



NORTHWESTERN FEINBERG SCHOOL *of* MEDICINE
UNIVERSITY



Health care: business, professional, & public perspectives.

Kellogg course: HEMA 920-A

Feinberg course: Spring Quarter 2009-10

This course will run from the week of March 29th to the week of April 26th. It will have 3 hours total of class time each week and 1 to 4 hours worth of assignments, depending on the topic and on the student's interest and schedule, for between class time.

Time and Location

Classes will be from 6:00 pm to 9:00 pm on Wednesdays March 31, April 7, April 14, April 21, and April 28. All classes will be at Wieboldt Hall on the Chicago campus.

Course Description

This new course will cross disciplinary lines; it will query how divergent paradigms from business, professional, and public elements can coexist ethically and synergistically in the medical sector of society. Examining cases from the drug industry, non-profit medical institutions and government, we will identify situations where organizational structures, culture, or other factors promote or undermine desired outcomes. Guest speakers will bring experience and expertise.

Participating students will come from the Feinberg School of Medicine and the Kellogg School of Management. Using challenge scenarios from topics ranging from illness and poverty, to patient safety, and drug regulation, students will work in small groups of FSM and KSM students together to brainstorm and design optimal solutions.

To accommodate FSM and KSM, differences of schedule and scoring (grade v. pass/fail) can be expected.

The course has four modules:

1. The first module, titled **The Cost of Dying** will examine economic aspects of serious and terminal illness both from a macro and a household perspective. Guest speaker Mary Houghton, founder of Shore Bank and expert in the role of banks and small loans in community development, will consider the role of a bank in promoting household economic resilience. Site visits to a bank for medical students and to a

medical facility for medical students may be possible. Students may brainstorm a program for one particular approach to economic resilience for households facing serious illness: investing in the family caregiver.

2. The second module, titled **Decisions in Medicine: Micro and Macro**, will first examine decision-making research regarding therapeutic choices and insurance choice, and then go on to consider how people chose among long term care options for elders before considering health care policy decisions. Site visits to and possibly medical shadowing at a long term care facility or a hospice may be possible. Students may develop two types of models; one for individual decision-making and one for policy options.
3. The third module, titled **The Medical Profession in a Business Context**, will examine the frameworks of operation for the professional and business sectors of society. Starting with a conceptual framework, we will progress to examples of optimal relations and end with examples of how things can go wrong. Students may engage in case analysis and in comparative analysis of alternative regulatory systems for the private and professional sector.
4. The fourth module, titled **Patient Safety: an Operations Problem?**, will start by reviewing some history of oblivion to safety in medical systems and then will review the methods involved in medical systems analysis and improvement. We will consider one case in which a nation-wide effort to improve systems is currently underway, and finish with a consideration of how the medical system interacts with the patient and family, comparing and contrasting it with how other service industries interact with the consumer. This theme will continue to the final week, in which a real case will be analyzed and students will consider how to redesign the health system so that one particular story involving a tragic death could have been written differently. Students who have had some exposure to patient safety, whether from medical school or real-world experience, will either take a lead role in group work or will be given more advanced assignments. This will be tailored to the type of exposure the student has already had.

Assignment: Course-long Project

When not in class, student will form teams that unite business and medical students. Teams will engage in one of two course-long projects. These will be due at the end of the course.

Option 1: This project will consider the issue of household economic resilience in the face of terminal illness and will develop the business case for a microeconomic development project for family caregivers who drop out of school or work due to the pressures. The goal is to have the course submit at least one abstract for presentation at a specialty society and at least one peer review journal paper on the topic.

Option 2: This project will set out issues concerning the economic aspects of serious illness and the role of palliative care. If the product is suitable, it will potentially be published in the 2nd edition of a textbook currently underway that is co-edited by Drs. Linda Emanuel and Larry Librach called Palliative Care that is published by Elsevier.

Course Requirements

Class attendance is required, as is completion of required readings, and completion of the student's part in their course-long project.

Course Readings

Readings will be divided into required and optional. Readings will be posted at least a week prior to the corresponding class. Most will be journal articles, cases, or similar. No textbook purchases will be necessary.

Grading

Participation: 50% of course grade

Participation includes class engagement, class preparedness, case analysis as relevant, and involvement in class exercises:

Course project quality: 50% of course grade

Project quality will be judged on: teamwork, background research, and product presentation. Teamwork will be assessed by peers.

M1 and M2 students from FSM will receive elective credit in their M4 year.

Course Agenda

	Week 1 (wk of Mar 29)	Week 2 (wk of Apr 5)	Week 3 (wk of Apr 12)	Week 4 (wk of Apr 19)	Week 5 (wk of Apr 26)
THEME	THE COST OF DYING	DECISIONS IN MEDICINE: MICRO AND MACRO	THE MEDICAL PROFESSION IN A BUSINESS CONTEXT	PATIENT SAFETY: AN OPERATIONS PROBLEM?	CONSUMERS AS PARTNERS
Topic	Economics of serious illness: a macro perspective	Decision-making in medicine: consumer insurance choices and treatment choices	Professionals, government, and private enterprise: 3 pillars of society?	The conceptual framework and the methods	What did you do to my beautiful wife?! The case of Linda Kenney
<i>Teacher</i>	<i>Linda Emanuel MD PhD</i>	<i>Linda Emanuel MD PhD and Ben Handel</i>	<i>Linda Emanuel MD PhD</i>	<i>Linda Emanuel, MD PhD</i>	<i>Marty Hatlie, JD</i>
Topic	Economic impact on the household: resilience options	Options for residential facilities and the economic viability of each	Medical-Legal Partnerships for Community Health	Mandate from Congress: eliminate hospital acquired infection	Project presentations
<i>Teacher</i>	<i>Linda Emanuel MD PhD</i>	<i>Anthony LoSasso PhD and Panel presentation by students</i>	<i>Alex Boni-Saenz, JD</i>	<i>Linda Emanuel, MD PhD</i>	<i>Student Panels</i>
Topic	Economic resilience in the face of illness: the role of a bank	Policy options for health insurance	Vioxx, Avandia, and Epogen: When a blockbuster drug hits the skids	Culture, teamwork and error reporting in the world of medicine	Project presentations
<i>Teacher</i>	<i>Mary Houghton, Shore Bank President (hold at Shore Bank)</i>	<i>Ben Handel</i>	<i>Charles Bennett MD PhD MPP</i>	<i>Marty Hatlie, JD</i>	<i>Student Panels</i>

Frequently Asked Questions and Answers

What is uniquely distinguishing about this course?

This is a new course, though based on long-refined materials, that uniquely brings together business and medical students. It will bring the cross-cultural excitement and challenges that occur when disciplines come together with a common cause. Expect to change your frame of thinking, to make lasting connections with colleagues from a world not normally accessible to you, to be sometimes frustrated and sometimes excited and to remember this course for your entire career.

Who should take the course?

The course is designed for any business student interested in the health care industry – whether in marketing, strategy, biotech, pharma or device areas – and for any medical student interested in the policy and health services aspects of medicine.

What is the main teaching method?

There will be some didactic teaching, including from guest speakers. Much of the class work will be interactive. The course-long project will entail independent and team work.

How accessible will the teachers be?

Teaching Assistant and Kellogg PhD candidate, Ben Handel and I will be available throughout the week for assistance and trouble shooting. Ben Handel will be at the Kellogg School and Linda Emanuel will be at the Feinberg School.

Is the course work-intensive?

We aim to hit the middle mark on work-intensity. We aim to reach the maximum ‘worth : work’ ratio.

Readings

The following readings and bibliography are for Week 1; those for the following weeks will be given in class, each with a one-week lead time.

Week 1:

Required Reading

Session 1 Wednesday March 31st 6:00pm

1. Lubitz J, Beebe J, Baker C. Longevity and Medicare expenditures. *N Engl J Med.* 1995 Apr 13;332(15):999-1003.
2. Tracking the Care of Patients with Severe Chronic Illness. The Dartmouth Atlas of Health Care 2008
http://www.dartmouthatlas.org/atlas/2008_Atlas_Exec_Summ.pdf

Session 2 Wednesday March 31st 7:00pm

1. Cross ER, Emanuel L. Providing inbuilt economic resilience options: an obligation of comprehensive cancer care. *Cancer.* 2008;15:113(12 suppl):3548-3555.

Session 3 Wednesday March 31st 8:00pm

1. McIntyre D, Thiede M, Dahlgren G, Whitehead M. What are the economic consequences for households of illness and of paying for health care in low- and middle-income country contexts? *Soc Sci Med.* 2006 Feb;62(4):858-865.

Bibliography

Session 1

1. Barnato A, Herndon MB, Anthony DL. Are regional variations in end-of-life care intensity explained by patient preferences?: A Study of the US Medicare Population. *Med Care.* 2007;45:386-393.
2. Garber AM, McCurdy TE, McClellan MA. Diagnosis and Medicare expenditures at the end of life. In: Wise DA, ed. *Frontiers in the Economics of Aging.* Chicago: Univ of Chicago Press; 1998.
3. Angus DC, Barnato AE, Linde-Zwirble WT, et al. Use of intensive care at the end of life in the US: an epidemiologic study. *Crit Care Med.* 2004;32:638-643.
4. Gilmer T, Schneiderman LJ, Teetzel H, et al. The costs of nonbeneficial treatment in the intensive care setting. *Health Aff (Millwood).* 2005;24:961-971.
5. Wagner TH, Chen S, Barnett PG. Using average cost methods to estimate encounter-level costs for medical-surgical stays in the VA. *Med Care Res Rev.* 2003;60:15S-36S.

Session 2

1. Covinsky KE, Goldman L, Cook EF, et al. The impact of serious illness on patients' families. SUPPORT Investigators. Study to Understand Prognoses and

- Preferences for Outcomes and Risks of Treatment. *JAMA*. 1994 Dec 21;272(23):1839-44.
2. Himmelstein DU, Warren E, Thorne D, Woolhandler S. Illness and injury as contributors to bankruptcy. *Health Aff*. 2006 Mar-Apr;25(2):w74-83.
 3. Russell S. The economic burden of illness for households in developing countries: a review of studies focusing on malaria, tuberculosis, and human immunodeficiency virus/acquired immunodeficiency syndrome. *Am J Trop Med Hyg*. 2004 Aug;71(2 Suppl):147-155.
 4. Boni-Saenz A, LoSasso A, Emanuel LL, Dranove D. The price of palliative care: toward a complete accounting of costs and benefits. *Clinics Geriatr Med*. 2005 Feb;21(1):147-163.
 5. Gold MR, Siegel JE, Russell LB, Weinstein MC. *Cost-effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.
 6. Langa KM, Fendrick AM, Chernew ME, Kabeto MU, Paisley KL, Hayman JA. Out-of-pocket health-care expenditures among older Americans with cancer. *Value in Health*. 2004 Mar-Apr;7(2):186-194.
 7. Kaldjian LC, et al. Goals of care toward the end of life. *Am J Hosp Palliat Care*. 2009;25:501.
 8. Zhang B, Wright AA, Huskamp HA, Block SD, Maciejewski PK, Prigerson HG. Health care costs in the last week of life: associations with end-of-life conversations. *Arch Intern Med*. 2009;169:480-488.
 9. Rhee YJ, Degenholtz HB, Lo Sasso AT, Emanuel LE. Estimating the quantity and economic value of family caregiving for the elderly in the last year of life. *JAGS*. 2008: In Press.
 10. Hayman JA, Langa KM, Kabeto MU, et al: Estimating the cost of informal caregiving for elderly patients with cancer. *J Clin Oncol*. 2001 Jul 1;19(13):3219-3225.
 11. Emanuel EJ, Fairclough DL, Slutsman J, Emanuel LL. Understanding economic and other burden of terminal illness: the experience of patients and their caregivers. *Ann Intern Med*. 2000 Mar 21;132(6): 451-459.
 12. HRS Data Book. *Growing Older in America: The Health and Retirement Study*. Income and wealth. Unexpected health events. Chpt 3. p 62. Available from URL: http://hrsonline.isr.umich.edu/docs/sho_refs.php?hfyle=index&xtyp=7 (accessed October 10, 2007).
 13. Emanuel RH, Emanuel GA, Reitschuler EB, Lee AJ, Kikule E, Merriman A, Emanuel LL. Challenges faced by informal caregivers of hospice patients in Uganda. *J Palliat Med*. 2008;11(5):746-753. PMID: 18588407
 14. Brumley R, Enguidanos S, Jamison P. et al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. *J Am Geriatr Soc*. 2007 Jul;55(7):993-1000.
 15. The World Health Organization's 2002 definition of palliative care. Available from URL: <http://www.who.int/cancer/palliative/definition/en/> (accessed October 11, 2007).
 16. Christakis NA, Allison PD. Mortality after the hospitalization of a spouse. *N Engl J Med*. 2006 Feb 16;354(7):719-730.

17. Bonanno GA, Wortman CB, Lehman DR, et al. Resilience to loss and chronic grief: a prospective study from preloss to 18-months postloss. *J Pers Soc Psychol.* 2002 Nov;83(5):1150-1164.
18. Knight SJ, Emanuel L. Adjustment to end-of-life losses: A reintegration model. *J Palliat Med.* In press.
19. Department of Labor Family and Medical Leave Act of 1993. Available from URL: <http://www.dol.gov/esa/whd/fmla/> (accessed October 11, 2007).

Session 3

2. Sachs JD. Macroeconomics and health: investing in health for economic development. Report of the Commission on Macroeconomics and Health. World Health Organization, 2001. Available from URL: <http://www.eldis.org/go/display/?id=27027&type=Document> (accessed October 10, 2007).
3. Sachs J. *The End of Poverty: Economic Possibilities for Our Time.* New York: The Penguin Press, 2005. Whitehead M, Dahlgren G, Evans T. Equity and health sector reforms: can low-income countries escape the medical poverty trap? *Lancet.* 2001 Sep 8;358:833-836.
4. Gan L, Gong G. "Estimating interdependence between health and education in a dynamic model. <http://www.nber.org/papers/w12830.pdf>. National Bureau of Economic Research Working Paper #12830. Published 2007. Accessed October 10, 2007.
5. Sala-i-Martin X. On the health-poverty trap. In: Lopez-Casasnovas G, Rivera B, Currais L. *Health and Economic Growth: Findings and Policy Implications.* Cambridge: MIT Press, 2005:95-114.
6. Sherer RD, Teter CJ, Wykoff RF. Microeconomic loans and health education to families in impoverished communities: implications for the HIV pandemic. *J Int Assoc Physicians AIDS Care.* 2004 Oct-Dec;3(4):110-114.
7. Vastag B. Small loans yield big health profits. *JAMA.* 2004 Jul 14;292(2):159-160.