

**DRAFT 8/30/2016**

**SUP-500: Introduction to U.S. Health Care Policy**

*Fall 2016 Syllabus*

*Day: Tuesdays 4:15-6pm*

*Room: L230*

**Instructors**

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**Course Overview**

The aim of this course is to provide students with an overview of the U.S. health care system, its components, and the policy challenges created by its organization. During the fall 2016 we will give special attention to the status and implementation of the ACA at the state and federal levels and to the budgetary implications of health care spending more broadly. We will focus on the major health policy institutions and important issues that cut across institutions, including private insurers and the federal/state financing programs (Medicare and Medicaid/SCHIP). Attention also will be given to disparities in access to care, the role of pharmaceuticals in health care and the pricing and regulation of the pharmaceutical industry, the quality of care, the challenges of long-term care and the aging of the population, and the drivers of cost growth. Note will also be made of the potential impact of the 2016 election. The course will draw on lectures by the faculty and national expert “guests”, on assigned readings, and on in-class discussions. Students are expected to actively participate in the discussion. Literature from economics, political science, medical sociology, and ethics will be referenced throughout the course; however, no disciplinary background is assumed, nor is any special familiarity with the field of health care required.

Course Learning Objectives: At the conclusion of this course, students will be able to:

1. Describe the key elements contributing to health care costs in the U.S.
2. Explain how both Medicare, Medicaid, and CHIP are financed and structured
3. Compare and contrast private and public financing and delivery models of healthcare services
4. Describe basic concepts related to health insurance
5. Identify the various determinants of access to and quality of care for low-income and vulnerable populations
6. Analyze how the political process affects the financing and delivery of healthcare in the U.S.
7. Describe payment strategies to achieve value and quality outcomes

Course Webpage: When possible, the PowerPoint files for each lecture will be posted to the course page in advance of the class.

- 9/6 - Intro - Overview of Course: US Health Care System
- 9/13 - Topic - Health Care Costs: Mike Chernew
- 9/20 - Topic – Medicare
- 9/27 - Topic – Medicaid / **Memo #1 Assigned**
- 10/4 - Topic – Private Insurance / **Memo #1 Due**
- 10/11 - Topic – Disparities
- 10/18 - Topic - Affordable Care Act: Progress and Pitfalls / **Memo #1 Returned**
- 10/25 - Topic – Quality of Care: Ashish Jha / **Memo #2 Assigned**
- 11/1 - Topic – Politics and Public Opinion: Bob Blendon / **Memo #2 Due**
- 11/8 - Topic - Transition in Payment Policy: Meredith Rosenthal
- 11/15 - Topic – Long Term Care: David Stevenson / **Memo #2 Returned**
- 11/22 - Topic - Pharmaceutical Policy: Richard Frank
- 11/29 - **Final Presentations**

### **Course Requirements**

Students will be expected to complete the assigned readings, attend and participate in class discussions, write 3 policy memos, and participate in a group exercise.

### **Electronic Materials**

This class uses the available websites to post lecture slides, supplementary materials, and some announcements.

### **Course Grading**

Final grades for the course will be determined as follows:

Memo 1 (due 10/4): 30%  
Memo 2 (due 11/1): 30%  
Group Exercise including individual memo: 40% [20% memo/20% participation in group presentation]

\*Final course grade also will consider attendance and class participation

### **Class Protocol**

Students are expected to attend all classes. During class, cell phones must be turned off or on vibrate mode. Laptops are permitted for note taking purposes.

Expectations of Professionalism:

Ethics • Students are expected to abide by the University policies on academic honesty and integrity as given in the Student Handbook. Violations of these policies will not be tolerated and are subject to severe sanctions up to and including expulsion from the university. • While study groups are encouraged, their proper purpose is not to do the homework assignments, but to help you learn the material. Each student is responsible for writing up and submitting the assignments. Separate copies of a group-constructed assignment are not acceptable. (Source: Parkes, J., & Harris, M. B. (2002). The Purposes of a Syllabus. *College Teaching*, 50 (2), 60.)

### **Course Materials**

- There are no required textbooks for this course.
- Links to required readings available online are listed within syllabus.
- Readings not available online will be given out at the beginning of the course. Additional materials may be distributed during the course of the semester.

## **9/6/16 INTRO to COURSE and OVERVIEW of US HEALTH CARE SYSTEM**

In addition to describing the basic approach and structure of the course, the goal of the first lecture is to detail the general goals, structure, and performance of the U.S. health system. Attention will be paid both to the substantial progress made over the past century in advancing our nation's health and health care as well as to the challenges that remain. Dimensions of the recent health reform bill will be introduced in this context, providing a framework for discussion throughout the semester.

Learning Objectives:

- Describe course objectives, format and administration
- Discuss impetus for recent health care reform legislation and an overview of challenges facing the US health care system

1. Stephen J. Williams, Paul R. Torrens. Introduction to Health Services Fifth Edition. Chapter 1, "Historical Evolution and Overview of Health Services in the United States," 3-35. Albany, New York: Delmar Publishing. (*PDF available on Course Page*)
2. Cutler DM, Rosen AB, Vijan S. The value of medical spending in the United States, 1960-2000. *N Engl J Med*. 2006 Aug 31;355(9):920-7. <http://www.nejm.org/doi/pdf/10.1056/NEJMsa054744>

3. SKIM: Centers for Medicare and Medicaid Services. National Health Expenditures Data: NHE Tables, December 3, 2015. <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountshistorical.html>
4. Atul Gawande, "The Cost Conundrum – What a Texas town can teach us about health care." *The New Yorker*: June 1, 2009  
[http://www.newyorker.com/reporting/2009/06/01/090601fa\\_fact\\_gawande?currentPage=all](http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande?currentPage=all)
5. Hero, J.O., et al. "Understanding What Makes Americans Dissatisfied with Their Health Care System: An International Comparison," *Health Affairs* 35(3), 2016, 502-509. <http://content.healthaffairs.org/content/35/3/502.full.pdf+html>
6. Barnes, K. et al. "Medical Cost Trend: Behind the Numbers 2016", PricewaterhouseCoopers. June 2015.  
<https://commissiononcare.sites.usa.gov/files/2016/01/20151116-05-Medical-Cost-Trend-Behind-the-Numbers-2016-PWC.pdf>
7. J. Prah Ruger, et al., "The Elusive Right to Health Care under U.S. Law," *The New England Journal of Medicine*, June 25, 2015.  
<http://www.nejm.org/doi/pdf/10.1056/NEJMhle1412262>
8. Glied, S. et al. "Where the Money Goes: The Evolving Expenses of the US Health Care System," *Health Affairs* 35(7):1197-1203, 2016.  
<http://content.healthaffairs.org/content/35/7/1197.full.pdf>

**9/13/16 HEALTH CARE COSTS: Mike Chernew, Professor of Health Care Policy in the Department of Health Care Policy at Harvard Medical School**

This session will provide an overview of the factors that drive increases in health care spending and the consequences of continued spending growth. The lecture also will explore potential approaches to slow spending growth and strengths and limitations of these approaches.

**Learning Objectives:**

- To understand the distinction between the level of spending and rate of spending growth.
  - To identify drivers of spending growth
  - To examine ways to slow growth
1. Chernew ME, Hirth RA, Sonnad S, Ermann R, Fendrick AM. "Managed Care, Medical Technology, and Health Care Cost Growth: A Review of the Evidence." *Medical Care Research and Review* 1998; 55(3): 259-288.  
[http://deepblue.lib.umich.edu/bitstream/handle/2027.42/68674/10.1177\\_107755879805500301.pdf?sequence=2](http://deepblue.lib.umich.edu/bitstream/handle/2027.42/68674/10.1177_107755879805500301.pdf?sequence=2)
  2. Chernew, M.E. et al. "The Specter of Financial Armageddon – Health Care and Federal Debt in the United States," *NEJM* 362(13), 2010: 1166-1168.  
<http://comedsoc.org/images/HCR%20Financial%20Armedgeddon%20Chernew%20NEJM%204-1-10.pdf>
  3. Chandra, A, Holmes, J, and Skinner, J. "Is This Time Different? The Slowdown in Health Care Spending." *Brookings Papers on Economic Activity*, Fall 2013, pp.261-323.  
[http://www.brookings.edu/~media/Projects/BPEA/Fall%202013/2013b\\_chandra\\_healthcare\\_spending.pdf](http://www.brookings.edu/~media/Projects/BPEA/Fall%202013/2013b_chandra_healthcare_spending.pdf)

4. Martin, A et al. 2016. "National Health Spending in 2014: Faster Growth Driven by Coverage Expansion and prescription Drug Spending," *Health Affairs* 35(1):150-160. <http://content.healthaffairs.org/content/early/2015/11/25/hlthaff.2015.1194.full.pdf+html>
5. Louise Sheiner, "Perspectives on Health Spending Growth," The Brookings Institution, August 2014 <http://www.brookings.edu/~media/research/files/papers/2014/07/healthcare%20spending%20perspectives%20sheiner/4%20sheinerhealthcareaugust5.pdf>
6. Chernew M. 2015. "Interpreting New Data on Health Care Spending Growth," *Health Affairs Blog* <http://healthaffairs.org/blog/2015/12/02/interpreting-new-data-on-health-care-spending-growth/>
7. Anderson, G. et al. "It's the Prices Stupid: Why the United States is So Different from Other Countries." *Health Affairs*, May 2003. <http://content.healthaffairs.org/content/22/3/89.full.pdf+html>
8. Thorpe, K. "What Accounts for the Lower Growth in Health Care Spending?" *Health Affairs Blog*, February 2016. <http://healthaffairs.org/blog/2016/02/18/what-accounts-for-the-lower-growth-in-health-care-spending/>

## 9/20/16      MEDICARE

Medicare was signed into law on July 30, 1965, more than 50 years ago, and is considered by many to have been a tremendous success. It withstood tremendous opposition from physician groups and many hospitals, particularly those in the South who were being forced to desegregate because of the law. But questions have arisen about its design and sustainability. Fears about insolvency have plagued the program for years. Medicare was central to the ACA as more than half of the \$938B price tag will be paid from Medicare savings, which will also extend the solvency of the program. The ACA also provided for the opportunity for multiple Medicare demonstrations, the result of which will help give guidance for future reform efforts. Medicare has also been the subject of much discussion in the recent efforts to address the long-term Federal budget deficit and calls for reform constant. This session will provide an overview of the history of the program, its design and the challenges it faces going forward.

### Learning Objectives:

- Define key features of Medicare
    - History
    - Covered services
    - Payment structures
    - Beneficiaries
    - Financing
  - Describe current debate over future structure and design
1. Kaiser Family Foundation. The Facts on Medicare Spending and Financing. July 20, 2016. <http://kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>
  2. Ball R.M. "What Medicare's Architects Had in Mind." *Health Affairs* 14(4), 1995: 62-72. <http://content.healthaffairs.org/content/14/4/62.full.pdf>
  3. Blumenthal, David, et al. "Medicare at 50 – Origins and Evolution," *New England Journal of Medicine*. January 29, 2015. <http://www.nejm.org/doi/full/10.1056/NEJMhpr1411701>

4. Blumenthal, David, et al. "Medicare at 50 – Moving Forward," *New England Journal of Medicine*. February 12, 2015.  
<http://www.nejm.org/doi/full/10.1056/NEJMhpr1414856>
5. Chernew ME, Frank RG and Parente ST. "Slowing Medicare Spending Growth: Reaching for Common Ground. *Am J Manag Care*. 2012;18(8):465-8.  
<http://www.ajmc.com/journals/issue/2012/2012-8-vol18-n8/slowing-medicare-spending-growth-reaching-for-common-ground>
6. J. P. Newhouse, A. M. Garber, "Geographic Variation in Medicare Services," *NEJM* 368(16), 2013: 1465-1468. <http://www.nejm.org/doi/pdf/10.1056/NEJMp1302981>
7. A.W. Mulcahy et al." [Medicare's Step Back from Global Payments — Unbundling Postoperative Care](#) ", *NEJM* 372(15), 2015: 1385-1387.
8. Henry Aaron and Robert Reischauer, "The Transformation of Medicare, 2015-2030," Brookings Institution, June 2015  
<http://www.brookings.edu/~media/Research/Files/Papers/2015/06/04-medicare-2030-paper-series/060315AaronReischauerFutureofMedicare.pdf?la=en>
9. Kaiser Family Foundation. Turning Medicare Into a Premium Support System: Frequently Asked Questions. Kaiser Family Foundation Issue Brief, July 19, 2016.  
<http://kff.org/medicare/issue-brief/turning-medicare-into-a-premium-support-system-frequently-asked-questions/>
10. Pham, H. et al. "Medicare's Vision for Delivery System Reform – The Role of ACOs", *NEJM*, September 20, 2015. <http://www.nejm.org/doi/pdf/10.1056/NEJMp1507319>
11. Oberlander, J. "Leap of Faith – Medicare's New Physician Payment System," *NEJM* September 24, 2015. <http://www.nejm.org/doi/pdf/10.1056/NEJMp1509154>
12. Ginsberg, P. "Challenges for Medicare at 50," *NEJM* November 19, 2015.  
<http://www.nejm.org/doi/pdf/10.1056/NEJMp1511272>

## 9/27/16    **MEDICAID**

This lecture provides an overview of the Medicaid program. It begins by discussing eligibility, financing, and administration of the Medicaid program by federal and state governments including the status and implications of the ACA expansion. It then discusses issues related to Medicaid spending – focusing on both long-term care and Medicaid managed care – and expansions to Medicaid through the state Children's Health Insurance Program (CHIP). The lecture concludes by discussing several long-term challenges facing the Medicaid program.

### Learning Objectives:

- Define key features of :
  - Medicaid history
  - Covered services
  - Population
  - Provider payments
  - Federal/state role
- Describe key elements of health reform
  - Take up by states
  - Continuing political discussion

1. Kaiser Family Foundation. Medicaid at 50, pub 8721. <http://kff.org/report-section/medicaid-at-50-the-elderly/>
2. Sommers, Benjamin D., Robert J. Blendon, E. John Orav, and Arnold M. Epstein. "Changes in utilization and health among low-income adults after Medicaid expansion or expanded private insurance." *JAMA Internal Medicine*(2016). <http://jama.jamanetwork.com/article.aspx?articleid=2411283>
3. Kaiser Commission on Medicaid and the Uninsured, Medicaid's Role for Dual Eligible Beneficiaries, August 2013. <https://kaiserfamilyfoundation.files.wordpress.com/2013/08/7846-04-medicaids-role-for-dual-eligible-beneficiaries.pdf> .
4. Baicker et al. "The Oregon Experiment Effects of Medicaid on Clinical Outcomes" *NEJM* 368(18), 2013:1713-1722. [http://www.statecoverage.org/files/NEJM\\_OR\\_Experiment.pdf](http://www.statecoverage.org/files/NEJM_OR_Experiment.pdf)
5. H. A. Pollack, "State Medicaid Policy and Health Reform," *Journal of Health Politics, Policy and Law* 38(1), 2013: 161-163. <http://jhpppl.dukejournals.org/content/38/1/161.full.pdf>
6. Kaiser Family Foundation, *What Difference Does Medicaid Make?* May 2013. (10 pages + appendices) <http://kff.org/medicaid/issue-brief/what-difference-does-medicaid-make-assessing-cost-effectiveness-access-and-financial-protection-under-medicaid-for-low-income-adults/>
7. S. Dorn, M. McGrath, and J. Holohan. "What is the Result of States Not Expanding Medicaid?" Urban Institute, August 2014. <http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/08/what-is-the-result-of-states-not-expanding-medicaid-.html>
8. S. Rosenbaum and T. Westmoreland. "[Restructuring Medicaid as Block Grants — Unconstitutional Coercion?](#) ", *NEJM* 372(19), 2015: 1785-1787. <http://www.nejm.org/doi/full/10.1056/NEJMp1503455>
9. Sparer, M. "Medicaid at 50: Remarkable Growth Fueled by Unexpected Politics," *Health Affairs* 34(7), 2015: 1084-1091. <http://content.healthaffairs.org/content/34/7/1084.full.pdf+html>
10. Brooks, T. and S. Miskell. Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January: Findings from a 50-State Survey. KFF.org, January 2016. <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>
11. What If More States Expanded Medicaid in 2017? M. Buettgens, Urban Institute, July 2016. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000866-What-if-More-States-Expanded-Medicaid-in-2017-Changes-in-Eligibility-Enrollment-and-the-Uninsured.pdf>

## 10/4/16 PRIVATE INSURANCE

This lecture provides a discussion of various concepts related to insurance: uncertainty, risk, adverse selection, and moral hazard. It applies these concepts to a few health insurance reform issues, namely community rating, guaranteed issue, and benefit mandates. It evaluates several advantages and disadvantages to group insurance in the employment-based setting – particularly those related to the so-called “tax subsidy” for employment-based insurance.

### Learning Objectives:

- Discuss a brief history of US employment-based insurance system

- Describe how moral hazard and adverse selection affect insurance markets and efforts to reform the health insurance system
  - Describe the key elements of the ACA insurance reforms
1. Blumenthal D. "Employer-Sponsored Health Insurance in the United States – Origins and Implications," *New England Medical Journal* 355(1), 2006: 82-88.  
<http://www.nejm.org/doi/pdf/10.1056/NEJMhpr060703>
  2. Kaiser Family Foundation. "How Private Health Coverage Works: A Primer, 2008 Update." April 2008.  
<http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7766.pdf>
  3. Smith, J and C Medalia. Health Insurance Coverage in the U.S. 2013. Current Population Report P60-253; September 2015. (SKIM)  
<https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253>
  4. Baicker K, Chandra A. "Myths and misconceptions about U.S. health insurance." *Health Aff* (Millwood). 2008 Nov-Dec;27(6):w533-43.  
<http://content.healthaffairs.org.ezp-prod1.hul.harvard.edu/cgi/reprint/27/6/w533>
  5. L. Clemans-Cope, et al., "Limiting the Tax Exclusion of Employer-Sponsored Health Insurance Premiums: Revenue Potential and Distributional Consequences," *Robert Wood Johnson Foundation: Urban Institute*, May 2013. (6 pages + appendix). Skim.  
<http://www.urban.org/UploadedPDF/412816-Limiting-the-Tax-Exclusion-of-Employer-Sponsored-Health-Insurance-Premiums.pdf>
  6. Reinhardt, U.E. "The Illogic of Employer-Sponsored Health Insurance", *The New York Times*, July 1, 2014. <http://www.nytimes.com/2014/07/03/upshot/the-illogic-of-employer-sponsored-health-insurance.html?module=Search&mabReward=relbias%3Ar%2C%7B%221%22%3A%22R%3A9%22%7D&r=1&abt=0002&abg=0>

## 10/11/16      DISPARITIES

This lecture provides an overview of racial/ethnic and socioeconomic status disparities in health and health care outcomes in the U.S, This class will explore explanations for the relationships between these factors and various health outcomes, using examples from mental health and mental health care to highlight concepts. We will discuss how disparities might arise from multiple levels, including the physician-patient interactions and the health care system.

### Learning Objectives:

- Describe evidence on racial/ethnic disparities in health outcomes and health care use in the United States
  - Describe the mechanisms by which disparities arise, and the ramifications that this has on measurement and tracking of disparities and policies aimed at reducing these disparities.
1. Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report — United States, 2013. *MMWR* 2013;62(Suppl 3).  
<http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>



2. P. Ubri and S. Artiga, "Disparities in Health and Health Care: Five Key Questions and Answers." <http://files.kff.org/attachment/Issue-Brief-Disparities-in-Health-and-Health-Care-Five-Key-Questions-and-Answers>
3. 2015 National Healthcare Quality And Disparities Report And 5th Anniversary Update On The National Quality Strategy (skim) <http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr15/2015nhqdr.pdf>
4. IOM, What healthcare providers need to know about racial and ethnic disparities in healthcare. <http://www.iom.edu/~media/Files/Report%20Files/2003/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care/Disparitieshcproviders8pgFINAL.pdf>
5. Cook, Benjamin L., Thomas G. McGuire, and Alan M. Zaslavsky. "Measuring racial/ethnic disparities in health care: methods and practical issues." *Health services research* 47.3pt2 (2012): 1232-1254.
6. Williams, David R., and Chiquita Collins. "Racial residential segregation: a fundamental cause of racial disparities in health." *Public health reports* 116.5 (2001): 404. <http://www.publichealthreports.org/issueopen.cfm?articleID=1121>
7. Jones, C P. "Levels of Racism: a Theoretic Framework and a Gardener's Tale" *American Journal of Public Health* 90 (8), 2000: 1212-1215. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf>
8. Ansell, D.A., and E K McDonald. "Bias, Black Lives, and Academic Medicine," *NEJM* 2015; 372:1087-1089. <http://www.nejm.org/doi/full/10.1056/NEJMp1500832#t=article>
9. Martin, SA, K Harris, and B W Jack. "The Health of Young African American Men", *JAMA*. 2015;313(14):1415-1416. <http://jama.jamanetwork.com/article.aspx?articleid=2195959>

## 10/18/16      AFFORDABLE CARE ACT - PROGRESS AND PITFALLS

The failure to reshape the nation's health care system in 1993 was not the first time an administration tried to tackle this issue; but after years of efforts, the passage of the Patient Protection and Accountability Act was realized in March of 2010. The main objective of this session is to examine where we are 6 years in, the key elements and goals of the legislation, implementation challenges that lie ahead, and remaining issues to be resolved in the reform of our health care system. Among those issues discussed: impact on employers coverage, cost, and insurance company participation.

### Learning Objectives:

- Describe key elements of legislation
  - Discuss progress in implementation and potential road blocks
  - Describe differing roles state and federal government
1. Hinda Chaikind, Curtis W. Copeland, C. Stephen Redhead, Jennifer Staman. *PPACA: A Brief Overview of the Law, Implementation and Legal Challenges*. Congressional Research Service, March 2, 2011. <http://www.nationalaglawcenter.org/assets/crs/R41664.pdf>.
  2. Kaiser Family Foundation, Summary of Affordable Care Act, April 2013. <http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>

3. French, M. T., Homer, J., Gumus, G., & Hickling, L. Key Provisions of the Patient Protection and Affordable Care Act (ACA): A Systematic Review and Presentation of Early Research Findings. *Health services research* (2016)  
<http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12511/full>
4. Obama, B. (2016). United States health care reform: progress to date and next steps. *JAMA*, 316(5), 525-532.  
<http://jama.jamanetwork.com/article.aspx?articleid=2533698>
5. Richard M. Scheffler, Daniel R. Arnold, Brent D. Fulton and Sherry A. Glied, Premiums Differing Impacts Of Market Concentration On Affordable Care Act Marketplace Premiums, *Health Affairs* 35, no.5 (2016):880-888.  
<http://content.healthaffairs.org/content/35/5/880.full.pdf+html>
6. Corlette, Sabrina et al., "Narrow Provider Networks in New Health Plans: Balancing Affordability with Access to Quality Care." May 2014  
[http://www.law.georgetown.edu/oneillinstitute/summerprogram/2014/docs/july-21-25/3.2 Corlette Volk Berenson Feder.pdf](http://www.law.georgetown.edu/oneillinstitute/summerprogram/2014/docs/july-21-25/3.2%20Corlette%20Volk%20Berenson%20Feder.pdf)
7. Stuart Butler. "Let the States Fix Obamacare," Brookings, March 20, 2015.  
<http://www.brookings.edu/blogs/health360/posts/2015/03/20-aca-five-years-let-states-fix-obamacare-butler>
8. Supplemental Survey Report. Firms Assess Effects of the Affordable Care Act. Federal Reserve Bank of New York, August 2016.  
[https://www.newyorkfed.org/medialibrary/media/survey/business\\_leaders/2016/2016\\_08supplemental.pdf?la=en](https://www.newyorkfed.org/medialibrary/media/survey/business_leaders/2016/2016_08supplemental.pdf?la=en)
9. Coordination versus Competition in Health Care Reform, K. Baicker. *NEJM*, August 29, 2013. <http://www.nejm.org/doi/full/10.1056/NEJMp1306268>
10. United's Withdrawal from Exchanges -- Much Ado About the Wrong Things? C. Koller, *NEJM*, July 28, 2016. <http://www.nejm.org/doi/full/10.1056/NEJMp1605841>

**10/25/16      QUALITY of CARE: Ashish Jha, Professor of Health Policy at Harvard School of Public Health**

This lecture will give an introduction to the current state of quality of care in the U.S., focusing on two prominent approaches recently used to spur improvement – public reporting and pay for performance. The lecture will detail the conceptual underpinnings of these approaches as well as their strengths and limitations and attention will be given to quality-oriented provisions included in the recent health reform bill.

**Learning Objectives:**

- Describe current quality efforts and strategies in use.
  - Describe risk environment targeted by quality efforts
1. Figueroa Jose F, Tsugawa Yusuke, Zheng Jie, Orav E John, Jha Ashish K. Association between the Value-Based Purchasing pay for performance program and patient mortality in US hospitals: observational study *BMJ* 2016; 353 :i2214  
<http://www.bmj.com/content/353/bmj.i2214>
  2. Berenson, RA, and Kaye, DR. "Grading a Physician's Value – The Misapplication of Performance Measurement," *The New England Journal of Medicine* 369(11), 2013: 2079-2081. <http://www.nejm.org/doi/pdf/10.1056/NEJMp1312287>

3. Jha AK. "Time to Get Serious About Pay for Performance." *JAMA*. 2013;309(4):347-348. <http://jama.jamanetwork.com.ezp-prod1.hul.harvard.edu/article.aspx?articleid=1558286>
4. Jha AK. Making Transparency Work: why we need new efforts to make data usable. An Ounce of Evidence. <https://blogs.sph.harvard.edu/ashish-jha/2016/06/01/making-transparency-work-why-we-need-new-efforts-to-make-data-usable/>
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6. Jha AK. Readmissions, Observation, and Improving Hospital Care. <https://blogs.sph.harvard.edu/ashish-jha/2016/02/26/readmissions-observation-and-improving-hospital-care/>

#### Optional

7. Joynt KE, Orav EJ, Zheng J, Jha AK. Public Reporting of Mortality Rates for Hospitalized Medicare Patients and Trends in Mortality for Reported Conditions. *Ann Intern Med*. 2016;165:153-160. doi:10.7326/M15-1462 <http://annals.org/article.aspx?articleid=2525716>
8. Jha AK, Orav EJ, Epstein AM. "The Effect of Financial Incentives on Hospitals That Serve Poor Patients." *Ann Intern Med*. 2010 Sep 7; 153(5):299-306. <http://annals.org.ezp-prod1.hul.harvard.edu/article.aspx?articleid=746014>

#### 11/1/16 **POLITICS and PUBLIC OPINION: Bob Blendon, Senior Associate Dean for Policy Translation and Leadership Development and Professor of Health Policy and Political Analysis, Harvard School of Public Health**

For more than a century Americans have debated some form of health reform. There was debate over the ACA prior to passage and it continues to this day. The public's views weigh heavily on the administration and the congress as the discussions go on. The current debate over the budget also has raised questions about the status of the major entitlement programs, Medicare and Medicaid, their solvency, and their contribution to long-term budget concerns. This session will help us understand how Americans view these issues, how those views have changed and how they influence the process of public policy formation.

#### Learning Objectives:

- Identify key political forces influencing decision making
  - Describe differences in party positions on key issues
  - Explain the role of congress in formulating health policy
1. Litman, Theodor J. 1997. "The Relationship of Government and Politics to Health and Health Care – A Sociopolitical Overview." In Theodor Litman and Leonard Robins, eds., *Health Politics and Policy*, 3 ed., Albany, NY: Delmar, pp. 3-45. *(PDF available on Course Page)*
  2. Blendon RJ and Benson JM. "Voters and the Affordable Care Act in the 2014 Election." *The New England Journal of Medicine*. 2014, 371(20): e31 1-7. <http://www.nejm.org/doi/pdf/10.1056/NEJMsr1412118>
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5. Evans, CL. 1995. Chapter 2 – "Committees and Health Jurisdictions in Congress" in Thomas E. Mann and Norman J. Ornstein, eds., *Intensive Care: How Congress Shapes Health Policy*, Washington, DC: American Enterprise Institute and The Brookings Institution, pp.25-51. (PDF available on Course Page)
6. Oleszek, W.J. 2010. "Congress and Lawmaking." *Congressional Procedures and the Policy Process*, 8th Edition. Washington, D.C.: CQ Press, Chapter 1, pp. 1-45. (PDF available on Course Page) (SKIM)
7. Blendon RJ, Brodie M, Benson J, & Altman, D. 2011. "Trust in government and health care institutions" (Chapter 2) and "Emerging infectious diseases." (Chapter 15) in *American Public Opinion and Health Care*, CQ Press, Washington. DC. 15-38, 367-403. (PDF available on course page)

**11/8/16 TRANSITION IN PAYMENT POLICY: Meredith Rosenthal, professor of Health Economics and Policy and Associate Dean, Harvard School of Public Health**

**Learning Objectives:**

By the end of this session, you will be able to:

- Describe the major types of provider payment methods including "value-based" approaches
- Explain the principles of incentive design
- Analyze the likely effects and potential adverse consequences of alternative payment approaches

**Be prepared to discuss:**

- How important are financial incentives as influences at the point of care (i.e., how much do they enter into a decision to do or not do something for a patient)?
  - What is the ideal way to pay doctors and hospitals?
  - What unintended consequences might ensue as incorporate quality and cost measures into payment formulas?
  - What needs to happen for value-based purchasing to be successful in health care?
1. VanLare, Jordan M., and Patrick H. Conway. "Value-based purchasing—national programs to move from volume to value." *New England Journal of Medicine* 367.4 (2012): 292-295. <http://www.nejm.org/doi/full/10.1056/NEJMp1204939>
  2. Robinson JC. The Theory and Practice of Physician Payment Incentives. *Milbank Quarterly*; May 2001, Vol. 79 Issue 2, p149, 29p. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2751195/pdf/milq\\_202.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2751195/pdf/milq_202.pdf)
  3. Rosenthal MB, Fernandopulle R, Song HR, and Landon BE. Paying for Quality: Providers' Incentives for Quality Improvement, *Health Affairs*, 2004 March-April; 23(2):127-41. <http://content.healthaffairs.org/content/23/2/127.full.pdf+html>

## OPTIONAL

4. Lindenauer, Peter K., et al. "Public reporting and pay for performance in hospital quality improvement." *New England Journal of Medicine* 356.5 (2007): 486-496. <http://www.nejm.org/doi/full/10.1056/NEJMsa064964>
5. Eijkenaar, Frank, et al. "Effects of pay for performance in health care: a systematic review of systematic reviews." *Health policy* 110.2 (2013): 115-130. <http://www.sciencedirect.com/science/article/pii/S0168851013000183>

### **11/15/16      LONG TERM CARE: David Stevenson, professor of health policy in the Department of Health Policy, Vanderbilt School of Medicine.**

The main objective of this session is to give an overview of the provision of long-term care in the United States and the vital importance of Medicare and especially Medicaid in the financing of care. Attention also will be given to discussing the important ways that long-term care is distinct from acute care and how it fits in with post-acute and end-of-life care. Finally, we will discuss implications of the ACA and related reforms for long-term care.

#### Learning Objectives:

- Describe key components of current LTC services
  - Discuss key demographic and resulting policy challenges
  - Describe current financing mechanisms and payment and delivery reforms
1. Reaves EL and Musumeci MB. Kaiser Family Foundation. Medicaid and Long-Term Services and Supports: A Primer. <http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>
  2. Gold MR, Jacobson GA, Garfield RL. There is little experience and limited data to support policy making on integrated care for dual eligibles. *Health Affairs (Millwood)*. 2012 Jun;31(6):1176-85. <http://content.healthaffairs.org/content/31/6/1176.full.pdf+html>
  3. Chernof B. Creating Realistic Long-Term Care Solutions As Part Of The Entitlement Reform Debate. *Health Affairs Blog*, January 23, 2013. <http://healthaffairs.org/blog/2013/01/23/creating-realistic-long-term-care-solutions-as-part-of-the-entitlement-reform-debate/>

#### Skim:

4. Favreault MM, Gleckman H, Johnson RW. Financing Long-Term Services and Supports: Options Reflect Trade-Offs for Older Americans and Federal Spending. *Health Affairs (Millwood)*. 2015 Dec;34(12):2181-91. <http://content.healthaffairs.org/content/34/12/2181.full.pdf+html>
5. Karen Davis, Amber Willink, and Cathy Schoen . Medicare Help at Home. *Health Affairs Blog*, April 13, 2016. <http://healthaffairs.org/blog/2016/04/13/medicare-help-at-home/>

**11/22/16 PHARMACEUTICAL POLICY: Richard Frank, professor of health economics in the Department of Health Care Policy, Harvard Medical School**

This lecture will discuss pharmaceutical policy's role in today's health care system and the challenges the increasing cost of drugs create for individuals and plans.

Learning Objectives:

- Understand the process of drug approval, regulation, pricing, and its impact on patient care, with an emphasis on describing federal efforts at regulation and risk warnings to contain costs and improve patient safety
- Understand the contemporary issues related to introduction of new, expensive specialty drugs (e.g., Sovaldi), with a discussion of the benefits (e.g., therapeutic innovation) and challenges (e.g., uncertainties evidence, drug pricing, coverage decision etc)

1. Thomas Peter Stossel, Prescription Drug Pricing: Scam or Scapegoat? AEI February 2016. <https://www.aei.org/wp-content/uploads/2016/02/Specialty-Drug-Pricing.pdf>
2. Len Nichols, What Price Should We Pay for Specialty Drugs? CHPRE Issue brief #3 May 15, 2015. [http://chpre.org/wp-content/uploads/2015/05/New-Pricing-Policy-for-Specialty-Drugs\\_5.12.2015.pdf](http://chpre.org/wp-content/uploads/2015/05/New-Pricing-Policy-for-Specialty-Drugs_5.12.2015.pdf)
3. Public Citizen, Patients' Groups and Big Pharma, August 4, 2016. <http://www.citizen.org/documents/patients-groups-and-big-pharma-money-report.pdf>
4. Alfred Engelberg, How Government Policy Promotes High Drug Prices, Health Affairs Blog October 29, 2015. <http://healthaffairs.org/blog/2015/10/29/how-government-policy-promotes-high-drug-prices/>
5. Observations on Trends in Prescription Drug Spending. ASPE Briefing. March 2, 2016. <https://aspe.hhs.gov/sites/default/files/pdf/187586/Drugspending.pdf>

**11/29/16 GROUP PRESENTATIONS AND HAND IN FINAL MEMO**