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| Course | HLTH 5120 / NA / Health Policy Issues |
| Term | Fall 2, 2009 –Tuesday – 6:00 pm – 10:00 pm 10/20, 10/27, 11/3, 11/10, 11/17, 11/24, 12/1, 12/8, 12/15 |
| Instructor | Name: Brian McElyea Home Phone: (904) 449-4032 Email: brianmcelyea29@webster.edu |
| Catalog Description | The student examines significant health policy issues. Special emphasis is given to public policies with broad implications, such as Medicare, Medicaid, health insurance reform, and health system costs. The policy decision-making process is explored and methods and approaches for the study of policy issues are considered. American health policy issues are placed in the international context by comparison with selected other health systems. A systems perspective will be utilized to understand the complexities of policy implementation given competitive demands. |
| Prerequisites | HLTH 5000 is a prerequisite for all other courses in the program. Normally, it would be expected that a student would complete HLTH 5000 before taking HLTH 5120. However, it is possible, although not desirable, to take HLTH 5120 before HLTH 5000. |
| Course Level Learning Outcomes | <ul style="list-style-type: none"> • The student will be able to explain the historical context that led to the development of Medicare and Medicaid • The student will be able to articulate the major policy elements of the Medicare and Medicaid programs as they are currently designed • The student will be able to discuss the major policy design approaches proposed to address problems related to Medicare, Medicaid, health insurance reform and health system costs. • The student will develop an awareness of their own conceptual framework related to the development, adoption, and implementation of public policy in the health arena. |
| Materials | <p>Bodenheimer, T. S. and Grumbach, K. (2008). Understanding Health Policy: A Clinical Approach. (5th Edition). McGraw-Hill. ISBN# 007-149606-8</p> <p>To Order Textbooks go to the local North FL website www.webster.edu/jack and click on Order Textbooks to select a vendor</p> |

Note: Textbooks must be ordered 2 weeks prior to class to ensure delivery

Supplemental Reading:

- Futurescan 2009: Healthcare trends and implications (2009-2014). Health Administration Press. ISBN #: 978-0-9800290-3-1.
- **Research Paper Guidelines and Sample Paper** – See website @ www.webster.edu/jack and click on the Student Resources category.

Grading

| Assignments | Maximum Points |
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| • Internet & Reading Pre-Assignments | 4 Points |
| • Presentation of Chapters Assigned | 20 Points |
| • Chapter Review Assignment | 20 Points |
| • Current event reports: 8 @ 2 points each | 16 Points |
| • Final Exams: Written, 15; Oral, 15 | 30 Points |
| • Class Participation and Attendance | 10 Points |
| TOTAL | 100 Points |

Letter grades will be assigned pursuant to the following scores based on the percent of the total possible points (weighted according to the scale above) that you earned in the course.

| Percentage of Total Points | Grade |
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| 95%-100% | A |
| 90%-94% | A- |
| 85%-89% | B+ |
| 80%-84% | B |
| 75%-79% | B- |
| 70%-74% | C |
| Below 70% | F |

- **CR** Work that is performed as satisfactory graduate work (B– or better). A grade of "CR" is reserved for courses designated by a department, involving internships, a thesis, practicum, or specified courses.
- **I** Incomplete work

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| | <ul style="list-style-type: none"> • ZF An incomplete which was not completed within one year of the end of the course. ZF is treated the same as an F or NC for all cases involving G.P.A., academic warning, probation, and dismissal. • IP In progress • NR Not reported • W Withdrawn from the course |
| <p>Activities</p> | <p><u>Primary Course Objectives (Mandatory Topics)</u></p> <p>The following is an overview of the major topics. This represents the approach to the topic, and what level of understanding about the topics the student ought to achieve.</p> <p>Medicare Class will discuss the basic history and structure of the Medicare program, articulate the current and future problems facing Medicare, and analyze the various major options for dealing with these problems.</p> <p>Medicaid Class will discuss the basic history and structure of the Medicaid program, assess the changes that have occurred over time, and evaluate the trend toward use of managed care as a basis for organizing the program. Major Medicaid reform proposals will also be discussed.</p> <p>Health Reform Class will consider the historical development of health care financing arrangements; identify current problems, especially with the uninsured; compare the major conceptual models of reform approaches; evaluate reform attempts; and the reason for their failure; and analyze the options for future reform efforts.</p> <p>Non American Health Systems The major features of the Canadian, German, or British health systems will be explored, the current strengths and weaknesses of these systems will be assessed, and the relevance of the experience of these countries to our continuing discussion of health system change will be evaluated.</p> <p>Managed Competition The managed competition model for organizing the health system will be discussed. This model will be compared to other conceptual approaches to health system change. The strengths and weaknesses of this model will be explored.</p> <p>Cost Increases For fifty years the cost of health care has risen faster than the CPI. Over this time health costs as a percent of GDP has steadily increased. All who pay for health care in one way or the other continues to be concerned</p> |

about these cost increases, but as consumers we want the best treatment possible when we are sick. The class explores various policy approaches to dealing with the cost problem.

Long Term Care

The role of Medicaid in the provision of long term care will be assessed. The current problems in the financing and delivery of long term care services and assess major options for dealing with these problems will be explored.

Discretionary or Optional Topics

- Prescription Drug Regulation
- Mental Health
- Public Health
- Health Research and NIH
- AIDS and International Public Health

Internet & Reading Pre-Assignments:

- Read Chapters 1 – 3 and be prepared to discuss contents.
- Go to www.understandinghealthpolicy.com, establish an account and bring to class **one** example of a graphic for Chapters 1, 2 **or** 3.
- Bring one current event report from a news story, journal article, reputable Internet site or other creditable source related to market forces that may impact future healthcare policies either locally or nationally.

Presentation of Chapters Assigned:

- Chapters from the text will be assigned to students for presentation.
- Materials from the publisher's web site will be used for Power Point presentation and/or handouts.
- A minimum of two (2) additional sources on the same topic(s) will be obtained through Passports and included with the report.
- Each presentation will be concluded with a quiz, discussion or other learning activity. Presenters will exhibit professionalism as indicated by preparation, practice and staying within set time limits. A minimum of "uhs" and other nervous idiosyncrasies will be used.
Chapter assignments and presentations substitute for Current Event Reports for the designated week.
- The entire project will be handed in to the instructor at the conclusion of the class period and will include: a signed Webster cover sheet, outline of presented chapter(s), and copies of articles.
- All pages will be stapled together in the upper left-hand corner.

Current Event Reports:

Each current event report will consist of a copy of the source and a brief, one-page summary of the content to be turned in to the instructor at the

end of each class. The current event report will consist of a 1-page paper summarizing the key points of the article in an introduction, body, conclusion format. A sample article review is provided at the end of the syllabus. This is to be a thoughtful article review! *When a chapter assignment is presented no current event report is required.*

Final Exams:

- There will be two final exams: a take-home exam and an in-class oral exam.

Class Participation and Attendance:

- Students are expected to attend all class sessions of every course for the full 36 contact hours. In the case of unavoidable absence, the student must contact the instructor. The student is subject to appropriate academic penalty for incomplete or unacceptable makeup work, or for excessive or unexcused absences. Generally, a student who misses more than one four-hour course period (per course) without a documented military or medical excuse and advanced permission of the instructor should withdraw from the class. The University reserves the right to involuntarily drop enrolled students from classes, which they do not attend. **PLEASE BE ADVISED:** Students who do not attend the first class session, who have not made prior arrangements with the instructor for being absent, will be dropped from their courses.
- Attendance the last day of class is mandatory to ensure that all work is completed and to be awarded a passing grade. An Incomplete will not be acceptable without documental proof (Death Notice, Doctor's Letter, etc.) as to absence relating to non-completion of class work. These must be faxed 904-262-1459 or dropped off to Webster University by the Monday after the term ends.
- Participants are expected to arrive on time and be actively involved in the learning experience. Each student should desire to learn, participate, and proactively contribute to the learning of others during each discussion and exercise.
- Students are to participate in classroom discussions. The discussions are an opportunity for students to reveal their understanding of the assignments made for the current and previous classes.
- Assignments are given to prepare the student to participate in class discussions; therefore, it is imperative that reading assignments and associated questions for discussion be completed prior to class.
- A maximum of 10 points will be awarded based on the level and quality of participation and preparation.
- Failure to turn in an assignment within one week will result in a grade of "0" for that assignment. In addition, failure to submit an assignment will lower the final grade by an additional two points.
- All assignments are due as detailed in the Course Schedule.

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| | <ul style="list-style-type: none"> • Late assignments will be accepted, if they are turned in <i>no later</i> than one week later, but will be penalized one letter grade. Furthermore, late assignments will lower the student's final grade by an additional one point. • Late assignments will not be accepted for the final assignment the last week of the course to allow timely completion and grades to be submitted. |
| <p>Policy Statements: University Policies</p> | <p>University policies are provided in the current course catalog and course schedules. They are also available on the university website. This class is governed by the university's published policies. The following policies are of particular interest:</p> <p>Academic Honesty</p> <p>The university is committed to high standards of academic honesty. Students will be held responsible for violations of these standards. Please refer to the university's academic honesty policies for a definition of academic dishonesty and potential disciplinary actions associated with it.</p> <p>Drops and Withdrawals</p> <p>Please be aware that, should you choose to drop or withdraw from this course, the date on which you notify the university of your decision will determine the amount of tuition refund you receive. Please refer to the university policies on drops and withdrawals (published elsewhere) to find out what the deadlines are for dropping a course with a full refund and for withdrawing from a course with a partial refund.</p> <p>Special Services</p> <p>If you have registered as a student with a documented disability and are entitled to classroom or testing accommodations, please inform the instructor at the beginning of the course of the accommodations you will require in this class so that these can be provided.</p> <p>Disturbances</p> <p>Since every student is entitled to full participation in class without interruption, disruption of class by inconsiderate behavior is not acceptable. Students are expected to treat the instructor and other students with dignity and respect, especially in cases where a diversity of opinion arises. Students who engage in disruptive behavior are subject to disciplinary action, including removal from the course.</p> <p>Student Assignments Retained</p> <p>From time to time, student assignments or projects will be retained</p> |

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| | <p>by The Department for the purpose of academic assessment. In every case, should the assignment or project be shared outside the academic Department, the student's name and all identifying information about that student will be redacted from the assignment or project.</p> <p>Contact Hours for this Course</p> <p>It is essential that all classes meet for the full instructional time as scheduled. A class cannot be shortened in length. If a class session is cancelled for any reason, it must be rescheduled.</p> | |
| <p>Course Policies</p> | <p>Cheating and Plagiarism Students are expected to do their own work. Students who claim that someone else's work is theirs may face disciplinary action. Plagiarism can be avoided simply by the use of quotation marks when quoting and citation when paraphrasing someone else's work.</p> <p>Absenteeism Students who miss more than one class will need to make up additional work. Students who miss more than two classes may be advised to drop the course or may have their grade lowered commensurately.</p> <p>Syllabus Change This syllabus may be revised or changed without prior notice by the instructor.</p> | |
| <p>Weekly Schedule</p> | | <p>Pre-Assignments for Session 1: Chapters 1 – 3, Internet exercise, current event report</p> |
| | <p>Session 1</p> | <p>THEME: Too Much or Too Little Care? Topics:</p> <ul style="list-style-type: none"> • Follow the healthcare dollar • Current event reports • Who gets into the (non)system <p>Assignments for Session 2: (10/27)</p> <ul style="list-style-type: none"> • Chapters 4 and 5 • Current event report |

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| | <p>Session 2</p> | <p>THEME: Paying the Providers and healthcare organization Topics:</p> <ul style="list-style-type: none"> • Who gets paid how much? • How are we organized...understanding the system • Current event reports • Shifting the risk <p>Assignments for Session 3: (11/3)</p> <ul style="list-style-type: none"> • Chapters 6 and 7 • Current event report |
| | <p>Session 3</p> | <p>THEME: Organization of the Non-system and our Healthcare Workforce Topics:</p> <ul style="list-style-type: none"> • Models • Rationalized versus dispersed • Traditional versus new structures • The Healthcare Workforce & Education • Current event reports • Virtual integration <p>Assignments for Session 4: (11/10)</p> <ul style="list-style-type: none"> • Chapters 8 and 9 • Current event report |
| | <p>Session 4</p> | <p>THEME: Controlling Costs: With or Without Pain and Methods of Controlling Costs Topics:</p> <ul style="list-style-type: none"> • Costs and outcomes • Cost control strategies • Financial controls • Reimbursement controls • Mixed methods • Current event reports <p>Assignments for Session 5: (11/17)</p> <ul style="list-style-type: none"> • Chapters 10 and 11 • Current event report |

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| | <p>Session 5</p> | <p>THEME: Quality of Care and Being Well/Living Long Topics:</p> <ul style="list-style-type: none"> • Quality in the healthcare system. • Current event reports • Epidemiology • Models of prevention • Prevention and costs <p>Assignments for Session 6: (11/24)</p> <ul style="list-style-type: none"> • Chapters 12 and 13 • Current event report |
| | <p>Session 6</p> | <p>THEME: Long-term Care and Ethics Topics:</p> <ul style="list-style-type: none"> • Who pays for long-term care? • Who provides long-term care? • Improving long-term care • Components of high-quality care • Improving quality • The malpractice factor • Current event reports • Ethical dilemmas old & new • Rationing • Scarcity, resource allocation & cost control <p>Assignments for Session 7: (12/1)</p> <ul style="list-style-type: none"> • Chapters 14 and 15 • Current event report |
| | <p>Session 7</p> | <p>THEME: Around the World and National Health Insurance Topics:</p> <ul style="list-style-type: none"> • Germany • Canada • The United Kingdom • Japan • Current event reports • American National Health Insurance <p>Assignments for Session 8: (12/8)</p> <ul style="list-style-type: none"> • Chapters 16, 17 and 18 • Current event report |

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| | <p>Session 8</p> | <p>THEME: "The times they are a-changing"</p> <p>Topics:</p> <ul style="list-style-type: none"> • Conflict: purchasers, insurers, providers and suppliers • How we got where we are • What might happen next? • Current event reports • Supply and demand of health professionals <p>Assignments for Session 9: (12/15)</p> <ul style="list-style-type: none"> • Complete written exam and prepare for oral exam |
| <p>Additional Information (Sample Article Review- single spaced to conserve space)</p> | <p>Session 9</p> | <p>THEME: Conclusion & What Did You Learn?</p> <p>Topics:</p> <ul style="list-style-type: none"> • Evaluation • Tensions & challenges • Turn in written exam • Take oral exam • Closure <p>The article selected for review was written by Elizabeth Cohen, a CNN Medical Correspondent. The article, "Is boutique medicine worth the price?" is relevant to the issue of health policy in that Cohen takes a critical look at how internists and family doctors are seeking unique ways to secure their revenue base by offering personalized, customized, direct patient care. This change is more out of necessity than individual desire to offer a new level of service; necessity dictated by reduced reimbursement rates and a free-market atmosphere.</p> <p>Cohen states that these boutique services are going to become more the norm than exception for the troubled medical landscape in the future. In fact, she provides the results of a study conducted by the Society for Innovative Medical Practice and Design that states in just the last 10 years "concierge medicine" services have grown from 500 to more than 5,000 doctors nationwide. The article outlines five key questions one should ask if they are thinking of entering into a concierge arrangement with their physician: (1) what services will I get for my money?, (2) will I see one doctor all the time or several?, (3) what investments will be made to improve service?, (4) how will you save me money?, and (5) will the extra money really make my doctor any better? The questions designed by Cohen seek to vet out the fact that charging a fee for exclusivity of service doesn't in itself make it a better service than you were getting before entering into the arrangement.</p> <p>The healthcare model of boutique medicine appears to be growing in popularity and Cohen offers hard evidence of that growth. The article falls short of explaining possible reasons for the growth and this researcher</p> |

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| | <p>sees that as a limitation to her work. Admittedly, the article is focused on preparing the audience with questions to consider if they get approached to enter into one of these boutique arrangements. One might question the reasons for the boutique popularity, however. Is it declining reimbursements for evaluation and management of patients which undercuts the provider's earnings? Is it in the patients desire to have more than 15 minutes with their provider? Is it an answer to squeeze out the third party payer who is now a larger player in medical access, decision-making, and management of practices? History will probably show that it is a combination of these forces in the United States healthcare system that leads to innovations such as boutique or concierge services.</p> |
| <p>Reviewed by: <u> <i>J. Ewing</i> </u> Job Title: <u> Faculty Coordinator </u> Date: <u> 02/13/09 </u></p> | |

Revised 2/7/09