Private Purchasers of Health Care: Roles of Employers and Health Plans in the U.S. Health Care System
January 2015

I. Course Description
Payments received from private insurance companies, with these funds coming for the most part from employer contributions towards employee health care expenses (considered to be part of employee compensation) are critical to the financial survival of most health care providers. The purpose of this course is to help health care managers understand the goals of their "best customers" and how health plans and employers pursue these goals. The course examines the role of employers and health plans in the health care system and, specifically, how the "payers of the bills" for health care develop and implement strategies to achieve their organizational and health care system goals. Topics covered include measurement of provider performance, health benefit design, provider network management, utilization management, payment strategies, and efforts directed at supporting consumers in their health care decisions.

II. Course Prerequisites
Students must be admitted to the University of Minnesota's Executive Master in Healthcare Administration Program or have consent of the instructor.
III. Course Goals and Objectives
Specific goals and learning objectives are listed in for each class period.

IV. Methods of Instruction and Work Expectations
Each class will include a didactic presentation on the part of the instructor; significant issues will be identified and discussed, referencing the readings for the class period. There are no “required” readings for the course. The “starred” readings are a good starting point for students to begin exploring each topic. The amount that students learn in this course, and their performance on assignments, will depend to a large degree on the time and effort they devote to the readings for each topic. During class, students will present or discuss results from individual or group assignments. Students will be expected to prepare for each class by engaging with the readings prior to class, participating in the discussion during class, and completing group and individual assignments as scheduled. “Further” readings are provided as starting points for students who wish to explore specific topics in greater depth and to assist in the completion of individual and group assignments.

V. Course Text and Readings
1. To access readings click on links after each cite. (NOTE: When accessing journal articles, you must be logged into the University of Minnesota using your X500 ID and password as the cites come from E-Journals. If you have any problems accessing assigned readings online, contact Jane Raasch at raacs001@umn.edu). 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. Optional background reading for this course: PowerPoint lecture on the basics of health insurance posted on Moodle.
3. For each class session, overheads/PowerPoint slides and/or audio 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.

VI. Course Outline/Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Module / Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 11</td>
<td></td>
</tr>
<tr>
<td>9:00 – 10:00 AM</td>
<td>Employer Goals for the Health Care System and Their Strategies for Achieving Them</td>
</tr>
<tr>
<td>10:00 AM – Noon</td>
<td>Presentation of Group Assignment 1 (15 pts.)</td>
</tr>
<tr>
<td>Noon – 1:30 PM</td>
<td>Present State of America’s Health Insurance Industry</td>
</tr>
<tr>
<td>January 12</td>
<td></td>
</tr>
<tr>
<td>8:00 – 9:00 AM</td>
<td>Measuring Provider Performance: The Foundation of Purchaser Strategies to Reform America’s Health Care System</td>
</tr>
<tr>
<td>9:00 – 10:30 AM</td>
<td>Provider Contracting and Network Management</td>
</tr>
<tr>
<td></td>
<td>• Discussion of Individual Assignment 1 (20 pts.)</td>
</tr>
<tr>
<td>10:30 – Noon</td>
<td>Fundamentals of Provider Payment : Incentives and Rewards</td>
</tr>
<tr>
<td>January 13</td>
<td></td>
</tr>
<tr>
<td>8:00 – 9:30 AM</td>
<td>New Payment Arrangements:</td>
</tr>
<tr>
<td></td>
<td>• Bundled/Episode-based Payments</td>
</tr>
<tr>
<td></td>
<td>• Global Contracts</td>
</tr>
<tr>
<td></td>
<td>• Presentation of Group Assignment 2 (20 pts.)</td>
</tr>
<tr>
<td>9:30 – 10:45 AM</td>
<td>Utilization Management and Cost Control</td>
</tr>
<tr>
<td></td>
<td>• Discussion of Individual Assignment 2 (20 pts.)</td>
</tr>
<tr>
<td>10:45 – Noon</td>
<td>Supporting Employees/Enrollees in Choosing Treatment Options</td>
</tr>
</tbody>
</table>
JANUARY 11, 2015
9:00 – 10:00 AM – Employer Goals for the Health Care System and Their Strategies for Achieving Them

The two-decade period from the mid-1970s through the mid-1990s encompassed the ascendancy of a particular type of health plan – the managed care organization – in the private health care marketplace and also as a contractor to Medicare and Medicaid. Responding to pressures from employers and government to control health care costs, these organizations (in collaboration with risk-bearing provider systems) instituted a variety of "supply-side" mechanisms, financial and non-financial, to influence provider behavior. Accompanying steps were taken to manage access to care on the part of plan enrollees. The result, eventually, was "managed care backlash" on the part of consumers and providers, precipitated in part by a redefinition by employers of their health benefits' objectives. Since then, payers and health plans have initiated a variety of new approaches directed at restraining cost growth and improving quality. In this first session, we will describe the transition over the past decade towards a new paradigm of "managed" or “facilitated” consumerism, one that has much broader support among significant actors in the health care arena than traditional managed care. We will discuss the challenges faced by this new approach and the tools at the disposal of health plans.

Learning Objectives
Students should be able to:
1. Describe the origins and evolution of managed care organizations.
2. Explain the origins and nature of the "managed care backlash" of the 1990s, and its influence on the ongoing development of the new facilitated consumerism.
3. Explain the factors influencing present employer demands on the health care system, and the role these demands have played in changing America’s health care system.

Suggested Readings
Employer Involvement in Health Care

Employer Strategies for the Health Care System
4. * Warshawsky, M.J., Biggs, A.G. "Income inequality and rising health-care costs: A worker who today makes $30,000 has had to forsake a 26% salary increase since 1999 as employer costs rise." The Wall Street Journal, October 6,


Applications:

The Role of Self-Insurance

Employer Perspectives on Health Care Reform

Further Readings
10:00 AM – Noon – Presentation of Group Assignment 1

Noon – 1:30 PM – Present State of America’s Health Insurance Industry

Health plans represent employer interests in the health care system, competing for contracts with employers. They structure their products and actions to gain and retain the business of employer clients, which is critical to their own financial success. In doing so, they provide a wide range of products and services in addition to traditional health insurance. In this session, we trace the development of the health insurance industry and describe its current state. We discuss market concentration, premium setting, and differences among health plan products; describe how plans are evaluated by employers and consumers; and discuss public perceptions of the health insurance industry.

Learning Objectives

Students should be able to:

1. Describe the structure of the health insurance industry
2. Distinguish among different types of health plans and health plan products.
3. Explain how employers assess health plan performance and choose among health plans.
4. Identify major current issues relating to health plan performance from the perspective of employers and the public.

Suggested Readings

Overview of the Private Health Insurance Market


Applications:


Products Offered by Health Plans


**Applications:**


**Competitive Strategies of Health Plans**


**Applications:**


3) UCare Media Release. “UCare honors high-performing health care providers at June 18 salute to excellence event.” June 19, 2013. [http://www.ucare.org/SiteCollectionDocuments/Media/20130618_UCare-P4P-event.pdf](http://www.ucare.org/SiteCollectionDocuments/Media/20130618_UCare-P4P-event.pdf)


14) Abelos, R. “UnitedHealth, an insurer switching roles, helps hospitals on Medicare billing.” The New York
Issues Relating to Health Plan Behavior and Performance


Applications:


The Health Insurance Industry and Health Reform


Further Readings


JANUARY 12, 2015
8:00 – 9:00 AM – Measuring Provider Performance: The Foundation of Purchaser Strategies to Reform America’s Health Care System

Efforts on the part of health plans and employers to measure provider performance have intensified over the past decade, with performance measurement assuming a key role in almost all private sector health care strategies. Health plans construct or employ measures of performance to: select providers for inclusion in networks; create tiered networks; structure provider incentive payments; and produce provider performance reports for their members. These measures also can be used in disease management and wellness programs. The way in which performance measures are constructed and used has been a point of contention between employers/health plans and providers. Consumers also have criticized these measures as lacking in relevance for their decision making.

In this session, we describe attempts by employers and health plans to measure provider performance, common issues in measure construction, the use of “risk-adjustment” techniques, and alternatives for attributing patients to providers.

Learning Objectives
Students should be able to:
1. Describe and contrast different approaches to performance measurement.
2. Discuss strengths and weaknesses of these approaches.
3. Discuss the role of risk adjustment techniques in measure construction and how they are applied.
4. Discuss different alternatives for attributing patients to providers for measurement purposes.
5. Contrast how measurement challenges differ for quality vs. cost/efficiency measures.

Suggested Readings
The Basics of Provider Performance Measurement

Importance of Risk Adjustment in Performance Measurement


Applications:

Challenges in Measuring Provider Quality


Applications:


Challenges in Measuring Provider Prices, Costs and Efficiency


Applications:
Challenges in Measuring Patient Experience


Further Readings

describe steps that health plans are taking to develop products based on subsets of “high performing” providers, and the reasons why this strategy has been controversial.

Learning Objectives
Students should be able to:
1. Discuss the nature of the contracting process from the health plan and provider perspectives.
2. Describe how provider reimbursement levels are determined.
3. Discuss issues pertaining to tiered provider networks.

Suggested Readings

Contents of Contracts Between Providers and Health Plans
1. CIGNA (posted on Moodle)

Health Plan/Provider Leverage in the Contracting Process

Applications:
Tiered Networks, High Performance Networks, Narrow Networks, and Centers of Excellence


Applications:


Provider Issues Concerning Contracts with Health Plans


Applications:

Further Readings


9. White, C., Reschovsky, J.D., Bond, A.M. "Understanding differences between high- and low-price hospitals: Implications for efforts to rein in costs." Health Affairs 33(2):324-331, 2014. [http://content.healthaffairs.org/content/33/2.toc](http://content.healthaffairs.org/content/33/2.toc)


10:30 AM – Noon – Fundamentals of Provider Payment: Incentives and Rewards

During the 1980s through the mid-1990s, most provider payment arrangements employed by health plans were designed to influence providers to reduce unnecessary service utilization. Then, responding to consumer backlash, plans and employers largely reverted to fee-for-service payment. However, over the past decade, health plans and purchasers have initiated a variety of new payment approaches that have broader behavioral change goals, including improving quality of care, implementing evidence-based medical practices effectively, and supporting the restructuring of care delivery. These approaches could be seen as “blending” traditional fee-for-service with payments related to provider performance. Recently, health reform legislation has encouraged Medicare to institute payment reforms with similar objectives. We will discuss traditional methods of provider payment, as well as new, blended payment arrangements, in this session. We also describe parallel payment initiatives by Medicare that supplement these private sector efforts.

**Learning Objectives – Fundamentals of Provider Payment**

Students should be able to:

1. Describe the basic reimbursement approaches used by health plans in contracts with providers, including their strengths and weaknesses.
2. Describe the different types of pay-for-performance initiatives being undertaken by health plans and purchasers.
3. Describe how these approaches differ in their design and the challenges they pose for implementation, in comparison to previous payment arrangements between health plans and providers.

**Suggested Readings**

**Basics of Provider Payment**

Use of Provider Payment to Encourage and Reward Quality Improvement


Applications:


3) Metro, L. “Commercial Blues plans adopting the CMS do-not-pay list policy.” Modern Medicine, April 1, 2010. http://license.icopyright.net/user/viewFreeUseAct?uid=OTIxMDMwMw==&resultClick=46


Use of Provider Payment to Encourage and Reward Health Care Homes


2. Dentzer, S. “One payer’s attempt to spur primary care doctors to form new medical homes.” Health Affairs 2012;31(2):341-349. http://content.healthaffairs.org/content/31/2/toC


Applications:


3) Business Wire. “New payment and care coordination agreement in place between Anthem Blue Cross and Blue Shield and hundreds of primary care physicians in Indiana.” April 16, 2014.
Reference Pricing

1.* Robinson, J.C., MacPherson, K. "Payers test reference pricing and centers of excellence to steer patients to low-price and high-quality providers." *Health Affairs* 31(9):2028-2036, 2012. [http://content.healthaffairs.org/content/31/9/2028.full.pdf+html](http://content.healthaffairs.org/content/31/9/2028.full.pdf+html)


**Applications:**

Medicare Payment Reform Initiatives


2. Ryan, A.M., Blustein, J., Casalino, L.P. "Medicare’s flagship test of pay-for-performance did not spur more rapid quality improvement among low-performing hospitals." *Health Affairs* 2012;31(4):797-805. [http://content.healthaffairs.org/content/28/2/w238.full.pdf+html](http://content.healthaffairs.org/content/28/2/w238.full.pdf+html)


**Applications:**


Further Readings


JANUARY 13, 2015
8:00 – 9:30 AM – New Payment Arrangements: Bundled/Episode-Based Payment and Global Contracts
Discussion of Group Assignment 2

Bundled/Episode-Based Payment
Private sector plans and Medicare are experimenting with provider payments that “bundle” related care activities, sometimes in conjunction with reference pricing. These payments place more financial risk on providers but also offer the potential for provider gains. While attractive for some services in theory, bundled payments have proven difficult to implement in practice. Nevertheless, momentum behind bundled payments in the private sector (and in Medicare) seems to be growing.

Learning Objectives
Students should be able to:
1. Understand the basic design features relating to bundled payment.
2. Discuss the obstacles to implementing bundled payment arrangements.
3. Discuss Medicare support for bundled payment.

Suggested Readings
Bundled Payment in Concept
jumps-and-yet/

Bundled Payment Implementation


Applications:


Medicare Bundled Payment Initiatives

Further Readings


Global Contracts
Global, also called Total Cost of Care or Accountable Care, contracts between health plans and providers are growing in popularity. Under these contracts, providers agree to deliver services to a defined group of individuals for one “global” payment. Under some contracts, providers assume some degree of risk in return for the chance to share in savings.

Learning Objectives
Students should be able to:
1. Describe the basic features of comprehensive, global contracts between health plans and providers.
2. Discuss the obstacles to implementing global payment arrangements.
3. Discuss Medicare support for global payment as evidenced by Accountable Care Organizations.
Suggested Readings

Payment Approaches


Applications:


Medicare Accountable Care Organizations


Further Readings


9:30 – 10:45 AM – Utilization Management and Cost Control

**Discussion of Individual Assignment 2**

Reminders, clinical decision-support systems, predictive modeling, guidelines, and rules are all used by health plans to influence the amount and type of care that providers deliver to patients. Reminders prompt physicians about a patient’s care needs prior to, or at the time of, the treatment visit. Clinical decision-support systems typically involve software designed to assist the physician’s clinical decision-making. Predictive modeling uses large claims databases to identify patients who may be at risk of specific illnesses in the future and alert clinicians prior to the patient visit. Guidelines, or pathways, assist physicians in taking the appropriate treatment steps, given a patient’s condition, and often are applied when treating patients with chronic health problems. They can be incorporated in clinical decision support systems. Rules are used by health plans to intervene more directly in the care process. This session will address the different ways that health plans attempt to influence the delivery of care by providers, including the manner in which these techniques are being employed and evidence of their effectiveness.

**Learning Objectives**

Students should be able to:
1. Describe the most common practices used by health plans to influence the delivery of care by providers.
2. Explain the barriers to their effective implementation by health plans.
3. Assess the strength of the evidence supporting their effectiveness.
4. Describe recent trends in their use in conjunction with other efforts to influence physician behavior.

**Suggested Readings**

Utilization Management Challenges Faced by Health Plans

http://www.mssny.org/mssnyip.cfm?c=i&nm=Insurance_Carrier_Rules
http://search.proquest.com/docview/1446809447/fulltext/EEDCC92DBB1441E1PQ/1?accountid=14586
http://search.proquest.com/docview/1439573436/fulltext/668B06E4998D494DPQ/1?accountid=14586
http://www.medpagetoday.com/InfectiousDisease/Hepatitis/45341
http://www.nytimes.com/2014/08/04/opinion/adventures-in-prior-authorization.html?_r=0
http://www.reuters.com/article/2014/08/02/highmark-procedure-idUSL2NO80IY20140802
http://www.newyorker.com/tech/elements/when-is-a-medical-treatment-unnecessary

**Applications:**

http://search.proquest.com/docview/1428388610/fulltext/429FC3C59450434AQP/1?accountid=14586

http://abcnews.go.com/Health/Healthday/story?id=4904656&page=1


http://www.healthleadersmedia.com/page-1/HEP-304825/Payer-Backlash-May-Slow-Unnecessary-Spinal-Fusion-Surgeries#

**Overview of Health Plan Efforts**


**Applications:**


http://www.wired.com/wiredscience/2012/10/watson-for-medicine/

http://search.proquest.com/docview/1427681318/fulltext/EDFFC4EB74664A74PQ/1?accountid=14586


http://search.proquest.com/docview/1543865281/fulltext/CD7DDAC2ADB74191PQ/1?accountid=14586

http://www.lexisnexis.com/lnacui2api/api/version1/getDocCui?lni=5CBY-BT91-DYT4-v327&csi=313961&hl=t&hv=t&hnsd=f&hns=t&hgn=t&oc=00240&perma=true

**Profiling/Feedback of Information on Treatment Patterns**


**Practice Guidelines**

https://www.clinicalkey.com/#!/BrowserCtrl/doBrowseTo/journalIssue?Facet=["1-s2.0-S0002838009X60156"],issn="0002838X","contentType":"Journals"


3) Goldberger, J.J., Buxton, A.E. “Personalized medicine vs. guideline-based medicine.” *Journal of the American Medical*
Applications:

Use of Treatment Reminders

Applications:

Managing Imaging Use and Costs: Combining Utilization Management Tools

Applications:

**Medicare Utilization Initiatives**


**Further Readings on Imaging**

Further Readings – General

10:45 AM – Noon – Supporting Employees/Enrollees in Choosing Treatment Options
There is growing support for the need to provide consumers with information necessary to evaluate treatment options and select the option that is the best fit for their individual circumstances and preferences. Consumer decision aids have been developed to address this issue. We discuss how decision aids function, evidence of their effectiveness, and the roles of employers and health plans in encouraging their use. We also discuss the challenges that low health literacy and numeracy poses for the use of “shared decision making” generally, and specifically how it relates to consumer choice of treatment options. We also describe efforts by payers and health plans to address this issue.

Learning Objectives
Students should be able to:
1. Describe different approaches being used to support consumers in their choice of treatments.
2. Discuss the problems faced by employers and health plans in implementing decision aids.
3. Evaluate the evidence regarding the effectiveness of these decision aids.
4. Assess the challenges that low health literacy and numeracy poses for informed consumer decision making.
Suggested Readings

**Shared Decision Making in Concept**

1. **RWJF Aligning Forces for Quality.** “Shared decision-making and benefit design: Engaging employees and reducing costs for preference-sensitive conditions.” April 2013.  

   [http://www.rwjf.org/pr/product.jsp?id=23074](http://www.rwjf.org/pr/product.jsp?id=23074)


4. **Brownlee, S., Colucci, J.** The cost of assuming doctors know best.  

5. **Rosenbaum, L.** “How should doctors share impossible decisions with their patients.”  


**Applications:**

1) **Landro. L.** “Weighty choices, in patients' hands.”  
   [http://search.proquest.com/docview/399108922/fulltext/55B3B7206755490BPQ/1?accountid=14586](http://search.proquest.com/docview/399108922/fulltext/55B3B7206755490BPQ/1?accountid=14586)

2) **Lewis, D.** “Survey: Patient engagement important, but loosely defined.”  

3) **Health Dialog.** Health dialog makes decision aid available for national hospice and palliative care month.  
   November 15, 2012.  

4) **Kenen, J.** ACA boosts ‘shared decision-making.’  


6) **Rao, A.** Study: Decision aids show promise in reducing medical procedures.  
   KHN Blog, September 5, 2012.  

7) **PR Newswire.** “WiserTogether and Truven Health Analytics partner to help consumers make evidence-based, cost-effective treatment Decisions.”  
   March 11, 2014.  

**Issues in Shared Decision Making and the Use of Decision Aids**

1. **Katz, S.J., Hawley, S.** “The value of sharing treatment decision making with patients. Expecting too much?”  

2. **Frosch, D.L., May, S.G., Rendle, K.A.S., Tietbohl, C., Elwyn, G.** “Authoritarian physicians and patients’ fear of being labeled ‘difficult’ among key obstacles to shared decision making.”  
   *Health Affairs* 2012;31(5):1030-1038.  
   [http://content.healthaffairs.org/content/31/5/1030/pdf+html](http://content.healthaffairs.org/content/31/5/1030/pdf+html)

   *Archives of Internal Medicine* 2009;169(17):1560-1568.  

4. **Carman, K.L., Maurer, M., Yegian, J.M., Dardess, P., McGee, J., Evers, M., Mario, K.O.** “Evidence that consumers are skeptical about evidence-based health care.”  
   *Health Affairs* 2010;29(7):1400-1406.  
   [http://content.healthaffairs.org/content/29/7/1400/pdf+html](http://content.healthaffairs.org/content/29/7/1400/pdf+html)

5. **Krumholz, H.M.** “Variations in health care, patient preferences, and high-quality decision making.”  
   *Journal of the American Medical Association* 2013;310(2):151-152.  


**Applications:**

1) **Shaw, G.** “Does decision support make docs look dumb?”  
   Health Leader Media, April 14, 2011.

http://content.healthaffairs.org/content/32/2.toc

**The Importance of Health Literacy, Numeracy, and Language Issues to Informed Choice**


http://content.healthaffairs.org/content/26/3/741.full.pdf+html


**Applications:**


http://www.ahip.org/content/pressrelease.aspx?bc=174|29744


**Further Readings**


JANUARY 14, 2014
8:00 – 9:15 AM – Supporting Employees/Enrollees in Maintaining and Improving Their Health
Increasingly, employers are instituting programs and financial incentives that support employees in maintaining and improving their health. The expectation is that these efforts will reduce the rate of increase in health care costs over time by reducing or delaying the onset of chronic illnesses. Employers also hope that they will reduce absenteeism and increase worker productivity. Payers use both rewards and negative incentives to encourage healthy behaviors, and depend on both health plans and independent vendors for delivering program content. The employer role in promoting these “wellness” programs has been controversial as it relates to use of positive versus negative incentives and the protection of personal employee information.

Learning Objectives
Students should be able to:
1. Describe the rationale for employer/health plan support for healthy lifestyle programs.
2. Assess the strengths and weaknesses of different program designs.
3. Evaluate the evidence that these programs have been successful in achieving their goals.
4. Discuss the impediments to the successful implementation of these programs.
5. Discuss the aspects of these programs that can make them controversial.

Suggested Readings

**Design of Healthy Lifestyle Programs**


**Applications:**


Evidence of Program Effectiveness


Applications:


Concerns about Program Incentives


Applications:


Employers are strong supporters of programs that help employees “self-manage” care for chronic illnesses. The general idea is to place the consumer in a much more central role in medical care treatment. By educating consumers in appropriate treatment methods for their illnesses and supporting their efforts to manage their illnesses, payers and health plans hope that the progression of chronic illnesses can be delayed, and the number of acute flare-ups of chronic illnesses can be minimized. This,
in turn, would improve the quality of life for employees, reduce emergency room and hospital use, and restrain growth in costs. We discuss efforts of payers and health plans to support consumers in chronic care management and the contexts in which they have been successful.

**Learning Objectives**

Students should be able to:

1. Explain the concepts of patient self-management and disease management in their different forms.
2. Discuss the various ways in which employers and health plans are supporting employees and plan enrollees in chronic illness management.
3. Assess the evidence of their effectiveness in various settings.
4. Describe the obstacles to the effective implementation, by payers and health plans, of programs to support chronic illness management by consumers.

**Suggested Readings**

**Importance of Developing Effective Approaches to Chronic Illness Management**

   [http://www.reuters.com/article/idUSTRE5AQ0C220091127](http://www.reuters.com/article/idUSTRE5AQ0C220091127)

   [http://content.healthaffairs.org/content/31/1/236.full.pdf+html](http://content.healthaffairs.org/content/31/1/236.full.pdf+html)

   [http://www.businessweek.com/magazine/content/10_07/b4166046292556.htm](http://www.businessweek.com/magazine/content/10_07/b4166046292556.htm)


**Self-Management of Illnesses**


   [http://search.proquest.com/docview/1331048738/fulltext/76CF9D0C2D814754PQ/1?accountid=14586](http://search.proquest.com/docview/1331048738/fulltext/76CF9D0C2D814754PQ/1?accountid=14586)

   [https://www.clinicalkey.com/#!/BrowserCtrl/doBrowseTo/journalIssue?facet=["1-s2.0-S1544170909X6004X"],"issn":"15441709"("contentType":"Journals")](https://www.clinicalkey.com/#!/BrowserCtrl/doBrowseTo/journalIssue?facet=["1-s2.0-S1544170909X6004X"],"issn":"15441709"("contentType":"Journals"))

**Disease Management Programs – Structure and Effectiveness**

   [http://content.healthaffairs.org/content/31/1/20.full.pdf+html](http://content.healthaffairs.org/content/31/1/20.full.pdf+html)


   [http://www.ahip.org/Chronic-Conditions/](http://www.ahip.org/Chronic-Conditions/)

**Applications:**

   [http://www.ibx.com/company_info/news/press_releases/2013/05_16_IBCs_nurse_coaches_are_j.html](http://www.ibx.com/company_info/news/press_releases/2013/05_16_IBCs_nurse_coaches_are_j.html)

   [http://www.reuters.com/article/2012/10/03/us-drop-drug-idUSBRE8921AP20121003](http://www.reuters.com/article/2012/10/03/us-drop-drug-idUSBRE8921AP20121003)

management program on Medicaid members with chronic conditions.” Medical Care 2012;50(1):91-98. http://ovidsp.tx.ovid.com/sp-3.8.1a/ovidweb.cgi?WebLinkFrameset=1&S=KIAOFPEMYDCAANCOKIUCIEPOAO00&returnUrl=ovidweb.cgi%3f%26TOC%3dsh.18.19.23.27%257c12%257c50%26FORMAT%3ddoc%26FIELDS%3dTOC%26%3dKIAOFPEMYDCAANCOKIUCIEPOAO00&directlink=http%3a%2f%2fftpdfs%2fFPDDACJCHAAJO00%2fs047%2ffov%2flive%2fgv031%2f000005650%2f000005650-20120100-00012.pdf&filename=The+Effect+of+a+Telephone-based+Health+Coaching+Disease+Management+Program+on+Medicaid+Members+With+Chronic+Conditions.&link_from=S.sh.18.19.23.27


Further Readings


10:30 AM – Noon – Supporting Employees/Enrollees in Choosing Providers: Reporting Provider Performance

Discussion of Individual Assignment 3

Providing consumers with timely, useful information about the performance of providers is one way that purchasers hope to
engage consumers. Their intent is that consumers will use this information, in combination with financial incentives, to seek out lower cost, higher quality providers and to inform their conversations with providers. And, it is hoped that providers will improve their quality and reduce their costs when faced with public comparisons with their peers. The present health care system, some argue, does not provide information that is truly useful to consumers in making cost/quality tradeoffs when choosing providers, or that is credible to providers. We will discuss recent efforts to publicly report information comparing providers, as well as the evidence regarding the influence of this information on consumer and provider decisions.

Learning Objectives

Students should be able to:

1. Describe the recent efforts to increase the amount and quality of information available to health care consumers about providers.
2. Discuss the responses of providers to these efforts.
3. Assess the evidence regarding the impact of comparative provider performance data on consumer decisions, quality of care, and health care costs.

Suggested Readings

Entities Producing Public Reports

4. Young, G.J. “Multistakeholder regional collaboratives have been key drivers of public reporting but now face challenges.” *Health Affairs* 2012;31(3):578-584. [http://content.healthaffairs.org/content/31/3/578.full.pdf+html](http://content.healthaffairs.org/content/31/3/578.full.pdf+html)

Applications

Concerns about Public Reports


Applications:


Public Reports and Their Use by Consumers


Applications:


**Applications:**


5. Teleki, S., Shannon, M. “In California, quality reporting at the state level is at a crossroads after hospital group pulls out.” *Health Affairs* 2012;31(3):642-646. [http://content.healthaffairs.org/content/31/3/642.full.pdf+html](http://content.healthaffairs.org/content/31/3/642.full.pdf+html)


**Medicare Reporting**


5. Ryan, A.M., Nallamothu, B.K., Dimick, J.B. “Medicare’s public reporting initiative on hospital quality had modest or no impact on mortality from three key conditions.” *Health Affairs* 2012;31(3):585-592. [http://content.healthaffairs.org/content/31/3/585.full.pdf+html](http://content.healthaffairs.org/content/31/3/585.full.pdf+html)

**Further Readings**


5. Hibbard, J., Stockard, Tusler, M. “Does publicizing hospital performance stimulate quality improvement efforts?” Health Affairs 2003;22(2):84-94. [http://content.healthaffairs.org/content/22/2/84.full.pdf+html](http://content.healthaffairs.org/content/22/2/84.full.pdf+html)


VII. Evaluation and Grading
Grades will be determined based on two group assignments (total of 25 points) and five individual assignments (total 75 points) The student will receive a grade of zero if an assignment is not submitted as scheduled, unless prior arrangements have been made for late submission.

**Grading Scale**
The University utilizes plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.000 - Represents achievement that is outstanding relative to the level necessary to meet course requirements</td>
</tr>
<tr>
<td>A-</td>
<td>3.667</td>
</tr>
<tr>
<td>B+</td>
<td>3.333</td>
</tr>
<tr>
<td>B</td>
<td>3.000 - Represents achievement that is significantly above the level necessary to meet course requirements</td>
</tr>
<tr>
<td>B-</td>
<td>2.667</td>
</tr>
<tr>
<td>C+</td>
<td>2.333</td>
</tr>
<tr>
<td>C</td>
<td>2.000 - Represents achievement that meets the course requirements in every respect</td>
</tr>
<tr>
<td>C-</td>
<td>1.667</td>
</tr>
</tbody>
</table>
In this course, the percentage score on assignments will be converted to a letter grade as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
<td>Represents outstanding achievement relative to the level necessary to meet course requirements</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.99%</td>
<td></td>
</tr>
<tr>
<td>B+</td>
<td>87-89.99%</td>
<td>Represents achievement that is significantly above the level necessary to meet course requirements</td>
</tr>
<tr>
<td>B</td>
<td>83-86.99%</td>
<td></td>
</tr>
<tr>
<td>B-</td>
<td>80-82.99%</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>C-</td>
<td>70-72.99%</td>
<td></td>
</tr>
<tr>
<td>D+</td>
<td>65-69.99%</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>60-64.99%</td>
<td></td>
</tr>
<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>
</tr>
</tbody>
</table>

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 will collect student course evaluations electronically using a software system called CoursEval: www.sph.umn.edu/courseval. The system will send 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 Office of Admissions and Student Resources at sph-ssc@umn.edu for further information.

Student Conduct Code:
The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community.
As a student at the University you are expected adhere to Board of Regents Policy: Student Conduct Code. To review the Student Conduct Code, please see: http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf.

Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."

Use of Personal Electronic Devices in the Classroom:
Using personal electronic devices in the classroom setting can hinder instruction and learning, not only for the student using the device but also for other students in the class. To this end, the University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

Scholastic Dishonesty
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)
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 this policy. It is defined as the presentation of another's writing or ideas as your own. 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 for 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.

Makeup Work for Legitimate Absences:
Students will not be penalized for absence during the semester due to unavoidable or legitimate circumstances. Such circumstances include verified illness, participation in intercollegiate athletic events, subpoenas, jury duty, military service, bereavement, and religious observances. Such circumstances do not include voting in local, state, or national elections. For complete information, please see: http://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html.

Appropriate Student Use of Class Notes and Course Materials:
Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community. For additional information, please see: http://policy.umn.edu/Policies/Education/Education/STUDENTRESP.html.

Sexual Harassment
“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University
activity or program. Such behavior is not acceptable in the University setting. For additional information, please consult Board of Regents Policy: [http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf](http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf)

**Equity, Diversity, Equal Opportunity, and Affirmative Action:**
The University will provide equal access to and opportunity in its programs and facilities, without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression. For more information, please consult Board of Regents Policy: [http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf](http://regents.umn.edu/sites/default/files/policies/Equity_Diversity_EO_AA.pdf).

**Disability Accommodations:**
The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DS at 612-626-1333 or [ds@umn.edu](mailto:ds@umn.edu) to arrange a confidential discussion regarding equitable access and reasonable accommodations.

If you are registered with DS and have a current letter requesting reasonable accommodations, please contact your instructor as early in the semester as possible to discuss how the accommodations will be applied in the course.

For more information, please see the DS website, [https://diversity.umn.edu/disability/](https://diversity.umn.edu/disability/).

**Mental Health and Stress Management:**
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 and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website: [http://www.mentalhealth.umn.edu](http://www.mentalhealth.umn.edu).

**The Office of Student Affairs at the University of Minnesota:**
The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community.

Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Student Conduct and Academic Integrity, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service.

For more information, please see the Office of Student Affairs at [http://www.osa.umn.edu/index.html](http://www.osa.umn.edu/index.html).

**Academic Freedom and Responsibility:** for courses that do not involve students in research:
Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.*

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for
Faculty and Academic Affairs in the Office of the Provost. *Customize with names and contact information as appropriate for the course/college/campus.*

OR:
**Academic Freedom and Responsibility, for courses that involve students in research:**

Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom and conduct relevant research. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.* When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies.

Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost. [Customize with names and contact information as appropriate for the course/college/campus.]

*Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".

Template update 6/2014