HEALTH POLICY REFORM: THE U.S. IN COMPARATIVE PERSPECTIVE

The United States spends more than any other country on health care, yet ranks low in terms of efficiency, effectiveness, and equality. As we embark on a new wave of reform, many are looking at what other countries have done and are asking what transferrable lessons exist for the US. All countries continually reform their health care systems and all continually confront fundamental tensions between controlling costs and maintaining or improving quality and equality in health care provision and health outcomes. This course examines several major areas of reform, including financing, physician payments, primary care, and the use of hospitals and technology. We investigate how Canada, Britain, and Germany have reformed their health care sectors and how well they have achieved their goals. And, with direct comparisons to the US, we ask what lessons US policymakers can draw from their experiences. We will also discuss such issues as the roles and relations of government and private actors, the distribution of responsibilities for processes and outcomes, and the use of rationing.

Links to all of the readings are available in the syllabus on the course webpage.

Requirements:

1) Full class participation. Students are expected to do all of the required readings and to participate in all class discussion.

2) Preparation of group outlines on selected topics for 3 countries (20% of final grade).

3) Two short papers, based on 2 country analyses, each about 5-7 pages (40% of final grade). Each paper is due no later than 2 weeks after we finish studying the country.

4) One final paper on a topic of your choice, about 10-15 pages (40% of final grade). Proposals due November 24. Due date for paper TBA.

Students are advised to consult the HKS Academic Code at:
http://www.hks.harvard.edu/var/ezp_site/storage/fckeditor/file/pdfs/degree-programs/registrar/academic_code.pdf
INTRODUCTION (8/31)


1. FINANCING: TYPES OF SYSTEMS, ISSUES (9/2)


Supplementary Reading (optional):


2. PROVIDERS: SUPPLY, REIMBURSEMENT, OTHER ISSUES (9/7)


Supplementary Reading (optional):


3. CANADA

(a) Financing, Benefits (9/9)


(b) Physicians, Workforce (9/14)


(c) Hospitals, Technology (9/16)

Marchildon, relevant parts of Chapters 2, 3, 4, 5


(d) Comparative Analysis (suggested readings)

9/21 (1: single payer systems):


9/21 (2: public/private mix):


Optional:

9/23 (1: physician reimbursement):


9/23 (2: worker shortages):

K. Baicker, A. Chandra, “Cooper’s Analysis is Incorrect,” *Health Affairs* 28(1), 2009: w116-w118.


9/28 (1: regional hospitals):


9/28 (2: rationing):


**(e) Summary and Conclusions (9/30)**
4. BRITAIN

(a) Financing, Benefits (10/5)


(b) Physicians, Workforce (10/7)


(c) Hospitals, Technology (10/12)


(d) Comparative Analysis (suggested readings)

10/14 (1: PPP):


10/14 (2: government de/centralization):


10/19 (1: primary care):


10/19 (2: P4P):


10/21 (1: quality of care):


10/21 (2: technology assessment):


(e) Summary and Conclusions (10/26)

5. GERMANY

(a) Financing, Benefits (10/28)


“Dr. Rösler’s Difficult Prescription: The Hard Case of Reforming German Health Care” The Economist, April 29 2010.

(b) Physicians, Workforce (11/2)


(c) Hospitals, Technology (11/4)


(d) **Comparative Analysis** (suggested readings)

11/9 (1: employer based systems):


11/9 (2: quasi-public insurance agencies):


11/16 (1: physicians role in policymaking):


11/16 (2: disease management):


11/18 (1: paying hospitals):


11/18 (2: hospital efficiency):


(e) Summary and Conclusions (11/23)
PROPOSALS FOR FINAL PAPER DUE NOVEMBER 23

6. Pharmaceuticals (11/30)


Optional:

December 2: Extra Office Hours

**Documentary:**
http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/