brief. There are no “Required” readings. The more of the suggested readings that you are able to complete, the better prepared you will be for your quizzes, assignments, and class discussion; and, the better prepared you will be for your career. In sessions where there are a large number of suggested readings, you may want to divide responsibility among study group members, with each member summarizing a subset of readings. The “Further” readings provide additional information on the topics covered in each session. They are intended to be useful in clarifying areas that you feel are not covered adequately in the suggested readings, or in providing additional information on topics of particular interest to you. The following sources of information are useful in keeping up-to-date on current developments in the health care system and in health policy.

- Websites with short “Research Briefs” on Various Health Care Topics: Center for Studying Health System Change, Urban Institute, MPR (Mathematica Policy Research), AcademyHealth

### VI. Course Outline/Weekly Schedule

<table>
<thead>
<tr>
<th>Session/Week</th>
<th>Topics</th>
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<tbody>
<tr>
<td>1 Sept. 4</td>
<td>Health System Performance: From Three-Legged Stool to the Triple Aim – Cost and Population Health</td>
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<tr>
<td>2 Sept. 11</td>
<td>Health System Performance: From Three-Legged Stool to the Triple Aim – Patient Experience</td>
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<tr>
<td>3 Sept. 18</td>
<td>The Health Policy Process: Crabs in a Bucket?</td>
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<tr>
<td>4 Sept. 25</td>
<td>A Macro View of Physician Supply: Do We Have Enough Physicians Now? Will We Need More in the Future?</td>
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<tr>
<td>5 Oct. 2</td>
<td>Rethinking Primary Care: What is the Future for the Family Doctor? [Assignment 1 due, 10 pts.]</td>
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<tr>
<td>6 Oct. 9</td>
<td>The Nurse Workforce: “Is There a Nurse in the House?”</td>
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<td>7, 8 Oct. 16, 23</td>
<td>The Hospital: From Doctors’ Workshop to “Big Med”</td>
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<tr>
<td>9 Oct. 30</td>
<td>Long-Term Care: Balancing What We Want With What We Can Afford [Quiz 1: Material from Sessions 1-8, 30 pts.]</td>
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<tr>
<td>10 Nov. 6</td>
<td>Medical Technology and Devices: At the Cutting Edge</td>
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<tr>
<td>11 Nov. 13</td>
<td>Pharmaceuticals: A Regulatory Rubik’s Cube</td>
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<tr>
<td>12 Nov. 20</td>
<td>Health Insurance, Uninsurance, and the Private Health Insurance Market: What Works, What Doesn’t and How Will Health Reform Change It?</td>
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<tr>
<td>13 Nov. 27</td>
<td>Medicaid: Can This “Vast Public Enterprise” Be Sustained?</td>
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<tr>
<td>14 Dec. 4</td>
<td>Financing Care for Seniors: Down the Medicare Rabbit Hole [Assignment 2 Due, 15 pts.]</td>
</tr>
<tr>
<td>15 Dec. 11</td>
<td>Medicare: A Program at the Brink? [Quiz 2: Material from Sessions 9-15, 30 pts.]</td>
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The U.S. Health Care System, Health Reform, and the Patient Experience

Session 1 – September 4, 2012
Health System Performance: From Three-Legged Stool to the Triple Aim – Cost and Population Health

The U.S. health care system is incredibly complex (some would call it a "non-system"), characterized by a variety of different financing mechanisms and delivery systems. In first two sessions of the course, we examine how the U.S. health care system performs relative to components of the Triple Aim: per capita costs, patient experience (quality), and population health. We also compare the performance of the U.S. health care system to systems in other countries.

Learning Objectives – Session 1

Students should be able to:

1. Discuss the different components of the Triple Aim and the performance of the U.S. health care system relative to:
   - Cost per capita: components of costs, drivers of cost growth, variation in costs
   - Population health
2. Compare and contrast different views regarding whether, or under what circumstances, health care expenditures that grow at a faster rate than the rest of the economy should be regarded with concern.
3. Discuss and explain differences between the U.S. and other countries in health care costs and population health
4. Discuss evidence on geographic variation in health care costs in the United States.

Suggested Readings

The Triple Aim

Components of Health Spending

Geographic Variation in Health Spending

Views Regarding Health Spending

Drivers of Growth in Spending
5. Gawande, A. “The cost conundrum: What a Texas town can teach us about health care.” The New Yorker, June 1, 2009

Population Health

International Comparisons

Further Readings

Session 2 – September 11, 2012
Health System Performance: From Three-Legged Stool to the Triple Aim – Patient Experience
There is widespread concern across political boundaries that patients’ experiences in the health care system leave much to be desired. Critics cite under use, over use, and inappropriate use of health services. Access to services is a major issue for population subgroups, and medical care costs continue to be a contributing factor to personal bankruptcies. And, for the last 12 years, the public spotlight has focused on “preventable” medical errors. Historically, medical errors were attributed to the failures of individuals, but the literature on patient safety also focuses on creating health care environments that limit the potential for human error. Nevertheless, estimates are that over 100,000 people die each year from avoidable errors. There is also a growing body of evidence that poor communication between providers and patients, along with inadequate coordination of care, contribute to poor quality care, medical errors, and patient frustrations with the health care system.

Learning Objectives
Students should be able to:
1. Discuss issues and evidence relating to access to care and deficiencies on the quality of health care in the United States
2. Discuss the evidence regarding prevalence of medical errors in the U.S. health care system and their sources.
3. Use terminology related to “medical errors” appropriately.
4. Discuss basic approaches being used in hospitals and other providers to reduce medical errors.
5. Discuss how poor communication and care coordination can affect patient outcomes.
Suggested Readings

Patient Safety and Medical Errors: Concepts, Terminology, and Impact


Causes of Medical Errors


Proposals to Reduce Medical Errors


Care Coordination and Communication Issues

5. O’Connell, K. “Two arms, two choices: If only I’d known then what I know now.” Health Affairs 31(8):1895-1899, 2012

How Patients Experience the Health Care System


Access to Care
Further Readings

24. Maugh, T.H. “Nearly 70,000 Americans die needlessly each year because they are not given optimal heart failure therapy.” June 6, 2011. Available at: http://www.latimes.com/health/boostershots/la-heb-heart-failure-06062011,0,4047246.story?track=rss
28. Crosby, J. “Getting it right (or left); Wrong-site surgeries continue to plague hospitals, but a new campaign hopes to ensure everyone takes a “timeout” before surgery.” Star Tribune, June 20, 2011, p. D.1


30. Laugesen, M.J., Glied, S.A. "Higher fees paid to U.S. physicians drive higher spending for physician services compared to other countries." Health Affairs 30(4):590-595, 2011

Session 3 – September 18, 2012
The Health Policy Process: Crabs in a Bucket?

The government plays a major role in shaping the U.S. health care system and its performance. About half of all health care spending in the United States flows through government programs, and every aspect of health care is subject to relatively extensive government oversight. In each subsequent session of the course, key health policy issues will be identified and described. This session provides a foundation for subsequent sessions. First, a general overview of the public policy process and its key participants is presented. Then, the politics of health care reform is discussed in the context of the recently passed, and continually challenged, federal health reform legislation.

Learning Objectives
Students should be able to:
1. Demonstrate an understanding of the political process as it relates to health care.
2. Describe the key components in the recently passed federal health reform legislation.
3. Discuss the role that various health care interest groups played in the passage of the federal health reform legislation and its implementation to date.
Suggested Readings

Overview of the Policy Process


Past Efforts to Pass Legislation to Expand Coverage for the Uninsured


Passage of PPACA


Implementation of PPACA

3. Aizenman, N.C. "Republican state officials stall on setting up health insurance marketplaces." Washington Post online, May 12, 2012. Available at: http://www.washingtonpost.com/national/health-science/republican-state-officials-stall-on-setting-up-health-insurance-marketplaces/2012/05/12/gIQA9yDGLU_story.html

The Supreme Court Decision


Further Readings

3. Skocpol T. “The political challenges that may undermine health reform.” *Health Affairs* 29(7):1288-1292, 2010

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**Care Delivery**

**Session 4 – September 25, 2012**

**A Macro View of Physician Supply: Do We Have Enough Physicians Now? Will We Need More in the Future?**

**Assignment 1 Due**

People are the critical element in any health care delivery system. In this session, we will focus on physicians, particularly on physician education and aggregate-level supply. There is now a major disagreement about whether there will be a future physician shortage and, if so, how to address it. There is also concern that health reform will make matters worse. This session presents opposing perspectives on these issues and discusses the likelihood of a public policy response. Subsequent courses in the MHA program will cover material relating to physician payment and management of physician practices.

**Learning Objectives**

Students should be able to:

1. Discuss the points of controversy regarding the prediction of future shortages or surpluses in physician supply in America.
2. Explain the limitations of the present medical education system in expanding physician supply.
3. Compare the positive and negative aspects of meeting U.S. physician shortages through use of foreign medical graduates.
4. Discuss the public policy issues regarding expanding physician supply.

**Suggested Readings**

**Physician Education**


Practice Choices


Projections of Future Physician Supply


3. Henry J. Kaiser Family Foundation. “Primary care shortage; Background brief.” Available at: http://www.kaiserfamily.org/topics_im.asp?id=1032&imID=1&parentID=70

4. Sataline, S. “Medical schools can't keep up; as ranks of insured expand, nation faces shortage of 150,000 doctors in 15 years.” Wall Street Journal (Online), Apr 12, 2010


Options for Increasing Physician Supply


Public Policy Issues and Concerns About Physician Supply


Session 5 – October 2, 2012
Rethinking Primary Care:  What is the Future for the Family Doctor?
Improving the delivery of primary care is a growing challenge for policymakers, clinicians, and health care managers. The flaws in the present system are painfully evident, with various alternatives now being adopted in hopes of correcting, or at least, mitigating them. In this session, we describe the challenges currently facing primary care, with particular focus on new models for organizing the delivery of care.

Learning Objectives
Students should be able to:
1. Describe the factors leading to current efforts to change primary care delivery in the U.S.
2. Discuss changes in the workplace and work arrangements for primary care physicians.
3. Compare and contrast new models for reforming primary care.
4. Discuss how public policy, and health care reform in particular, is likely to affect primary care.

Suggested Readings
Challenges to Traditional Models of Primary Care Delivery

Changes in the Workplace for Primary Care Physicians
4. Sun, L.H. “Primary care is shifting to hospitals.” Washington Post, June 20, 2011, p. A.1

New Models for Primary Care
5. Bohmer, R.M.J. “Managing the new primary care: The new skills that will be needed.” Health Affairs 29(5):1010-1014, 2010

The Influence of Public Policy and Health Reform on Primary Care
3. DoBias, M. “Adapt or else. Whether it wants to or not, the health care system is being forced to reinvent itself.” NationalJournal.com, March 10, 2011. Available at: http://www.nationaljournal.com/member/magazine/health-reform-forces-industry-to-reinvent-itself-20110310?mrefid=site_search&page=1

Further Readings

Session 6 – October 9, 2012
The Nurse Workforce: “Is There a Nurse in the House?”
Nurses have been called the backbone of the U.S. health care system. They work in all health care settings, including hospitals, clinics, long-term care facilities and insurance plans. Historically, at the aggregate level, maintaining an adequate supply of nurses has been a perplexing issue. At the micro-level, scope-of-practice and work environment have been particularly important questions for the nursing
profession. This session provides an overview of the nurse workforce, addressing specifically the topics of nurse supply, scope of practice and work environment.

Learning Objectives
1. Compare and contrast the various explanations for historical and more recent periods of nursing shortage.
2. Discuss nurse scope of practice and work force issues from the points of view of nurses and health care managers.
3. Discuss recent state and federal policy initiatives directed at nursing.

Suggested Readings
Managing the Supply of Nurses

Workplace Issues for Nursing

Rethinking the Role of Nurses

Further Readings

Sessions 7 and 8 – October 16, 23, 2012
The Hospital: From Doctors’ Workshop to “Big Med”
Health care can be delivered in a variety of settings, but care delivered in hospitals (“inpatient care”) has long been the focus of special attention from policy makers and health care payers. More recently, hospitals have expanded the “outpatient care” they provide. We discuss trends in hospital use and in the configuration of the hospital industry. We also address financial, care delivery, competitive and health policy challenges facing hospitals in the present environment. Material relating to the structure, management, and economics of hospitals will be covered in other courses in the MHA Program, as will issues relating to hospital finance.

Learning Objectives
Students should be able to:
1. Describe recent changes in the configuration of the U.S. hospital industry and the public policy concerns they raise.
2. Describe the various financial challenges facing some U.S. hospitals.
3. Evaluate the competitive threat that specialty hospitals and ambulatory facilities pose for general community hospitals
4. Discuss current changes and challenges in hospital/physician relations.

Suggested Readings
The Configuration of the Hospital Industry

Role of the Emergency Department

Competitive and Financial Challenges Facing U.S. Hospital

Changes and Challenges in Hospital/Physician Relations

Potential Impact of Health Reform Legislation on Hospitals.

1. Goldsmith, J. “Analyzing shifts in economic risks to providers in proposed payment and delivery system reforms.” Health Affairs 29(7):1299-1304, 2010

Further Readings

15. Harris, G. “Hospital shows a way to save: Doctors get salaries, not fees.” New York Times, July 25, 2009, p. A.1

Session 9 – October 30, 2012
Long-Term Care: Balancing What We Want With What We Can Afford

Quiz 1: Material from Sessions 1-8

Demands on our present system for delivering long-term care are expected to intensify as the “baby boom” generation ages. Traditional financing models are being challenged, as are existing models for delivering long-term care. At the same time, improving quality and reducing fraud and abuse continue to be thorny issues, and provisions included in the federal health reform legislation relating to long-term care have been abandoned.

Learning Objectives

Students should be able to:

1. Describe the different types of long-term care and the characteristics of the people who receive this care.
2. Discuss the different mechanisms, public and private, that finance long-term care.
3. Compare and contrast delivery models for long-term care.
4. Discuss factors that affect the quality of long-term care, including the potential for patient abuse in long-term care settings.

Suggested Readings

Overview of Long-Term Care and the Nursing Home Industry

Issues Relating to Fraud, Abuse and Poor Quality

Proposals for Reform

Long-Term Care Provisions in the Health Reform Legislation

Further Readings
Session 10 – November 6, 2012
Medical Technology and Devices: At the Cutting Edge
As health care spending continues to grow in this country, more and more attention is being paid to the use of new technologies as both a driver of cost and value. Some policy analysts emphasize the contribution of medical technology to cost increases, while others argue that, from a long run perspective, new technologies can save costs and/or improve quality of care and patient quality of life. This is often a “front page” debate, stimulated by rapid advances in surgical and diagnostic techniques, but also by questions about conflicts of interest between physicians and medical device companies as well as questionable marketing practices and conflicts between medical device companies and the FDA. Issues relating to medical technology are of critical importance to Minnesota because this state long has been an incubator for new technologies and medical device companies are major employers in the state. In this class session we discuss how medical technology “fits” in the current health care system and describe regulatory and market issues relating to medical devices.

Learning Objectives
Students should be able to:
1. Describe the process of new medical technology development in the U.S. from discovery to commercial product.
2. Discuss patient, provider and regulatory issues relating to the introduction of new medical devices and their integration into medical care treatment.
3. Discuss provisions of health care reform that may affect the medical device industry directly and indirectly.

Suggested Readings
Overview of the Medical Device Industry

Concerns About Conflicts of Interest Involving Medical Device Manufacturers and Physicians, and Other Controversial Practices

The Medical Device Industry and the FDA
Further Readings


7. Meier, B., Roberts, J. "Hip implant complaints surge, even as the dangers are studied." New York Times, August 23, 2011, p. A.1


Health Care Reform and the Medical Device Industry


Further Readings


Session 11 – November 13, 2012
Pharmaceuticals: A Regulatory Rubik’s Cube

There are a number of similarities between pharmaceuticals and medical devices in the way they are developed, brought to market, and regulated. However, there are important differences as well. In monetary terms, the pharmaceutical market is much larger than the medical device market, and pharmaceutical firms pursue different marketing approaches. Managing pharmaceutical costs poses significant issues for health care payers, as does the regulation of pharmaceuticals by the Food and Drug Administration (FDA). The pharmaceutical industry “cut a deal” with supporters of health reform that now seems to have unraveled.

Learning Objectives
Students should be able to:
1. Describe the pharmaceutical “supply chain” and public policy issues relating to the marketing of pharmaceuticals.
2. Discuss contrasting views pertaining to the proliferation of prescription drugs and the growth in pharmaceutical expenses.
3. Explain what a pharmacy benefit management company is and describe the products and services it provides.
4. Compare and contrast the nature and significance of different regulatory issues relating to pharmaceuticals.
5. Discuss how the pharmaceutical industry may be affected by health reform.

Suggested Readings

Overview of the Pharmaceutical Industry and the Role of Prescription Drugs in the Health Care System

Controversial Practices in the Pharmaceutical Industry
8. Wolston, M. “An MS patient loses trust when she finds out her doctor is paid by drug companies.”  Health Affairs 30(12):2449-2452, 2011

Relationship between Pharmaceutical Industry and the FDA

Health Reform and the Pharmaceutical Industry

Further Readings
Financing

Session 12 – November 20, 2012

The private market for health insurance is under enormous stress. Premiums have increased substantially over the past decade and employers, who are major actors in this market, appear to be re-examining their traditional roles. One result is that an increasing number of people who previously purchased insurance in the private sector are uninsured. In this session we describe the nature of health insurance, how the health insurance market has evolved over time, the design of different health insurance products and the strengths and weaknesses of the current private health insurance system. The efforts of health plans to control costs and improve quality, as well as the theoretical aspects of health insurance, are addressed in subsequent MHA courses.

Learning Objectives
Students should be able to:
1. Discuss the logical foundations for health insurance.
2. Contrast the characteristics of different types of health insurance benefit designs.
3. Describe the strengths and weaknesses of the current private health insurance system.
4. Discuss how health reform will affect the private health insurance market.

Suggested Readings

History and Current State of Private Health Insurance


Characteristics of Organizations Providing Private Health Insurance and the Products They Offer


Strengths and Weaknesses of the Current Private Health Insurance Market


Potential Impact of Health Reform


Further Readings
1. Hall, M.A. “Regulating stop-loss coverage may be needed to deter self-insuring small employers from undermining market reforms.” Health Affairs 31(2):316-323, 2012

Session 13 – November 27, 2012
Medicaid: Can This “Vast Public Enterprise” Be Sustained?
The Medicaid program has been characterized as an “after thought” in the passage of legislation creating Medicare. It has grown steadily over the years to become the largest state-federal collaborative program and one of the top two expenditure categories in most state budgets. When the economy weakens and state tax revenues decline, the number of individuals eligible for Medicaid typically increases, creating financial challenges for states. The passage of health reform promises to place substantial new strains on state Medicaid programs. In this class session we discuss the status of Medicaid and related programs designed to serve the poor and uninsured, as well as their likely futures under health reform and federal budget-balancing efforts.

Learning Objectives
Students should be able to:
1. Discuss the distribution of funding and administrative responsibilities between the states and the federal government under Medicaid.
2. Describe the relative importance of different categories of expenditures under Medicaid.
3. Describe the experience of Medicaid programs in contracting with managed care organizations.
4. Discuss how economic downturns and state efforts to respond to budget crises have affected Medicaid programs.
5. Discuss how health reform could affect Medicaid programs.

Suggested Readings
How Medicaid Is Structured and Financed

Expenditures Under Medicaid and the Impact of Recession on Medicaid Programs
Further Readings


**Session 14 – December 4, 2012**

**Financing Care for Seniors: Down the Medicare Rabbit Hole**

**Assignment 2 Due**

Medicare is one of the largest single items in the federal budget. Changes in Medicare expenditures have ripple effects on other government programs and major impacts on the health care delivery system. The alleged cost-shifting to private payers that occurs due to Medicare “underpayments” is a continuing policy issue. In this session we describe the structure of the Medicare program, some of the challenges it has faced since its inception, and how Medicare has affected, and been affected by, changes in the greater health care system.

**Learning Objectives**

Students should be able to:
1. Compare the Medicare Trust Funds A and B with respect to the way they are funded and the coverage they provide.
2. Describe the benefit coverage under Medicare and compare it to typical private insurance benefit coverage.
3. Discuss the structure and evolution of Medicaid Part C.
4. Describe how the Medicaid Part D prescription drug benefit is structured.
5. Compare and contrast how hospitals and physicians are paid under Medicare.

**Suggested Readings**

**The Structure of the Medicare Program**


**Issues Facing Medicare**

15. Davis, K., Stremikis, K., Doty, M.M., Zezza, M.A. “Medicare beneficiaries less likely to experience cost- and access-related problems than adults with private coverage.” Health Affairs 31(8):1865-1875, 2012

Further Readings

Session 15 – December 13, 2012
Medicare: A Program at the Brink

Quiz 2: Material from Sessions 9-15
Health reform and the rising national debt have focused attention on slowing the growth of Medicare expenditures even as Medicare faces the challenge of financing care for a major increase in the number of beneficiaries over the next 30 years. Both political parties have “plans” for the Medicare program, with Medicare “reform” becoming an important topic in the presidential election campaign.

Learning Objectives
Students should be able to:
1. Discuss the challenges that enrollment growth poses for Medicare.
2. Describe proposals for Medicare reform.
3. Explain how health reform and the growing federal government debt could affect Medicare.

Suggested Readings
The Medicare Solvency Issue
The Impact of Health Reform on Medicare

Alternatives for Medicare Reform

Medicare and the Presidential Election
1. Armey, D., Kibbe, M. “The Medicare test for president. A candidate who is timid on entitlement reform is not qualified to lead the country.” Wall Street Journal (Online), May 20, 2011

Further Readings
VII. Evaluation and Grading

Grades will be determined based on aggregated responses to short essay questions on class material (2 quizzes, 30 pts. each), two individual assignments (10 and 15 pts.) and one group assignment (15 pts.). In two class periods, students will be asked to answer short essay questions based on the material assigned from the previous classes and discussed in those classes. Forty minutes will be allocated for this purpose, with the student receiving a grade of 0-30 points. Each quiz must be taken during the scheduled period, unless prior permission to postpone the quiz has been obtained from the instructor. The student will receive a grade of zero for any quiz missed without prior arrangement or medical excuse. The student will receive a grade of zero on any assignment not submitted as scheduled, unless prior arrangements have been made for late submission. The group project will require preparation of a policy briefing for the CEO of a hypothetical health care system. The briefing will address the potential implications of a specific public policy proposal or piece of legislation on the system. Thirty minutes will be allocated for the group to present a PowerPoint analysis to the class and respond to class questions. The group also will draft a brief memo to the CEO summarizing points made in the presentation. The topics for the briefing will be assigned one week before the scheduled time of the briefing, to assure timeliness.

Grading Scale

An A/F letter grade will be determined based on the following:

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<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
<td>Represents outstanding achievement relative to the level necessary to meet course requirements</td>
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<tr>
<td>A-</td>
<td>90-92.99%</td>
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<tr>
<td>B+</td>
<td>87-89.99%</td>
<td>Represents achievement that is significantly above the level necessary to meet course requirements</td>
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<tr>
<td>B</td>
<td>83-86.99%</td>
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</tr>
<tr>
<td>B-</td>
<td>80-82.99%</td>
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<tr>
<td>C+</td>
<td>77-79.99%</td>
<td>Represents achievement that meets the minimum course requirements</td>
</tr>
<tr>
<td>C</td>
<td>73-76.99%</td>
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<tr>
<td>C-</td>
<td>70-72.99%</td>
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</tr>
<tr>
<td>D+</td>
<td>65-69.99%</td>
<td></td>
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<tr>
<td>D</td>
<td>60-64.99%</td>
<td></td>
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<tr>
<td>F</td>
<td>&lt; 59.99%</td>
<td>No credit. Signifies work was below level of achievement that represents minimum threshold to obtain credit or work was not completed and there was no agreement between instructor and student that the student would be awarded an I.</td>
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The instructor reserves the right to adjust final grades "upward" based on the overall distribution of points for the class. That is, students may receive a higher grade than expected based on their overall point total, but not a lower grade.

Course Evaluation

The SPH collects student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system sends email notifications to students when they can access and complete their course evaluations. Students who complete their course evaluations promptly will be able to access their final grades just as soon as the faculty member renders the grade in SPHGrades: www.sph.umn.edu/grades. All students will have access to their final grades through OneStop two weeks after the last day of the semester regardless of whether they completed their course evaluation or not. Student feedback on course content and faculty teaching skills are an important means for improving our work. Please take the time to complete a course evaluation for each of the courses for which you are registered.

Incomplete Contracts

A grade of incomplete “I” shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time. The assignment of an “I” requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion
of the work will not exceed one year (or earlier if designated by the student’s college). For more information and to initiate an incomplete contract, students should go to SPHGrades at: www.sph.umn.edu/grades.

University of Minnesota Uniform Grading and Transcript Policy
A link to the policy can be found at onestop.umn.edu.

VIII. Other Course Information and Policies

Grade Option Change (if applicable)
For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at onestop.umn.edu.

Course Withdrawal
Students should refer to the Refund and Drop/Add Deadlines for the particular term at onestop.umn.edu for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.

Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Student Services Center at sph-ssc@umn.edu for further information.

Student Conduct, Scholastic Dishonesty and Sexual Harassment Policies
Students are responsible for knowing the University of Minnesota, Board of Regents' policy on Student Conduct and Sexual Harassment found at www.umn.edu/regents/polindex.html.

Students are responsible for maintaining scholastic honesty in their work at all times. Students engaged in scholastic dishonesty will be penalized, and offenses will be reported to the SPH Associate Dean for Academic Affairs who may file a report with the University's Academic Integrity Officer.

The University’s Student Conduct Code defines scholastic dishonesty as “plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.”

Reference: “a mention or citation of a source of information in a book or article” (Compact Oxford English Dictionary, 2012)
Citation: “a quotation from or reference to a book, paper, or author, especially in scholarly work” (Compact Oxford English Dictionary, 2012)
Quotation: “a group of words taken from a text or speech and reported by someone other than the original author or speaker” (Compact Oxford English Dictionary, 2012)
Plagiarism: “the process of taking another person’s work, ideas, or words, and using them as if they were your own” (Macmillan Dictionary, 2012)

You will be asked to review a variety of sources of information when completing assignments for this course. It is important that you acknowledge these sources of information appropriately in your written assignments and verbal presentations. If you are quoting a source directly (using the words in the source, not your words) you must indicate this by using quotation marks, as in the definitions above, and by including a citation to the reference from which the quote was extracted. There is nothing wrong with including quotes in your assignments, but you are expected to put them in quotation marks and cite them appropriately. If you use the words of someone else, but do not put them in quotation marks, this is called plagiarism (even if you include a citation), and it violates the University’s academic code. Essentially, you are saying that you wrote these words, when that isn’t true, so you are lying to your instructor and classmates. In addition to using citations for quotations, you should use citations in the text to indicate instances where you have drawn on specific works of others in framing your answer or arguments. In using citations for this purpose, you acknowledge that the thoughts are not entirely yours, even though you may have expressed them in your own words. You should include a reference list at the end of your assignment. This list should include a complete description of all citations included in the text.

References

Plagiarism is an important element of University policy relating to academic dishonesty. Serious, intentional plagiarism will result in a grade of “F” or “N” for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: http://writing.umn.edu/tww/plagiarism/.

Students are urged to be careful that they properly attribute and cite others’ work in their own writing. For guidelines and further information on correctly citing sources, go to http://tutorial.lib.umn.edu/ and click on “Citing Sources”.

In addition, original work is expected in this course. Unless the instructor has specified otherwise, all assignments, papers, reports, etc. should be the work of the individual student. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable.

Disability Statement
It is University policy to provide, on a flexible and individualized basis, reasonable accommodations to students who have a documented disability (e.g., physical, learning, psychiatric, vision, hearing, or systemic) that may affect their ability to participate in course activities or to meet course requirements. Students with disabilities are encouraged to contact Disability Services to have a confidential discussion of their individual needs for accommodations. Disability Services is located in Suite180 McNamara Alumni Center, 200 Oak Street. Staff can be reached by calling 612/626-1333 (voice or TTY).

Mental Health Services:
As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student’s ability to participate in daily activities. University of Minnesota services are available to assist you with addressing these and other concerns you may be experiencing. You can learn more about the broad range of confidential mental health services available on campus via www.mentalhealth.umn.edu

IX. Some Hope for the Future?

Much of the course focuses on current structural and political challenges facing American’s health care system. This focus is intended to provide context for your subsequent courses in the MHA program. It is also important to keep in mind that innovative approaches to addressing these challenges are proposed on an ongoing basis. For instance:

PubH 6556 (Health and Health Systems) NCHL* Competencies

Based on the course objectives listed in the Self-Study Year syllabus, the following competencies have been addressed by this course:

3 – Analytical Thinking
4 – Change Leadership
5 – Collaboration
6 – Communication Skills
7 – Community Orientation
11 – Information Seeking
18 – Process Management and Organizational Design
24 – Strategic Orientation

The course objectives are listed here with the corresponding NCHL competencies:

**Learning Objectives – Session 1**

Students should be able to:
1. Discuss the different components of the Triple Aim and the performance of the U.S. health care system relative to:
   - Cost per capita: components of costs, drivers of cost growth, variation in costs
   - Population health
2. Compare and contrast different views regarding whether, or under what circumstances, health care expenditures that grow at a faster rate than the rest of the economy should be regarded with concern.
3. Discuss and explain differences between the U.S. and other countries in health care costs and population health
4. Discuss evidence on geographic variation in health care costs in the United States

**Learning Objectives – Session 2**

Students should be able to:
1. Discuss issues and evidence relating to access to care and deficiencies on the quality of health care in the United States
2. Discuss the evidence regarding prevalence of medical errors in the U.S. health care system and their sources.
3. Use terminology related to “medical errors” appropriately.
4. Discuss basic approaches being used in hospitals and other providers to reduce medical errors.
5. Discuss how poor communication and care coordination can affect patient outcomes.

**Learning Objectives – Session 3**

Students should be able to:

*The MHA program uses the National Center for Healthcare Leadership (NCHL) Health Leadership Competency Model (v 2.1). Copyright 2006. NCHL. All rights reserved.

The number following the decimal indicates the level to which that competency is addressed, as further described in the Competency Model, available here:
1. Demonstrate an understanding of the political process as it relates to health care.
2. Describe the key components in the recently passed federal health reform legislation.
3. Discuss the role that various health care interest groups played in the passage of the federal health reform legislation and its implementation to date.

**Learning Objectives—Session 4**

Students should be able to:

1. Discuss the points of controversy regarding the prediction of future shortages or surpluses in physician supply in America.
2. Explain the limitations of the present medical education system in expanding physician supply.
3. Compare the positive and negative aspects of meeting U.S. physician shortages through use of foreign medical graduates.
4. Discuss the public policy issues regarding expanding physician supply.

NCHL 4.1; 5.1; 6.3; 11.3

**Learning Objectives—Session 5**

Students should be able to:

1. Describe the factors leading to current efforts to change primary care delivery in the U.S.
2. Discuss changes in the workplace and work arrangements for primary care physicians.
3. Compare and contrast new models for reforming primary care.
4. Discuss how public policy, and health care reform in particular, is likely to affect primary care.

NCHL 4.1; 5.1; 6.3; 11.3; 18.1; 18.2; 18.3; 24.1

**Learning Objectives—Session 6**

1. Compare and contrast the various explanations for historical and more recent periods of nursing shortage.
2. Discuss nurse scope of practice and workforce issues from the points of view of nurses and health care managers.
3. Discuss recent state and federal policy initiatives directed at nursing.

NCHL 4.1; 5.1; 6.3; 11.3; 18.1; 18.2; 18.3

**Learning Objectives—Session 7**

Students should be able to:

1. Describe recent changes in the configuration of the U.S. hospital industry and the public policy concerns they raise.
2. Describe the various financial challenges facing some U.S. hospitals.
3. Evaluate the competitive threat that specialty hospitals and ambulatory facilities pose for general community hospitals.

Discuss current changes and challenges in hospital/physician relations.

NCHL 4.1; 5.1; 6.3; 11.3; 18.1; 18.2; 18.3; 24.1

**Learning Objectives—Session 8 & 9**

Students should be able to:

1. Describe the different types of long-term care and the characteristics of the people who receive this care.
2. Discuss the different mechanisms, public and private, that finance long-term care.
3. Compare and contrast delivery models for long-term care.
4. Discuss factors that affect the quality of long-term care, including the potential for patient abuse in long-term care settings.

NCHL 4.1; 5.1; 6.3; 11.3; 18.1; 18.2; 18.3
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<tr>
<th>Learning Objectives– Session 10</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 5.1; 6.3; 11.3</td>
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<tr>
<td>1. Describe the process of new medical technology development in the U.S. from discovery to commercial product.</td>
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<td>2. Discuss patient, provider and regulatory issues relating to the introduction of new medical devices and their integration into medical care treatment.</td>
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<td>3. Discuss provisions of health care reform that may affect the medical device industry directly and indirectly.</td>
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<th>Learning Objectives– Session 11</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 5.1; 6.3; 11.3</td>
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<tr>
<td>1. Describe the pharmaceutical “supply chain” and public policy issues relating to the marketing of pharmaceuticals.</td>
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<td>2. Discuss contrasting views pertaining to the proliferation of prescription drugs and the growth in pharmaceutical expenses.</td>
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<td>3. Explain what a pharmacy benefit management company is and describe the products and services it provides.</td>
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<td>4. Compare and contrast the nature and significance of different regulatory issues relating to pharmaceuticals.</td>
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<td>5. Discuss how the pharmaceutical industry may be affected by health reform.</td>
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<th>Learning Objectives– Session 12</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 5.1; 6.3; 11.3</td>
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<tr>
<td>1. Discuss the logical foundations for health insurance.</td>
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<td>2. Contrast the characteristics of different types of health insurance benefit designs.</td>
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<td>3. Describe the strengths and weaknesses of the current private health insurance system.</td>
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<td>4. Discuss how health reform will affect the private health insurance market.</td>
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<th>Learning Objectives– Session 13</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 5.1; 6.3; 11.3</td>
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<tr>
<td>1. Discuss the distribution of funding and administrative responsibilities between the states and the federal government under Medicaid.</td>
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<td>2. Describe the relative importance of different categories of expenditures under Medicaid.</td>
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<td>3. Describe the experience of Medicaid programs in contracting with managed care organizations.</td>
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<td>4. Discuss how economic downturns and state efforts to respond to budget crises have affected Medicaid programs.</td>
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<td>5. Discuss how health reform could affect Medicaid programs.</td>
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<th>Learning Objectives– Session 14</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 11.3</td>
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<tr>
<td>1. Compare the Medicare Trust Funds A and B with respect to the way they are funded and the coverage they provide.</td>
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<td>2. Describe the benefit coverage under Medicare and compare it to typical private insurance benefit coverage.</td>
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<td>3. Discuss the structure and evolution of Medicaid Part C.</td>
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<td>4. Describe how the Medicaid Part D prescription drug benefit is structured.</td>
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<td>5. Compare and contrast how hospitals and physicians are paid under Medicare.</td>
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<th>Learning Objectives– Session 15</th>
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<tr>
<td>Students should be able to:</td>
<td>NCHL 4.1; 11.3</td>
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<tr>
<td>1. Discuss the challenges that enrollment growth poses for Medicare.</td>
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<td>2. Describe proposals for Medicare reform.</td>
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<tr>
<td>3. Explain how health reform and the growing federal government debt could affect Medicare.</td>
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